Letter from Westminster

Medicine under Labour

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The next Labour Government intends to complete the policy of the last one by removing pay-beds from the NHS and ensuring that private practice is no longer allowed to flourish. The Social Policy Subcommittee of the Home Policy Committee has now approved the draft of the proposals on health to be included in Labour's *Programme 1982*—the running manifesto—and this promises increased resources for the NHS. With them, it says, there is nothing the NHS cannot provide that the private sector can and it can provide something the private sector cannot—a community-based Health Service for all who need it, with an emphasis on prevention. The draft says that the main thrust of Labour's policies must include a shift in emphasis towards promoting health rather than curing ill health, and priority will be given to improving primary care services because good primary care is of paramount importance in this strategy.

It makes clear that Labour's commitment to care in the community will require a major expansion of local authority personal social services, and that the achievement of the objectives being set will require improvements in the ability of the NHS to plan coherent policy strategies. On prevention, it says that at present the scales are balanced heavily against the promotion of health. People are battered by advertisements to smoke, to drink alcohol, to eat sweets, and so on, and measures will be needed to tip the balance the other way. These will include expanded health education programmes, the prohibition of tobacco advertisements except at the point of sale, and the end of sponsorship of sporting events by the tobacco companies.

On primary care, the "lynchpin" of the NHS, the draft opts for encouraging GPs to work in groups closely with health visitors, community nurses, dentists, pharmacists, chiropodists, and other supporting staff from purpose-built health centres. It says the evidence suggests that health needs are greatest in the inner cities, where there is a greater proportion of elderly and singlehanded GPs working from inadequate premises with a heavy dependence on deputising services. To overcome these problems it proposes to establish a scheme to retire elderly GPs, introduce financial incentives to improve the availability of doctors, and amend the rules on overdoctored areas to allow more doctors into deprived areas.

It comes out against the Government's proposal to create family practitioner committees as health authorities in their own right, and promises to transfer their responsibilities to the districts as recommended by the Royal Commission on the NHS. On private practice, it says that all pay-beds in the NHS will be removed within the first two years of the next Labour

Government, and that those parts of the private sector that can be used to meet local health needs and reduce waiting lists will be taken into the NHS. The tax concessions on private health insurance will be withdrawn, as will the charitable status of certain hospitals in the private sector. Further development of private hospitals will be banned. The consultants' contract will also be renegotiated so that full recognition is given to those who make a full-time commitment to the NHS, and the merit award system will be replaced by a new system of career structure supplements.

The draft says that at present the dice are loaded against the person who complains, and that there should be machinery for the independent investigation of clinical complaints in hospital either through an extension of the Health Commissioner's functions or through the establishment of regional investigating panels. As for complaints against family practitioner services, it says adjudication should be undertaken by an independent body.

There would seem to be plenty there to give the medical profession something to think about in the run up to the next general election.

"News management" of pay awards

It was no coincidence—there is, after all, such a thing as news management—that the Government chose to announce acceptance of two pay awards in the region of 6% on the day it turned down the proposal by the Doctors' and Dentists' Review Body for an award totalling 9%. That was made up of 6% for this year and the 3% held back last year when the DDRB proposed a 9% award. The two other awards accepted were the 5.9% finding by the Civil Service Arbitration Tribunal for non-industrial civil servants—the union had claimed 13%—and 6.1% proposed by the Armed Forces Review Body for servicemen. Given the offer already made to the nurses, it always seemed on the cards that doctors would be lucky to get more than 6%, and quite clearly that figure is now emerging as the "magic" one in place of 4%. As for last year's 3%, that looks like water long since passed under the bridge.

The gamble ministers have taken is that the profession will recognise that it is getting the going rate and not, in the circumstances, being too badly done by, and that they have done enough not to cause the DDRB to throw a collective fit and offer resignations at once again having had its advice rejected. Sir Robert Clark and his colleagues make clear in their report that, while accepting that the final decision must be for the Government, they attach great importance to a continuing commitment by the Government that their recommendations will not be prejudged and "will be rejected only in the most exceptional circumstances."