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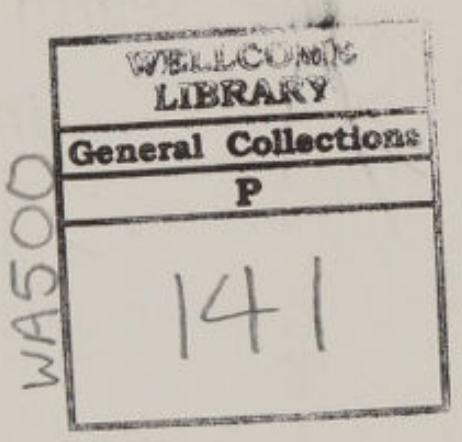

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The Reorganisation of the Health Service in Wales

CONTENTS

FOREWORD

By

THE SECRETARY OF STATE FOR WALES

In July 1968 the then Minister of Health published for general discussion a Green Paper putting forward suggestions for the future administrative structure of the medical and related services in England and Wales. A further Green Paper was published on the 11 February 1970 by the Secretary of State for Social Services containing revised proposals.

The second Green Paper applies in terms to England only, but the argument it advances, and the general principles of organisation it proposes, are valid for Wales as for England. There are many reasons for this. The broad objectives for the advancement and improvement of the health service are the same in both countries. The public will expect similar standards and similar procedures for obtaining services, whether in Wales or in England. Further, the professions are organised on an England-Wales basis. However, there are important differences between the two countries. A policy of administrative devolution to Wales is in progress, and it is in keeping with this policy that decisions affecting Wales and the Welsh people should be taken within Wales. Since the 1 April 1969 the Secretary of State for Wales has been responsible for the administration of the Health Service in Wales (and jointly with his colleagues in England and Scotland for health policy as a whole). Wales is a small country, and the Secretary of State and his Department are in close touch with local needs and aspirations. Again, the future organisation of local government in Wales will differ in a number of important respects from the system in England. Finally, the form of organisation at the all-Wales level needs careful consideration. No definitive solution can, or should, be proposed until the Commission on the Constitution has reported.

This Green Paper describes briefly the existing system in Wales as it has developed over the twenty-two years since the establishment of the National Health Service in 1948. It then sets out the three firm decisions which the Government has taken on the future structure of the health service. First, it has decided for reasons which are given that the health service will not be administered by local government but by area health authorities directly responsible to the central government, and closely associated with local authorities. Secondly, it has decided on the administrative boundary which must as a consequence be drawn between the National Health Service and the public health and personal social services which will continue to be administered by local authorities. Thirdly, it has decided that in general the number and areas of the new health authorities must match those of the larger and stronger local authorities which will result from the reorganisation of local government in England and Wales.

This Green Paper then outlines a health service structure for Wales consistent with the main principles proposed for England but which takes into account the special circumstances of the Principality. With the exception of the three firm decisions I have mentioned the Government are not yet firmly committed to their proposals for Wales which, together with the proposals

in the Green Paper for England are put forward for public discussion. Further, any proposals put forward for reorganising the health service in Wales at the present time must not pre-empt the outcome of the work upon which the Commission on the Constitution are engaged.

Much still needs to be done to work out in detail the arrangements proposed in this Green Paper and I shall welcome comments and suggestions from organisations and individuals. I shall be discussing all aspects of my proposals with representatives of the staff who would be affected by them.

Wales owes much to the devoted services of all those who at present take part in the management and operation of the health service and related services in Wales, whether they are members of local government bodies or of health authorities, or are employed in the services, or are members of the general medical, dental, ophthalmic and pharmaceutical services. All these men and women have given Wales much in the past, and they will have an even more important and constructive part to play in the future.

GEORGE THOMAS

CHAPTER 1

The Existing Organisation in Wales

1.1 Since the introduction of the National Health Service in 1948 the service in Wales, as in England, has been organised in three branches; the hospitals, the family practitioners and the local authority services.

The Hospital Service

1.2 The **Welsh Hospital Board** is appointed by the Secretary of State, and is responsible to him for the administration of the hospital service in Wales, except for the teaching hospital group in the Cardiff area. It has a Chairman and 31 members, and its headquarters staff, based in Cardiff, number about 500. There is a small detached office in North Wales. The Hospital Board appoints **Hospital Management Committees** which run groups of hospitals. There are 15 hospital management committees with a total membership of 234 and they are, in general, the employing authorities of the staff in the hospital service, who number about 34,700. The teaching hospital group is managed by the **Board of Governors of the United Cardiff Hospitals,** also appointed by the Secretary of State, consisting of a Chairman and 29 members (with one co-opted member). The Welsh Hospital Board provides some 26,500 beds and the Board of Governors 1,050 beds.

