

PRIORITIES FOR THE HEALTH SERVICE

THE late Aneurin Bevan is reputed to have said that politics is all about priorities and certainly choosing between competing priorities is the essence of government.

The former Secretary for the Social Services, Mrs Barbara Castle, is to be congratulated in publishing on 24 March 1976 a consultative document *Priorities for Health and Personal Social Services in England* which outlines for the first time ever a plan for the development of the National Health Service in the years ahead.

Inevitably the general pattern is bleak, and the recent *White Paper on Public Expenditure* is quoted, which states that the Government will restrict public spending as a whole from 1976/77 to 1979/80. Nevertheless, within this framework it is intended that expenditure on the National Health Service as a whole will rise by 2.6 per cent in 1976/77, and in subsequent years the average annual rate of growth will be 2.0 per cent and 1.8 per cent respectively.

Such percentages seem small when compared with those which were common in Health Service planning only a year or so ago, and they now appear most restrictive. Nevertheless, given the recent disappointing performance of the British economy, the Health Service must expect to take its share of the financial pressure.

This document outlines five groups of people who should receive priority in health services in the next few years: the elderly, the mentally ill, the mentally handicapped, the disabled, and children.

The needs of patients for district nurses and health visitors have been given a welcome recognition and it is proposed to increase these by six per cent. Other priorities specifically mentioned are the recruitment and training of family doctors and contraception. It is a valuable feature of the document that it reflects the title of the Government Department and lists projections for both the health and social services.

At first reading primary medical care seems to have done well in the fight for funds, as expenditure on family-doctor and other primary-care services is predicted to rise by 3.7 per cent a year. About time too! The percentage of NHS expenditure devoted to general medical services has been falling steadily since 1950, when it was 11.7 per cent, via 9.8 per cent in 1960 to under eight per cent in 1973 (Office of Health Economics, 1974). George Woodcock once said "Five per cent increase on damn all is still damn all!" Despite the new 'priority' the Government is still proposing to spend only 5.9 per cent of the capital of the NHS on primary medical care in 1979/80 and even the much publicised health-centre building programme is projected to *fall* from £24 million in 1975/76 to £18 million in 1979/80, a reduction of over a fifth.

Nevertheless, although opinions may vary about the appropriateness or otherwise of the numerous projections listed, at least the debate can now begin. This, after all, is the purpose of consultative documents of this kind, and the onus is now on the profession and the public to read and react accordingly.

This document ought to be considered by every faculty of the Royal College of General Practitioners, by every local medical committee, every community health council, and indeed by everyone concerned with the future of the National Health Service.

REFERENCES

- Department of Health and Social Security (1976). *Priorities for Health and Personal Social Services in England—a Consultative Document*. London: HMSO. Price: £1.60.
Office of Health Economics (1974). *Information Sheet*. No. 24. London: O.H.E.

AVOIDING EVICTIONS

“A special Working Party to investigate how . . . District Council Housing Department allowed rent arrears to reach a staggering £38,877 has been set up. One tenant owes between £500 and £600 . . .”

Express & Echo (1975).

“DOCTOR, I’m in debt” is now at least as common a cry in general practice as the traditional “Doctor, I’m in trouble”, although problems arising from a family’s failure to budget adequately have happened since time immemorial. As family doctors become increasingly involved in social problems affecting the family, so the need to prevent social crises whenever possible becomes clearer. Many anxiety states and behaviour disorders in children have social origins.

Among the commoner forms of debt, rent arrears are peculiarly emotive. Having a roof over one’s head has long been regarded as a basic necessity of life, and eviction, particularly for women and children, is always a crude solution. But what is the alternative?

Eviction

Most housing authorities, including local government housing departments, have to balance their books after allowing for various subsidies, rebates, and the rather complicated system of local government finance. It is natural that compassionate authorities should not seek to impose the letter of the law whenever one of their tenants becomes temporarily hard pressed, often through extraneous, unforeseen, natural catastrophes like death or sickness.

A policy of tolerance, however, leads inevitably to the acceptance of housing arrears and, once arrears have become accepted, they tend to grow and become increasingly more difficult to pay off. A vicious circle develops so that in some housing departments today council house tenants collectively owe thousands of pounds and some individuals more than £500.

Public opinion since the time of Dickens has moved steadily against the idea of imprisonment for debt. The current ultimate deterrent is therefore eviction which now occurs more often when the landlord is a local authority than a private person.

Eviction, however, increasingly creates rather than solves problems. First, it is a most unhappy social spectacle. When powerful authorities move ponderously with the force of law against problem families, who are characterised by vulnerability and whose children are already emotionally and socially deprived, the main result may be only the break-up of the family. The sins of the parents are visited upon the children.

Furthermore, a ludicrous result often arises because a different department of the same local authority has a statutory responsibility to house children in its area. Some-