LETTER FROM WESTMINSTER

Cross words on cervical screening

PHILIP JOHNSTON

There were some cross words on cervical screening in the House of Commons on 5 February. The subject has generated a good deal of political argument because of the alleged failure of the government to act quickly enough to ensure adequate screening for cervical cancer for women at risk. Looking in on the opening speeches of last week's debate, however, you would not think members of parliament were particularly concerned; fewer than 30 were present. But that did not prevent a lively, even acrimonious exchange between Mr Barney Hayhoe, the Minister for Health, and Labour's spokesman, Mr Frank Dobson.

It was an opposition day, so Mr Dobson, who had done a survey on cervical screening services, opened the debate with a denunciation of the government's "lamentable failure to make sure that every woman at risk is covered by a computerised call and recall screening system," which was recommended in 1981 by the Committee on Gynaecological Cytology. Thousands of deaths would have been avoided, he said, had successive ministers shown real commitment to implementing the recommendations and provided the necessary resources in good time.

Sympathy from the government was not enough, Mr Dobson insisted. There was a need for full and comprehensive schemes to be introduced immediately; laboratory staff should be recruited and trained; the necessary extra funds should be provided; and, in the long term, more research into the causes of cancer was required.

Mr Dobson said that the interval between tests should be shortened from five years to three and dismissed as "preposterous" a suggestion from Mr Hayhoe that a 10 year interval was adequate for younger women. "The government's record is a disgrace," he declared.

But Mr Hayhoe would brook no criticism from a party which itself had singularly failed to tackle the problem. In view of Labour's record, Mr Dobson's attack was "bare faced impudence," the minister retorted. The government should be commended for its positive action to ensure that by 1988 all health districts will have computerised call and recall systems and adequate laboratory back up for cervical cancer screening.

The Department of Health and Social Security had also set up an expert working group to recommend a range of policy options for breast cancer screening. Between them, breast and cervical cancer claim the lives of 15 000 women each year, representing 5% of the deaths of women in this country. They are statistics that should caution any politician against trying to score party points when debating the matter.

"At the nadir of our surgical fortunes"

The select committees of the House of Commons are a rich source of news copy for the Westminster correspondents. Their inquisitorial nature confronts the executive with the thrust of the sabre rather than the swing of the cudgel more traditionally employed in the chamber itself. Their reports can embarrass governments or, more rarely, enforce a change in policy. Witnesses can be subjected to a severe grilling by the best of the committees, as the civil servants and ex-ministers embroiled in the Westland affair can testify.

The majority of select committees, however, do not excite a great deal of public interest, if any. For instance, the investigations now being carried out include a look at the bilateral aid programme and Tuvalu (foreign affairs); the tin crisis (trade and industry); Bangladesh in Britain (home affairs); and the disposal and storage of cereal supplies (agriculture).

The Social Services Select Committee, chaired by Mrs Renée Short, who is to retire at the next general election, has, like its fellow committees been flitting from inquiry to inquiry. Recently it had the Secretary of State, Norman Fowler, before it to explain and defend his social security reforms. But last week it returned to the subject that first captured its attention in July last year, the prison medical service.

Dr John Kilgour, the director of the prison medical service at the Home Office, paid another visit to the select committee to continue his evidence on the particular problems facing doctors behind bars. It is in the nature of committees that they delve into areas that do not immediately grab the attention of the overworked hack; but Dr Kilgour was not about to let us go away empty handed.

Questioned about finances and funding, he pointed out that the cost of medication per head in the prisons of England and Wales was 75p less last year than that for prescribed medicines in the National Health Service. This was surprising, he said, given the "rather more morbid community" inside prisons than outside and the fact that the prison medical service had to supply every medicinal requirement, right down to an aspirin. Dr Kilgour outlined Home Office plans for improving surgery facilities at the main regional prisons—Parkhurst, Walton in Liverpool, and Wormwood Scrubs in London.

"We are at the nadir of our surgical fortunes," he said. There had been problems at Liverpool that have kept the hospital there out of action for two years; and the theatre at Parkhurst was "very old-fashioned and giving certain cause for reserve," Dr Kilgour opined in his most careful Whitehall phrasing. The new hospital at Wormwood Scrubs should be ready to start up by 1991 to provide the needs of the region and will incorporate a prison medical service training school.

It will be a comfort for NHS patients to know that the next bed is not occupied by a mass murderer with a hernia for as long as the prison medical service can take care of prisoners. Serious cases are still treated in NHS hospitals, however, though the cost of providing security is high, with six officers required to keep an eye on one convict patient.

The government, increasingly sensitive, perhaps, to public opinion, has pre-empted Mr Richard Shepherd's private members' Bill to make those employed in kitchens on crown premises subject to health and safety laws. The Bill was adjourned on 7 February after Mr Norman Fowler announced that he had completed his review of crown immunity of hospital kitchens. He intends to introduce legislation before Easter to remove crown immunity from hospital catering in respect of food hygiene regulations by making health authorities subject to the provisions of the Food Act. The Social Services Secretary said in the written answer that the legislation, which is likely to be on the statute book by the autumn, would be coupled with strengthened guidance to the health service on measures to ensure high food hygiene standards. He concluded with the clarion call that the government was "determined to spare no effort to secure the highest standards of food hygiene in hospitals." Many people will ask why effort has been spared before.