Appendices 12 and 13 are specimen treatment record and consent forms which are reasonably standard. Although a sickle test might be useful in specific populations, it is hardly the routine test which its inclusion here implies. Appendix 14 is a specimen instruction leaflet for patients receiving out-patient ECT and Appendix 15 reprints the 1982 Royal College of Nursing guidelines for nursing aspects of ECT. Page 30 lists the references quoted in the document.

This is an excellent document which provides sensible and authoritative advice on all aspects of ECT and its application. It should certainly be read by all who use ECT, especially those who undertake administrative responsibility for ECT departments.

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A Schedule of Repeal – What Labour will do to the NHS and Community Care Bill.
Robin Cook, MP (in *Socialism and Health*, July 1990)

The central innovation of the NHS and Community Care Bill is the division of purchase of health care from its provision, with the agencies responsible for these distinct functions conducting their relationships through service agreements (or contracts). The hurried timetable for establishing contracts during the current financial year has disguised the true potential of this arrangement as contract managers scurry to reflect historical service usage in documents largely written by providers. Nonetheless, nobody should under-estimate the power of contracting as a tool for achieving change in the NHS, and it appears that this potential may have been recognised by the Labour Party.

This press release from Robin Cook forewarns of the dismantling of many aspects of the Conservative reforms by a Labour government. NHS trusts, GP fund holding, indicative drug budgets, tax relief for private medical cover and charges for eye checks and dental examinations would all be abolished. Furthermore, Labour would not proceed with the internal market. But the language of the statement is consistent with the continuation of contracting; the Labour party "will require local health authorities to secure the provision of comprehensive health services".

The Labour party is keen to stress the emphasis it would place on health promotion, disease prevention and community care. Perhaps it has realised that the traditional clinical and managerial hierarchy of the NHS spent over 40 years ignoring these components of health care. The role of purchasers, with its emphasis on assessing need and monitoring quality, offers the opportunity for power to shift from clinicians interested in the next surgical patient to community physicians interested in optimising the health of populations. Thorough needs assessment, linked to methodical monitoring of effectiveness, may well lead purchasers, over time, to move resources from acute surgical intervention to improved health education. This transformation would happen without any requirement for the internal market envisaged in *Working for Patients*.

In order to achieve these benefits, however, the American experience suggests that purchasers will have to be independent of providers. Experience of contracting in the NHS has so far demonstrated that those district health authorities with a network of aspirant trusts are concentrating most effectively on achieving change through contracts. It is presumably a political necessity that the Labour party should condemn NHS trusts. This political condemnation does not solve the problem of how to structure the NHS such that district health authorities are not both purchasers and, as ultimate managers of hospitals, also providers. A less dogmatic approach which amended NHS trust powers and board membership, as Labour proposes to do with health authorities, might be more conducive to empowering purchasers to achieve change.

The implications for community care are mixed. Labour would follow Griffiths and introduce a ring-fenced grant for local authority community care programmes. But Labour opposes the proposal for local authorities to themselves adopt a purchasing role which might lead to the "privatisation" of services such as home helps. Labour is still committed, as a consequence of its financial links with ancillary staff unions, to the notion of the inevitable virtue of State provision. The impact of these alliances is no more helpful to an open discussion of health provision as the Conservative party's wish to reward their friends in the private insurance companies by introducing tax relief for private medical cover.

The underlying message is that the NHS will remain under Labour as politicised a service as it has become under the Conservatives. This is hardly a surprise. The issue for mental health services then becomes whether a politician in the Department of Health is interested in the subject. Roger Freeman was, and it showed. It is reassuring therefore to realise that an incoming Labour government would probably contain in its ranks MPs such as Tessa Jowell who have a genuine commitment to introducing innovative community mental health services. The Labour Party has elsewhere promised a Minister with specific responsibility for community care. This can but be welcomed if it is to be filled by such individuals.

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