Letter from Westminster

Health under the Social Democrats

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The time has come to talk about the Social Democrats, who are now a fully fledged party in the Commons. So far as the new party's policies are concerned it is still early days. While Mrs Shirley Williams, Mr Roy Jenkins, Mr Bill Rodgers, and Dr David Owen are clearly in no doubt as to what these should be in principle, being the leaders of a democratic party they cannot start spelling them out in detail until the members have had a chance to discuss and decide what they are to be. In addition, the procedures by which this will happen are still to be set up. A start has been made, however, by providing guidelines for the SDP members on which to base their thinking about policies. This is being done through a series of pamphlets under the overall title "Open Forum," which is modelled on Fabian lines. The first of these, *Local Government and Local Democracy*,* written by Lord Young of Dartington, who is editor of the series, has just been published. The choice of topic is predictable, given the forthcoming local government elections, but it is a wide-ranging one and does allow some hint of SDP thinking on health matters. For a more authoritative pronouncement we must await the utterances of the party's health spokesman, Mr Mike Thomas, MP for Newcastle East.

A major theme of the pamphlet is the restoration to local government of powers and functions that have been taken away by previous Labour and Tory governments. Some of these functions—gas and electricity, for example—cannot be restored, but Lord Young regards the Health Service as another matter. He says that the health services have been organised, reorganised, and disorganised by one palsied government after another, and that this process of centralisation—the SDP catchphrase is "decentralisation"—has to be reversed. "As a first step the local community health councils could become elected bodies and be given powers that would make them more than just a sop to local democracy," he adds. "After that the elected local authorities of the future might take over, and become responsible again for the preventive health services, for cottage and other small hospitals, and for local clinics." He argues that in creating the NHS Nye Bevan paid precious little heed to his own warning that "bigness is the enemy of humanity" and, as a result, municipal hospitals had to go. The Health Service had to be a national, not a local one. "Decentralisation is needed, with power moved away from the central to the local and from the big to the small," Lord Young says. "Local diversity and spontaneity is what we are after instead of uniformity, but always with the proper provisions for redistribution of resources from richer to poorer districts."

There is clearly something there to be going on with, and Lord Young is a formidable ideas man. Mrs Williams has said that when it comes to ideas he has the equivalent of a gardener's green fingers. As for proof of that, he is the originator of the Consumers' Association and the Open University.

The report of the Doctors' and Dentists' Review Body has now been received by the Prime Minister, and it looks as if the recommendation is for an increase of around 9%, coupled with an indication that it is for the Government to decide what can be paid in the light of the overall economic circumstances. Mrs

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Thatcher met the heads of the three review bodies—the others are for the armed Forces and top public servants—at the beginning of the year to emphasise the need for public sector pay restraint, and her message has been heeded. With the Government refusing to give the civil servants more than 7%, and the NHS ancillary workers having settled for 7.5% over 15 months on condition that the unions would be asking for more if the doctors and dentists were allowed to break the limit, doctors can probably look forward to getting 6%. This will leave the eternal catching-up problem for future years and will yet again prompt questions on the value of "independent" review bodies. The decision will be taken on all three reports at the same time by ministers, who have yet to look at them in detail.

ODA proposes compulsory retirement for GPs

A retirement age of 65 for general practitioners, just as there is for hospital doctors, is proposed by the Overseas Doctors Association in its evidence to the Commons Social Services Committee, which is investigating medical education. The ODA told the committee that doctors who wished to continue in general practice after retiring should do so in private medicine, where they would have ample opportunity to prove their ability. As a customer of the NHS that seems a reasonable enough proposition to me, but if I were by any chance paying for private treatment it would raise a dilemma—was this doctor past his best or truly rich with the wisdom of years?

The ODA also called for a reduction of GPs' lists to "manageable proportions," with a proportionate increase in capitation fees, and for regrading where suitable, after a review, of medical assistant posts to consultant status.

The division by the General Medical Council of overseas doctors into two groups—one getting automatic full registration, the other having to apply for limited registration—should be looked into, the ODA said. Was there any need for any doctor coming from overseas to be given full registration automatically? He could obtain it after justifying his qualifications and experience, and that in itself would discourage such doctors from applying for career posts immediately on arrival. A lot of cool thinking and planning was needed, and the ODA said it was ready to sit down and talk about the matter with the BMA, the women, and the Medical Practitioners' Union.

The timetable imposed on the report stage of the Transport Bill by the Government meant there was no debate in the Commons on the new clause to make wearing seat belts compulsory. The chance to change the Bill in the Commons has, therefore, gone, and it is now up to those in the Lords who favour compulsion to amend the Bill there, provided it is procedurally possible to do so. There was enough support earlier this year for a private member's Bill on seat belts to get a second reading in the Lords, and if those who turned out then—and a few more to be safe—do so again a new clause might well be written in. The chances are, since there always has been a majority in favour of compulsion in the Commons, that when the amended Bill comes back the clause will be left in. The Government will give a free vote on it. Although opposition in the Commons to seat belts is fierce, its past successes have been due to skilful exploitation of the rules, not numbers.