**Letter from Westminster**

**Ragbag of a Bill**

WILLIAM RUSSELL

The Government has now published the Bill that fulfils its election pledge to make pay-beds available in National Health Service hospitals where there is a demand for them (p 1595). The Bill, therefore, abolishes the Health Services Board set up in 1976 by Labour and repeals its function, which was to phase out such beds from the NHS. At the same time, Mr Patrick Jenkin, Secretary of State for Social Services, has taken the opportunity to acquire the powers necessary to simplify the structure of the NHS. Action on that will have to await the consultations on the document setting out the Government’s response to the Royal Commission on the NHS. I have not yet seen the document but it will have been published by the time the journal appears. The Bill, however, makes clear what Mr Jenkin wants to do. It gives him power to abolish the present area health authorities and set up district health authorities in their place. These will either be an existing AHA under the new name or created by splitting up an AHA into several parts. The consultations will last until about Easter, after which—at a pace to suit local circumstances and needs—the new structure will be set up... Mr Jenkin is also proposing to modify the structure of family practitioner committees to avoid the upheaval which would be caused by having to create new ones for each DHA. It will, therefore, be possible for one committee to serve several new authorities.

It is a ragbag of a Bill, in which Mr Jenkin has taken the chance to make several changes. Health authorities are, for instance, to be allowed to become directly concerned with raising extra voluntary funds and will no longer be at the mercy of whatever good cause is chosen by whoever is organising the local flag day. While all gifts are welcome, flag days have been known to raise money for something which is not at the top of the list of priorities.

The abolition of the Health Services Board means that the control of private hospital developments outside the NHS returns to the Secretary of State. The rules will be amended by the Bill as follows: the number of beds a hospital can provide without authorisation is raised to 120—at present it is 75 throughout the country and 100 in Greater London. The Secretary of State does, however, acquire a new reserve power allowing him to designate areas where all private hospital developments will require authorisation. This is to meet a recommendation by the Royal Commission about the need to look at the effect on the NHS of developments, particularly in areas where private provision is already high.

The proposals on pay-beds are bound to be opposed by Labour as thoroughly doctrinaire, but the restructuring plans are another matter. The reorganisation carried out by Sir Keith Joseph is not regarded by any of the parties as very successful.

Labour will not object in principle to a slimming of the NHS, though they will want assurances about how the plans affect staff and local circumstances.

**Abuse of AHA power**

Meanwhile the Government is taking steps to deal with the way in which some AHAs have been abusing the “temporary closure” procedure to secure hospital closures to help them make savings forced on them by the public spending constraints. This has provoked a rash of questions and at least one adjournment debate. The trouble has arisen because faced with a shortage of funds as a result of the Government’s cash limits some AHAs have turned to the procedure as a means of saving money. Going through the statutory closure procedure means time-consuming consultations and delays the beginning of the saving process. By invoking the temporary closure procedure the savings start virtually immediately.

Small local hospitals are particularly vulnerable to this sort of economy drive. This has provoked particular irritation among Conservatives since they are convinced of the value of such institutions, as is the Health Minister, Dr Gerard Vaughan, to judge by his speech to the Conservative Party conference. The result is that new guidelines are being drawn up. They will be set out in a circular to be issued shortly. This will require AHAs to notify community health councils of urgently taken decisions and give reasons for not submitting them to consultation, and repeats the Government’s view that any permanent changes should continue to be subject to the appropriate consultation process, including cases where action has already been taken on a temporary basis.

It will not, however, set down any time limits as to what constitutes a temporary closure. Dr Vaughan has dismissed this idea as being unhelpful. Nevertheless, he intends that AHAs will be left in no doubt that they cannot leave hospitals lying idle on the pretext that the closure is merely temporary. Sooner or later they will have to decide what they wish to do and embark on the proper procedures.

**Delay on Abortion Bill**

The progress of the Abortion (Amendment) Bill is proving an endless source of fascination. No sooner had John Corrie, Conservative MP for Bute and North Ayrshire, the Bill’s sponsor, got his colleagues on the standing committee sitting on Tuesday, Wednesday, and Thursday mornings and afternoons to get it through in good time than things got into a most frightful tangle. The trouble was that the amendments they reached were all out of order and the Health Minister, Dr Gerard Vaughan, could not come along for another week to deal with the points being raised. That resulted in a week’s adjournment, a delay Mr Corrie was taking philosophically when I met him later in the day. It was a meeting I could live to regret, for the next morning Mr Corrie went down with mumps, proving that it really was a case of more haste and less speed.

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