



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for ~~Social Services~~ Health

1. DM - to see

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REC 6

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Prime Minister 2

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RE/C

7 June 1989

Dear Colleagues,

I am announcing today the names of all those hospitals and units which have expressed an interest in becoming Self-Governing within the National Health Service. I enclose for your interest a copy of today's press release which gives more details and includes a list of the hospitals. Two leaflets are also enclosed which are being distributed to staff in the hospitals and local people. Should you wish to obtain copies for use in your constituencies they are available from my Department's Information Branch on 01-703 7132.

On 20th June a major Conference will be held in London to discuss the further development of Self-Governing Hospitals and interested representatives from across the country will attend. This Conference will be followed by a series of Regional Conferences which will be led by Ministers.

I am sure you will agree that the level of response from the Health Service has been most encouraging and demonstrates that the Government's programme is moving forward in an extremely positive way.

KENNETH CLARKE

ENCS

PRESS RELEASE

Richmond House
79 Whitehall
London SW1A 2NS

Telephone 01-210 5963

89/300

7 June 1989

SELF-GOVERNING HOSPITALS: OVER 170 EXPRESSIONS OF INTEREST

Kenneth Clarke, the Secretary of State for Health, today announced that 178 expressions of interest in self-governing status had so far been notified to the Department of Health.

Well over 200 NHS hospitals and other units are involved, as a number of expressions cover more than one unit.

He said: "I am very encouraged that so many hospitals and other units are interested in becoming self-governing NHS Trusts. Interest has come from all parts of the country and all kinds of unit, wherever people see potential benefit for their hospital and its patients.

"I would stress that these expressions of interest do not carry any commitment on the part of the units to proceed with an application - nor, on my part, that I shall necessarily accept plans in their present form.

[MORE]

"The timetable is flexible. Some hospitals will be ready to become self-governing in April 1991 - the earliest sensible date. But it is not a race and many will be serious candidates whose turn will come later. I have no targets for either the first round in 1991 or for the ultimate total.

"People will want a lot more information on the implications of self-governing status before they come to final decisions. I am taking various steps to provide this.

"First, I am today publishing two short leaflets - one for staff at units which have expressed interest and one for the general public. These will be freely available in the areas of the units concerned.

"Secondly, I am going to repeat the successful exercise which we undertook on the launch of the White Paper of holding a series of conferences to inform staff directly of our plans. There will be a national conference in London on 20 June for those who have expressed interest. I shall then hold a series of regional conferences to explain and discuss the plans with a wide range of staff at those units. I hope that these conferences will be very much a two-way communication: I want to discuss people's questions and their feelings about the plans.

"Thirdly, I am going to provide further detailed information on what self-government will mean, to coincide with the national conference. This will be made available throughout the NHS, to help others who are considering coming forward - there is no time limit on expressions of interest.

"We will be carefully considering with Regions the expressions of interest over coming weeks to identify those candidates which are likely to be front-runners. Similarly, I shall not hesitate to discourage those which are clearly unrealistic.

[MORE]

"In due course, we shall ask the front-runner candidates to establish a small team to take things forward. This team might include people with substantial health service experience and outsiders who carry weight in the unit concerned. The team might work up the application and the service development plan that I will need to decide whether the unit is capable of self-government, once the necessary legislation has been passed.

"My decision in the end will depend on one judgement - will the change be in the interests of the NHS, in the interest of the hospital, and above all else, in the interests of the patients that it serves.

"Our plans for self-governing hospitals are a key part of the NHS reforms. But they are only part of the plans, and real progress is being made on all fronts in taking the White Paper forward."

Notes for editors

1. A list of the units for which expressions have been received is attached.
2. The plans for self-governing hospitals were announced in the White Paper "Working for Patients" (cm 555), published in January 1989.
3. The Chief Executive of the NHS Management Board wrote to Regional General Managers on 14 March, inviting units or people from the local community who are active in the unit's support to make a non-binding expression of interest. Regions were asked to send those received, together with any comments, to the Department by 31 May.

[MORE]

4. The National Conference will be held in London on 20 June.
The programme of regional conferences will be:

27 June	Birmingham
29 June	Nottingham
4 July	Newcastle
6 July	Manchester
11 July	Leeds
13 July	London
18 July	London
20 July	Bristol

5. The two leaflets published today will be available in bulk for units which have expressed interest.

[END]

SELF GOVERNING HOSPITALS - LIST OF EXPRESSIONS OF INTEREST

NORTHERN

Blood Transfusion Service (Northern RHA)
Darlington - hospital & community services
Freeman Hospital, Newcastle
Hartlepool District
Mental Illness Services in Gateshead
Newcastle General Hospital
Newcastle Mental Health Unit
Northumbrian Ambulance Service
Northgate Hospital
North Tyneside District

