LETTER FROM WESTMINSTER

Down to the foundations

JOHN WARDEN

If you are preparing to celebrate the 40th anniversary of the National Health Service on 5 July, forget it. So far as the government is concerned, you are four years late. The summer of 1948 may have seen the inception of Bevan's health service, but Mrs Thatcher is not allowing that to be the date engraved on the foundation stone.

This revision of history was clear from a speech to the Conservative women's conference last week, when John Moore, Secretary of State for Social Services, pledged that his review of the health service would "fulfil the dream of those who founded the NHS in 1944." 1944? Mr Moore said it without explanation, though he has previously been known to brandish the white paper *A National Health Service* produced by the wartime coalition government headed by Churchill. Now Mr Moore sees it as his mission to fulfil what he calls "the original dream"—the dream of 1944.

It so happened that on the same afternoon last week the 1944 white paper was also being quoted to the social services select committee by Professor Alan Maynard, the health economist who has enjoyed a high media profile in recent months. No one yet knows where Mr Moore's journey will lead, but let us follow Professor Maynard's route from the same starting point of the 1944 white paper, in which the Churchill government set out its objective for the postwar health care system thus:

"The government want to ensure that in the future every man and woman and child can rely on getting the best medical and other facilities available; that their getting them shall not depend on whether they can pay for them or on any other factor irrelevant to real need."

The precept has survived intact. Mrs Thatcher is on record as saying: "The principle that adequate health care should be provided for all, regardless of ability to pay, must be a foundation of any arrangements for financing health care."

Professor Maynard, however, parts company with John Moore in lumping these lofty aims together under the ungainly heading of the Churchill-Thatcher-Labour NHS goal. And far from being the stuff of dreams, the Maynard interpretation is more of a nightmare. He argues that as access to health care in Britain is not determined by the ability to pay it is nevertheless determined by the patient's capacity to benefit from care.

This results in rationing health care by giving priority to those who get the greatest benefit, in terms of quality of life. The chilling implication, according to Professor Maynard, is that "people who get only little benefit from health care will not be treated. They will be left to die or to live in pain and discomfort, as happens now in the NHS because all demands cannot be met." He instanced end stage renal failure: patients over 55 with this fatal disease are told to "go away and die" because society has chosen not to fund the treatment.

As an economist, Professor Maynard comes down hard on the medical profession for failing to apply the cost-benefit theories. He told the select committee: "At present doctors 'guestimate' outcomes and have no idea of the costs of competing therapies. Unless doctors can demonstrate that they are acting efficiently, they may be acting unethically. To provide health care inefficiently is to deprive potential patients of care from which they could benefit. Such behaviour—inefficient use of health care resources—is unethical and such practitioners should not be allowed to practice."

In his view, clinicians should be obliged to substantiate their claims for funding with evidence about costs and outcomes—namely, that death has been delayed and the quality of life improved. But Professor Maynard admits that policy makers the world over seem reluctant to adopt cost effectiveness—"perhaps it is too much to ask that logic might underpin decision making in health care"—so he expects little to come of Mr Moore's review except a further "redisorganisation" of the NHS.

MPs unhappy about NHS's bricks and mortar

Meanwhile, parliament's relentless concern for the health of the NHS has turned MPs' attention to the state of its bricks and mortar. Twenty years ago the politicians were fretting about the slow process of getting new hospitals built. Today they are grumbling about the time it takes to dispose of surplus NHS property.

The Department of Health and Social Security, which once took the blame for the shortage of buildings, can now expect to be censured for holding on to too many for too long. The men from the National Audit Office have been prowling around the NHS estate. What they found was a £2000m backlog of maintenance and that in some areas at least 40% of NHS property ought to have been disposed of.

The DHSS thinks the true figures are somewhat lower but admits there is no fully accurate picture. It is about to issue a circular calling attention to the need for planned maintenance. Health authorities have been easing their budgets by deferring repairs. In fact, the dilapidation may look worse than it really is. This is because the so called maintenance backlog includes property waiting to be sold that health authorities are not intending to bring up to a satisfactory condition. It also includes buildings planned for replacement.

The department claims that there is a steady improvement in the quality of buildings in use by the NHS. The proportion in the two top categories of good as new and nearly new is now, at 68%, well on the way to the optimum target of 70%. And the service is raising a healthy £250m a year from property sales, worth about £1·25m for each health authority. A recent policy decision has been taken in favour of the proceeds being retained by the districts instead of being creamed off by the regions.

What about these redundant Victorian mental hospitals lying empty and forlorn? They are not forgotten, it seems. Most are in green belt areas, but health authorities are under an injunction to maximise their value. This means asking the local council for outline planning permission to develop the sites before they are sold—a process which can take three or four years.

All these points were rehearsed before the House of Commons' public accounts committee the other week. The MPs found the scale of the NHS property problem to be rather daunting. They will doubtless rap the DHSS on a charge of general neglect of the assets, while keeping their fingers crossed that they are not provoking either hasty disposals or another Poulson type scandal.

Another new factor is the advent of the Health and Medicines Bill, now in the House of Lords. It will encourage the entrepreneurial approach. Health authorities will be able to consider various options in addition to a straight sale. They could decide to lease land or buildings, join up with a developer, or enter into a profit sharing enterprise.

Clearly the dreams of the founders know no bounds.

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