Letter from Westminster

Election year and the missing 3%

WILLIAM RUSSELL

Ministers are currently keeping their fingers crossed and their mouths pretty tightly shut as the time approaches next week when there will either be a resolution of the National Health Service pay dispute or more trouble. Careless talk could cost a settlement. Although both NUPE and COHSE have seemed a little more belligerent of late, it is not clear whether this represents a genuine revival of the wish to do battle or the last defiant cries before peace of a sort is declared. One thing is certain: there will be no winners even if the unions accept the offers made to them by the Government: both sides will have lost. Ministers may have held the line against the threats but in doing so have created a bitterness that will last a long time. They are undoubtedly hopeful that the Royal College of Nursing ballot will lead to acceptance of the pay plus review body offer. This offer is not divisible. When first mooted the sort of review body that they had in mind was said not to be like the doctors' and dentists' review body, but it has turned out that it will be something very similar.

The DDRB has started work on next year's report and some preliminary evidence has been submitted by the Department of Health and Social Security. It looks as if next year, provided the DDRB bats hard on the issue, the Government will concede that the time has come to pay the 3% held back two years ago and refused last year. There is a simple reason for this. The Government is trying to persuade the nurses that the review body that they have been offered is a good thing, and it would be an inauspicious start should the body on which it is modelled have its proposals emasculated for the third year running, quite apart from the effect that it would have on the members of the DDRB. There is, after all, not much point in making proposals if they are continually turned down. That is not to say that the whole of the figure the DDRB comes up with will be accepted—the members are being reminded about the 3½% pay factor operating in the public sector but that the offer to the rest of the National Health Service is now 4½%.

It will be up to the DDRB to draw its own conclusions from all that. The point is being made quite firmly that the DDRB will have to consider the non-payment this year and last year of the 3%. In other words, 1983 could be an election year and doctors may well benefit from that.

Mr Norman Fowler, the Social Services Secretary, has been much impressed by the report of the advisory council on the misuse of drugs entitled *Treatment and Rehabilitation*, which was published last week. He believes that drug abuse and misuse is an issue that must be tackled, and he has, therefore, set the money aside. There is £2m next year and the same for the year after that, available for use by health and local authorities and voluntary bodies. He is ready to prime the pump. What he wants now are people prepared to take up the offer. He is also hopeful that the report may be debated in the Commons—there is a fair

amount of time between now and Christmas since the Government has been pushing ahead with its legislation and second reading debates have been going through at a speed of knots. But it depends to some extent on cooperation from the opposition, who control some of the available time. He is urging Mrs Gwyneth Dunwoody, Labour's health spokesman, to accept that a debate is a good idea. Mr Fowler believes that drug abuse is a growing menace. There are about 40 000 addicts in the country at the moment, and the number could rise unless the problem is dealt with effectively. That requires control of drugs by the police and customs authorities, but it also means setting up a whole network of services to treat people who fall victim to drugs.

Ministers recognise that it is an unfashionable cause—like the problems of the mentally handicapped or senile dementia. The day that they find themselves deluged with Commons questions about the issue will be a happy one in a way.

Mr Fowler is also concerned about what the report shows about the activities of some doctors who overprescribe drugs, sometimes because they are put under pressure by their patients. He is intent on dealing with the "few" doctors who prescribe irresponsibly, and consultations are under way on how the tribunal procedure, which deals with doctors accused of such habits, may be improved. He reckons that the present system has not worked at all well.

A medical practices committee for Wales?

The Government has promised to take a fresh look at the possibility of setting up a separate medical practices committee for Wales. The problems of the National Health Service there occupied the Welsh Grand Committee the other week for a couple of sittings, in the course of which Labour and Conservative MPs called for more local influence in the appointment of family doctors in the principality. Sir Anthony Meyer, Conservative MP for West Flint, called it absurd that when it came to appointing a doctor to fill a vacancy in the family practitioner service the decision was made by a committee based in London whose only Welsh representative came from south Wales. Scotland and Northern Ireland had their own locally based medical practices committees and it was time Wales had too, he said. Dr Roger Thomas, Labour MP for Carmarthen and a general practitioner, supported the call, and said that he had raised it with the Welsh Office but had been firmly turned down.

Mr Wyn Roberts, Under Secretary of State for Wales, said that the proposal for a separate MPC had failed to gain the general support of FPCs throughout Wales, but in view of the representations the Government would continue to consider the matter. Dr Thomas also complained about the fact that there was no GP on the new All Wales Health Forum, but was told by Mr Roberts that the Welsh Medical Committee had been invited to send two representatives of its choice. It was up to the committee to choose to send consultants or GPs, and Mr Roberts declined to add to that opinion.