YORKSHIRE

Bradford - Acute Hospital Trust
Bradford - Psychiatric Unit Hospital Trust
Calderdale Hospitals, Calderdale HA
General Infirmary, Leeds & associated Units - Leeds Western
Grimsby DGH and associated services
High Royds Hospital Mental Health Services, Leeds Western
St James's University Hospital, Leeds Eastern
Seacroft & Killingbeck Hospitals, Leeds Eastern
Wakefield District - Mental Health Unit
Wharfedale General Hospital, Leeds Western

TRENT

Bassetlaw Hospital and associated community services
Doncaster Royal Infirmary and Maxborough Montagu Hospital
Lincolnshire Ambulance and Health Transport Service
Nether Edge Hospital, Sheffield
Northern General Hospital, Sheffield
University Hospital, Nottingham
Royal Hallamshire Hospital, Sheffield
Sheffield Children's Hospital
South Lincolnshire Mental Handicap Services

EAST ANGLIAN

East Suffolk Psychiatric Services
Newmarket General Hospital
Peterborough DGH, Edith Cavell DGH, Stamford & Rutland Hospital
Queen Elizabeth Hospital, Kings Lynn and associated services
West Norfolk and Wisbech HA Community Services

NW THAMES

Central Middlesex Hospital
E Herts Acute Services Unit
E Herts Priority & Community Services Units
Harefield Hospital
N Herts Hospital & Community Services
NW Herts Priority Services Unit
Northwick Park Hospital
Mount Vernon/Hillingdon Hospitals with ass. Community Services
Westminster & Westminster Children's Hospitals

NE THAMES

Basildon & Thurrock HA
Brentwood Community Hospital
City & Hackney HA
Central North London Mental Health Unit
London Hospital
Mid Essex Acute Unit
Royal Free Hospital + North Middlesex Hospital
Royal London Homeopathic Hospital
Royal National Orthopaedic Hospital
Royal National Throat Nose & Ear Hospital
St Bartholomew's Hospital
St Margaret's Hospital, Epping
St Peter's Group of Hospitals
Southend Acute Unit
Tavistock & Portman Clinics
Harwich Hospital
North East Essex Acute Unit
North East Essex Mental Handicap Unit
North East Essex Mental Health Unit
Waltham Forest Mental Health Unit
West Essex Priority Care Services

SW THAMES

Croydon HA - Community Unit
Croydon HA - Mental Handicap Unit
Croydon HA - Mental Illness Unit
East Surrey HA - Acute and Community Services Unit
Kingston and Esher HA - Kingston Hospital
Mid Downs HA - East Unit
Mid Downs HA - West Unit
Mid Surrey HA - General (Acute) Unit
Mid Surrey HA - Mental Illness Unit
North West Surrey HA - Acute Unit
North West Surrey HA - Mental Handicap & Mental Health Units
St George's Group Trust, Wandsworth HA
St Helier & Sutton Hospitals, Merton and Sutton HA
South West Surrey HA - Acute Unit
Worthing and Southlands Hospitals, Worthing HA
Weybridge Hospital

SE THAMES

Bexley HA - Mental Health Community Services
Brighton HA - main acute and long stay hospitals
Bromley HA
Camberwell HA
Conquest Hospital, Hastings HA
Dartford & Gravesend HA - Planned DGH
Eastbourne Hospitals - Eastbourne HA
Guy's Hospital
Lewisham & N Southwark HA - Mental Illness Services
Lewisham Hospital

Maidstone DGH

Queen Mary's Hospital, Sidcup+Erith & District Hospital+Community

Queen Victoria Hospital, E Grinstead

St Thomas' Hospital

Sevenoaks Hospital

SE Kent HA - Community Services

SE Thames RHA Commercial Services Directorate

Tunbridge Wells Mental Handicap Unit

West Lambeth HA - Priority Care Unit

William Harvey & Buckland Hospitals - SE Kent HA

WESSEX

Bournemouth Acute Unit, East Dorset HA

Christchurch Hospital, East Dorset HA

Lymington Hospitals, Southampton HA

Mental Health Services, East Dorset HA

North West Wiltshire Commercial Service, Bath HA

Psychiatric Division, Basingstoke HA

Royal National Hospital for Rheumatic Diseases, Bath HA

Swindon HA - All District Services

Treloar Chase Unit, Basingstoke HA

West Dorset HA - All District Services comprises 1,2, or 3 trusts

OXFORD

Nuffield Orthopaedic Centre, Oxford

S. WESTERN

Avon College of Health

Bristol Royal Infirmary Acute Services

Bristol Paediatric Services

Bristol Homoeopathic Hospital

Cheltenham & District

Cornwall Mental Handicap Unit

Cornwall Primary Care Services

East Cornwall Acute Services

East Somerset(Yeovil):Acute/Primary Care Services+Yateman Hosp.

