LETTER FROM WESTMINSTER

Doctors and health authorities blamed for manpower imbalance

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The Auditor General, Sir Gordon Downey, has just published a report on hospital based medical manpower in the National Health Service, which should be of interest to the Social Services Select Committee and the health ministers since it confirms what both believe about this everlasting problem. It endorsed the select committee's belief that something ought to be done to correct the career imbalance between consultants and junior doctors and that this imbalance persists despite the policy of the Department of Health and Social Security, backed by guidance to health authorities, to introduce a consultant based service.

The report also said that the change might result in substantial savings or a better service to patients, but this was not proved. The select committee and Mr Kenneth Clarke, the Health Minister, who gave evidence last month as part of the review the committee is conducting of progress on the goals set out in its report on medical education, ought also to be pleased with the fact that the Auditor General confirms something that they both believe—that it is the medical profession and the health authorities that are the villains of the piece rather than the politicians. Sir Gordon concluded that there seemed to be a general failure by health authorities to implement Departmental policy to increase the proportion of consultant posts and that there was often local resistance to the changes needed.

"The lack of significant progress in solving the medical career structure problem is partly explained by the lack of consensus in the medical profession as to the most appropriate balance between consultants and juniors to achieve a reasonable standard of health care in the most effective way," the report said. "There appears to be a conflict between Departmental policy to increase the proportion of consultant posts—broadly agreed with the profession centrally, and implementation by health authorities subject to pressure from local professional interests."

The report admitted that there is a problem about funding consultant expansion, and that a rapid change from a consultant led to a consultant based service could not be made without some disruption to medical care. But it came down firmly in favour of change. "Nevertheless, in view of the unproven but potential scope for better value for money in the NHS and an improved career structure it is disappointing that more progress has not been made to assess the costs and benefits," it said.

It seems that the potential scope for savings in a consultant based service could amount to over £180m a year at 1978-9 prices, though against that would have to be set increased salary costs of about £40m a year at the same price base.

The Auditor General came down firmly on the side of junior doctors over their pay. The report called for a review of the present system to establish more clearly appropriate ground rules at the very least, or to find an alternative system that more closely reflected the workload of individual junior doctors. It also found that as presently operated the payment system for additional duties they undertake did not seem to be fulfilling its original objectives.

According to the Auditor General, shortages in several specialties have been eliminated—they include anaesthetics and most of the pathology specialties—but recruitment problems persist in geriatric medicine and mental handicap, where the position has not

improved over the past five years. It all boils down, it seems, to the proper use of manpower controls.

The House of Commons Public Accounts Committee, which has an obsession with the way that NHS staff numbers keep growing, will, however, draw little comfort from one of the findings. It is that the number of NHS employees over the past 10 years has risen by 22% from 819 000 in 1974 to 996 000 in 1984. The improvements in manpower information, planning, and control systems that the Public Accounts Committee has called for are intended to remedy that position, but the best that the report could find to say about the systems being enforced is that they are in general "adequate," and it urged district health authorities to make greater efforts to develop methods for assessing the health care needs of the population locally in order to discharge their responsibilities for medical manpower planning.¹

Liberal view on rural health

The Liberal health spokesman, Mr Michael Meadowcroft, MP for Leeds West, has just produced a pamphlet setting out his party's views on rural health. It said that general practitioners in rural areas who work in isolation and in a thinly spread population have to spend more time working for each patient than do their urban colleagues, and have extra work to do because they often have to substitute for other health services that are conspicuous by their absence.

The pamphlet endorsed the proposal by Dr Derek Pheby, senior registrar in community medicine, Wessex Regional Health Authority, that there should be a system of two inducement payments to facilitate the recruitment of high calibre general practitioners to rural practices and help keep them there. It said that at minimal cost this would solve the problems of professional isolation and being constantly on call because it would effectively separate the payment of a general practitioner's income and the provision of service facilities, while preserving the independent contractor status, which the profession has been anxious to retain.

It also claimed that accommodation for rural practices was frequently inadequate and partly blamed health authorities. It accused the General Practice Finance Corporation of "looking askance" at rural practices and of being unwilling to lend to singlehanded general practitioners whom it regarded as a bad risk. The remit of the corporation and of the cost rent and notional rent schemes should be extended to cover investment in mobile facilities, the pamphlet concluded. In other cases it should be possible for organisations like parish councils or community associations to participate in joint developments with the General Practice Finance Corporation.

The pamphlet warned that the government had a marginal commitment to the NHS and was primarily interested in cutting costs, so that rural services were particularly at risk, given the crude and inadequate measures of efficiency used by management.²

References

- 1 Comptroller and Auditor General. *NHS: hospital based medical manpower*. London: HMSO, 1985.
- 2 Liberal party. *Rural health*. Paper No 12. London: Liberal party, 1985.