11a-c

PRIME MINISTER

NHS REFORMS

You are seeing Mr. Clarke at 1200 tomorrow morning:

(a) to propose that the transfer of community care to local authorities be postponed for two years (the position now supported by Mr. Patten and Treasury Ministers);

(b) to discuss the NHS reforms.

At flag X is an earlier note covering Mr. Clarke's papers setting out his detailed plans on the NHS reforms. At flag Y is a letter from Sir Robin Ibbs giving his views and proposals: these include strengthening the management and undertaking an early reassessment of the state of readiness amongst health authorities.

At flag Z is the minute from Sir David Wolfson. This continues to press for the pilot study approach because of the sheer scale of the NHS; because of the need for better information before the reforms can begin to work; and because of the political dangers for the Government, if the reforms are seen to fail.

Assessment

Mr. Clarke's notes and papers brought out more clearly the limited nature of the reforms proposed in the first year. The main reforms are about redrawing accounts of health authorities through the block contract system. They are a necessary first step that will pave the way for genuine contracts between purchasers and suppliers in later years.

The Policy Unit's view is that the papers, and their own background investigations, confirm that the reforms appear to be sufficiently well advanced to go ahead everywhere except for London. But it would be useful to confirm that perception - by

examining the degree of preparedness amongst health authorities; and checking how soundly based the key information parameters, like stability of referrals payments, actually are. And further thought needs to be given to London. (To some degree these views are reflected in Sir Robin Ibbs' note.)

Sir David Wolfson argues for:

- pilot studies in two regions;
- more information systems on patient costing etc before the reforms go ahead nationwide; and (apparently)
- more radical reforms within the pilot areas involving genuine contracts rather than the block contracts approach proposed by Mr. Clarke.

It is not clear how far Sir Robin Ibbs and Lord Rayner are associated with these conclusions.

Two main points might be made about Sir David's approach.

a) First, Sir David is drawing very much from his experience in London. It is widely accepted that the London authorities would face greatest difficulty in going ahead even with the block contract proposals. The evidence from elsewhere, including that put forward by Howard Davies, is that the health authorities are well advanced in their preparations - and that local management appreciate the need to avoid too sudden a change in referrals practices for the first year.

b) Second, a crucial political judgment has been made.
   i) Is it better to introduce limited reforms nationwide that will pave the way for a more market-based approach in future years? The pace of change can then vary from area to area in

future years as experience in operation of the market system grows.

ii) Or is it better to go ahead with more vigorous reforms, including genuine contracting in two pilot areas? If successful, that could allow their introduction on a wider scale at less cost (because mistakes will not be repeated) in future years. But if unsuccessful, it runs the risk of the reforms being shown to have shortcomings - and therefore not being carried forward throughout the country.

Conclusion

There are three ways forward.

(i) Do you want to accept Mr. Clarke's proposals as they stand?

(ii) Do you want to indicate broad support for Mr. Clarke's approach - subject to further work. You could then suggest the need for a reassessment of the state of readiness and stability of information requirements (perhaps involve Sir Robin Ibbs and Sir Roy Griffiths together); and ask Mr. Clarke whether he would be prepared to come forward with new proposals for London.

(iii) Or do you want to suggest further examination of the pilot study approach recommended by Sir David Wolfson?

BHP

BARRY H. POTTER

2 July 1990

File

8 DOURO PLACE
LONDON W8 5PH
SUNDAY JULY 1.

DEAR PRIME MINISTER,

I HAVE A PLAN WHICH COULD POSSIBLY ALLOW THE SUMMER RECESS TO ARRIVE WITH THE NHS REFORMS AT WORST "POLITICALLY DEFUSED" AND AT BEST A GOVERNMENT PLUS!

HOWEVER, IT WOULD NEED TO BE STARTED TOMORROW. I HOPE YOU WILL THINK IT WORTH A BRIEF DISCUSSION THIS EVENING, AND I BELIEVE IT SUFFICIENTLY IMPORTANT FOR ME TO MAKE THE ULTIMATE SACRIFICE OF GIVING UP WATCHING THE ENGLAND CAMEROONS FOOTBALL MATCH.

Yours in Haste,

David W.

G. Day / Roy Griffiths

Royal Colleges

(1) Now that it is law – like to come along & talk about the pace of change.

? Health Management Centres – some good some disastrous

REFLECTIONS ON THE N.H.S. SEMINAR

(THE ATTACHED PAPER IS MY RESPONSIBILITY, BUT IT HAS BEEN DISCUSSED WITH LORD RAYNER AND SIR ROBIN IBBS, WHO ARE IN BROAD AGREEMENT)

1. LORD RAYNER, SIR ROBIN IBBS AND I ARE COMPLETELY AGREED THAT THE IMMENSE CHANGES IN THE REFORM PAPER SHOULD BE TESTED, PILOTED, OR PHASED SO THAT MISTAKES ARE FOUND IN TEST AREAS AND ONLY PROVEN SYSTEMS EXTENDED TO ADDITIONAL AREAS. THE PROPOSAL TO "PILOT" TWO REGIONS WOULD INVOLVE A TEST MARKET OF SEVERAL MILLION PATIENTS, 150,000 EMPLOYEES, 300 G.P. PRACTICES, AND A FEW HUNDRED SITES. THE TEST WOULD BE (MUCH?) BIGGER THAN MARKS AND SPENCER!

2. TO INTRODUCE SUCH CHANGE ACROSS THE WHOLE NHS WILL MAGNIFY THE COST OF CHANGE, AND ALMOST CERTAINLY LEAD TO THE PUBLIC APPEARANCE OF SOMETHING GOING WRONG EACH WEEK. YOU ARE TRYING TO MOVE FROM A PRODUCER DOMINATED, CENTRALIZED, UNCOSTED MONOPOLY TO A CONSUMER DRIVEN, ACCOUNTABLE, COSTED, DEVOLVED SERVICE. THERE IS NO POSSIBILITY OF AVOIDING MANY MISTAKES, WHICH IS WHY YOU NEED TESTS OR PILOTS! THE PROPOSED PILOT SCHEME COULD, IF PROPERLY ORGANIZED, HAVE THE SUPPORT OF THE MEDICAL PROFESSION, WHO WOULD THEN NOT HAVE THE SAME INCENTIVE TO MAGNIFY EACH PROBLEM AND BLAME THE GOVERNMENT'S HEALTH REFORMS.

