LETTER FROM WESTMINSTER

NHS on "right track," says minister

JOHN WARDEN

To Westminster insiders Tony Newton is one of the discoveries of the Thatcher administrations. Ministers who can handle the politically sensitive subjects of health and social security do not overcrowd the Conservative benches. Newton is one of these rare birds.

He has proved himself during nearly five years as minister for social security and, for the past five months, as minister for health. So much so that his contemporaries freely tip him as the next Secretary of State for Social Services, taking the Department of Health and Social Security into the 1990s. Their prediction is soundly based on a parliamentary performance that has consistently left the opposition outdebated in areas which Labour tends to regard as its home ground.

His appointment as minister for health last September was rather eclipsed in the public view by the flamboyant Mrs Edwina Currie as his under secretary of state. Her arrival disconcerted some Tories but left Newton typically unruffled, as is his character.

For someone who resolved on a political career while at university—he was president of the Oxford Union in 1959—Tony Newton's next 20 years gave little hint of the minister whose place in a future cabinet is now so widely taken for granted. A patient preparation in the backrooms of the Conservative research department, rewarded by an OBE, preceded his election as member for Brentwood in 1974 and a parliamentary apprenticeship in the whips' office. Now, close to 50, he is making ground fast.

Should it happen that he does succeed his close friend Norman Fowler as Secretary of State it will mean an unbroken continuity of command at the DHSS by the Conservative centre left.

"I don't think you'll find Tony is a member of BUPA," one of his parliamentary colleagues remarked about the new minister for health. Indeed he is not, as I confirmed when we talked last week in the DHSS building at the Elephant and Castle, which has been his one and only ministerial home. Not surprisingly, I found a minister totally committed to the National Health Service, even though he admits that the move from social security to health was quite a culture shock. Having taken stock this is what he finds.

"The health service is going through a period of major reshaping. It is being changed from being an administered service to being a managed service. That is very important, and more significant than most people have yet appreciated. The drive towards better management and accountability is essentially to improve the way in which policy is translated into action. It is designed to make the direction laid down by government and parliament more effective in shaping the service, but by a different route than ministers seeking to interfere with every decision.

"It is now much more an organisation where responsibility for performing service tasks is clearly identified in a way which is relatively unfamiliar in the health service, but is coming to be accepted. It means expecting managers to make their own decisions within a stated profile, and letting them get on with the job. The managers are expected to deliver what is asked of them.

"I am not pretending it is not causing some difficulties, but I sense

people are beginning to see the advantage of it. Quite a lot of people who have been in the health service for years now begin to see themselves being better placed to deliver and beginning to get value for money. We still have a long way to go."

As minister for health Mr Newton took on the role of chairman of the NHS Management Board in what could be seen as a retreat from devolved responsibility. Has the much vaunted management board become merely an administrative arm of the DHSS? That is a proposition that the new minister does not accept.

"Management and administration are intellectually separable. In practice they are interlinked all the time, which in my view is the case for having the minister as chairman of the management board. Managerial decisions have political implications and that cannot be ignored where the minister is responsible to parliament."

Nor does he share the view that the NHS is largely held together with sticking plaster and in danger of collapsing under the strains being put on it. His judgment is that the service is keeping pace with the effects of demographic change and medical advance. "It clearly has not gone at a rate which has satisfied all those in the health service. I would be foolish to suggest there would not be people who would wish to see resources larger than they are. But there has been a substantial increase which reflects ministers' acknowledgment of medical advance and the importance people attach to the NHS."

Anyone who imagines that there will be a calculated shift towards private medicine under continuing Conservative rule will have to reckon with an agnostic Mr Newton. "I do not have a doctrinaire view about it at all. I see pragmatic cooperation between the sectors where it makes sense for both. I am not telling authorities they must use the private sector. On the other hand we don't tell them it is wrong in all circumstances. We encourage them to consider it as one of the options. Just as I am personally opposed to the doctrinaire antiprivate sector position of the Labour party, I am not interested in a doctrinaire imposition of private care on the health service."

But would a free health service at the point of delivery be sustainable in the 1990s? Mr Newton replied: "I would foresee at this moment no tremendous change there. We have no great scheme for introducing wide ranging charges."

With an election manifesto in the making I wondered what prospect there was for radical change in the health service. The answer apparently is very little. "My view is that we have already made significant changes, not least in the approach to management policy. I am sceptical about anything that can be seen as yet another great structural upheaval. I am inclined to submit we are now in a period of stability—not in any sense stagnation—but we are now on the right track and we can see progress down that track. The primary problems facing the health service are to carry through the modernisation of the capital stock, and alongside that to modernise the way we care for patients. We are seeking to change the approach to quite large areas of care, especially towards care in the community."

Yes, that would increase the importance of the general practitioner and the need for a good relationship between the GP, the hospitals, and the local social services. On the government's proposals for primary care Mr Newton hopes to be able to give "a clearer indication of the direction" before a general election, though policy decisions and implementation will require further consultation.

As he sees it the NHS is in good shape. "The strongest impression I have is of a service very much responding to challenges, especially the change in administration and management."