The Family Practitioner Services

1.3 The family services provided under the National Health Service by family doctors, dentists, ophthalmic medical practitioners, opticians and pharmacists are administered in Wales by 15 **Executive Councils,** one for each county and county borough, except that there is one council covering the counties of Denbigh and Flint, and one covering Monmouthshire and Newport county borough.

1.4 Each executive council consists of thirty members; so in Wales as a whole there are 450 persons serving as members of executive councils. They employ 250 administrative and clerical staff.

1.5 The **Welsh Joint Pricing Committee** carries out the duties of the executive councils in Wales in respect of the examination, checking and pricing of prescriptions for drugs, medicines and appliances supplied as pharmaceutical services. It has 14 members, and employs about 130 administrative and clerical staff at its headquarters (the **Welsh Joint Pricing Bureau**) in Cardiff.

Local Authority Personal Health and Welfare Services

1.6 There are 17 **local health authorities.**[1] They provide a wide range of personal health services. These cover medical, dental and other services for mothers and young children; domiciliary midwifery; home nursing and health visiting; vaccination and immunisation; home helps; the ambulance service; services for the mentally ill and mentally handicapped; family planning; and

(1) Local health and welfare authorities are the county councils and the county borough councils. Rhondda BC carries out certain personal health and welfare functions by delegation. Borough and district councils also have welfare functions in providing meals and recreation for old people.

health education. A number of local health authorities have established health centres. These personal health services are referred to the health committee of the council, and the medical officer of health is the responsible principal officer.

1.7 The same authorities are also responsible for important personal welfare services. They provide residential accommodation for persons who, because of age, infirmity or other circumstances, are in need of care and attention and temporary accommodation for homeless people.

1.8 They also have a duty to promote the welfare of the blind, the partially-sighted, the deaf, the hard of hearing and others who are substantially and permanently handicapped by illness, injury or congenital deformity.

1.9 The personal welfare services are usually referred to the welfare committee of the council. The *Seebohm Committee recommended that these services, together with other personal social services, notably the children's service and certain services now the responsibility of local authority health committees, should in future be the responsibility of a single social services committee. The Local Authority Social Services Bill seeks to give effect to these recommendations.

Other Local Authority Services

1.10 Local authorities are also responsible for important environmental health functions, including food hygiene and the prevention of the spread of infectious diseases. Certain authorities are responsible for health control at sea-ports and at air-ports. County borough and county district councils are housing authorities responsible for the provision of housing including housing suitable for the elderly and the handicapped.

The Secretary of State for Wales

1.11 On the 1 April 1969 the Secretary of State for Wales assumed many of the statutory functions exercised up to then by the Secretary of State for Social Services. The Secretary of State became responsible for the administration of the health service in Wales, including the provision of the hospital and specialist service and the general medical, dental, ophthalmic and pharmaceutical services, and the local health authority health and welfare services. In addition he is responsible with the Secretary of State for Social Services and the Secretary of State for Scotland for policy questions affecting the health service generally in Great Britain.

1.12 The Welsh Office now incorporates the staff of the former Welsh Board of Health, which between 1919 and 1969 exercised certain health functions in Wales under the direction of the health department in London.

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*Report of the Committee on Local Authority and Allied Personal Social Services (Cmnd 3703)

CHAPTER 2

GENERAL PRINCIPLES

The need for Simplification and Reorganisation

2.1 The health service has worked well during its 22 years. It has lived up to the four principles on which it was built. These are worth recording. They established that;

(i) the health service should be financed by taxes and contributions paid when people are well rather than by charges levied on them when they are sick; and the financial burden of sickness should be spread over the whole community.

(ii) the service should be a national one, aiming at providing the same high quality of service in every part of the country.

(iii) the service should provide full clinical freedom to the doctors working in it.

(iv) the service should be centred on the family doctor team providing the essential continuity to the health care of each individual and family and mobilizing the services needed.

2.2 Nevertheless the time has come to make further progress so that the service can meet the needs of the 70s and 80s. Chapter 1 has shown just how complex the present organisation in Wales is. This complexity presents problems of co-ordination and control. Notably the boundaries of local authorities and the hospital service do not correspond, so that individual local health authorities may have to be in touch with several hospital management committees, while the Welsh Hospital Board has to deal with 17 local health authorities. There are difficulties of co-ordination, for example between hospital and local authority services for the elderly and the handicapped. The division of the service into three parts makes more difficult the most economical use of scarce resources. Different forms of organisation for the family practitioner services and the hospital service do not help communication between family doctors and the hospitals. The family doctors are increasingly working in teams with health visitors, midwives and district nurses, some or all of whom are employed by local authorities; and the doctors may themselves practise from premises provided by the authorities. The Government has come to the conclusion that there is a compelling case for reorganisation.