3. WHILE KEN CLARKE WILL BE RESPONSIBLE FOR THE DEBACLE IF IT HAPPENS, THE PUBLIC WILL BLAME YOU, AND THE TORY PARTY'S ELECTION PLUS OF "COMPETENCE" WILL HAVE BEEN SERIOUSLY ERODED

4. WHAT CAN BE DONE? KEN CLARKE MADE CLEAR THAT HE BELIEVES THE "PILOT" APPROACH WOULD LEAD TO FIASCO. WE BELIEVE THAT THE "PILOT" APPROACH IS THE ONLY SENSIBLE WAY FORWARD. MY PERSONAL CONCLUSION IS THAT YOU CANNOT CHANGE THE METHOD ADOPTED BY THE DEPARTMENT OF HEALTH WITHOUT CHANGING THE SECRETARY OF STATE: HE COULD NOT SUCCESSFULLY IMPLEMENT A PROGRAM IN WHICH HE DOES NOT BELIEVE. I REALIZE THAT THIS IS A POLITICAL BOMBSHELL, AND IT MAY BE THAT YOU CANNOT EVEN CONTEMPLATE A CHANGE OF MINISTER. IF SO, THEN IT IS NOT WORTH WASTING MUCH TIME ON THE DETAILS OF WHAT HE IS DOING, FOR IT WILL ONLY INVOLVE YOU MORE CLOSELY IN WHAT IS PROBABLY GOING TO BE MESS! IAN WHITEHEAD WOULD ADVISE THAT A DAMAGE LIMITING OPERATION MIGHT BE CONFINED TO INSISTING THAT THE FOUR LONDON REGIONS, AND POSSIBLY 2 OTHERS, ARE LEFT OUT OF THE REFORM SCHEME FOR THE FIRST YEAR. I AGREE THAT THIS WOULD LIMIT THE DAMAGE, BUT SUCH AN "INSTRUCTION", THOUGH DESIRABLE, WOULD IMPLY YOUR APPROVAL OF IMPLEMENTATION FOR THE MAJORITY OF THE NHS, A MAJORITY INVOLVING ROUGHLY 600,000 EMPLOYEES AND 30 MILLION PATIENTS!

THE N.H.S. REFORMS

THE NHS REFORMS ARE DESIGNED TO IMPROVE THE SERVICE TO PATIENTS IN THE NHS. WE APPROACH THESE REFORMS WITH ENTHUSIASM TEMPERED WITH REALISM. WE BELIEVE THEY WILL SOLVE SOME CURRENT PROBLEMS BUT ARE LIKELY TO CREATE NEW ONES, AS HAPPENS WITH MOST MAJOR CHANGES. OUR AIM IS TO SEE THE REFORMS IMPLEMENTED SUCCESSFULLY, NOT DISCREDITED BY POOR IMPLEMENTATION.

THE REFORMS INVOLVE, INTER ALIA,:-

1. ACCOUNTABILITY. A DEMAND FOR THE CREATION OR ENHANCEMENT OF INFORMATION ABOUT COSTS AND BENEFITS, OR INPUTS AND OUTPUTS AND QUALITY AS WELL AS QUANTITY. THE INFORMATION SYSTEMS NEEDED FOR THIS ACCOUNTABILITY ARE STILL VERY MUCH IN DEVELOPMENT STAGE, ARE COSTLY TO CREATE AND RUN, AND CAN ONLY ENABLE THE USER TO COMPARE THE RESULTS ACHIEVED BY HOSPITALS OR DOCTORS . THE SYSTEMS DO NOT FIND NEW AND BETTER METHODS OF DOING MEDICAL TASKS, THEY COMPARE RESULTS BETWEEN PRESENT METHODS.

2. DEVOLUTION OF POWER. THE CREATION OF SELF-GOVERNING TRUST STATUS FOR HOSPITALS, AND BUDGET HOLDING G.P. PRACTICES, IS SEEN AS A WAY TO GET BETTER MANAGEMENT BY GIVING MORE POWER AND RESPONSIBILITY AT A LOWER LEVEL IN THE HUGE NHS SYSTEM.

3. CONTRACTS FOR SERVICE, OR MANAGED COMPETITION. BY VIRTUE OF THE ABOVE IT WILL BE POSSIBLE FOR AN ELEMENT OF COMPETITION TO ENTER THE NHS SYSTEM. IF MONEY CAN FOLLOW THE PATIENT AS PLANNED, AND DOCTORS, HOSPITALS AND HEALTH AUTHORITIES CAN GET "QUOTES" FOR THEIR REQUIREMENTS, THE MORE EFFICIENT PROVIDERS OF SERVICES WILL GET MORE WORK AND DO IT AT LOWER COST. BUT IT MUST BE EMPHASIZED THAT, IN THE SHORT TERM, THE ACCURACY OF THE COSTING AND ACTIVITY DATA, ON WHICH CONTRACTS ARE GOING TO BE BASED, WILL BE VARIABLE ACROSS THE COUNTRY AND, BY AND LARGE, VERY CRUDE. INCONSISTENCIES WHICH MAY NOT BE MATERIAL AT PRESENT MAY BE MAGNIFIED BY THE NEW SYSTEM. (A LA COMMUNITY CHARGE?) AND MARGINAL GAINS OR LOSSES (IN INCOME TO "PROVIDERS" AND EXPENDITURE FOR "PURCHASERS") MAY SUBSTANTIALLY AFFECT THE SERVICES THEY CAN PROVIDE OR BUY.

IT SHOULD BE NOTED THAT THE ABOVE METHODS ARE ALL INDIRECT, AND DO NOT DIRECTLY HELP HOSPITALS WITH LIMITED MANAGEMENT SKILLS TO IMPROVE THEIR MANAGEMENT METHODS AND OPERATING SYSTEMS. COMPARATIVE STATISTICS, (AND STATISTICS CAN BE DANGEROUS), AND EXHORTATION, NOT EXAMPLE!

