LETTER FROM WESTMINSTER

Labour's new voice

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As befits the so called best club in the world the House of Commons rates its new members fairly low in the pecking order. Whatever his or her rank and status hitherto is of little benefit to the novice MP. Into the parliament's third week, for example, the voice of its new doctor MPs had still to be heard.

Yet after all the attention focused on health matters in the election, their almost total neglect at Westminster ever since serves only to confirm a suspicion that much of the campaign was bogus. Otherwise would not the house be keenly anxious to hear from doctors newly arrived from the front? Patently it is not. At the time of writing three maiden speeches from its medical men remain undelivered.

So at the risk of pre-empting parliament I decided it was proper for the *BMJ* to remove the gag and allow one of the new medical MPs to catch my eye. Sam Galbraith, FRCS, MD, MP, is the first neurosurgeon to be elected to parliament. He is a consultant at the Institute of Neurological Sciences, a short distance through the Clyde Tunnel to Strathkelvin and Bearsden, the Tory seat that he won for Labour.

Mr Galbraith has been a consultant neurosurgeon since 1978 and has spent time in the United States—as student and visiting professor—seeing the best and worst of American medical care. His interest in health politics took him into the Labour party, the presidency of the Medical Practitioners Union, and now parliament, where he hopes his colleagues will soon stop making self conscious jokes about having a brain surgeon on hand and start listening to what he has to say about the hospital service.

Sam Galbraith's message is neither overly partisan nor difficult to grasp. He is all for a more business like approach to running the NHS. But the business principles should be applied primarily to delivering patient care, not saving money.

"Money alone won't solve it. We have to look at how we deliver the care and make it more efficient. That requires a strong management structure," he says, and gives two examples of what is bad but quite common in today's health service.

Example one is of the patient who is given a referral letter by her general practitioner to see a consultant, waits six months for an appointment, sees two or three different hospital doctors, and waits two years for the operation. His second typical example is of a patient admitted for tests such as myelography or a barium meal. He goes in on a Monday, nothing is done to organise the test until Tuesday, and the test is performed on Wednesday or Thursday. It has taken four days.

"In the US I would see a patient in the outpatient clinic. A secretary would arrange for him to come back for a myelogram that afternoon and be on the operation list next day. It was all prearranged, but here we say it is not possible to organise. I don't believe it," says Mr Galbraith.

"Business principles can deliver care, but at present business management is applied to finance, which is about cuts and cheapness. It should be applied to care with finance a secondary consideration—though efficient care should cost less."

He agrees that clinicians could do more to that end, though it is not a proper use of their time. Instead he would urge management to be less reluctant about entering the medical area and doctors to fear less for their autonomy: "We are not talking about interfering

clinically. A lot of doctors would wish their service to be more efficiently organised. It requires government action to say we want waiting lists cut by half in two years and management to set about doing it. We are talking about consumerism in the health service."

It couldn't be said better by John Moore, the new Secretary of State, himself, though in fact Sam Galbraith is really articulating a health policy for Neil Kinnock's "new" Labour party with its appeal to prosperous self interest: "The health service is held in such high regard by the people of this country that they want it to be better. The NHS should be delivering some of the things the private sector delivers, like more single rooms with TV and phones. I want the private sector to decrease in size because the NHS is so good."

In a paraphrase, he wants the NHS to ensure that "you get the treatment when you want it, where you want it, and by whom you want it." Wryly he believes there would be all party support for that. It has the ring of a model maiden speech.

Nursing crisis threatening NHS

The government, meanwhile, tries to grapple with things as they are—not least the nursing crisis, to which the Commons public accounts committee keeps returning. Its latest report expresses deep concern at the acute shortages of nursing staff in some areas, and more so at the prospect of future shortages which pose "a serious threat to health care within the NHS."

At the end of this month Mr Moore will have received from health authorities and others their comments on the UKCC's *Project 2000* for the reform of nurse education and training. The DHSS has assured the nurses that the government is "positive" about their proposals, even though they would reduce the amount of work the NHS receives from student nurses. Their present 60% work contribution in the wards would fall to between 20% and 30%—though with some compensation through reduced wastage. But as it costs £29 000 to train a nurse, of which £16 000 is covered by her work contribution, Mr Moore will have some positive thinking to do in his summer holiday.

In this respect the public accounts committee sits unhelpfully—even menacingly—on the fence. Noting the fundamental reappraisal about to be given to nurse training, it comments: "The proposals are likely to have far reaching effects both on value for money and on health care, and we recognise that the implications will need to be carefully studied by the DHSS and the NHS before any decisions can be made regarding implementation."

Another select committee, on Scottish affairs, has published the government's reply to its report on the horrors of postwar hospital building (28 March, p 849). Neither side sees any profit in dwelling on past mistakes, but the government agrees that there are still some lessons to be applied on principles of hospital building common to the whole of the United Kingdom.

Health authorities, for example, will be penalised for delay when approval in principle lapses if projects are not brought to the predesign cost limit stage within three years. The government also intends to strengthen guidance that the design team brief should be frozen as early as possible.

Finally, as the *BMJ* went to press the new shadow cabinet was announced: Robin Cook, MP for Livingston in Scotland and a left winger, has taken over the health and social services portfolio from Michael Meacher.