Letter from Westminster

Finding the best treatment by computer

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Ever dismissed the idea of writing a letter to your MP on the grounds that no good is likely to come of it? If so, perhaps the following tale might convince you otherwise. Earlier this year Mr John Heddle, Conservative MP for Lichfield and Tamworth, received a considerable amount of media coverage over the plight of one of his constituents who wanted a hip replacement operation. The lady, crippled for about 12 years, had been taken aback when told by her orthopaedic surgeon that he was only allowed to carry out such an operation once a year and there were 43 people on his waiting list. It was hardly comforting news for a lady of 72.

Mr Heddle tabled questions to the Health Ministers asking why information about available beds could not be registered centrally. He thought there could be a computer bed bank set up, having discovered that the pressure on waiting lists varied widely throughout the country. If patients were prepared to travel they could be treated in another area more quickly. The problem was knowing where treatment was available. He did not get far with his questions but he did receive a letter from Dr Gerard Vaughan, the Health Minister, explaining that a computer bed bank scheme would be expensive to establish and run. It would also use resources better employed for direct care and treatment services, he added. Sir George Young, the junior Health Minister, in another letter, told him that the DHSS was currently co-ordinating the evaluation of a national programme of research into computer support for hospital and Health Service administration. This was uncompleted and it was too early to reach conclusions. Sir George did, however, admit that there was scope for greater dissemination of information about waiting times for particular treatments at local level.

Fair enough, but Mr Heddle's point was that it is at national level that the information needs to be gathered together. In the Ministers' defence, I must say that they are more sympathetic to the idea than the departmental attitude might suggest but, like everything these days, responses depend on the answer to one question: Will it cost anything?

Mr Heddle's constituent was lucky. The publicity given to her case led to the discovery that there was a surgeon in Aberdeen whose waiting list was short, and by now she should have had her operation. As for the computer bed bank scheme, that proposal could have simply ended up as a good idea with no future, if it were not that the British Medical Association had made some helpful suggestions to Mr Heddle for a possible trial system. As a result of talks he has had with the BMA, Mr Heddle has written once again to Dr Vaughan asking if the DHSS will provide access to the necessary information and records. If it works the BMA thinks that at some point in the future, when Prestel is more widely available, the information could be fed into that system, updated on a weekly basis, and be available to doctors on demand. It would mean a doctor would know where to seek treatment for his patient. There is no ending as yet to the

tale. But it does show that writing to your MP can get results and initiate action resulting in wider benefits.

The Opposition is determined to make as much capital as possible out of the distinctly cool reception—indeed, it was glacial—given to the Black Report, *Inequalities in Health* by Mr Patrick Jenkin, Social Services Secretary. The row is hotting up nicely, as was shown the other day by the way Mr Jenkin handled a group of 15 probing questions tabled by Mr Roland Moyle, the shadow health spokesman. He simply lumped them together and rejected Mr Moyle's attempt to pin down the cost of the individual proposals because it was "not realistic" to do so.

It is never a sign of strength when Ministers opt to bracket together a variety of questions with a single reply, and Mr Moyle was less than delighted in being so spurned. He told me it was quite clear Mr Jenkin had not the remotest idea how much it would cost to implement most of the recommendations. There was no basis for a blanket rejection on grounds of cost, he added. "His reasons for rejecting many of the recommendations are that he just does not believe in equal access to the NHS," Mr Moyle said. "The Minister recently said in the Commons that he was far more interested in the quality of life than in equality. What is the quality of life of one of the 30 000 working class people who needlessly died last year, apart from that of the handicapped and all the rest?"

Mr Moyle was also taken aback by a recent newspaper report of a speech by Sir George Young, the junior Health Minister, which said that, since the last public expenditure White Paper was prepared, Britain's economic position had deteriorated and all spending programmes were being re-examined. "It would be unrealistic to suppose that the NHS, which takes some 12% of Government spending, could be exempt," the speech continued. "Are there other areas where direct payment by patients would help to relieve some of our financial difficulties?" it said later, and then suggested that there might be something in the insurance-based systems operated in some other EEC States.

"These moves would be a betrayal of Conservative election pledges," Mr Moyle said. "The introduction of new health charges would also fly in the face of a promise given in the Commons by the Prime Minister." Indeed it would, but Sir George had actually refused to deliver the Whitehall-prepared text and deleted the passages I have referred to. He had fallen victim to the fact that it is common practice to issue speeches by Ministers to the press without the old "check against delivery" safeguard. It is accepted that it is an on the record statement as well as the text of a speech just in case the speaker omits parts or does not stick to the precise wording.

So the report of his "speech" was perfectly proper. As for what he was supposed to say, that shows, given his refusal to do so, just how fierce the battle has been between the Treasury and DHSS Ministers over the extent to which cash for the NHS should be cut back and whether new health charges should be introduced. The bits that were never said are also intriguing in that the reference to insurance schemes shows that in the Treasury at least there are people prepared to consider such a plan, whereas at the Elephant and Castle it is merely one of the many twinkles in the eye of that most enthusiastic of ministers, Dr Vaughan, who is the despair of his civil servants.