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**A Survey of Expert Opinion on Health  
Policy**

**1984**

# HEALTH NEWS BRIEFING

## Association of Community Health Councils for England and Wales

Mark Lemon Suite, Barclays Bank Chambers • 254 Seven Sisters Road, London N4 2HZ • Tel 01 272 5459 01 272 5450

### SURVEY OF EXPERT OPINION-ON HEALTH POLICY

In 1984 a study was undertaken in the UK of the "most important and influential organisations in the field of health policy."

Conducted by an American academic, Henry Landsberger, it was part of a wider study incorporating West Germany and the USA, whose purpose was to determine (i) the attitudes of these groups to a wide range of topical policy issues (ii) whether or not a few underlying themes could be discovered which would summarise and simplify the 85 issues covered in the questionnaire. The report published earlier this year and mentioned in Community Health News no.9 gives the results of the UK study.

18 organisations or groups were surveyed including Community Health Councils belonging to ACHCEW. The others were: the Conservative Medical Association, the BMA, the RCGP, NAHA, the Association of Chief Administrators of Health Authorities, the RCN, Labour MPs, Conservative MPs, the Liberal Health Panel, the SDP Health and Social Insurance Policy Group, Cross-bench peers, the Health Visitors Association, COHSE, NUPE, Independent Hospitals Group Ltd., and Voluntary Health Services Funds (BUPA etc.).

The overall response rate to the survey was 73%; 1674 questionnaires sent out and 1228 returned. Questionnaires were sent to the chairpersons of 193 CHCs and 150 responded, a response rate of 78%.

#### UNANIMITY AMONGST CHCs

It will come as no surprise to CHC members and secretaries to learn that they showed themselves to be less unanimous in their opinions than some of the other groups such as Conservative or Labour MPs or NUPE. They do nevertheless show some degree of like-mindedness. More than 90% of CHCs agreed on 14 of the issues; 80-90% on 19; 70-80% on 18; and 60-70% on 15. In other words on over two-thirds of the issues (66), there was more than 60% agreement amongst CHCs. The issues on which there is most agreement between CHCs are: the dignity of the patient; the need to ensure that plans are adhered to; the development of a team approach to health care with more co-operation between doctors

and other professionals; the prevalence of over-prescribing; the need for government control over the pharmaceuticals industry; the need for more joint planning and joint finance; the need for more central government support; the need for more screening by the Occupational Health Services; more health promotion by the same; maintaining roughly the ideals of the NHS's founders - health care for all; the need for more expenditure on health; more health promotion by professionals.

#### RADICAL CHANGE?

The last question in this survey provides a useful starting point for finding a route through the various issues covered. It asks whether or not a major change in direction is needed in health care policy to cope with the likely developments of the next 20 years or so. 86% of CHCs believe that there is such a need. But this, at least, is common ground amongst all the groups surveyed - 86% from the BMA; 79% from NAHA; 90% of Conservative MPs; 100% of Labour MPs.

The question leaves it open as to what would count as a major change in direction. For those who argue that there is an increasing mismatch between the demand or need for services and actual provision, it might be a large increase in NHS expenditure - or perhaps the growth of the private sector. It could be a radical change in organisation and the way policies are determined - or a radical change in spending priorities. By using these options to pick out some issues of importance, we can usefully compare the responses of CHCs to those of some of the other organizations.

EXPENDITURE. In all the groups surveyed except 2 (Conservative MPs and Cross-bench peers) a majority think that there more should be spent on health care.

PRIVATE SECTOR. 66% of CHCs were against encouraging growth in private medicine. This compares with 10% of Conservative MPs; 63% from the RCGP; 39% from NAHA; 100% of Labour MPs; 88% of Liberals; 98% from COHSE.

CHARGES. 73% of CHCs were against the suggestion that some charges could be made at the point of delivery. This compares with 55% from the RCGP; 50% from NAHA; 97% from COHSE; 89% of Labour MPs; 68% of Liberals.

