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J. Calvert

Abstract

President's Valedictory Address

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SOME THOUGHTS ON THE NATIONAL HEALTH SERVICE

President's Valedictory Address by J. Calvert

Since its inception the National Health Service has provided a controversial topic for discussion. The vigour of its opponents is equalled only by the enthusiasm of its supporters. Opinions however, are not always well founded for factual information about the Service receives little publicity, and the statistics presented in the Minister of Health's annual report reach a very limited public. Yet it is only when facts and figures such as those shown in table 1 are examined that a true picture of the health scheme emerges.

The object of this paper is to see how successfully the health service has tackled the problem which faced it 15 years ago: to see if a glance at the figures will lend weight to the criticisms commonly levelled against the Service: and to see if any other criticisms may be made of the Service on the basis of the statistics themselves.

Some common criticisms of the Health Service

One of the most frequent complaints levelled at the Service is that it has created a vast and cumbersome administrative machine, resulting in a great deal of waste and extravagance. A consideration of expenditure in Scottish hospitals (table 2), taken as an example, will show how far this is justified.

Administration is seen to absorb about 5% of total expenditure—a figure which is roughly similar to the cost of administering other enterprises of comparable magnitude. Even if very large cuts were made in the cost of administration, the effect on overall expenditure would by only of the order of 1%. To give worthwhile savings, cuts must be made in the spheres where expenditure is large, the obvious target being the salaries of non-professional staff, which absorb nearly one quarter of total hospital expenditure.

Who are these people, classified as "Domestic and Catering Staff?". In England and Wales in 1961 there were 153,000 of them in full-time employment, in comparison with 163,000 full-time nurses. The group includes, for example, 3,072 members of the "Ornamental Gardening Staff", 8,408 of them are simply listed as "others". This last total compares with a figure of only 7,426 for the entire Consultant staff. At first glance, therefore, this whole group appears ripe for pruning, but a little reflection shows that this may not be the case.

It has been wisely said that over half the people admitted to hospital simply need looking after—perhaps 50% would do equally well with just the help of the domestic and catering staff. Add the skilled care of the nursing staff and 80% would be catered for adequately. The medical staff have a contribution to make in only some 20% of cases. Perhaps, therefore, the wisest way to effect economy would be to let the axe fall amongst the consultants rather than the domestic staff!

Table 2 also throws light on another common criticism of the Service—that of lavish expenditure on drugs. In fact the entire medical supplies for the Hospital Service cost only 1/5d in the pound—about the same amount as is spent on food. Drugs do not figure largely on the expense sheet. Savings could be made, but if a major economy is to be effected it can only be done in a sphere where a large proportion of the total expenditure is incurred.

Consideration of the facts lead to the conclusion that the conventional criticisms of the Health Service are not really justifiable. There is no doubt room for improvement. For example, it was pointed out recently in the House of Lords, that for every 20 doctors prescribing drugs a full-time clerk was employed analysing the prescriptions. In reply

Table 1.

TOTAL COST 1960-61 AND SOURCES OF FINANCE

(Figures in brackets are those of the financial year ended 31st March, 1960.)

£ Million		COST OF SERVICES	%
(415)	455	Hospital and Specialist	56¼
(66)	90	General Medical	11
(76)	84	Pharmaceutical	10½
(50)	53	General Dental	6½
(15)	16	Supplementary Ophthalmic	2
(68)	72	Local Health Authority	9
(36)	39	All other	4¾
		(Doctor's compensation Superannuation payments, Central supplies, ex-Ministry of Pensions services, &c.)	
(726)	809		

%	SOURCES OF FINANCE	£ Million	
69	Exchequer	559	(495)
8¼	Partly exchequer and partly rates	67	(42)
12¾	National Health Service contributions	102	(99)
5½	Superannuation contributions ...	44	(35)
4½	Payment by persons using the service	36	(34)
	Other income less than ¼%	1	(1)
		809	(726)

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it was stated that nevertheless clerical charges accounted for a mere 1% of expenditure on drugs. This bears out the conclusion that although there are obvious flaws in the system, they do not contribute significantly to the cost of the Service.

We may exonerate the Service from the common charges of waste and administrative madness. The facts do not bear them out.

Criticisms less often heard

The criticisms discussed above have been criticisms of the efficiency of the Health Service as a machine. A complaint which is far less frequently heard, but far more serious, remains to be considered. This was aptly put in a recent leading article in The Lancet:

"Apart from the political fact of the National Health Service, have we so very much to be complacent about? What advances have we made in the last fifteen years in the way in which medical care is organised and purveyed to the consumer?"

The answer to this question contains the major indictment of the Service: we have made no significant advance at all in the last fifteen years. In 1947 the Ministry of Health took over a hotch-potch of unco-ordinated services. It set out to provide one unified health system. This it has in no way attempted to do. The Service has simply continued to run the same old institutions in the same old way. The intention was that the National Health Service should improve health, prevent disease, and—lastly—provide facilities for diagnosis and treatment. All that has been achieved is an insurance scheme whereby the previously existing facilities for diagnosis and treatment have become available without charge. The Health Service has failed to meet the challenge of its inception, and the extent of this failure can be seen in each of the three major spheres: the hospital service, general medical services, and public health.

The Hospital Service

The hospital services today remain almost identical to those available before the health service started. The figures speak for themselves. In 1950 there were 33,739 general medical beds in England and Wales. In 1960 there were 33,403. For general surgical beds the corresponding figures were 32,332 in 1950 and 33,493 in 1960. Even the new £70 million rebuilding scheme will still leave major hospitals, such as Peel Hospital, unchanged by 1970.

