Letter from Westminster

Labour's defence of NHS

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Labour's decision to take the government to task over its plans for the future of the National Health Service as a platform from which to show off the debating skills of its new leader, Mr Neil Kinnock, paid off. The Grenada affair led to the debate being delayed for a day, but that proved no disadvantage and Mr Kinnock came up with exactly what was needed—a good, fighting speech that greatly enthused his backbenchers by staking out a reasonable claim for Labour to be the “only defender” of the NHS. He argued that the NHS could not be dismembered or dismantled by British prime ministers or foreign economists, because it was not theirs to get rid of. “It belongs to the British people and they will strive to retain their proud possession,” he said. He also accused the Prime Minister, who had decided not to take part, of treating the service with contempt. Her approach and that of the health ministers to the NHS was “a mixture of private profiteering and Victorian philanthropy,” he said. The NHS was already the most efficient health service in the world, with administrative costs only 6% of the budget, far less than in France, Italy, or the United States, while the government's claim of a 17% increase in spending on it was only true in relation to the retail price index and did not take into account the rise in the price of medical supplies. Its policies amounted to “an unmitigated crime against the people of this country.”

The point is it got his side cheering, which was the purpose of the exercise. The government's tactic for the week was to announce decisions to define Labour's attack. First came acceptance of the Griffiths report's proposals for a new management structure (p 1391), and then in the debate itself a decision at long last on the Acheson report.

Inner city care aided

The £9m for that was won from the Treasury—indeed Mr Norman Fowler has done fairly well in this year's public spending round and does not have to appear before the ministerial star chamber presided over by Viscount Whitelaw, which resolves the tricky issues where ministers refuse to budge. Announcing the decision, Mr Fowler said that he had decided that there should be a new 60% grant for improving poor quality practice premises in the inner cities like London, Birmingham, Manchester, Liverpool, and Newcastle, which will replace there the 33½% scheme that covers the whole country. This will cost £2.5m over the next three years and will be allocated by the relevant family practitioner committee. He is also asking family practitioner committees to adopt a more active role in advising doctors on premises, to monitor standards by regular visits to surgeries, and to promote improvements. Minimum standards are to be set and family practitioner committees empowered to withhold some or all of the reimbursement that they make to doctors of rent and rates where these have not been achieved. There will be no appeal to ministers. The maximum grant

per practitioner will be £10 000. Some of the £9m will go on extra funds for training health visitors, developing night nursing services, and improving the supply of aids and equipment to district nurses, and encouragement will also be given for establishing group practices.

One central concern in Acheson not covered is the fact that there are too many aged singlehanded general practitioners in the inner cities, although encouraging group practices is relevant. Ministers were not able to persuade the Treasury to give them the cash to set up a scheme for golden handshakes, nor were they able to reach agreement with the profession on how it should operate.

They remain convinced, however, that a retirement age is highly desirable and want to negotiate an age of about 70. That is something that could follow when they take decisions on the Binder Hamlyn report on family practitioner committees, which they hope to publish before Christmas. Unlike the incisively written Griffiths report, a major addition to NHS literature even if it does not want to be, this is said to be “dreadfully woolly.” It apparently rejects cash limits for family practitioner committees but argues strongly that they cannot go on for ever unrestrained, being treated as a demand led service. They have to be brought under some kind of control, even if clinical freedom still has to be respected. Ministers apparently reckon that they could be put under the health services management board that they are setting up as Griffiths suggests.

Mr Fowler said that the government had provided extra resources for the NHS and pledged more in the future. It was, therefore, vital to develop policies that extracted maximum value for money. “With the cooperation of the pharmaceutical industry,” he said, “drug prices have been reduced by 2½% from the beginning of August, providing a saving of £25m this year. I am now holding discussions with representatives of the industry on the scope for further savings next year. We will be looking particularly at the profit rates which are allowed and the controls on levels of promotional and advertising expenditure. The industry has a good record as an export earner, and we do not want to undermine those achievements. But we must also ensure that the health service is not paying too much.”

If Griffiths sets a new path for the NHS the Binder Hamlyn report is seen as doing the same for family practitioner committees—the maxim is value for money. On Griffiths Mr Fowler said that he hoped the health authorities would be able to start implementing its proposals from April next year. He is setting up the health services board, which he will chair, as it suggests, and its first task will be the establishment of the management board bringing together the present management functions of his department relating to the hospital and community services, the family practitioner committees, and special health authorities. At regional and district level general managers are to be appointed to take the decisions at present reached by consensus, and the hope is that doctors will be closely involved in management through the development of management budgets for which they will be accountable.

“The aim is to make devolution work,” Mr Fowler said. “We want all the day by day decisions to be made as close to the ground as possible. Devolution cannot work if decisions have to be continually referred up.”