NOTE ALSO THAT IMPLEMENTING THE REFORMS NATIONWIDE, AT A STROKE, IS ACTUALLY HEDGED ABOUT WITH WAYS TO PREVENT THEM OPERATING AS INTENDED. THE "MARKET" IS ACTUALLY GOING TO BE "PLANNED"! MUCH OF THE WORK WILL BE "PRETEND REFORM", WITH CONTROLS OR PLANNING INTERVENING TO STOP "WORK" MOVING AT THE DOCTOR'S DISCRETION TO ANOTHER AREA. MONEY WILL NOT BE ALLOWED TO FOLLOW THE PATIENT, BUT WE SHALL HAVE ALL THE COSTS OF A COSTING AND BILLING SYSTEM ANYWAY!

THE IMPLEMENTATION PROBLEMS

1. THESE REFORMS WILL INEVITABLY TAKE UP A GREAT DEAL OF MANAGEMENT TIME AS WELL, OF COURSE, AS COST A GREAT DEAL OF MONEY. BUT THE FINANCIAL BENEFITS WILL COME IN FUTURE YEARS, AND THEY WILL NOT DIRECTLY IMPROVE BAD PRACTICE IN THE NHS, WHERE SUCH PRACTICE IS WIDESPREAD AND THEREFORE THE NORM. THE SAME PROCESS APPLIED, SAY, TO BRITISH LEYLAND IN THE 1970'S WOULD HAVE BROUGHT THE WORST FACTORIES UP TO THE STANDARD OF THE BEST IN BRITISH LEYLAND, BUT WOULD NOT HAVE DEVELOPED A FACTORY TO COMPETE WITH THE BEST OF JAPAN, OR EVEN EUROPE! AND THE TIME SPENT NATIONWIDE ON THESE REFORMS WILL DIVERT ATTENTION AND RESOURCE FROM DEALING WITH SOME OF THE EXISTING OPERATIONAL PROBLEMS AND DEFICIENCIES OF THE PRESENT NHS. THE REFORMS DO NOT MOVE LONG-STAY ELDERLY PEOPLE OUT OF HIGH-COST HOSPITAL FACILITIES WHICH ARE NOT APPROPRIATE FOR THEM. THEY WILL NOT PROVIDE A BETTER OUTPATIENT BOOKING SYSTEM, OR A MORE UP-TO-DATE PATIENT RECORD AVAILABLE WITH GREATER EASE AT ALL HOURS. THEY WILL NOT IMPROVE FILING AND INFORMATION SYSTEMS USED BY THE DOCTORS AND NURSES WHO PROVIDE THE "CARE". INDEED, BY USING VALUABLE RESOURCES THEY MAY DELAY OPERATIONAL IMPROVEMENTS.

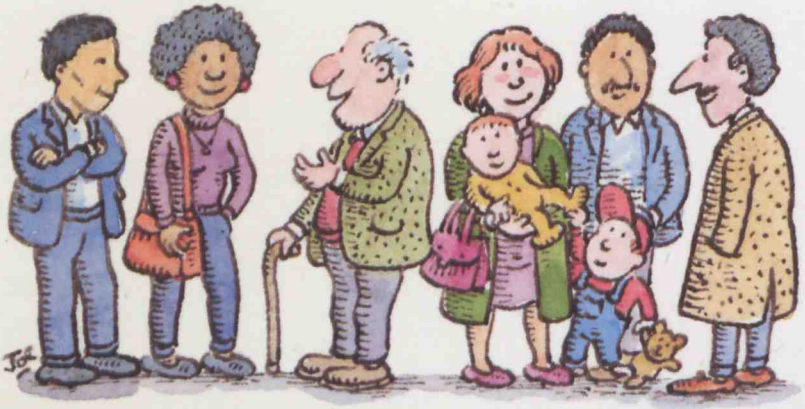
2. (A). THE NHS INCLUDES, ROUGHLY, 200 DISTRICT HEALTH AUTHORITIES EACH EMPLOYING AROUND 5,000 PEOPLE. THERE ARE ALSO 20,000 SURGERIES EMPLOYING NEARLY 40,000 DOCTORS, AND AN ADDITIONAL RESOURCE IN THE COMMUNITY CARE SERVICES. THE MANAGEMENT THROUGHOUT THE NHS IS RELATIVELY POOR, THE INFORMATION SYSTEMS ARE MUCH OUT-OF-DATE, AND THE MANAGERIAL PROBLEMS OF MAJOR CHANGE ARE THEREFORE QUITE UNUSUALLY LARGE.

(B). GIVEN THE PRESENT LEVEL OF MANAGEMENT AND INFORMATION SKILLS IN THE NHS, MAJOR CHANGE AND NEW SYSTEMS WILL BE FULL OF DIFFICULTY AND ERROR. THAT IS WHY CONTROLLED TESTS OF CHANGE ARE NOT JUST DESIRABLE, BUT ABSOLUTELY NECESSARY. PILOT TESTS WILL SAVE THE COST OF INVENTING THE WHEEL (WHICH WILL OFTEN TURN OUT TO BE SQUARE RATHER THAN ROUND!) 200 TIMES OVER, AND ENABLE MORE SKILLED OUTSIDE RESOURCE TO BE ALLOCATED TO THE TEST AREAS, GIVING THEM GREATER CHANCE OF SUCCESS.

