LETTER FROM WESTMINSTER

A former health minister looks back—and forward

JOHN WARDEN

Eight years ago at this time, in 1979, the Labour government was on its last legs and the country was emerging from a winter of strikes that had brought picket lines outside hospitals. In a few weeks Mrs Thatcher would be Prime Minister, elected on a Conservative manifesto which said this of the NHS: "In our National Health Service standards are falling; there is a crisis of morale; too often patients' needs do not come first. It is not our intention to reduce spending on the health service; indeed we intend to make better use of what resources are available. So we will simplify and decentralise the service and cut back bureaucracy."

The man she put in day to day charge of carrying through that task was Dr Gerard Vaughan, an MP since 1970, who became the first Minister for Health in a Thatcher administration, spanning its initial three years. Now Sir Gerard Vaughan MP, and no longer in the government, it seemed that a decent enough interval had elapsed to invite him to reflect on the health service as he views it in 1987. Gerry Vaughan is one of those politicians who tend to be too honest for their own good, which makes what they say worth listening to.

During our conversation in the Commons tearoom he made no pretence that all is well with the NHS after nearly eight years of Conservative rule: "There has been an enormous increase in funds, from £6 billion to £20 billion. Where has it all gone? Has it gone into a better service? No—but not for want of trying on the government's part. There are more doctors, more nurses, more scanners, more dialysis, and more operations being done. It is certainly a better service in terms of quantity. On the other hand, waiting lists are the highest for years. The pressures on the nursing staff are so great that the actual standards of care have fallen. The saddest thing for me is that we have marvellous work in the wards—I am very proud of the health service—but the caring aspect is not as good as it used to be because people feel in these big hospitals they are part of a huge machine."

From that assessment it seems that the first two objectives of the 1979 manifesto—rising standards and improved morale—are still to be met. But what can be measured is a steady increase in NHS spending and the diversion of resources to patient care.

I remember the newly appointed Dr Vaughan on early visits to health service outposts expressing horror at what he found, like banks of expensive typewriters lying unused, multimillion pound car parks, and boilerhouses constructed for 1000 bed hospitals that were never completed. By the time he left the department arrangements were well in hand to dispose of surplus land and to limit new hospital designs to around 600 beds.

Between 1979 and 1982 Sir Gerard's principal achievements were to win the independence of the family doctor from the health authorities and the passing of the 1980 Health Services Act, which allowed the government more say in how NHS money was spent. He regrets, however, that for too much of the time he was sidetracked into overhauling the machinery of the NHS and removing the middle tier. His own preference, then and now, would be for a more local structure of hospital administration. Linked to this he would give doctors and nurses more say in how hospitals are run because they are the people who matter to the patients.

I asked him if he could foresee the NHS being sustainable as a "free" service on demand through the 1990s. Answering the same

question six weeks ago, the present Minister for Health, Mr Tony Newton, had told me that he could see no big change coming.

Nor does Sir Gerard think that it will happen suddenly, though happen it will: "There will have to be much greater collaboration between the private and public health sectors. The pressures are growing so great with the huge increase in elderly people that the private sector is going to have to take over the care of the old. The government seems to have abandoned its proposals to shift large numbers out of psychiatric hospitals because of the sheer shortage of people who are skilled in this field."

It turns out that Sir Gerard is unconvinced that the NHS was really built on sound foundations: "Why has no other country gone down the road of the NHS? They recognise that there has to be some sort of accountability and cost effectiveness. The great problem of the NHS is that equipment and medication are very expensive and neither the public nor the staff realises the cost. It is all free in the eyes of the patient." He admires the system in France, where treatment is charged to the patient, who recovers the cost from the state. "I am more convinced it is the right system," he said.

As a doctor Sir Gerard admits to being "a bit hard on doctors" in the NHS. For example: "We are going to have to be much stricter with general practitioners. When I last looked at the figures it cost about £5 to go to a GP and between £30 and £60 for treatment at a hospital casualty department. The GP should do more of that work. Up to half the patients attending casualty departments are only there because they could not get hold of a GP or because he would not treat them. I am all in favour of the good practice allowance."

Further reform of the NHS is unlikely to emerge as a manifesto commitment at the coming election. The priorities will be defence, education, the economy, and unemployment. Sir Gerard believes that the NHS should be left alone for the time being—but a new government in its first year should take a fresh look at its financing.

He adds: "The health service needs to be left to reduce its waiting lists and bring in the new hospitals. Then it will be time for a re-examination—and if the private sector goes on developing that will make it much easier."

Mixed views on smoking

Wednesday of last week was national no smoking day. The daily order paper of the House of Commons contained five backbench motions on smoking, two in favour and three against.

An all party motion welcomed a decision by the council of the Pharmaceutical Society that chemist shops should not sell cigarettes or tobacco products. But Labour MPs called on the Chancellor to freeze taxation on cigarettes because it "hits the poor harder than the rich."

Meanwhile, the government's independent committee on smoking and health has produced an interim report on the effects of passive smoking, which further tips the balance against tobacco. It suggests a small increase, possibly of 10-30%, in the risk of lung cancer among non-smokers from breathing other people's smoke. Further study is to lead to a full report by the end of the year.

Finally, some figures I quoted from the Forrest report on breast screening on 7 March (p 657) have been misunderstood. The figure of 73.7 per 100 000 given for the mortality from breast cancer is for the age group 50-54. It does not apply to all women.