Letter from Westminster

The delight of Renée Short

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There was no concealing the delight felt by Mrs Renée Short, chairman of the Social Services Select Committee, at the Government's response to its report on medical education when I saw her last week at the Commons. It was understandable because it is not often that such blanket ministerial approval comes the way of select committee reports. On top of that, this latest report looks like being known as the Short Report, so that was good for morale as well. It came at the right time, because the committee is currently bogged down in the thick of a long inquiry into the age of retirement. This is one of those worthy subjects that take up a lot of time with no prospect of being able to come up at the end of the day with proposals that can be acted on because anything worth doing will cost us so much that the Government will not be able to afford to do it. The medical education report, therefore, meant that she could look back on 1981 as a year well spent.

She is particularly pleased that Ministers agree with the report's view that entrenched attitudes—that is, those of consultants—have to be changed and established work patterns altered. "That is the crux of the matter," she said. "What I want now is for the House to debate the report so that we can get the message across to the profession. I am very pleased with the response, and I have written to Norman Fowler to tell him." She is scornful of consultants who oppose change because they think it would mean they would not have enough time to do their work, pointing out that what she wants to bring about is the provision of more fully trained consultants and doctors to carry the work load.

The acceptance of the argument that it is important to provide facilities for part-time training and career posts for doctors with domestic commitments—it is a non-sexist way of saying women doctors—is another part of Mr Fowler's reply that pleases her. She believes it will open up many doors for women doctors who want to combine a career with a family. "The fact that Ministers have taken it on board means that more doctors at registrar, senior registrar, and even part-time consultant level can be found," she said. "That means improvements in patient care. The Medical Women's Federation, who put the case for action to us, should be pleased as well."

Mrs Short said she hoped this week's conference called by the DHSS on junior doctors' working hours would be a success. The reduction proposed in the report—a maximum of 80 hours—was small, and should not be impossible to achieve, she added. It was simply a matter of better organisation, less messing around, and not having people on duty who were not needed.

The Social Democrats have decided to hold a one-day conference on health and social services policy in London on 6 March intended to find out the views of the party rank and file before the health policy group, chaired by their health spokesman, Mr Mike Thomas, MP for Newcastle East, draws up its

report. This will take the form of a consultative paper and will be ready in the early summer so that views can be collected on what SDP policy should be. A policy document will be published by the end of the year and submitted to the Council for Social Democracy—their "law-making" body—for ratification.

The one-day conference will be opened by Dr David Owen, one of the party's leaders and a former Health Minister, and wound up by Mr Thomas, who is earning himself something of a reputation as the nearest thing the SDPs have to the Liberals' Mr Cyril Smith. It will be divided into five workshops under the following broad headings—community care; prevention; resource allocation; the role of the voluntary and private sectors; and the role of professionals and their relations with the public in the development of services. Out of all that chaos some order may well emerge, and the hope is that at the end of the day the nucleus of an SDP association of people interested in health and social service matters will have been formed.

Mr Thomas is emphatic about his party's commitment to the NHS but says it will be taking a more tolerant attitude towards private practice than the Labour Party. He believes that if we are to have a substantial private sector some way of managing it properly has to be worked out so that it does not waste resources and get into conflict with what the NHS is trying to do.

More hospital defects brought to light

That hardy old shutter of stable doors, the Public Accounts Committee—it looks into the reasons why things happened rather than why they should happen—was firmly assured by the DHSS and the Welsh Office a couple of years back that nothing like the scandal of the Royal Hospital for Sick Children in Glasgow had happened in their province. Defects in the building in Glasgow needed repairs costing some £7.25m, and work is still not finished, though the Scottish Home and Health Department assures me that the hospital will be up to strength this autumn. At present 60 of its 324 beds are still out of commission.

Now another watchdog, the Comptroller and Auditor General, Mr Gordon Downey, has proved the DHSS and the Welsh Office to have been, to say the least, a little optimistic in what they told the PAC. In the appropriation accounts for 1980-1 on spending on hospital building he gives the results of a survey by his staff of hospitals built during the last decade. They found 11 where significant defects had arisen. Repairs to the £22m University Hospital of Wales in Cardiff, completed in 1971, are estimated at £7.7m, while the new cardiac unit at Great Ormond Street Hospital for sick children, completed in 1980 at a cost of £7.5m, needs repairs costing between £5m and £8m. The nine other hospitals, which cost £71m to build, have needed repairs totalling £10m to leaking roofs, collapsed chimney flues and linings, defective window frames, and faults in the air conditioning systems. Somehow or other the excuse given by the departments that most of the faults referred to by Mr Downey "were not unique to hospital building and reflected the general experience with buildings designed and constructed in the 1950s and 1960s" is just a little bit thin. I suspect that the PAC will take future assurances with an extra pinch of salt.