NATIONAL HEALTH SERVICE REORGANIZATION

Comments of the Royal College of General Practitioners on the Consultative Document

Introduction

1. In the past 50 years there have been widespread changes in the social, economic and demographic characteristics of our population. Partly as a result of these changes, and partly because of the increasingly effective contribution of medicine itself to the diagnosis and treatment of disease, the pattern of illness has altered; today the major health problems predominantly concern the chronic degenerative diseases, the sequelae of trauma, and psychological illness. Meanwhile the structure of our medical care system has remained fundamentally unaltered, still reflecting the health needs and professional divisions of an earlier era.

2. For these reasons the Royal College of General Practitioners has said, on more than one occasion* that a radical reform of structure leading to closer integration of the main component parts of the Health Service is desirable. Such a reform should enable general practitioners to deploy their skills fully without the constraints of the existing boundaries of the tripartite system. Moreover, it should promote the better use of scarce and expensive resources, and incorporate sufficient flexibility to enable the system to respond more quickly to new needs and demands, and to exploit new opportunities.

3. Ultimately, the success of any new proposals for administration will turn on the enthusiasm with which they are adopted and put into practice in the field. These proposals must hold reasonable promise of being better able to achieve the broad objectives noted in paragraph 2 above than has been possible under existing arrangements, if the need for change is to be defended. In this respect we do not underestimate the substantial measure of functional integration which has already taken place where there has been the will to do so. The co-operation achieved recently between general practitioner and local authority services in some areas on the use of nurses, health visitors and health centres is an obvious example.

4. In principle we strongly support the idea of an integrated Health Service provided that the health professions and the community are able to play a full part in decision making. However, within this broad concept we have clear ideas about what will, and what will not produce an organization which will combine efficient, professional management with humanity and respect for the individual patient, and at the same time create a milieu in which the health profession, can be encouraged to make their optimum contribution.

5. *The consultative document*

It is against this background that we have considered the Consultative Document. We note the lack of information in the document, especially when there has been no detailed publication of comments on the Green Papers. We have no means therefore of knowing the basis on which the Secretary of State, in his introductory letter, states that there are issues on which there is general agreement. Our central reservation turns on the proposed membership of authorities; we also comment specifically on the place of general practice and on the requirements of the community medical services.

6. *Membership of authorities*

It is stated, para. 14; "The new health authorities will have important and complex management functions to perform, demanding of their members skill and experience of a sort that will enable them to give guidance and direction on regional or area objectives to their staff. The authorities will be kept small and management ability will be the main criterion for the selection of members".

There is in this statement a failure to distinguish properly between the rôles of the health authority and its staff. The health authority itself, even if its chairman is remunerated on a part-time basis, cannot and should not attempt an executive rôle. The rôle of the authority is to provide a wide spectrum of expertise and to represent the public, and the professions involved

*National Health Service. Department of Health and Social Security. National Health Service reorganization. Consultative document. 1971.

in providing health services. It should decide between alternative courses of action and indicate to its executive deficiencies which have come to its attention. It should act as a stimulus and occasionally as a brake.

7. Nobody could deny the need for the most expert and modern management techniques, but the place for these is primarily in the authority's executive. Very careful thought should be given to the design and organization of the management team for the new authorities. It will, in view of their responsibility for all health services in their area, be necessary to design a completely new management structure and to support it where necessary with the appropriate technical skills and machinery.

We suggest the rôle of the executive staff should be:

1. To administer existing services.
2. To define the problems facing the authority. Initially this will be their most important rôle.
3. To prepare possible solutions: such solutions must be cost-benefit analysed and try to take account of factors hard to measure such as human happiness and dignity.
4. To carry out the decisions of the authority.

On the other hand, the rôle of the authority itself should be:

1. To indicate to its executive problems and failing in existing services which require definition and new solutions.
2. To decide between possible courses of action prepared by its executive.
3. To see that its executive is efficient and capable of carrying out its tasks.

8. The authority should adequately represent the public; as the area authority will be responsible for some 750,000 citizens these representatives should be drawn from different parts of the area. The authority should represent the medical profession through local representatives of the specialist services, incuding psychiatry and geriatrics, general practice, public health doctors, and where appropriate, of universities. It should also represent the nursing and other professions ancillary to medicine. Finally, there should be two or three appointed individuals with experience of modern management and its techniques. The existing executive council structure based partly on community and professional representation, and partly on nominees of the Minister, seems to have worked well in this respect.