#### ORGANISATIONAL CHANGES.

(i) 83% of CHCs think that the public should have more say in the running of the NHS. This compares with 53% from the RCGP; 26% from NAHA; 77% of Liberals; 50% of Conservative MPs; 97% from COHSE.

(ii) 50% of CHCs were in favour of more involvement by employer organisations and industry in the running of the NHS. This compares with 50% of Conservative MPs; 55% from the RCGP; 28% of Liberals; 54% from NAHA; 43% from COHSE.

(iii) 34% of CHCs were in favour of more trade union involvement in planning. This compares with no Conservative MPs; 16% from NAHA; 24% from the RCGP; 37% of Liberals; 95% from COHSE.

(iv) 71% of CHCs are in favour of giving more power to nurses.

This compares with 40% of Conservative MPs; 46% from the RCGP; 38% from NAHA; 98% from the RCN; 90% from COHSE.

#### DOCTORS.

(i) 81% of CHCs think that the quality of services provided by doctors needs to be reviewed by non-doctors. This compares with 18% from the RCGP; 80% of Conservative MPs; 77% of Liberals; 63% from NAHA; 81% from COHSE.

(ii) 87% of CHCs think that independent agencies are needed to review the appropriateness and necessity of services provided by doctors. This compares with 70% of Conservative MPs; 58% from the RCGP; 80% of Liberals; 64% from NAHA; 84% from COHSE.

PRIORITIES. 70% of CHCs are in favour of money being transferred from capital spending on acute services to community care. This compares with 66% from the RCGP; 48% from NAHA; 72% of Liberals; 46% from COHSE.

GENERAL SATISFACTION. 41% of CHCs thought that the NHS employed the resources at its disposal efficiently. This compares with 53% from NAHA; 15% from the RCGP; 38% of Liberals; 80% of Conservative MPS; 54% from COHSE.

#### CONCLUSION

It is clear from the results of this survey that organizations representing doctors, nurses and other NHS workers seek to protect and promote the interests of the people they represent. Doctors do not want to see their power or status diminished; nurses would like to see their power and status increased. Unions would like to have more of a say in planning and management. CHCs exist to represent the interests of the user of the health services, and if any pattern at all emerges from their responses to this survey, it is this - that the interests of the consumer should be fully taken into account in the planning, administration and delivery of health service provision.

Preliminary report to participating organisations on the 1984 survey of expert opinions on health policy issues/Henry Landsberger.

For further information, contact: Kenneth Howse, Association of Community Health Councils for England and Wales. 01 272 5450

The following figures give the % distribution of CHC responses to the statements they were asked to comment upon. A1, A2, A3 etc. identify the particular statements, a list of which accompanies these figures.

	Agree very strongly	Agree on the whole	Agree a little	Undecided or not sure	Disagree a little	Disagree on the whole	Disagree very strongly
A1	14	46	24	1	3	9	2
A2	7	45	13	4	16	12	3
A3	49	29	19	1	1	1	0
A4	23	29	21	12	5	6	4
A5	1	31	17	8	29	13	2
A6	12	35	31	11	3	6	1
A7	37	27	9	13	3	11	1
A8	20	20	23	5	12	15	4
A9	3	8	7	16	9	30	27
A10	15	24	23	8	9	17	3
A11	37	35	9	5	7	5	3
A12	1	5	5	17	8	27	38
A13	7	13	31	21	10	14	5
A14	0	21	7	24	15	21	12
A15	25	44	6	5	5	9	6
A16	42	44	9	2	1	1	1
A17	27	17	10	5	9	23	8
A18	49	23	11	5	3	5	4
A19	4	31	7	6	21	24	7
A20	25	39	14	7	5	6	5
A21	49	25	7	3	4	7	5
A22	8	24	13	12	7	23	13
A23	7	27	16	17	10	19	5
A24	5	9	20	9	18	24	15

