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## Rebuilding the Health Service

SIR,—My father was widely acknowledged to be among the mildest of men. So when he came home in what can only be described as a cold fury it was a rare and memorable occasion. This, I suppose, must have been in early 1948. The reason turned out to have been Lord Moran's visit to the assembled Worcester consultants to sell them the idea of merit awards. My father's colleagues had heard him out in shocked silence—they were forbidden to take notes or minutes—and left him in no doubt that they heartily disapproved. A quarter of a century later it is becoming obvious just how right they were.

For the pyramid which Nye Bevan and Lord Moran constructed ignored the first principles of architecture. They began at the top and worked down. Paradoxically, the mouths which Nye boasted he had "crammed with gold" were the wrong mouths, the ones most able to cram themselves. Now the foundations, like the foolish man's house, turn out to have been on sand and the pyramid is about to come tumbling down.

So a rethink of the Health Service is imminent and about 20 years overdue. This time let us start at the bottom. Hospitals, health centres, doctors' surgeries, and clinics all need cleaners, electricians, engineers, and every sort of technician and secretary. Let realistic and competitive salaries for these vital people be agreed first and let the professional hierarchies build from there. Instead of incentives at the top let us have them all the way up. First, by further encouraging self-help and home care with improved attendance and home-help allowance, then by paying for board and lodging in hospital whenever possible, by item-of-service payments to encourage general practitioners to do more themselves and less by referral, by a restructured consultant contract which

recognizes sheer clinical work load as well as academic merit.

It will all cost a lot more. But the shortcomings of a Health Service on the cheap are becoming evident and it is immoral to pretend that good health care can be free. All the facilities involved are intrinsically expensive, and paying for the right quality of staff is more so. Most people are prepared to pay more for their health care than the Government will pay on their behalf. Once a week I act as clinical assistant in an E.N.T. department less than 20 miles from Nye's home town, Tredegar. The frequency with which the valley people say, "Oh, I'd like it done privately, then" when told their child will have to wait two years for removal of tonsils and adenoids—this would astonish him and, hopefully, his successor. The attitude that it is more worthy to spend money on bingo than bandages, or trips to the Med. rather than medicine, must be reversed. Surely this is possible without the ravages of a means test; most people have an income tax code number which could provide the basis for graduated payments. The Government's prime responsibility remains that of offsetting the crippling personal effects of severe or long-standing incapacity.

Above all let us stand together. The ease with which six doctors produce seven opinions is a sign of a robust and healthy profession, but disheartening if one has to watch politicians driving carts and horses through the resulting mêlée. United and decisive action is the only sort worth contemplating and unless we have conviction and courage to go with it we shall achieve little. One thing is certain: that posterity will not lightly forgive us for making a mess of it this time.—I am, etc.,

A. J. M. CAVENAGH

Brecon

## N.H.S. Contraceptive Services

SIR,—The recent decision of the General Medical Services Committee not to accept the Review Body's recommendations on payment for contraceptive services will inevitably cause a delay in the full implementation of this service.

In the pursuit of better conditions British doctors have always refused to take any steps which might be prejudicial to their patients' interests and health. No doubt many of our colleagues have felt that the withholding of some National Health contraceptive prescriptions would cause nothing worse than minor inconvenience to their patients. There is abundant evidence that unwanted babies, their mothers, and their families do fare extremely badly. Also, figures from areas which have introduced a completely free local authority contraceptive service show how this free service does result in a more efficient use of contraceptives.<sup>1</sup> Any delay therefore in the implementation of a free family planning service would inevitably result in an addition to the regrettably large number of unplanned and unwanted births that occur in this country.

The U.K., as we all know, is under considerable financial strain. It is well to remember how economically sound it is to have an efficient and free family planning service. Every pound spent on contraceptives saves many more pounds in hospitals, education, family allowances, and general welfare services.

Another factor to be considered in World Population Year is that of population pressures. In spite of the recent welcome falls in the birth rate in this and the other western nations, this is still a very overcrowded country in a dangerously overpopulated world.

We would ask all our colleagues in hospital and general practice to think seriously of the