Private hospital practice

The Minister of State wrote to the Secretary of the BMA on 22 June detailing the Government's intentions on private hospital practice and inviting comments on them (30 June, p 1800). We publish extracts from the letter here. A leading article is at p 162.

"We have been considering how best to put into practice our policy referred to in the manifesto of freeing NHS private hospital practice from the enforced reductions of the Health Services Act and of encouraging co-operation rather than confrontation between the public sector and the private sector of medicine. The method must be consistent with the main principles that:

(*a*) people who wish to do so should be free to make arrangements for their private medical treatment;

(*b*) there should be the maximum delegation to local health authorities of responsibility in respect of services in that locality;

(*c*) central government should only intervene when necessary; such decisions should be taken by Ministers answerable to Parliament. We intend to introduce legislation as soon as possible after the Summer Recess.

Private practice in NHS hospitals

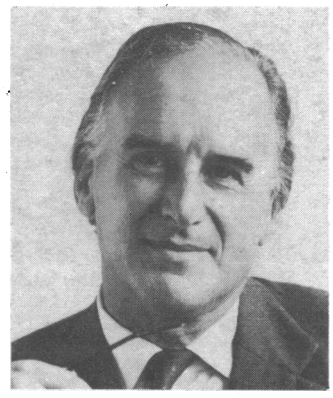
"The chief purpose will be to restore the Secretary of State's discretion to allow NHS hospital facilities to be made available for private patients. The Health Services Board . . . will be abolished. . . . There will . . . be provision for determining the limits to which NHS facilities can be made available to private patients . . . this function should be exercised by local management . . . services for private patients should not prejudice services for other NHS patients.

"The new arrangements will allow early changes in the present level of authorisations where circumstances justify them. But they do not necessarily mean that authorisations withdrawn under the previous Government will be restored. New private sector facilities have been provided and the pattern of demand for NHS provision has altered. In any case many of the authorisations were withdrawn on the basis that they were not being used. We expect that for the time being authorisations will remain at about their present level in most places.

"Although the Secretary of State will delegate responsibility for authorising NHS facilities, he will retain residual control . . . a small non-statutory committee [will] advise the Secretary of State on private practice generally. . . .

Private practice in private sector hospitals

"As a basis for the co-operative development of hospital facilities for private practice at local level, we propose provision for advance notification to AHAs of all significant private hospital developments at the planning stage. This will be followed by local consultation [the method to be worked out] whose objective will be to ensure the orderly and effective development of health services in the locality. Where there is local agreement this will usually be a sufficient basis for a development to proceed. If there is disagreement the matter will be referred to the Secretary of State for a decision. It is proposed that, initially at least, the very largest developments and any containing certain highly specialised facilities should invariably be referred to the Secretary of State before final decisions are taken.



Dr Gerard Vaughan, Minister of Health.

"The legislation will need to give the Secretary of State power to reject or impose conditions on private developments. The intention is that this power, which would *not* be delegated, would be exercised rarely.

Co-operation between NHS and private sector

"We look not only for a fresh approach of consultation between AHAs and the private sector in the planning field as set out above but for development of joint schemes to the benefit of both parties. This could include increased use of contractual arrangements, in both directions, and there are potential benefits from joint provision of services, sharing of some staff and possibly collaboration in research. We also believe that there is scope for considerable expansion of the private sector's contribution to staff training. Most of this can be undertaken without legislative provision but the Secretary of State would need power to assist private hospitals to provide services and to take part in collaborative projects with them. The setting up of such contracts and schemes would remain a matter for the local NHS authority to work out with the private sector as part of their planning and within the resources allocated to them.

"Our view is that it will be of benefit to the NHS for private practice facilities normally to be available in NHS hospitals to the extent that consultant staff and patients wish to use them. Such patients contribute resources which will allow local NHS hospitals to provide facilities and amenities not otherwise possible. We believe however that private patients should not be judged by different standards of priority from NHS patients, nor should they be given a higher standard of care. The arrangements for private practice in NHS hospitals must operate, and be seen to operate, fairly. We will be discussing with representatives of the medical profession ways in which this can be achieved, including the possible extension of common waiting lists beyond the categories already covered by them. However it is not yet clear to us whether the extension of common waiting lists is a practicable proposition and they propose that the local discussions on this initiated by the previous Government, should continue, but to a longer timescale.

"The private hospital sector has become stronger in recent years, providing facilities in many towns throughout the country. Where there are such private facilities it is to be expected that NHS pay beds will be used mainly for cases requiring the special facilities of a district general hospital, and for emergencies. But although the Government wish to encourage private provision they do not propose to lay down a rigid pattern from the centre, since it is best for each locality to decide what NHS provision and what independent provision to plan."

Corrections

From the ARM: Smoking

The resolution on smoking (7 July, p 78) should read: "That as smoking is the greatest threat to health amenable to preventive measures, this meeting should urge:

(1) That the BMA press Government to ban the advertising of all tobacco products except at the point of sale.

(2) That the production and sale of sweets in the shape and form of cigarettes, cigars, and pipes should be banned.

(3) That the BMA press the Government to advise that no tobacco product should be provided for employees by any employer free of charge or at a concessionary price.

(4) That the BMA recommend to the Government that legislation be passed to provide for the tar and nicotine content of cigarettes to be printed on the packet.

(5) That the BMA should seek to increase non-smoking areas in public places.

(6) That the BMA ask health authorities to make separate provision for staff and patients who smoke.

(7) That the Government should allow the price of all tobacco products to rise. (Agenda Committee) Priority motion."

This correction also applies to the "ARM debate in brief" on smoking (14 July, p 151). We apologise for this error.

GMC election 1979

In the GMC election address of Colonel D G C Whyte, a BMA-sponsored candidate (23 June, p 1727), the higher qualification should be FRCP. In the list of other BMA candidates (30 June, p 1813) the entry for Dr R I Keen should read: "Dr R I Keen (consultant anaesthetist, Manchester; MB, ChB, 1951; FFA RCS)." We apologise for these errors.