SUPPLEMENT

The Week

A personal view of current medicopolitical events

Is the Almighty on the side of the administrators? Last week I wrote about the overspending crisis in my district: one of the options had been to close the surgical wards and operating theatre at the local cottage/community hospital. Well, the great storm that devastated southern England during the early morning of 16 October so badly damaged one of the surgical wards that the patients had to be evacuated. Fortunately for the hospital at a meeting the day before a decision had been taken to save money in other ways so its surgical services had been reprieved. Would the decision have been different had it been taken after the storm? I don't know, but I do know that because National Health Service property is not insured health authorities will be faced with the unexpected costs of any damage from the hurricane force winds. Thus more strains will be placed on deficit ridden budgets. In such circumstances the government should make special financial provision to cover the cost of repairs.

Northern folk are apt to brand those living south of the Watford gap as being soft and prone to moan too readily about the elements. But several older local and health authority staff compared Friday's scenes to the blitz, and the havoc I saw had stretched the emergency services to their limits. Human nature, as usual, showed its best and its worst: on the one hand there were staff walking and hitching in to their nearest hospital and ambulance men and women working themselves to a standstill; on the other, there were the old lady who rang a besieged town hall to complain that the dustman hadn't called and the patients who criticised the taste and colour of tea that nurses had brewed with great difficulty in a kitchen without power. To get to his out-patients my friendly local surgeon, of whom I wrote last week, required the services of a tractor and six hours' hard labour to cut his way out from his house along an approach road blocked by four large uprooted trees. General practitioners weaved their way to patients between fallen trees, dislodged masonry, and stricken power and telephone lines. One doctor visiting some seafront flats discovered the desirable —but fortunately empty—penthouse accommodation resting comfortably in the nearby playing field.

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And while this mayhem was afflicting the south John Moore, Secretary of State for Social Services, should have been up north in the peaceful environment of Scarborough addressing the annual meeting of the Society of Family Practitioner Committees. The storm aborted his trip so the DHSS issued the speech he would have made (p 1080). In it he let slip a few more trailers about what his forthcoming white paper on primary care services will contain. How many moons ago was it that his predecessor, Norman Fowler, promised proposals for consultation on the future of primary care? I looked it up: April 1984. Since then any progress in that part of the health service has been at a virtual full stop. Indeed, on 11 December 1985 Dr Michael Wilson, chairman of the General Medical Services Committee, wrote to the then Minister for Health listing the initiatives that he and his negotiating colleagues had fruitlessly put to the Department of Health and Social Security during the previous three or four years. There had been no fewer than 16 proposals. A DHSS policy combination of "there is no extra money" and, more recently, "we must await the outcome of the primary care review" had blocked any progress.

The minister (would have) said that he could not go into the detail of his plans before the white paper was published, but he reported that the measures had four main objectives: "to achieve our main aims of raising standards of care; to boost health promotion; to offer a wider choice to the consumer; and to provide improved value for money." Nothing very unexpected there, though I doubt that the mechanics of achieving the final two aims will meet with universal acclaim among doctors. Anyway, he promised FPCs not only an "interesting time" but some "extra resources" to take on additional functions. A rare promise.

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With some members attending the Scarborough meeting and others improving their knowledge at the BMA's successful (self financing) scientific congress in Kuala Lumpur attendance at the GMSC's monthly meeting on 15 October was rather thinner than usual. Perhaps the loquacious members were absent or maybe it was John Lynch's skill as deputy in the chair—aided by the club like atmosphere engendered by the comfortable green leather of the refurbished council chamber—that did it, but members had quietly and efficiently consumed the agenda before lunch, well ahead of the usual finishing time. Subjects discussed (to be reported in a future issue) included cervical cytology screening, district medical education structure, trainees in Northern Ireland, and the rural dispensing committee.

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Finally, I owe an apology to pathologists and to the University Hospitals Association. In reporting their recent survey of clinical academic staff (3 October, p 863) I gave the figure eight as the net loss from 1984-7 in whole time equivalent staff in pathology. I am grateful to consultant surgeon Mr B J Harries for pointing out that the figure should have been 30·35, 13·2 of whom were technical staff. Indeed, the four pathology specialties suffered the greatest net loss, amounting to over half of the losses in all specialties. A grim picture for an essential part of medicine.

SCRUTATOR