Letter from Westminster

NHS a campaign issue for June election

WILLIAM RUSSELL

Doctors who would dearly like to see politics thrown out of medicine are in for an uncomfortable time as politicians resolutely drag the National Health Service on to the political hustings. Even the Acheson report, now ripening into maturity in the Department of Health and Social Security, seems destined to be caught up in the rising election fever at Westminster, a fever that will spread nationwide now that the election date of 9 June has been announced.

The encouragement of inner city group practices rather than giving elderly general practitioners cash incentives to retire once and for all, thus making way for younger men, looks like being the government's way of resolving the dilemma presented by Professor E D Acheson's report. The money has been available for months, and Mr Kenneth Clarke, the health minister, has denied that there was any Treasury opposition to the DHSS getting the £3m to spend in the next financial year on implementing Acheson's recommendations. He did not, however, deny the suggestion that the Treasury was unhappy about giving elderly general practitioners such payments because of the implications for other professions in which people work beyond normal retiring age. The DHSS, however, does not stand up the tale, but it could still be true. The suggestion was that elderly general practitioners in inner cities would have been offered something between £10 000 and £12 000 as a final settlement—a "give up and go" gift.

It now looks as if Mr Clarke, who insisted in the Commons committee considering the Health and Social Services Bill that the subject of Acheson was "a maze and a minefield," has decided to offer the money to doctors planning to set up group practices instead. That would not exclude elderly doctors who want to carry on working but would mean them doing so in the company of younger men. Just when this will be done is still anybody's guess. The minister said, however, that the government intended to announce the details as soon as possible. He also said that the Medical Practices Committee had made clear that it regarded new vocationally trained doctors of maturity and ability as suitable contenders for singlehanded inner city practices. The committee had also said that inexperience would not in future be a bar to consideration. He had, he told MPs, taken the problem up with the Medical Practices Committee because at present young, inexperienced applicants could not get its approval to set up practice in London. The committee had announced as a result that matters would not follow that pattern in future.

The minister has not yet reached the stage at which he is able to make an announcement. Acheson, he told the committee, made no fewer than 115 recommendations and those addressed to the government were of a complex and difficult nature. Now the June general election will overtake him, but a package for the inner cities would be a popular election offer. Certainly

the future of the NHS is going to be a campaign issue, and such a package would be one means of countering Labour's remarkably successful attack on the way the Conservatives have dealt with the NHS.

Public/private mix

When faced with threats of abolition the Lords like to claim that theirs is a House packed with wisdom and experience, the last refuge of real parliamentary debate. What they get up to does not always bear that out, but this particular debate initiated by Lord Hunter was a model of its kind. It was based on a report by the Nuffield Provincial Hospitals Trust, *The Public/Private Mix for Health*. Lord Hunter's case was that the conflict about private medicine must be stilled if possible because it contributed to the tensions and difficulties of an already beleaguered NHS.

"There really cannot be rivalry between the two sectors," he said. "They are not comparable. I believe that cooperation and the disappearance of political conflict between them is in the interests of all. One has also to recognise the wide role of the NHS in preventative medicine and health education. Private health care has little or no part in this sector of the economy."

Lord Wells-Pestell, a Labour peer, said that his party regarded the NHS as the most sacred of all cows, and woe betide anybody who attempted to destroy it even in part. He believed that the private sector had to be rigidly supervised and controlled, otherwise the NHS would become a kind of Cinderella of the medical services. Lord Wigoder, chairman of the British United Provident Association, described the NHS as a cornerstone of the welfare state, dismissing as a myth the allegation that the private sector acted as a drain on NHS resources. He also denied that private medical care was in some way the prerogative of the wealthy, but he was careful to draw a distinction between the private sector here and what he admitted were "the highly profit motivated American hospitals."

Lord Kilmarnock, the Social Democrats' health spokesman, agreed with him that the present mix was perfectly satisfactory in our society, promising that his party would not seek to abolish the private sector. The Social Democrats would try to ensure that its development did not, however, make it more difficult for the NHS to achieve its ends and that resources mobilised by the private sector were additional to those of the NHS, rather than a shift from one sector to another.

Lord Trefgarne, the junior health minister, insisted that the government's first aim was to strengthen and develop the NHS and denied that private medicine posed any general threat to it. By increasing available health care provision it could relieve some of the pressures on the NHS, he claimed. "We see the NHS and the private health sector as essentially complementary," he added. Lord Hunter, who had the last word because it was his debate, said that he thought the house's message was that while there must be a mix it must be the right one, and this was the challenge placed before the government.