Letter from Westminster

Paper pushers and patients

WILLIAM RUSSELL

In its 17th report, *Financial Control of Accountability in the National Health Service*, published last September, the Commons Public Accounts Committee was critical of the way staff numbers have been rising in recent years. Between 1971 and 1979 staff increased overall by 22.9% or 174 000, and within different staff groups there were wide variations in the percentage increases. For instance, professional and technical staff in England and Wales went up by 47.4%, administrative and clerical staff by 45.4%, hospital medical staff by 31.5%, nursing staff by 24.6%, and ambulance staff by 12.2%. Quite clearly that could give the impression that there are more people pushing bits of paper around than there are caring for patients, and it was a matter the committee returned to last week when it "interviewed" Sir Kenneth Stowe, permanent secretary at the Department of Health and Social Security.

He reported that six regional health authorities had been asked by the DHSS to look at the figures, though so far only two—Trent and Merseyside—had replied in detail. From what he had to tell the MPs it does rather look as if trying to stop the number of clerical and administrative staff growing is a bit like attempting to halt a juggernaut running downhill. Sir Kenneth said that, broadly speaking, the DHSS had been reassured to find that the RHAs were "well aware of public scepticism, to put it no higher," about the growth of such staff. They could, however, account for the growth in what seemed for the greater part to be sensible ways.

Asked about the present position with cash limits, he said: "Our policy on staff is still that we expect the RHAs within increasingly constrained financial resources to ensure they deploy them to the maximum effect. That means people to care for patients and cutting down on the administrative tail."

He said it was demonstrably sensible to employ clerks to take some of the administrative and paper work away from people who should be looking after patients. The report from Trent RHA he considered to be particularly interesting because it had had the highest growth of all in staff. Between 1976 and 1980 numbers had increased by 17.5% or 1400 people compared with the national average of 10%. This has been partly due to the fact that five major new hospitals had been built in the area, he said. The evidence was that new hospitals needed more medical records staff, but once properly staffed there was a substantial increase in the throughput of patients. In one hospital the increase had been of the order of 39%, so the feeling was that the extra administrative support had "paid" for itself. And no, it was not, as Mr Joel Barnett, Labour MP for Heywood and Royton, the committee's chairman, ventured, a case of more people going sick because there was a nice new hospital to be sick in.

Sir Kenneth said that medical secretaries for consultants had accounted for 9% of the increase, ward clerks for 10%; and he emphasised that Trent RHA claimed to be satisfied that it had deployed staff in a way that relieved clinicians and nurses of

paper work. Turning to the Merseyside RHA story, he described it as "equally illuminating." The Cheshire Area Health Authority during the two years 1978 to 1980 employed 19 more administrative staff, but, of these, 12 were medical secretaries for newly appointed consultants. In the Liverpool Area Health Authority (T) the increase in staff was 34, most of whom were medical secretaries or ward clerks.

New accountability procedures

Sir Kenneth also reported progress on setting up the new accountability procedures announced earlier this year by Mr Norman Fowler, the Social Services Secretary. Pilot studies were held during January and February—once again the RHAs were Trent and Merseyside—from which the most important point to have emerged was that the work had to be prepared thoroughly in advance by the DHSS and the AHA, he said. This was going to be a considerable burden, but without such essential preparatory work they would end up having "a rather woolly conversation" and specific issues would not be looked at. Sir Kenneth said that ministers had been satisfied as a result of the pilot study that there would be no conflict between the delegation of responsibility to the RHAs and calling them to account for how they had exercised these responsibilities. That may not be quite how some RHAs see it, since the new scheme is regarded by some as one more instance of central interference with local autonomy, and not quite the thing expected of a Conservative administration.

The first round of examinations will start in about six months' time, Sir Kenneth said. But it will not be the one that matters most. It will be the second round in some 14 months' time, when the chairmen return to report on the action they have taken. The approach to each series of talks is to be selective, and ministers, senior officials, and the RHA chairmen will concentrate on issues in the region whose importance and topicality are held to warrant such attention. The reviews will be matched by similar studies between each RHA and its district health authorities. Sir Kenneth said the reviews would be confined to matters for which health authorities could properly be held responsible, and would exclude the clinical decisions of doctors, dentists, and other Health Service professional staff.

The Mental Health (Amendment) Bill, which deals with the rights of mental patients (p 1053), starts its committee stage in the Commons soon using the new procedure under which evidence is taken from "outside" bodies for the first three meetings. The committee will be chaired for these sessions only by Mrs Renée Short, since the custom is that the job goes to the appropriate select committee chairman. Organisations such as MIND, MENCAP, and the Royal College of Psychiatrists are expected to appear. The value of the procedure was shown by the second reading debate (page 1053), where some of the speeches bore a marked resemblance to others. Quite clearly the MPs concerned had received the same briefing from interested parties. MPs have to find the facts out somewhere, but it is arguably better that at some stage the pressure groups and expert associations should be able to speak for themselves.