LETTER FROM WESTMINSTER

Another election pay round

JOHN WARDEN

With the spring come the first stirrings of the pay reviews. The nurses' award will be the first to emerge and should land on the Prime Minister's desk any day now, if it is not there already, with the doctors' and dentists' award not far behind. They should beat the usual Maundy Thursday deadline this year in time for a Cabinet decision within two or three weeks.

The parliamentary rituals in anticipation were performed last week to a doom laden background of the "nursing crisis." This was said to pose a real danger of there not being enough nurses to staff the National Health Service if the government did not value them in pay terms more than typists.

Ministers know better than to be put on the defensive concerning nurses and made appropriate and positive noises. In the Lords Baroness Trumpington said that the government had done its best to show appreciation of the nurses, with a reduced working week, major proposals for education and training to come, and a commitment to the system of the pay review body.

This could be taken to mean that the Cabinet is committed to implement the pay review awards in full, subject only to staging the payments—which, of course, can make it a very qualified commitment indeed. This is only the fourth report since the nurses were given their own pay review body. The previous three illustrate the variations that are possible.

The first report, in 1984, recommended a 7.5% increase and it was implemented in full. The second award was also accepted but staged. Last year's 8% on basic rates was accepted but with the operative date deferred from April until July.

Mrs Edwina Currie, Under Secretary of State at the DHSS, said in the Commons that she could not predict the outcome of the fourth report but hoped that the government's critics would be pleased with it when it came. She hinted that future awards would have a bias towards experience and extra qualifications—a comment that suggests she has some gypsy talents since review bodies are supposed to make independent recommendations.

And so to last week's postbudget debate in the Lords on the state of the NHS today. No single topic was dominant. The nursing crisis, underfunding, long waiting lists, the inadequacies of community care, and inequalities of health provision were familiar themes.

Lord Ennals, who as Secretary of State in the Labour government presided over the NHS for three years, described Britain as one of the most unhealthy societies in the world, measured by the incidence of chronic illness including lung cancer and heart disease. He argued that after the budget the government could no longer plead shortage of resources. Tax cuts would benefit those who were fit while the NHS got nothing. Prescription charges went up while the real cost of cigarettes and drink went down.

"The decision to deny the money needed by the NHS and give it away to those in work was deliberately antisocial and gravely damaging to the NHS," said Lord Ennals, accusing the government of following cynical and uncaring policies.

Perhaps so, but such arguments insult those who know that nowadays the spring budget is the revenue side of expenditure decisions announced in advance the previous November. Hence from this month the annual health budget goes up by 2.5% in real terms, with innovations such as £25 million to tackle waiting lists

and £130 million extra from selling surplus land (15 November 1986, p 1317-8). At the time Labour's Mr Roy Hattersley said that the sick could benefit from an election every year. Perhaps Lord Ennals had forgotten. Anyway, he did say that Labour's target for improving standards in the NHS would be to keep spending at no less than 3% above inflation each year.

More to the point on the eve of the pay reviews Baroness Robson, from the Liberal benches, recalled that only 3.75% was allowed for pay and price rises in the 1987-8 health budget. Anything above that would have to be met by health authorities out of their own resources—with the not unfamiliar effect of reducing the 2.5% "real" increase over and above inflation. And Lady Robson asked whether anyone believed that the review bodies were likely to recommend pay rises within the 3.75% limit or that the government would try to keep to it in an election year.

By and large, however, the government's stewardship of the NHS is respectable enough to be resistant to the blockbuster approach of Lord Ennals, which ministers are able to rebut.

More measured approach

So it was interesting to have the more measured approach of Lord Prys-Jones, also from Labour's front bench. A Cardiff solicitor, Lord Prys-Jones analysed each ministerial claim in turn.

Increased funding? Not denied, he said, but it had failed since 1983 to keep pace with the additional demands of the elderly, technological advance, or pay, which was why we heard of wards being closed.

More patients? Higher productivity had occurred from the first day of the NHS. It was due to the skills of the health teams. But further improvements were not free of risk if they meant premature discharge, readmission, and longer waiting lists.

Improved treatment? Also true since 1948. But better treatment today often rested on a long line of research and levels of excellence in the teaching hospitals. Since 1979 the country had lost the equivalent of one medical school. Where would the medical miracles of tomorrow come from? (Unfortunately for Lord Prys-Jones's argument the government that day allocated an extra £15 million to fund scientific research.)

Better overall health? Of course people were not dying of tuberculosis and diphtheria, but Lord Prys-Jones had conveniently to hand the defunct Health Education Council's swansong, its report on the health divide between rich and poor. Would it be ignored, he wondered.

Not perhaps a complete rebuttal of the government's case that the NHS was safe in its hands, but one that breaks through the endless statistics and invites those who know at first hand to judge for themselves.

Meanwhile, in the Commons the Access to Personal Files Bill emerged from its committee stage without medical records being brought within its scope. That probably settles the point for the time being. The Home Office minister, Mr David Waddington, told the committee that the government favoured greater access to medical records but thought that it would be wrong to proceed by compulsion. He suggested that experience with the right of access under the Data Protection Act, which deals with computerised records, could provide useful guidance on how written medical records should be treated.