THE DEPARTMENT OPPOSES A PHASED OR TESTED APPROACH. THEY FEAR TESTING WILL LOSE BOTH FACE AND MOMENTUM, THOUGH MORALE AND MOMENTUM MAY BENEFIT IF THE PROFESSIONS ACTIVELY SUPPORT A PHASED DEVELOPMENT OF THE PRINCIPLES OF THE REFORMS. (AND FOR POLITICAL PRESENTATION WE MIGHT EVEN BRING FORWARD THE START OF THE TEST TO JAN.1991 TO AVOID THE IMPRESSION OF BACKTRACKING.) THEY ALSO SEE DIFFICULTY IN RING-FENCING TEST AREAS, AND PROBLEMS DO EXIST. BUT NO PILOT TEST IS EVER PERFECT, AND A SATISFACTORY ONE COULD CERTAINLY BE DEVISED IF THERE WERE THE WILL TO DO SO. A TEST IN 2 REGIONS WITH 30 DISTRICTS WOULD BE APPROPRIATE. BY ANY MEASURE IT WOULD BE A VERY LARGE TEST, INVOLVING 150,000 STAFF! THAT WOULD ALLOW FOR SEVERAL SELF GOVERNING TRUST HOSPITALS, AND A NUMBER OF BUDGET HOLDING PRACTICES. AFTER A YEAR, THE BEST METHODS DEVELOPED IN THE TEST SITES COULD BE EXTENDED WITH MUCH LESS RISK TO OTHER AREAS, WHICH COULD BE GIVEN PROVEN WORKABLE INFORMATION SYSTEMS AT THE START.

THE HEALTH SERVICE

The NHS Reforms and You



THE HEALTH SERVICE

Contents

The NHS Reforms and You

The National Health Service and Community Care Act 1990 will bring about important changes in the way our caring services are run. There have also been changes in the way the family doctor service operates. Others are planned for dental care. These changes, and those arising from the Act, are designed to give you a more efficient and an even better service – above all, a service that puts you, the patient, first.

They are intended to reinforce the main aim of the National Health Service – to help people live longer and enjoy a better quality of life. As a matter of fact, today's NHS, employing record numbers of doctors and nurses, is treating more people than ever before.

As now, the NHS will continue to be open to all, regardless of income, and paid for mainly out of general taxation. NHS services will continue to be largely free at the point of use.

A word of reassurance

Changes in health services affect everyone. Some people are worried about what services will be available. Some of the questions being asked are:

- will my doctor be able to spend as much time with me? **Yes.**
- will I continue to get my prescriptions, even if the medicines are expensive? **Yes.**
- if my family doctor has a practice fund, will I still get the treatment I need? **Yes.**
- can I still have treatment at a local hospital? **Yes.**
- will I still have a choice about where I have my baby? **Yes.**
- will hospitals which become self-governing NHS Trusts stay completely within the NHS? **Yes.**

So, quite simply, the answer to all these questions is **"Yes".**

This booklet explains the changes and how they will affect you.

You and your family doctor

Family doctors – also known as General Practitioners (GPs) – will be able to offer you and your family a wider range of services. There will be more emphasis on the promotion of good health and the active prevention of disease.

This section looks at the range of services and how the family doctor service will be run to meet your needs.

SERVICES FOR THE FAMILY

Good health care is not just about treating you when you are ill, but also giving help and advice so that you stay fit and well.

The Government's Chief Medical Officer says:

*"Prevention **is** better than cure. A better quality of life comes from better health. The range of services available from your GP will help you maintain or improve your health and reduce the risk of illness. Of course these services are optional – it is up to you whether you decide to make use of them. For the sake of your own good health I would strongly urge you to do so."*

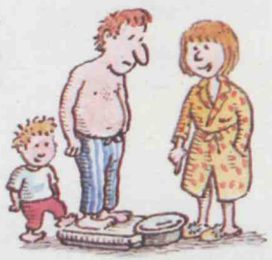
What services should you now look out for?

For all adults

- Regular 'life-style' check-ups will be available. These will be offered to you when you first register with a doctor or if you have not seen your doctor for some time. The purpose of these check-ups is to:
  - give you the chance to discuss anything worrying you;
  - provide an opportunity to carry out a few simple tests (such as checking your blood pressure);
  - offer professional advice if needed on such matters as diet, exercise, smoking and alcohol consumption.

In other words, your GP can advise you on how to look after yourself. This may include recommending that you attend one of the practice's health promotion clinics. The "Health Check" in the centre pages of this booklet gives further advice on healthy living.

- GPs will be encouraged to provide more health promotion clinics. These may include clinics giving detailed advice on diet, blood pressure, giving up smoking, diabetes, heart disease, alcohol control and stress management. There could also be well-person clinics.



Family planning services

■ Family planning services are available from most GPs and from health authority family planning clinics, which also make services available to men. You can choose where to go for family planning advice.

If you prefer to get advice from a GP about contraception, you may choose to see a GP other than your own family doctor, if that GP is willing to accept you. Information about whether particular GPs provide contraceptive services is now more readily available (see "More information for patients" on page 11).

Details of family planning clinics in your area should be available from your local health authority. In addition to general sessions, you may find that some clinics offer sessions to deal with particular methods of contraception or for particular groups – for example, for young people.

Family planning services are provided free of charge to encourage all those who wish to use the services to do so.

For women

Cervical screening (smear tests)

■ About 2,000 women die from cervical cancer every year. Many of these deaths could be avoided if more women had regular smear tests (known as cervical screening or cervical cytology).

Improvements are being made to the NHS cervical screening services. How will these affect you?

– all women between 20 and 64 years old are to be invited for screening (by March 1993);

– the new computerised call and recall system will ensure that all women in this age group are offered a test at least once every five years.

Your doctor will be able to give you advice and encourage you to have a smear test if appropriate.

The aim of the test is to detect conditions that could develop into cancer. If these conditions are found in good time, treatment is usually straightforward and almost always effective.

Breast cancer screening

■ Breast cancer is the most common form of cancer among women. An entirely new nationwide breast cancer screening programme run from specialised centres is being introduced. How will this affect you?

– all women between 50 and 64 years old are to be invited for screening by breast X-ray (mammography) by March 1993. You will then be invited for screening every three years;

– screening for older women (over 64 years old) will be provided on request every three years.

This service is being targeted at women over 50 years old because there is as yet little evidence that routine screening is of benefit to younger women.

Your local health authority will be able to give you advice on local services or your doctor can advise you.

Women registered with a GP will receive invitations for cervical and breast screening if appropriate. So please make sure that your GP has your correct address, especially if you have moved recently.

Well-women clinics

- GPs will be encouraged to provide more well-women clinics which deal with many issues to do with women's health.

