LETTER FROM WESTMINSTER

MP's hospital stay prompts complaints Bill

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The hazards in the way of a backbencher's Bill are considerable, but, provided the subject secures all party backing, it is possible to make the most amazing progress. While I still expect Mr Enoch Powell's Bill to ban experiments on human embryos to be trapped in the parliamentary sloughs, Mr Michael McNair-Wilson, Conservative MP for Newbury, had no trouble at all with his private members' Bill setting up a hospital complaints procedure. It started its second reading debate—that is the discussion of its general principle—at 12 52 pm last Friday and by 2 18 pm had completed all its Commons stages, having had a formal committee hearing and third reading. It now goes to the Lords and has every chance of becoming law.

The Bill is the result of his own serious illness last year. He spent many months in hospital with kidney failure and became dissatisfied, not with the medical treatment he received, nor with the nursing, but with the lack of information available. This led him to conclude that hospitals were not thinking as carefully as they might about their patients, and thus to the Bill. So anyone with a sitting MP on his books take note. Although anyone writing about parliament has repeatedly to warn readers that some Bills will never get anywhere—that they are simply propaganda exercises—equally there are exceptions to that rule. The Bill is in line with government's thinking—the green paper on general practice promised by Mr Norman Fowler, Social Services Secretary, is intended to make medical practitioners more sensitive to the needs of the consumer, and this is a piece of consumer legislation.

So Mr McNair-Wilson was on to a winner from the start, but equally he needed opposition consent for it to go ahead and got it. Mr Frank Dobson, Labour's health spokesman, made clear, as one would expect from somebody who used to work for the local government ombudsman, that he was in favour of a good, effective complaints procedure. Mr McNair-Wilson said what was wanted was a member of staff whose responsibility was to follow up complaints, and it must be someone not frightened of running up against a senior member of the staff—in effect, a hospital trouble-shooter. And the procedure should be common to all hospitals. He also wanted a leaflet for patients which would tell them about the services available—times of meals, visiting hours, church services, sickness benefits, library services, and so on.

That brings me to Warnock, since last week when discussing Mr Powell's Bill I took Mr Kenneth Clarke's words on legislation at face value. The Minister for Health did promise legislation but was coy about exactly when. That seemed then as if he was merely following the convention of not pre-empting next session's Queen's speech. But as always there was a piece of the jigsaw missing. It seems that Mr John Biffen, Leader of the Commons, as well as Lord Hailsham, Lord Chancellor, are not at all keen on the idea of a Warnock Bill next session and Mr Clarke's promise was carefully worded. He was allowed to go no further. Oddly enough, Mr Biffen voted for the Powell Bill, which makes his opposition to legislation soon on Warnock an object of irritation to his colleagues.

So a Warnock Bill in 1985-6 is not necessarily on the cards. Apart from anything else, Mr Norman Fowler, Social Services Secretary, has a major Social Security Bill next session that will take up a lot of time, so the DHSS's fair share is more than taken up.

One of the messages that comes through from the evidence being

given to the Social Services Select Committee, which is conducting a highly topical inquiry into drug misuse, is the lack of training provided for general practitioners in how to tackle addicts. Mr Patrick Monahan, a surgeon at Princess Margaret Hospital, Swindon, told the committee in evidence that among the radical action required was greater GP involvement. He said there was a lack of understanding and experience within the medical profession of drug abuse treatment, and urged that the government provide within all regional health authorities a coordinated, comprehensive treatment programme covering all aspects of drug abuse. He also drew attention to what he regarded as a disturbing antagonism shown by the small number of consultants working in drug dependency units towards practitioners, both in private and general practice, working outside these units. Arguing that there must be greater involvement of general practitioners, he said they knew the addict's family, the family's circumstances, and were near at hand. Mr Monahan was giving evidence as a founder member of Adfam—the acronym comes from National and Regional Aid for Addicts and Family. As for his evidence, that was based on first hand knowledge of the problem as the parent of an addict.

Doctors' wives get sympathetic Lords hearing

It could only happen in the Lords, given the nature of the issue. Baroness Masham of Ilton, speaking in a debate on welfare provision, raised the ministerial review of the position of the wife of a doctor who works in his practice, but whose pay cannot be reimbursed by the NHS, as are other members of staff. This anomaly has led to the formation of the Doctors' Wives Association. She argued that a doctor could employ his mistress but if his wife worked as his practice receptionist she could not be paid by the NHS. She had received letters from general practitioners in rural areas throughout the country asking about the still to be implemented amendment she had had accepted to the 1980 Health Services Act. Lady Masham said she was asking for fairness to wives in rural practices only and that the government should allow this only if they were qualified to do the ancillary work. The government spokesman, the Earl of Caithness, told her that in present circumstances, given the other priorities, it was unlikely that the present pilot scheme, which provides reimbursement for doctors who employ a dependent relative with a nursing qualification and for singlehanded doctors receiving a rural practice payment, would be broadened.

Lord Glenarthur, the junior health minister, asked subsequently about the position by Lord Winstanley, who is a doctor, was just as positive. Ministers would not meet the association and while the present system might seem unjust to some it was not possible to make such reimbursement without introducing what was "an unacceptable risk of abuse of public money." Ah, well. It took a peer to say it, because MPs have a most splendid system whereby people who help them are paid and there are many MPs' wives who work as their husbands' secretaries. The answer might have stuck in an elected politician's throat. As it is, Lord Glenarthur suggested that the way forward was for the Doctors' Wives Association to talk to the General Medical Services Committee.

The abuse of public money seems a fairly specious argument, but Lord Glenarthur did also say that the extra cost of allowing 70% salary reimbursement even for related ancillary staff would probably come to millions of pounds a year—and there is the real reason.