Letter from Westminster

Over £11 000m a year spent on NHS

WILLIAM RUSSELL

It is always impressive to listen to a politician assuring the world that he is doing more than any of his opponents ever did and giving the impression that all is for the best in the best of all possible worlds while the people on the ground think otherwise. Mr Norman Fowler, the Social Services Secretary, used the debate on the Queen's Speech in the Commons to reject the Opposition charge that the Government had cut back on the NHS. "They are hopelessly mistaken," he claimed. "This government are spending more, not just in cash but in real terms, than in any year of the previous Labour government. More resources are going to the hospital and community health services and more resources are going to the family practitioner service. That is the fact of the matter."

I suspect there are many in the medical profession who would greet that with a cry of, "Tell it to the marines." But Mr Fowler was not so interrupted. He said that current spending by health authorities this year was planned to be 4% in real terms above the level inherited for 1978-9, and if capital expenditure by the authorities was included the figure was nearer 4½%. Add spending on the NHS as a whole and it rose to 5%.

"These are increases over and above inflation during the period, and we are therefore talking about having achieved a real growth in NHS financing," he added. Over £11 000m a year was being spent on the NHS, an enormous sum that showed the priority given to health by the Government.

Mr Mike Thomas, the Social Democrat's health spokesman, who is MP for Newcastle East, suggested that simply to accommodate the demographic changes an increase of between 1½% and 3% a year in real terms was necessary, and what Mr Fowler was talking about was an increase of 1% a year. Not so, replied the Minister. The Government was managing to keep pace not only with demographic but with technological changes. He also rather nastily remarked that he assumed that Mr Thomas was the SDP health spokesman, and that one of the extraordinary things about his party was that it had not issued a policy statement on health. Mr Fowler certainly had a point, and presumably once the busy Mr Thomas gets round to it a statement will appear. For the moment, however, we must content ourselves with what he had to say later in the debate.

From that we learn that the SDP intends to take "a non-ideological approach" to health, will remain fully committed to the NHS, and will sustain the real level of increase in spending needed to meet the demographic changes not being met by the Government. They also take a clear, libertarian view of private health and are equally determined to deal with any deleterious effects on the NHS from the private sector. And that, apart from a pledge not to produce great shopping lists of promises to increase nurses' pay, deal with consultants, and so on, was that. The SDP, said Mr Thomas, would wait to evaluate its position in 1983-4 and then consider what economic resources were available.

The Government's plans about consultants' contracts played a fair part in that discussion, as well as later in the week in an adjournment debate initiated by a highly critical Dr Brian Mawhinney, MP for Peterborough, who is vice-chairman of the Tory backbench health committee.

It is no new experience for Dr Gerard Vaughan, the Health Minister, to find himself being lectured by Mrs Gwyneth Dunwoody, Labour's health spokesman—and she objected strongly to the decision that consultants' contracts, other than in the teaching districts, are to be held at regional level. But it must have been Dr Mawhinney's strictures that hit home. A former lecturer at the Royal Free Hospital School of Medicine who entered the Commons at the last general election, he had no hesitation in telling the Government that on this matter it had got it wrong. He said the decision would perpetuate the possibility of some consultants continuing to behave as they wished with little fear of discipline because the region was far removed from the grassroots where they practised. It would also continue to foster élitism, and was financially wrong because it meant that consultants would not be accountable to the accounting unit since finance was to be a district responsibility. The most important reason, however, why it was the wrong decision was because it was out of keeping with the whole philosophy of the Health Service's legislation. In changing its mind the Government had done a great disservice to its new reorganisation.

"Unacceptable face of medicine"

"I have no doubt that in private senior medics threatened and bullied the Government and that this decision is the result," Dr Mawhinney added. "This is the unacceptable face of medicine. The House should recognise it as such. The nation will regret this decision for it will impair the smooth working of the reorganised NHS, and I believe that the consultants will regret it because, by it, they are using up much good will which they may wish to have in store at a later date."

Dr Vaughan could do nothing but make the best of a bad job. "We had to recognise that virtually no medical professional body was in favour of district employment for consultants," he explained. "The BMA and the Joint Consultants Committee, which reports for the royal colleges, argued strongly for regional contracts. That view was endorsed by hospital doctors generally, by general practitioners, and by the community physicians. In fact, it was endorsed by all sections of the profession. It was thus quite clear that if we imposed district employment the new health authorities would start with an apprehensive and unhappy medical profession. On that basis we concluded that the consultants' contracts, other than in teaching districts, should be held at the regional level."

The passage of time can change minds, but this is a U turn indeed. Mr Patrick Jenkin, then Social Services Secretary, told the Commons in October last year that he was "very anxious" that the new district health authorities should be the employers.