LETTER FROM WESTMINSTER

Performance indicators: flavour of the month

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Performance indicators are the flavour of the month. By now every health authority will have received its 1986-7 pack. This comes in the shape of 11 floppy disks giving a computer printout that is two feet high. A set has been deposited in the House of Commons library, and the package is on sale to the public at a price of £100.

That is as it has been for the past three or four years. What is different about this year? The difference is the decision to popularise such unlikely material. What is more, the Department of Health and Social Security has made a highly original first attempt at doing so. It takes the form of a 126 page booklet designed to present the health service indicators in a non-technical way, under the title *Comparing Health Authorities*.

It still tends to resemble a Bradshaw's guide and will be great fun for those inclined that way. But the sting is in the booklet's tail—three pages listing about 100 indicators (waiting list times, turnover interval, actual throughput, and so on). An ominous blank column leaves space for local figures, which can then be compared nationally.

The idea is that each district health authority will enter its local indicators and send complimentary copies of the booklet to its neighbourhood MPs with a self critical analysis. As Mr John Moore, Secretary of State for Social Services, explained: "Every health authority can see what is happening in its own patch and elsewhere. And people from outside the NHS can evaluate how individual authorities are performing."

The booklet selects key indicators to give a broad view of NHS activity over the country. It states: "The indicators are intended to raise questions and to highlight issues for further discussion. . . . No indicator, or even group of indicators, can tell the whole story about a district's activities. . . . *Remember—indicators should not be used in isolation.*"

These are DHSS italics, so it was natural that the department was upset when the *Sunday Times* did light on a single indicator to make the dubious assertion that Derby City Hospital—"Mrs Edwina Currie's hospital"—is the worst run facility in the NHS. But that is in the nature of even the cleverest public relations, which, like this, has its own risks. The indicators are more than a year old. They may have improved (or got worse) since. And the more searching Körner series will have replaced them by this time next year.

Nevertheless, hospital doctors and general practitioners may wish somehow to obtain the new booklet showing their local indicators and read it in conjunction with Dr Stella Lowry's users' guide (2 April, p 992). This is the shape of things to come. Mr Moore has given warning that the indicators will be used "vigorously" in this year's round of regional reviews, beginning next month. Health authorities are to be grilled on what they are doing to correct variations in performance. Next will come the impact on clinical budgeting.

Abortion bill in critical phase

Meanwhile, the abortion issue is moving into its critical phase. Both sides are regrouping for the next stage on 6 May, when Mr David Alton's Abortion (Amendment) Bill returns to the Commons for its report stage. The bill emerged from committee with its main

provision unchanged: an 18 week legal limit on abortions except when necessary to save the mother's life. Two further exceptions were accepted by Mr Alton: to allow abortions up to 28 weeks in cases of severe fetal disability and rape or child abuse.

The sponsors believe that these concessions will strengthen support for the bill despite the preference of the government and the medical establishment for termination on all grounds up to 24 weeks. The bill's opponents assess parliament's mood differently. They reckon that the bill was given a second reading only on the tacit understanding by most MPs that the limit would be raised after examination in committee to at least 20 or 22 weeks.

It needs only 23 MPs to change their vote and the bill will founder. But its demise has been confidently forecast before. They said it would not be given a second reading and that it would be fatally delayed in committee. Neither happened, thanks to vigorous campaigning by the sponsors coupled with the strategy of presenting a single clause bill, which is difficult to obstruct procedurally.

The battle of wits is now about who controls proceedings on 6 May. If the bill is to survive it must complete its remaining stages on that day. Mr Alton's fall back position is to accept an amendment for 20 weeks if he has to. His opponents are out to devise spoiling amendments that are both relevant and numerous enough to have the bill talked out.

Should the bill reach the Lords further hazards abound. Elaborate elephant traps are being constructed, mainly under the supervision of the redoubtable Lord Houghton. How he manipulated the Infant Life (Preservation) Bill until it became the vehicle for more liberal abortion legislation (27 February, p 653) is a parliamentary classic.

The Lords have since established that there is no constitutional impediment to overturning a private member's bill from the Commons despite the convention of respecting a government bill that has passed through the lower House. Informed sources tell me that their lordships are waiting to "amend the Alton bill out of sight." The odds remain heavily against it becoming law.

Finally, a lucid dossier on how to provide resources for the NHS has been delivered by the National Union of Public Employees to the social services select committee. Predictably, the union favours leaving things basically as they are, given an extra couple of billion pounds. It offers as its main proposal a suggestion that won't displease NHS managers—namely, that hospital doctors' contracts should be held by district authorities and not the regions. "It makes no sense that general managers are able to determine the deployment of everyone except the medical staff, on whom operations and much other work depends."

The document is far from hostile to some of the options in the NHS review, notably the "internal market" of more exchanges of treatment between health authorities and new projects for income generation like hospital shops and the marketing of ancillary services. The present system, it says, is capable of incorporating such ideas.

But the paper from the National Union of Public Employees sets out a simple test for any radical changes in the health service. Pointing out that it is not difficult to devise a system for those on middle income and above, the union argues that the test would be whether the reforms coped as well with the old, the poor, the mentally ill, and "the tragedies which no amount of self help can prevent."

The select committee has now begun its long term study of the NHS in parallel with the government's review. The BMA has been invited to give evidence next Wednesday: that should be a sell out.