LETTER FROM WESTMINSTER

More attacks on government's NHS spending plans

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In the Commons debate on the government's public spending white paper—no relief is offered by the plans to the beleaguered National Health Service, according to Mr Frank Dobson, Labour's health spokesman—Mr Peter Rees, chief secretary, the Treasury, claimed that the new plans more than met the government's election commitments. "Since coming into office in 1979 we have doubled health spending—an increase of 17% above the increase in retail prices," he said. As for the performance of the hospital and community services, that had increased steadily year by year since 1978. Before claiming histrionically that the government had destroyed the finest creation of Lord Beveridge, Aneurin Bevan, and Lord Attlee, the Opposition would do well to ponder the facts set out in the white paper's tables, uncomfortable though that might be.

Mr Roy Hattersley, shadow Chancellor, thought that Mr Rees's message that the government was sticking on course amounted to saying, "Do not worry. We are still on course. The *Titanic* is moving in its predestined direction." He said that throughout the United Kingdom the level of provision for the NHS had declined tragically and disastrously. Mr Tony Benn, making his debut as MP for Chesterfield, also attacked the government for its record on the NHS. "It is no good talking about more money going into the NHS in real terms if 8000 qualified nurses are out of work," he said. "There is no point in saying 'The NHS is safe with us' when 3000 doctors will be out of work by the end of the year." This was a government representing the strong and attacking the weak.

Mr Mark Fisher, Labour MP for Stoke on Trent Central, said that Mr Rees had tried to claim that there had been an increase in health spending in real terms, but the figures showed that it would be frozen in real terms. Anyone who knew anything about health knew that an increase of at least 1.5% a year in real terms was needed just to stand still, much less to bring about any development. Nor had Mr Rees made any reference to the demand of an aging population for health care. Mr John Townsend, Conservative MP for Bridlington, said that sacred cows must no longer be protected, and the largest of these was the Department of Health and Social Security, which by 1986-7 would account for 43% of total departmental spending. He then urged the government to achieve real cuts in public spending—ministers must "get out the hatchet." He argued that since under the government the number of nurses had risen by 46000 and of doctors and dentists by 6000, then those who claimed that the quality of health care had declined must be questioning the efficiency, effectiveness, and productivity of nurses and doctors.

Mr Terry Davis, shadow Treasury spokesman, said that anybody who took an interest in the NHS knew that the budget needed to be increased by another 0.5% to take account of technological change, and there was no provision for that in the white paper. A real cut in the budget for the NHS would be experienced in the next three years, he added. Closing the debate, Mr Barney Hayhoe, Minister of State, the Treasury, said that the Griffiths report held out the promise of greater efficiency and effectiveness and that that could provide additional resources for patient care. The NHS was expected to introduce major efficiency savings to provide improvements in services and to reduce waiting lists.

Labour's solution on deputising

Labour's proposals for settling the problem caused by the abuse of deputising services were set out last week by Mr Michael Meacher, shadow health and social security spokesman. In a letter to Mr Kenneth Clarke, the Health Minister, he accepted that there was not much reliable factual information about the quality of care provided by deputising doctors, and he agreed that the government should equip itself with a more comprehensive and vigorous appraisal of the overall position before any action was taken. In particular, there should be more careful scrutiny of whether the piecemeal system of payment encouraged deputising doctors to have short consultations, make snap judgments, prescribe excessively, and refer excessively to hospital. Mr Meacher said that he did, however, believe that there was clear evidence for the view that some general practitioners had side stepped their contracts by using deputising services on their present scale. "The letter of independent contractor status has been preserved, but the spirit—continuity of care for patients—is violated by the use of anonymous deputising doctors," he added. "I am not convinced, however, that your solution of drastically curtailing access to deputising services is the right one. The fact is the medical profession's ethic encourages punitive work patterns at the expense of both patients and doctors. Even in hospitals where there is a constant supply of new junior staff this has become increasingly unacceptable, and it certainly does not work with general practitioners in the same job for 35 years, experiencing their own illnesses and disabilities as time passes."

So what was his way forward? He suggested that general practitioners' working hours should be reduced, while the principle of effective, safe, and accountable support services for general practice should be developed in tandem.

Average list sizes should be reduced to 1700 or even 1500 in inner city areas, and more general practitioners should be employed. A shift system of working should be organised, either by the general practitioners themselves, as nearly half of all practices were of four or more partners, or where necessary by the family practitioner committee. He also proposed setting up an emergency service based either on regional or on district authorities, which would act as "a high quality National Health Service deputising service" and would have close contact with local general practitioners. There should at the very least be an urgent examination of these proposals, he added. He thought that they offered a better resolution of what was unquestionably in places a serious problem than any of the alternatives so far publicly considered.

Mr Meacher also made the political point that in his view general practitioner deputising services demonstrated all too often the faults and drawbacks of subcontractor services as a whole—limited control over the quality and quantity of the workforce by those who hired them; no continuity or long term commitment in their work; poor liaison with those who contracted them; and a very variable quality of service to the customers. "I do, of course, appreciate that there are good reasons for the government's current concern about deputising services, which are an example of the privatisation of clinical care," he added. "If general practitioner deputising services are a source of scandal then pressure to extend privatisation and the whole privatisation strategy might suffer." No doubt, Mr Meacher is awaiting the outcome of the negotiations between the GMSC and the DHSS as eagerly as the rest of us.