Exeter Primary Care Services

North Devon DHA

Supplies Function - Regionwide (South Western RHA)

Torbay DHA

West Cornwall Acute Services

Weston Unit, Bristol & Weston HA

West Somerset (Musgrove): Acute Services

Wonford Acute Services, Exeter

WEST MIDLANDS

Alexandra DGH/Acute Services Unit (Bromsgrove & Redditch)

Bridgnorth Cottage Hospital (incl. community) (Shropshire)

Bromsgrove Community Unit (Bromsgrove & Redditch)

Mid Staffordshire Community Unit (Mid Staffordshire)

Coventry and Warwick Hospitals (incl. Paybody) (Coventry)

Ellesmere Cottage Hospital (Shropshire)

Good Hope DGH/Northcroft/Jaffray/Community (N. Birmingham)

Hayley Green Hospital (Dudley)

Highcroft, Mental Illness Hospital (N Birmingham)
Lady Forrester Cottage Hospital (Much Wenlock, Shropshire)
Manor DGH/Acute Services Unit (Walsall)
Oswestry & District Hospital (inc Community) (Shropshire)
Robert Jones & Agnes Hunt Orthopaedic Hospital (Shropshire)
Royal Orthopaedic Hospital (South Birmingham)
Royal Shrewsbury Hospital (Shropshire)
Rugby District
St George's Hospital/ Mental Health Unit (Mid Staffordshire)
St Margaret's, Mental Handicap Hospital, (Walsall)
Walsgrave DGH, Coventry

MERSEY

Arrowe Park and Clatterbridge Hospitals
Broadgreen Hospital, exc. Mersey Regional Cardio-Thoracic Unit
Cranage Hall, Crewe
Crewe, Psychiatric and Community Services
Halton, combined Hospital and Community Services
Halton, Community Services
Leighton Hospital, Crewe (Acute Services)
Liverpool Community Health Services
Liverpool Dental Hospital
Liverpool Mental Health Services
Liverpool Obstetrics and Gynaecology Services
Liverpool Regional Cardio-Thoracic Unit (RACTU)
Macclesfield Community and Mental Handicap Services
Macclesfield DGH (Acute Services)
Macclesfield Mental Health Services
Royal Liverpool Children's Hospital (Alder Hey)
Royal Liverpool Hospital
St Helens & Knowsley Community Health Services
Southport DGH (Acute Services)
Southport & Formby Psychiatric/Community Services
Walton and Fazakerley Hospitals, South Sefton
Warrington DGH
Whiston and St Helen's Hospital
Wirral Community and Support Hospitals

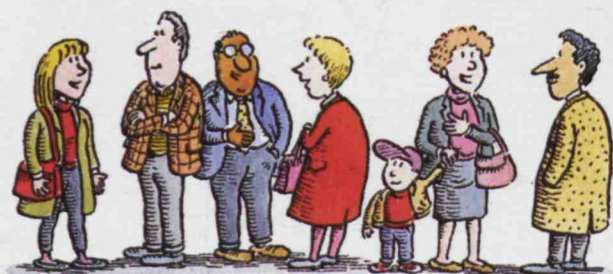
NORTH WESTERN

Christie Hospital, South Manchester HA
Manchester Royal Infirmary+St Mary's Hospital+Royal Eye Hospital
Royal Preston Hospital, Preston HA
South Manchester HA Community Unit
Stepping Hill Hospital + Stockport Infirmary, Stockport HA
Wrightington Hospital, West Lancashire HA

SHA

Eastman Dental Hospital

*Self-Governing
Hospitals: what they will
mean for local people*



THE HEALTH SERVICE

CARING FOR THE 1990s

WHAT IS A SELF-GOVERNING HOSPITAL?

Earlier this year the Government announced a programme of reform to strengthen and modernise the Health Service so that it can care for patients even better than it does now.

Throughout the Health Service people in local hospitals will be given much more freedom to get on with the job of caring for people. As part of that process hospitals and other health service units will be able to become **self-governing while remaining completely within the NHS.**

"Self-governing hospitals will remain as much a part of the National Health Service as ever"

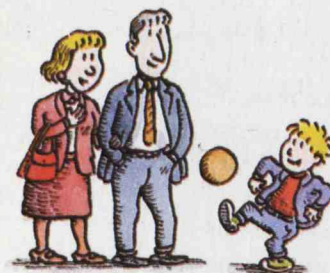
So how will those self-governing hospitals be different?

- Each hospital or unit which chooses to be self-governing will become a non-profit making "NHS Hospital Trust" and will be run by its own local board.
- Self-governing hospitals will have much more freedom to take control of their own affairs. At the moment too many decisions affecting local services are made by regional administration and in Whitehall.

