LETTER FROM WESTMINSTER

Patients rule OK?

JOHN WARDEN

Here is a tip about what to expect if Mrs Thatcher scores her predicted third election victory. It is based on an expression that she is using in private to characterise the objectives of the next Conservative government. The motto of her new administration is to be "The customer comes first."

It is a lesson that the future prime minister learnt at her father's knee in the parlour above the grocery store in Grantham and that has served as her political and economic credo ever since. Now apparently it is to be adopted as Whitehall's watchword for the public services.

For the health services the implications are clear and perhaps not unwelcome. Customer satisfaction is not something that the state does best, in Mrs Thatcher's view. Therefore she has transferred to the private sector as many public services as she can for competition is what keeps the world going round. Education and health, however, are the two great consumer services that by and large will remain entirely in public control. How then to ensure that the customers' needs come first?

If that is to be the Prime Minister's command rather than just an election slogan there will plainly have to be some changes around the place. My soundings suggest it is a task that ministers are eager to take on. So far it amounts more to an attitude of mind than to a firm plan of action, but that is no bad start. For example, it means questioning the self congratulatory evidence that, despite the gloom, 80% of National Health Service patients express satisfaction with their treatment. This is no mean rating. Ministers, however, are no longer prepared to take it at face value.

In short, putting the customer first will mean raising the standard of patient care. Above all, that is likely to become the key factor in future policy decisions and not only those concerned with money and resources. An emphasis on courtesy and consideration need not be expensive. On the practical side it would not cost much to give patients full access to their medical records. These are instances where ministers are tending to shift the balance towards the patient.

But if patient satisfaction is to become the main policy objective is the government prepared to back it with hard cash? That cannot be put to the test until after the election, but again the signs are promising. For the first time the health service pay reviews have been met and funded practically in full. No, says Mr Fowler, that is no election gimmick. It is the NHS sharing in the improved economic strength of the country. Social progress is not possible without a strong economy, Mr Fowler adds.

Fair enough. The government often accuses its critics of trying to put a ring fence around the NHS to protect it at times of economic chill, so Mr Fowler is entitled to the benefit of any doubt over whether his motives have more to do with the election than with the economy. It will be interesting to see what is the economic spin off next year and whether Mr Fowler in his sixth year at the DHSS will have handed over to someone else the task of translating into practice the new policy of putting the patient first. Having raised expectations, of course, the government is sufficiently experienced to know that they will never be fulfilled. The Parkinson's law that says expectations will always exceed the capacity to meet them is particularly true of the NHS, where progress consists of two steps forward and one step back.

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Nurses are the flavour of the year

Currently that process in its most acute form affects the nursing crisis, something that is patently incompatible with a philosophy of raising the standards of patient care. Nurses matter to patients and they are the flavour of the year with ministers too. So there can be no question of the government resting on the laurels of a 9.5% salary rise. Progress is still backwards, especially in London and the big city hospitals. Inexorably the full horror of what could happen is dawning on the Department of Health, which in its heart now agrees with the red alert warning put out by the Royal College of Nursing and its estimate of a 25% shortfall in nursing manpower.

The causes are well documented: a declining pool of 18 year olds, low morale, low pay, lack of accommodation, and a growing incidence of violence against nurses. The review award will give some alleviation, but other solutions are emerging that reflect the degree of desperation. New studies under way in the regions into the nursing crisis are likely to reinforce the concern. Answers that have been rejected in the past are being re-examined—like bringing in a London allowance. An "access to nursing" experiment in taking girls off the dole in Brixton is giving encouraging signals as a source of enthusiastic recruits. But it is the opposite end of the see saw to the RCN's *Project 2000*, which would take learners out of the wards.

Before then, however, the government at the time of writing is planning after all to say something more about the future of primary health care, as a sequel to last year's consultative document *Primary Health Care: An Agenda for Discussion*. This will come in the form of a response to the report of the social services select committee and will be a half way house to the department's final decisions to be enshrined in legislation in the next parliament. The indications are that the good practice allowance proposed as an incentive for general practitioners to expand their services is dead but not buried. It is likely to emerge in another form of performance related pay, perhaps involving percentage targets for services to be provided.

Also being rushed out before the expected June D-day is the social services committee's report on its inquiry into the problems associated with the acquired immune deficiency syndrome (AIDS). Mrs Renée Short and her team are drafting the report while still taking evidence (Mr Fowler is to be the final witness next week). The weight of evidence before the committee since January would seem to point to AIDS being less of a hospital problem than one that will impinge on community care. And the report may be entitled to conclude that in Britain AIDS "has been caught in time."

Last week, however, when the Royal College of Obstetricians and Gynaecologists gave evidence Professor Richard Beard of St Mary's, Paddington, gave warning of the onslaught that he thought was undoubtedly going to come. The witnesses were not in favour of either anonymous or compulsory screening of pregnant women but would support pilot trials in antenatal screening. The obstetricians are also against having to tell a woman's general practitioner if she is found to be seropositive for the human immunodeficiency virus. This is an extension of obstetric experience in dealing with unwanted pregnancies.

"We believe in our discipline that the views of the patient herself should be paramount," said Mr Chris Hudson, consultant obstetrician at St Bartholomew's Hospital, unconsciously echoing what looks like being Mrs Thatcher's election battle cry for the future of the health service.