optimal combinations of other drugs—for example, cell lines resistant to nitrogen mustard have an increased concentration of topoisomerase 2, which suggests that they might be better treated by etoposide or teniposide and that the combination of mustard and etoposide would be logical in attempting to prevent resistance emerging. Combinations of specific growth factors which switch tumour cells to cell division followed by a drug targeted at topoisomerase 2 would be interesting, and there are already data from in vitro studies to show that antimetabolites and tumour necrosis factor enhance the cytotoxicity of drugs that act on topoisomerase 2. Another logical development would be to develop a mutant of topoisomerase 2. And, finally, topoisomerase 1 should not be forgotten because in several cell types it seems to be part of the mechanism by which the cytotoxic drug camptothecin kills cells.

J G McVIE

Director of Clinical Research,
Netherlands Cancer Institute,
1066 CX Amsterdam,
The Netherlands

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Spring changes to the social security system

During 1987-8 the government estimated that at any one time over five million people were receiving supplementary benefit. This benefit acted as a safety net in the social security system by providing a basic income for those with no other source of income or an income too low to maintain themselves and their dependants. During the same period another three and half million people were receiving help with rent and rates through housing benefit and over 200 000 families in low paid work were receiving family income supplement. Nearly nine million people (plus their dependants) were thus relying to some extent on means tested benefits. Of these nearly a million were sick or had disabilities and four and half million were elderly—many of whom would also have had health or disability problems.

These means tested benefits have now been fundamentally altered by the full implementation of the Social Security Act 1986. Supplementary benefit has been replaced by income support, family income supplement by family credit, and single payments for one off needs by the social fund; the housing benefit scheme, while retaining the same name, has also been completely revised to bring it into alignment with income support. The government's aim in making these changes has been to provide a simpler system of benefits that will target resources more effectively at those in greatest need. It has also wanted to remove the anomaly whereby people in work might be worse off than those claiming benefit. To achieve these aims the government has produced a less complicated system with tighter rules. Unfortunately, this will mean rough justice for some, and as the new scheme is being introduced within a limited budget many claimants have found that they are getting less under the new system than they were under the old.

The simplification of supplementary benefit has been achieved by replacing a system that tailored benefit to individual needs with one that defines needs in terms of

broad based "client" groups. Under the old system people were given a basic allowance for everyday needs and could claim for needs such as special diets, extra heating, or extra shoes or clothing (if, for instance, they wore out quickly because of a disability). The new scheme provides a basic personal allowance that may then have added to it a weekly "premium" depending on family responsibilities and needs arising out of old age, sickness, or disability. The premium is at a flat rate and therefore does not necessarily reflect the actual extra costs that a particular person may have to meet. In general, the more frail an elderly person or the greater the degree of disability the less adequate the premium is likely to be. Additionally, some people who have needs arising out of disability or health problems are not entitled to a premium—for example, diabetics cannot claim for special diets.

There are three premiums relating to disability, and the circumstances in which they will be awarded are tightly defined.

- The *disabled child premium* will be paid if there is a child in the family who is either registered blind or receiving an attendance or mobility allowance.

- The *disability premium* will be paid if the claimant or partner is receiving an attendance allowance, mobility allowance, invalidity allowance, or severe disablement allowance. It will also be paid if the claimant (but not the partner) has been unable to work because of ill health for 28 weeks.

- The *severe disability premium* will be paid only if the claimant is receiving an attendance allowance, no one is receiving invalid care allowance for looking after him or her, and he or she meets a DHSS definition of "living alone."

This same system of basic allowance plus premiums will be used in calculating housing benefit for people (many of them elderly) who are not entitled to income support.

Thus the inability of the new scheme to respond flexibly to individual needs means that showing entitlement to a premium will be crucially important in determining a claimant's benefit. Those such as doctors who come into regular contact with sick and disabled people may be able to identify those who could claim one of the qualifying benefits (such as an attendance or mobility allowance) for these premiums. In addition to identifying potential claimants, doctors can also improve the chances of claims succeeding by giving detailed and relevant supporting evidence to patients making claims.

Doctors may also be affected by the replacing of single payments for one off needs (such as a bed or cooker) with discretionary payments from a cash limited social fund. Guidance has been given to social fund officers to help them decide how to allocate the limited money available. They will have to identify groups that may have greater needs—for example, people with disabilities, elderly people, and people who are chronically sick. Doctors may be approached by patients for medical evidence to support applications for a social fund payment. A full report from a claimant's general practitioner could strengthen such an application.

These are only a few of the benefit changes which will affect patients' lives. There will be other times when doctors will be called on to support patients trying to obtain help, and doctors need to understand how crucial this support may be.

ANNE KETLEY
JANICE TURNER

Information Officers,
National Association of Citizens Advice Bureaux,
London N1 9LZ