

BRITISH MEDICAL JOURNAL

SATURDAY 11 APRIL 1987

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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Reuse of plastic syringes among diabetics

SIR,—After our experience of limited issue and reuse of plastic insulin syringes, reported last year (28 June 1986, p 1710), we are dismayed by the government's announcement that plastic syringes are to be made freely available for single use to diabetics at an estimated cost of £10m.

Reuse of syringes has been shown by our study and many others to be entirely safe, and with the system of restricted supply in use in Southampton the average number of injections was 14 per syringe. If this experience was reproduced throughout Britain the cost of the plastic syringes, calculated according to government figures, would be a mere £714 000, representing a saving of over £9m. We think that this extra money would be better

spent in providing home blood glucose monitoring strips on prescription than in encouraging patients to use a new syringe for each injection.

We believe that single use is wasteful and of no advantage to the patient and that doctors should continue to encourage the reuse of plastic syringes. Syringe manufacturers will, no doubt, be mounting a sales campaign to promote single use without providing any evidence that reuse by diabetics is harmful.

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Impact of cuts in acute beds on services for patients

SIR,—We were interested to read the paper by Mr R Beech and colleagues (14 March, p 685) on the scope for increases in efficiency in a district that is losing resources because of redistribution. Working in an "underprivileged" district, we are used to dealing with the problems caused by lack of resources. Sheffield and West Lambeth District Health Authorities have been compared, using computerised Hospital Activity Analysis data available in Trent Regional Health Authority.

The source of each admission is classified (by the medical records department) into one of five categories: immediate, booked or planned, waiting list, urgent transfer, or non-urgent transfer. The immediate and urgent transfer categories, taken together, are equivalent to the combined emergency and urgent categories of Mr Beech and coworkers, and the booked or planned category is equivalent to their semiurgent category.

Data were examined for the last complete year

(1985). In that year there were 7937 general medical and 7247 general surgical admissions to the district's main acute hospital. Bed occupancy was 87.6%, roughly equivalent to that at St Thomas's. The table compares the percentages and numbers of acute admissions and bed days for Sheffield and west Lambeth. The table shows that the percentage of acute admissions was consistently higher for Sheffield than for west Lambeth, implying a consequent lesser capacity for elective admissions. The table also highlights the difference in the average length of stay for acute surgical patients, which was 7.5 days for Sheffield and 14.4 days for west Lambeth, although it must be recognised that the west Lambeth statistics were based on only a small number of patients (61).

Assuming cuts of 27% in general medical beds in west Lambeth, and assuming that acute demand (and therefore acute admissions) will remain unchanged, the percentage of acute admissions will

rise in west Lambeth from 61.9% to 84.8%. Similarly, a cut in general surgical beds of 25% will lead to a rise in the percentage of acute surgical admissions from 30.4% to 40.5%. Thus, although the proportion of total medical admissions formed by elective and semiurgent cases will fall from 38.1% to 15.2% (Sheffield 20.19%), the same fall for general surgery will be from 69.6% to 59.5% (Sheffield 46.6%) and the overall fall for the two specialties from 53.9% to 37.6% (Sheffield 33.2%). Overall, therefore, west Lambeth will still have more "elasticity" than Sheffield.

	Sheffield	West Lambeth
Acute admissions:		
General medicine	79 (6274)	62 (125)
General surgery	53 (3868)	30 (61)
Overall	67	46
Acute bed days:		
General medicine	83 (55 558)	62 (1374)
General surgery	54 (28 836)	49 (879)
Overall	70	56

The redistribution of resources according to need is long overdue, and efforts will have to be made in hitherto overfunded districts to find more cost effective ways of deploying clinical resources. If clinical reforms are necessary then they should be implemented. The "unacceptable" rationing decisions that west Lambeth will be forced to make are no more than most underprivileged districts have been making for years.

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