

## The Royal Medico-Psychological Association

### Statement on the Proposed National Health Service Hospital Advisory Service

1. The Royal Medico-Psychological Association, being the largest body of medical professional workers most likely to be affected by the establishment of a Hospital Advisory Service, at least until this is developed to cover the whole of the Hospital Service, and being a constituent member of the Joint Consultants Committee, welcomes the Secretary of State's recent statement of intention to establish an Advisory Service which will contain a system of hospital inspection.

2. The Association, believing that it has a clear duty to express its views irrespective of any statements or proposals already made is firmly of the opinion that:

- (i) The Hospital Advisory Service should be independent in status, autonomous in action and centrally directed. If not strictly autonomous it should not be part of the Department of Health and Social Security.
- (ii) The Service would best be promoted by the appointment of a Director who was preferably medically qualified and of considerable experience, or a member of the legal profession of comparable seniority and status. It should be the duty of the Director to publish, not less frequently than annually, a report on the work of the Hospital Advisory Service; such reports to include particulars of action taken on the basis of advice submitted by him to the Secretary of State.
- (iii) The professional members of the Central Advisory Body should be full-time and drawn only from persons having considerable experience in those fields of hospital activities covered by the disciplines of medicine, nursing, administration, psychology and social science. They should be in practice in their professions at the time of their appointment and there would be advantages in the length of service being limited in the first instance to a period of (say) five years, but renewable at the discretion of the Director in the interests of the Service.

3. The Association favours the formation of a national panel of similarly qualified and experienced persons who would be available to the Hospital Advisory Service on a part-time basis; and that

appropriate individuals from this panel should be invited to join with one or two members from the Central Advisory Body on particular occasions so as to form an appropriate 'Investigation Team'.

4. The inspection of a hospital or unit of any size or complexity ought to occupy several days, and normally it should be conducted by not more than two full-time members of the Central Advisory Body who should be assisted by such other experts from the national panel on each occasion as would constitute an appropriate inspection team: this team would be free to call to their assistance any of the other professional workers referred to in the following paragraph.

5. Provision should also be made for the Service to call upon the expert assistance of other independent professional workers, as, for example, in the fields of hospital architecture or of accountancy, whenever indicated by particular circumstances.

6. The Association considers that the new Service should include within its scope such functions as:

- (a) Activities directed towards the raising of standards to an adequate level.
- (b) Encouragement towards the development of the Health Service on the most enlightened lines, especially in psychiatric and long-stay hospitals, where particular attention should be paid to the level of medical leadership and administration, and especially to communication both in the inter-staff and staff-patient spheres.
- (c) The promotion of the interchange of ideas between different hospitals and services.
- (d) The tendering of advice to the Secretary of State concerning priorities in the development of the Hospital Service as a whole.
- (e) Making available written reports to the management and to the staff of each hospital or unit inspected as well as to the Director of the Advisory Service and to the Hospital Board concerned.

and that within the field of operation it should give continuing attention to the need, in the mental health sphere, for visits of inspection to embrace the total service given to the community in any area and

should not limit itself simply to the in-patient or hospital aspect of this service.

The Association is grateful for the opportunity afforded for the expression of its views on a subject with which it must be intimately concerned, and it would be prepared to elaborate the views expressed

in this Statement of Opinion and Comment, if so requested. It is stressed that this document should be regarded as a whole, and individual items should not be taken out of context, especially as regards the over-riding importance of the independent status of the inspectorate.

### Memorandum by R.M.P.A. and Society of Medical Officers of Health on the Seebohm Committee's Report

Representatives of the Royal Medico-Psychological Association and of the Society of Medical Officers of Health met recently to discuss matters of mutual interest to psychiatry and the mental health services arising from the report of the Seebohm Committee. The Memoranda\* submitted by the R.M.P.A., and the 'Observations to the Secretary of State for Social Services of the Society of Medical Officers of Health'† formed the basis of the discussion.

It was agreed that the fundamental issue is that an overwhelming majority (perhaps as high as 98 per cent) of patients with psychiatric disabilities are living at home under the immediate care of their family doctor; and that it is unthinkable that the social and medical sides of their care should be under separate directions. Psychiatrists, family doctors and social workers should all be full members of a team without divided loyalties. So much psychiatric work is now done within the community that the medical profession must be able to deploy a combination of skills to develop an effective service. Alike in the several fields of work—in geriatrics, mental illness, mental subnormality and child psychiatry—a great deal of constructive co-operation between the Public Health services and psychiatry could be *undone* if any decisions were taken, as a result of Seebohm, which disrupted the present progress. This applies especially to the Child Guidance services in that they form a link between child and family psychiatry and the general medical services.

If Mental Health Social Workers (Mental Welfare Officers) were to be withdrawn into an enlarged social work department, the result must be to weaken the Public Health services and to deprive the psy-

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chiatrist of important members of his team, and would thus do irreparable harm. In the present changing society, too, it is vital to undertake systematic epidemiological enquiry and research. The proposed dichotomy might seriously militate against scientific research into socio-medical problems; for if whole areas of mental health work are taken out of the medical field it would retard these enquiries which are so urgently needed.

Further integration of social work services would undoubtedly be beneficial, but this should not imply the formation of a separate Seebohm-type Social Services Department. If, however, it were decided to set up such department, certain specific groups of social workers should remain in the medical field, i.e. those working in psychiatry and mental health are an integral part of a large and important branch of medicine whose future must be separately considered.

It is of urgent importance that the future of the psychiatric services as a whole should be constructively discussed. The R.M.P.A. and the Society of Medical Officers of Health propose to initiate and if appropriate to collaborate in such discussions. An approach has also been made to the British Medical Association through the Joint R.M.P.A./B.M.A. Committee.

This short Memorandum is the result of a joint meeting between the two medical bodies which are the most immediately concerned with the Seebohm proposals for mentally disordered patients and their families. It expresses the entire agreement of the two bodies; and it is submitted with a sense of extreme urgency to underline the disastrous consequences of a wrong decision about this aspect of the Seebohm Committee's report.