



**COMMUNITY**

**HEALTH**

*News*

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**COMMUNITY HEALTH COUNCILS**

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S U P P L E M E N T

UPDATE ON

"WORKING FOR PATIENTS"

November 1989 chnews48

## NEWS UP-DATE

### The Future Role of CHCs

Answering questions put to him by Archy Kirkwood MP, Mr Mellor, the then Minister for Health, stated that the Government are still reviewing the overall role of CHCs in relation to contract funding, although CHCs' continued ability to be consulted on substantial developments in health care provision is assured. He also stated that CHCs would continue to "have the opportunity to comment on the overall pattern of services which DHAs will secure on behalf of their residents, including in future any provided by NHS hospital trusts". Finally, CHCs are envisaged as continuing to play an important role in representing the views of the local community on health service matters, while health authorities themselves will be encouraged periodically to test consumer opinion and to act on the findings. (Hansard 21.7.89)

However, Community Health Councils are experiencing great difficulty in obtaining certain documents which are needed if they are to be able to comment fully on the overall pattern of services within their DHA. The Bradford West MP, Mr Maddon asked the Secretary of State for Health if he would ensure that CHCs received free copies of two papers, Contracts for Health Services Operational Principles and Contracts for Health Services: Pricing and 'Openness' - A Discussion Document. In reply Mr Freeman, stated that these documents gave detailed guidance to health service managers on aspects of the White Paper, and "it was not felt that the material needed to be brought to the attention of all CHCs" although ACHCEW had been sent copies. The documents would be supplied to Bradford CHC due to their interest in them. Decisions on the distribution of further documents to CHCs will be made in the light of their contents. (Hansard 25/10/89).

ACHCEW has written to the Department of Health on this matter, stressing the fact that CHCs have a statutory duty to represent the interests of the local population in the health service and therefore need to be adequately informed of issues which have local implications, which contracts surely do.

### '79' Firming-up on Opting-out

Seventy-nine hospitals and NHS units are preparing applications to go self-governing in April 1991, Kenneth Clarke, Secretary of State for Health, announced on 4th November, under half the original 180 'expressions of interest' made earlier in the year. However there is as yet no final commitment to self-government and Mr Clarke recognised that not all of the 79 would go self-governing in 1991.

Those bids for self-governing status which effectively meant complete district services opting-out have had a mixed reception. Originally Mr Clarke was opposed to them, arguing

that hospitals should compete individually for business. Now some 'bidders' have insisted on keeping their linked mental health and community services to preserve the continuity of care. Not all of these have been accepted, for instance the St George's teaching hospital trust which was virtually the whole of Wandsworth DHA services has been excluded.

Robin Cook, the opposition health spokesman, commented "Many of the hospitals are there [on the list] in flat opposition to the majority of medical staff. None are there because the patients they serve want them to opt out". Others have claimed that Mr Clarke's approach is to suck hospitals in step-by-step by 'sneaky management' and that there will never be a day when clear cut decisions will be made. (**Independent 4.11.89**)

#### GP Budgets For Purchasing Hospital Care on Line Too

Budgets for GPs to purchase clinical care are also due to be piloted. Schemes will go before South West Thames RHA in time to be running by 1 April 1990. The Regions aim is to establish shadow budgets by April next year and to run them for a year. They will be demonstration budgets to show how GP budgets will work. Trent RHA is also running studies, looking at GP referral patterns. An NHS spokesperson is reported as saying that these are local initiatives. However a prospectus giving further details on GP practice budgets will be sent to all GPs and HAS before the end of the year. (**Health Services Journal 12.10.89**)

#### Legal Challenge to Premature Implementation Plans

A group of six leading consultants is planning a legal challenge to the Government's NHS plans by seeking to have declared illegal moves by Mr Clarke, Secretary of State for Health, to implement parts of the Governments NHS review ahead of legislation.

At present they are backed by the tiny NHS Consultants Association and have written to all 17,000 consultants asking them to pay £10 to finance the action and a promise of a further £100 if it fails and costs of up to £75,000 have to be paid. The consultants say that at the moment Mr Clarke's actions in spending £40 million during 1989 in measures to implement the Government's plans before legislation are 'ultra vires'. (**Independent 4/11/89**)

#### Postcard Campaign by Nurses

The Royal College of Nursing has launched a postcard campaign aimed at MPs. The main message of the campaign is that the Government proposals will divide care and threaten the principles and effectiveness of the NHS. The card has been distributed to all nurses to forward to their MP.

