

INVOLVING THE PATIENT IN THE NEW NHS Fact Fiction or Farce?

ARTICLE - Patrick Parker

It seems to me that I am always the one at conferences or meetings who gets to talk about Government plans, strategic Health Authorities, Primary Care Trusts and the like. They all make for exciting, stimulating conversations, usually about what sense, if any, can be taken from them. I jest, of course.

The truth is that this present Government has made a great deal of noise about public and patient involvement in their Health Service and their commitment to it. In reality, a lot of words have been produced but with a lack of clarity and cohesion. The resultant proposed changes enhances the view that there is less power for the patient, the routes to decision making are unclear for the public and what value will result, appears minimal.

It all started at the end of July 2001 with the publication on proposed reforms in the NHS. A section was devoted to public involvement, centred around abolishing Community Health Councils (CHC). The Councils, the public watchdog on health issues were the independent scrutiny groups on health issues in local regions, numbering 208.

They provided public advocacy and links on health for 27 years, costing some £7 million to run annually. At the heart of all CHC's in England and Wales was their ability to cover, independent of any particular NHS Trust or group, all aspects of medical care and to link across Health Authorities.

The latest version of the reform package promises their demise by April 2003. Their perceived main replacement will be PALS – Patient Advocacy & Liaison Service charged with being up and running in every NHS by April 2002, PALS will be run by professionals within each Trust with a manager, co-ordinator and others to liaise with the patient, if necessary, through their own Trust, whether hospital or Primary Care. Links between Trusts and within a region are not guaranteed nor is independence a consideration.

Next up are Patients Forums. Again, envisaged for each Trust, they will be charged with reviewing the Trust's performance and will consist of non-paid professionals and the public. Exactly where and how these people will operate is unclear and how many will be genuine patients/public is also not clarified.

Thirdly, the patient is expected to become involved with the Independent Overview and Scrutiny Committee set up by each local Council to oversee the local health economy each 6 months. Viewed already as a disaster in waiting by many Councils, what real effective power they will wield is undecided.

Along with these goes a rag bag of possibility – a Transitional Advisory Board, Independent Review Group, input into CHI – the Commission for Health Improvement etc. The whole has been costed at ten times that of running to days CHC's and for what?

The Government calls for patient enforcement in the NHS on the basis of free-flowing information. Stemming from recent events at the Whittington Hospital in London, it seems a pipe dream, safer by far, to keep politicians out of health care matters.

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