

Karlovy-Vary report March 2011

Commentary by Professor Graham Thornicroft

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- The demographic context section is clear and well organised and might also give the unemployment rates and recent trends
- In the treatment rate section information could be given on the numbers and rates of treatment in primary care settings
- Why is the rate of specialist treatment 3% here and 8% in Prague?
- On the number of untreated cases, are there other ways to estimate this apart from the comparison with Prague rates eg from survey/epidemiological data from the region, the country, or from international estimates? - see(Thornicroft 2007;Wang et al. 2007)
- Section 1.2 re finances do financial arrangements present barriers to care, or do they present inflexibilities in the system that hinder the development of community care? In which ways? How can they be overcome or made more flexible?
- Outpatient care- where is this geographically located? Is it accessible to the populations needing care
- In patient care- what is the quality of these services, how it is assessed and monitored and what are the priorities for improvement and why
- Community nurses: are there any options for home visits to patients who will not or who cannot come to clinics or hospitals for assessment?

- Social services facilities: it is very helpful to see exactly the capacity of these services- does this meet need or is need greater, and by how much
- Family member activities: it would be helpful to say a bit more about these, and how they were established, and lessons for creating other such services in future
- Table 3- this is extremely helpful as it shows, compared with official norms, that the local provision is far below what is recommended
- It also shows that some basic categories of care are not present or are present in very insufficient numbers - see(Thornicroft G & Tansella 2009;Thornicroft & Tansella 2004)
- STEP analysis: this is helpful and would be even more helpful if these factors are classified to show which are the very most important issues/barriers that need to be addressed first and which opportunities are those which are important, and those which need to be acted upon first
- 1.5 on discrimination: these are very revealing findings and for the implications ie the need for public education, who has or could have responsibility for doing this? And are there any current funds or resources to do this? Or who needs to be lobbied/persuaded to allocate funds for this? And how can this lobbying be done and by whom?
- Overall comment: do you have a way to include in this report the views of patients and carers groups about the service development priorities as they see them?
- Re provision of inpatient alcohol treatment services- as some experts in this field recommend day treatment/detoxification programmes

