

## SUPPLEMENT

*The Week**A personal view of current medicopolitical events*

I wonder why "burning topics" always have boring titles. Perhaps because burning topics are so often boring. Nevertheless, David Owen's address to the Institute of Health Service Administrators last week—though less than boring—was drearily entitled "The Organisation and Management of the NHS." He kicked off by admitting that two years ago he had not been supremely confident in the future of the Service. But given all the difficulties he thought that the NHS had pulled through. Reorganisation had begun in the aftermath of the three-day week, and, as the tenth largest employer in the world, that had been a problem for the NHS. There had been a period of unprecedented unrest among staff, and, of course, inflation. Dr Owen praised the administrators who had had to shoulder so many of the burdens but he warned that they would have to bear even more.

On the decision to control expenditure in the NHS he warned: "the cash limits are real and will be enforced." But it wasn't just a question of budget management and he told us that the Secretary of State had just approved a scheme for reviewing management costs. There will be a standstill on the costs of managing the Service in the current year as at 31 March 1976, with a review of management arrangements: he also promised proposals for change and restraint in the years 1977-9. That raised no applause. But Dr Owen softened it somewhat: "Showing a readiness to be the first in line in economy administrators will increase their credibility and effectiveness with their colleagues in the NHS."

He had never believed the Service would collapse but there were still glaring weaknesses, and one of the most important was the allocation of resources. The NHS should have been the vehicle for redressing inequalities but "we have not achieved uniform medical care." He blamed the structure of the NHS, and particularly the relationship between the Department of Health and the regions. But Dr Owen was hopeful that the present discussions between RHA chairmen and departmental officials will improve relations.

Most of the audience must have had 1 April 1974 engraved on their hearts and so would have welcomed his statement that there must not be another major reorganisation. I'm less convinced: it will be easier to remove a tier now than in five or 10 years when everyone is really dug into their administrative redoubts. But the Minister of State thought otherwise. Each tier had its part to play and he saw no advantage in abolishing one of them. But that didn't mean that there couldn't be change by evolution. And one of his solutions was more devolution of power to the areas, with administrative staff moving between the DHSS and the NHS. Up till now there had been, what he called, a structural divorce: he wanted a structural marriage. How useful it would have been, he recalled with feeling, to have had someone who had actually drawn up a junior staff contract on the Ministry team during the recent negotiations, a remark that provoked some hollow laughs. Come to think of it, other mentions of the medical profession seemed to cause amusement. Do we misunderstand each other so much? We

wouldn't disagree (or I hope not) with one member of the audience who said that he was paid a large salary to take decisions and he advised people to get on with their job and take the decisions even if these proved unpopular. But with so many "decisions" lost in the maze of committees his must be a voice in a thousand.

One cut David Owen wouldn't contemplate was of the centres of excellence and he warned that he will be very unsympathetic to any opposition to the nucleus hospital scheme. Answering questions with his customary adroitness, he did, however, rise to the bait when asked how the DHSS justified the settlement of the new junior staff contract. When faced with industrial action by a unique section of the profession who had the public's support Ministers have to make difficult decisions, he explained. There had been tough negotiations, with give and take on both sides. The final agreement had been within the pay policy and, as the juniors' employers, it was up to the administrators to see that it remained so. Good luck to them, I say.

Being pessimistic by nature, I'll go along with Dr Owen's motto of going forward on a basis of modified pessimism rather than crazy optimism. Let's hope that with fixed budgets, better relations between the tiers (including the DHSS), and the continual reminder that, despite an infinite demand, needs must be assessed in terms of priority, we can soon reverse the nouns. Because, contrary to left wing mythology, doctors want a working Health Service.

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Mention the Royal Commission and people no longer say "What Royal Commission?" The profession's welcome for the commission was soured a little when we learnt that the Government wasn't going to delay its private practice legislation. Spirits rose again at Sir Alec Merrison's appointment to the chair, only to fall when we found that there was no one representing general hospital medicine. After all, it *was* the protracted disputes in the hospital service, firstly with the consultants and then the juniors that—not to put too fine a point on it—nearly brought the Service to its knees.

The President of the Royal College of Surgeons of Edinburgh has thrown down the gauntlet on behalf of his college. In a letter to the Secretary of State he declares that the membership of the commission must have "astonished and distressed all our Fellows engaged in surgical practice." He has asked Mr Ennals to add "a representative of hospital consultants engaged in the diagnosis and treatment of organic physical disease and injury and a representative of the hospital junior staff." I hope it's not too late to correct the omission, which I know has also greatly disturbed the BMA. I know the arguments about concentrating on the preparation of first-class evidence, and the risks of a "Government appointee." But if I was still working in a hospital I'd want a non-academic hospital doctor on the commission.

SCRUTATOR