2.3 There are four main objectives to be met in planning the reorganisation. It should—

(i) unite the existing separate services and integrate them at the local level;

(ii) establish close links between the unified service and the public health and social services provided by local government;

(iii) place maximum responsibility for administering the service consistent with national plans and priorities on area health authorities, in which there must be strong local and professional participation, and involve each community in the running of the services of its district;

(iv) provide effective central control over the money spent on the service and ensure that the maximum value is obtained for it.

These objectives apply equally to the reorganisation of the health service in Wales as in England.

Health Authorities and Local Government

2.4 It has been strongly argued that the unified health service should become part of the reorganised system of local government. The Government has however decided against this for two main reasons. The first is that the professions believe that only a service administered by special bodies on which the professions are represented can provide a proper assurance of clinical freedom. Second, it would not be practicable to transfer financial responsibility for the health service to local authorities, given their present resources, and an addition to their financial commitments on the scale which would be implied would seriously complicate the problem of how to reduce the financial dependence of local authorities on the central government.

2.5 The Government has therefore concluded that the reorganised health service should not be part of the system of local government in England or Wales, though it should be closely associated with it. It will be a service provided and financed by the central government.

2.6 This decision means that a boundary has to be drawn between the services which will be administered by local authorities and those which will be unified in the reorganised health service. The present position has been described in Chapter 1. The main principles which it is proposed should be followed for the future are that the services should be assigned to local government and the health service respectively according to the main skills required to provide them. Broadly speaking **health authorities** will be responsible for services where the primary skills needed are those of the health professions, while the **local authorities** will be responsible for services where the primary skills relate to social care or support. Even the application of this principle can give rise to some difficult questions of demarcation.

2.7 A matter of particular importance to Wales, as in England, is the division of responsibility for care of the mentally ill and the mentally handicapped, and of the elderly. It is proposed that in the case of the services for the **mentally ill** and **mentally handicapped,** the essential medical diagnosis, treatment, assessment and reassessment should be undertaken by the staff of the health authorities in the same way as the assessment and medical management of associated physical disabilities. Local authority social services would be responsible for providing the adult training centres, though medical assessments may be undertaken in them, and also for social work with the mentally disordered. The area health authorities would be responsible for hospital and hostel services for the mentally ill or handicapped who need continuing psychiatric supervision—including those who are being considered for discharge and need a trial period in a hostel where the practicability of discharge can be further assessed. Residential care for people who are able to manage without continuing psychiatric supervision would be provided as at present by the local authorities. Similarly, it would be the local authorities' responsibility to provide

social services for the elderly, including residential accommodation for those who cannot live at home but do not need continuing medical supervision.

2.8 Lists of the services which it is proposed to place within the unified health service, and of those which will continue to be administered by local authorities, are given in Appendix 1.

2.9 It follows from the decision that the health service should be reorganised outside local government as a central government service that Ministers will be responsible to Parliament for its operation. They must therefore have power to control and direct the service, but it is proposed that its management should be entrusted to health authorities coterminous with the main local government areas into which the country will be divided when local government is reorganised. A close working relationship will thus be established between the health and local government services. People who live in the same town or village will find that responsibility for the services affecting their health and personal well-being, and for the environment in which they live, lies with parallel authorities, having precisely the same boundaries, working closely with each other, and having the same communities in their care. Co-operation between the two authorities will be far reaching. For example, through their respective professional officers the health authority will advise the local authority on health questions, and the local authority will advise the health authority on social services questions. It is proposed to empower each type of authority to undertake work on behalf of the other.

2.10 The Green Paper for England makes proposals for the composition of the health authorities, designed to give a full measure of representation to local government and the professions while enabling the central government to carry out its overall responsibilities. It is proposed that one-third of the members of the health authorities should be appointed by the local authority for the area, one-third by the health professions, and one-third plus the chairman by the Secretary of State.

The Family Practitioners

2.11 Within the unified service the family practitioners will have a very important part to play. They are normally the first to whom we turn when sickness strikes. The independence of the family practitioners is assured at present under the arrangements centred on executive councils described in Chapter 1. Similar safeguards are proposed for the future, and these must apply in Wales and in England.

Wales and England

2.12 The application of the general principles outlined in the preceding paragraphs to the future organisation of the health service is developed in detail in the Green Paper for England. These detailed proposals are commended for study and discussion in Wales also. However, special thought must be given to the structure of the service in Wales, since there are considerations affecting Wales which do not arise in regions of England, and not all the institutional arrangements proposed for the organisation of the service in England are

suitable for adoption without some modification in Wales. The Government's proposals for Wales are set out in the next chapter. Within the general pattern of a national health service for Great Britain which must aim at uniform standards of provision and care, there is room for putting forward for discussion by the Welsh people proposals for the structure of the service which take account of the functions of the Secretary of State for Wales as a Health Minister, and the general policy of administrative devolution to Wales.

