Crisis in the Health Service

SIR,—Professor J. N. Walton (1 February, p. 273) has summarized much of the discontentment and hopelessness which the profession in Britain feels today. Despite the apparent length of his letter he has, in fact, accomplished this extremely succinctly, as is his wont. It is a very difficult feeling to express.

I believe that the N.H.S. as it is at present conceived is unworkable and is benefiting neither patients nor the profession. The administrative costs are huge, while that part of the limited money available which is actually spent on looking after patients appears to be diminishing. Expensive and skilled medical time is spent in committees which debate trivia and appear to be unable to take effective action on anything. An expensive and monolithic administration has been grafted on to the Service on the recommendation of a transatlantic firm of business consultants. It should be noted that several of the fundamental observations on which its report was based are questionable.

If the profession is in any way to offer health care to people in Britain I feel it is essential that we really do study health care systems; ours is debatably the second worst in the Common Market. Coupled with this study we should look at comparative medical education and pre- and postgraduate levels. In fact, what is needed is a Chair of European or Comparative Medicine. As it happens, Professor Walton's university is one of the best situated and has perhaps the best back-up facilities of the universities which could be considered for this purpose.—I am, etc.,

PAUL VICKERS

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Consultant Contract

SIR,—Some time ago the whole-time consultants in the South-west Region formed themselves into an association to discuss their own particular problems of pay and conditions of service in the Health Service. Each area within the region appointed a chairman and secretary, who also acted as representatives at regional level. The views of the members of this association have been passed to official bodies from time to time.

In the lull that now exists in the negotiations over a new contract many whole-time consultants in the Cornwall Area are anxious that their views on aspects of the contract should be known, especially to those negotiating on their behalf. Because of this, a local meeting was held recently attended by a very large majority of the whole-timers in the area. Discussion was chiefly about the question of a pay differential between whole-time and part-time contracts and what form this should take. That a differential is justified was accepted by 19 of the 21 attending the meeting, on the grounds that this would produce a better pricing for the whole-time basic contract in the long term. All were convinced that the influence of private practice remuneration over the years had been to affect basic salary scales adversely. Again, the majority view (19 out of 21) was that the differential payment, whatever form it took—whole-time commitment payment or extra sessions at

premium rates—should be “additive” or additional to the basic contract.

Turning to the question of the contract itself, and what form it might take, there was now unanimous support for the following proposal:

“That consultants should be able to choose a contract of eight, nine, or 10 sessions, or, of course, a number less than eight in special circumstances. The 10-session contract would be in two forms, one which would retain the right to private practice in free time and the other, linked with a whole-time commitment payment or differential, which would not.”

It should be emphasized that everyone felt very strongly that part-timers should be paid for the number of sessions they work and that the concept of “substantially for the whole of their time” and of unpaid sessions in return for the right to private practice should be abolished. It was equally strongly felt that those engaging in private practice should be abolished. It was equally strongly felt that those engaging in private practice should not be penalized in regard to any extra payments, such as merit awards, extra sessions, or seniority payments, but number of sessions contracted.

Lastly, the meeting was very concerned that future whole-time contracts should be written in such a way that the costs of car, telephone, and other professional necessities such as journals, membership of professional bodies, etc. are allowable for tax relief.

Everyone at the meeting was well aware of the need for unity and anxious that this should be retained. At the same time they were equally anxious that their opinions should be heard.—We are, etc.,

E. W. HUGHES

Chairman

J. S. MURRELL

Secretary,

Cornwall Area Branch,
South-West Whole-time Organisation

Truro

Private Beds in N.H.S. Hospitals

SIR,—While discussion continues about consultant contracts it is timely to look again at the implications of the “phasing-out” of private beds from the N.H.S. The elimination of private beds could be just one step short of a political intention to abolish any private sector in medicine. This would lead to a disastrous black market, a decline in standards, and increased emigration of our best young doctors.

If we really believe in maintaining freedom of choice for the individual for medical care, education, or the like, surely we must try to protect the interests of our own people? More than two millions elect to subscribe to medical insurance schemes. Some may be rich, but many make considerable sacrifices for this provision. The question of privacy, of extra comfort, of the timing of admission in relation to work and domestic life may predominate. For many there is the understandable wish to choose a consultant in whom there is confidence, perhaps most of all if an operation is to be done.

Various organizations have acted on the assumption that private beds will soon be withdrawn and already a number of small private hospitals have been completed. It

is exceptional to be able to provide there the standards of care available in the average district hospital. Continuous medical cover is unlikely, full supporting pathological and radiological services are unusual, and there cannot be all the sophisticated operating theatre equipment now regarded as a reasonable requirement for safety. It is doubtful also if there are enough trained theatre nurses to staff such new hospitals. If, as seems likely, the part-time consultant survives he may well find himself working in private hospitals in an inadequate environment (and often at some distance from his N.H.S. hospitals). A proliferation of isolated private hospitals will mean that consultants are increasingly diverted from their N.H.S. duties. If they can visit and manage private patients in the major hospitals the supervision of all patients and of junior staff is increased, with great benefits to the N.H.S.

A possible solution to this problem has been advanced.¹ The organizations concerned should be permitted to finance the building and day-to-day running of private wings in those district or other hospitals lacking such facilities. The accommodation could be geared to the known local demand for private care. Where already adequate private wings exist these could be taken over. Catering and other ancillary staff could be organized separately. The tax-paying patient should be allowed the facilities necessary to this condition in the theatre and other departments at a moderate fee.

Such arrangement would have obvious economic advantages and could eliminate largely the cry of “two standards of care.” Paradoxically, if the present trend becomes established it is the private sector which will soon have the lower standards.—I am, etc.,

JOHN A. SHEPHERD

Liverpool

¹ Shepherd, J., *Lancet*, 1971, 1, 903.

Junior Hospital Doctors' Contract

SIR,—At a time when a great deal of attention is being paid to the consultant contract remarkably little has been said about the new junior contract which Mrs. Barbara Castle has recently accepted and which embodies many of the principles many consultants seem to demand. This contract has implications and potential effects which have received little consideration. I believe it virtually ends the professional status of junior doctors and I suspect that remarkably few of us have given it much thought and that many know nothing of it at all. I wonder what proportion will really welcome a situation in which all will become wage earners whose earnings depend in the main on the hours of work done.

The past few years have seen a growing discontent among all hospital personnel and an increasing determination on the part of junior doctors that their excessive working hours should be rationalized and rewarded. Thanks to the skill, unanimity, and trade union approach of the junior negotiators great strides have been made and we have seen some improvements in our hours of work and career prospects. Salaries have improved in relation to those of consultants but have lagged behind those of comparable