Pay-beds: proposed withdrawals for 1979

The Health Services Board has written individually to 17 health authorities with proposals for phasing out further pay-beds from NHS hospitals in 1979. As foreshadowed in the board's 1977 annual report (1 April, p 870) and its policy paper issued in August (19 August, p 580), the new provisional proposals are based on the board's identification of spare capacity at named private-sector nursing homes and hospitals which might be used to meet all or part of the demand for private medicine at present met by the pay-beds under consideration.

The board is anxious that all consultants engaged in private practice at the affected hospitals should be given an opportunity to make comments, which are requested by 8 January 1979. If the authority cannot accept the reduction proposed the board would like to know the reasons. If it is maintained that the private clinic would be unable to meet any particular part of the demand for private medicine the board wishes to know which diagnoses and/or treatment are in question. The authorities should state how many pay-beds should be retained at the named authorised hospitals and their reasons.

Consultative proposals for the revocation of pay-bed authorisations

Private nursing home or hospital whose spare capacity is the basis of the board's consultative proposals	Area health authority and authorised hospitals which are the subject of the board's consultative proposals	Size of existing authorisation (number of beds)	Reduction provisionally proposed (number of beds)	Number of pay-beds remaining if proposals took effect
North Staffordshire Clinic, Newcastle under Lyme	Staffordshire AHA (*i*) North Staffordshire Health District	22	18	4
Mid Yorkshire Nuffield Hospital, Leeds	(*ii*) Mid Staffordshire Health District Leeds AHA(T) Leeds Area	7 43	7 16	None 27
Salop Nuffield Hospital, Shrewsbury	Salop AHA Copthorne South and Maternity Hospitals Eye, Ear, and Throat, Shrewsbury	5	3	2
Huddersfield Nuffield Nursing Home	Kirklees AHA Huddersfield Health District, Dewsbury Health District	11	7	7
Hull Nuffield Nursing Home	Humberside AHA Hull Royal Infirmary Castle Hill Beverley Cottage East Riding General Lloyd	3 1 1 1 1	The formation of a new group authorisation with an overall reduction of 5 beds	2
Sarum Road Nursing Home, Winchester	Hampshire AHA Winchester and Central Hampshire Health District	10	4	6
Grosvenor Nuffield Nursing Home, Chester	(*i*) Cheshire AHA West Cheshire Maternity Chester Royal Infirmary Chester City Hospital (*ii*) Wirral AHA Wirral Area	5 5 15	4 4 4	1 at West Cheshire Maternity Hospital only 11
Cotswold Nuffield Hospital, Cheltenham	Gloucestershire AHA Gloucester Area	32	9	23
Bath Nuffield Hospital	Wiltshire AHA Bath Health District	10	2	8
Leicester Nuffield Hospital	Leicestershire AHA(T) Fielding Johnson Hospital	20	3	17
Ipswich Surgical Home, Suffolk	Suffolk AHA Suffolk Area	29	13	16
Harrogate Nuffield Hospital	North Yorkshire AHA Harrogate Health District	6	3	3
Wolverhampton Nuffield Hospital	(*i*) Wolverhampton AHA Wolverhampton Area	21	19	2
	(*ii*) Walsall AHA Walsall Area	11	5	6
Exeter Nuffield Hospital	Devon AHA Exeter Health District	5	The formation of a new group authorisation with an overall reduction of 13 beds	3
	Torbay Health District	11		
Bristol Nuffield Hospital	Avon AHA Bristol R I Bristol Homoeopathic Bristol Childrens Bristol Maternity Bristol Eye Infirmary Bristol General Winford Orthopaedic	5	Either 4 / Or A new group with an overall reduction of 6 beds	Either 1 / Or A new group of 5 beds
	Southmead	2	1	1
	Frenchay	4	1	3

Private outpatient consultations *cont.*

which to hold private outpatient consultations, irrespective of whether the present facilities are afforded to them through Section 66, a rental agreement, or both.

In its 1977 annual report (1 April, p 870) the board acknowledged that "the pace at which we shall be able, in future, to submit proposals for the revocation of authorisations will depend largely on factors outside our control, apart, perhaps, from our use of the 'due warning' provision. The major factors will be strength of demand for private medicine, the rate of expansion of the private sector and the regular supply of basic information on the use made of, and the availability of, private medical facilities." The last the board regards as the most crucial and it is the one in which the board emphasises that it will need continuing help from consultants.

The NHS Act 1977 retained specific provision for the protection of consultants who do not wish to work whole time. But the revocation of authorisations for the use of pay-beds, diagnostic facilities, or other facilities in NHS hospitals for private patients will reduce opportunities for private practice. So it is important that the board is given full and accurate information. Figures may show an apparent lack of demand and use, where in fact the demand exists but cannot be put into effect because, for instance, other doctors providing the necessary back-up services do not do private work. Some specialties (particularly obstetrics) will be hit harder than others and those consultants with smaller practices or who are newly appointed and wish to do private practice will suffer most.

The JCC and the board have unsuccessfully tried to persuade the DHSS to implement the provisions of Section 59 of the 1977 Act. This would afford private patients admission or access to NHS accommodation or services for investigation, diagnosis, or treatment of a specialised nature or needing specialised equipment or skill not reasonably accessible privately outside the NHS. Until the full extent of these provisions is known it will remain almost impossible to forecast requirements for private patient treatment either inside or outside the NHS. Thus consultants who have particular local knowledge of their specialty should ensure that all information sent to the Health Services Board is accurate and complete, both in terms of actual use and any demand that the figures may not show.

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