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The Royal Medico-Psychological Association's Memorandum on the Green Paper on the Administrative Structure of the Medical Services in England and Wales

A. *Objective of medical and related services, and the need to unify the administrative structure*

The Committee discussed at length the administrative structure at present prevailing, with particular reference to current principles and practice in the mental health field. Undoubtedly varying standards of successful collaboration and integration exist, with, however, the greatest signs of stress and strain in communities where there is dissociation between the local health services and the distant psychiatric hospitals that serve them. Any attempt at integration of the present tripartite administration into a single authority for a single community of optimum size would be welcomed by the Association, provided satisfactory arrangements could be made that are better than the existing ones.

Such improvement must, however, be balanced against the dangers of an increasingly regionalized bureaucracy with considerably greater powers than are at present available to any of the three major forms of health service authority. Although it is desirable that there should be closer links between the planners and the managers, their concentration at the single unified level may lead to confusion of responsibilities and uneconomic use of medical manpower, which is already extensive. There should be greater delegation and devolution of management function to hospital Medical Administrators, Chairmen of Medical Advisory Committees, Executive Committees and Divisions of Psychiatry.

B. *The scope of new authorities*

We accept the need for a single authority in each area to coordinate the wide range of health services, to plan the use of related services, and to apportion resources between care in the community and hospital care. Whether the existing division of administrative responsibility between major planning functions and the day to day control of hospitals would come to an end is, however, debatable.

The new authority should take responsibility for all the health functions of present local health authorities, thus improving and integrating the services based upon health centres and the group practices of general practitioners. The extension of the latter into community care units by the addition of out-patient facilities would further this integration, while at the same time reducing the demands on the district general hospital.

However, under the heading of local health services two matters at least require comment.

Firstly, the problems of the 'Child Health Service' as part of a family health service provided by family doctors working in groups from purpose-built Family Health Centres will undoubtedly require a highly trained medical administrator. This was recommended by the Sheldon Committee on Child Welfare Centres, and would facilitiate closer association with child and family psychiatrists working within this comprehensive new framework. The position of the child psychiatrist is at present a particularly difficult one, because so many are employed in the local authority clinics; unification of the service would alleviate many of their problems.

Secondly, the care of the long-term sick, the elderly and the mentally disordered is one of the most important functions for the new single authority. The simultaneous publication of the Seebohm Committee's Report immediately raises countless other problems by proposing to separate the social aspects of such forms of care from the health and psychiatric aspects. It is considered that such splitting of health and welfare provisions would be harmful to the patients; rather we would advocate the combination of such services, especially in the fields of family care, marriage guidance, and long-term care for the mentally subnormal and the mentally ill in the community. This basic problem of separate administrative departments or authorities should be carefully reconsidered, and until the recommendations of the Royal Commission on Local Government have been published we cannot discuss the matter in further detail and must express our reservations, although at the moment we would be in favour of the social service agencies being administered by the Area Health Boards. The organization of a comprehensive mental health service should be totally in the hands of the Area Boards, and the social service department would then be better integrated.

General practitioners could more effectively combine in group practices and work both from health centres and community care units. They could also more readily act as clinical assistants both within psychiatric in-patients units and as out-patient departments, so that all who show a particular interest in psychiatry are enabled to make their contribution.

Clinical teaching and post-graduate medical education

Joint action between the Universities and their associated Area Health Boards, as envisaged by the Royal Commission on Medical Education, utilising the hospitals services, would be welcomed. However, the absorption of post-graduate institutes such as the Institute of Psychiatry and the Tavistock Institute (with special and long histories of 'training the future trainers') into undergraduate combinations might well impoverish the future supply of experts in their fields. We recommend that special consideration should be given to such post-graduate institutes, as to others not in the mental health field which are of international standing. The broad principles outlined in the Green Paper, however, apply, readily to the provinces, but it is essential that each Area Board should ensure adequate post-graduate education. The suggestion that only two members of the Area Board should be University representatives is considered to be inadequate in view of the crucial importance of medical education.