CHAPTER 3

The Structure proposed for Wales

3.1 The proposals which follow are put forward for public discussion and comment. They are consistent with the proposals for England, but have been framed to take account of the special circumstances of Wales.

First, the Secretary of State for Wales is solely responsible for the administration of the health service within Wales, and is jointly responsible for aspects of health policy common to Great Britain.

Second, Wales must be treated as one unit for the planning and control of the health service. It is too small to be split into two or more regions.

Third, the pattern of local government in Wales will differ in some ways from that in England.

Area Health Boards

3.2 The objective of reorganisation in Wales must be to provide the best standard of care for its people. To this end an effective management instrument is needed which will be in close touch with local government in Wales. It is proposed that the unified health services should be placed under **area health boards** (this is not necessarily the final choice of name) coterminous with the areas of the new local authorities responsible for the personal social services which will be set up when local government in Wales is reorganised. These boards will be the equivalent of the area health authorities in England. They will be directly responsible to the Secretary of State for planning the health services of their areas and for management of the services. Through a statutory committee they will contract with the general medical practitioners, dentists, ophthalmic medical practitioners, opticians and pharmacists. The Secretary of State will allocate finance to the boards, and approve annual budgets. He will ensure co-ordination and see to the overall planning of the health services in Wales. The structure will thus be a single-tier one. These proposals are discussed in greater detail in the paragraphs that follow.

Number of Area Boards

3.3 It is proposed that there should be an area board for each of the proposed counties of Clwyd, Dyfed, Gwynedd and Powys and for the three unitary areas into which it is proposed that the existing counties of Glamorgan and Monmouthshire and the county boroughs of Cardiff, Newport, Swansea and Merthyr Tydfil should be divided. There will thus be seven boards; details of their area and population are given in Appendix 2.

3.4 These are all sizeable areas, and with the exception of Powys they all have a population in excess of 200,000, most of them very much greater. Their boards will thus have a substantial planning and management function to perform. In the case of Powys the population is well below the figure for which a full range of health services can be best and most economically provided. The new county will not have within its boundaries a major general hospital, and will need to look to major hospitals in the surrounding areas, depending on locality. Consideration has therefore been given to the possible division of

Powys for health purposes so that, for example, the area of the present county of Montgomeryshire might be associated with the Gwynedd and Clwyd health areas while the present counties of Breconshire and Radnorshire might be associated with Monmouthshire. There are, however, major objections. A reorganisation of this kind would cut across local government boundaries. The problem is mainly a hospital one; the executive council services and the health services to be transferred from local authorities do not present organisational difficulties to the same extent, although these services too need to function in close association with the hospital services. If the unified health services were split between two health areas responsible also for other counties it would be difficult to ensure adequate and balanced representation of all interests in the composition of the area boards and to achieve close co-operation with the Powys County Council and the district councils in the county in respect of the social services and the environmental and other health services which will be their responsibilities. In all the circumstances the best course seems to be to establish a health area coterminous with the proposed county of Powys. The treatment of patients knows no frontiers, and the arrangements for looking after residents in Powys who need treatment will not be impeded in any way by health or local authority boundaries. It will however be necessary to devise some machinery to ensure that the needs of Powys are not overlooked in the planning of health services in areas adjacent to the county.

Functions of Area Boards

3.5 The area boards will be responsible for the administration of the unified health service in their areas. The task will be one of considerable magnitude. In 1970/71 revenue expenditure is estimated to be as shown below—

TABLE 1

Health service expenditure (estimated)
1970/71

	£ million
Local government—health services (to be transferred)	6
Hospitals	53
Executive Councils	24
Total	83

3.6 The proportion of the total expenditure which will be incurred by individual boards will vary, principally in proportion to the population they serve.

3.7 Each of the boards will offer a challenge to the abilities of all those concerned with the management of its services, whether as members of the board itself or as officers and staff. Each board will need to employ experienced medical and lay administrators.

3.8 It will be the responsibility of the boards to plan the services in their areas, and for this purpose they will submit to the Welsh Office both their long term plans and their yearly estimates. The Welsh Office will be responsible for allocating resources to the boards, will lay down broad lines of policy, and will supervise the service generally.

3.9 In the past the public has been uncertain where to place responsibility for certain of the services which are now to be unified, notably the hospital services. Under the reorganisation proposed it will be clearly seen that responsibility for the management of the hospital and other services and for their efficient functioning lies fairly and squarely with the boards and they will be, in a very real sense, answerable to the community.

3.10 The Welsh Office will be discussing with the Welsh Joint Education Committee practical arrangements for the future operation of the school health service, which is among the services which it is proposed should become the responsibility of area boards.

