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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

### Long-stay care for elderly people

SIR,—The article by Dr J S Rodgers and Dr J A Muir Gray (11 September, p 707) shows that there is some improvement in the attitude of some local authorities in regard to their responsibilities for the elderly mentally infirm and the elderly physically handicapped. It rightly opposes the establishment of NHS nursing homes and provides guidance for improved care at home; and when the limits of this have been reached, it advocates a realistic objective of care in an institution near the patient's home without specific segregation, particularly for the mentally infirm.

I would agree completely with this philosophy of care for the elderly, but there is an obvious corollary which should be considered for those elderly who do require institutional care. The Department of Health and Social Security criteria for admission to welfare homes are such that most old people fulfilling these would be able to live at home anyway. If we adopted stricter criteria for patient placement in hospital, the number of long-stay beds for the elderly could be considerably reduced with considerable saving in hospital costs. Many elderly patients do not need 24-hour a day skilled nursing and resident medical staff, and their needs could be met by the community nurse and the family practitioner if they were at home or in a home for the elderly. If by chance they happen to be residents in a private institution they are entitled to constant attendance allowance,

board and lodging allowance plus the extra allowance for those over pensionable age, personal expenses allowance, and, of course, their retirement pension. The allowances that are available for an elderly person with less than £2000 capital amount to approximately £100 a week. Relatives would probably accept their elderly dependants if they could be paid at this rate, and certainly many elderly patients could be moved out of hospital into appropriate care in private homes with a little addition to the weekly allowance possible. If they have more than £2000 capital, then surely with the present state of the economy it would not be unfair to draw on that until they could receive the full benefits available. The cost of a hospital long-stay bed must be in the region of £50 a day or £350 a week so that the saving nationally could be considerable if patients who do not need a hospital bed were placed more appropriately for their needs. Departments of geriatric medicine should still be involved with these patients so that they can be readily admitted to the district general hospital and if necessary retained in continuing-care wards if in particular their nursing needs are beyond that of private homes.

There would obviously be some political disagreement to this but one might ask: "Why should nursing homes be restricted to those with adequate finance?" There could be adequate health service or social service supervision of such homes, but probably the

wisest plan is to use existing welfare homes with health service support or to make all the allowances available to relatives to look after their own elderly at home.

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SIR,—The article "Long-stay care for elderly people" (11 September, p 707) again shows up the vast gap that exists between needs and provision, as was also shown in an earlier article (13 March, p 797). It does not give any information on a subject which is causing increasing concern to some of us—that is, private sector care of the elderly.

It is of particular significance in a region such as the South West, with its high percentage of elderly and very old people in the population. Many local authorities have over the years had an increasing number of applications for "change of use" for the conversion of small hotels and private houses to private residential homes for the aged. In the three years 1979-81 Cornwall had an increase in such establishments from 40 to 60. Many residents can afford only the accommodation with the help of supplementary funding from the Department of Health and Social Security. They have little security of tenure. The regulations applying to such