Public Health

We consider this to be essentially a medical function, and therefore most aspects should be dealt with by the Area Health Board. We would welcome the contribution that could be made by the Medical Officer of Health in his capacity as a community physician, and in particular his epidemiological evaluation of the standards of mental health in the appropriate area. We are of the opinion that the prevention of ill health and the promotion of public health should be part of the scope and function of the Area Health Board. It follows that the whole mental health service and all its officers would be part of the psychiatric responsibilities of the Area Board, which should overcome present difficulties that are liable to arise between hospitals and the community health authority.

Voluntary Help

Arrangements with voluntary workers and organizations, Leagues of Friends and their personal interest in patients and all aspects of the Health Service remain of outstanding importance. The final plan of the relations between health services and social work services cannot be clearly envisaged yet, but a rational *modus vivendi* is necessary from the commencement.

C. *Aspects of organization*

We would welcome close collaboration and association between the Area Boards and the larger local authorities. We are, however, opposed to the directional control of the former by the latter. The Area Board must remain autonomous and responsible only to the Minister. We would emphasize that integration of the branches of the Health Service must occur in the setting of its community. It is expected that 40–50 Boards with an average population of a million and a quarter would be most satisfactory from the mental health standpoint. In the appointment of members serving in a voluntary capacity, with adequate numbers from the medical and related services, it is considered essential that some of these should have had special experience and concern in the mental health field. Although it is accepted that members should not in general be nominated to represent special interests, the widespread nature of psychiatric disability both in the community and in the occupation of nearly half the hospital beds in the country demands special representation. A standing committee appointed by the Area Board to deal with the mental health field is considered essential. It is further recommended that compensation for loss of earnings, or an honorarium, should be available to members, so that no one should be barred from serving by reason of lack of means. We accept the broad pattern of departmental organization and the executive as outlined in the Green Paper, except that we consider that the Chief Administrative Officer should be a Medical Director.

Local administration

Day to day co-ordination of the services at district level should be dealt with by the senior staff working within them. However, it is felt that some kind of organization is necessary to bring local needs into the picture at levels below the Area Health Board. There is a need to build into the scheme Advisory Committees with significant lay safeguards approximately at the level of present hospital groups. Otherwise there is the danger of an autocratic and bureaucratic Area Board, remote from the population it serves, without opportunities for rota visits or the varied functions at present carried out by managers at psychiatric hospitals.

Complaints

We would approve of the appointment by the Privy Council of Health Commissioners to enquire

into complaints against the administration. They should not be responsible to either the Minister or the Area Board. A Health Commissioner would, on the analogy of the Parliamentary Commissioner for Administration, soften the impact of the hierarchical structure at levels below the Area Health Board. There is a close analogy between such Commissioners and those of the now defunct Board of Control. There would appear to be a need for an Inspectorate in the Health Service, multi-professional in constitution and yet able to deal expeditiously with complaints and grievances. Defamatory and frivolous complaints against the staff would presumably be dealt with by the Personnel Department of the Area Board, as clearly staff should receive protection against unjust accusations.

Staff and training

We approve of the recommendations in this field, save for the special safeguards in regard to advanced post-graduate training, as above. The level at which appointments are made, presumably by the Area Board, may occasion some concern if there is to be no hospital representation, as in the present system with Hospital Management Committees. Such excessive centralization can only increase the danger of bureaucratic control, although the greater opportunities provided within a larger organization for promotion prospects may counterbalance this.

Arrangements in London

Until more definite plans are published with regard to the coverage of the Metropolitan area, we should not wish to comment on the arrangements outlined. However, subject to further information it would appear that the five-Board basis would be preferable to the division of the Inner London Boroughs into two Board Areas. The importance of preserving such special centres as the Institute of Psychiatry as independent post-graduate institutions of national scope needs to be reiterated, even though they may properly and with advantage to their primary function take responsibilities for serving their local community's mental health needs.

Conclusion

We support the unification of the tripartite structure of the National Health Service by the development of Area Health Boards. The relation between such Boards and the new local government authorities which may be recommended by the Royal Commission on Local Government is in many ways crucial to the evaluation of the plan. Health Boards dominated by the local authorities would not be acceptable to this Association. We also recommend some form of lay committee at district level.