LETTER FROM WESTMINSTER

Mr Fowler's election diary

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Parliament resumed this week for possibly its last full term before a general election, if it turns out to be a June poll. The political indicators point ever more strongly to an election in 1987. Consider the prognosis, beginning with a Queen's speech tailored on the short side. Then there was an extra £4.25 billion on public spending in the autumn statement. Now the budget in March is being primed for tax cuts on the strength of revenues from oil, value added tax, and income tax that will be higher than were forecast. You don't need a crystal ball to see all that as a classic scenario for an election.

Westminster, meanwhile, braces itself for the long haul until Easter as the government clears the decks. The health services can be expected to feature prominently in the election preparations, and it so happens that the Department of Health and Social Security has an agenda conveniently suited to that purpose. If an election consists of promise before performance the Secretary of State for Social Services, Mr Norman Fowler, is ready to contribute to the full. He has a well timed succession of ripening plans. Let us glance at his diary for the early months of 1987.

Pencilled in somewhere around April must be an entry, "Primary health care white paper?" Discussion on Mr Fowler's overrated *Primary Health Care: Agenda for Discussion* ended on 31 December, but it would be a mistake to assume that the Secretary of State will bend to the weight of adverse opinion and do nothing this side of an election. The central proposal for a good practice allowance may well be dead, but some form of incentive by way of performance related pay is still on the cards for general practitioners.

Nor is there likely to be a retreat from some other proposals affecting family practitioners, such as amending the rules on retirement, recasting practice arrangements in the inner cities, revamping the complaints procedure, and other tinkering in the name of improving the scope and quality of primary care.

Hospital doctors, too, must figure in Mr Fowler's diary, with a reminder to do something about last summer's consultative document on medical staffing, especially since it concluded with the statement: "It is to be hoped that the implementation of these proposals could begin by 1 January 1987." All that happened on 1 January was that the author of the document, the late minister, Mr Barney Hayhoe, received a knighthood. It will be for his successor, Mr Tony Newton, to knock some heads together and, as a first step, put up the cash to expand the number of consultants fairly quickly. Even so, the advent of a new career structure for hospital doctors will be less of a big bang than a drip drip.

What else is there for the election pot? Action can be expected soon on Mr Fowler's initiative to reduce surgical waiting lists. He will announce the first allocations from the £25m being set aside to finance schemes to cut waiting times. Now that the AIDS leaflet drop has begun we can expect it to be followed by extra back up finance for treatment. The experimental distribution of free needles to drug users will begin, and the government will hand the whole awkward business of the AIDS campaign to the new special health authority headed, presumably, by Sir Brian Bailey, chairman of the Health Education Council, which is to be absorbed into the new authority.

Another breakthrough in preventive medicine will come with a new national drive for breast cancer screening by mammography. Ministers have received the Forrest report on the efficacy of such

screening. Labour has tried to pre-empt Mr Fowler by saying it would compel health authorities to introduce a comprehensive cancer screening service.

Whether the election comes sooner or later, Mr Fowler's diary can easily double as his manifesto. Yet I wonder if it can beat an item I spotted buried in the DHSS's annual report just after Christmas. It said: "Children born in the years 1982-84 can expect a life span two years longer than those born 10 years earlier." How is that for an election claim? Work on it, Norman.

Twenty five years of hospital building

It was in Harold Macmillan's time as prime minister—long before he became Lord Stockton, the elder statesman—that many of today's new hospitals were planned. They were days of high excitement. No large new hospital had been designed or built for 50 years. A brave new world of medicine lay ahead.

Twenty five years later how has it worked out? The bout of hindsight induced by Lord Stockton's death prompts the question. It so happens that some answers are available. They relate specifically to Scotland but clearly have wider application. Everyone has a hospital horror story of roofs that leak, floors that crack, and lifts that don't work. Buildings designed in the 1960s have become the hospitals not of the 'seventies but of the 'eighties.

Last year the Select Committee for Scottish Affairs decided to look at new hospitals in Scotland, where the anecdotal evidence suggested something was badly amiss. The inquiry into the facts is complete and the committee will soon turn to compiling what is likely to be a revealing report.

Equipping the health service with the hospitals it needs has proved to be a Herculean task, and there is scope for those involved to be proud of the overall result. But how different it all turned out from the white paper of January 1962, when Enoch Powell was health minister. Then it was a 10 year programme of which Mr Powell said: "We must indeed ensure that the plan moves inexorably into effect."

How interesting now to recall that in the same 1962 debate his Labour successor, Kenneth Robinson, also prophesied: "I believe it could easily be 20 years before this 10 year plan is realised." We now know who got it right, though, as it turned out, Mr Robinson was accurately predicting delays over which a Labour government presided.

But it seems clear that no administration is going to escape censure for the inefficiencies to be catalogued by the Scottish select committee, which could just as readily be exposed in England. By and large, new hospitals have taken twice as long and have cost twice or three times as much as was first thought thanks to a mixture of excessive red tape, financial restraints, inflation, and jerry building. A period of 15 to 20 years between approval and commissioning is not unusual.

But the DHSS is nothing if not optimistic. Twenty five years after the first white paper on hospital plans the DHSS's latest annual report bravely claims that today's procedures for building hospitals have "largely eliminated the escalating costs and late completion which were frequent problems in the past." A survey of 36 major schemes completed since 1980 shows an average cost overrun of only 1.7% and a time overrun of 4.2%. For pre-1980 schemes the overruns were massively greater, at 11.6% and 27.9%.

As Macmillan might have said, we've never had it so good.