Letter from Westminster

Second thoughts on charging overseas patients

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A week, as Harold Wilson said, is a long time in politics. It is, admittedly, more than a week since Mr Patrick Jenkin, Social Services Secretary, was confidently assuring the Commons at question time that the anxiety about the Government's scheme to charge overseas visitors for medical treatment on the NHS was misplaced but it is not all that long ago. He claimed that the present rules had caused a good deal of distress and that what he planned was "a simple test that will apply to everybody, which every health authority will be able to operate simply." It was to be clear to understand and bring in the revenue the Government wanted, he added.

Things have suddenly changed, and to the unconcealed delight of Mrs Gwyneth Dunwoody, shadow health spokesman, Mr Jenkin was telling the Commons last week that, instead of it all coming about shortly, implementation of the proposals will not take place until early 1982. Firstly, there is to be an inquiry by a working party of NHS officers, with some professional and community relations representatives, to draw up advice for the NHS and the health professions on how best to operate the scheme. Their report will be the basis of a draft circular to be sent out towards the end of the summer with the aim of having the necessary regulations before the House when it returns for the autumn overspill period after the summer recess. Just what changed ministers' minds it is hard to say, but it does seem to have been more than the hostility of those concerned in the race relations industry, who saw the plan as more discrimination.

It looks as if the Government has become aware of the problems in the NHS over operating the scheme. While guidance is not all that hard to draw up, ministers seem suddenly to have grasped the extent to which they are at the mercy of those on the receiving end of their instructions as to how well such admittedly controversial proposals work. They may, as it were, propose, but they do not dispose. The point is that the person at the point of contact—clerk, casualty officer, or indeed anybody in the hierarchy of a hospital who receives patients—is capable of behaving in a bewildering variety of ways ranging from the polite to the arrogant. I was told that even had ministers not wished to have a new policy from the one set out by Mr Jenkins in a speech in May at St Stephen's Hospital, London, and in the Commons last month, when it all seemed so easy, they would have had to take a second look at things to clear up several misunderstandings that have arisen on the part of those expected to interpret it in the hospitals. Anyway, whatever the reason, it all happened within the last couple of weeks. Mrs Dunwoody, who has consistently opposed the plan, says that they have simply got themselves into the most awful mess and has written to Mr Jenkin telling him so. "It is painfully obvious that this is an unworkable, divisive, and unconsidered measure that will do enormous damage to Britain's image in the world," she chided.

Another difficulty that seems to have only just emerged is that it is proving hard to get statistical information about the extent to which foreigners abuse the NHS. Everybody can tell of a friend who knows a friend who knows some foreigner who came

here to have his ingrowing toenails out, but the facts that show how much money can be saved are not there. In other words, is all the fuss being caused worth the candle? But it is a bit late in the day to be asking that question.

The attempt by Miss Jo Richardson, left-wing Labour MP for Barking, to amend the 1977 NHS Act to place a statutory duty on area health authorities to provide abortions on the NHS failed by 215 votes to 139. Her Bill, introduced under the ten-minute rule procedure, would have got nowhere had she been allowed to bring it in, but getting it into law was not the intention. She was simply laying down a marker for the future. It is said that the devil has all the good tunes. Miss Richardson certainly had all the good arguments, whereas Mrs Jill Knight, Conservative MP for Edgbaston, put up to oppose her, floundered and fumed. Not that it mattered. The support was there whatever she said. Miss Richardson argued that all she was trying to ensure was that there should be equal provision of NHS facilities in all parts of the country, and denied that she would be bringing about abortion on demand. She was not changing the 1967 Act, and the decision whether an abortion should be performed remained firmly in the hands of two doctors, she said. The conscience clause also remained intact. Mrs Knight, however, insisted that abortion is available for any woman in the country who needs it, a claim that many women in the west of Scotland for a start would dispute.

The Health Service Ombudsman, Mr Cecil Clothier, in his annual report for 1980-1, has welcomed the new clinical complaints procedure which the medical profession has agreed. He has, however, made quite clear that he will be keeping a weather eye on how it works and will be advising complainants whose grievances contain complaints about clinical judgment where they should seek their remedy.

Mr Clothier also draws attention to the fact that the public is adopting an increasingly critical attitude towards advice and treatment given to them by the medical profession, an attitude that is nowhere more apparent, he says, than in the maternity services. He suggests that undoubtedly the greater choice people have in deciding if and when to have children, the many options for intervention in the natural course of childbirth that now exist, and the fact that expectant mothers are not usually ill all play a part in causing this. He sees doctors and midwives as caught between those women who want natural childbirth on the one hand and those on the other who expect an entirely trouble- and pain-free delivery because of all the modern techniques that are available. He says it is therefore extremely important that prospective parents should make clear in advance their expectations about the confinement and the delivery, and that expectant mothers should attend antenatal clinics regularly. But he also defends the right of a doctor to exclude fathers from delivery rooms while medical or nursing procedures are being carried out. Couples might find it hard to understand, he remarks, but the sensibilities of the staff concerned have to be respected. He will undoubtedly find a receptive ear at the DHSS, where Dr Gerard Vaughan, the Health Minister, has made quite clear that he believes that a lot can be done to improve maternity services, particularly antenatal clinics.