Letter from Westminster

Secretary of State outlines priorities

WILLIAM RUSSELL

A handbook for local authorities and health authorities that contains nothing revolutionary is how Mr Patrick Jenkin, the Social Services Secretary, describes the long-awaited strategy document for the National Health Service *Care in Action* (p 762). As always with politicians' words it is not quite the whole truth. The handbook is revolutionary in the sense that it is the first of its kind to make a partnership between the National Health Service and the private sector a priority. It calls specifically for an imaginative approach to the possibilities of planning and providing services in partnership where it is economical to do so, and envisages the day when interchanging or sharing private sector and NHS staff may be possible.

Mr Jenkin told me in his room at the Commons after the handbook's publication that he believed health authorities and private hospitals could well engage in co-operative exercises, for instance by a health authority contracting private beds to bring down waiting lists. "It might be more economic to do that than to wait until the necessary capacity was available in an NHS hospital," he said. "We want to encourage that and build on it. What I am looking for is a greater recognition of the fact that through mutual support the two sides of health care could do better." He rejected totally Labour's argument—and I will come to Mrs Gwyneth Dunwoody, shadow health spokesman, in a moment—that somehow or other private health care took resources away from the NHS. "These are large sums of money from outside the NHS and the public sector going into health care and being used to provide beds, equipment, and resources which would not otherwise be provided," he said. "To the extent that it takes people off NHS lists it makes it easier for others to get treatment. I cannot understand those who argue that because it is outside the NHS it is detrimental to the service. These are additional resources which relieve the NHS of part of the burden of primary and acute care and leave more money for the Cinderella services."

Mrs Dunwoody is, of course, far from convinced by rhetoric—to use a word that is currently in vogue—like that. "It is blatantly dishonest to suggest that the NHS would benefit by using private hospitals and facilities," she countered. "What would happen would be that private medicine would take the simple, straightforward operations, leaving the NHS with the major, expensive, and complicated ones. If there is spare money it should be directed towards those parts of the NHS which most need it." As for the document in general, she dismissed it as being very vague, full of pious hopes, and lacking in positive suggestions for helping either the personal social services or the NHS.

Mr Jenkin said the handbook differed from those produced by his predecessors in one significant respect—he had not attempted to spell out in precise detail figures for the percentage growth planned for different NHS services. "I took the view it does not make sense to express these in national terms when circum-

stances differ so widely across the country," he explained. "It must be for local health authorities to decide in the light of national priorities exactly how to meet this. It is very much in line with our general priority of more devolution to local level. Health and personal social services are much better run under local management with minimum interference and control from the top." He pointed out that he has added a new priority to those identified by previous governments, the by now familiar Cinderella services such as the elderly, the mentally ill or handicapped, and the physically handicapped. He has added neonatal and perinatal services, which should please the Commons Select Committee on the Social Services a little bit. If he had indicated that there was some extra money available they might, however, have been better pleased. As it is, the handbook makes clear that he intends to establish minimum standards in the maternity and neonatal services that are attainable within a reasonable time and with reasonable staffing and finance.

The handbook also points out that discussions are taking place with the relevant professional bodies about those fields in which standards should apply and how they should be defined. Meanwhile health authorities have been told to give priority to implementing those of the select committee's findings that they judge are most urgent as part of a sustained campaign to improve services.

Some progress on manpower?

Mr Jenkin said that he had been encouraged by the greater readiness being shown by the Joint Consultants Committee to discuss staffing with the Chief Medical Officer. This ought also to give some solace to the select committee, whose investigations into medical education have found a great deal of discontent at the imbalance between consultant and junior staff numbers. "I don't know whether a breakthrough is too strong a term, but I think they feel they are making progress," he said. "There is a greater readiness on the part of consultants to accept that they cannot all go on pretending they are great men with large numbers of juniors running around after them for ever."

He is also hopeful that at last something is going to be done to tackle the size of the NHS drug bill, which approached £800m in 1979 and is a source of constant criticism from the powerful Commons Public Accounts Committee. "We are sitting down with the doctors for the first time ever to look at ways in which more effective prescribing can be achieved, and that is a considerable step forward," he said. "I think there is concern in the medical profession, not just about the rising cost of drugs, but about the kind of free and easy attitude some of its members adopt, and who prescribe without always understanding the effect of a drug, drug interaction, or the alternative cost of different drugs." He expects to receive a report from a working group set up last autumn to come before the end of the year, and that it will provide new guidelines for the DHSS to study before passing them on to the profession to promulgate. "It is quite a special initiative which I hope will lead to a wiser use of drugs," he added.