LETTER FROM WESTMINSTER

NHS managers, deputising, FPCs, and early retirement

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The Commons social services select committee's report on the Griffiths report on the management of the National Health Service will be published next week, Thursday 15 March. The chairman of the all party committee, Mrs Renée Short, Labour MP for Wolverhampton North East, claims to be pleased with the result, which probably augurs ill for what Mr Roy Griffiths had in mind, since, as the hearings of the committee showed, she is no friend to the plan to introduce managers to the NHS. But there were some on the committee who were impressed with Mr Griffiths, if a little taken aback by the fact that when Mr Norman Fowler, Social Services Secretary, gave evidence he seemed to be backtracking a bit from his original enthusiasm for the Griffiths scheme.

At one stage it looked as if Mr Fowler planned to adopt the proposals lock, stock, and barrel. Anyway, there will be no minority report, as seemed likely last week. Mrs Short says that her committee has never had one, and she quite clearly intends that it never will so long as she is in the chair. She is, of course, right because nothing weakens the authority of an all party committee more than to start dividing on party lines. Certainly, if the report reflects the bulk of the evidence it will be making clear that a lot more time has to elapse before changes so fundamental are made, and that it will question just where these wonderful managers are to be found.

Meanwhile, the committee's next task is to take a look at how the recommendations in its 1980 report on perinatal and neonatal mortality have fared when it comes to being implemented. That has started with visits to hospitals in Wolverhampton, Newcastle upon Tyne, and Gateshead, and should be a useful exercise. Once a select committee report has been published there is a delay while the government gets its response together, and then that is published. After that everybody forgets about it all.

The government is currently locked in discussions with the General Medical Services Committee about its plans to end abuse of deputising services, and it looks like being a long haul before agreement is reached. Not this week or next, anyway—or so ministers say. Mr Kenneth Clarke, the Health Minister, who has now seen Dr John Ball, GMSC chairman, made clear in the Commons, when questioned about the use of such services, that the main interest of ministers was to keep up the standard for patients. "It is the interests of patients that we must protect, first and foremost," he added. "That can be done by maintaining the best of deputising standards, which are already extremely satisfactory in most parts of the country, but unfortunately not in all."

Mr Michael Colvin, Conservative MP for Romsey and Waterside, said that the object of the government's exercise in sending out the draft circular on deputising services had been to ensure high quality services for patients 24 hours a day while being fair to doctors who could not possibly be expected to be on duty 24 hours a day. He also asked Mr Clarke to confirm that he had not the slightest intention of ending good existing deputising services. Mr Clarke said that he could not improve on that. He thought that many members of the medical profession had misunderstood the basis of the government's proposals on frequency of use, and ministers were now discussing with the profession its proposals. The bulk of what the government had proposed, particularly relating to the standards of such services

and increased lay control over them, had been well received, he added.

He said that one of the duties of a family practitioner committee should be to determine a reasonable level of use in its area, and ministers had decided that the committees clearly required more guidance on how they should discharge that responsibility. "Knowledge of the services and control over them can best be established at local level," he said. "We propose for the first time to involve laymen in the exercise of those responsibilities, and we are also laying down the standards that should be achieved by the cooperatives, especially their qualifications or experience of general practice, before they are employed in deputising services." He agreed that nobody wanted a nine to five general practitioner service in Britain, and that it was a case of getting together guidelines that retained the best of present practice and ensured that the best was available to patients everywhere.

In the standing committee considering the Health and Social Security Bill Mr Clarke turned to the subject of the declaration of interest by members of a family practitioner committee, a matter that the government thought should be covered by the procedure regulations that they proposed to make for the committees. "When we were recently consulting about deputising services, it appeared that in one or two family practitioner committees there were people taking a leading part on professional advisory committees who were themselves owners or part owners of the deputising services that were being monitored," he said. "I am sure that nothing improper occurred in any of those cases, but the public interest usually requires that interests of that kind should be declared and that no vote should be cast by people who might appear to the outside world to have an interest." That would be covered in the regulations.

Harsh words on premature retirement

The Commons public accounts committee has had some harsh words to say about the Department of Health and Social Security over the operation of the premature retirement scheme, which was negotiated to lessen the need for compulsory redundancies after the abolition of the area health authorities. The aim was to reduce management posts by about 4000, of which some 2800 would be achieved through natural wastage, 765 through compulsory redundancy, and 435 through voluntary premature retirement.

In the event, the number of premature retirements in England rose from the original estimate of 435 to 2830, an increase of 550%, and the total cost of the scheme shot up from the estimated £8.6m to about £54m. The public accounts committee says that it is "unconvinced" that nearly 3000 premature retirements costing that amount of money is a defensible outcome of the application of the scheme, and it accuses the DHSS of failing to consult adequately with the health authorities, which were left to operate it. It also expressed misgivings about the re-employment in the NHS of officers who benefited from the premature retirement terms—over 100 of the health authority officers prematurely retired after the 1982 reorganisation were re-employed. The DHSS has apparently put its house in order. But the report does convey a warning to the Home and Health Department at the Scottish Office because it says that the scheme is to be applied in Scotland during the reorganisation of the NHS planned for 1984-5. The target date is the beginning of April. As for the position in England, Mr Fowler has forbidden any further re-employments without specific ministerial consent.