Composition of Area Boards

3.11 It is proposed that the area boards should be executive bodies with twenty to twenty-five members, one-third appointed by the health professions, one-third appointed by the coterminous local authorities (the 4 counties and 3 unitary areas) and one-third appointed by the Secretary of State for Wales. The Secretary of State would in addition appoint the chairmen of the boards.

3.12 The board for Cardiff and East Glamorgan will cover the hospitals associated with the Welsh National School of Medicine. The University of Wales will be invited to nominate members to this board to ensure that the interests of medical and dental education and research are safeguarded, and to bring related scientific expertise to the board.

3.13 Much devoted service has been and is being given by the members of existing hospital authorities. But a representative element is needed in the management of the service, and this is the reason for the wide and balanced membership proposed for the boards, a majority of whose members will be elected by the local authority or chosen by the professions. In respect of planning for Wales as a whole, for major policy decisions, and for the overall control of the service the responsibility of the Secretary of State, who is himself answerable to Parliament, will be clear and unquestioned.

3.14 The Government proposes to pay the chairmen of the boards part-time sslaries on a basis to be settled later. Members of the boards will receive travelling expenses and subsistence and related allowances.

Organisation within Area Boards

3.15 Each area board will need to give careful thought to the best form of organisation needed to ensure that its services respond to local needs and attract

local interest and support. The principal objective should be efficient management. In each area, with the exception of Powys, there will be at least one major general hospital; each of the proposed unitary areas in South East Wales will include two or more major general hospitals. These hospitals and the services grouped around them form natural units of health administration, and the boards will probably wish to build round these units a decentralized system of day to day management through district committees. In some parts of Wales, where there are scattered communities considerable distances apart, similar decentralization not necessarily related to a major general hospital may be desirable.

3.16 The role of district committees is discussed in the Green Paper for England. Much that is said there will be applicable in Wales. The district committees, like other committees of the board, will be needed primarily in the interest of effective management; management, to be effective, must of course maintain the confidence of the people whom the health service exists to serve. It is proposed that half the membership of district committees should be drawn from the area boards, and half from other people living or working in the district, so that the local community can be identified with the running of its local health service. The way in which the members drawn from the local community should be appointed is a matter for discussion. There are various possibilities. It would not be appropriate for the Secretary of State to appoint members to bodies which would be sub-committees of the area boards and directly answerable to them. One course might be for the area board to select members from the local community in its own discretion. Another might be to invite local representative bodies, including the professions and the trade unions to put forward names from among whom the board would choose the additional members or a proportion of them. Whatever the solution adopted its aim should be to bring in to the district committees both local knowledge and experience of management.

Statutory Committee for the Family Practitioner Services

3.17 As in England, each area board will be required by statute to establish a special committee which will be directly responsible for securing the provision of the family practitioner services in accordance with regulations which will apply uniformly in Wales as in England. This committee will stand in the same relationship to those who contract to provide these services as the executive councils do now; and its composition will resemble that of the executive councils. The area board and the statutory committee will be served by a common staff.

The All-Wales Level

3.18 The arrangements set out in previous paragraphs are designed to provide a good managerial framework, with a direct line of responsibility from the Welsh Office to the area boards, and a satisfactory system of local participation in the running of the service.

3.19 The reasons which have led the Government to propose a regional organisation in England do not apply in Wales. In England health authorities need to be grouped for planning purposes, and for assessing priorities between

competing developments. In Wales there will be only seven area boards, a number small enough to be in direct relationship with the Welsh Office, which is the central government's Health Department for Wales.

3.20 A number of suggestions have recently been put forward that there should be some form of all-Wales health authority of a representative nature, with oversight of the health service. Close consideration has been given to this question. There is already in being the Welsh Council, whose terms of reference cover social as well as economic questions. The Council has established a health panel. The Commission on the Constitution has received suggestions from several witnesses that an **elected** Welsh Council should be given executive authority over the operation of the health services.

Any proposals for health service re-organisation for Wales put forward at the present time must not pre-empt the report which the Commission will make. It will be for the Government to take decisions on this important matter in the light of that report. Meanwhile the executive functions which will be discharged by the Regional Health Councils in England will be undertaken by the Welsh Office (see paragraph 3.25 below). The Secretary of State will of course need expert advice. On matters of common interest to England and Wales it is proposed that a Central Advisory Council should advise the Secretary of State for Social Services and the Secretary of State for Wales. Regular meetings of chairmen of the Welsh area boards and their officers will be held at which the planning of the services in Wales will be discussed. The Secretary of State will also be able to obtain advice on professional matters through representatives of the professions concerned, and from the Hospital Advisory Service which advises him on conditions in hospitals in Wales and will facilitate the communication of ideas between the Welsh Office, the area boards and the hospitals themselves. The Secretary of State will also look to the Welsh Council for advice as occasion requires. Consideration will be given to strengthening its membership for this purpose.

