LETTER FROM WESTMINSTER

Tweedledum and Tweedledee debate on NHS finance

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The government fell back on a familiar ploy to steal the headlines from the Labour party's attack in the Commons last week on the way that it is running the National Health Service. After a much interrupted speech from Mr Michael Meacher, shadow social services spokesman, Mr Kenneth Clarke, Minister for Health, gave as good as he got and then announced the setting up of a working party to examine how screening techniques for breast cancer could be improved.

Mr Clarke said that the findings of a study carried out in Sweden had removed many of the doubts previously attached to the value of mammographic screening, particularly for women over 50. As a practical step towards formulating a policy Professor Patrick Forrest, regius professor of clinical surgery at Edinburgh University, has been asked to chair a working group to examine the information available in support of breast cancer screening by mammography. It will consider the extent to which policy changes are needed towards the provision of such facilities and suggest a range of policy options, as well as assessing the service planning, manpower, and financial implications associated with them.

The minister made the announcement after criticism earlier in the debate from Mr Frank Dobson, Labour's health spokesman, over the provision for cervical cytology. He had claimed that the failure to get health authorities to establish call and recall systems had condemned more than 1000 women to death each year. Agreeing that there were 2000 avoidable deaths, Mr Clarke said that the numbers were coming down, though he would like them to be doing so more quickly. "It is tasteless to pluck out of the air the figure of 1000 people you claim are dying needlessly because of neglect by us," he added. "We are introducing a system into an area in which the Labour party when it was in office showed monumental inactivity and disinterest."

The bout between Mr Clarke and Mr Meacher was the usual Tweedledum and Tweedledee stuff. Mr Meacher accused the government of preferring to lavish huge increases in real expenditure on defence and law and order, even if it meant starving the NHS. The government liked to insist that efficiency savings had added considerably to resources for health care, but that was specious, claimed Mr Meacher, because these so called savings—£100m last year or 0.5% of the NHS budget—were often achieved at the expense of reductions in maintenance and repair work, land sales, and the postponement of new projects. "In other words, savings are secured today but only at the expense of storing up greater problems tomorrow."

It was no accident, he continued, that the government had adopted this "candle end policy" towards the NHS, for it deliberately opened the way for it to hive off the health service bit by bit to the private sector and to create a two tier service.

Mr Clarke, of course, repudiated all that as being ridiculous, claiming that the government was a reforming administration in the best sense. "We are bringing to the NHS the qualities of better management, cost effectiveness, and clear decision taking," he said. "These qualities are needed to support the efforts of doctors, nurses, and all staff."

But the debate was not all slanging. Mrs Renée Short, Labour MP for Wolverhampton North East and chairman of the all party Social Services Committee, claimed that back pain was costing the country £156m a year to treat and was not being treated successfully in the

NHS. She called on the government to recognise chiropractic and homoeopathic medicine on the grounds that its practitioners had made so much progress in treating many difficult cases that orthodox medicine seemed unable to treat. "I refer particularly to all sorts of back conditions and back pain, which result in millions of lost working days per annum and cost the NHS a great deal of money," she said. "General practitioners are not able to deal with those patients adequately."

Medical manpower again

General practitioners are often blamed—unfairly in most instances, I'm sure—when some particular ailment is publicised as being underdiagnosed or inadequately treated. Their future features in the recent report from the House of Commons Social Services Committee, which in a follow up study of its 1981 report on medical education urges the government in the course of the discussions on the forthcoming green paper to take steps to establish a more integrated manpower planning system for hospital and family practice medical staff, both centrally and at local level. As we all know, the green paper may take a few more months yet to appear. But the main message of the committee's report, the bulk of which is on the hospital service, is clear. There is a need to get a move on in resolving the career and manpower problems of NHS doctors.

The report lists a whole series of gloomy assessments by those who gave evidence. Even Mr Kenneth Clarke, the Minister for Health, had to agree that progress had been "disappointing," although he hastily qualified the admission by insisting that more was being made than was sometimes claimed. He also pointed the finger of blame in the direction of the consultants, arguing that there was often "bitter resistance" to change at local level. The report does not doubt this, but says that "more could and should have been done" to overcome such resistance, and that the extent of consultant resistance can be, and is, exaggerated. It does not come out in favour of the view held by the BMA that the way to change the ratio is simply to increase the number of consultants. "While we fully understand the necessity of adequate service support from junior doctors, it is wildly unrealistic to imagine that the career imbalance can ever be rectified simply by increasing consultant numbers," it says. Some reduction of junior posts is essential. In order to facilitate progress towards a consultant based service it recommends that there should be an immediate freeze on all new senior house officer posts in England and Wales and that the existing controls in Scotland should be exercised more stringently.

The committee remains opposed to the idea of two consultant grades, saying that there is no good reason to invent new grades just to conceal difficulties. It points out that the recent amendment to the immigration rules on overseas doctors has created an atmosphere in which change looks feasible, yet the present rate of change is "snail like." Something has to be done to break the log jam, and the report is in no doubt as to who the somebody to do that must be. "In the final analysis, the changes proposed are sought by the government, and it is to the minister that we are entitled to look for operational plans to bring those changes about," it declares.

The report says that the way forward lies in a continuing modest annual increase in consultant posts, together with a countervailing reduction, through a process of local and special review, of junior posts, and specifically senior house officer and registrar posts. And it warns consultants that in return for an increase in their numbers they are quite simply going to have to change their work patterns.