LETTER FROM WESTMINSTER

Constructive criticism on NHS from select committee

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While the government has been enduring the brickbats hurled in its direction by forces hostile to its spending policies the ever diligent select committee on social services has been conducting its own public expenditure review. Its report, though by no means sympathetic to the government, is at least a temperate contribution to the debate and must have come as a welcome relief to harried ministers as they seek to dodge the next missile.

With a government majority built into each select committee, muted criticism is, perhaps, to be expected; but in fact the committees rarely pull their punches, if only to prove that they are nobody's lackeys. Mrs Renée Short's committee is no exception, though a distinctly chummy relationship is beginning to develop between it and the DHSS. The introduction to the latest report praises the Department for continuing to provide detailed memoranda in response to the committee's questions. Certainly, not all the select committees are as well served by the departments that they monitor and Mrs Short's group acknowledges the fact, referring to the "close working relationship which has been established between the committee and the Department."

Over the past few years, after a few early spats with the executive and some parliamentary muscle flexing to establish the ground rules, the select committee system has flourished. Governments, by nature secretive and defensive, would rather do without a group of nousey MPs analysing every dot and comma of their policy proposals and decisions. But ministers and civil servants now know that they ignore them at their peril; government embarrassment over the Westland fiasco earlier this year was heightened by the defence committee's dogged pursuit of the truth.

Unlike Downing Street and a few other departments, the DHSS has achieved a comfortable rapprochement with its parliamentary watchdog that lends itself to more open government and the sort of performance scrutiny to which the electorate is entitled.

One area of obfuscation which the social services committee is attempting to break down concerns the way in which the government presents its spending plans. It complains of "meaningless data" and the absence of important information that is forthcoming only when the government is pressed to provide it. One of the 20 recommendations in the latest report calls on the government in future to publish detailed information on the trends in NHS cash volume growth, real cost growth, real spending growth, and service growth in the annual public spending White Paper. Armed with such information, the committee should be able to cut through the political rhetoric that accompanies any discussion on NHS funding.

The committee also analyses the government's success in seeking to improve efficiency and management in the NHS, confirming that health authorities are achieving their target cost improvements. In 1984-5 savings of £100 million were achieved and £120 million in the current financial year. Next year the government expects that figure to increase to £150 million. But the committee points out that some savings derive not from efficiency but from factors outside the NHS, such as falling fuel prices, which represent 13% of NHS costs.

The report also looks behind the government's policy of competitive tendering in hospitals to find that more than half the estimated savings of £42 million are a consequence of lower in house

costs. And the report warns: "We wonder how long health authorities will be able to sustain such reductions in costs, in the face of understandable pressures for real wage increases for low paid ancillary staff. Only if it can be demonstrated that standards of diet, cleanliness, and maintenance are maintained can the savings obtained by the policy of putting contracts out to tender be justified. The removal of crown immunity from hospital kitchens will lead to more external examination of standards of hygiene in hospital kitchens and reinforce the need for central monitoring of standards."

The committee even questions the much vaunted (by Mrs Thatcher) increase in the number of nurses, an additional 50 000 employed since 1979. Of these, only 26 000 represent a real increase in staffing, with the remaining 24 000 employed to maintain services following the reduction in the working hours of nurses. Little is known, says the committee, about the availability of trained nursing staff in different disciplines.

In his evidence to the committee Barney Hayhoe, Minister for Health, said that he was "pretty confident" that extra resources for the hospital and community health services together with efficiency savings would enable the goal of a 2% increase in services to be met in 1986-7. But he acknowledged that the process of generating resources for the NHS through efficiency savings could not go on indefinitely and that it was not possible to look forward with confidence beyond the following year.

Safeguarding centres of excellence

Mr Hayhoe also conceded, wisely in view of the now famous letter to *The Times* last month from London consultants, that inner city teaching hospitals are being penalised by the RAWP formula, which is now being reviewed by his Department. But the committee insisted that the short term problems needed to be tackled as "a matter of urgency." Its report states: "We are concerned at the serious problems facing some of the teaching hospitals in the short term and at the threat to some of the services offered by world famous centres of excellence. We recommend as a matter of urgency that the government provide additional resources in the present financial year to safeguard medical and teaching services of national significance."

The precipitate resignation of Victor Paige as chairman of the NHS Management Board also comes under scrutiny, with the committee suggesting that before his successor (who is not to be Ian MacGregor) is appointed the responsibilities and chain of command should be more closely defined.

And what, asks the committee, is happening to the hospital construction programme? This year 17 major new capital schemes are due to start but the list includes seven schemes which should have been under way last year. Officials explained that there had been some "slipping" and were confident that the hospitals should be on stream in the current year.

But the committee said that the reasons for the delays should be investigated, adding: "We are disturbed by this apparent slippage in the hospital construction programme, particularly in the new provision of geriatric and psychiatric beds whose development we welcomed in our report in 1985."

And that is another hallmark of a good select committee—following up promises made by the government in previous years to see if they have been kept.