

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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PARLIAMENTARY BRIEFING

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PARLIAMENTARY BRIEFING

TOBY HARRIS
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NATIONAL HEALTH SERVICE AND COMMUNITY CARE BILL

CLAUSES 11 AND 12

Clauses 11 and 12 link Family Health Services Authorities to Regional Health Authorities, in the same way that District Health Authorities are linked to Regional Health Authorities. This is sensible and will assist in promoting better integration of primary care and hospital services. However, it is perhaps unfortunate that the opportunity has not been taken to consider integrating services fully at local level with all local services being run by one unitary authority.

The Bill also does not address a number of concerns felt by many patients about the family practitioner services. Some of these are perhaps not dealt with easily in legislation of this sort. However, it would still be possible to write into the Bill a number of duties for FHSAs which would at least go some way to alleviating these concerns.

It is, for example, recognised that there are some categories of people who are less likely to be registered with a GP for a variety of reasons. These include homeless people living in temporary hostels or other short-stay accommodation or even living rough. Similarly, travellers are frequently not registered, even though they may be based for comparatively long period in one site or in a general locality. It would be possible for FHSAs to be more pro-active in seeking to ensure that people living in their areas - even if they are only temporarily resident - are registered with a suitable GP.

For many people the system of registering with a GP is not always straightforward. Not only do they have to run the gauntlet of receptionists and crowded waiting rooms, but also little information is readily available concerning how to go about registering with a GP or their rights as a patient. At present, of course, FPCs can allocate a patient to a GP, but very few people are aware of this or how the system works. The time and effort required to trek round three different surgeries and being rejected by GPs at each, prior to FPCs considering allocation, is in itself a major disincentive. If the people concerned are subject to prejudice (e.g. travellers) or stereotyping, perhaps not having "a socially acceptable appearance", the problem is compounded. Indeed for some people - perhaps those with mental health problems - the whole process may simply be too daunting.

For this reason, FHSAs should be expected to identify and assess the needs of all the people in their localities for family practitioner services and should be required to take active steps to facilitate registration. It would be helpful if this were written into the Bill.

Another group of problems arise for those patients, who once registered, are struck off their GP's list. This can happen without warning and without any explanation being given to the patient. Whilst it is nobody's interest for a patient to remain registered to a GP when the normal doctor-patient relationship has broken down, there are concerns that some GPs may act unfairly in this regard. CHCs, however, have described a variety of problems as the following quotes from different CHCs show:

"There are difficulties changing GPs within a certain area as GPs do not accept patients from colleagues' practices. This is of course officially denied !"

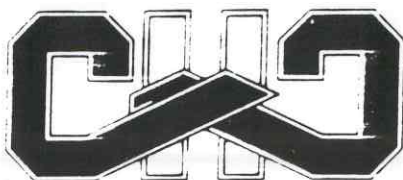
"Elderly people are removed from GPs' lists and they suspect it is because they are old. It is always difficult for someone elderly, chronically sick or needing drug maintenance to be accepted on to a list."

"Some GPs are unwilling to take on "difficult patients" who end up being moved from list to list. Often it seems to be those patients who call the doctor out for home visits."

"Sometimes not only the patient but also the relatives are removed from a list when a complaint is made. In one case a neighbour was crossed off a GP's list because she was present at a house, comforting a mother with an ill baby, and the mother subsequently complained about the GP. The neighbour's husband was also crossed off and he was not even there !"

Inevitably, these examples are anecdotal because, as far as we are aware, no statistics are kept of the number of patients who are refused registration by GPs or who are struck off lists - and, of course, there is no record of the reasons. It would certainly be helpful, however, if the Bill could strengthen the hand of FHSAs in this field.

This briefing is prepared by the Association of Community Health Councils for England and Wales (ACHCEW). ACHCEW was set up in 1977 to represent the consumer of health services at national level and to provide a forum for member CHCs. 194 CHCs out of the 215 CHCs in England and Wales are members of the Association. ACHCEW is mainly funded by subscriptions from individual CHCs, but also receives grants from the Department of Health and a number of other bodies.



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REPORT STAGE

Amendment 7

Page 12 line 27 [Clause 12], at end insert:-

'(2A) (a) A Family Health Services Authority within the meaning of the Act shall seek to ensure that any person who is a member of its resident population shall be accepted as a patient of a general practitioner who is able to meet the requirements of that person for primary health care services.

(b) A Family Health Services Authority within the meaning of this Act shall seek to ensure that any person who is homeless within the meaning of Part III of the Housing Act 1985 shall be accepted as a patient of a general practitioner who is able to meet the requirements of that person for primary health care services.'

This amendment strengthens the role of FHSAs in seeking to make sure that every effort is made to ensure that people who have difficulties in getting registered with a doctor are in fact registered.

It is, for example, recognised that there are some categories of people who are less likely to be registered with a GP for a variety of reasons. These include homeless people living in temporary hostels or other short-stay accommodation or even living rough. Similarly, travellers are frequently not registered, even though they may be based for comparatively long

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