For children

Child health

- Your GP may offer a programme for following the development of your young children (under five years old). That means checks in your GP's surgery on the height, weight, growth, development of the senses and other essential features in the first five years of your child's life. Where your GP does not undertake this work it will continue to be provided at local health authority clinics.

Childhood immunisation

- If you don't get your children immunised against measles and whooping cough you are putting them at risk. These illnesses can be very distressing and sometimes dangerous. Your doctor will encourage you to make sure that your children get the protection of safe immunisation.

The table below shows when you should get your child immunised (but if your child is older and has not been fully immunised it is not too late to see your doctor).

At 2 months *and* 3 months *and* 4 months	Diphtheria Tetanus and Whooping Cough (DTP)	One combined injection each month
	Polio	By mouth each month
At 12-18 months (usually before 15 months)	Measles, Mumps Rubella (MMR)	One combined injection
By 5 years (around school entry)	Diphtheria Tetanus	One combined injection
	Polio	By mouth

*Remember – immunisation is the **safest** way to protect your child.*

If you are over 75

- Each year your doctor will offer you an assessment of your health and circumstances to make sure that all is well.

You may have this check-up done in your own home or at the practice premises. In any event your doctor will offer to visit you at your home, or arrange for one of the professional practice staff to visit you, to make sure all is well and that you are able to cope.

These services are strongly recommended, but of course whether you wish to take advantage of them is up to you. They offer the chance to get advice on how to deal with the problems everyone faces in old age. Failing eyesight, hearing difficulties, trouble with your feet and similar problems can often be helped once they have been identified.

A BETTER RUN FAMILY DOCTOR SERVICE

Greater convenience for patients

Changes are taking place in the way your doctor's surgery is run. Over the next few years you may find the following:

- more convenient surgery hours;
- a wider range of professional staff in the surgery such as nurses and physiotherapists;
- minor surgery available on your doctor's own premises, to save having to go to hospital;
- improvements in the appearance of your doctor's surgery.

Will your doctor be able to spend as much time with you?

- Yes. There are now more family doctors than ever before. As practice teams develop so you may be able to see not only the doctor, but the nurse, chiropodist, counsellor, physiotherapist and ethnic community link-worker.

More information for patients

More information is now available to help you know more about the services your doctor provides.

- Family Practitioner Committees (FPCs)[1] – which run the family doctor service – **now** produce directories of local family doctors giving information about each doctor and the service the practice provides. You can find the address of your Family Practitioner Committee in your local telephone directory, or ask for the address at your public library.
- Each GP practice is **now** producing leaflets telling you about the range of health services available from the practice.
- Moving to another doctor if you want to is **now** easier. All you have to do is turn up at the surgery of the doctor of your choice and ask to be registered. If your new doctor agrees to put you on his or her list, that's it. Different doctors may offer different types of services, and their information leaflets will help you choose.

[1] *Note: soon to be called "Family Health Services Authority"*

General Practice Funding Scheme

Family doctors already play a vital role in the Health Service and they will play an even bigger role in future. From April 1991 larger practices will be able to choose to take control of some NHS funds to finance a range of local services for their own patients – including certain hospital treatments, and the cost to the NHS of prescriptions and some staff needed for the practice.

If your GP chooses to join the practice funding scheme, what will it mean?

- The level of funds will be agreed between your GP and the Regional Health Authority. It will take into account the health care needs of all the patients on the practice list – for example, the extra requirements of elderly people, patients with special needs, the hospital services likely to be used and so on.
- Your GP will be able to use the fund to arrange the right treatment for you speedily and effectively. For example, your GP should have greater flexibility to look around for treatment in hospitals which offer the shortest waiting times. The aim is to improve the choice of good quality services available to you and your GP.
- The practice will be able to use any savings from the fund for your benefit – for example, in employing another nurse or buying new diagnostic equipment for the surgery.

So if your doctor has a practice fund, will you still get the treatment you need?

- Yes. GPs will receive sufficient funds to enable them to provide full and proper treatment for their patients. Even if the practice overspends its funds, there is no question of patients not getting the treatment they need.

Your local Family Practitioner Committee will be able to answer further questions you may have about the scheme.

Prescriptions from your family doctor

When you visit your doctor, he or she may give you a prescription. Medicines prescribed by your family doctor are an important part of your treatment in helping you to get well, in helping you to cope with your illness or in preventing serious illness. But you may find that sometimes your doctor will explain that a prescription will not help to treat your illness and that the best way for you to get well is to rest, change your diet, drink plenty of fluids, stop smoking, cut down on alcohol or take more exercise. Sometimes, though, doctors prescribe more medicines than are necessary because they think that most of their patients always expect a prescription. Prescribing unnecessary drugs or too many medicines can be just as bad for your health as prescribing too few.

So it is important that your GP thinks carefully about how much medicine you need. To help your GP

prescribe for you in the best possible way, from April 1991, what is called an "indicative prescribing scheme" will be introduced. You will continue to get the medicines and appliances you need. The scheme should cut out waste, which will mean more money is available to spend on other patient services in the NHS.

How will the "indicative prescribing scheme" work?

- Each family doctor practice will be able to discuss with the local Family Practitioner Committee the amount it needs for prescribing for its patients. This should enable the needs of patients who require expensive medicines or larger quantities of medicines to be taken fully into account. A practice with more patients needing expensive medicines will be set a larger amount. The amount is not fixed firmly and the doctor will in no circumstances be told to stop prescribing necessary medicines. If the doctor overspends, he or she may be asked to explain the medical reasons for this to another doctor.

Will you continue to get your prescriptions, even if the medicines are expensive?

- Of course. There will be no limit on meeting the cost of medicines or the amount of medicines that your doctor can prescribe. You can be sure that you will still get all the treatment you need from your family doctor.

(A programme to promote healthier lifestyles, supported by the Department of Health, the Health Education Authority and the National Health Service)

LOOK AFTER YOUR HEART

"Health Check"

Good health is to be valued and enjoyed. It cannot be taken for granted. Changing to a healthier way of life will not only make you feel good, it can lead to a longer and more fulfilling life. It can help to reduce the risks of serious illness or death from heart disease, stroke and cancer. Here are some tips and space for you to keep track of your progress.

