LETTER FROM WESTMINSTER

Financing the National Health Service Ltd

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Two attempts by parliament this month to take the pulse of the National Health Service have produced conflicting readings. One shows it to be in good shape while the other suggests that it is dying on its feet. A health service suspended between breakthrough or breakdown is a familiar condition for the NHS, but the latest scrutinies are highly informative.

The first is from the government in the form of the public expenditure white paper showing spending plans for the remainder of the decade (Cm 56, Vols I and II; HMSO, £27.20). The 20 pages devoted to the NHS are clearly devised to dispel doubts about its wellbeing. Onward and upward it goes, according to the Treasury's statistics and charts. Let us for the moment take the figures at their face value, for they are not unimpressive.

In eight years of the Thatcher government spending on the NHS will have risen, in real terms—that is, discounting inflation—by 26%. On the family practitioner services it has gone up by 37% and on hospitals and community health by 21%. In cash terms a health service that cost £7.5 billion in 1978 will have topped £20 billion by 1988.

Services have increased substantially through higher spending and improved efficiency, the white paper claims. The health of the population has benefited. Perinatal mortality has fallen from 15.4 to 9.8 per 1000 births. The death rate for all age groups has also fallen significantly, by up to 32% in children and 14% in young adults. Better living conditions and changed lifestyles will have contributed to these improvements, but the NHS can share the credit.

Pressure on the health services in the years ahead is expected to come mainly from four directions—the elderly, community care outside hospitals, drug misuse, and the acquired immune deficiency syndrome (AIDS). The NHS is committed to take full advantage of advances in medical technology and to remedy “known shortfalls” in certain surgical areas. This will mean more operations for coronary disease, hip replacements, cataracts, and bone marrow transplantations.

Since 1978 the numbers of inpatients have increased by 18% and of day patients by 71%. Contrary to assertions that the NHS is doing no more than keep up with the pressures of the day, the white paper states specifically that the expansion of hospital and community care services has been sufficient to match the growing number of elderly people and to make marked improvements.

Reporting a steady increase in the use of family practitioner services since 1978, the white paper goes on: “The primary health care services are of fundamental importance to the public. They are used far more than any other part of the health service. Money spent on primary health care can limit the need for more expensive treatment in hospitals.” The forthcoming review of primary care, it adds, will bring forward proposals for reforming the services to target expenditure on priorities and improve value for money in providing patient care.

Meanwhile, the average list size in general practice has fallen to just over 2000 while the number of general practitioners in England has risen to 24 486, from 21 040 in 1978. It is noted that this

expansion by 16%, along with more dentists, opticians, and pharmacists, has been much greater than the growth in the population.

Unimpressed medical lords

So much for the white paper. Its veracity is not in question, any more than would be the annual report of a large company out to impress its shareholders. The government has every justification to give a good account of the National Health Service Ltd.

But there are always a few awkward shareholders to provide a corrective, and sure enough they turned up in the House of Lords on 21 January for a debate on the impact of private enterprise on the NHS. What was intended as a political broadside against private cleaning or catering contractors was hijacked by medical peers in order to discuss standards of clinical care in the NHS. They were not impressed.

Despite the amorphous millions bandied about in the white paper the consensus was that a comprehensive health service can no longer be adequately funded by taxation alone, without the support of private practice, Lord Smith, a founding father of the NHS and a former president of the Royal College of Surgeons, declared: “I feel, as nearly all doctors feel, that the NHS is afflicted by a sickness which provides in medical terms less and less for patients year by year.”

In 1948 a patient with angina pectoris would be given medication costing a few shillings. Today there would be intensive tests and probably cardiac surgery at a cost of thousands of pounds. “There is a lack of money to pay for medical advance. We cannot afford all things for all people,” Lord Smith said.

The health service could not properly survive without reversing the trend against privately funded beds. He urged the DHSS to call a conference of the BMA and presidents of the royal colleges to work out a place for private enterprise in the NHS—a suggestion that Lady Trumpington, junior health minister, promised to consider.

Another past president, Lord Porritt, quoted Aneurin Bevan as saying that in an ideal world we would all be private patients. Lord Porritt said that governments could face up to the health bill only by cutting standards or raising taxation. It was essential to find some viable alternative to make sure that we did not lose for ever the position of prestige of British medicine. Lord Porritt favoured a mix of state, private enterprise, insurance, charity, and even lotteries to finance medical care.

“It has become a dire necessity that we practise selective medicine,” he said. “The selection is being made by the wrong people—by politicians for financial reasons instead of doctors for medical reasons.”

Lord Hunter of Newington saw no reason why private wings could not be built on to NHS hospitals and run by the staff, using NHS laboratory and x ray facilities at commercial rates, while Lord Harris of High Cross, in the course of a lesson in free market economics, spoke of the anaemia of the NHS being due to relying on the thin gruel of public finance.

After the white paper's £20 billion of “thin gruel” it is clear that the newly formed national union of peers and earls has nothing to learn from the more familiar national union of public employees when it comes to raising the stakes.