3.21 With the integration of the management of the health services and the development of strong area health boards, there will no longer be a need for a regional hospital board as such. The Welsh Hospital Board will therefore cease to exist. Planning and certain other functions in respect of the hospital service in Wales as a whole now undertaken by the Welsh Hospital Board will become the responsibility of the Welsh Office while the area boards themselves will be responsible for the administration of hospitals in their areas, as well as for other health functions, and for drawing up plans to meet future health needs. The future organisation of certain common services is discussed in paragraphs 3.26–3.30 below.

3.22 It is relevant to note that consultations are at present in progress about the possible amalgamation of the Board of Governors of the United Cardiff Hospitals and the Cardiff and District Hospital Management Committee. This amalgamation will enable a useful measure of rationalisation to take place in the Cardiff area before the reorganisation of the health service as a whole.

3.23 The Welsh executive councils will also cease to exist, though their work will still be carried on in much the same way within the unified service and the understanding relationship which they have built up with the general medical

practitioners, dentists, ophthalmic medical practitioners, opticians and pharmacists in their area will be a useful foundation for the work of the new statutory committees with whom these professions will enter into contract. Some re-organisation of the structure of executive councils would in any case have had to take place with the re-organisation of local government in Wales.

Functions of the Welsh Office

3.24 The Secretary of State for Wales is not only responsible for the health service; he is also responsible for related local authority services, including the welfare services and housing. He is thus well placed to encourage the co-operation which will be required between the area health boards and the reorganised local authorities.

3.25 The main functions of the Welsh Office will be to undertake the overall planning of the health services in Wales: to process the plans prepared by the area health boards, to determine priorities and allocate resources, to supervise generally and to carry out certain common services. It will need to concern itself closely with the expenditure and efficiency of the administration of the service. For this purpose the Welsh Office will draw on staff at present serving in the Health Service, including posts in local government, in Wales.

Common Services

3.26 At present the Welsh Hospital Board is responsible for planning the hospital services in Wales; and to fulfil its responsibilities in respect of hospital building projects it employs architects, engineers, quantity surveyors and other staff. It also provides certain common services for the hospital management committees who are responsible for the day to day running of hospitals and in some cases also for the Board of Governors of the United Cardiff hospitals. Examples are computer services, including the preparation of payrolls, accounts, and the analysis of medical records; supplies, legal, printing and Organisation and Methods services. The Board also provides medical and nursing advisory services to the hospital management committees. (A full list of common services is given in Appendix 3.)

3.27 It is desirable in the interests of efficiency that most of these functions should be carried out on an all-Wales basis. The area boards will however each cover a larger area than the present hospital management committees, and they will have a far wider range of responsibilities. Their staff will be considerably strengthened, to carry out the work which will be transferred to them from the Welsh Hospital Board and from local authority health departments. They will also have close links with the supply and other executive departments of local authorities. It may therefore be appropriate to devolve some of the work at present undertaken by the Welsh Hospital Board to the area boards.

3.28 The form of organisation best suited for handling common services will be discussed with the Welsh Hospital Board, the hospital management committees and local authorities, together with representatives of the staff. Whatever solution is adopted it must be the one best adapted to carrying out efficiently the important work involved, and it must safeguard the interests and provide adequate career opportunities for the staff employed. At this stage

none of the various possibilities is excluded. There might be a case for a central autonomous organisation appointed by and responsible to the Secretary of State; or the area boards might create a common services organisation to act on their joint behalf. Again, one of the boards might act as an agent for several. In some fields, particularly where advisory functions are involved, it would be appropriate for the Welsh Office itself to provide the service.

3.29 One important function which will need special consideration is the planning and execution of capital building projects. Speed and economy point towards concentration of planning, design and the oversight of construction. It would be wrong to allow the hospital planning and design teams at present employed by the Welsh Hospital Board to be dispersed and to waste the Board's accumulated experience. The local authorities also have relevant experience, for example in the design and construction of health centres. One solution might be to establish a consortium of all the area boards; another, to appoint one board to undertake the work for all the boards; a third would be for the Welsh Office to assume responsibility, delegating to area boards the planning and execution of projects within prescribed limits varying according to the size and resources of the boards. These alternatives will need careful discussion.

3.30 Certain health service functions will have to be organised on an England/Wales basis, or indeed on a Great Britain basis, for example in relation to the problem of drug dependence. Further, Welsh health areas which border on English health areas will need to co-operate and co-ordinate their services with the neighbouring English authorities as well as with other Welsh areas, and will offer and expect reciprocal services.

Regional and Sub-Regional Specialties

3.31 It is at present the responsibility of the Welsh Hospital Board to ensure that a full range of hospital facilities are available for all parts of its area. These are usually provided in individual hospital management committee areas, but certain medical specialties are provided on a regional or sub-regional basis. Decisions on the location and development of these specialties, and also on arrangements for the Blood Transfusion Service, will be taken by the Welsh Office as part of its proposed overall planning function, in consultation with the area boards, the professions and the University of Wales.

