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FORTY MILLION POUNDS

On Tuesday afternoon, as the *Journal* was going to press, the Minister of Health, Mr. Harry Crookshank, announced in the House of Commons the award of Mr. Justice Danckwerts, the Adjudicator. He stated that the award would mean increases for the years previous to and subsequent to 1950-1. "While, as I say," he observed, "the full calculations have yet to be made, I feel I should inform the House that in very approximate terms this may involve an additional charge on the Exchequer of as much as £40m. in the coming financial year to cover the period back to July 5, 1948. . . . It will be necessary to seek a supplementary Vote for this additional amount."

Thus, nearly four years of discussion, controversy, and protracted negotiations on the remuneration of general practitioners have come to an end with the award of Mr. Justice Danckwerts, the adjudicator appointed by the Lord Chancellor. The medical profession decided to take part in the National Health Service on the clear understanding from Mr. Bevan that their claim for payment could be negotiated immediately after July, 1948. The outstanding point left unsettled was the "betterment" factor. The Spens Report recommended that what general practitioners should have received in 1939 should be scaled up in terms of the altered value of money and in relation to the changed earnings of other professions. In deciding the size of the central pool the Ministry of Health arbitrarily fixed on a betterment factor of 20% on net incomes (that is, after deduction of practice expenses)—something which the profession never agreed to and never accepted. As our correspondence columns have shown throughout these four years, the injustice of this situation has rankled in the minds of general practitioners, and with good cause. With much less cause, but perhaps understandably, some have laid the blame for the delay on those responsible for presenting the profession's case.

Details of the award and a report of the proceedings are given in this week's *Supplement*. Mr. Justice Danckwerts's award brings to an end one chapter in the history of the N.H.S. He has applied for the year ending March 31, 1951, a betterment factor of 100% to the 1939 figure for what general practitioners, in the view of the Spens Committee, should have been receiving then. The amount actually paid for that year was £41.533m.: Mr. Justice Danckwerts's awarded

figure is £51.252m. This means that the central pool from which general practitioners were paid on a capitation basis is for 1950-1 to be increased by just under £10m. For 1948, the first year of the operation of the N.H.S., Mr. Justice Danckwerts has recommended a betterment factor of 85%. The factor for 1949-50 will presumably lie somewhere between 85 and 100% to be determined on the basis of Mr. Justice Danckwerts's awards. Similarly, the same process will be applied to the figure for 1951-2-3. The important point is that general practitioners will receive additional payment back to 1948.

The medical profession's case has been presented so consistently and so cogently that they have gained other and considerable points of principle. First and foremost, Mr. Justice Danckwerts has based his award not on the population but on the number of doctors in the National Health Service. Though this is a logical application of the Spens Report, which sought not to determine a figure for the central pool but to recommend what ranges of income doctors should receive, it was opposed by the Ministry of Health. Another point of variance between the B.M.A. and the Ministry was the inclusion of interest on compensation in their estimate of doctors' total incomes. This again would seem to be, on common-sense grounds, untenable, and Mr. Justice Danckwerts has excluded this figure from consideration, and also the amount of the inducement fund, in his determination of the size of the central pool. As those who have followed the tortuous discussions between the B.M.A. and the Ministry know, there has been disagreement on the percentage for practice expenses. Mr. Justice Danckwerts has accepted the B.M.A. figure of 38.7% although he adds that he has not "accepted entirely the figures to which this percentage should be applied."

Both the B.M.A. and the Ministry of Health agreed in advance to accept the award of the adjudicator, but it is Parliament which has, and must have, the control of the public purse. The amount of money to be distributed on the basis of the award is considerable, especially as payment will have to be made retrospective to 1948. There can be no doubt that during the past four years the just claims of general practitioners have received growing support both in the Press and in Parliament. It may even be argued that the long delays in negotiation, which have been no fault of the B.M.A., have turned out to be beneficial. This delay has at least allowed public opinion—always slow moving—to turn in sympathy towards the hard-working general practitioner—a sympathy which has found its echo in the House of Commons. What is fundamental to the whole case is the final acceptance of the recommendations of the Spens Report. The Spens Report laid down a standard of living for an important section of

the community, and though the Ministry of Health accepted this in the word its arbitrary decision on a betterment factor of 20% on net incomes, applied to a pool of money based on population and not on numbers of doctors, showed that it did not accept it in spirit. It must be stressed again that both sides entered adjudication on the understanding that they would accept the decision "subject to the overriding authority of Parliament." In the future the extra money awarded will be distributed according to a scheme to be agreed by the Working Party, the G.M.S. Committee's representatives on which will act on the authority of the Conference of Local Medical Committees.