### Regional Support for Opting-out Plans

South East Thames RHA has published a brief paper on White Paper implementation which says that a package of funding totaling over £1.25M has been agreed to support the implementation of the White Paper in the S.E. Thames Region. Six Commissioning Consortia have been established to develop the skills and capability necessary to pursue the new purchasing role of Health Authorities. These are in S.E. London, Outer London, E.Sussex, West Kent and East Kent. Each consortia has been allocated £50,000 to support development work. Six of the units which expressed an initial interest in becoming self-governing have indicated they wish to continue and each has also been allocated £50,000 to enable them to undertake the necessary preparatory work. These are the Brighton Acute Services (Royal Sussex County, Sussex Eye, Royal Alexandra, Hove General and part of Brighton General); Bromley Acute and Community Services (Orpington, Farnborough, Bromley, Beckenham and allied community nursing and paramedical services: Camberwell Acute and Community Services (King's College, Dulwich, Services for the Elderly and AIDS); Eastbourne Acute Services (Eastbourne DGH, All Saints, Princess Alice and Community Midwifery); Lewisham and North Southwark Acute and Mental Illness Services (Guy's, Lewisham, Hither Green, Sydenham and District Mental Health Services); and West Lambeth Acute and Community Services (St. Thomas's, Community Health Clinics, Health Centres and Other Core Community Services).

### Advantages of Self-governing Status Illusory

Consultants were warned at a conference held by the Central Consultants Committee of the BMA in September that the advantages of self-government were illusory as constraints in raising capital, higher wage demands and increased regulations and bureaucracy came into play. Asked one speaker: "If self government was such a good idea why shouldn't district health authorities be allowed to raise capital to run their services?"

In contrast, Dr Grant the District General Manager of City and Hackney HA outlined what he saw as the advantages of self-government, stability, local control, ability to continue to integrate the service and ability to continue to run medical and nursing education with minimal bureaucracy. He recognised the need to avoid fragmentation, but also welcomed the smaller units into which the NHS would be divided. He claimed that his authority would have been able to sort out the nurses' regrading if it had been given the money locally. A call for better information systems and management was made by Mr Ian Mills, the former financial director of the NHS Management Board and a man instrumental in setting up the six resource management pilot sites. Concerns over the future of "non-productive" items such as training and research in a system concerned with setting the lowest price contract, were also voiced. (BMJ 7.10.89)

## Up-dates to NHS Managers Information Handbook On White Paper

The Department of Health are producing up-dates for the NHS Management Information Handbook on the White Paper. The latest up-date included notes of a seminar on community care and self-government held in July 1989 in the light of the Secretary of States statement on community care in July. It was agreed that a network of people working on proposals for self-governing trusts to provide community care would be set up in the autumn. This would be co-ordinated by Caroline Langridge who would be joining the DoH at that time. It was also agreed that decisions on what was deemed 'social care provision' and what 'health care provision' would be needed before those seeking self-governing status could begin work. Clarification was also needed on who would carry out the assessment of client's needs.

A Capital Charge Unit has also been formed and a "Capital Charge Up-date Newsletter" is being produced. The Capital Charge Unit is intended to be of help to managers in the health service in implementing capital charging. The Unit are based at Friars House, 157-168 Blackfriars Road, London SE1 8EU (Tel 01-972 2000).

Finally, the following joint NHS/DH working groups to look at the information requirements of the following sectors have been identified in and were due to be convened in the early autumn:

Inpatients and day cases; Outpatients and A&E; Waiting Times and Lists in In- and Out-patients; Availability and Use of Facilities; Community Health Services; Finance; Manpower; DH Cross sector central requirements; Estate; District Information and associated IT project; National comparative data and Health Service Indicators; "Identification Codes"; Co-ordination of information issues FPS/HCHS boundary

Apparently the working groups have been asked to produce by 31 October 1989 a report that contains in a final form those recommendations to be implemented by 1 April 1991 and, at least in outline form, those recommendations to be implemented at a later date. A consultation document will be issued at the end of December 1989.

## CHC ACTIVITIES

West Essex & District & CHC rightly feels it has achieved something of a coup in that its District Health Authority has adopted the CHC's response to the White Paper. A long resolution was passed by the CHC which welcomed the recognition that there should be more consumer choice, but expressed deep concern on a wide range of issues. These included the apparent over emphasis on the market place philosophy, the absence of properly evaluated pilot schemes for opting out, the problems which are likely to arise when GPs become responsible for their own budgets, the undemocratic nature of the makeup of the new DHAs

and RHAs, the future role of CHCs particularly with regard to opting out, the disproportionate cost of implementing the new measures and the failure to address the question of chronic underfunding. On 14 July at a meeting of the Health Authority a resolution was passed congratulating the CHC on taking the initiative in organising a series of four consultative meetings and supporting its resolution, stating that it fairly reflected the views of the DHA. The DHA's resolution was passed by 10 to three.

