LETTER FROM WESTMINSTER

Spring cleaning time

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It has been spring cleaning time at the department of health. The bulldozers may be on their way to do a clean sweep of the National Health Service, but there are still daily chores to be done. True, some important health matters call for attention, like a further exchange between Mr Kinnock and Mrs Thatcher, who have taken to writing letters in place of shouting at each other. Or there is the Queen Mother's well exploited anxiety over the closure of a geriatric ward in Wales less than a year after she opened it. And an uncommon event: a riposte from the social services select committee to the Secretary of State's knee jerk response to its recent report on funding (p 871).

The temptation when spring cleaning, of course, is to put off the big things in order to explore the long forgotten contents of the cellar. So it was last week when industrious MPs and officials tidied up a clutter of minor problems that have been gathering dust for the past year. And since most of them have made an appearance on this page it is only dutiful to show how they have been sorted out in an orderly fashion.

Consigned to the rubbish tip, for a start, is the cumbersome plan for a national register of doctors and nurses. This was to have been a disciplinary record of individuals which employing authorities would consult before making appointments. The idea for a national blacklist came from MPs on the select committee that shadows the health service ombudsman. They were fed up investigating cases of malpractice only to find that the doctor concerned had vanished from the scene and could not be called to account. A national register, they thought, would help them keep tabs on the doctors (14 March 1987, p 716).

The DHSS recoiled from the suggestion, but as the MPs persisted the department delivered its customary coup de grâce. The civil service can always find a hundred reasons for not doing what it dislikes. So when the national register resurfaced at a committee hearing last week the civil servants were in their best "Yes Minister" style.

They could find no evidence of general failure of the present system of references before appointment . . . some names would still slip through a register . . . varying procedures among authorities would mean that for similar offences one would be entered on the register and another would not . . . a register would have to contain 500 000 names. And so on.

The final blow, of course, was a DHSS estimate that a computerised register would cost half a million pounds to set up and about the same annually in running costs—to deal with only a handful of cases, and all at the expense of patient care. The MPs muttered something about having to deliberate further in private, but it was a clear defeat for their dream of setting up a blacklist.

The civil service, having regained the initiative, promptly moved to consolidate its victory by offering to come up with an alternative of its own as a means of pursuing doctors who have transgressed. One method could be to establish informal machinery to follow up those who have moved. There could be discussions with the profession about the nature of the consultant's reference. Perhaps it could have a section to indicate the conduct of the junior doctor being referred.

Mr Len Peach, chief executive of the NHS Management Board, mused over a few options and concluded: "We will not wish to make progress with a national register but we are open to suggestions for

alternatives. We will seek to find some other method that will be less expensive and produce the result the committee desire."

On several other topics the DHSS was more accommodating. For example, it is apparently not true that district health authorities cannot discipline consultants because their contracts are held by the regional health authority. The DHSS sees no reason why disciplinary action should not be taken by districts against consultants who do not fulfil their duties, whatever the level of the contract. But the wider aim is to avoid the need for disciplinary rules by getting consultants and managers working together.

Moving on to the procedure for medical records being passed between doctors by way of the family practitioner committee, the DHSS officials managed to close a loophole. This had caused a breach of confidentiality when a patient's notes by a second doctor were passed to her former practitioner (12 December 1987, p 1576). The ombudsman suggested that the breach could have been avoided if the second doctor's records had been intercepted and removed by staff of the family practitioner committee. But this raised an objection to clerical staff interfering with confidential records.

The DHSS tended to agree that family practitioner committee staff should not sift records. It will now suggest in similar cases that doctors do their own separation of relevant records and complete a form confirming the fact to the family practitioner committee, which continues to act as a sorting office of unopened records.

In a good afternoon's work the ombudsman committee also clarified who is entitled to act as the "patient's friend" under the hospital complaints procedure. The short answer is anyone whom the patient chooses—in particular the secretary of a community health council—provided the "friend" does not act as an advocate in clinical matters.

Patient friendly outcome on radiotherapy services

To complete the spring clean of outstanding problems there has been a patient friendly outcome, too, over the reprieve of the Southend radiotherapy unit. Mr Moore has overruled the North East Thames Regional Health Authority, which had wanted to close the unit and another at the North Middlesex Hospital. The decision has wider implications as a test case for the 1978 policy guidance to concentrate radiotherapy teams into regional "centres of excellence" serving at least one million people (25 April 1987, p 1107).

Mr Moore, however, has been persuaded that this policy suited the doctors rather than the patients and he has changed it. After some disagreement with his cancer experts the revised DHSS guidance trickled out in a parliamentary written reply. It says that the minimum catchment area for a viable radiotherapy unit has fallen from the one million population previously recommended to a new minimum of about 650 000. This is not only because the use of radiotherapy has increased substantially but also because the importance of patient access to a unit "may have been underestimated."

My mind goes back to Mr Moore's public debut as health secretary at the Conservative party conference last autumn. A woman grasped his arm and declared her gratitude: "The NHS saved my life—thank you."

Mr Moore's instant delight was slightly clouded when the woman went on enthusiastically to urge a reprieve of the Southend unit. Now we can appreciate how well she made her point—perhaps more effectively than the Queen Mother.