LETTER FROM WESTMINSTER

Hostages to fortune

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Mr Kenneth Clarke, Minister of State for Health, gave something of a hostage to fortune when he announced the allocation of a further £2m over the next two years to help primary care in the inner cities. It is part of the £9m announced last year after the publication of the Acheson report. The hostage to fortune was his promise that no idea was too radical to be considered because new ways of tackling the problems of the inner city's health services had to be looked for. Over £1m was spent last year on 212 projects covering a wide range of services, from help for the terminally ill to district nursing, health education, incontinence, and laundry services. The latest dollop of cash will be paid in two instalments—£1.2m this year, with the rest next year. Mr Clarke said that the money could be used to improve the effectiveness and efficiency of existing services—for example, the provision of evening or night nursing services, improving services to ethnic groups, and developing new information technology and computing.

On the money spent so far, he said that it had been used in a variety of imaginative ways. These included improving health visitor and nurse training, and giving incentives to encourage doctors to form group practices and improve premises, all of which could lead only to better health services and care for people living in the inner cities.

Meanwhile, Mr Norman Fowler, Social Services Secretary, was giving another hostage to fortune when he assured the annual general meeting of the National Association of Health Authorities that he was not "creating jobs for the boys" with his plans to implement the proposals in the Griffiths report for general managers.

"We are bringing in managers who must pay their way by making savings in management overheads as much as in other areas," he said. "I have no intention of allowing this exercise to lead to a further lengthening of the administrative tail of the health service."

He said that the real challenge to health authorities was to get down to making the new arrangements based on Griffiths work. "It is authorities which must take the lead in working out how to make strong general management a reality—at authority level to begin with, and then at unit level," he said. "This requires clear thinking about the roles and responsibilities of authorities, both chairmen and members, and of their officers." Mr Fowler said that the right man for the job might be already there. But it could be that the authorities would have to look outside. That was why he had not tried to write detailed job descriptions.

Why teenagers smoke

Mr John Patten, the junior health minister, has set in hand new research into just why teenagers smoke. Ministers are alarmed at the statistics that show that children under 16 are smoking £60m worth of cigarettes a year, and are not convinced that the antismoking advertising campaigns are getting across to them. The campaigns have hit adult smoking habits, but ministers are doubtful whether the prospect of dying of cancer at the age of 40 means much to a teenager—it is an awfully long way off. Although there is no intention of knocking the work of the Health Education Council, which ran a £700 000 antismoking campaign directed at young people

earlier this year, the feeling is that the campaigns are being directed into the unknown. The aim is to get results in about three months' time.

What will happen is that a trained psychiatrist will get a group of six to eight children together to talk about smoking, and though that can give no quantitative information, such as that 25% or 35% of children under the age of 14 smoke, it should result in information about basic motivation. Announcing the initiative, Mr Patten said that combating teenage smoking was one of the government's priorities.

The new study, it is hoped, will tell ministers whether advertising campaigns of the traditional kind—on television and in the cinema—have any impact on young people, or whether there should be a different approach. In addition, a set of guidelines to shopkeepers, who are forbidden by law to sell cigarettes to children under 16, has been drawn up after talks with the retail organisations. Despite the law some 88% of children who smoke buy their cigarettes in shops. The research could even disclose that sports sponsorship, which is regularly attacked by the antismoking campaigners, may have no effect in persuading young people to smoke. The point Mr Patten makes is that nobody really knows.

CHCs and FPCs

The Health and Social Security Bill, which bestows independent status on family practitioner committees, continues its progress through the House of Lords, and there was one last bid by Lord Ennals, a former Social Services Secretary, to persuade the government that it should look at whether community health councils should not be given the right to enter and inspect premises controlled by family practitioner committees. Lord Ennals admitted that he was really only seeking information, and he got it. The Earl of Caithness, the government spokesman, said that he could not think that there was anything to be gained by giving them such a right, or that it was even desirable that they should do so. The only premises controlled by family practitioner committees were those that they and their staff occupied. The premises from which the independent contractors operated, who provided the family practitioner services, were their own or, if health centres, controlled by the district health authorities.

Lord Prys-Davies, a former chairman of the Welsh Hospital Board, called it a disappointing response. In the hospital service community health councils were expected to visit hospitals, a job that they did very well. In an ideal world they should also be entitled to visit health centres and the surgeries in the community. But he accepted that doctors might see inspection by an outside body as an infringement of their rights as either owners or tenants. Given the determination with which general practitioners defend their independent contractor status I am sure that he is right.

The Commons social services committee has a hefty workload that looks like keeping it occupied for many months to come. Mrs Renée Short, Labour MP for Wolverhampton North East, who chairs the committee, would like to add to that agenda an inquiry into the prison medical service. She reckons that it would be a most interesting subject to investigate. Her interest has been stimulated by a copy of a BMA publication, *Prison Health Care*, by Dr Richard Smith. But she could have a race on her hands, as prisons are also of interest to other parliamentary bodies, one of which is the all party penal group chaired by Mr Robert Kilroy-Silk, Labour MP for Knowsley North.