Not only has the number of beds remained stationary, but the distribution of beds has failed to respond to the demands being made on the Service. Even in 1947 there was urgent need for more geriatric and long-term accommodation. So far from being satisfied, the need is now even more acute. In recent years the system of classifying beds for old people has changed, but in broad terms the number of geriatric beds increased between 1950 and 1960 at a rate of only 1% per annum. Even in financial terms this is folly, as the cost of maintaining old people in acute medical beds is more than twice that of looking after them in geriatric beds. Whilst the pressure of the "bulge" has led to a dramatic increase in our educational facilities, the pressure of the ageing population has not led to any significant increase in hospital accommodation for old people.

This short discussion has left aside the problem of urgently needed out-patient accommodation; and the squalor of many even of our major hospitals. In 1947 the country needed more beds, better beds, and better allocation of beds to meet the needs of the different branches of medicine. After 15 years of the Health Service, the position is worse instead of better.

The General Medical Services

The pattern of general practice has changed considerably within recent years. After the war about 70% of doctors were in single-handed practice. Now about 70% are in partnerships. This is largely the result of Health Service policy, and has been brought about by making partnership practice financially attractive. This is an example of the power which the Service possesses to mould the shape of British medicine. The facilities available for the new group practices, however, have advanced little if at all. Ventures such as the Family Doctor Centre in Edinburgh, remain few and far between, and where such experiments exist they depend largely on the initiative of the charitable foundations rather than the Ministry of Health. Secretarial and other ancillary services are as essential to the modern practitioner as his motor car, yet there is no evidence of an effective policy to provide them.

The Public Health Service

In any attempt to introduce a policy designed to promote health and prevent disease, the public health services would have a major part

Table 2.

HOW THE HOSPITAL £ IS SPENT

11d.	—	Administrative Costs of Hospital Boards.	All other Expenditure 7/5
11d.	—	Fuel, light and power.	
1/2	—	Maintenance and repairs.	
1/4	—	Ancillary services and Miscellaneous Expenditure.	
1/5	—	Drugs, Dressings and instruments, X-Ray and Laboratory supplies.	
1/8	—	Food, for patients and staff.	
2/9	—	Medical Salaries.	Total Salaries and Wages 12/7
4/8	—	Domestic, Catering and other salaries and wages.	
5/2	—	Nursing salaries.	

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to play. The facilities provided by the public health services remain, however, substantially unchanged since pre-Health Service days. The home help service made substantial headway in Scotland in the decade up to 1960, but progress in other fields was modest indeed.

Medicine today is concerned more and more with the care of the elderly. The saving in money which would result from the accommodation of old people in geriatric rather than acute medical beds has been mentioned above. Similarly, many old people now in hospital could be managed far more successfully at home, if the facilities for community care were put on a much broader basis.

The Profession and Politicians

The major obstacle in the path towards a more comprehensive health service is financial, and the problem is therefore, a political one. More money is required on two counts. Firstly, any worthwhile improvement will require considerable capital investment. Large-scale spending was already necessary when the Health Service started, and little or no capital spending has taken place in the last fifteen years. Secondly, more money will inevitably be required year by year to cover increases in the cost of running the National Health Service. The cost of maintaining water supplies, refuse disposal, and similar community services may reasonably be expected to remain constant, as the service required is the same year by year. Medicine, however, is making continual progress, and each advance is accompanied by fresh expense.

It is indeed the province of the politicians to decide how much of our national resources should be devoted to health expenditure, not the province of the medical profession. Similarly, responsibility for production of atomic weapons rests with the politician rather than the nuclear phyicist. However, the physicist with his specialised knowledge has a clear duty to warn the public of the consequences of his work. The doctor has the same responsibility to warn the public of the consequences of National Health Service policy.

Recent financial policy must give rise to the gravest disquiet. Expenditure on the Health Service has been tending to grow at the rate of about 9% per annum. This increase has not resulted from any planned extension of facilities, but has come about haphazardly as practitioners have availed themselves of each new advance in medical science. The cost of the scheme has also been swollen yearly by the forces of inflation. Present policy is that the growth of expenditure must be limited to 2½% per annum. As certain services are to be expanded at a greater rate than this, expenditure in the hospital service is limited to an increase of only 2% per annum.

This figure is palpably inadequate even to contain inflationary rises in costs, far less to provide money to enable new techniques to be introduced into the hospitals as progress takes place. The authorities are, in fact, planning for an actual contraction in the hospital service. The effect of this policy was seen only too clearly earlier this year in the Royal Infirmary of Edinburgh, when a new isolation unit could not be staffed, and certain other wards were actually closed down. It is the plain duty of the medical profession to ensure that the public realises the effect of present policy. Not only are urgent reforms being denied; existing services are being curtailed.

The usual criticism levelled at the Health Service is that its machinery runs inefficiently. the early part of this paper has attempted to show that the facts do not support this contention. The real charge against the Service is that, whilst it was set up to provide a co-ordinated health scheme suited to the country's needs, it has done no more than run the same old institutions in the same old ways. Indeed, with the present policy even the existing institutions are being undermined. It is the responsibility of the medical profession to ensure that the public appreciates the extent to which the National Health Service has fallen short of its ideals.

The Health Service was brought in against the almost unanimous opposition of the profession. Despite the inadequacies of the Service, doctors are now almost unanimous in its support. In 1948 the profession was agreed about the health scheme, and it was wrong. In 1963 the profession must again speak with one voice —and be right!