TALKING POINT

Patient participation in a primary care unit

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A recent television programme about democracy in the Health Service showed some of the activities of the Patients' Committee at Aberdare Health Centre. The committee and members of the health staff discussed the difficulty of getting elderly patients into hospital; the film showed how the Age Action Committee—set up by the Patients' Committee—had arranged for street wardens to care for the elderly in each street of a village. Milkmen, postmen, newsagents, and newsboys participate in this scheme; a patient complained about the difficulty in getting a doctor at night; another patient opened up a discussion on patient's rights.

The committee consists of 10 women and 11 men. The health team, particularly the doctors, are convinced that this form of calm and friendly discussion of complaints—there have been only three in the last three years—is the most sensible method of dealing with differences between doctors (or other health staff) and patients, for many so-called "complaints" are often misunderstandings.

Why a patient's committee?

Aberdare is an old industrial town. In our practice there is a tradition of social commitment by the doctors—after the cholera epidemic of 1849 two of them helped to set up the first local health board. One, Dr David Davies, became its first medical officer, in 1863, the first in Wales. And in 1895 he became the first MOH of the Aberdare Urban District Council. My father continued this tradition by his support of the NHS Act of 1911 and was a founder of the local hospital. In 1948 all our family, by then five doctors, supported the NHS Act of that year.

So our doctors held a long-standing belief in the need to take part in improving the health and social services. When the health centre opened in July 1973, we decided to have an elected patients' committee to participate with the health team in running the primary care unit.¹ There are 10 000 patients, who are cared for by six doctors and 10 other members of the health team (nurses, receptionists, etc) and one social worker. As doctors we realise that the experience of six doctors is limited and so it seems sensible to us to tap the varied and unique experience and ideas of as many of the patients as possible. There is no suggestion of confrontation. The aim is quite simply co-operation between the patients and the health team, so that together they can improve the quality of the service.² The service is a national one; it does not belong to the doctors—it belongs to the people. So it is natural that the people should take part in running it.

Functions

The functions of the Patients' Committee

are set out in its constitution: (1) to participate with the doctors and other members of the health team in the running of the primary care service; (2) to consider complaints and improvements in the service; (3) to provide health education, lectures, and discussions, to teach positive and preventive health, including the early signs and symptoms of disease; (4) to communicate the opinions of the patients to other bodies, such as the community health council, the health authority, local authorities etc; (5) to improve the levels of care available; and (6) to set up subcommittees to deal with various aspects of patients' needs.

Any decisions concerning changes in the service will be made with the co-operation and agreement of the health team.

Health education

In a speech by Sir John Brotherston (CMO, Scottish Home and Health Department) in September 1975 he said that parents in the lower classes in Scotland tended to consult their doctors about their children's illnesses less frequently than those in the higher classes, the better educated were more receptive of such things as antismoking campaigns, and the NHS worked on a "come and get it" basis and thus tended to exclude those who for various reasons were incapable of making use of a self care service.³

What he said about Scotland is also true of South Wales, of valley towns like Aberdare in an area where 58% of the working people are manual workers, many in social class V—a group which does not "bother the doctor" often enough or soon enough. Their death and illness rates are the highest and their lives the shortest. The Patients' Committee aims to encourage people to come early in their illness when so many lives can be saved and so much ameliorative treatment provided.

The health team and the Patients' Committee together are teaching positive and preventive health—healthy habits—as well as the signs and symptoms of illness, such as cancer. We want to be something more than simply a "breakdown service" and this is why we have set up an Age Action Committee, supported a social club for the mentally ill, and have held about 90 lectures and discussions during the last few years. The subjects have included the hospital needs of the area, especially for the aged and the mentally ill, the provision of subsidised transport for hospital visitors, six lectures on cancer, a debate on abortion, 50 lectures for old people on "Look after your Health," lectures on occupational diseases, the heart, the lungs, the joints, diet, patients' rights, the use and abuse of drugs, evidence for the Royal Commission, and the sexual and emotional problems of women.

A synopsis of each lecture has been published in the local paper which has a weekly circulation of 14 000.

Identify the patients' needs

Like Sir John Brotherston, we think that "effort should be directed towards the total improvement of services across the board and towards identifying and giving special help to those members of society most in need. . . ." Unfortunately we do not have the personnel, health visitors, or social workers to do the "identifying"—any further reduction by government cuts will make it much more difficult to give "special help to those in need." More not less staff, including doctors, are needed. What we are attempting is to use the great untapped wealth of human understanding to fight disease and to teach the people the standards of care that modern medicine can, but sometimes does not, provide.

The Patients' Committee meets at least once monthly. Members of the health team attend each meeting. The difficulties the doctors encounter in providing a satisfactory service are often presented to the committee by the doctors. A recent example of the outcome is that a deputation of two doctors and three patients will visit the district management team to seek its support for improvements in the hospital services for the aged and mentally ill.

The advice and support of the Patients' Committee has not merely improved communication and understanding by the patients of many of the problems besetting the health staff but these have also been useful in helping the staff to raise standards of care. It is also creating a more educated public who, because of their improved understanding, are able to participate in the "open" form of medicine which is being developed. This means that patient and doctor discuss the probable diagnosis and treatment: why, for example, antibiotics or tranquillisers are not given, or given; and the action and side effects of drugs, etc. The patient is being given the confidence to say to the doctor—"Why?"

Accountability

The NHS produced the most important advance in health care in this country but it also reduced democratic control over the health services. Our practice maintains that the general public should not only participate, by elections, in running the services but they should also be told about how to ensure the highest levels of care that modern medicine can provide. Patients' committees are essential to do this. Government policy is one of delegation downwards to health authorities and accountability upwards to the DHSS. Health authorities are appointed, not elected, and so are not accountable to the local people.

The elected patients' committee, on the other hand, is an example of local democracy and accountability from the health team to the people. Doctors have to be accountable. Why not to our patients whom we know?

References

- ¹ Wilson, A T M, *Journal of the Royal College of General Practitioners*, 1975, 25, 906.
- ² Wilson, A T M, *Lancet*, 1975, 2, 497.
- ³ *Lancet*, 1975, 2, 667.

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