LETTER FROM WESTMINSTER

Public watchdog bites the NHS—again

PHILIP JOHNSTON

A recent article in the *BMJ*, "Public watchdog bites the NHS." (7 June, p 1537), described several occasions on which the National Audit Office (NAO) had severely criticised the NHS. Well, the NAO has bitten again. In its latest report on the level of charges for private resident patients in the NHS the Comptroller and Auditor General, Sir Gordon Downey, disclosed how several health authorities were not charging the full cost of major operations undertaken on private patients. And he reported one which "considered that the underrecovery of costs was such as to jeopardise its continuation at present levels of those types of treatment to NHS patients."

The NAO report was still warm from the presses when the Minister for Health, Mr Barney Hayhoe, issued a consultative paper aimed at tackling the problem. He pointed out that a review for determining charges was begun last year following criticism that charges were not related to the cost of the treatment received by individual private patients.

The consultative paper put forward two main options—either to introduce higher national charges for expensive procedures or to devolve to health authorities the setting of charges, subject to costs being fully recovered. "I am inviting the views of the health authorities, the medical profession, and others concerned on these or other alternatives to the present system," Mr Hayhoe said. The BMA has welcomed the inquiry.

Comments were asked for within three months so that any changes can be implemented by next April. This will mean that by then two years will have passed between the problem being identified and anything being done about it.

In fact, the concern in some quarters goes back considerably further. Last year Labour's health spokesman, Frank Dobson, wrote to the Commons all party Public Accounts Committee alerting it to the problem. In his letter he referred to comments by Sir Gordon in 1981, when he noted that "charges did not recover the total costs attributable to private patients."

Mr Dobson—who declares an interest as an arch opponent of private medicine—even called in support of his arguments the concerns expressed by representatives of commercial hospitals. They have long argued that pay beds in the NHS have been subsidised by the health system funded by the taxpayer.

Mr Dobson quoted Ron Stalker, chief executive of Portland Hospital, saying as long ago as 1983: "Charges for private patients in NHS hospitals are completely unrealistic. It's a quarter of the real cost of treatment. Not only are babies treated free, even adults aren't charged properly for the use of an operating theatre, and the only charge for x rays is the consultant's fee."

The criticism was borne out by the NAO report. Sir Gordon said that the DHSS had received complaints from 10 health authorities about their inability to recoup the full cost of operations because charges for pay beds were set centrally for different classes of hospital. For example, North Staffordshire reported that open heart operations entailing replacement of a heart valve were being carried

out at a "loss." Hillingdon was not recovering open heart surgery costs; and in Trent charges to private patients from overseas did not cover the costs of the Stereotactic Radiosurgery Centre.

Mr Dobson described the whole business as "scandalous" and suggested that private patients were shopping around the NHS for urgent or expensive treatment that they could get at "a bargain basement price" while using commercial clinics for more routine operations. "We will not be satisfied until all NHS subsidies to private patients come to an end," he declared.

But, despite the grist to Mr Dobson's mill supplied by the NAO, the government remains committed to the principle of charging for private pay beds. Mr Hayhoe pointed out that private patients "bring valuable extra resources to the health service with an income in England last year of £61 million."

Nevertheless, something is being done about the undercharging—though not as swiftly as the unwitting observer might have thought.

MPs worried at government's sluggish response on aspirin report

If you thought the bureaucracy at the DHSS was slow moving you could have been forgiven for marvelling at the speed of decision making witnessed in the past week or so. No sooner had a few well informed Sunday newspapers reported that the government had been advised by the Committee on Safety of Medicines of a possible link between aspirin and Reye's syndrome than action had been taken (14 June, p 1590). The Chief Medical Officer, Sir Donald Acheson, announced a ban on the general sale of children's aspirin and all junior medicines based on the drug.

Everything seemed to happen in a blur: the link was established, the public was alerted, and the appropriate action was taken. And all within the space of a few days. Or so it seemed. It was Jack Ashley, Labour MP for Stoke-on-Trent South and not the most popular backbencher at the Elephant and Castle, who threw a spanner in the well oiled works. Why, he wanted to know, had the Secretary of State not taken action before? "His department has been pressed for 18 months, but aspirin was still allowed to be given to children without any warning of the possible consequences."

Indeed, the first indication of a link between aspirin and Reye's syndrome came from American studies in the early 1980s. The US Food and Drug Administration warned parents not to give aspirin based preparations to children or teenagers with influenza or chickenpox. Reports from America suggest that the incidence of Reye's syndrome fell by more than half between 1984 and 1985. It was only after the American study had been compared with British findings that the Committee on Safety of Medicines recommended government action.

This information was set out in a letter to 165 000 doctors, dentists, and pharmacists issued by the committee's chairman, Professor Sir Abraham Goldberg. And that letter, together with the Chief Medical Officer's advice, was released to the public two days earlier than planned only because of the previous weekend's press and television coverage of the story.

More than a few MPs were left wondering why information of such obvious importance and available to enough people for journalists to find out about it was not released earlier.