LETTER FROM WESTMINSTER

Lords examine orphan status of child care

JOHN WARDEN

Sometimes it seems that succeeding generations of children get through as well as they do despite the services that they receive rather than because of them. Who could say, for example, that the education system has served all children as effectively as it should in 20 years of continuing dispute between professionals over how schools should be organised and run? As a result basic education reform is one of the major legislative planks of this parliament, which would vote poor marks for the teachers. When it comes to doing best by our children, however, doctors should be careful not to feel smug at the expense of educationalists.

The record of the medical profession in delivering child health care falls well short of what it should be. That something must be done about it was recognised as long ago as the early 1970s. Yet the children of that time will themselves be parents before action is taken in the 1990s. The years between have been lost largely because professional disagreement has handed governments too convenient an excuse for political inaction. Craft rivalries among doctors and even demarcation disputes with the nursing profession have taken their toll on the quality of child health care.

The sorry tale can be briefly stated. Reorganisations of the National Health Service in 1974 and 1982 left child health care in an orphaned state. The demise of the medical officer of health and the transfer of functions from town halls to health authorities resulted in fragmentation and frustration.

On top of that doctors fell out over the idea of introducing a new specialty of general practitioner paediatricians as proposed by Professor Donald Court's committee in 1976. Such a plan, it was argued, would undermine the traditional nature of general practice. Nor were general practitioners keen to tolerate "interference" from the newly designated clinical medical officers or district paediatricians. Professional rivalry was in danger of taking precedence over the need for a better integrated child health service.

At last in 1987 the deadlock has been broken, even if not all the problems are resolved. The BMA's initiative of the child health forum produced its compromise formula last spring (7 March, p 658). The forum agreed (and the council concurred) that general practitioners would increase their participation in preschool preventive care, and at the same time have a similar role "within the general practice setting" to that of clinical medical officers, with a consultant led service for secondary care.

At about the same time the National Children's Bureau attempted to give the kiss of life to the Court report by producing a survey, 10 years on, into the state of child health under the title *Investing in the Future*. Despite some definite progress, not least the arrival on the scene of consultant community paediatricians, the National Children's Bureau report said: "We cannot view the health and social conditions of many children, and the development of child health services over the past 10 years with anything but deep dissatisfaction."

Professional rivalries to blame

It was against this background that the House of Lords mounted a timely debate last week on the state of child health services. A new medical peer, Lord Trafford, placed responsibility squarely on the profession for the rivalries that had developed and urged the appointment in every district of a consultant community paediatrician with sufficient rank and standing to coordinate a service.

Thanks to the BMA's child health forum, Lord Hunter of Newington was able to report that after 10 years there was agreement within the profession on how to integrate child health care services. He acknowledged that a substantial debt was due to the BMA and hoped that the government would vigorously pursue this policy agreement by the profession.

Lord Rea, a practising general practitioner, said that there was an awareness that general practitioners should be better trained in paediatrics and this was being steadily accomplished by the vocational training programme. The ideal, he said, would be for trainee general practitioners to spend six months in a hospital paediatric post if only there were enough to go round.

In this connection Lord Prys-Davies gave some interesting figures from the opposition front bench. From a profile of 214 general practitioners in inner London, he said that 29 were over 70 years old and 54 were over 65, whereas only 21 were under the age of 34 and recently in medical schools. Of the sample, 91 general practitioners were in singlehanded practice. He therefore doubted whether many of the doctors in that particular profile would be in a position to undertake training to enable them to carry out new responsibilities for child health, even if they so wished.

For the government, junior health minister Lord Skelmersdale said that the government remained committed to the principles of the Court report (that the NHS should provide an integrated child health service) but full implementation would be achieved only in the long term. He foresaw an increased role for general practitioners in dealing with what he called the medical component of the service for the under 5s. And he gave a passing nod to the concept of parents holding a standardised health record for each of their children from infancy to adolescence. Official scepticism is yielding to hard evidence that parents do take great care of child health records.

So where does the position rest? The National Children's Bureau's report found that the main obstacles to better child care had been disagreement within the medical profession and the absence of a strong lead from the government. The former impediment no longer exists. But as for the government taking a lead, from Lord Skelmersdale there came no suggestion. It was as if he hoped no one was listening. To be fair, he was probably inhibited lest he pre-empt the imminent white paper on primary care, which will embrace the government's thinking on child health—if only to propose immunisation targets based on general practitioners' lists.

The last word, however, may again be borrowed from the National Children's Bureau's report. It observed that, given certain health problems that today's children suffer in terms of child abuse, cigarette smoking, drug addiction, and homelessness, "improvement in social conditions would make a greater impact on child health than is likely to occur as the result of any reorganisation of professional work."