

## A survey of attitudes to NHS reform among consultant psychiatrists in trust administered hospitals

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Most previously published opinion has indicated that the medical profession is predominantly opposed to the package of NHS reforms outlined in the Government's white paper *Working for Patients* and especially opposed to the administration of hospitals by self-governing trusts (Lister, 1990). Yet only Whitfield *et al* (1989) can claim to have independently and directly polled the opinions of a representative sample of a defined population of doctors on this subject, and their survey was published two years before NHS reform began to impinge on hospital practice.

This survey was intended to register the opinions, and the strength of feeling with which those opinions were held, either for or against various aspects of the NHS reforms, among all consultant psychiatrists employed by trust administered hospitals.

### *The study*

A complete list of 57 NHS trusts (established 1 April 1991) was obtained from the Department of Health. The department of psychiatry at each constituent hospital was contacted by telephone to establish whether or not the mental health services provided on that site were now trust administered. There was confusion over the administration of psychiatric services at three hospitals, and these were not surveyed. From the most recent edition (1990) of the *Medical Directory* a list was compiled of consultant psychiatrists working at hospitals constituting NHS trusts. The accuracy of this list was checked by telephone enquiry of the departments of psychiatry at the relevant hospitals.

Each consultant psychiatrist identified in this way as a trust employee was sent a short questionnaire designed to elicit his or her opinions and early experiences of psychiatric practice in a trust administered unit. Nine specific questions were asked and respondents were requested to indicate their strength of feeling in response to each question on a 7-point scale (1 = extremely critical/pessimistic; 4 = neutral; 7 = extremely approving/optimistic). The questionnaire also allowed respondents an open-ended opportunity to make any further comments they

wished. The survey was conducted over two months, July–August 1991.

### *Findings*

#### **Trusts and psychiatry**

Of the 57 trusts listed by the Department of Health, 35 were *not* providing hospital-based mental health services. In some such cases (e.g. Northumbria Ambulance Trust) the units now administered by a trust had not provided mental health services before 1 April 1991, but in other cases (e.g. Northern General Hospital Trust) it seemed that mental health services had been selectively omitted with the change to trust status and continued to be directly managed (as before) by the relevant district health authority. Only 22 hospital trusts were certainly employing consultant psychiatrists. They were geographically dispersed, with at least one trust in each of the English health regions.

#### **Trusts and psychiatrists**

One hundred and fifty-four consultant psychiatrists were employed on in-patient units by hospital trusts and 111 (72%) responded to our enquiry. The sample comprised 75% men and 25% women and their median date of qualification was 1969. At least one psychiatrist from each of the trusts responded to the survey and more than five responses were received from 11 of the trusts.

#### **Questionnaire analysis**

(a) In response to eight of the nine questions asked, the modal response was “neutral” or “no change”. In response to the question concerning the general principle of trust administration, the modal response was “completely opposed”.

(b) The data were categorised as follows: response in the range 1–3 on the original 7-point scale was classed as “negative” and response in the range 5–7 as “positive”. The numbers of “negative” consultants were compared with the numbers of “positive” consultants by binomial test (therefore neutral

respondents were excluded from this analysis). The number of "positive" consultants significantly exceeded the number of "negative" consultants in response to questions concerning the time allowed to prepare for trust status ( $P < 0.004$ ); their freedom to exercise clinical judgement ( $P < 0.0001$ ); and their expectation of future financial resources ( $P < 0.0001$ ).

(c) In order to take account of the strength of feeling with which consultants held their opinions, the distributions of response within the "positive" and "negative" categories were compared. "Negative" consultants registered their opinions with significantly more strength of feeling than "positive" consultants in response to questions concerning the general principle of trust administration and future financial resources (ANOVA:  $P < 0.05$ ).

(d) Attitudes to the principle of self-government were most closely correlated with specific concerns over quality of patient care ( $P < 0.001$ ), financial resources ( $P < 0.001$ ), and freedom to exercise managerial judgement ( $P < 0.001$ ). The responses to questions concerning financial resources and quality of patient care were also strongly correlated with each other ( $P < 0.001$ ).

(e) Two questions were asked concerning the adaptability of psychiatry to trust status. The first question asked respondents to rate their pre-April *anticipation* of how psychiatry would adapt to trust status; the second asked respondents to rate their post-April *experience* of psychiatry's adaptability to trust status. Comparison of responses to these two questions (mean scores 3.68 and 4 respectively) by a paired sample t-test was statistically significant ( $P = 0.035$ ). The  $P$  value shows that since April 1991 there had been a marginal shift towards the view that psychiatry is adaptable to trust status.

### Comment

These findings confirm previous reports that medical attitudes towards the general principle of trust administration are predominantly hostile. Of 104 consultant psychiatrists sampled, 53% were opposed, 33% in favour, and 15% undecided. Furthermore, the strength of feeling with which consultants identified themselves as opposed was significantly in excess of the strength of feeling with which they identified themselves as in favour. Overall attitudes to the principle of self government were most closely related, in order of importance, to con-

cerns over quality of patient care, financial resources, and freedom to exercise managerial judgement.

However, consultants were most markedly pessimistic about the future financial resources available to them under trust administration. This was borne out by the highly significant excess of numbers of "negative" consultants compared with "positive" consultants, and by the significantly greater strength of "negative" feeling compared with "positive" feeling to this question. Questions concerning freedom to exercise clinical judgement and the time allowed to prepare for trust status also provoked relatively "negative" reactions.

There was evidence for a marginal shift of retrospectively reported consultant opinion since April 1991 towards the view that psychiatry could be adaptable to the conditions of trust status, which might reflect the pragmatic adaptability of consultant psychiatrists themselves. Further studies will be needed to assess how enduring this trend of change in attitude will be once the full implications of NHS reform are manifest, either for good or ill, at the level of routine psychiatric care.

Of consultants, 72% responded to this survey, indicating a high level of professional interest in the process of NHS reform, and suggesting that the results are representative of all trust employed consultant psychiatrists. However, they cannot certainly be assumed to represent the attitudes towards NHS reform of trust employed consultants in other specialities, or of consultant psychiatrists employed by directly managed units.

### Acknowledgements

The authors wish to thank all the consultant psychiatrists who responded to their enquiry; and Drs Jenny Bearn and Claire Capstick for their constructive criticism of draft versions of this paper. This research was approved by the Ethical Committee of the Maudsley & Bethlem Royal Hospital and the Institute of Psychiatry.

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