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The Managerial Revolution

SIR,—Your leading article on the so-called "consultative document" (29 May, p. 481) is both just and penetrating. For the Secretary of State to expect prompt comment on a document which is not yet available to most people is surely oddly discourteous, and to promise imminent legislation is plainly foolhardy.

The profession has been subjected to a constant shower of reports these last few years. The consultative document is the sequel to two exceedingly ill-composed Green Papers,^{1,2} and it is related to the recommendations of Salmon,³ Seeborn,⁴ Maud,⁵ "Cog-wheel",⁶ and other committees, including the threatened Hunter report.

Secretaries of State in the Department of Health and Social Security, like their predecessors in the Ministry of Health, are, as Sir Francis Walshe once said, "mere birds of passage, like weary travellers seated on the hard benches at Didcot junction, hopefully contemplating the dreaming spires of Oxford and higher office." Presumably each ambitious politician is concerned to make his mark, aided by officials at the Department who seem to have nothing better to do than dream up new schemes and systems of administration.

For too long have we heard of the problems of tripartite administration. This mattered more at the beginning of the Health Service, but today it is of little consequence. As one who has the good fortune to work partly outside the Metropolitan area I am impressed by the remarkable degree of liaison between general practitioners, hospitals, and the public health service despite the tripartite set-up. The problems we face are largely due to lack of funds, lack of incentives, and the remarkable divorce of operational from financial responsibility with consequent discouragement of

independent action. With the Treasury as a near monopoly source of funds it is difficult to see how we can resolve these problems, though they might be ameliorated if Parliament could make block allocations of money and then leave decisions to those at the periphery.

Most of us find the existing regional hospital administration remote in the extreme. But what is now proposed is that an equally distant body should also embrace the public health service and general practice. Are we not in dire danger of hopping out of the tripartite frying pan into the regional monopoly fire? If such a system is considered a possible alternative to the present one would it not be wise to try it out first of all in one of the smaller regions? Why must we always impose a national pattern on what should be a lively and flexible service?

It is further suggested that the boundaries of the area health boards should be the same as those of the counties (with the exception of the Metropolitan areas). So these bodies will be far more remote than the existing hospital management committees. How, in the name of Hippocrates, can it be suggested that such a body, covering all parts of the service, could supply dynamic and efficient management?

The National Health Service has, for almost 23 years, depended heavily upon the professional goodwill and the medical and nursing standards of the past. Those standards are steadily being eroded as professional people in the N.H.S., under the protective blanket of nationalization, become more concerned with terms and conditions of service rather than service to the patient. The problems which beset medicine in Britain will neither be solved by tinkering with the administrative structure, nor by brave protestations about "maximum delegation down-

wards, matched with accountability upwards." Ministers must learn that earnest declarations of intent, and a re-sorting of the present administrative pack, will not cure the ills of the N.H.S.

Is it not time that we got our priorities properly sorted out and the Government stopped doing for patients and doctors what any self-respecting individual should be able to do for himself? Treasury funds could then be concentrated on those areas of long-term and catastrophic illness where they are most needed. A health service which gave more encouragement to private enterprise might not look so tidy to the mandarins of Whitehall, but it would surely give greater job satisfaction to many professional people, as well as greater consumer choice to their patients.—I am, etc.,

London W.1 REGINALD S. MURLEY

¹ *The Administrative Structure of the Medical and Related Services in England and Wales*. London, H.M.S.O., 1968.

² Department of Health and Social Security. *The Future Structure of the National Health Service*. London, H.M.S.O., 1970.

³ Ministry of Health Report of the Committee on Senior Nursing Staff Structure. London, H.M.S.O., 1965.

⁴ Local Authority and Allied Personal Social Services. Report, Cmnd, 3703, London, H.M.S.O., 1968.

⁵ Royal Commission on Local Government in England. Report. London, H.M.S.O., 1969.

⁶ *Organization of Medical Work in Hospitals*. London, H.M.S.O., 1967.

SIR,—Professor R. F. L. Logan and others (29 May, p. 519) may think that management techniques currently favoured in industry and Whitehall have obvious applications for the N.H.S., but the well-meaning stewards who have carried the N.H.S. successfully from 1948 to 1971 in the face of continuous difficulty are unlikely to agree with him. Does management theory have a proved basis like mathematics or physics? Is the record of industry in 1971 a glorious one to follow?