Alan Milburn returns to UK health department

Linda Beecham *BMJ*

After 10 months as chief secretary to the Treasury, Alan Milburn has returned to the Department of Health as secretary of state. He was minister of state in the first year of the Labour government, when his responsibilities included primary care and general medical services.

At the time, the *Daily Telegraph* commented, "his reassured manner and eye for detail should mark him out as a star of the government."

Mr Milburn, aged 41, read history at Lancaster University, and before he became MP for Darlington in 1992, he worked in the trade union studies information unit in Newcastle upon Tyne and was senior business development officer for North Tyneside Council.

His mother was a secretary in the NHS, and his partner, Ruth Briel, is a psychiatrist. He told the *Commons House Magazine* in 1994, "I hear from her at first hand the problems that the government's changes have brought to the NHS."

In opposition Mr Milburn

criticised the growth in bureaucracy and called managers "an army of bureaucrats which is strangling the NHS with expensive red tape."

When he became health minister he launched an NHS efficiency task force to ensure that money was directed at patient care rather than bureaucracy.

Although the Labour party had criticised the private finance initiative, in 1997 Mr Milburn gave the go ahead for a £1.3bn (\$2.1bn) hospital building programme under the initiative.

In 1998 Mr Milburn announced that every hospital would need to appoint a doctor, nurse, or other clinical professional to take charge of quality issues. All trusts would have to be publicly accountable for the quality of services they offered.

He also said that all trusts would have to publish costs of their treatments and services as part of the government's drive for an open, accountable, and more efficient health service. He helped to spearhead the government's reforms in primary care—

New Health Secretary Alan Milburn says farewell to retiring Health Secretary Frank Dobson

primary care groups, personal medical services pilots, and salaried GPs.

In his 18 months as health minister he helped to push through changes that were often unpopular with doctors, such as league tables comparing patient mortality for different surgeons. He threatened to "name and shame" incompetent doctors and end "fat cat" payoffs to managers.

The chief executive of the NHS Confederation, Stephen Thornton, called the appointment "an excellent move."

Tessa Jowell, minister for public health, has been promoted to the education department. She will be replaced by Yvette Cooper, who will pick up the public health brief, but as parliamentary secretary rather than as minister of state (Ms Jowell's former position). □

Patients' bill of rights passes first US hurdle

James Ciment *New York*

In a victory for President Clinton, the US House of Representatives voted overwhelmingly to approve new rights for patients to take action against their healthcare insurers and health maintenance organisations. The most controversial part of the bill would allow patients to sue these bodies if they are denied the medical care they need.

The bill, which was jointly sponsored by Georgian Republican Charles Norwood, a dentist, and John Dingell, a Michigan Democrat, stems from the rising frustration felt by Americans and their doctors about the influence that insurance companies have in the decision making process of health care (11 September, p 657).

Specifically, doctors and patients have been complaining for years that most health maintenance organisations have financial incentives to approve fewer tests and cover fewer expensive procedures.

If approved by the Senate

next year, the bill would follow the lead of similar votes at the state level in California and Texas.

Currently, employees who receive health insurance from their employers are allowed to sue their insurer only for the cost of a treatment denied, and, even then, only in a federal court. The new legislation would allow patients to sue in a state or federal court and would allow them to sue for unlimited damages.

The bill would also not allow the health maintenance organisations to stop doctors telling patients about costly but beneficial treatment options. It would

also require insurance companies to pay for emergency room treatment without the patient having to receive prior approval.

Also, the bill would allow a patient to see her obstetrician and gynaecologist without having to get prior approval.

Politically, many in Washington are calling the vote the most important so far this year. Although Republican leaders such as the speaker of the House, J Dennis Hastert, had argued that the bill would open the floodgates to a tide of frivolous suits by trial lawyers, his members in the House were not swayed and sided with President Clinton. □