Letter from Westminster

A new look at London's health service

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Governments faced with decisions that are not necessarily going to be popular, and that also require general consent if they are to work, often take refuge behind an advisory body. This tells them what to do, normally what they want to be told, and they then blame what is done—if it doesn't work—on those who told them. Faced with the Flowers Report and the report from the London Health Planning Consortium the health ministers have just done this—set up an advisory group, which they hope will report by the autumn. Dr Gerard Vaughan, the Health Minister, has assured the Commons Committee on the Health

Services Bill that the advisory group will not cut across the consultations due to take place over the next three months on the Flowers Report. It would take notice of the comments as they were received; look at the report and London University's views on it; study the report by the LHPC; and then come forward with recommendations, he said.

Ministers see no reason, despite great pressure from Tory and Labour MPs, for the group to meet in public, since they believe that most of the evidence has already been taken. The group's task is rather to read the material available in abundance and come to a considered view. Mr Roland Moyle, shadow health spokesman, made it clear that he would prefer a public inquiry and argued that London had no need of an advisory group. But if it had to be an advisory group then he wanted it to meet and take evidence in public and to report in public with the arguments and evidence supporting its conclusions. Opposition to the plan was also voiced by Dr Brain Mawhinney, Conservative MP for Peterborough and a senior lecturer at the Royal Free Hospital School of Medicine. He complained that the Flowers Report bore the imprimatur of senior university officials. "It seems unrealistic to suppose that those hospitals and medical schools, as part of the medical faculty that wishes to put a different view from the official line, will have an adequate opportunity to do so unless the advisory committee is prepared to take evidence directly," he said.

Dr Vaughan emphasised that the two reports were discussion documents. They did not state final decisions on action. Their whole purpose was to point out the problems and start a dialogue on what should be done. "It would, he added, "be a terrible mistake to jump to conclusions that the various recommendations will be automatically carried out." As for the membership of the group—the names should be announced shortly—it will be drawn from the DHSS, the University Grants Committee, London University, the four Thames regional health authorities, the postgraduate board of governors, the Greater London Council, and the London Boroughs Association.

If after all that lot anyone feels like adding "Old Uncle Tom

Cobleigh and all" they could be excused. In addition there will be a small number of independent members, one of whom will be the chairman. There will, however, be no representatives from the community health councils, though, along with the local authorities and the staff interests concerned, they will be asked for their views. Dr Vaughan insisted that by coming forward at this early stage with the plan the Government had taken a positive step to ensure that London did not fall out of phase with the restructuring of the NHS in other parts of the country.

Mr Laurie Pavitt, Labour MP for Brent South, dredged back into the past to come up with "an awful warning." He was not at all convinced that the time for action had come and warned about the disastrous results which had followed implementation of the Willink Report on medical manpower in the 1950s.

Now if there is one thing the present health ministers are determined to avoid it is to go down in history as worthy heirs to Sir Keith Joseph. For a Conservative Government to get it wrong twice would be politically very damaging indeed.

Inter-city dereliction

Mr Moyle also raised the problems of inner city dereliction, which is particularly acute in London, where, he claims, many elderly GPs restrict their NHS lists to the minimum in order to qualify for all the allowances and then concentrate on private practice. "They provide themselves in many cases with very poor surgeries," he said. "Some are quite shocking. They may be tumbledown buildings or lock-up shops that are manned for only brief periods of the day." As a result, he said, it was very difficult for younger GPs to enter these areas because they would inherit minimal NHS lists.

Help, however, is at hand. Dr Vaughan said that the LHPC had a working group under Professor E D Acheson of Southampton University Medical School which was looking into measures that might have a real impact on the problem. Its report is due a year from now—the first meeting took place in January. Mr Moyle, however, was not impressed. On that kind of timetable—the solutions are to take effect over a five-year period—he doubted whether General Montgomery would have won the battle of Alamein.

On the progress of the reorganisation of the NHS proposed in the Bill, Dr Vaughan has outlined the speed at which the Government wishes to proceed after formal consultations end next month. He said that in July conclusions on the main changes would be reached. Detailed proposals would then be worked out by the regional health authorities in consultation with the existing area authorities, local authorities, and other interested bodies. The proposals would be made public so that representations could be made to ministers, he added. The hope was that by April 1981 decisions on the boundaries and size of the new authorities would have been taken. The new authorities would then be set up by Parliament by order and the orders would be debatable. He also indicated that the Government intends to hold a major Commons debate in the autumn when the proposals are known in full.