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Patients' friends pushed aside by Labour's PALS

The abolition of community health councils is completely at odds with Labour's long history of support for them, says Charles Webster

The renewed crisis of confidence provoked by Alder Hey and the wider issue of consent exposes the government's inconsistency over patient and community rights in the NHS. However, by abolishing community health councils (CHCs), the government is destroying the mainstay of patient and community protection.

This policy is perplexing and oddly out of character with the public image that Alan Milburn cultivates. In remarkable contrast to his predecessors, he never hesitates about admitting guilt or promising full restitution.

This disarming frankness has become his trademark. But are Mr Milburn's actions consistent with his promises? There is a real danger that his candour is just another artful trick in the well-honed public relations armoury of the government. The evident determination to dismantle CHCs, regardless of the merits of their case, can only provoke suspicion that the public is being tricked into further erosion of its already tenuous powers of redress.

Mr Milburn's interviews and speeches in connection with Alder Hey candidly accept that such scandals spring from an imbalance of power within the health service. The government now promises fundamental changes to correct the weakness of patient and community influence. The health secretary highlights the plan to include a single patient representative on the boards of NHS trusts. Under *The NHS Plan*, the government also intends to introduce a new Patient Advocacy and Liaison Service (PALS) and other local fora. However, as indicated in the December 2000 issue of *Health Matters* and elsewhere, thoughtful observers remain unimpressed by these proposals.

The PALS system will be grotesquely elaborate, but inadequate for its intended purpose. Just at the point when it seemed possible to build on past experience and strengthen CHCs along lines long-favoured by the Labour party and supported by a broad consensus, the whole system is being scrapped and replaced by an alternative that is so flawed that it is unsuited to effective reform.

The public will wonder why Labour has jettisoned its support for CHCs. During preparations for the 1974 NHS reorganisation, Labour engaged in such passionate advocacy of CHCs that this was the only significant issue of reorganisation upon which the Conservative government was deflected from its declared policy.

Labour continued this advocacy role after 1974. Strengthening CHCs was the only significant change introduced into the reorganised health service by the Labour government. This was the key recommendation of Labour's 'Democracy in the NHS' exercise. Labour promised to develop CHCs into 'a powerful forum where the consumer views can influence the NHS and where local participation in running of the NHS can become a reality'. Accordingly, under Labour the CHC entered centre stage. It was clear that with further reform they

were capable of making a fundamental contribution to the advance of health care.

But under Thatcherism, policy on CHCs went into reverse. Indeed as early as 1982 they were lucky to escape abolition. Under the internal market CHCs were dismissed as a relic of collectivism and there was call for consumer protection to be reconsigned to the individual. This dogma from the Thatcher textbook has now been enshrined in policy by the Labour government.

Naturally, this unexpected bonus from New Labour is a delight to the NHS establishment because providers will now be rid of such minor irritants as the annual 'Casualty Watch' to judge the performance of casualty and emergency services. PALS is purposely designed to preclude any kind of co-ordinated effort liable to disconcert provider interests.

Abolition of CHCs provides yet a further instance where Labour is renegeing on its confirmed policy and implementing measures that even Mrs Thatcher hesitated to adopt. The record shows that Labour demonstrated unwavering support for preserving and strengthening CHCs throughout its long period in opposition, and it was upon the basis of this policy that it entered the 1997 general election.

In the run up to *The NHS Plan* there was no public indication of a change of policy. Indeed, ministerial statements and policy documents such as *Patient and Public Involvement in the New NHS* (September 1999) indicated continuing confidence in CHCs. The about turn occurred in July 2000, and then only in England: the other parts of the UK are retaining CHCs or their equivalents.

Lack of confidence about the new policy is indicated by the terse and surreptitious manner in which CHCs'

abolition was slipped into *The NHS Plan*. This surely indicates that the government appreciates that it is engaged in selling the pass. Although no amount of criticism will persuade the government to change course, PALS and their associated paraphernalia are no substitute for CHCs.

The government's PALS are thinly disguised tools of a NHS establishment bent on preserving paternalism and keeping the public and patients in a state of humiliating disadvantage.

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