Physical activity

Regular physical activity can help you control your weight and can help protect you against heart disease. It helps you relax and can make you feel better. Most importantly, it is something to enjoy. And not only will you feel better, but you will look better. By regularly using your muscles, they will be firmer and in much better shape.

Keeping fit and healthy does not have to be a chore. Here are some practical ways in which you can be active.

Walking is one of the best forms of exercise. Why stand in a bus queue or sit in a traffic jam when you can walk almost as quickly?

Use stairs rather than an escalator or a lift. Go for a swim. Try cycling or gentle jogging. Take up dancing.

If possible, try to exercise at least two or three times a week for about half an hour at a time. Remember, it is important to start gently and build up slowly.

Healthy eating

Here are some easy tips about healthy eating:

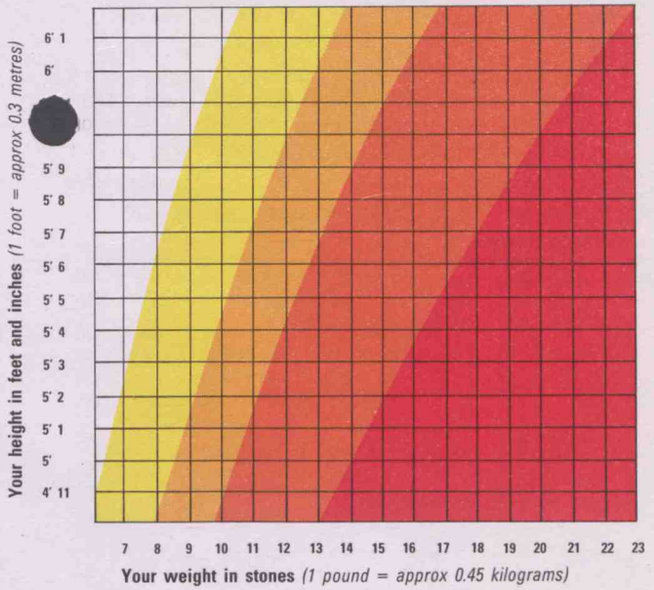
- *Try grilling food instead of frying it.*
- *Cut the fat off meat.*
- *Cut down on butter or use a low-fat spread instead.*
- *Use semi-skimmed or skimmed milk instead of ordinary milk.*
- *Use fish or chicken more often, or the leaner cuts of red meat.*
- *Try drinking tea or coffee without sugar.*
- *Go easy on cakes and biscuits – try fruit instead.*
- *Try to eat at least four slices of bread a day.*

You can enjoy what you eat and protect yourself fro illness at the same time. The wrong sort of diet, especially one with too much fatty food, makes your arteries more likely to clog up and makes you much more liable to a heart attack.

Eating well does not mean giving up all the things you like. It means eating a variety of foods, going easy on fat, sugar and salt, and eating more fibre-rich starchy foods like bread, pasta, rice and potatoes.

Ten tasty things you can eat more of:

Jacket Potatoes	*Beans on toast*
Chicken	*Pasta*
Fish or fish fingers	*Vegetables*
Fruit	*Rice*
Bread	*Liver*



For your health's sake, it is important not to let yourself get overweight. *See where you are on this chart.*

- **Underweight.** Maybe you need to eat a bit more. If you are very underweight, see your doctor.
- **O.K.** This is the desirable weight range for health.
- **Overweight.** Your health could suffer – don't get any fatter!
- **Fat.** It's important for you to lose weight.
- **Very fat.** This is severe and treatment is urgently required.

From GARROW J.S. (1981) Treat Obesity Seriously. Edinburgh: Churchill Livingstone.

Smoking

Tips on giving up

- *Think of the reasons why you want to stop – and keep reminding yourself of them.*
- *Pick a day for giving up.*
- *On the day – give up. Just stop.*
- *Don't be tempted to have a cigarette – not even one.*
- *Take one day at a time. Every day without a cigarette is a success.*
- *Some people find it easier to give up with a friend or a group at work. You might be able to help each other.*

Smoking – particularly cigarettes – is the cause of one in every five fatal heart attacks. It is directly responsible for 35,000 deaths from lung cancer and twice this number from other diseases every year.

Most smokers want to give up because of the effect of smoking on their health – not to mention the smelly clothes, the bad breath, the coughs and wheezes.

Don't forget, too, that you are not the only one to be affected. Smoking can harm those close to you – those who breathe your smoke, including your children, can be harmed. Inconsiderate smoking can cause considerable offence to the majority of people who do not smoke.

For some, giving up smoking may not be easy. On the other hand, you will never know until you try. In recent years, more than 11 million smokers in Britain have kicked the habit. Nine out of ten have done so without any medical advice. Lots of them tried several times before succeeding. And for most, the first few days were the worst!

After that the compensations make it all worthwhile. You can taste food again, you feel better, you smell better and you feel like a winner!

If you *need* an incentive to start giving up, think about the cost – and what you could use the additional money for!

Number of cigarettes a day	Cost per day	Cost per week	Cost per year
	£	£	£

Alcohol

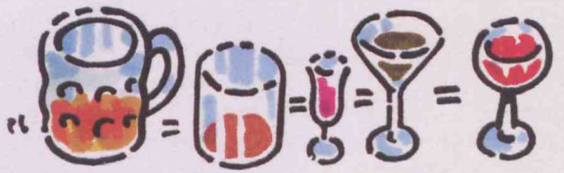
And a couple of sensible tips

- *Choose low or non-alcoholic drinks sometimes.*
- *Drink slowly so that your glass stays fuller longer.*

Drinking can be enjoyable and safe, as long as you don't overdo it. But too much alcohol can be bad for your heart and your liver and cause problems at work, with family and friends.

You can protect yourself by keeping a count of what you drink. An easy way to do this is keep track of the units of alcohol you drink in a week. Medical advice is that men who drink more than 21 units a week and women who drink more than 14 units could damage their health.

