Letter from Westminster

Minister's discouraging response to perinatal report

WILLIAM RUSSELL

The response by Mr Patrick Jenkin, Social Services Secretary, to the report on perinatal and neonatal mortality from the Social Services Committee was, to say the least, discouraging. Though the tenor of his reply (Cmnd 8084, HMSO, £4.60) was hardly unexpected in these cash-conscious days, it certainly depressed the committee's chairman, Mrs Renée Short, Labour MP for Wolverhampton North East. In particular, the absence of any hint that additional resources could be provided for the perinatal and neonatal services upset her. She told me she regarded that as "very serious indeed." She also latched on to the rather fulsome introduction to the reply in which Mr Jenkin said the report's scope and wealth of material would ensure it a place in a long and distinguished succession of reports starting with the report of the Cranbrook Committee in 1959. "Nothing was done about them," she remarked acidly. "Is he putting us on the shelf to gather dust as well?"

The answer to that is not if she and her colleagues on the all-party committee can help it. They will be using every parliamentary opportunity, something denied the authors of the previous reports, to keep their recommendations alive. Mrs Short also blamed the tone of the reply on attitudes at the Department of Health and Social Security. "It is quite clear they are not prepared to give the reduction of perinatal mortality—that is, saving babies' lives—the priority it needs," she said. "I think they allowed their own prejudices to colour their attitude to our report." She reckons that the Department's priorities remain what are known as the Cinderella services—the elderly, mental health, and the disabled. The point was made by Mr Jenkin, who said the dilemma was whether, in order to accelerate the continuing fall in perinatal mortality, it would be right to impose on health authorities a substantial diversion of funds at the expense of other groups. Mrs Short was also scathing about his claim that the committee's estimates of the cost of their proposals was unrealistic. He should go back and redo his sums.

Mr Jenkin's reply challenges the accuracy of the committee's most dramatic finding—that there are 5000 avoidable deaths and 5000 preventable cases of handicap among babies each year. He quoted one witness, Dr Peter Dunn, as telling the committee: "They are preventable by perfect medical management, but it is rather like saying that all road accidents are 'preventable'—it is one thing to say in theory that they are preventable, it is another to have no road accidents and no deaths." Mr Jenkin went on to argue that such a reduction in deaths was virtually unattainable and to question the figure for avoidable handicaps, alleging that the information on which to base a reliable estimate did not exist. Mrs Short did not agree with that at all. After all, what had the committee been engaged in but collecting just that sort of information. She said the figure of 5000 was realistic and that some of those who had given evidence had suggested it might be higher. As for Mr Jenkin's arguments about the cost of the report, particularly his attempt to draw an analogy with hip replacement or kidney treatments, she would have none of it. There was no comparison. What the committee had been talking about was salvaging babies who need not die.

Much of what Mr Jenkin has to say amounts to passing the

buck. Again and again he says that something is for the health authorities to decide, and since they are not going to get any extra money the chances of a decision favouring the report would seem remote. He does accept 40 of the 152 proposals, but they are all recommendations which cost no money. Making the best of a bad job, Mrs Short said that at least he had agreed to set up a maternity services committee to co-ordinate and monitor the perinatal services. But she remained wholly unconvinced by his argument that there was no evidence that spending more would prevent these deaths or cases of handicap.

It has not been the best of times for the committee, for Mr Jenkin also had short shrift for a previous report which claimed that the long-term strategic planning and monitoring of health and social services by the DHSS was "ineffective or non-existent" (p 1652). Perhaps the committee will have better luck with its new investigation, which is into a subject the medical profession finds it hard to agree on—medical education. It is early days yet, but from the evidence so far it is clear that the Government believes the first step towards finding a solution to the problems of a career structure for doctors would be for the profession to agree on the staffing structure most acceptable to all concerned. The DHSS evidence said that there were too many doctors in training grades for the consultant opportunities at present available and pointed out that the ratio proposed in the guidelines laid down a decade ago had not been achieved. These said that there should be an annual growth rate of 4% for consultants and 2.5% for junior grades, claiming that this would achieve a better balance in the career structure by 1978. In fact, the reverse has happened. The annual growth from 1970 to 1978 was about 2.5% for consultants and 4.5% for training grades.

Asked why this was the case, Dr Gillian Ford, deputy chief medical officer at the DHSS, said it was because the maths had not been too good when the targets were set. She agreed it was essential to have more consultants now and said the machinery to carry out the changes existed and was adequate. Why was it not being used, Mrs Short wanted to know. Money difficulties, was the reply. The regions had had to meet a pay award and this had affected the number of consultant posts they could fill and plan for. Mrs Short then suggested that fewer juniors meant more work for consultants, and Dr Ford admitted that that too was a problem. Not one that could be allowed to continue, retorted Mrs Short, especially when the guidelines were there. She went on to wonder whether it was a case of private practice raising its ugly head. After all, if consultants were off dealing with private patients they could not be in hospital dealing with patients as required by their NHS contracts. Dr Ford agreed, but said there were hopeful signs that things would change. As to who was stopping the targets being achieved, the officials did not say. But they made clear that it was not their fault and the finger of suspicion could point where it wished. Mr William Rees-Davies, Conservative MP for Thanet West, suggested that there might be a case for having two grades of consultant, and Dr Ford agreed it was something that could be considered. As for what happens next, it was Mr Rees-Davies who summed it all up. He thought after 10 or more years it was high time a committee like this one made a recommendation to try to resolve the problem. The officials seemed to think he was right.