A25	27	33	16	5	9	9	2
A26	15	28	27	9	11	7	2
A27	3	15	25	5	11	31	9
A28	1	7	8	11	9	35	29
A29	2	7	11	13	14	37	16
A30	2	9	13	9	6	22	38
A31	27	33	25	4	4	5	1
A32	13	32	23	7	8	24	3
A33	37	15	5	7	7	15	13
A34	15	17	13	8	9	23	16
A35	47	38	10	3	1	1	1
A36	30	41	14	8	2	4	1
A37	15	24	32	11	7	9	3
A38	29	39	19	9	1	4	0
A39	0	11	9	31	17	25	7
A40	15	36	23	19	5	2	0
A41	20	36	27	9	45	2	1
A42	32	20	7	6	11	18	6
A43	33	39	19	2	3	3	1
A44	54	27	13	3	2	1	1
A45	3	46	12	15	11	7	6
A46	24	38	25	9	3	1	0

	Do very much more	More	A little more	Same as now	A little less	Less	Very much less
A47	40	47	7	6	1	0	0
A48	47	41	7	5	0	0	0
A49	16	29	13	25	3	11	3
A50	15	37	19	17	5	3	2
A51	8	15	21	39	5	7	5
A52	46	31	18	5	0	0	0
A53	23	27	13	21	4	7	4
A54	23	29	16	23	3	5	1
A55	51	34	10	3	0	1	1
A56	53	34	7	5	0	1	0
A57	63	32	5	1	0	0	0

	Agree very strongly	Agree on the whole	Agree a little	Undecided or not sure	Disagree a little	Disagree on the whole	Disagree very strongly
B1	3	17	10	4	6	23	37
B2	38	21	10	21	2	7	2
B3	37	37	13	5	1	5	1
B4	1	1	2	7	9	26	53
B5	21	23	21	11	7	15	2
B6	4	5	8	7	2	20	54
B7	14	24	13	5	4	27	13
B8	7	31	33	9	7	12	1
B9	6	32	18	12	10	15	7
B10	14	27	16	9	13	15	6
B11	5	7	5	4	13	41	26
B12	67	29	2	1	1	0	1

B13	31	41	13	9	1	4	1
B14	40	29	14	4	4	7	2
B15	19	35	18	10	7	9	1
B16	41	21	17	4	11	5	1
B17	43	27	21	5	1	3	0
B18	29	33	29	5	1	2	1
B19	3	4	2	3	13	36	39
B20	1	4	8	1	15	43	28
B21	42	31	5	8	2	9	3
B22	1	19	18	15	13	29	6
B23	1	7	12	5	5	27	41
B24	11	25	27	10	9	11	7
B25	1	11	9	15	13	23	28
B26	43	25	12	9	6	3	1
B27	1	19	21	5	20	25	9
B28	0	3	1	9	13	51	22