Joint Pricing Bureau

3.32 The Bureau is administered by the **Welsh Joint Pricing Committee** (see paragraph 1.5) which is a joint committee of all the Welsh executive councils set up to carry out drug pricing functions for the whole of Wales. The Bureau should be kept in being, and its work could appropriately be a joint activity of the area boards.

Ambulance Service

3.33 In Wales, distances are frequently great and road communication not always easy, and in most of Wales it is considered that responsibility for the ambulance service could be assumed by the area boards. It is important that the ambulance service should be closely linked with a major general hospital;

and further thought will be needed in respect of ambulance services in Powys, where there will be no major general hospital within the county. Co-ordinating and advisory functions for Wales as a whole would be arranged through regular meetings of staff responsible for the ambulance service with the Welsh Office.

The Staffing of the Service

3.34 Area boards will be the employers of all staff directly employed in the health service in their areas, including staff at present employed in the hospital service, the staff of the Welsh executive councils, and staff transferred from local government. General medical practitioners, dentists, ophthalmic medical practitioners, opticians and pharmacists will be in contract with the statutory committee of an area board.

3.35 The proposals for re-organisation must safeguard the interests of the staff involved, and in particular ensure that there are proper career opportunities. A Staff Commission or similar machinery will be set up in consultation with representatives of the staff. This will have to work closely with the Welsh Local Government Staff Commission, which will be considering the recruitment and transfer arrangements and other staffing problems arising from the re-organisation of local government in Wales.

3.36 The rights of transferred staff will be maintained. There will be full consultation with all the staff interests concerning the effects of the changes on the staff themselves, for example, on any superannuation questions that arise. Rates of pay and conditions of service in the new administrative structure will continue to be settled through England/Wales machinery.

Training

3.37 The integration of the health service provides the opportunity for developing new forms of training to meet the needs of a service in which individual officers are likely to have a wider range of responsibility and more complex duties than in the separate branches of the service today. The area boards will have the prime responsibility for training the staff they employ, but some forms of training will have to be organised on a scale wider than that of a single area, and some on a wider basis than Wales alone. The necessary planning will be undertaken by the Welsh Office in consultation with area boards, the professions and the staff associations. Special attention will need to be paid to medical post-graduate and vocational training. Here the Welsh National School of Medicine will have a specially important role. The health service in Wales will also be able to participate in the wider arrangements for training and staff development which will be organised on an England/Wales basis.

Complaints and a Health Commissioner

3.38 The area boards themselves would be expected to deal with complaints from members of the public about the services they provide. The first Green Paper published in 1968 suggested the possible appointment of a Health Commissioner or Commissioners to consider complaints not dealt with by the health authority to the satisfaction of the complainants. The Welsh Office will be associated with the consultations which are to take place, as forecast by the Prime Minister in July 1969, with the professional and other interests about this proposal.

Voluntary effort

3.39 Though the existing arrangements for the management of the health service and the related local government services in Wales, described in Chapter 1, need simplification and re-organisation they have the merit of involving a large number of people, in many walks of life, who have given valuable voluntary service and have acquired experience in handling problems of management. They have also become experienced in dealing with sympathy and understanding with the individuals, and the communities, whom they serve. The area boards and their committees will not provide so many opportunities for service directly concerned with the management of the unified health services. It is therefore important that area boards should enlist the enthusiasm and practical support of the communities whom they serve. At present hospitals and local authority homes and hostels, in particular, receive valuable support from the community. This should be further encouraged and developed. There is great scope for public interest in hospitals, particularly long stay hospitals, in hostels and training centres for the handicapped, and in services for the aged and others suffering from some temporary or permanent disability. Area boards and the local authorities responsible for the personal social services will need to work together in enlisting the support of local communities for these services.

Trust Funds

3.40 The hospital authorities in Wales are trustees of funds given over the years by benefactors for hospital purposes. The local character of these gifts must be respected. It is therefore proposed to transfer these trusts to the area boards who will also be able to accept and seek fresh gifts and donations. Present funds held for specific purposes will need consideration to see how far it may be necessary to maintain limitations on their future use.

Occupational Health

3.41 The Government has announced its intention of establishing within the Department of Employment and Productivity the Employment Medical Advisory Service. This will bring together into a single organisation responsibility for the work now done by Medical Inspectors of Factories and Appointed Factory Doctors together with that carried out in Government Training Centres and Industrial Rehabilitation Units. It will also be concerned with any medical problems which arise in connection with employment and as an expert service will be available to give advice and help to anyone needing it.

