

**The Royal College of Psychiatrists in Northern Ireland welcomes the opportunity to respond to the consultation on Proposed Statutory Rule – the Mental Health (Private Hospitals) Regulations.**

The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioral disorders.

The College has 350 members in Northern Ireland, including doctors in training. These doctors provide the backbone of the local psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

**General Issues**

There is very little detail in the documentation supplied with, surprisingly, few specifics about the role of RQIA in monitoring the admission and treatment of people detained under the Order. This makes it difficult to respond in a structured way to the consultation. In principle, if a private in-patient facility opens in Northern Ireland, then it would be disruptive to a patient's care to have to move to an NHS hospital if they became very unwell, and it might seem logical to permit detention under the Mental Health Order. However the lack of detail about protections for patients is worrying.

The covering letter states that there 'are numerous private hospitals' providing inpatient care elsewhere in the UK. It is certainly the case that the private sector has a major presence, particularly in the provision of low/medium secure services. However it is of note that while the Priory Group has sixteen acute hospitals in Britain, fifteen of these are in England, there is none in Wales, and the only one in Scotland was opened twenty years ago.

**Private Care in Healthcare**

It is of significance that the Scottish Health Minister and Deputy First Minister Nicola Sturgeon stated in October 2011 that the Scottish government would not be bringing in proposals similar to those of Secretary of State Andrew Lansley in England, and that the NHS in Scotland would remain a public service with public funding.

The position of the Minister of Health in Wales is essentially similar.

There has been major controversy in England about the proposed reforms, which are geared to creating a market in healthcare, with all services being opened up to tendering by 'any willing provider'.

The Chair of The Royal College of General Practitioners Dr Clare Gerada has described the original Bill as 'the end of the NHS as we know it'. She, along with numerous other senior figures has pointed out that an NHS based on co-operation, co-ordination and planning is less expensive, more efficient and will deliver better outcomes than profit driven competition based on legally enforceable contracts.

The Commonwealth Fund report of November 2011 noted that compared to 13 other countries the UK NHS is, along with Switzerland, not only cost effective, but is particularly good at coordinating care for people with complex needs (this is of course especially relevant to a region like N. Ireland with high levels of deprivation and morbidity).

To some commentators the attempt to 'marketise' the NHS seems likely to bring it closer to the US system which is characterised by huge cost (over twice that of the NHS according to the OECD), a fear of becoming ill for financial reasons (the majority of American bankruptcies are due to medical bills), and a tendency towards over-investigation, over-diagnosis and over-treatment (because the 'providers' get paid for doing 'things' to patients, whether necessary or not).

With regard to outcomes, as is well known, the American population is much unhealthier than many other affluent, but less rich countries.

The Royal College surveyed its members in England in autumn 2011 and 84% indicated that they wanted the Health Bill withdrawn. Currently the College is liaising with the other Royal Colleges to consider whether all of them should consider formally opposing the Bill.

It is significant that the British Medical Association, which initially gave a cautious welcome to the Bill, has now come out firmly in opposition and is campaigning for its withdrawal. Over the last week the Royal College of Nursing and the Royal College of Midwives have adopted a similar position. Meanwhile senior figures in NHS management have pointed out that at a time when major savings have to be made, a further upheaval and potential fragmentation of the service is already affecting the quality of care.

## **Healthcare in Northern Ireland**

The Health Service in N. Ireland is faced with major financial challenges. The College welcomes the thrust of the Compton Review and its commitment to move services, where appropriate, into the community, with appropriate funding. The College has long championed innovative and progressive practice in Mental Health, and indeed believes that other parts of the Health Service should follow the lead of psychiatry. We welcome the willingness of the Minister and the HSC to take what are difficult decisions; however these must be based upon the core principle of strategic planning for the population in a planned and co-ordinated way, rather than being left to the disruptive and unpredictable vagaries of the market. At this time of financial cutbacks it is

even more imperative than ever that there is a co-ordinated and 'joined - up' approach across all Government Departments to make our system of care, preventative, primary and secondary, as integrated and cost-effective as possible.

The College understands that there has been speculation that The Priory Group plans to open a facility for Young People. However the Planning permission is not age specific.

There is no evidence that we need any extra beds in Child Psychiatry; indeed we could manage with fewer beds if we had properly developed community services. The key priority must be to set up Home Treatment Services with access to the full range of multidisciplinary professionals and support workers. It is surprising that there is so little in the way of Day Treatment. Out patient services should be enhanced and there should be specialist accredited child psychotherapy and family therapy. There is also minimal provision for child forensic and addiction services, despite the fact that young people with these kinds of difficulties are among those most likely to be transferred ( at significant expense ) to Britain.

The experience with Home Treatment in Adult Psychiatry is that the provision of intensive community services has permitted a major reduction in beds. The investment in local Eating Disorder Services has led to a significant reduction in the number of ECRs to England, with consequent financial savings.

The College has no doubt that if the HSC was to invest in intensive services in N.Ireland for CAMHS and Personality Disordered patients there would be a reduction in the number of patients being sent to England. This would have the dual benefits of providing care much closer to home, and saving money for the NHS.

Given the above, to focus on providing extra beds seems rather marginal, if not entirely beside the point. All of us who have an interest in the care of children with mental illness must focus our efforts on developing a modern professional and comprehensive service, delivered in the least restrictive environment.

Poor mental health in children is linked to Child Poverty. Northern Ireland has recently been identified as having 11 of the top 14 council areas in the UK associated with Child Poverty. A recent review commissioned by the coalition government, undertaken by previous Labour Health Minister, and now Social Mobility 'Tsar', Alan Milburn, has recommended that the provision of comprehensive, readily accessible community services, offers the best means of getting children out of poverty.

## **Other Issues**

In England, to guard against a potential conflict of interest on the part of a doctor who is admitting a detained patient to a private hospital it is specified that she/he must not be working (even in a separate unit) for that organisation. In N Ireland the detention is (almost always) initiated by a General Practitioner and the same situation is unlikely to arise. However the College believes the Department should take cognisance of potential conflicts of interest.

The Consultation states that the RQIA will monitor the well-being of patients detained in a private hospital, as it does in the NHS. However it must be remembered that the Freedom of Information Act does not apply to private hospitals (this policy of the last Government was reiterated last year in the House of Lords by Health Minister Earl Howe). This gives cause for concern, as it then becomes very difficult to compare the NHS with the private sector. Statistics from the Care Quality Commission in England show a disturbing rise in the number of people in England subject to compulsory treatment, and the inability to have access to many of the statutory data returns that apply to the NHS, especially in relation to patient-level data sets, causes the College concern. The College reiterates the point made above that it is disappointing that so little detail has been supplied about the precise implementation of the protections for patients who might be detained in a private hospital in N. Ireland.

The final point is that private hospitals are - inevitably- set up on a business model, with the bottom line being based on finance. If a private hospital specialising in Young People were to be set up and was to become a business success it is hard to see the statutory facility at Beechcroft remaining open. But if the private facility were subsequently to make a business decision to close, then N. Ireland would be left with no in-patient child mental health facility (and unlike England there wouldn't be an alternative unit 'down the road').

The response of the private sector to the breast implant crisis - that the NHS has a 'moral duty' to bail out the private providers - illustrates the very serious risks associated with contracting out services to for profit organisations and leaving patients exposed to the exigencies of the 'market'.

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