9. It is clear that such a composition will result in a very much larger authority than the 14 envisaged in para. 17. The theoretical disadvantage of such an authority is that large bodies may be bad at carrying out executive functions. But because the primary function of the authority is not day-to-day executive activity, but mature debate of important issues affecting large numbers of people, such broadly based authority may not only ensure wise decisions but obviate the need for community health councils (para. 20).

10. *Observations of detail on the document*

Para. 2. We wish to be assured that rigid adherence to a target date would not occur if there was any possibility, however remote, of any resultant harm to patients.

We have previously expressed our disquiet at the divorce between social services, most of which have a health component, and health services proper. We are very concerned, therefore, that arrangements should be made to provide for the most intimate co-operation between the local authority social services as at present constituted and the health services which will be the responsibility of the new authorities. The introduction of the new social service legislation has, in the experience of many of our members, produced a less effective service for patients. Whilst it is hoped that this may be a temporary situation, it does stress the importance of bridging adequately the gap between the old and new services. We see that no indication has been given regarding the future of the school health service. In our view it is essential that this should be integrated with other health services.

Because there are important aspects concerned with education in general practice we would expect to be represented in any working party formed to study these questions.

Para. 5. We would underline the importance attached to the preservation of clinical freedom and the necessity for close co-ordination with local authorities and voluntary bodies.

Para. 6. We welcome the outline of the new administrative structure in so far as it provides clearly defined and allocated responsibility necessitating maximum delegation downwards with corresponding accountability upwards. We hope that in this way much will be made of human

and material resources by the avoidance of the unchecked duplication and expansion of services which occur at the moment.

Para. 12. We welcome the indication given in this paragraph that in future greater importance will be attached to operational research and due attention paid to the results achieved. However, we are disturbed that the Central Department is to determine standards without, apparently, any reference to consultation with the appropriate professional organizations on matters having a clinical or academic content. In particular, we believe that it is the responsibility of the Royal College of General Practitioners rather than that of the Government to determine educational standards for general practice.

Para. 13. We feel that the Central Health Services Council could play an even greater part in accelerating the adoption of new methods of both investigation and treatment, particularly in the field of general practice.

Para. 16. We agree that, in the first instance, the chairman of the regional authority should be appointed by the Secretary of State but the appointment should be made for a period not exceeding three years and, subsequently, the office should be filled by election from among the members of the authority.

Para. 17. Again, we agree that appointment by the Secretary of State should take place in the first instance but, after the first three years, the post should be filled by election as suggested in relation to the regional councils.

Para. 23. It is essential that those bodies which are closely involved in vocational training and continuing education, *ie*, the Royal Colleges, should also be closely involved in the special arrangements for teaching districts and that, as at present, they should play an appropriate part in the activities of postgraduate advisory committees. In addition, the Royal College of General Practitioners has a particular interest in academic departments of general practice. We are particularly anxious that full consideration should be given to the financial needs of postgraduate education.

Para. 24. If the new structure implies a re-allocation of local endowments the inclusion of general practice within their scope is essential.

INTERNATIONAL SEMINAR ON REHABILITATION OF THE DISABLED

Edinburgh—27 June to 3 July 1971

During the last few days of June, and the first three days of July 1971, there took place in Edinburgh the largest International Seminar on Rehabilitation of the Disabled ever to be held in Scotland. Delegates attended from 35 different countries, with over 1,000 people in attendance. During the week a wide range of different aspects of rehabilitation were covered, and in an international conference of this size, it is impossible to summarize adequately the different topics. Some of the main themes discussed were rehabilitation of the stroke patient, planning for the disabled in an urban environment and restoring independence to the elderly patient. An important contribution at the beginning of the conference was a paper on a population study of disability in younger persons, emphasizing the problems of provision of proper care for the young chronic sick, who are sometimes, unfortunately, cared for alongside the geriatric patient. Rehabilitation of the mentally ill and the problems therefrom were also discussed in a plenary session on the second day of the conference. Other sectional meetings discussed the problems of the crippled children, the cardiac cripple and the arthritic cripple.

One of the most interesting and important proposals that emerged was a proposal from Professor James of the orthopaedic department of the University of Edinburgh to establish a special unit to evaluate the needs of the disabled. Such a unit would research into bio-engineering, so as to help the disabled.

A plenary session was devoted to treatment, training and education of handicapped children, and dealt with the early identification, diagnosis and assessment of handicapped children, arrangements for nursery school classes, and the special education and further education for the older handicapped, especially at the stage when they were preparing to leave school.