LETTER FROM WESTMINSTER

Reading between the lines of the DHSS annual report

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The second annual report on the health service in England has been published and, you will not be surprised to hear, a pass mark has been achieved. As the examining board was comprised of the Secretary of State for Social Services, Mr Norman Fowler, and his team of ministers and officials perhaps this was never in doubt. The praise is by no means fulsome; written in the margin is the time honoured rider "could do better."

But the report's 50 glossy pages testify to the increased resources that are being provided for the service and the greater efficiency with which those resources are now being used for the benefit of patients, or so says Mr Fowler's foreword. The minister, a former journalist, is a man with an eye trained to spot a good story and a turn of phrase that can make it a headline grabber.

"The record of the health service over the last few years is an impressive one, but equally clearly the service will face new challenges over the next years," he says. "In meeting these challenges—which are the results not of failure but of success—everyone in the health service must be ready to work together in making the necessary changes and adapting to new methods and new ideas, in order to secure better services for patients."

But the jauntiness of Mr Fowler and his ministers cannot disguise the underlying concern that their optimistic message is not yet getting across to the general public, the majority of whom rarely use the National Health Service save for the odd trip to their general practitioner or in the happy circumstances of a birth. They are unlikely to have the annual report at the top of their bedtime reading list. Nor is our old friend on the Clapham omnibus likely to realise that the report does not tell the full story of the past year in the NHS. The chapter on the implementation of the Griffiths recommendations on general management structures makes no mention of the anxieties expressed by the Royal College of Nursing and by some junior doctors that they are being left out of the process.

Privately, ministers believe that such reactions are premature and that the new system must be given a chance to work. But they acknowledge that there may have been a breakdown in communication, that some groups have felt slighted where none was intended, and they want to encourage an exchange of views on an initiative that Fowler places great store by. The Minister for Health, Barney Hayhoe, has already written to managers insisting that nurses and junior doctors should be given more say in the Griffiths consultations.

Also not in the annual report is any mention of the Green Paper on general practice, for the good reason that it has yet to be published. Indeed, if the Department of Health had met its original target date for publication—the end of 1984—it would have formed an important part of Mr Fowler's retrospect of the past 12 months. But in the intervening period the original draft or drafts of the Green Paper have been torn up and the document completely rewritten.

The Green Paper that we will see, probably early in the new year, will be a different creature from its stillborn sibling. Interestingly,

the whole debate about what goes into the consultation document has been changed precisely because it has been delayed. Many interested parties, anticipating its publication earlier this year, jumped in quickly with their reactions to a set of non-existent policy proposals. In effect, the Department has had the luxury of a consultation process without actually saying what it had in mind. The very promise or threat of a new look at the whole structure of general practice was enough to generate the response that normally comes only after the government has already shown its hand.

This means that Mr Fowler and Mr Hayhoe can dip into a whole reservoir of suggestions and ideas and use them as the framework for their paper. Its main aim will be to overhaul the system in a way that will be of greatest benefit to the consumer—that is, the patient. There will almost certainly be a move towards performance reviews for doctors, drawing heavily on the proposals put forward in the summer by the Royal College of General Practitioners. And an upper retirement age of 70 is likely to be introduced; perhaps the government is also planning to impose a similar limit on members of parliament.

BMA gives evidence on prison medical service

Sir Douglas Black is an esteemed member of the medical profession and, I suspect, a cautious man who enters unfamiliar political territory with the greatest trepidation. Last week he was, on his own admission, enticed into the sort of public utterance that he might normally avoid. He was leading a foray of the BMA's prison medical service working party into darkest Westminster to give evidence before the Social Services Select Committee.

The discussion took as its starting point two submissions from the BMA and the Prison Medical Association and wandered through a variety of topics from pay levels in the service to ethical considerations—whether the prison medical service should be uncoupled from the Home Office (the BMA thinks not)—and eventually to the sort of conditions that doctors working in prisons have to contend with.

Mrs Renée Short, the committee's chairwoman, expressed her horror at the nineteenth century hygiene standards that still maintain. It is still a daily routine for prisoners to "slop out"; modern sanitation is rare. Sir Douglas, warning that "it is probably dangerous for me to stray into these areas," indicated that he found such conditions anathema. "While there are imperfections in the prison medical service which need remedy the overwhelming thing is the grotesque state of overcrowding in prisons which has brought many of these problems to a head," he said.

The BMA put forward several recommendations for removing many of the criticisms currently directed at the prison medical service—for instance, an extension of professional training to develop particular interests, better conditions of service comparable to those in the NHS, and the introduction of an independent scheme of visiting teams (p 1666).

In the final analysis, however, from what Sir Douglas was saying, nothing short of a root and branch overhaul of the prison system itself will provide the conditions that anyone working in it can regard as satisfactory.