One unit of alcohol equals



½ pint of ordinary strength beer lager or cider

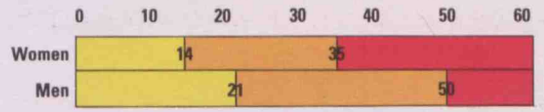
1 single measure of spirits

1 small glass of sherry

1 single measure of aperitifs

1 small glass of wine

Estimate your weekly total



WEEKLY UNITS

Low Risk | Increasing Danger | Harmful

If you find this useful and want further copies for yourself or your family, write to "Health Check", FREEPOST, London SE99 7XU.

PHYSICAL ACTIVITY
Record your progress here:

Week	Activities	Time Spent

ALCOHOL

How many units do you drink each week?
Now keep a 'drinkwise diary' for a week and compare the result with your estimate.

	What	Units	Total
Mon			
Tues			
Wed			
Thur			
Fri			
Sat			
Sun			
		Total for the week	

OTHER INFORMATION
Use this box to keep a note of any other personal information about your health.

LOOK AFTER YOUR HEART

Going to hospital

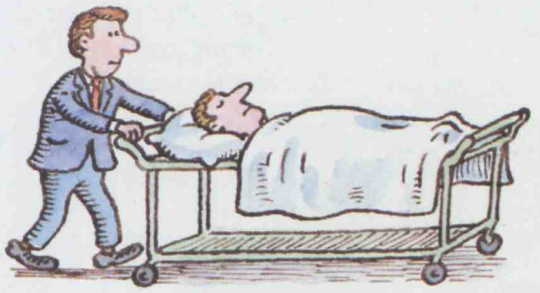
Each year the NHS cares for some 8 million in-patients in hospital and handles over 43 million visits to out-patient departments. But some people have to wait much longer for operations in some places than in others and the system can be insensitive to individual needs.

The changes that are being introduced are all designed to enable those who work in the NHS to give *you* even better care. This section looks at how your hospital treatment will be arranged, and the service you should receive when you get there.

ARRANGING YOUR HOSPITAL CARE

Your local health authority's new role

The new system will give more attention to the quality and value of the hospital and community health services you receive. Local health authorities will play an important part in the new system which comes into effect from April 1991. They will act on your behalf to make sure the NHS is working for you.



- Your local health authority will have a legal duty to ensure a comprehensive range of health services to meet the needs of the local population. They will aim to provide you and your GP with the maximum choice.
- Your local health authority will assess the state of health of the local population, and decide what services are needed. This will include such things as accident and emergency services for people working locally. Their aim is to make the best use of the money available to improve health in your area.
- Health authorities will be funded according to the size of their local population, with allowances for their age and health, and the relative cost of providing services for them.
- Your local health authority will then use its allocation of money to arrange the services needed. The health authority will make agreements with a range of hospitals and other units in order to provide comprehensive services for the local population. These agreements will match a specified level and quality of service with a specified amount of money. Targets to reduce waiting times for operations will be built into these agreements.

Choosing where to go for treatment

How will your choice of where to go for treatment be affected by the new arrangements?

- Your needs and wishes and the preferences of your GP will be taken into account by your local health authority when making agreements with hospitals on the services to be provided. Health authorities will do this by asking local people what they think of the services on offer and by discussion with local GPs.
- You and your GP will be involved in making the decision about where you go for treatment. The choice should be greater because your local health authority will not be restricted to making agreements on services with hospitals within its own boundaries. It will be able to make agreements with other hospitals if better quality or quicker treatment can be obtained there.
- Your doctor will be aware of the range of hospitals offering services, and will be able to recommend to you the hospital where you will receive the best and most appropriate care. Each health authority will retain some money to pay for referrals by GPs to hospitals which are not covered by existing agreements on services.

Can you still have treatment at a local hospital?

- Yes. The new arrangements will not force anyone to travel further for treatment. They will simply give you and your GP more choice if another hospital can offer better quality or quicker treatment.

Choosing where to have your baby

Will you still have a choice about where you have your baby?

- Yes. As now, you will need to decide with your GP and midwife where best to have your baby. Your local health authority will be responsible for making agreements for the provision of maternity services with local hospitals based on the expected referrals by local GPs.

Accident & Emergency services

In an emergency, treatment will always be provided immediately and without question.

Travel costs

The Ambulance Service will transport free of charge those patients whose doctor has decided that such transport is medically necessary. For other journeys to and from hospital, the Hospital Travel Costs Scheme is available to help people in families receiving income support or family credit. Other people on a low income may also be able to get help with the costs of travelling to and from hospital.

IMPROVED SERVICES IN HOSPITAL

Putting patients first

The NHS reforms aim to encourage hospitals to provide an environment in which you feel welcome and where you can be confident that you are being cared for as an individual. That means a high standard of clinical care and a personal service. In particular, your hospital should aim to offer:

- good reception and admission arrangements so that, as a patient, a relative or a friend, you are properly welcomed and given any necessary help and advice;
- pleasant waiting areas with comfortable seating and adequate facilities;
- individual, reliable appointment times which minimise the time you have to wait for your consultation and for any tests resulting from it;
- clear signposts and directions which help you to find your way around the hospital easily;
- clearly written leaflets available before you go into hospital that describe what will happen to you in hospital, what you need to bring with you and so on;

- policies and practices which respect your rights to full information about your diagnosis and progress and about the results of tests;
- effective procedures for leaving hospital which ensure that patients are safely and appropriately returned into the community;
- simple, well-publicised procedures for seeking your views and suggestions, and for making complaints (see section 4 on page 22).

A new way of running NHS hospitals and units – NHS Trusts

What is an NHS Trust?

- Hospitals and other health service units which become NHS Trusts will remain firmly part of the NHS but they will be run by their own boards of directors, rather than the local health authority. They will have a range of powers and freedoms not available to other units. These will include the ability to own their assets, employ their own staff and set their rates of pay, and borrow money to develop their services.
- NHS Trusts will allow local management and staff with firsthand knowledge of the needs of local people and patients to have more control over their own work and the running of their hospital or unit. The point of this is to enable them to improve standards and the quality of care available to patients.

- Hospitals and health service units will **only** be allowed to become NHS Trusts when they are judged to be ready to make the best use of the freedom of NHS Trust status to benefit NHS patients.
- The first hospitals will become NHS Trusts in April 1991. Before an NHS Trust is established, all those with an interest – staff, GPs, health authorities, community health councils and above all, the local public – will be asked their views about an application to set up a Trust and will have an opportunity to express an opinion. These views will be taken into account when a decision is made on the application.