# TABLE II: HEALTH POLICY QUESTIONNAIRE (UK)

## List of Items

1. The unhealthy lifestyles so many people choose are responsible for a large share of the cost of health care.
2. The impression of some people that "doctors earn too much" is unjustified. With few exceptions, their earnings are commensurate with their training and their responsibilities.
3. The problem of doctors not treating patients with sufficient dignity and respect, and not giving them the chance to express themselves, needs much more attention than is being given it.
4. Artificial, and often costly means to prolong the life of the terminally ill should be severely restricted.
5. Doctors almost invariably give patients high quality care today.
6. To a much greater extent than they have done so far, health professionals who are not doctors should take over giving routine treatments to patients.
7. General practitioners should be salaried just as consultants in hospitals already are.
8. Too many people visit doctors with very minor complaints which needlessly take up valuable time.
9. The medical profession should have the right to exercise more power than they do today over the number of doctors who practice and the income they earn.
10. In comparison with other professions, the prestige of doctors is much higher than it should be.
11. Neither existing bodies nor others which might be established to review the quality of services rendered by doctors, should be controlled by doctors.
12. Payment of all doctors on the basis of fee-for-item-of-service would be the best way to make sure that patients receive high quality medical care at the least possible cost.
13. Many unnecessary services are ordered and performed by doctors, often harmful to patients and increasing costs.
14. The differences in income which exist today between doctors and other health professionals are about right.
15. The present system of planning comprehensively for all health services should be maintained.
16. There need to be adequate powers to make sure that plans for health services are implemented and adhered to.
17. Private hospitals should not be permitted to establish themselves where NHS hospital capacity is already fully adequate.
18. The public should have much more representation and power than it does today in the various authorities which govern and administer the National Health Service.
19. Only a very small proportion of Britain's population does not have access to the amount and kinds of medical care it needs.
20. The power should exist to direct doctors to areas where there are shortages, should that situation arise again in the future.
21. Members of the public who are put on any authority of the National Health Service should be selected for their ability to deal with the issues, and not to represent various interest groups and political parties.
22. Investment in the economy has to take precedence over investment in health care because society will not be able to afford a greater expenditure on health care unless the economy is sound.
23. Authorities at various levels of the National Health Service should include representatives of employer organisations and industry.
24. The trade unions and professional associations which represent those who are employed in the health sector should be able to exert greater influence than they do today on the planning and future direction of the health services.
25. Accident and emergency departments far too often give people the kinds of outpatient care — treating 'flu, minor cuts etc — which ought to be provided by general practitioners.
26. Much of the money spent on renovating hospitals and buying new equipment would be better spent on additional community care, and on homes for the elderly.
27. All too often patients are kept in hospital longer than they need to be there, involving a substantial drain on resources.
28. Some health authorities are contracting with private groups, operating for profit, to provide management, medical and nursing services. They could and should do a great deal more of such contracting.
29. Purchasing the equipment needed to provide high technology medicine in hospitals is a very sound way to use the limited resources of the NHS.
30. We should encourage the growth of private hospitals, private nursing home care and other private sector services.
31. Hospitals devote far too small a proportion of their resources to attempts to lessen the emotional stress from which many patients suffer.
32. In addition to doctors and nurses, other staff who work in hospitals should have more rights than they do today to participate in making management and administrative decisions.
33. There should be no private beds in NHS hospitals.
34. The decision-making structure at each level of the National Health Service needs to become more like that of industrial management and not like that of the present team consensus model.
35. There should be more of a team approach between doctors and other well-trained and experienced health professionals in making decisions about patient care.
36. The right of general practitioners to use NHS hospital beds for their patients and attend them there should be extended.
37. The nursing profession should play a much larger role than it presently does in the determination of national health policy.
38. In training for general medical practice, subjects like psychology, psychosomatic medicine, occupational medicine and health education should be made compulsory, even if it means less time for the biological sciences and the clinical specialities.
39. Existing measures to help general practitioners keep their knowledge and skills up to date are working well.
40. Health research focuses excessively on the immediate biomedical aspects of illness to the neglect of research into psychosocial and environmental factors.
41. Natural healing procedures such as the use of herbs, therapeutic massage and relaxation techniques deserve a much more important place than is given them today.
42. Charges for prescriptions should be abolished so that people are not put off by the cost of obtaining the medicines they need.
43. People are reluctant to recognize that taking too many prescriptions and drugs may be useless and even harmful.
44. There should be much greater government control over all aspects of the drug industry, from research to production, marketing and pricing.
45. Although the pharmaceutical industry has made errors from time to time in testing new products, its safety record taken as a whole is very good.
46. Physicians are substantially to blame for the excessive extent to which prescription drugs are used today.

#### **LOCAL AUTHORITIES**

should, in the area of . . .

47. Financial support for services in which LA's and NHS share responsibility (e.g. services for the elderly, mentally handicapped) . . .

