

# *Parliamentary News*

## *(October 1983–December 1983: Part I)*

### **Victims of crime (compensation)**

On 24 October 1983 in a Written Answer Mr Mellor of the Home Office indicated that on the 24 November the Government would ratify the Council of Europe Convention on compensation for victims of violent crimes. This fixes minimum requirements in respect of loss of earnings, medical, hospital and funeral expenses and, in the case of dependents, loss of maintenance.

### **European Court of Human Rights**

Mr Whitney of the Foreign Office said that the United Kingdom's agreement to allow individual citizens to petition the European Commission of Human Rights under Article 25 of the European Convention, expires on 12 January 1986. Its continuation will be reviewed near that time.

### **Mental Health Act Commission**

The Secretary of State was asked why he had decided not to appoint Mr Larry Gostin, the former Legal Director of MIND to serve on the Commission. In reply, Mr. Kenneth Clarke said that they had received about 700 nominations for membership of this new Commission and many distinguished people with much to offer had to be left out. It would, however, be inappropriate to comment on the reasons for choosing or not choosing particular individuals. The members of the Commission had a wide range of experience of mental health and include several members of MIND.

### **Mentally ill persons**

At 30 September 1983 the numbers of patients in Special Hospitals awaiting places in NHS hospitals or community hostels was 219 and 41 respectively. The majority of these represented the normal flow of patients who leave Special Hospitals every year, averaging 250, but there were about 50 patients on the current list who had been waiting for an NHS bed for two years or more. The Department has held a number of meetings in NHS regions recently to discuss the difficulty in placing certain mentally disordered people, and the Minister intended to draw the attention of Regional Health Authority chairmen to the problem again at a meeting later in November.

### **Prison (mother and baby units)**

In reply to a question on 31 October 1983, Mr Douglas Hurd (Home Office) said that guidance on mothers and babies in prison was issued in July 1983 and the situation was being monitored. There were three mother and baby units at Askham Grange, Holloway and Styal Prisons providing a total of 34 places. Since July there had been

between seven and twelve vacancies at any one time. The benefits of breast feeding were taken into account but had to be balanced against other considerations. In particular the development of the child who is held too long in the prison environment is likely to suffer and if separation had to take place it should not be long delayed.

### **Court of Protection**

On 3 November 1983 the Solicitor-General said that significant administrative changes took place in the Court of Protection on 1 January 1983, and since then simpler procedures for accounting and winding up of receiverships together with fixed costs for solicitors' work had been introduced. There are proposals to simplify procedures to terminate the Court's jurisdiction on the recovery of a patient. Word processing equipment has speeded up the preparation of Orders and a computer is being installed to deal with accounts.

### **Rampton Hospital**

Mr Kilroy Silk asked a number of questions about Rampton Hospital on 3 November 1983. The Minister of Health said that the Boynton Report published in November 1980 contained more than 200 recommendations. The main recommendation that a Review Board should be established resulted in its appointment and it began work in September 1981. The members had pursued their task with vigour and enthusiasm and, despite many difficulties, had made substantial progress. The great majority of the specific proposals had been implemented, although not always in the precise manner suggested in the Report. On other matters, work had been started by the Review Board or the DHSS, but more remains to be done—chiefly in the following areas: arrangements for nurse training, changes in working patterns for nursing staff, improved career structure and pay scales for occupation assistants, improved access for and relations with the media, changes in the style of uniform worn by male nurses, developments over time in the balance between therapeutic division and security requirements, changes in the National Promotion Agreement for Special Hospitals Nursing Staff and unified training arrangements for members of different disciplines.

### **Regional Secure Units**

Mr John Patten said (3 November 1983) that five permanent regional secure units had been built, four are open and commissioning is taking place at the other. On 30 September 1983 there were 190 places in permanent regional

secure units, including 75 staffed places, and 60 in-patients were accommodated. Additional staff recruitment was under way to allow all the available beds to become fully operational.

