created. Daily admissions and discharges were smoother using operational research techniques: seven day moving averages were created.

Results
Nationally, occupied beds decreased by 10% before Christmas, and increased by 10% after Christmas. Seven day moving averages revealed a public holiday effect wherein hospitals admit and discharge fewer patients. Stratification of the St George’s bed occupancy showed that over-occupancy occurred because the numbers of patients occupying beds for more than 7 days increased.

Conclusions
Patients requiring community services after discharge are usually discharged on Mondays and Tuesdays. The duration of the Christmas public holiday explains why the number of inpatients occupying beds increases. As demand for admission does not decrease in the post Christmas period, a chronic bed crisis becomes an acute problem.

UPRINT OF BREAST CANCER SCREENING AMONGST OLDER WOMEN

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Introduction
Current Government Breast Screening policy restricts routine invitation for mammography to women aged less than 65 years, despite a higher incidence and mortality of breast cancer in women aged over 65yrs. The aim of this study was to establish the uptake history amongst older women and to ascertain if they would accept mammography if invited.

Methods
A random sample of 1604 women, aged 65 years, were interviewed in their own homes regarding previous breast screening uptake and whether they would undergo screening, were it offered. Health and social characteristics were established using validated questionnaires [1]

Results
The response rate was 94%. 120 (8%) respondents had previously been screened - of these 16% were aged 65-69yrs, 6% were aged 70-79yrs and 3% were ≥80yrs. Acceptance rates were significantly higher in married women/windows and Social Class I & II (p<0.001). Of those not previously screened, 54% would attend if offered. Age would significantly influence acceptance, 72% accepting aged 65-69yrs, 56% aged 70-79yrs and 29% aged ≥80yrs. Higher social class would appear to influence future uptake. Those prepared to accept screening were significantly less likely to be lonely or depressed, but more likely to be anxious (p<0.001). Potential attendees were less disabled (p<0.001).

Conclusions
Hendry et al [2] also report an actual uptake rate of 76% amongst women aged 65-69yrs invited for breast screening. It would therefore appear to be unjustified to exclude women over 65yrs from screening on the basis of low uptake rates. Certain categories of women could be targeted to achieve maximum uptake rates, eg lower social classes, disabled and single women. Facilities for disabled people should also be considered.


EVALUATING HEALTH GAIN FROM GERIATRIC DAY HOSPITAL ATTENDANCE

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Introduction
Evidence for a health gain from Day Hospital attendance is lacking, partly because the appropriate outcome measure is unclear. The aim of this study was to compare three measures: the Barthel Index (BI), Nottingham Health Profile (NHP) and Elderly Mobility Scale (EMS).