3.42 It is intended that there should be close links between local authorities, area health boards and the Employment Medical Advisory Service. Local authorities have certain enforcement duties under the Factories Act and the Offices, Shops and Railway Premises Act and it is essential that they and the area boards should maintain close links with the services provided by the Employment Medical Advisory Service, which must also work in close liaison with the personal health services to ensure that occupational factors are not lost sight of in treatment. The needs of the Employment Medical Advisory Service will be taken into account in the development of hospital laboratory and other specialist facilities.

CHAPTER 4

CONSULTATIONS AND FUTURE ACTION

4.1 This Green Paper is published for general discussion. Copies are being sent by the Welsh Office to the interested bodies in Wales, with a request for comment: these include the Welsh Council, the local authorities, the Association of Welsh Executive Councils and the individual Executive Councils, and the hospital authorities. It is also being sent to the Local Authority Associations, the professional bodies, and the Trade Unions and Staff Associations representing those employed in the Health Services. The views of voluntary bodies working in the health and welfare fields, as well as of private individuals, will also be welcome. Comments should be sent to the Welsh Office not later than the end of June 1970.

4.2 Firm decisions on the future structure of the Health Service in Wales will then be taken in the light of the comments received on this Green Paper and on the Green Paper for England.

Unified Health Service and Local Authority Services

It is proposed that the following services should be brought within the unified health service;

(*a*) the hospital and specialist services

(*b*) the family practitioner services

(*c*) the following personal health services at present the responsibility of local health authorities;

(i) ambulances
(ii) epidemiological work (general surveillance of the health of the community)
(iii) family planning
(iv) health centres
(v) health visiting
(vi) home nursing and midwifery
(vii) maternity and child health care
(viii) prevention of illness, care and after care through medical, nursing and allied services (including chiropody, health education - other than its place in the school curriculum - and screening).
(ix) residential accommodation for those needing continuing medical supervision and not ready to live in the community.
(x) vaccination and immunisation

(*d*) the school health service.

Local authorities will continue to be responsible for other important social services. In addition to the social services at present provided for the elderly, the handicapped and the homeless, and the children's services, local authorities will remain responsible for the following services at present provided under health powers;

(i) family case work and social work with the sick and the mentally disordered;
(ii) day centres, clubs, adult training centres and workshops for the above;
(iii) the day care of children under five, day nurseries and child-minding;
(iv) the care of unsupported mothers, including residential care;
(v) residential accommodation for those who cannot live at home but do not need continuing medical supervision;
(vi) home helps.

Local authorities will also retain important public health functions including:

(i) the prevention of the spread of communicable diseases other than by specific prophylaxis or treatment;
(ii) food hygiene and safety;
(iii) port health;
(iv) the public health aspects of environmental services;
(v) diseases of animals in so far as they affect human health;
(vi) enforcement responsibilities relating to environmental conditions at work places;
(vii) health education (concurrently with health authorities).

WALES

HEALTH AREAS

Coterminous with:

New administrative county	(to nearest thousand)		Present administrative areas covered by new authority
	Population (mid 1969)	Area (acres)	
Gwynedd	212,000	916,000	Anglesey, Caernarvonshire and Merioneth (excluding Edeyrnion Rural District)
Clwyd	355,000	639,000	Denbighshire, Flintshire and Edeyrnion Rural District
Powys	116,000	1,281,000	Montgomeryshire, Radnorshire and Breconshire
Dyfed	318,000	1,425,000	Cardiganshire, Pembrokeshire and Carmarthenshire
Proposed unitary areas			
Swansea and West Glamorgan	372,000	201,000	Swansea CB and West Glamorgan including Port Talbot MB and Glyncorrwg UD
Cardiff and East Glamorgan	919,000	335,000	Cardiff CB: Merthyr Tydfil CB: most of the rest of the County of Glamorgan: small parts of Monmouthshire
Newport and Monmouthshire	432,000	334,000	Newport CB: most of Monmouthshire

Common Services provided by the Welsh Hospital Board

I. Services provided for Welsh Hospital Board hospitals and the United Cardiff Hospitals;

(*a*) Computer services
  (i) Hospital activity analysis
  (ii) Compilation of pay rolls (including work for some health authorities in England)
  (iii) Financial records and accounts
  (iv) Stores accounts
  (v) Analysis of medical records for statistical and research purposes.

(*b*) Staff training courses for administrative and nursing personnel.

(*c*) Central supplies service (covering approximately 70% of total Board of Governors supplies expenditure).

(*d*) Cancer registration bureau.

II. Services provided for Welsh Hospital Board hospitals only;

(*a*) Medical and nursing advisory services.

(*b*) Legal services.

(*c*) Organisation and management services.

(*d*) Public relations services.

(*e*) Printing services (some hospital management committees make local arrangements).

(*f*) Domestic services advisory service (from 1970/71).

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