

TUC criticises primary health care review

The Trades Union Congress has criticised *Primary Health Care: An Agenda for Discussion* as totally inadequate. Describing the review as nothing more than a figleaf to cover the embarrassment of the government's lack of imagination, it calls for unification of family practitioner committees and district health authorities as well as for a salaried service for general practitioners.

The TUC's general secretary, Mr Norman Willis, emphasised that the primary care services provided by general practitioners, district nurses, health visitors, and others were in the forefront of tackling the problems arising from unemployment and poverty. The government's approach, he claimed, would almost inevitably increase inequalities in health. In his statement accompanying the TUC's comments Mr Willis referred to the conference organised by the TUC, the Health Education Council, and the BMA, which had also commented on this problem. The proceedings of the conference were published at the same time as the comments on the primary care review.

Though attacking that report, the TUC sees the Cumberlege report (*Neighbourhood Nursing—a Focus for Care*) as offering a blueprint for the future development of community nursing. It supports the proposal for a neighbourhood nursing service, which, the congress argues, offers opportunities "to be taken without delay."

On primary health care the TUC wants . . .

- Action to ensure the comprehensiveness and quality of primary care, a service which should be flexible and responsive to patients' needs.
- Doctors and nurses in primary care to be organised into neighbourhood teams.
- Adequate staff and resources for future development of primary care without prejudice to the hospital service.
- Family practitioner committees and district health authorities to be merged into unitary health authorities.
- Closer collaboration between primary health care teams.
- Introduction of a salaried service for NHS practitioners.
- A reduction in general practitioners' list sizes.

The TUC's response is available (price £5) from Congress House, Great Russell Street, London WC1B 3LS.

CHCs' views on consultation document

"The government seems more concerned with the problems of controlling costs than with the need to provide more resources for primary care. If extra money is needed . . . then it should be made available."

This is the reaction of the Association of Community Health Councils for England and Wales to the government's consultation document on primary health care. The health service, it says, should be committed to preventing ill health rather than just treating it: it recommends the development of well women and well pensioner clinics and a national breast cancer screening programme.

In its response the association says . . .

- Each area should have a directory of general practitioners' services, giving details of age, sex, and qualifications of each doctor, together with surgery times, services offered and accessibility of premises.
- More information should be provided with prescribed medicines, warning patients about possible adverse reactions and clinical contraindications.
- Patients should be given a record of their treatment and should have the right of access to their medical records.
- Branch and mobile surgeries should be promoted in rural areas and there should be a salaried general practitioner service for the homeless and other groups who find it difficult to have a regular doctor.
- Doctors, dentists, and opticians should display information about how to make complaints and the whole complaints procedure should be streamlined.

The CHCs' response is available (price £1.50) from the Association of Community Health Councils for England and Wales, c/o Nurses Home, Langton Place, Wren Street, London WC1X 0HD.

NHS hospitals to set pay bed charges

At present the Department of Health and Social Security lays down daily fees that hospitals must charge private patients. These vary from £71 to £286 a day. From 1 April health authorities will be free to charge what they like or to follow DHSS rates. The present arrangements have been criticised because they do not take account of the type of treatment; some operations can be much more expensive than others even though the time spent in hospital is the same. Under the new arrangements charges are likely to rise sharply for operations such as hip transplants and heart bypass operations but to fall for simple surgery.

At the same time the Independent Hospitals Association has accused the DHSS of charging fees that fall well below the cost of the treatment provided. The association says that taxpayers are subsidising private patients treated in NHS pay beds to the tune of £50m a year. For example, a bone marrow transplant operation at the Royal Marsden Hospital costs £400 a day because of the use of expensive drugs and a stay in hospital of about 45 days. But the hospital is allowed to charge private patients only £177 a day, a loss on each operation of just over £10 000.

Private capital for GPFC

The General Practice Finance Corporation, which provides loans for surgical premises, has been asked to seek private capital.

Announcing this in a parliamentary written answer, the Minister for Health, Mr Tony Newton, said that the decision followed a study by Hambros Bank into the feasibility of reducing public sector involvement in the loans. The new arrangements would free the corporation from the restriction of borrowing only from the public sector, which was subject to cash limits. It would now be able to provide money from banks and building societies.

The corporation is entirely self financing. It

raises the capital it needs to finance its lending by temporary borrowing and by issuing stock. In 1985-6 it borrowed £22.5m. The borrowing has been limited since 1 April 1985 and the limit for 1986-7 is £26.7m.

The BMA, however, does not believe that private financial institutions will rush to make investments in deprived areas where there is little likelihood of economic returns.

Spending on health 1987-90

Total National Health Service spending in Great Britain next year will rise by over £1 billion to £19.9 billion and by 1990 it will reach £21.7 billion. The Secretary of State for Social Services, Mr Norman Fowler, announced these figures when he welcomed the public expenditure white paper, which gives the government's spending plans for the next three years.¹ He said that spending on the hospital and community health services in England would increase by £630m to nearly £11.1 billion in 1987-8. Health authorities would also retain the benefits of their cost improvement programmes, currently releasing £150m a year. An extra £320m would be spent on the family practitioner services, giving a total of £4.2 billion. By 1990 spending would be over £4.7 billion.

Mr Fowler said that the white paper gave evidence of the "improving overall performance of the health service in recent years." In 1985 hospitals in England had treated 980 000 more inpatient and 400 000 more day patients and there had been three and a half more outpatient attendances than in 1978.

Reference

- 1 HM Treasury. *Government's expenditure plans 1987-88 to 1989-90*. London: HMSO, 1987.

Services for drug misusers

A report from the social services directorate of the Department of Health and Social Security shows that services for drug misusers are changing rapidly. The increase in the availability of drug means that the services and working methods have to be constantly reviewed.

Welcoming the report, Mrs Edwina Currie, parliamentary under secretary of state, said, "Drug misuse continues to be a major problem throughout the country but it is encouraging to see that much is being done to combat the difficulties experienced by drug misusers and their families. Drug misusers are being offered increased care and specialist help and we will continue that support not only to those trying to break away from the evils of drug misuse but also to those who care for them."

Several projects have been funded under the central funding initiative to the tune of £17.5 million to improve services. Health and local authorities have been encouraged to work together and to provide services locally. During 1985 the inspectorate gathered information from 20 local authorities with the aim of seeing the range and extent of services provided.

Project on Drug Misuse, available from the social services inspectorate, DHSS, emphasises that it is difficult to plan and run services where several different authorities are involved. The carers have stressful jobs and the turnover is high. The report highlights training for a wide range of staff as a particular requirement.