Letter from Westminster

Reprieve for community health councils

WILLIAM RUSSELL

Community health councils are to be reprieved and the target date of 1 April 1982 has been set by Government for the bulk of the NHS reorganisation. These will be the main features of the statement Mr Patrick Jenkin, Social Services Secretary, is to make this month on the results of his consultations on *Patients First*. The fact that Mr Jenkin's mind has remained pretty well as it was before consultations began is shown by a copy of the draft circular he sent to RHA chairmen which fell into the hands of the National Union of Public Employees. He is proposing few changes to his original plans to streamline the structure of the NHS.

As expected, the CHCs are to stay, Mr Jenkin having resisted the temptation to save the £4m abolition would have provided. A consultative document on them will be issued in the autumn, and he promised the RHAs more details in his statement. Among the issues he listed as "not open to further discussion," in addition to the future of the CHCs, were the creation of district health authorities from existing districts; the timetable for restructuring the NHS; and the retention of the existing pattern of family practitioner committees.

The draft circular says: "The Government have decided that all area health authorities and health districts in England will, subject to the enactment of the Health Services Bill, be replaced by one or more district health authorities, each served by one team of officers." It also says that to minimise disruption to services concerned in boundary changes, Ministers expect the new DHAs to follow the boundaries of existing districts or single district areas and that "only in the most exceptional cases" would they agree to a DHA serving a population of more than 500 000. The original decision to cut local authority membership on the new DHAs stands. There will be only one GP on each of them.

Mr Jenkin has also decided there will be a 10% cut in management costs below the national proportion at the end of March this year, a decision which, it is admitted, will mean some regions having to make greater reductions than others. This tough target is intended to avoid the serious breakdown in financial control which followed the 1974 reorganisation. This "must not be permitted to recur," the circular decrees.

Perinatal and neonatal mortality

The cost of implementing the 152 proposals in the report on perinatal and neonatal mortality from the Commons Social Services Committee is estimated at £25m by the members. That is "a fleabite" according to Mrs Renée Short, Labour MP for Wolverhampton North East, who chairs the committee. The report has been launched on a flood of praise from obstetricians—"A charter for mothers and babies," said Sir Anthony Alment of the Royal College of Obstetricians and Gynaecologists—midwives, industrialists, and representatives of a host of pressure

groups. It is undoubtedly a worthy document and may even, as Mr David Ennals, former Social Services Secretary, claimed, stand 10 or 20 years hence as the most comprehensive study of the problem. But it has one major flaw: it proposes far too much.

Had Mrs Short and her colleagues gone for a relatively short list of proposals they might have pleased the pressure groups less, but they would have made the job of ensuring that Mr Jenkin acts on the report a great deal easier. As it is, he will be able to pick and choose and give the impression of doing a lot when he may not necessarily be doing a great deal. He is committed to giving his views on the proposals in a White Paper later this year, and that ought to mean there is a good chance of a Commons debate. But it is a maxim of select committee life that many report but few are chosen.

The DHSS's view was given a few days before the report was published by Dr Gerard Vaughan, the Health Minister, in reply to a question from Mr Lewis Carter-Jones, Labour MP for Eccles, a long-time campaigner in this field. "We must leave it to health authorities to decide what measures are most likely to achieve this in their own areas in the light of local needs and the resources available," he said. It was a reply illuminated at the news conference to launch the Short Report by one doctor, who warned that should the Government provide money it had better do so with strings attached because the pressures of inflation being what they were the authorities would simply use any extra money to help get themselves out of the red.

The report suggests that in future only GPs on the Obstetric List should be entitled to provide regular care for women during pregnancy and delivery. The list should continue in being, it adds, but the criteria for admission should be redrafted to form a two-tier system. GPs who wish to deliver their patients should have obtained a diploma of the RCOG. The introduction of the new list should be accompanied by a review of the GPs on the existing list to determine those who can provide total obstetric care and those who should be confining their practice to antenatal and postnatal care alone.

Mrs Short said this would mean a change in GPs' contracts, while Mr Nicholas Winterton, Conservative MP for Macclesfield, regarded it as a controversial proposal which would be welcomed by some GPs, if not by their "trade union." The report may gather dust on the shelves at the DHSS. But the all-party committee gave every indication that it will fight to see that that does not happen, and the more the outside pressure groups can call for action the greater the chances of Mr Jenkin implementing its findings. It has the advantage of being a select committee report: so its authors can avail themselves of every possible parliamentary opportunity to call for action.

One report which looks likely to remain on the shelf is the one from a working party chaired by Sir Douglas Black, President of the Royal College of Physicians, on health care due out later this month. The measures the working party has suggested to remedy the differences in health care between the various social groups are estimated to cost around £2000m. Mr Jenkin's foreword is expected to make clear that such spending cannot be contemplated.