Letter from Westminster

NHS's wasted millions

WILLIAM RUSSELL

The NHS is wasting £15m every year because it lacks a centralised purchasing system. This admission was extracted from Sir Patrick Nairne, permanent secretary at the DHSS, when he appeared before the Public Accounts Committee. The PAC, chaired by Mr Joel Barnett, Labour MP for Heywood and Royton, does not go in for strong language but in its latest report it roundly condemned the delays in ending this waste. The committee was "seriously disturbed" by Sir Patrick's admission. What is more, it decided that it was "greatly disturbing" that it had taken 25 years for the DHSS to get round to setting up a supply council. Agreement on that was only reached in December last year, shortly after the committee took its evidence, and after at least six committees had investigated the problem since 1954. Mr Barnett said that given the amount the NHS spends on supplies other than medicines prescribed under the family practitioner services—it was £1144m in 1978-9—he reckoned there were more savings that could be made than Sir Patrick had suggested. As for the delay in achieving the kind of centralised buying which would raise the percentage of supplies thus provided from 60% to 80%, he blamed that on the desire by area and regional health authorities to preserve what they saw as their autonomy.

That would certainly go—for the general good—if Mr William Hamilton, Labour MP for Central Fife, who is also a member of the PAC, had his way. "When there is constant inflation it is very important that we have a degree of central control," he said. "It is only through that and a reduction in local autonomy that you will get the kind of savings we need." The PAC also identified hospital building in its report as another area in which savings could be made in the NHS. It pointed out that at present the use of standardised hospital designs by area health authorities was optional and that in 1978-9 there was a take-up of standard components of 7.6% of total contract value, compared with a potential of 16% assessed by the National Building Agency. The final milestone towards such standardisation is the present "nucleus" design, of which 44 are in the pipeline. About £400m at current prices is likely to be spent on such hospitals and the PAC intends to keep its eye on what happens.

The PAC, by the way, is the committee which has been taking evidence on the problems which have beset the Glasgow Royal Hospital for Sick Children—much exaggerated by the press, say the administrators, but never mind that. The fact of the matter is that the Greater Glasgow Health Board is currently engaged in arbitration proceedings aimed at getting £7.25m back from the contractors, a fairly hefty sum for a building which cost £5m to build nine years ago. These proceedings, however, meant the committee was unable to take evidence in public, much to the fury of Mr Hamilton, who has been one

of the hospital building's fiercest critics. Mr Barnett said the report would, however, be out by the end of next month and as that will be long before the arbitration proceedings have come to an end it should make interesting and controversial reading. Before getting down to writing the committee may take a trip to Yorkhill to see for themselves—a rare venture from Westminster's environs for the PAC, which is not inclined to go for jaunts.

Safeguarding medical confidentiality

The BMA's doubts over the DHSS's plans to store the details of pre-school children on computers—proposed by the Child Health Computing Committee—are unlikely to be allayed by the latest answer from Dr Gerard Vaughan, the Health Minister. Mrs Renée Short, Labour MP for Wolverhampton North East, and chairman of the Social Services Select Committee, asked whether the existing computers were sufficiently up to date to enable the scheme to proceed with confidentiality safeguarded. She also wanted to know whether, if the equipment was not suitable, new equipment would be purchased. Dr Vaughan, in a brief pause from his world travels as a salesman for British medical expertise, found time to tell her that he endorsed the three ethical principles agreed between the BMA and the CHCC (10 May, p 1194). He also said that NHS rather than departmental computers would be used and that would permit the safeguards proposed to maintain medical confidentiality. "The NHS is always mindful of technological advances, and I have no doubt that new equipment will be provided by the NHS authorities for child health surveillance and other purposes when it is justified," he added.

Like the good doctor, the reply could be described as bland.

It looks as if the interminable wrangle over the new code of practice on advertising—the talks between Sir George Young, Under Secretary at the DHSS, and the tobacco companies have been going on since the autumn—could be coming to its end. The present code ran out officially at the end of March but has continued to operate pro tem. The word is that all will be revealed towards the end of the month. For Sir George's sake—he is a long-standing crusader against smoking—it had better be a good deal.

Still in the pipeline—publication date looks like being early in July—is the also long-awaited, long in the making, report on perinatal mortality from Mrs Short's committee. Something else which will be available around then as well will be the new multidonor card intended by the DHSS, according to Dr Vaughan, to replace eventually the new plastic kidney donor card they have just issued. "At present kidneys and eyes are the majority of transplant operations, but medical skills are advancing," he said. "It is possible now to donate your heart, liver, or pancreas." Where will it all end?