SP-A at the sites of disease rather than self hsp60? It needs to be remembered that so far only serological cross-reactivity between the two proteins has been shown: cross-recognition by T cells requires conservation of stretches of amino acid sequence, and there is currently no evidence for this. With the current uncertainty about the significance of immune responses to hsp60 in RA, perhaps the next stage is to treat SP-A as a possible auto-antigen on its own merits. Do patients have SP-A-specific antibodies or T cells? Can any kind of disease be induced in animals by immunization with SP-A or better still LBs containing their 'natural' adjuvant? No doubt these and other proposals are already winging their way to research grant sub-committees.

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REFERENCES

CONTRACTING IN RHEUMATOLOGY

In common with most of our National Health Service reforms, the contracting process has turned out to be a lot more complex than was predicted. The stated aim was to facilitate the purchasing of high quality health care for those needing it. The hidden agendas in the system which has emerged are legion. From the purchasers point of view the central problem is the inadequacy of their initial budgets compounded by the position of GP fundholders, who have been over-resourced for political reasons to ensure the success of the fundholding process. This in turn diminishes the relative financial position of the commissioning authorities and accentuates the difference between the two. The inevitable two-tier system which results has put great strain on professional relationships and ethical behaviour patterns, and has proved to be one of the most divisive parts of the reforms. Cynics have argued that disruption of working practices and erosion of professional relationships were in fact central objectives of the reforms. If this was so, they have certainly been successful. Equally destructive has been the fact that some fundholding GPs appear to be indulging in personal power politics—'taking the consultants down a peg or two'—during the purchasing process. We must always remember our professional obligations to each other, and not allow the processes in which we are involved to play one group off against another. The consequences of such behaviour in our increasingly litigious society could be disastrous; working together has never been more important. There are also tensions within the system from the providers position. The bottom right hand corner of the balance sheet—getting in enough money to keep the Trust or Unit afloat—has inevitably become a major priority. Internal adjustments to facili-
tate this may leave many people bruised, and this is a particular risk where the service is care-led rather than procedure-led. Nice tidy procedural episodes fit neatly into the philosophy of the reforms and are therefore more easy to accommodate. Long-term care, particularly when delivered by a specialist multi-disciplinary team, fits uneasily into the market place ethos and hence is at risk. However, many providers are finding that the demand for rheumatological services is higher than they had previously perceived, and in some places rheumatological expansion has followed this realization. Similarly the outflow of funds from localities with no service or one of low quality has led purchasers to encourage their local provider units to initiate a service which had previously appeared of low priority to the hospital. This increased awareness of the needs of both patients and doctors in general practice is one of the undoubted benefits of the new relationships we share. It is essential that increased sensitivity to these needs continues to inform both our service delivery and our planning.

Two other things are essential if we are to continue to benefit from contracting. First, we must be closely involved in the entire process of contracting for our services. This does not mean that we have to carry out all the actual negotiations ourselves, but we do need to be available as a resource to our contract negotiators and we must have a close and trusting relationship with them. They will know better than us the big picture of the negotiations. There are some well-nigh impossible deadlines to meet in working out costing using different contractual scenarios and in responding to purchasing intentions. There will inevitably be trade-offs to be made and tight interlocked timetables to follow. They must make their way through a morass of often contradictory desires and diktats from different purchasers, and do it all in a way which does not sour relationships, because the same contracting course has to be run next year. Our obligation in supporting them is to provide the specialist viewpoint and reinforce the needs, hopes and aspirations we have for the service we provide while making sure they are aware of the consequences of changes in both the quantity and quality of that service. If we fail to work in tandem with our contract negotiators, we risk being marginalized to our own and our patients' disadvantage.

Second, and to my mind most important, is the need for our profession to be involved in setting quality standards for rheumatological services. The British League Against Rheumatism (BLAR) recently carried out a survey of commissioning authorities to ascertain their quality specifications in rheumatology. All the purchasers had some quality specifications, usually a mixture of Patients' Charter standards, access, waiting times and environmental standards. Very few have specific standards for the rheumatology service they are commissioning, but many are keen to develop specifications which ensure that they purchase a high-quality service. BLAR is uniquely equipped to assist with this process, as the 20 organizations which form it represent not only rheumatologists, who are perceived as having too great a vested interest to be a sole source of unbiased advice, but also general practitioners, other health care professionals and patients. From this diverse background we intend providing purchaser's packs which will contain advice about quality care of rheumatic diseases on which we hope they will base their commissioning specifications. Most rheumatologists are strongly committed to the concept of quality above everything else, and it is anticipated that this initiative will enable them in future to be dealing with informed purchasers and moving towards a mutual goal of the highest possible standards of care for people with disorders of the locomotor system.

IAN HASLOCK
President, British League Against Rheumatism

ANNOUNCEMENTS AND CALENDAR FOR 1994

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<td>July</td>
<td>7-8 Soft Tissue Rheumatism Symposium III.</td>
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<td>September</td>
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<td>September</td>
<td>5 MRCP Course, St Mary's Hospital, London.</td>
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<td>22-23 Heberden Round (Prof. P. Maddison), Assembly Rooms, Bath.</td>
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