LETTER FROM WESTMINSTER

A score of MPs debate Griffiths

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Mr Norman Fowler, Social Services Secretary, was in no mood to put backs up about how the proposals of the Griffiths report, particularly the plans for the new general managers, are to be implemented when he spoke during the Commons debate on the social services select committee's report on Griffiths on 4 May. Flexibility is all, it seems. Everything is to be done in a phased manner—a point that he emphasised a few days later during social services questions—and formal guidance to health authorities will be kept to the minimum compatible with providing clear direction about what he expects to be done. Authorities will also be given latitude over the timing of the changes that they will be asked to make. Mr Fowler also insisted that he was not setting about yet another reorganisation. Nobody wanted that. What was needed was a continuing and sustained strategy for improving performance in the existing structure of the National Health Service, and Griffiths was a key element in that strategy. As for the general management function, that was the key to the recommendations and epitomised the message in the report—the need for a more dynamic management style in the NHS: getting things done, rather than waiting to be told.

On timing, he promised Mrs Renée Short, chairman of the select committee, a reply to her report's conclusions probably later this month at the same time as he published his guidance for the NHS on Griffiths, about which consultations and some softening up have been taking place. Well, one takes all pronouncements on the timing of anything from the Department of Health and Social Security with a pinch of salt. One rule of thumb is to add six weeks to anything proposed. In this instance it will probably be quicker than that, but the bank holiday could delay the process.

Mr Fowler said that his preliminary view was that the general manager's task would normally need a full time commitment, but he recognised that in some authorities, especially at unit level, it might be possible to combine the job with some other duties. That possibility was clearly important if clinicians were to be encouraged to take on the task as Griffiths recommended.

Mrs Short, naturally enough, hoped that Mr Fowler would proceed with great caution, and repeated the call, already made by the BMA, the Royal College of Nursing, and the National Association of Health Authorities, for pilot projects to see how the proposals would work in practice. They would mean another upheaval in the NHS, and she doubted that this was what either the service or patients needed. But if you might expect her to take a somewhat jaundiced view of the whole thing, it was interesting to note that Mr David Crouch, Conservative MP for Canterbury, was also somewhat dubious about what will happen, warning that there was a danger in accepting the idea of general managers as the treatment that would cure the NHS of its present sickness. He was concerned about the lack of clarity over the general manager's exact position, saying that nothing could be worse at the start of a general change in management structure than for the district and regional health authorities not to know exactly what was expected of him. Nobody should be left in any doubt. If the general manager wore two hats the end would be an unsatisfactory hotchpotch. Mrs Edwina Currie, Conservative MP for Derbyshire South, claimed that Griffiths was wrong in the notion that by imposing a general manager all the problems and difficulties of the NHS would disappear, and had some caustic words about the way doctors react to change. "Many

doctors will not be told what to do by any other profession," she said. "Frequently they draw a smoke screen of clinical freedom to hide what they do not understand and cannot do. The faster that problem is resolved the better."

She said that pluralism in the NHS would not disappear if general managers were imposed, and went on to claim that there were some administrators who would not say "boo to a goose" and that she had seen some of them. Mrs Currie enjoys a special place in parliament's affections, and the general feeling about that was that there are not many administrators around who would risk saying boo to Mrs Currie.

It was not, as has been already pointed out, a particularly well attended debate. At its peak about 20 MPs were present, which is not unusual for a Friday. But the purpose was not to persuade backbenchers of the merits of Griffiths, rather to air the topic and let those in the professions who are interested read all about it. Naturally Labour took a dim view of the whole thing. Mr Frank Dobson, the shadow health spokesman, claimed that the imposition of general managers, particularly at unit level, would be "a hammer blow" to those who worked in the NHS and warned that if the government went ahead and imposed them on the units by fiat it would have a fight on its hands, not just with the Labour party but with the whole of the NHS. Mr Michael Meacher, the shadow social services spokesman, said that Labour was disturbed by the whole tenor of Griffiths, which was how to run the NHS on fewer resources, and voiced the suspicion that its real message had less to do with management than with the use of the Secretary of State's appointees at every level of the NHS to batten down the financial hatches or to force through privatisation that would otherwise be strongly resisted.

Importance of flexibility

Mr Michael Meadowcroft, the Liberal health spokesman, said that he desperately hoped that Mr Fowler would not seek to impose the general management principle where it was clear that there was general acceptance of the present consensus machinery and it was working satisfactorily. He believed that the flexibility that Mr Fowler had espoused was vital to the method, time scale, and extent of the implementation of Griffiths.

Mr Roy Galley, Conservative MP for Halifax, however, had no doubts about the value of managers. "I come to the House from a large organisation which provides a good nationwide service and in which such principles are applied," he said. "I see no difficulty in applying them to an organisation which provides services to patients on a nationwide basis." As for the doctors who had expressed concern in their evidence to the select committee about clinical freedom, he said that the managers of the NHS would have enormous problems of resources and staffing without wishing to interfere with the clinical freedom of doctors. "They will have problems of transport, property, procurement of equipment, and so on," he added. "Those are the areas that have been undermanaged until now. They will be neither able nor competent to interfere with clinical judgment." He also complained that some of the doctors who gave evidence to the select committee had adopted a *prima donna* approach.

The next step, therefore, seems to be the appointment of the chairman of the management board, who will come from outside the Civil Service. It will not be the establishment of pilot projects. Mr Fowler thought that that approach would be absurd and counter-productive and he did not intend to take it.