LETTER FROM WESTMINSTER

Election year benefits for the sick?

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A 2.5% increase in real terms in the health budget for next year reflects the government's electoral priorities. As Labour's Mr Roy Hattersley, in grudging praise of the Chancellor's autumn statement on 6 November said, the sick could benefit from an election every year.

Clearly, the Secretary of State, Mr Norman Fowler, found himself pushing at a half open Treasury door in the recent spending round. In summary, the hospital budget for England is to rise by £626 million. This is 6% cash, or 2.2% in real terms. For family practitioner services there will be £300 million extra—2.9% in real terms. This allows for forecast demand to be met in full.

On the hospital side, Mr Fowler has proposed two innovations. One is to attack hospital waiting lists by establishing a fund totalling £50 million over two years, for which health authorities can bid to finance specific schemes to reduce waiting times, mainly in surgical specialties. The money could be spent on extra staff or equipment.

The second initiative is a £30 million fund, also over two years, to smooth out the disruptions caused by the resource allocation formula—otherwise known as RAWP. This should go some way to easing the financial squeeze on the four Thames regions, which have suffered most from this long term redistribution of hospital and community services resources.

Mr Fowler also confirmed his new targets for increases in the number of key operations—hip replacements (50 000), cataracts (70 000) heart bypass (17 000), and bone marrow transplants (550). He also looked forward to health authorities maintaining "their excellent level of performance" in treating more patients each year.

Mr Fowler claimed that the spending figures demonstrated the government's continued commitment to the NHS. Quite so.

Bad day for cockroaches

A bad day for cockroaches was how Labour's health spokesman, Mr Frank Dobson, welcomed the removal of crown immunity from hospital kitchens. On Guy Fawkes night the House of Commons went further and passed a law against cockroaches in operating theatres too.

The National Health Service (Amendment) Act, which came in as a modest measure, went out as rather a landmark by ending nearly 40 years of crown immunity in the NHS. This ends the immunity from prosecution for failing to observe the laws on safety and hygiene. Is it something to celebrate? Parliament gave it two somewhat confused cheers, bowing to the wisdom of the BMA, the Royal College of Nursing, and others in the NHS.

What happens next? There will be a period of preparation and training before the Act comes into force in three months. Then from 6 February 1987 health authorities can be prosecuted if they fail to maintain reasonable standards of safety and hygiene in hospitals. The argument was over whether those running the hospitals need to be coerced to do that. Ministers do not really think so, and if they are right then the lifting of crown immunity will be neutral in its effect.

In the House of Commons last week the opposition claimed it would cost hundreds of millions to bring hospitals up to the new standard, whereas the Minister for Health, Mr Tony Newton, saw no such need. In the government's view, he said, the amount of

money already being spent on the NHS could be expected to ensure reasonably clean kitchens and reasonably safe working precautions. Whether all health authorities will agree with him is arguable. But at least, thanks to the election, some should have more money to juggle with than expected.

"Crime sheet" for doctors?

Hospital doctors face the dubious prospect of a "crime sheet" following them around from post to post if Mr Fowler acts on a recommendation from the House of Commons select committee on the NHS ombudsman. In the name of medical accountability for complaints by patients the committee has asked the DHSS to investigate the possibility of establishing a national register of NHS doctors and nurses to which employing authorities should have access.

As envisaged, the new register would show details of employment and any disciplinary action taken as a result of complaints. It would supplement the system of references between consultants. The aim is to keep a closer check on the performance of doctors in the early, mobile years of their careers. BMA witnesses who appeared before the select committee took a dim view of the proposal but were unable to dissuade the MPs from a course on which they were clearly set.

The committee's main concern was with the ineffectiveness of the current system of obtaining disciplinary action.

In its report the select committee accepts that in the usual course of events a consultant's reference will tend to reveal much of what is needed to be known about most doctors. But this had the important defect of being private, and the reference might be given before the investigation of a particular case had been completed.

The report goes on: "Witnesses laid great stress on the role of consultants in the process of overseeing the treatment of patients. Clinical responsibility lay at the door of the consultant in charge of the treatment. But when we investigated the possible extension of liability to consultants for the actions of junior doctors who tend to move jobs frequently, we were told that this would not be practically possible. The witnesses from the BMA said that although the consultants laid down the rules for dealing with patients, each professional member of his team acted under his or her own professional responsibility."

The association's reaction was to oppose a national register and question its utility, given that the present register of medical practitioners already enables doctors to be traced. The witnesses were worried that the records might be unfair in tending to record minor matters which, as the doctor gained experience, should be forgotten. They did not see any point in recording the mistakes of young doctors. The present system of informal contacts between regional authorities served a useful purpose in keeping track of certain doctors who were not necessarily desirable employees.

In the end, however, the MPs said they had heard nothing that convinced them that a national register of medical and nursing staff should not be maintained as a useful tool for authorities. They added: "The prospect of the results of an inquiry being recorded would, we believe, be a sufficient inducement to all practitioners to cooperate with inquiries, if only to justify their actions."

The report is now with Mr Fowler, who will in due course issue a White Paper in response—if the election timetable allows.