Letter from Westminster

Budget, White Paper, manpower, and waiting lists

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Some weeks there is just too much going on at Westminster for comfort, and Budget week was such a one, being packed with announcements and rebellions. Budgets are inevitably a bit like the curate's egg, good in parts, though Sir Geoffrey Howe's third as Chancellor of the Exchequer seemed by general consent to have fewer good parts than usual. The 20p rise in petrol prices probably caused the greatest fuss, but there was a lot more in the Budget, some of which passed relatively unremarked. One of these decisions should be of some interest to doctors, since getting a job seems to be as difficult in the medical profession as anywhere else these days. After listing various assaults on company "perks" like free credit cards and cars, Sir Geoffrey gave one company handout his blessing. "I propose to remove the charge to tax on medical insurance premiums paid by employers for the benefit of their employees earning less than £8500 a year," he said. In the overall context of the Budget this slipped by quite quietly, but it does represent a real boost for private medicine. The plan has already been welcomed by the BMA as an excellent idea that will help the private sector relieve the NHS. The Opposition, however, has other ideas altogether.

So far as Mrs Gwyneth Dunwoody, the shadow health spokesman, is concerned, the chronic sick, the poor, and the young will always be left out of consideration by private insurance schemes because they represent a bad risk, and the Government is trying to cheat people by pretending that that can ever change. "It is not the motorists who claim on motor insurance who pay the lowest premium or get the warmest welcome from insurance companies," she pointed out. "Health care would be no different once the profit motive was paramount." Politicians are, however, fallible, and in a speech only four days before the Budget she uttered the memorable words—"If the Government were really sincere about health care they would increase tobacco and alcohol taxes." Well, Sir Geoffrey did just that, though it is a safe bet that health care ranked pretty low in the factors he took into account when reaching his decision to put the duties up.

At the same time as the Budget, the Government published the Public Expenditure White Paper setting out its plans for the next three years. The NHS will be expected to find some £35m at today's prices of its planned growth from savings achieved through greater efficiency from 1981-2 onwards. The White Paper showed that as a result of deciding not to go ahead with charges for road accidents and eye tests—Mrs Thatcher's pledge on no new NHS charges remains sacrosanct, if nothing else is—the Government is to introduce charges to foreign visitors. They will apply to visitors from countries outside the EEC that do not have a specific health agreement with the United Kingdom. The charges will be for treatment other than that provided for accident or emergency cases, and the income is estimated at around £5m in a full year.

During the Budget debate, Mr Patrick Jenkin, Social Services Secretary, justified the decision in the light of the present financial circumstances. "So far as I am aware no other country

in the world offers a free comprehensive service to visitors like the NHS," he said. "The existence of that entitlement leads to fairly widespread abuse by foreigners who come to this country suffering from an existing complaint, and then claim free treatment on the grounds that they have fallen ill while here. It is, at present, extremely difficult to disprove such a claim."

The BMA in the witness box

Last week it was the turn of the BMA to give evidence to the Commons Select Committee that is investigating medical education. To take along a team of eight spokesmen, even for an avowed umbrella organisation, was, to be frank, to test the committee's patience as it made following through a coherent line of questioning a little tricky. It also left the distinct impression that Dr A had come along to keep an eye on Mr B who was there to see Dr C behaved himself and so on back to Dr A. As in previous sessions, the committee was at pains to find out what the profession thinks of introducing two grades of consultant as a way of correcting the imbalance between consultant and junior staff numbers and of improving the career structure. Mr A H Grabham, Chairman of the BMA Council, said he did not think such a scheme would solve the staffing structure problem, and warned that it could lead to small hospitals being staffed by the lower grade, while the large ones got the higher grade. The result could be a drop in standards, he said.

Mr David Bolt, chairman of the Central Committee for Hospital Medical Services, whose rapport with the chairman, Mrs Renée Short, MP for Wolverhampton North East, was something short of total, said he thought such a scheme wholly undesirable. It would not work, he added. There were ways of persuading consultants to accept the need to reduce junior staff, but they would be very resistant to an imposed solution. He suggested that one of the first things the committee might do would be to have a careful look at the present consultants' contract.

The idea of two grades of consultant went down a little better with Dr Michael Rees, chairman of the Hospital Junior Staff Committee, provided it meant that there would be consultants and superconsultants, not consultants and subconsultants. He said the former was something they would consider. Dr Rees also had several proposals for tackling the numbers game, which Mrs Short listened to with obvious interest. He suggested that there should be no further overall expansion of the junior doctor grade and that all available resources that would have gone into the expansion of hospital doctor numbers should go into consultant expansion. There could also be a switching of posts between specialties, and junior posts could even be exchanged for consultant posts, though that was a difficult area. Another proposal he put forward was that the intake of medical students should be frozen at its present level.

Mr Grabham emphasised that more money would be essential if the committee wanted more consultants but said that there was no easy and obvious solution to what he believed to be an intractable problem. It should ponder very carefully before rushing to a solution, he advised. "We do not rush. We always ponder very carefully," retorted Mrs Short briskly.