

LETTER FROM WESTMINSTER

Four million patients who failed to attend

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The problem of the patient who wastes everybody's time by failing to keep an appointment is a common one throughout the National Health Service, causing as much irritation to doctors as waiting for hours causes some of those patients who do appear. The need for hospital patients to recognise their moral responsibility to turn up on time for appointments in order not to waste valuable NHS resources was stressed by Mr John Patten, Under Secretary of State for Health, in the Commons last week in reply to a call by Dr Brian Mawhinney, Conservative MP for Peterborough, a medical lecturer, for priority to be given to the introduction of computers in the NHS.

Dr Mawhinney claimed that the cost of unkept outpatient appointments alone could be between £85m and £266m a year—the disparity is because of the lack of information on exactly what is happening—and that the latest available figures for 1982 showed that between 4.25 million and 5.33 million appointments were not kept. He argued that there was no point in a commitment by ministers to cost effectiveness in the NHS if the new Griffiths managers were not given the technology to enable them to do the job. Priority had to be given to computerising the districts and the regions and a little more money spent in the short term.

As to why so many patients did not show up, he suggested that some might not do so because they were already dead, some because they were already better, and some because the consultant had put them on the waiting list in order to get them out of his clinic or surgery and had no real intention of ever giving them any treatment.

Dr Mawhinney said that he had written to 14 regional health authorities asking them whether they could give him numbers and percentages of non-attendance over the past five years, and 12 had replied saying they did not have any figures, nor did any of the districts. The huge gap in the knowledge of what was going on in the NHS was "very worrying."

Mr Patten was sympathetic, and said that the government had asked health authorities to implement the first report by the Körner committee—set up to report on NHS information services—by April 1987. That had recommended all districts to collect information showing the number of patients with an appointment who did not attend. "For inpatients who were to be admitted from waiting lists, the report recommends that all districts collect information showing the number of patients for whom arrangements to admit were made, but who were not admitted, distinguishing those who were not admitted because they failed to attend," he added.

Mr Patten said that by 1987 the government expected at least one third of all districts to have a computerised patient administration system, and most would have the facility to monitor waiting lists to provide doctors with information about non-attenders. But as always it boils down to a question of cash. Mr Patten said that the computer systems available or under development at present would cost a district between £0.5m and £5m to install, and that this was an investment nationally of about £50m or more. The money would have to come out of money already available to health authorities. Dr Mawhinney asked if ministers were willing to consider the possibility that the main frame computer be put in at regional level, and the districts could have a terminal feeding in. That would probably be cheaper than each district putting in its own computer. Mr Patten said that that was the sort of issue being looked into by

the Department of Health and Social Security's computer policy committee. But the sums to be spent were huge. As for the other side of the coin—that lay with patients and their responsibility to keep appointments, or to let the hospital know in good time if they could not attend.

"The NHS is based on the informal contract between what we promise to supply and what people want," he added. "However sophisticated a system is developed to ensure efficient call up of in and outpatients, the NHS must know that the majority of those called will attend. To achieve that we need the cooperation of the public." As for the possibility of setting up a computerised bed bank, he said that a pilot project was being discussed with the West Midlands Regional Health authority. The DHSS was also looking at whether guidance on encouraging patients to keep appointments could be usefully given to the health authorities and would be discussing this with the medical profession.

A duke and a king against smoking

The report of the Royal College of Physicians, *Health or Smoking?*, published last year provided the topic for a debate in the Lords in which the Duke of Gloucester made his maiden speech and came down on the side of the angels. He is, of course, patron of Action of Smoking and Health (ASH). The duke claimed that the government's health warning on cigarette packets had lost its impact and needed to be strengthened to respond to the reality of smoking. "'Can seriously damage your health' sounds like, 'One day you may get a headache or a bad cough'," he said. "What would be more appropriate would be a variety of messages—as adopted in Scandinavia—that actually state facts about death, disease, and addiction, prominently displayed on the pack."

He also called for an end to tobacco sponsorship. The tobacco industry was currently spending around £6m on sport sponsorship. That secured it hundreds of hours of television exposure. If it could be phased out the results to the media and the various sports need not be drastic, and those who feared the loss of their tobacco subsidy should consider the ethics of persuading people, however indirectly, to do something so clearly identified as harmful.

The royal college's report also showed the extent to which Britain was in the forefront of exporting all these problems—medical, ethical, fiscal, and social—to Third World countries, eager to seem sophisticated, but least able to pay in the long term for the short term advantages brought by tobacco, he added. More people were dying of an unnecessary preventable disease than died during the era of cholera. Would indifference, ignorance, and vested interest continue to kill off that section of our society that could not or would not save itself?

What with Prince Charles and the architects, and now the Duke of Gloucester and the tobacco industry, the Royal Family is clearly becoming outspoken on public issues. But the duke's views, as Lord Boyd-Carpenter, a former Conservative minister, pointed out, were as nothing compared to those of King James I.

He said that smoking was: "loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless." A right royal truth.