



## **Patients First — A Consultative Paper**

The promised consultative paper on changes proposed for the National Health Service entitled "Patients First" is now published. It is clearly stated in the Foreword to the paper, which is a small, slim publication of some 24 pages, that the needs of patients must be paramount, and whatever structure and management arrangements are devised they must be responsive to those needs. The aim is to take decision making closer to those who work directly with patients. Another purpose to be achieved is to have more local health authorities whose members will be encouraged to manage the service with a minimum of interference by any central or regional organisation.

There is encouragement for health, social services, education, and housing, to work closely together, but the later proposals seem to make that more difficult to achieve.

### **Some of the Proposals**

The Government has rejected a suggestion that a chief executive should be responsible for all the authority's staff. Instead, it is put forward that each of the new Authorities appoints a team of senior staff as in existing area management teams. There is comment about responsibility of each member to manage his own service and not allow the team to take over this duty.

There should be strong management direction at hospital and community level. It is proposed that each major hospital, or group of hospitals, and associated community services, should be managed by a senior nurse and administrator. It will be recommended that the salary shall reflect the responsibility and Whitley Councils will be asked to consider this situation.

There will be no management tier between the hospital/community management staff and the senior officer at district level. It appears that many of the present district/area positions in say catering and domestic services are likely to be removed and those disciplines will report direct to the new type of local administrator.

The major proposal is that area health authorities should be abolished and that district health authorities be created. Regional health authorities will be retained and they will review all their areas and districts. They will work within the criteria that single district areas should not be changed unless there would be substantial advantages of efficiency and all multi-district areas should be restructured generally on the basis of existing district boundaries, although other criteria are laid down.

Linking with local government is seen as important and where the new health boundaries do not match it is suggested that two districts should be counterminous with the boundaries of social services and education.

Membership of the new authorities is recommended to be 20, including four local authority representatives. Added to this will be a chairman appointed by the Secretary of State. Of the remaining 16 representation will include a consultant, a general practitioner, a nurse, and a university nominee. The Government rejects staff elections for two places believing that joint consultative arrangements are a better way to obtain views.

The retention of family practitioner committees are confirmed and establishes perhaps once and for all that general practitioners are really independent and to a large extent outside the management arrangements of the NHS. The proposals even suggest that some FPC's could cover more than one district! Another bombshell is the suggestion that community health councils may be abolished.

There is acknowledgement that long drawn out discussions about the changes disrupts staff and is confusing. The Government rejects the idea of introducing either the changes in structure or staff on a national basis. This is right, but they may have to defend this stand against trade union and professional organisation pressure because already there is certainly some feeling that everyone should compete on equal terms. The effects on the Health Service, however, would be disastrous. Guidance would be issued to RHA's by mid 1980, and RHA's would make their recommendations

as soon as possible after that. Most change would have been completed by mid-1982 or by the end of 1983 at the latest.

The position of second-in-line staff, apart from the area nurse (Child Health), is uncertain and must be clarified at an early date.

May this reorganisation be the last reorganisation that any staff have to suffer during the rest of their career. The effects on the service, even if the changes are generally for the good, are often dramatic and disruptive to the people making the changes.

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