Will NHS Trusts have control over services they provide?

- Yes, but where a service must be provided locally an NHS Trust can be obliged to provide it if it is the only hospital able to do so. This will ensure the continued provision of essential local services.

Are hospitals which become NHS Trusts going to remain completely within the NHS?

- Yes. They will continue to be run by NHS staff on NHS property, providing NHS services to NHS patients.

Making complaints

If you are unhappy with the treatment you have received from the NHS – from a family doctor, the local hospital, a dentist, a high street pharmacist, or an optician – what should you do?

As a first step, you may like to discuss the problem with the health professional concerned. This will often clear up the particular concern.

If you are still not satisfied, the next step depends on which part of the NHS is involved.

Complaints about family doctors, dentists, chemists or opticians

- General complaints should be made to your local Family Practitioner Committee (FPC)[1]. Their address is in the telephone book, or you can ask for it at your local public library.
- Some complaints will lead to a formal investigation by the FPC as to whether or not the health professional complied with his or her terms of service.
- If necessary complaints will be decided by a special committee (called a Service Committee) made up of an equal number of health practitioners and members of the public, with a chairman who is not a health practitioner.

A number of improvements have recently been introduced to FPC complaints procedures, including:

[1] *Note: soon to be called "Family Health Services Authority".*

- informal investigations for less serious cases;
- more time for patients to decide whether to make a complaint (up to 13 weeks after the event);
- if you have difficulty in reading or writing, your FPC will accept an oral complaint.

Complaints about hospital and community health services

- Your hospital has a specially appointed officer who deals with all complaints. The name and location of this officer should be easily available in the hospital. Complaints should be made as soon as possible after the event.
- If your complaint is about the actual treatment you have received from a doctor or a dentist – a clinical complaint – the officer may refer it to the Regional Medical Officer for you.
- You will receive a written reply from the officer once your complaint has been looked into.
- If you are still not satisfied you may send your complaint to the Health Service Commissioner (Ombudsman), at Church House, Great Smith Street, London SW1P 3BW. The Commissioner will let you know if he can investigate your complaint further.

Your local Community Health Council – who play a part in representing the interests of local patients – can provide help and advice if you need it. Their address should be available from the hospital or you can find it in the telephone book.

How you can help others

Carry a donor card

If you carry a donor card, it means that you want your organs to be used for transplantation after your death to help others.

What are the benefits of transplantation?

- heart, liver and lung transplants can save the lives of those whose own organs have failed;
- corneal transplants can help someone see again;
- kidney transplants can free a person from spending many hours every week on a machine which cleans the blood (dialysis).

Donor cards are available from many places, such as libraries, chemists and doctors' surgeries.

Remember, it is most important that you let your relatives know your wishes.

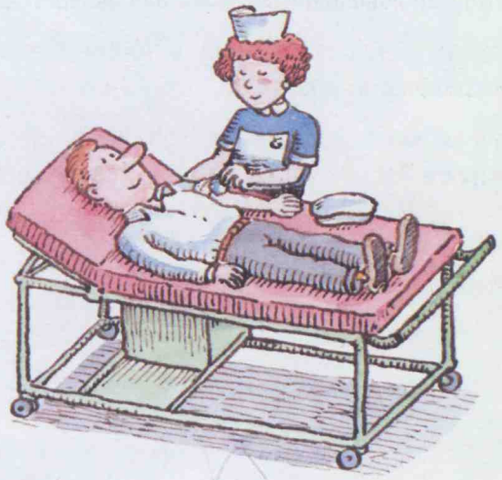
Give blood

The patients of the NHS rely on the willingness of thousands of donors to give blood. The National Blood Transfusion Service is entirely dependent on voluntary blood donors.

Anyone can start giving blood as long as they are between 18 and 60 years old and in good health.

No patient and no hospital will be asked to pay for the blood you donate.

If you are willing to enrol as a blood donor, telephone free on 0800 300 333.



The NHS reforms and ethnic minorities

Everyone, everywhere in the country, should have equal access to the health care services they need.

Health authorities are encouraged to arrange for the services which ethnic minority communities need and which reflect cultural differences. The NHS reforms should help to ensure that these needs are taken into account at every step of planning and providing health care.

Your local health authority may arrange for the following:

- link workers in hospitals and health centres;
- information in your first language about staying healthy and the local services available;
- catering services to meet different dietary requirements in hospitals.

The changes aim to improve the high quality of our health service for everyone now and into the next century. The National Health Service is there for the benefit of all the people who live in this country.

THE HEALTH SERVICE *Order Form*

For further copies of this booklet, or the insert, free of charge, please indicate number below *(max 10*)* and send to the FREEPOST address below:

A "The NHS Reforms and You" booklet (English) **HSR6**

_____

B "Health Check" insert (English) **HSR7**

_____

A shorter version of this booklet is also available free of charge, in the following languages. Please indicate number of copies you require *(max 10*)* and send to the FREEPOST address below:

C Bengali **HSR8**_____

D Cantonese **HSR9**_____

E Greek **HSR10**_____

F Gujerati **HSR11**_____

G Hindi **HSR12**_____

H Polish **HSR13**_____

I Punjabi **HSR14**_____

J Turkish **HSR15**_____

K Urdu **HSR16**_____

Requests should be addressed to: "The NHS Reforms and You", FREEPOST, London SE99 7XU.

Write, in BLOCK CAPITALS please, your name and the address to which copies should be sent:

Your name _____

Your organisation *(if applicable)* _____

Address _____

_____

_____

Postcode _____ Telephone _____

**If you require more than the maximum quantity specified, please state briefly what you intend using the copies for:*

_____

_____

Booklets will be despatched within 14 days of receipt of your order.

THE HEALTH SERVICE

Prepared by the Department of Health. Designed by Folio Advertising Ltd. Produced by the Central Office of Information. Printed in the UK for HMSO.
Dd 8240028 (HSSH) J1016NJ 2300M. July 1990.

HSR6