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Bulletin Editor*

## To hell in a handcart

**A**s the President's column makes clear – NHS finances are in deep, deep manure. All that money spent on bailing out the banks, though doubtless well-intentioned, has left a 'shortfall' in the public finances. Really? So what else is new?

As ever, a few more minor cost pressures are squeezing healthcare funding. Pandemic swine influenza? No, not exactly cheap that one. Were the funds to cope with the emerging viral threat in place and enough? Er, no. The Department of Health did fund all the frenetic testing for swine flu through the HPA. Thank you DH. Until mid-August that is. Now a PCR swine flu test will cost your Trust £27. Interested in knowing what your patient is suffering from? This won't reduce demand. On the grapevine I hear of healthcare workers missing life-threatening diagnoses as they are focusing overmuch on influenza instead.

Anything else? Well we've got demographic time bombs galore. Tick, tick, tock! The UK is now the most populated it's ever been: over 61 million in August. More people will have more healthcare demands than less people. Won't they? Record numbers of the over 85s – 1.3 million. They don't use the NHS much do they? And us pesky baby boomers. More people than ever before are hitting 60, 70, 80. This must have some affect on healthcare demand, I'd have thought. And pensions too, but that's another story.

Obesity: I used to be obese until I started cycling to work on my apple-green bike. Now I'm just overweight. But there's a rapidly increasing obesity epidemic out there. Look around! I was in a fast food outlet the other day and did just that. Wow! Blubber ++. This leads to heart disease and diabetes: do you think that this might increase demand on healthcare? Quite right – it will.

There are some swings and roundabouts: as a population we smoke a lot less but drink alcohol a lot more. Less expensive coronary care units *vs.* more nice and cheap liver transplant units? Crumbs.

So can the NHS cope with ever greater workload and expectations while being filleted financially and structurally? I can't see how myself. Do let me know if you've worked it out. Is there a light at the end of the tunnel? No: budget cuts mean it's been switched off...

Closer to home: recruitment. Some specialties within the College seem to be not bad at this. But Med Micro ain't so lucky, certainly not around here. I've advertised THREE times to fill a vacant consultant post without success. By this I mean that the first two times nobody even phoned and the third

nobody actually showed up for the interview. Now, like many medical microbiologists, I'm not exactly unused to working single-handed. But it's not really acceptable anymore. What's the problem? Does nobody want to work in a DGH anymore? Is a small two consultant team and 1 in 2 or 1 in 3 on call putting people off? It never used to. It obviously does now. But even better established teaching hospitals can't appoint either. And I know that haematology and chem path are facing similar, or even worse, situations. One hopeful sign is the joint training in 'infection': infectious diseases and medical microbiology, MRCP and FRCPath. This may be the only way to go. Cheery enthusiastic ID/Med Micro 'infection' specialists might just be what my (and your) hospital needs.

Well things might be a bit challenging here in the UK just now, but these pale into insignificance on the global scale. Have a look at page 306 for the second in our series on pathology in Africa – this one is about West Africa. And the College is looking for volunteers (clinical haematologists and medical microbiologists only I'm afraid) to take sabbaticals in Malawi to support and develop laboratory haematology and microbiology services for the people of Malawi (page 305). I'd love to do this myself but I just can't leave my Trust in the lurch. But please consider it if you can help.

As the last issue was curiously devoid of anything microbiological, this month we have plenty: eBugs (page 290) and an MRSA screening audit (page 310). For histopathology we have a thoughtful article by Tim Helliwell on 10 years of cancer datasets (page 283) and for everyone Peter Furness has written about the National Laboratory Medicine Catalogue (page 278). There is loads more – please dip in.

Sometimes pathology can be a lot of fun. The cover picture this month was taken at the RHS Tatton Flower Show this year. Pathologists in the Northwest of England rallied behind Emma Watson to help create a Pathology show garden. It won a Silver Medal! Read all about it on page 293. That's it from me.

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