#### **Regional Secure (Hutton) Unit, Middlesbrough**

Baroness Masham asked a question in the House of Lords relating to this unit. Lord Glenarthur said that 20 of the 30 beds at the RSU at Middlesbrough are staffed and available. The South Tees Health Authority has reported that the unit has had some difficulty in recruiting trained and experienced staff, particularly nurses, despite national and local advertising. The Authority is continuing in its efforts to recruit staff but in the meantime, in the absence of additional staff, it is reluctant to bring more beds into use since this could have a damaging effect on the standards of care. At the end of September there were no patients awaiting admission.

#### **National Health Service**

The Opposition initiated a debate on the National Health Service on 27 October 1983 and after a lengthy debate rejected a Motion which called upon the Government to reverse its stated policy of cuts in hospital and medical services, but supported a Motion reaffirming the House's commitment to the National Health Service, and to the maintenance of its standards of care.

#### **Fees: Mental Health Act Commission and MHRTs**

##### *Mental Health Act Commission*

In reply to a question from Mr Geoffrey Finsberg, the Secretary of State indicated that the daily and half-daily fees for the Chairman of the Commission are £84 and £42 respectively. Members of the Commission both professional and lay who receive a direct fee payment, get a daily fee of £71 and a half-daily fee of £35.50. (Full-time employees of public authorities such as the NHS do not receive fees.)

##### *Mental Health Review Tribunals*

In response to a similar question relating to fees the Minister indicated that the daily rates for members of Mental Health Review Tribunals on 1 October 1983 were: legal £98, medical £99 and lay £40. Half-day fees are pro rata to the daily rates. Medical members are paid at the same rate for time spent examining the patient before the hearing. Circuit Judges acting as President do not receive a fee; Silk Recorders are paid at the rate of £132 per day or part thereof.

#### **Report of NHS Management Inquiry**

On 25 October 1983 the Secretary of State, Mr Norman Fowler, said that the report on the inquiry into the management of the Health Service (chaired by Mr Roy Griffiths, the deputy chairman of Sainsbury) endorsed the Government's

main initiative to make health authorities accountable for the performance of their services. It was proposed that the Secretary of State should set up and chair a new Health Services supervisory board which would include some external members and directly accountable to it should be a management board which would bring together the present management functions of the DHSS relating to hospital and community services, family practitioner services and special health authorities. A new chairman of the management board would be appointed, probably from outside the service. A personnel director would also be recruited. At the regional and district level the report recommended the identification of a general manager for each authority who would be drawn from any discipline, from any of the professions engaged in the management of the NHS, and his job would be to secure effective management of the authority's services. The report also recommended hospitals and other units of management should as far as possible take all the day to day management decisions. Doctors should be closely involved in local management through the development of management budgets for which they would be accountable. The team also recommends the identification of a general manager for every major hospital and other unit of management. In short, he said, the key recommendation is that a clear management responsibility should be identified for carrying out all NHS management functions and that this responsibility should be devolved as near to the patient as practicable. The report did not propose any further structural reorganization and it was said that the recommendations would not add to existing costs or staff numbers. (A lively debate followed the Minister's statement.)

#### **Clinical complaints procedure**

In reply to a question on 9 November 1983, the Minister of Health referred to a report which covered the operation of the procedure up to 31 December 1982. The new procedure for handling complaints about the clinical judgement of doctors was set up in September 1981. It provided for an independent review of a complaint about the clinical judgement of hospital doctors and dentists. The aim is to settle such complaints quickly and, if possible, locally. If this was not possible a regional medical officer could arrange a review by two independent consultants or 'second opinions'. In the first sixteen months (up to 31 December 1982) regional medical officers have considered 184 cases. 'Second opinions' were called in 63 cases and reviews were completed in 32 of these. In half of these completed cases the 'second opinions' identified matters of policy or procedure—often substantial—on which hospital authorities have since made or are considering improvements. The 'second opinions' have in many cases provided a valuable reassurance to patients or relatives that the patient care and treatment was appropriate and to a proper standard. It was thought that the procedure had set off to an encouraging start.

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