LETTER FROM WESTMINSTER

Prevention is politically popular

JOHN WARDEN

There is no denying that Mr Norman Fowler raised political morale in the National Health Service with his announcement last week on cancer screening for women. It was immediately hailed as a step towards the visionary ideal of creating a health service rather than a sickness service. But cynics might argue that prevention has become politically popular in election year.

Anyway, the Secretary of State for Social Services knew that he was on to a winner with MPs (to say nothing of the women's vote) when he told them of plans for nationwide breast screening by mammography for all women aged 50-64, with full recall every three years.

"We are determined that breast cancer screening should be implemented as efficiently, as effectively, and as quickly as possible," Mr Fowler said. In practice this will entail having about 120 new screening centres in place over the next three years, the first within a month or two.

The United Kingdom's mortality from breast cancer at 73.7 per 100 000 women is the highest in Western Europe and higher than that in North America. The aim is to cut it by one third. Comprehensive screening should prolong the lives of some 2000 women a year by the late 1990s. The start up costs amount to £41m over three years, to cover equipment, diagnosis, treatment, and training. "This will need careful planning to ensure that all the necessary back up facilities, as well as the screening centres, are available," declared the Secretary of State.

The statement was well received by the House of Commons, with the exception of Mr Michael Meacher, who from the Opposition dispatch box dismissed it as grossly inadequate. Mr Meacher is no longer credible even to his own side, which is why the Labour party is in danger of allowing the NHS to go by default as an election issue. Mr Fowler had little difficulty in disposing of his complaint by saying that the government was, in fact, implementing in their entirety the recommendations of the Forrest report on breast screening (p 651)—adding separately for good measure that a funding of £14.5m towards a vaccine for the acquired immune deficiency syndrome also fully met the request by the Medical Research Council.

Professor Sir Patrick Forrest, who chaired the Department of Health and Social Security working group that paved the way for the breast screening drive, and Sir James Gowans, secretary of the MRC, gratefully joined Mr Fowler at a press conference later. Sir Patrick explained that success in mass mammography rests on the quality of the screening being of the "highest order," even if it is some years before the full effects are manifest.

General practitioners will have a key role in seeming personally to invite their patients to come forward. Family practitioner committees or health boards will send to each general practitioner at regular intervals the names of women eligible for screening. The doctor will delete the names of any women for whom screening is contraindicated (by illness, for example) and return the list to the FPC. A computerised invitation will then be sent out, normally over the signature of the woman's doctor. Personalised invitations are said to produce a response rate of up to 90% compared with only 30% in mobile mass screening.

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More elderly patients, fewer young nursing recruits

A House of Commons debate on the health care of the elderly was initiated by the Labour party in a motion that deplored "the failure of the government to provide sufficient resources to enable the NHS to provide Britain's elderly people with the services they need, deserve, and have paid for."

Was it more the election than the elderly that MPs had in mind? Labour's health spokesman, Frank Dobson, harked back to those visionary early days of what was perceived as a national *health* service. Observing that the founder generation of 1948 are the elderly of today, he intoned, "These are the people who created the NHS. It would be a national disgrace if we failed to do our duty and extend these services which they need and deserve."

His specific criticisms were of general practitioners not versed in dealing with the aged, a management philosophy that labelled elderly patients as "bed blockers," and a chronic shortage of rheumatologists, therapists, and chiropodists.

Mr Tony Newton, Minister for Health, had a brief full of figures refuting Labour's charges. Yes, he said, the elderly are a major challenge facing the NHS. Between now and the year 2025 the number over pensionable age will increase by more than three million. No, he added, their treatment is not being diminished by their growing numbers. More elderly people than ever before are getting hospital treatment and taking advantage of modern medical technology to improve their quality of life.

Predictably, an amendment congratulating the government on "the steps it has taken to facilitate and prolong the health and independence of elderly people" was carried by a safe majority.

The younger generation was represented on the day by a lobby of student nurses pressing for the reform of nursing education, in Project 2000, which is now with ministers (14 February, p 458). Unfortunately, the nurses picked a day when health topics dominated the business of the house and so kept away some of the very MPs who were most sympathetic to their cause.

Not for long, however, will the nursing crisis be averted. The reality is beginning to sink in. A rising demand for nurses is having to be met from a shrinking supply of teenagers. If nothing is done by the early 1990s the NHS will need to absorb almost half of all qualified 18 year old girls. That is clearly unrealistic against competing demands from teaching, the city, or even Sainsbury.

Project 2000 also proposes an end to student nurses as cheap apprentice labour on the wards. Instead they would come under the control of the nursing education system, not NHS managers, and time working on the wards would be cut from 60% to 20%. The result, apart from better training, would be less wastage, a better foundation, and fewer leaving the profession. The nurses marshalled their arguments well. To quote the RCN again: "There is a demographic timebomb under nursing which will cut off its supply of recruits unless the system is reformed."

Few MPs are foolish enough to show indifference towards the needs and anxieties of nurses, especially in an election year. Those MPs to whom I spoke afterwards were impressed by the case made out. They would give it careful consideration. But as for any early or dramatic change, that is seen as impractical "because of the staffing implications." How slender is the bridge across the NHS generation gap, between longevity on the one side and youth on the other.