Letter from Westminster

Decoding the Queen's Speech

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The in-phrase in politics at the moment is to say that something has been delivered "in code." It has replaced such favourites of former times as pragmatic, consensus, or getting the balance of payments right, although Disraeli's famous "one nation" has still to be overtaken in the longevity stakes. If ever there was an example of something written in code it was the Queen's Speech at the opening of the new session of Parliament. The speech always is in code, and the art of working out just how many legislative promises are concealed by the time-honoured jargon in which it is written is not easily mastered. Indeed, I am always taken aback at the end of the day by just how many Bills are found to have been lurking among the verbiage. This year it is said to be 15, though I could trace only 13 plus two that were certainly not mentioned. That it is the Queen's Speech is, of course, a fiction. All she does is deliver it. The text is a party political affair through and through. So far as health is concerned there were no surprises, though two disappointments for doctors. The two Bills everyone has been forecasting were there—the one to reform the sickness benefit system and the one to update the mental health law.

Not everything one has been led to expect, however, is in the sickness benefit Bill, which places a duty on employers to provide sick pay for their employees during the first eight weeks of sickness. It is an early runner in this year's programme, but it is, after all, really only a revamped version of the one abandoned in February, so that is to be expected. In the event it does not, as I suggested it might, tackle the question of sick pay for doctors suspended on health grounds. That is one disappointment for an expectant profession. The idea was considered by ministers, since the reform is desirable, but they came to the conclusion that it would be stretching the long title of the Bill—the definition of its contents—too far to try to include these proposals.

The Bill is also highly contentious, with Labour firmly pledged to oppose it, and there seemed good reasons for not giving any more ammunition to the enemy than was strictly necessary. The Bill proposes that as compensation for taking on the new liability employers will be able to deduct their payments of sickness benefit from their National Insurance contributions, which are handed over to the Treasury. But the question about what happens over self-certification, the proposal designed to divest doctors of the task of issuing short-term sickness notes, has not been resolved and is not mentioned in the Bill, which will greatly disappoint GPs. They want self-certification to operate from next spring, and the principle has been pretty well considered by the DHSS. Treasury ministers, however, are unconvinced. The objection stems from the fear that employers, now that they can pass on the cost of sickness benefit directly to the Government, will be anything but rigorous in checking up on the first week of sickness. That could lead to an increase in the claims for short-term benefit, especially as the present safeguard of having to obtain the statutory sick note from a general practitioner would have gone.

Claims for sickness benefit have been falling recently, after years of having risen steadily—a change explained by the fact

that people may be more concerned than before about protecting their jobs in this time of mass unemployment. The Bill is going ahead, but clearly ministers will want the issue settled by the time it comes up for its second reading in the Commons. One way out is a plan for DHSS officials to make checks on claims for the first week, but the objection to that is their lack of medical knowledge, coupled with the bureaucratic effort involved.

The staff savings from the scheme proposed in the Bill are put at around 3000, and Mr Norman Fowler, the Social Services Secretary, would object to any scheme that prevented that goal being achieved. The whole problem is currently before a Cabinet committee, and further talks with the Confederation of British Industry and the medical profession are to take place.

Mental Health Act

The other Bill to keep DHSS ministers busy is the one reforming the 1959 Mental Health Act, which deals with the status and legal position of the mentally disordered. It adds to the safeguards for detained patients, clarifies the position of staff looking after them, and takes into account developments in psychiatry since the passage of the 1959 Act, as well as the proposals in the White Paper reviewing the Act published in 1978 and the subsequent comments. It is designed to increase patients' access to mental health review tribunals, and a new Mental Health Act Commission is to be established to act as a watchdog for detained patients.

That is the legislative feast. Meanwhile the public spending review continues, and as part of that ministers have been looking at the question of imposing cash limits on family practitioner committees. The Chancellor of the Exchequer, Sir Geoffrey Howe, put the case for them in a speech in April to the Royal Society for Health, though he conceded that there were obvious reasons why it was difficult to predict and control the cost of medicine. On the other hand, he pointed out, hospitals were required to manage within fixed budgets. The topic was later raised by Mr Leon Brittan, Chief Secretary to the Treasury, who pointed out that FPCs cost £2500m. A review of the possibility of action has been going on, but it looks as if the DHSS has staved off the Treasury.

The Department's argument has been that FPCs are monitored and that there is no practical way of placing a rigid cash limit on such services anyway. But if the growing expectation is that they will not feature once the public spending review is completed towards the end of this month, caution is always essential. Nobody is claiming victory in advance, just in case the Treasury at the end of the day gets some of what it wants. As for the question of just who will take over the role of employer with the abolition of the areas—whether the FPCs go independent or are handed on to the districts—it seems that ministers are still arguing about the answer. Apart from anything else, Mr Fowler has been too taken up with the spending review to give the problem much thought.

The NHS is bound to face some harsh decisions in the coming months. Prescription charges go up again in April, possibly by as much as 25p, and increases in optical and dental charges are also likely. So there should be some stormy times ahead.