No doubt there will be a few voices protesting that the B.M.A. should have got the betterment factor of 120% claimed for 1951. If such there be, they will have ignored the essential feature of arbitration, which is arbitrament on evidence given by two sides to reach a fair and just decision. But we are confident that the great bulk of the profession will acclaim the efforts of those who have conducted these negotiations on their behalf. These efforts have been brought to a successful conclusion by first-class teamwork and by the able presentation of the profession's case by Mr. Frederick Grant, Q.C., and his colleagues. The burden of the work has fallen, in particular, upon Dr. S. Wand, Chairman of the G.M.S. Committee and Chairman of the Representative Body, and upon Dr. D. P. Stevenson, Secretary of the G.M.S. Committee and Deputy Secretary of the B.M.A. Those who have joined with them in this arduous task will not hesitate to acclaim their services.

The additional money to be paid in retrospect back to 1948 can be distributed only in accordance with the then method of distribution. Future payments will be on the basis now being discussed with the Ministry of Health by the joint Working Party set up to examine the distribution of general practitioners' remuneration. The Working Party's aim is to secure the best possible medical service for the public, to safeguard the standard of practice by discouraging unduly large lists, to improve the position of those practitioners now least favourably placed, to make it easier for new doctors to enter practice, and to stimulate group practice.

Now that the controversy on finance between the B.M.A. and the Ministry of Health has come to an end with the award of the adjudicator they will be able to tackle these and other problems in a spirit, we may hope, of co-operation and mutual respect. Both, after all, have a common aim, and that is to provide the best possible general medical service for the public and to ensure that in the achievement of this those providing the service will be able to do

so with freedom from financial anxiety and the feeling of contentment that arises from a just treatment of their claims. The problems to be solved are many and urgent, and towards the solution of these the General Practice Review Committee of the B.M.A. will make an important contribution. In what should be a new spirit of confidence and satisfaction the medical profession will the more easily turn its energies into fulfilling the intention of the B.M.A. as expressed by the then Chairman of Council, Dr. H. Guy Dain, in a letter to *The Times* in June, 1948, in which he said, after pointing out difficulties and deficiencies: "But in spite of all this, I believe I speak for the overwhelming majority of the medical profession when I say that there will be no shortage of good will on the part of the profession and that it will seek to make the new public service the best which is humanly possible under present circumstances. . . . Only the best is good enough for the public service, and we shall do our utmost to provide it."

RETROLENTAL FIBROPLASIA

If anyone doubts that diseases hitherto unexplained are more likely to arise from a set of interlocking factors than from a single cause let him study the literature on retrolental fibroplasia. There he will find interpretations which, though simple and at first acceptable, soon broke down under the impact of new facts. Retrolental fibroplasia was originally assumed to be a congenital defect, but this point of view was contradicted by emergence of the blindness in infants who, having betrayed no ophthalmoscopic abnormality on examination soon after birth, later developed the characteristic fundus changes. When reports of retrolental fibroplasia began to multiply, many people thought that modern advances in the care of prematurely born babies accounted for the increase. In other words, the potential victims of former times had not survived long enough to develop the disease. Such an explanation was manifestly insufficient, because very few cases appeared in Switzerland, a country in which the premature infant is tended with great vigilance. During the discussion on Reese's¹ paper at the last International Congress of Ophthalmology Franceschetti and Blum (Geneva) both testified to the rarity of retrolental fibroplasia in their country.

Hopes were raised a few years ago by the work of Owens and Owens,² who claimed that prophylactic administration of vitamin E had prevented retrolental fibroplasia in prematurely born babies of low birth-

¹ *Proc. XVI Int Cong Ophthalm.*, 1950, 445.

² *Amer. J. Ophthalm.*, 1949, 32, 1.

³ *Ibid.*, 1951, 34, 1.