48. Joint planning for the services referred to in Item 47 . . .

#### **REGIONAL HEALTH AUTHORITIES, in their relations with DISTRICT HEALTH AUTHORITIES should . . .**

49. Allocate financial resources more specifically for particular services or priorities . . .

50. In the review system, use more detailed and more specific objectives . . .

51. Require that more services be run in common for the Region as a whole . . .

#### **CENTRAL GOVERNMENT should, in the area of . . .**

52. Providing financial support . . .

53. Allocate financial resources more specifically for particular services and priorities . . .

54. The Review System: use more detailed and specific objectives . . .

#### **As in some other countries, OCCUPATIONAL HEALTH SERVICES LOCATED AT PEOPLE'S PLACES OF EMPLOYMENT should, in the area of . . .**

55. Screening and early diagnostic services . . .

56. Health education for employee and family . . .

57. Exerting influence so that work and workplace are structured to avoid illness and promote health . . .

B1. The present trend toward an expansion of private health care and insurance is a good one, so that in the end, there will be a variety of private insurers and health services providers alongside the National Health Service.

B2. The market model is an unsuitable one for determining the distribution of health care in a population such as Britain's.

B3. There need to be agencies independent of doctors to review the necessity and appropriateness of the services which a patient receives.

B4. Consultants working for the NHS should be allowed to earn a greater proportion of their income from private practice than they are permitted to do today.

B5. Groups other than those presently involved, including trade unions, employees and the public, should be given a far greater role in planning, and correcting the present imbalances in the health system than they now have.

B6. People should be given tax incentives to encourage them to enroll in private health insurance plans.

B7. The more services are provided to patients without their making any payment when they receive the service, the greater will be the rise in demand and in the costs of health care.

B8. Tighter controls are needed to prevent hospitals and doctors from rendering unnecessary services.

B9. Such rise in the cost of health care as there has been after allowing for inflation, is predominantly due to desirable improvements in the quantity and quality of health care in Britain.

B10. We should systematically shift toward having a greater number of smaller hospitals which are more accessible to people, and more personal for both patients and staff, even if the services they offer and their equipment would be far less complete and sophisticated than those of a large hospital.

B11. The influence of social conditions on people's health is often overestimated today.

B12. To assure that everyone has access to health care when they need it, Britain needs to maintain the kind of National Health Service which it has: one covering all, or at least a very large part of our population.

B13. Government, employers and insurance companies should make greater use of financial incentives to encourage health promoting behaviour.

B14. Health damaging substances, such as cigarettes and alcohol, should be taxed much more than they are.

B15. From the point of view of society as a whole, large sums of money spent on such high-technology items as CAT scanners and internal foetal monitors would have been more effectively spent on preventive measures in the fields of nutrition and agriculture, energy use and the environment.

B16. Top priority must be given to making the NHS more efficient.

B17. Britain should spend substantially more on health care than it currently does.

B18. If doctors and hospital staffs spent more time teaching people how to maintain good health, a great deal of money now spent for expensive treatments would be saved.

B19. The health care system should limit itself to dealing with the physical aspects of health and illness. It should not concern itself with people's social and psychological satisfactions.

B20. The influence of the physical environment on people's health is often overestimated today.

B21. General practitioners should be brought under the District Health Authorities just as are most other services provided by the NHS, so that the health care system would be in the hands of a single entity rather than fragmented.

B22. Psychotherapeutic services should be expanded only very cautiously because of the potentially limitless demand.

B23. Patients should pay at least a part of the costs of the services they receive at the time they receive them.

B24. If hard choices have to be made, much more money should be spent on programmes to influence what we eat, the air we breathe and the stress under which we work, and much less on expanding personal health care services.

B25. The dangers and the ethical problems raised by research into artificial means of human fertilisation and procreation have been greatly exaggerated.

B26. The widespread use of in vitro fertilisation and surrogate motherhood should be strictly controlled and at least temporarily curtailed.

B27. The great improvement over the last decades in the life expectancy of our population is evidence that the resources which we devote to health services are efficiently employed.

B28. The problems facing our health care system today are likely to be overcome in the next decade or two even without any major change in direction.