Letter from Westminster

Rural trip for Labour's NEC

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A warning that the level of rural medical facilities is becoming alarmingly low is given by Labour's National Executive Committee in a new pamphlet outlining a programme for rural revival. The NEC believes that recent developments in health care—group practice is one example—have created special problems for the rural areas. So have the increasing centralisation of hospital services and the fact that in recent years many small pharmacies have closed. The loss of the latter has meant the disappearance of a source of information and advice on minor ailments for the country dweller. On the availability of health facilities the pamphlet, *Out of Town, Out of Mind*, quotes a survey carried out in 1977 by the National Federation of Women's Institutes which found that 54% of villages were without a doctor's surgery, 75% without a chemist, 84% without a dentist, and 89% without an optician. "These figures are only a rough estimate, but they do reflect the serious problems of access which people in rural areas experience," the NEC asserts. The solution it favours is the setting up of mobile medical services, which would operate through a system of "core units" established in each village to provide basic amenities. The mobile service would in effect "plug into" the core unit. The NEC points out that some specialties complementary to medicine like chiropodists and opticians can operate a completely independent mobile service, but that is not practicable for many other services. Running water, lavatories, waiting rooms, and so on are needed, and, while it has proved possible in some cases to use village halls, the NEC thinks something better is needed.

"Doctors, dentists, pharmacists, and other health care workers could use these facilities on a prearranged basis, providing the village with a much-needed regular service," the NEC says. "In our evidence to the Royal Commission on the National Health Service we argued in favour of consultant sessions being held in health centres to strengthen the links between hospital and primary care services. We believe this would be of greatest advantage in rural areas, where the distances people have to travel to hospital are much greater."

The NEC does, however, point out that, while it would be wrong to stem the tide of cottage hospital closures, surgery closures, and the general centralisation of medical services, it had to be recognised that these developments were often due to technological advance, and it had no wish to do anything to retard the improved standards of medical care, which could only be provided in large but remote medical centres.

Fuel for a running parliamentary battle

The Government's wish that health authorities should sell off hospitals surplus to NHS needs to private health interests will, if fulfilled, provide fuel for a running battle with the Opposition. That much has been made quite clear by Mrs Gwynneth Dunwoody, Labour's health spokesman. According to Dr Gerard Vaughan, the Health Minister, the development of the private hospital sector can, given suitable collaboration, help the

NHS. He does, however, concede that a particular private development might have an adverse effect on the staffing of a particular NHS hospital. It is this prospect which alarms the Opposition. Dr Vaughan told Mr Laurie Pavitt, Labour MP for Brent South, the other day that this was why the Government had retained the controls on developments provided by the 1976 Health Services Act. These require authorisation by the Secretary of State of private developments of 120 beds or more, and of any private development, however small, if it falls within a designated area. Try to find out from the DHSS, however, how such sales are going and you will be told it has no central list. Anybody wanting to find out—and that includes MPs—should apply to the regions. I imagine that just as soon as Dr Vaughan wants to make some political capital out of such sales a list will appear. Meanwhile, the Opposition is making quite clear that those who are thinking of buying had best take heed. Mrs Dunwoody has warned off prospective buyers in characteristic language. "The Labour Party are totally opposed to the creation of private hospitals by the theft of national assets, and those who are looking to make a quick buck should be aware that we would take all such developments back into public office immediately on taking office," she says. "The populace would demand it." As always, Mrs Dunwoody does not so much choose her words as pull them out of the air. But at least she does not pull her punches.

The tenor of the evidence by Mr Patrick Jenkin, the Social Services Secretary, to the Social Services Committee investigating medical education would imply that its report will receive a sympathetic reception. That will be something of a change for the committee, several of whose previous reports have received the ministerial cold shoulder. He wanted to see the present ratio of consultants to juniors of 1:1.8 reversed, and believed that the negotiations that Sir Henry Yellowlees, Chief Medical Officer, had been conducting with the profession for the last 18 months had shown greater readiness for change. "The door is open and we have got to press ahead," Mr Jenkin declared. On medical school intake, Mr Jenkin said that the Government stood by the planned annual intake of 4080 students. There was no evidence yet that universities wanted to cut back on student numbers, he added. If there were evidence of an established medical school in London deciding to cut back sharply there would be an opportunity for a university without a medical school to start one.

Student numbers also featured in evidence given to the committee by the Conservative Medical Society, who proposed that a permanent standing committee be formed with representatives of the University Grants Committee, the conference of medical royal colleges, the DHSS, and the Department of Education. This would sit in October or November to discuss the required number of medical student entries throughout Britain for the following year, and be empowered to take decisions within a range of plus or minus 5% on the previous year's figures. Its deliberations would be mandatory on the medical schools. "This mechanism is infinitely preferable to an artificial increase or decrease in the attrition rate at the end of the first year in medical school which could be achieved by varying percentages of pass figures in examinations," the CMS added. "We believe this latter mechanism is politically and socially acceptable."