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doi: 10.1192/pb.37.7.244a

Why commissioners need to know about Section 136

The article by Patrick Keown¹ was a timely contribution to discussions currently taking place about the use of Section 136 between the Royal College of Psychiatrists, Home Office, Department of Health, Police, Health and Social Care Information Centre, and Care Quality Commission. A major and long-standing problem in understanding the trends in the use of this power has been the failure to collect complete information on the use of Section 136, as the author points out, referring to data collected in 2005–2006. We would like to draw attention to more recent data collected in 2011–2012: these show a dramatic increase in rates of detention under Section 136 – 43% in 6 years, from 16 500 to 23 569.² Although the number taken to custody suites has fallen from 11 500 (2005–2006) to 8667 (2011–2012), this figure still far exceeds the anticipated number if custody suites were used in 'exceptional circumstances only', as described in the Mental Health Act 1983 *Code of Practice*,³ and reiterated in the Royal College of Psychiatrists' guidance.⁴

In 2012, the Association of Chief Police Officers (ACPO) collected information on the use of Section 136 in all 43 police areas and discovered that 37% of those detained under Section 136 continue to go to a custody suite, although this varies between force areas. Despite approximately £130 million of capital funding having been made available for Section 136 suites 7 years ago, there are several police forces in England that still do not have access to hospital places of safety 24 hours a day and/or when demand exceeds capacity. This unacceptable variability in provision is clearly a commissioning issue and in March this year the College produced guidance for local commissioners in order to help identify shortfalls in local service provision.⁴

The multi-agency Mental Health Act group chaired by the College is collecting more detailed information on local services and would be delighted to receive completed surveys (www.rcpsych.ac.uk/pdf/PSO2_2013_survey.pdf) from members to inform further discussions.

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doi: 10.1192/pb.37.7.245

Getting it right for people with dementia

Steve Iliffe's editorial is perceptive, diplomatic and hopefully not too late.¹ As he makes clear, dementia is not, for most people, a stand-alone condition. Once established it remains significant in determining quality of life and need for help and support right to the end of an individual's life. Every journey with dementia is unique and will not be constrained by a predictive pathway or tidied into convenient once-and-for-all time phases.

Our model of specialist involvement in primary care in Gnosall Memory Service, which is dismissed as third choice by psychiatrists in the South West, has the advantage of proven sustainability over nearly 7 years. The arrangements bring the specialist expertise of psychiatry into the practice and the practice retains the clinical responsibility for patients. Many are elderly and carry a number of illnesses for which they attend the practice: a memory problem is simply one of a spectrum of challenges, and attendance at a practice clinic is an acceptable addition to the patient's routine. Patients are seen as people with full lives with important social and family involvement. An integrated and collaborative approach achieves rapid access to assessment, diagnosis and care planning, with high satisfaction by all parties and reduced usage of other components of the mental health and general hospital economies.^{2–4}

The Gnosall experiment was not intended to remain an isolated enterprise: several visiting teams have taken the essentials of the model and begun similar services elsewhere. We have described a three-tier model which foresees the integration of the work in primary care within a reorganised district memory service as a component of the old age psychiatry service.⁵

We are currently working with commissioners, South Staffordshire and Shropshire Healthcare NHS Foundation Trust, and a federation of over 30 primary care outlets that cover 360 000 patients, with a view to implementing this vision over a wider area. This is not a pathway to loss of special skills, independence or status, but the logical way to deliver a sensitive, comprehensive and affordable service for every individual and every family with dementia in the UK in the 21st century.

Declaration of interest

All authors contribute to the work of the Gnosall Memory Service.

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