Letter from Westminster

Another simmering problem

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The Whitsun recess comes as a welcome break, even if a short one, but the fact that Parliament is not sitting does not mean an end to activity. A potential row is always simmering somewhere, and one that looks like being with us for quite a time is the fuss being caused by the Government's plan to charge overseas visitors for medical treatment. According to Mrs Gwyneth Dunwoody, the shadow health spokesman, the decision owes nothing to sense and everything to prejudice; it is becoming increasingly clear that such a scheme cannot be administered. The trouble is that the scheme, which can certainly be defended on grounds of equity as well as of flagrant abuse of our free National Health Service by some foreigners, has become entangled with another issue altogether—race relations. According to Mrs Dunwoody, what Mr Patrick Jenkin, Social Services Secretary, has decided to do shows that to the minds of modern Tories people with "foreign accents or black skins" must automatically be excluded from access to proper health care. She also alleges that admission clerks will be forced into demanding documentation about the previous three years' residence of a would-be patient, which would bring Britain very close to the principle of the South African pass laws. In one sense all that is simply the small change of political abuse, and certainly Mr Jenkin is adamant that people who settle here are every bit as entitled to use the NHS as people who have been living here all their lives. Nor would Mrs Dunwoody find unanimity for her views on the benches behind her, though that is not a rare experience for Opposition spokesmen these days.

The scheme is intended to tackle those people who come here not for a holiday or to visit relatives but to fall "ill" in order to use the NHS. Mr Jenkin points out that Britain is almost alone in spending taxpayers' money to treat foreigners free, whereas British people travelling abroad have "to pay through the nose" if they fall ill. He wants to stop the NHS being taken for a ride and believes that visitors should take out medical insurance before coming here unless their country has a reciprocal agreement on health with us. Even then they are advised to take out insurance to be on the safe side. He does not think it is too much to expect. The real trouble with the scheme, of course, is that it depends on how those who have to administer it behave. The petty tyrants who occupy the reception desks in far too many waiting rooms and hospital admission offices are a problem that even the best laid scheme cannot necessarily solve. The risks inherent in the scheme were illustrated almost immediately Mr Jenkin had expounded its virtues in a speech at St Stephen's Hospital, London, by Ms Lulu Banu, a member of the Commission for Racial Equality. She complained that she had been asked for her passport before receiving treatment at that hospital. Ms Banu, a Bangladeshi who has lived here for 14 years, had no language problems, but an immigrant less sure of what was not his mother tongue clearly could have immense problems if challenged as she was. The incident is now subject to an

inquiry and I mention it only because it will be the first of many. This is a dispute that will not go away unless Mr Jenkin decides that the saving is not worth the harassment.

What to do with NHS records

One of the many documents that came out last session about which I never found space to write was the report of the Wilson Committee on public records. How boring, do I hear you say? Well, one of the points made in the report, which is fascinating, was that NHS records had aroused more attention from users and would-be users than any other subject the committee had looked at. Whether anything will be done about the Wilson Committee's report is an open question. It is said not to have found much favour with the present Lord Chancellor, Lord Hailsham, but he will not last for ever—at present the betting is that he will retire in October—and things could change.

The scale of the problem presented by NHS records may be measured by the fact that if each health establishment in England and Wales was to produce no more than one foot of valuable records a year it would need 3000 feet of extra shelving annually to store them. That is about a third of the average amount of documents received annually by the Public Records Office from all departments in recent years. The report found that there was a general lack of awareness of any problem in defining potentially valuable records in the NHS and that there was a tendency for each administrative level to regard preservation as a matter for somebody else. Lack of money has, of course, been a problem and means that the proper selection and storage of records has had a low priority. The result is that there has been a lack of uniformity in practice and occasionally unselective destruction because of shortage of space. The report calls for some consistency between the regions on what is kept and says that much greater attention should be paid to the value of medical records, particularly to the contribution they could make to clinical research and other studies, such as the tracing of hereditary diseases and the determination of environmental change in long-term health and historical epidemiology. It says that policies have to be worked out and promulgated centrally for clinical records and urges the DHSS to ask the Medical Research Council to convene an advisory group to identify records with research potential. Researchers would have to make a positive case for preservation to this group, otherwise the material would be disposed of.

The committee also suggests that health authorities should continue to have responsibility for handling and maintaining clinical records, which should be placed under the general supervision of a records officer and housed in one place. It accepts that this would mean breaking the integrity of the records of particular institutions since it would mean the administrative and other records being kept elsewhere. But it reckons that the price is worth paying since different types of records need to be treated differently. In addition it would spread storage requirements.