Letter from Westminster

Minister sees new supplies council as "agent of change"

WILLIAM RUSSELL

Action after 25 years to tackle some of the financial problems of the NHS is something to be noted with satisfaction. The Government, only two or three weeks after the Commons Select Committee of Public Accounts criticised the delay, has now set up a supply council for the NHS. In its report the committee said that because of the lack of co-ordinated purchasing arrangements £15m a year was being wasted, and urged that a council should be set up with the powers necessary to ensure its recommendations were put into effect by the health authorities. That has now happened. Mr Patrick Jenkin, Social Services Secretary, has appointed Mr Bernard Cotton, president of Samuel Osborne and Co Ltd, as chairman and drawn the membership widely from the NHS—including the BMA's doctor Brian Lewis. He hopes the council will be "the agent of change," and has given as its remit the development of policies and the introduction of arrangements which will enable health authorities to make the best use of their supply resources.

Its other tasks include: arranging a co-ordinated system to evaluate equipment and supplies; introducing, as finances permit, a comprehensive, computer-based information system; and giving advice on storage arrangements. In order that it has the necessary status, the council has been designated a special health authority. Mr Jenkin said one of the most important and urgent tasks it faced would be deciding the best organisation and structure for achieving a good supply system consistent with the organisational changes he will announce later this month when he gives his decisions on the consultations held on *Patients First*. In the circular to health authorities setting out his findings he will ask the regional health authorities to submit detailed proposals on how reorganisation should be carried out in their area.

He wants replies by February 1981 and the DHSS hopes that some authorities will come up with their answers even earlier in the New Year. If that happens the job of setting up the expanded district health authorities, which will replace the area authorities, could start in some parts of the country at the beginning of the new financial year.

Where reorganisation presents greater problems—in the large industrial conurbations, for instance—the target date is October next year, and failing that April 1982. The consultative period has apparently shown that the health authorities want to get reorganisation out of the way as quickly as possible, hence the optimism at the DHSS that some of the RHAs may start the job next April.

The Government is no different from its predecessors when it comes to overloading the Commons agenda. Ministers come into office promising that they intend to introduce less legislation—and then break the promise so that each July the Commons rings to the plaintive pleas of backbenchers facing the prospect of going on holiday just as their children are about to go back to school. Pressure on time this session has been heavy and at this late stage in the parliamentary year the last thing any minister wants is to add to the House's burden. That is one

reason why ministers have no wish to make many—or any—changes to the Health Services Bill, which has received an unopposed second reading in the Lords. They want it to become law before the House rises in early August. As a result there is likely to be another health Bill next session to take account of the issues raised in the *Patients First* consultations.

Another reason for not wanting to hold things up is that the Bill contains the provision to increase the borrowing powers of the General Practice Finance Corporation and the earlier these become law the quicker the relief for GPs waiting for loans.

Lord Cullen of Ashbourne, the Government spokesman, winding up the debate in the Lords, said that the views of the district councils, who had been pressing hard to keep their representation on the new district health authorities, would have to be studied carefully. That would take time, and accordingly the Government could not take steps to amend the Bill. The possibility of change in later legislation had not been ruled out.

The debate also saw more discussion about the vexed issue of pay-beds. The Government's position was set out with characteristic firmness by Lady Young, Minister of State for Education, who said there was a clear place for private medicine both in and outside the NHS. "Our policy is quite simple," she added. "Yes, to private practice and safeguards where these are necessary. We totally reject the idea that there should be any arbitrary, doctrinaire ceiling on private provision." Pay-beds brought in income and relieved pressure on the NHS, she added. They do, however, do other things too, as Lord Hunt of Fawley, who is a past president of the Royal College of General Practitioners, warned the House. He pointed out that one seldom heard of serious personal clashes or trouble with labour relations in any of the large BUPA or other private hospitals, and suggested it might be better in future if NHS and private patients were cared for in separate buildings. "I am now coming to believe that the unhappy effects they occasionally have on morale, labour relations and interpersonal relationships when NHS and private patients are together under the same roof, are disadvantages which may sometimes outweigh the many advantages of these pay-beds," he said.

Alcohol abuse

Drug abuse hits the headlines, whereas alcohol abuse is a far less attractive subject to the media, a point made in the report of the Parole Board for 1979, which has just been issued. Ministers are concerned about alcohol abuse, as Mr Jenkin made clear earlier this year in a major speech in which he urged employers and unions to pay attention to the problem and called for earlier identification of the signs of people with potential drink problems.

Some indication of how the Government wants to tackle the problem could come later this year in the promised statement on preventive medicine and health priorities when the Labour Government's *Prevention and Health—Everybody's business*, issued in 1976, will be updated.