Letter from Westminster

A hawk takes over at the DHSS

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There is a terrible temptation for anyone who works at Westminster as year succeeds year to get a depressing sensation of *déjà vu* at this time as yet another Queen's Speech looms on the horizon and the Cabinet gets stuck into the annual wrangle over public spending cuts. This time round, however, it is less excusable than usual since there is a major new element in the health scene with the arrival of Mr Norman Fowler as Secretary of State in place of Mr Patrick Jenkin.

That means that a fresh and perhaps more hawk-like eye is being cast over the whole range of the Department's policies. Whether Mr Fowler will prove in the long run to be the hawk he is said to be, slashing the DHSS budget at a stroke, is anybody's guess. Being in charge of a large spending department—and the DHSS is the largest—works wonders on a chap's attitudes, judging by what has happened to other ministers in the past. All the same, Mr Fowler had an impressive record as Transport Minister, his last job, for taking things out of the public domain—"privatisation" is the jargon word—ranging from disposing of British Transport hotels to selling off the franchises of motorway service stations. Just imagine, therefore, what he might not get up to faced with the National Health Service's ancillary services. There is certainly a case to be made for contracting out many of them to the private sector—laundry, cleaning, catering, and maintenance could all prove lucrative for the right entrepreneur, while the sale of surplus land and premises is also a fruitful area for a determined minister to dabble in.

Mr Fowler is also said to be far keener about the possibility of introducing alternative ways of funding health care, an idea that Mr Jenkin embraced with the utmost reluctance and that has been kept alive in the face of determined departmental opposition only by the equally determined advocacy of Dr Gerard Vaughan, the Health Minister. He managed to promise movement every time there was stalemate, achieving at least an inch or two from his civil servants simply to avoid embarrassing the minister too much by conceding that the thing was really bogged down in a tangle of red tape. Mr Fowler will not, however, be introducing hotel charges for NHS hospital patients. We have the word of Mr William Whitelaw, Home Secretary, standing in for the Prime Minister at question time in the Commons, for that. It seems that some election pledges really are sacrosanct—at least when they were uttered by Mrs Thatcher.

The new minister is also alleged to think that there might be some room for flexibility in the cash limits for doctors and nurses, an attitude it is hard to reconcile with the 4% average for pay in the public sector decreed by the Cabinet for the coming pay round. That 4% figure will present the long-suffering Doctors' and Dentists' Review Body with an insuperable obstacle when it comes to make its report next year. Any

findings it will reach can by no stretch of the imagination be reconciled with a 4% limit. The suggestion is that Mr Fowler believes that by proving his willingness to cut elsewhere he might get some leeway over the 4%. It is an intriguing scenario, but not everyone believes in it.

Hope for self-certification

The legislation from the DHSS next session will consist of two major Bills and not much else. There is no time to spare since hanging over the session will be the possibility of a request by the Canadian Government for changes to be made to the British North America Act in which its constitution is enshrined. It will be a controversial request, and the parliamentary battle will be rough. Apart from the controversial nature of what the Commons is being asked to do—it is hideously obscure, as are all constitutional matters—the row will provide those who bear the Government no love with a splendid chance to be argumentative and thus use up time and disrupt the legislative programme. That being so, Mr Francis Pym, Leader of the House, has made sure that the programme is stripped to its bare essentials.

The DHSS has, however, managed to get a new Mental Health Bill included. This will update the 1959 Mental Health Act and give mental patients greater rights. In addition, the Social Security Bill, abandoned last February because agreement could not be reached with industry over the plan to reform the sickness benefit system, has been revived. The problem of self-certification has not been resolved, but the chances are it will be and doctors will stop doing a job they are reluctant to do. But that will be that. The plan to allow sick pay for doctors suspended on health grounds to be paid as of right, which was to have been included in a small Miscellaneous Provisions Bill, seems to have been rescued, and it is expected it will be added to the Social Security Bill.

Mrs Renée Short, Labour MP for Wolverhampton North East, a regular visitor to these "shores," is in a right old tizzy over Dr Vaughan's decision to appoint 22 people to the new Maternity Services Committee, which will start work next month. The committee was proposed in the report on perinatal mortality produced by the Social Services Committee, which Mrs Short chairs. What the committee had in mind, however, was a small group of about half a dozen people, which would include an obstetrician, a paediatrician, a GP on the obstetric list, and a midwife. Dr Vaughan's committee will have 17 professional members, a fact that sends Mrs Short into the stratosphere. "It is a recipe for inaction," she told me. "What on earth does he want 17 professional people on it for? It is all very discouraging—and typical of the minister." As for the time it has taken to get the committee set up, she thinks that that is another tribute to Dr Vaughan's talent for dithering. After all, the report was published last July and the proposal accepted in principle in December.