Letter from Westminster

Flushing out a response to Acheson

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The implementation of the Acheson report on the problems of inner city practices is beginning to be a bit like reaching the crock of gold at the end of the rainbow. Of course it is there. The problem is getting to it. Ministers still insist that it is "coming soon," and then admit ruefully that this is what they have been saying for some time past and that "soon" is not what it used to be but a movable feast. Perhaps the prospect of a 23 June election, the date currently favoured by Westminster's gossips, will speed things up in due course. There is nothing like an election date for ensuring that all kinds of goodies spill out of the departmental cornucopias. Equally, the threat of an election at some unspecified date tends to clog up the system as ministers insist that all sorts of decisions that they would once have allowed through on the nod, or even sight unseen, are brought to them just in case whatever is done might rebound in the heightened climate of an election. That is said to be how it presently is at the Department of Health and Social Security, and throughout Whitehall to boot.

Elections, or the prospect of them, also set the civil servants wondering about the fate of their present masters. The chances are that Mr Norman Fowler, ambitious though he most certainly is, will stay where he is should Mrs Thatcher win a second stint in Downing Street. But Mr Kenneth Clarke, the Minister of State for Health, can reasonably hope for a ministry of his own when she comes to reallocating the jobs. As for the others, well, Mr Fowler is said to have a hit list—Dr Gerard Vaughan was his most prominent victim—and I would not give a great deal for the chances of Mr Hugh Rossi or Mr Geoffrey Finsberg lasting in their present posts.

But back to Acheson. The lack of movement has set Mrs Gwyneth Dunwoody, Labour's health spokesman, stirring up trouble. She reckons that Mr Fowler is to blame for preventing the finding of the necessary cash, not Mr Clarke.

She points out that there has been a stream of promises about the money required, and claims that amounts of £1m, £3m, and even £9m have been cited at various times. But the promises in print have never turned into cash in the hand—or, to be more exact, in the dilapidated inner city practices. In order to stir things up she has now tabled an amendment to the Health and Social Services and Social Security Adjudications Bill (Lords), to give it its full title, which is currently in committee. Her claim is: "If the government are sincere in their claims that they want action on Acheson then they should grab this opportunity to produce their plans for implementation. If they throw out this new clause I think we will all be quite clear about their intentions for primary care and the family practitioner services after the next election."

The amendment would provide for compensation to doctors over the age of 65 to ensure that they had sufficient financial security to retire at 70, and from 1990 at 65. Given that the man in the street, the way employment prospects are going, is likely by 1990 to find that the retirement age has fallen to around 60, that would seem a modest enough aim. She also

wants the Secretary of State to issue guidelines on the criteria to be used in selecting candidates for inner city practices, to make available finances for employment of juniors as salaried assistants to principals in inner city areas who have decided to retire within two years, and to appoint an assessor to advise the Medical Practices Committee on the selection of candidates for practices.

She would also ensure that regulations were made to control the use of deputising services. They would have to be inspected every two years, and principals using them would not receive payments for medical provision by deputising services if that constituted a substantial part of the medical cover provided by the principal.

Integrating general practitioners

Labour's campaign document, about which I wrote recently, is oddly reticent about the role of general practitioners in the National Health Service. Mrs Dunwoody, however, gave a hint of things to come during an earlier session on the above Bill. The debate was on the government's decision that family practitioner committees should be specialist committees with a direct relationship with the Secretary of State with the sole concern of developing primary care in the relevant spheres. Mrs Dunwoody argued that family practitioner committees should be more closely integrated within the NHS and opposed "the strange and arbitrary manner" in which the government proposed to hive them off.

She went on to claim that the independent status of general practitioners had caused considerable difficulties in achieving changing standards of care. "They always have to be persuaded to go along with the move towards preventative medicine as the question of payment becomes more important than improvements in practice," she said. Mr Clarke told her that the creation of free standing family practitioner committees was a worthwhile administrative improvement, and then tackled her on whether it was Labour's policy to end the contractual relationship between the profession and the NHS and move to an all salaried service.

There is no mention of anything of the sort in the campaign document, *The New Hope for Britain*, but Mrs Dunwoody could not turn down the dare. "I believe that in the final analysis the doctor's place will exist in a salaried service, and that the ultimate aim is for the general practitioner, like his hospital colleague, to be fully integrated into a service where planning is more closely integrated than at the present," she said.

So now we know what she has in mind should she find herself at the Elephant and Castle. It would, however, not be done in any arbitrary manner. There will, she says, have to be negotiations with the profession about how this happy state of affairs is brought about. But she is determined that it will be, and points out that the example has been set by the private sector. In one north London enterprise, she says, the doctors are not only salaried but cash limited, and that proves that doctors are prepared to operate in the way that she would like them to operate in the NHS.