Letter from Westminster

Effects on patient care of UGC cuts

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The message in the evidence submitted to the Social Services Select Committee by the universities and the medical schools about the impact of the cuts imposed by the UGC comes across loud and clear. It is, in the words of the letter from Manchester University, that the inevitable effect of a reduction in resources will be a lowering of the contribution the universities make to patient care in the National Health Service and a general decrease in research effort and postgraduate training. In other words, the damage may not be irreparable but it is going to take a long time to repair.

Some 40 institutions replied to the committee's request for information about the impact of the 15% cut on medical education, and their answers have now been made available to anybody at the Commons who wants to read them. Dr G P McNicol, principal of Aberdeen University, probably summed up the message as well as anybody. "The cuts are bound to have a harmful effect on patient care," he wrote. "It is difficult for us to see any public benefit in these cuts in clinical education. They will lead either to reduction in service and standards or to a transfer of funding from one source (UGC) to another (NHS) and further pressure on the traditional 'knock for knock' understanding between the two sectors."

The Committee of Vice-chancellors and Principals said in its letter that cuts of the magnitude of 15% and the short time scale allowed would seriously damage the quality of the work of the universities. "The speed with which the cuts are being imposed inflicts maximum harm in that it impedes or prevents the considered planning necessary in university education in all faculties," it added.

Reappraisal of how medicine is taught

Edinburgh University's faculty of medicine said that the reduction in clinical staff would mean those remaining having to absorb the clinical work and teaching of those who had left. That would reduce the level of patient care, and in the long run the damage would last longer than the cuts themselves. "There is a risk of a serious reduction in the pace of medical advance which will not be readily reversed even by the restitution of financial support because those properly trained to make use of the changed circumstances will no longer be there," the letter concluded. Mr K Lockyer, secretary of St Mary's Hospital Medical School in London, said they were at a threshold. "Any reduction in real income over and above that which has steadily crept upon us since the oil crisis of 1973 will mean a complete reappraisal of the basis on which medicine is taught and upon which medical schools function in relation to the NHS," he said. "The problem is as serious as that."

As for the newer institutions, their case was put by Professor B C L Weedon, vice-chancellor of Nottingham University. "It is demoralising for the university staff in the medical school, having achieved so much, to contemplate what appears to be a

partial dismantling of their creation even before the original task given to the university in 1964 has been completed," he said.

The committee will now take evidence from the ministers concerned—Sir Keith Joseph, the Education Secretary, and, in a baptism of fire, the new Health Minister, Mr Kenneth Clarke. After that it will get down to the job of putting its conclusions together with the aim of having the report out by the time Parliament gets up for the summer holidays.

Charging overseas patients: sensible or piffling?

The Government's plans to raise £6m by charging overseas visitors for using the NHS were staunchly defended by Mr Norman Fowler, the Social Services Secretary, against an attack in the Commons led for a change by Mr Terry Davis, Labour MP for Birmingham, Stetchford, who is Mrs Gwyneth Dunwoody's deputy as shadow health spokesman. He got his (rare) chance to open the Opposition attack because Mrs Dunwoody was unwell and did it rather effectively, even if he failed to make much of a dent in Mr Fowler's conviction that he is in the right. "We have devised a scheme which is administratively simple, which minimises the chance of discrimination, and which raises money for the NHS," he declared. "It is a sensible and common-sense measure."

Mr Davis, however, argued strongly that the scale of the abuse which the Government is tackling is so minute that it is not worth all this trouble and calculated on the basis of the figures in the working party's report that a quarter of one half of one per cent—or one in a thousand patients—will be liable to be charged. He was also critical of the system of checks proposed by the Government for patients, arguing that there is no provision to stop people telling lies. "An overseas visitor liable to pay for treatment can simply lie about the reason for his presence in this country, not tell the truth about the time he has spent here, or not tell the truth about whether there is a husband or wife living here," he said. "There is plenty of room for liars in the new procedure. If introduced it will be totally ineffective in stopping the abuse of the NHS by overseas visitors. Not only is it ineffective, but I doubt whether it would be cost effective."

The £6m income from charges came under some attack. Mr Clement Freud, Liberal MP for the Isle of Ely, described it as "piffling"; Mr Alex Lyon, Labour MP for York, said that it was "peanuts"; and Mr Laurie Pavitt, Labour MP for Brent South, said that it was ridiculous in the context of a comprehensive NHS costing £12 billion a year. Mr Clarke, winding up the debate, replied by telling the House what £6m can buy. It would, he said, enable the NHS to treat 8000 more acute patients, or provide 200 hospital new beds, or run 40 body scanners for a year, or provide 400 new residential places for the elderly, or 350 new residential places for the adult mentally handicapped, or the same number of mentally handicapped children. It might not be a vast sum, but the NHS was not so awash with money that it could be lightly waved aside.

But he did go a long way to conceding Mr Davis's strictures on the numbers of people concerned. The Government, he said, was probably talking about 0.5% of the patients in hospitals.