The rise, decline and future of the amazing health group

'Can you write something on the health group and why it has been so successful?'
John Bibby's letter asking me this arrived very shortly after the most
depressing meeting the health group has ever had. This seemed to me a good
excuse for not writing anything. John's reply was that I could write about
our worst as well as our better moments. So here is a very personal view
of both.

The health group was one of the original subgroups formed at the inaugural
meeting at LSE. Our first year was notable only for its inactivity. We had
one or two very small meetings at which we shared our dislike of doctors
and wondered what we could do to be radical. Gradually we came across other
people who were interested in the group. These included doctors of a very
different type from those we statisticians had grown to know and dislike -
they tended to detest 'normal' doctors even more than we did.

At the outset, the idea was that we should work with other like minded groups.
We made approaches to several and found that they were not falling over
themselves to involve a completely unknown quantity. The only way to establish
any credibility was to do something ourselves.

The opportunity did arise. During a meeting to discuss the DHSS policy document
'Priorities for Health and Personal Social Services in England', Cathy Marsh
remarked that it was obviously going to be a very influential document and some-
one ought to write a critique. Why not us, we thought? The only snag at the
time was that we were having difficulty in understanding it ourselves. So we
sweated away through the 1976 heatwave in search of enlightenment. Fortunately
others who understood it better came to join us, notably Tom Heller who already
had written a fairly lengthy critique for his employers. By the autumn we had
produced the manuscript of 'Whose Priorities?' and wondered how we could get it
published. Thanks to the work and help of a group of friendly anarchist printers
and typesetters, the encouragement of BSSRS, and financial and paper folding
contributions from people in the group, we published it ourselves. We were amazed
how quickly our first 750 copies were snapped up. We continued to underestimate
the demand for 'Whose Priorities?' and ended up having to have it reprinted
three times.

Flushed with our 'success', we decided to tackle a second pamphlet. We had
also been asked to speak at the British Association for the Advancement of
Science meeting in September 1977. So we decided to attack item for service
payments in the talk, and publish a pamphlet on the subject at the same time.
We actually published 'In defence of the NHS' the day before the meeting to
get it extra publicity. The meeting itself was not one of our better moments.
I feel that if groups like ours are asked to perform at such establishment
occasions, the effect is to label our views as those of the 'lunatic fringe'
and make it easier for people to dismiss them.

We were invited to rewrite both 'Whose Priorities?' and 'In defence of the
NHS' as papers for the International Journal of Health Services. Translating
them into academicese took much more time and effort than we anticipated.
So far only the rewrite of 'Whose Priorities?' has appeared. The lack of feedback
from it makes me feel that writing papers for academic journals is not a
useful way for a radical group with limited time and resources to deploy them.
(Query? Does anyone else share my cynicism about the academic paper industry
anyway?)

The pamphlets, on the other hand provoked a lot of complimentary comments.
On the whole we didn't hear much from people on 'our side' who didn't like
them, though we heard plenty of criticism from those who totally disagreed
with us. The persistent 'friendly criticism' which did reach us was that
our conclusion sections are weak and vague. Most of us accept this criticism.

However, if we had waited until we could write conclusions which were both stronger and more explicit on the one hand and acceptable to the diverse range of socialist opinion within the group, publication would have been delayed forever.

Controversy struck at an earlier stage in writing our critique of the 'RAWP report'(Sharing resources for health in England). While we all agreed that it was wrong that the more affluent parts of the country should have better access to medical care than the less affluent and unhealthier areas there was disagreement as to whether 'RAWP' was a sufficiently potent weapon to alter this state of affairs. Some thought it was. Others felt that it was deliberately and explicitly devised as a smokescreen for public expenditure cuts. The middle view was that it was unlikely to be able to bring about any real change in resource distribution and that the presence of cuts created enthusiasm for going through the motions of redistribution, but its net effect would be one of 'divide and rule'. (Note the way I describe my own view in twice as much detail as the other two!)

In the event, the middle view prevailed as it so often does, and it was expressed in 'RAWP deals'. John Puntis strongly disagreed and published the 'deliberate smokescreen for the cuts' view independently under the title of 'The RAWP trick'. We felt there would not be much demand for 'RAW(P) deals' as it was quite technical and that people were beginning to lose interest in RAWP. Once again we underestimated ourselves and this led to the duplicating fiasco which has been alluded to in recent newsletters. Moral-anything we publish should have at least 1000 copies printed by offset litho.

Our discussions of 'RAWP' led us to make what, in my opinion, turned out to be an even more serious mistake. We decided we ought to be more positive and wrote in the last paragraph of 'RAWP deals': 'We acknowledge that we have devoted a great deal more effort to criticism of resource allocation methods proposed by RAWP than to exposition of alternative proposals. We intend to remedy this as our next project, which will consider how resources should be allocated both between services and geographically and the wider issues of resource management in economically hard times.'

We haven't succeeded of course. The differences of opinion which had emerged over RAWP persisted, though in different versions. We spent a number of meetings arguing about whether we were writing a policy document for the next Labour government (having no illusions about the then current one), a strategy for post revolutionary action or something else,whose nature no one could put a finger on. By the time we decided to do none of these but to write about how information was currently used in the health and social services, most people were getting so fed up with the whole affair, that many of the sections never got written. What we now have, and hope to publish before it's hair turns too gray, is something different again: 'The unofficial guide to official health statistics'.

This is why the group isn't in as healthy state as it might be. It is inevitable that people should drop in out of the group as we all have plenty of other commitments, interests and activities to occupy our time. So it isn't surprising that two years of meetings on 'why we haven't written what we said we would/have inspired more people to drop out than to drop in. At this stage it would have been ridiculous to embark on yet another 'project'.

At present people are more interested in keeping the group as an informal network of contacts, and working in ones and two's with other groups. This sounds like a repetition of the third paragraph. The difference is that now people approach us and things do get done. For example, Andy Haines has been working with Jerry Shulman, a retail pharmacist; David Jones and Peter Smith have contributed to the rewrite of Pat Kinnersley's 'Hazards of Work'; Steve Skidmore has helped a group resisting hospital closures in North Kensington. Some requests are passed on to other, more appropriate groups.

Yet other questions are impossible to answer in their original form - 'Can you build a mathematical model to predict the rate of increase of hospital closures in London?'

The network won't continue to function, however, unless the people in it have some idea who each other are. So it was decided to keep having occasional meetings to discuss topics of current interest, but without feeling obliged to launch into specific activity. We hope that this will at least keep the group alive and might even attract new people.

Since we have started, other groups whose interests overlap with ours have emerged, notably the Politics of Health Group, the Health Education Study Group and Radical Community Medicine. Up to now we have all been reacting to a political situation where the Labour government espoused some radical ideas without seriously intending to implement them. Now we have a viciously right wing Tory government with every intention of implementing its ideas. What are the most useful things we can do now? Is there anything we can do? For that matter, has what we have done hitherto been any use? These questions are impossible for an insider to answer. What better excuse to stop writing?

Alison Macfarlane