By cutting this red tape, your local hospital will be much better able to provide what patients want and need. The best decisions on local services are the ones made by the doctors, nurses and managers who deliver care locally.

- Under the Government's new system for distributing taxpayers' money to the NHS, all hospitals will be paid for the work they actually do. The hospitals which attract more patients by providing the kind of care and personal service that patients and their GPs want will receive more money.
- A self-governing NHS hospital will be obliged to deliver all the services to patients which must be provided by that particular hospital in order to guarantee all essential local services.

The Government believes that patients should always come first in the Health Service. You should receive individual, reliable appointment times and useful information and explanations of what is happening. There should be proper facilities in waiting areas. A friendly, personal service is a part of your rights as a patient.



THE HEALTH SERVICE – OPEN TO ALL

The Health Service has always aimed to provide the highest standards of service and the best quality health care to everyone. The Government's reforms build on these basic principles:

- NHS patients will continue to receive their medical treatment free.
- As now, every part of the Health Service will continue to be open to all on the basis of medical priority, regardless of income, and financed mainly out of general taxation.
- Self-governing hospitals will remain as much a part of the National Health Service as ever.
- District Health Authorities will continue to have a duty to see that their local population has ready access to a full range of health services. Indeed, this will become an even more important part of their job. Essential local services will still be there.
- Of course the elderly and the chronically sick will continue to receive the health services they need. Districts will have a legal duty to provide those services for them.
- The teaching and training of doctors and nurses is an important investment in the future of our Health Service. The Government is committed to supporting these activities.

"A full range of NHS services will continue to be available freely to all"

The NHS will certainly continue to get increasing amounts of taxpayers' money each year.

The Government's wider reforms build on all that is best in the NHS. But they recognise that the NHS does not work everywhere or for everyone as well as it should or could. By giving the patient a bigger say, and by spending more on those parts of the NHS that make best use of their resources, the performance of all parts of the Health Service can be raised to the level of the best.

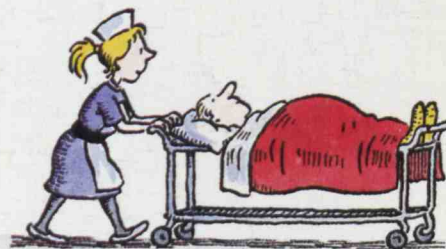
TIMETABLE FOR CHANGE

The Government wants to introduce self-governing hospitals as quickly as common sense allows. Subject to Parliament's approval for the necessary legislation, the first hospitals and health service units could become self-governing on 1 April 1991. Many more may become self-governing later.

So far, individual hospitals and units have only **expressed an interest** in the idea of becoming self-governing. They want to know more about this proposal, which has the potential to offer hospitals and patients a great deal. If your local hospital or health service unit has done this, it means that they are now exploring what it would mean for them without commitment. Naturally, a lot of detailed questions need to be answered over the next few months before any decision could be made.

If leading figures in your local hospital or unit **choose** to apply to the Secretary of State for Health to become self-governing, they will need to produce detailed information about their plans and what is likely to be involved. All of those concerned – including local members of the public and the staff of the hospital – will have the opportunity to express their views.

The aim of self-governing hospitals is to strengthen the Health Service. They will be locally managed, with much more local pride and local commitment in the hospitals and their achievements. In the 1990s the Government wants to see a new-look Health Service, more in tune with what patients want and need, and more rewarding for those who work in it.



*Self-Governing
Hospitals: what they will
mean for their staff*



THE HEALTH SERVICE

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HOW WILL YOU BE AFFECTED AS A MEMBER OF STAFF?

If your hospital or health service unit becomes self-governing:

- Your hospital will remain as much a part of the NHS as ever and you will remain an employee of the National Health Service.
- Arrangements will be made for you to transfer your existing employment with the Health Authority to the new NHS Hospital Trust. Unless you agree something different with the Trust, you will retain your existing contract of employment, subject to any technical changes concerning the change of employer.
- You will continue to be eligible for membership of the NHS pension scheme and your benefits will continue to be guaranteed as before.
- Self-governing hospitals will be able to set their own rates of pay to help them overcome local difficulties in getting the staff they need and to reward good performance.
- Your hospital will have far greater flexibility to ensure that you can share in the benefits as the hospital becomes increasingly successful in attracting more patients through providing high quality and cost effective care.
- Consultants in self-governing hospitals will be eligible for NHS distinction awards.
- The teaching and training of doctors and nurses is an important investment in the future of our Health Service. The Government will ensure that special arrangements are made so that hospitals are properly funded to continue this work. Training will still need the approval of the relevant professional bodies. Where necessary, self-governing hospitals will be obliged to play their part in this.

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