

Financing the N.H.S.

SIR,—We would like to enlist the help of readers of the *B.M.J.* In Cambridgeshire we have been unable to recall the circumstances in which the Government and the profession have discussed the principles which should govern how the N.H.S. should be financed. Indeed, we believe that a review of these principles by means of an independent inquiry is precisely what the B.M.A. is at present trying to bring about, though so far it has been frustrated.

We are told in paragraph 56 of the Annual Report of the General Medical Services Committee for 1974 that the Department of Health and Social Security has stated that it is an "accepted principle that all the services available under the N.H.S. given to a particular patient by a general practitioner should be wholly under the N.H.S. or wholly private." We would accept that the present regulations make this division an established fact, but we repeat that we have no knowledge that it has been discussed as a principle, still less that it has been accepted as such.

It is imperative that the statement of the D.H.S.S. should not go unchallenged. Any inquiry into the financing of the N.H.S. must be free to examine all possibilities. Let the merits or demerits of any system speak for themselves and let the principles emerge. Those with prejudged principles tend to find only those facts which are in accord with those principles. Let it be quite clear that the profession has an open mind on how best the N.H.S. should be financed. It wants merely to discover the most effective way.

If your readers know when and how the profession accepted the principle of a total and irrevocable division between N.H.S. and private practice, we should be grateful to hear from them. If they believe that the profession has not already accepted the principle and should not accept it we think the G.M.S. Committee might be pleased to hear from them. Paragraph 51 of the above report indicates that the G.M.S. Committee is unhappy about its implications on family planning. Let them be made aware of our unhappiness about its implications on the whole subject of N.H.S. financing.—I am, etc.,

D. D. CRACKNELL

Chairman,

Cambridgeshire Local Medical Committee

Cambridge

SIR,—It is manifestly obvious that no one really appreciates something which is for nothing. It is equally obvious that no government of any political colour will provide the N.H.S. with sufficient funds. We may find that in due course further stopgap money will be provided to get us over the present crisis, but before long we are bound to find ourselves back in a similar situation.

I feel that there is only one way that the N.H.S. can become financially viable—by removing it from direct State financing. The contract should be between consumer and doctor, to whom direct payment should be made and then the consumer can make his own arrangements with the State for reimbursement of part or (if the nation can afford it) the whole of his payments. For hospital services there should be a contributory insurance scheme, so organized that

the consumer knows *exactly* what he is paying.

In this way there would be an immediate reduction in demand leading to more available time for consultations and hence improved consumer satisfaction, increased doctor incentive to do a good job, and furthermore an injection of funds into the N.H.S. which would at long last ensure its viability. Gone is the time for sanctions which are hardly felt. Now is the time to force the country, if necessary, into providing for itself a truly *healthy* Health Service.—I am, etc.,

G. J. WILCOX

Kidderminster

A Bad Week

SIR,—Last Sunday at midday my wife was telephoned by one of my patients requesting a house visit. He was told I was not on duty and given the telephone number of the duty doctor. The patient then informed my wife that yes, he knew who the duty doctor was but wanted me to call as "I knew his wife's case."

A couple of nights later one of my colleagues was telephoned at 5 a.m. Slightly drowsy initially and before he could gather his wits (and without a visit being requested or indeed name and address given) the caller swore at him and slammed the receiver down. This patient subsequently wrote a letter of complaint to me about the "non-existent on-call service."

Today I had an exceptionally heavy morning surgery. One of my patients came in surgery without an appointment; he insisted on seeing me and no other doctor. He had to wait approximately three-quarters of an hour. My colleague could have seen him half an hour earlier. His complaint—a minor lesion on his hands. He complained that if he had known it would be such a long wait he would have gone to the casualty department. (Casualty officers please note.)

The final straw came when I was telephoned by the son of an 87-year-old man who expressed dissatisfaction with his father's present doctor. The son thought his father should be in hospital. The social services department had apparently recommended my name as a second opinion—to say the least an unorthodox procedure. Needless to say, as I explained to the son, I also have patients who should be in hospital but for one reason or another are not.

The point I wish to emphasize in these four cases is that it appears that certain members of the general public are making impossible demands on their medical advisers. Unless complete and immediate satisfaction is obtained a minority of patients knowingly break any administrative and ethical procedure regardless of any consideration for their doctors. When I entered general practice three years ago there was no more bitter opponent of ex-directory phone numbers, emergency services, etc., etc. Now I am not so sure. If general practice as we know it falls apart under impending financial restrictions the general public have only themselves to blame.

Yes, it has been a bad week. Before our consultant colleagues harangue G.P.s for non-availability, perhaps they would consider the above points. Perhaps nearly 30

years of catering "from the cradle to the grave" is coming to an end. Are we coming to an era when patients will be told "either take my advice or push off?" Will there be ever-increasing numbers of "allocated" patients? Will relatives be told that they had better clean up granny lying in a pool of urine and faeces as nobody else will?

One does just wonder what is going to happen to the N.H.S. in the next five years. I think patient and doctor are going to have to prepare themselves for many surprises.—I am, etc.,

A. A. STEPHEN

Bingley, Yorks

Increase in N.I. Payment for Self-employed

SIR,—It would appear that general practitioners in Great Britain are unaware of the fact that from 1 April 1975 it is proposed that a new tax will be applied to them as self-employed persons. A leaflet (NIP 7) entitled "New Contribution System for the Self-employed and Non-employed" explains that as well as paying a heavy self-employed National Insurance stamp weekly, which at present is £2.41, they will be required to pay a new earnings-related Class 4 contribution for self-employed people, including married women and widows, whose profits or gains taxable under schedule D are more than a specified figure. The contributions will be at the rate of 8% of earnings between £1,600 and £3,600 per annum and the sum will normally be paid to the Inland Revenue along with schedule D tax. Class 4 contributions will not give entitlement to any additional benefit.

It seems to me grossly unfair that general practitioners will have to face this additional tax especially as they are paid on a capitation basis and can recover additional expenditure only by negotiations with the Government through the Review Body.

I understand that members of Parliament are regarded as self-employed and will also have to pay this new tax. I hope that all members of the profession will resist the tax and make their views known by writing to their members of Parliament and to our negotiators.—I am, etc.,

JAMES GOLDIE

Dumbarton

SIR,—I wish to draw the attention of our representatives to a proposal by the Government, due to commence in April 1975, of a contribution amounting to £160 a year, for which no tax remission is allowable, towards a new State pension scheme which is not due to come into being for many years. This is being levied on all self-employed persons earning between £1,500 and £3,500 per annum.

This amount of money will be equivalent to a further 5% to 10% on our yearly tax bill. There is no doubt that the self-employed have been singled out for this extra tax, and I hope our representatives and negotiators will take note of this extra impost.—I am, etc.,

J. P. TELLING

Bristol

**The B.M.A. has already protested about this matter (12 October, p. 116).—Ed., *B.M.J.*