Worcester CHC has sought comments from its MPs - Rt.Hon Peter Walker, Michael Spicer and Eric Forth. The response is disappointing and, says the CHC, "our members commented how these responses only demonstrated the ability of MPs to ignore public concern." Although one of the three MPs has met with local GPs which resulted in several questions being put to the Secretary of State. So far as is known, no local expressions of interest in seeking self-governing status has been made.

Medway CHC has not felt public meetings would achieve anything but has held discussions with MPs and informed them of its views in a detailed response paper of its own. There have been discussions with the DHA on Self/Governing and Core Services and the CHC expects to be consulted shortly. The local branch of the RCN has held public meetings attended by local MPs and Roger Freeman has met with local GPs re the Contract. The CHC was invited to each event and members took part in the discussions.

Bromsgrove and Redditch CHC The Alexandra Hospital in Bromsgrove and Redditch DHA expressed an interest in opting out almost as soon as the White Paper was published. The DHA sent a copy of a letter to all members of hospital staff, dated 12 October, saying that the Health Minister considered it was a suitable hospital to opt out and saying there would be full consultation between management and staff as soon as possible, "as a decision must be reached by the end of March, beginning of April" as the Secretary of State will put the issue before Parliament in April. (One Health Authority member did query the value of public consultation **after** Royal Assent!)

Redditch Borough Council has produced a 'referendum' leaflet on opting out which is going out to all members of the public to canvass their views on the subject. It is the first of its kind and was featured in the BBC's **On the Record** programme of 15 October.

At the same time the DHA was consulting with staff and management on opting out, it decided to reduce the hospital activity to the value of £350,000 to avoid an overspend. The equivalent closure of 54 beds was, says the CHC, "fudged" because it would be too unpopular. It was then announced that in order to ensure the suitability of the self governing application, the hospital had been put in to the next 50 units to explore the Management Resource Initiative and that over the next year or two £1 million would be made available for this. The CHC comments. "Obviously

monies from different purses but it shows what is more important - or does it?" It is felt that the DHA is being driven hard down this road and one of the main reasons already being explored is the way in which new capital can be raised to build a 40-bed private wing on the DGH site. "What is disturbing through all this is the underlying assumption in some minds that it will all happen and nobody can or will be allowed to stop it."

Bexley CHC has sent its 3 MPs copies of the ACHCEW paper, so far only Edward Heath has acknowledged it. Meanwhile they are keeping a watching brief on the plans for Queen Mary's Hospital and Secretary Graham Girvan has queried in the local press the statement by the Bexley HA's manager that the White Paper "could spell the solution to Bexley's finance problems".

Hastings CHC has produced its own response to the White Paper which it is circulating locally to consumers. Copies have been sent to the Secretary of State and MPs.

North Tyneside CHC has organised two public meetings, both occasions including among the speakers three consultant surgeons who are opposed to opting out and the submissions already made by the DHA and the District General Manager. The CHC has already met the two local Labour MPs and is trying to fix a meeting with the local Conservative MP. It has held discussions with the DGM and the Chair of the Health Authority on subjects including core services, contracting standards, and monitoring arrangements. So far no agreement has been reached on future working arrangements although the DGM says he still sees the CHC as "having an important role to play". North Tyneside CHC has organised a local petition and has, so far, collected 4000 signatures.

Bury CHC has organised a survey on the White Paper which shows that 84% knew of the Government's proposals and that 82% were against them and only 8% for. (10% Didn't know). On funding 78% thought NHS funding should come out of taxation, 1% from payment by the patient, 4% through private insurance and 17% thought it should be a mixture.

The Association of Welsh CHCs held a major public meeting in Swansea on 23 September at which a four part resolution was passed noting that there was no substantial body of opinion anywhere that supported the thrust of the White Paper which those at the meetings saw as a restructuring of the NHS on a market economy model. It was also accepted at the public meeting that under such a system, budgets and contracts will take precedence over the needs of individual patients and quality of care, that patients will have less choice than hitherto, and that whilst some health service units may flourish many more are likely to stagnate and decay leaving many communities bereft of good quality services.