Letter from Westminster

Ashley's Bill on clinical complaints—tip of iceberg

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Jack Ashley, Labour MP for Stoke on Trent, pulled no punches the other day when he was given leave by the Commons to bring in a Bill to give the Health Service Commissioner power to investigate matters of clinical judgment. The Bill will never become law because there is no time left for it to get through the necessary Parliamentary procedures. But that is not the point. Mr Ashley's attack on the alternative scheme submitted by the Joint Consultants Committee to the Health Ministers in January (2 February, p 342) was what mattered. Interestingly, nobody managed to drum up sufficient support to force a vote against the Bill, though Mr John Stokes, Conservative MP for Halesowen, who is adored by the Commons in all quarters as a prime example of the Parliamentary dinosaur, did object. He complained that the Ashley plan would open up a minefield. "The imagination boggles at the muddle, confusion, and possible danger that would ensue," he declared. "We must, in the main, trust our doctors."

Mr Ashley, who had all-party backing, argued strongly that people who suffer damage or disaster have a right to know what had gone wrong and why. They had a right to seek the truth, which was curtailed by the present system, he said. As for the scheme submitted by the JCC, he claimed it would leave patients with no alternative but to "shut up or sue"—a choice turn of phrase he attributed to the BMA's spokesman. Then, resorting to his own resources for invective, he called the proposals "a travesty of justice, designed simply to get doctors off the hook." They did not bear examination, he said.

The scheme submitted by the JCC would result in the consultant concerned discussing the complaint with the patient; if that did not solve the problem he would discuss it with the regional medical officer; and if that did not end matters two independent consultants would be brought in. "That sounds fine until one reads the small print and discovers that the JCC blandly insists the names of the two so-called independent consultants should be vetted by the original consultant," Mr Ashley commented. "How's that for cheek?"

He also pointed out that if a patient was not convinced by the two vetted consultants no further action would be taken, surely an incredible proposal when one was trying to alleviate the anxieties of people with legitimate fears. It was a powerful little speech and the fact that the Bill goes nowhere is irrelevant. There is, for a start, that all-party support to be taken into account—and it is considerable, the names endorsing the Bill being only the tip of the iceberg. The pressure for an independent element in the complaints procedure is such that Health Ministers cannot ignore it. Perhaps the JCC will find itself being told in due course to go back to the drawingboard.

The Government has now tabled the amendments to the

Health Services Bill which implement the main recommendations of the Clothier Committee's report on the dispensing of NHS prescriptions in rural areas. The committee, set up by the pharmaceutical and medical professions in 1975, was asked to find a solution to the long-standing differences between doctors and pharmacists about dispensing in rural areas. The problems arose when a doctor started or extended his dispensing or a new pharmacist opened. So whoever was practising in the area at the time lost a substantial part of his income.

The 1977 Health Services Act will be amended, using the present Bill, to set up a new committee—the Rural Dispensing Committee. This will be independent of the Health Departments but serviced by DHSS officers and consist of three doctors and three pharmacists nominated by the professions and three lay people and a lay chairman nominated by the Secretaries of State for Social Services as well as Scotland and Wales. The new committee's task will be to regulate dispensing arrangements in rural areas. It will be able to refuse an application only on the ground that in its view the service to patients in the area from doctors or pharmacists would be adversely affected if it were granted.

Concentrating heart surgery in Cambridge

Papworth Hospital, Cambridge, has been chosen by the Government as the place where the NHS will concentrate its work on heart transplant surgery. The Government believes that only Papworth meets the criteria set out by Sir Henry Yellowlees, Chief Medical Officer at the DHSS, in his letter last month to regional and area medical officers concerning the priorities and finance of transplants (1 March, p 654). It will, however, mean improvements to the operating theatre and intensive care facilities there and Mr Patrick Jenkin, the Social Services Secretary, has agreed to make a special allocation of up to £100 000 to the Cambridgeshire Area Health Authority to cover the capital cost.

The hospital has also received a £300 000 gift from the Robinson Charitable Trust for heart transplant work in 1981 and 1982, which should ensure it has sufficient funds to undertake a proper programme in those years. Mr Jenkin told the Commons that the continuing programme at Papworth would provide a basis for determining future policy since the profession, the Government, and the health authorities would be able to assess the place of heart transplants in the treatment of chronic heart disease over the next two to three years. They would also be able to evaluate more fully than is possible at present the resource implications and the effects on other services.

So we come back again to priorities. And the extra money for transplants will, I presume, be competing for funds with the doctors' April pay award. My latest information is that the DHSS has had second thoughts about restricting the inflation uprating part of the 1980 award to 13 or 14% and is prepared to concede an 18% plus figure—that would be on top of the third "catching up" tranche. But no new Government cash would be provided: the extra money would come from cuts in other NHS services.