Medicopolitical Digest

JCC promised meeting with PM

The Prime Minister has responded to the Joint Consultants Committee's request for a meeting and a date will be announced shortly. In his letter to Mr John Major last November the JCC's chairman, Mr Alexander Ross, referred to the increasing frustration and low morale among senior hospital doctors (16 November 1991, p 1273). He laid the blame partly on the longstanding mismatch between clinical activity and available resources, the apparent lack of evidence that the changes in the National Health Service and Community Care Act were addressing the problems facing the hospital service, and the increasing interference in good clinical practice.

Mr Ross told the JCC at its meeting on 21 January that he would take with him the vice chairmen, Dame Margaret Turner-Warwick, president of the Royal College of Physicians, and Mr John Chawner, chairman of the Central Consultants and Specialists Committee, and representatives of the Junior Doctors Committee and the Medical Academic Staff Committee.

DOUBTFUL BENEFITS OF TRUSTS

The chairman criticised the Department of Health's "high risk strategy" of projecting activity in the NHS trusts for one year based on the first six months. He did not believe that there was much evidence that trusts were treating more patients than directly managed units. The committee has been asking for such evidence for some time. In January 1991 the Secretary of State for Health had assured the JCC that the performance of the first wave trusts would be monitored so that the second wave trusts could learn from the lessons.

At the December meeting of the interim JCC the deputy chief executive of the NHS, Mr Andrew Foster, reported that information on trusts and directly managed units was collected quarterly. Trust hospitals reported directly to the Department of Health while other hospitals made their information available via regional health authorities. He agreed to share as much information as possible with the JCC on a confidential basis. He told the interim JCC that there had been an increase in activity in all hospitals, with the greatest increase in day cases.

At the main JCC last week Dr Bob Buckland said that it was not surprising that trusts were reporting increases in activity in the first six months when there had been such draconian cuts in the preceding period. His hospital had increased the number of day cases but he wondered if this was really to the patients' benefit.

BRIDGING THE GAP

The chief medical officer, Dr Kenneth Calman, wants to try to improve relations between managers and doctors and has set up a group to discuss the issue. He will attend with Dr Diana Walford; the NHS's chief executive, Mr Duncan Nichol; and Mr Andrew Foster. There will be six general managers and six doctors—three from the JCC, and one from the Public Health Consultative Committee, the Royal College of General Practitioners, and the General Medical Services Committee.

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CMO approves interim report on child health services

The chief medical officer has agreed that an interim report of a joint working party on medical services for children should be sent out to health authorities and other interested parties. They will be asked for comments and for information on the current staffing of the community element of the child health service. This will enable the joint working party between the profession and the Department of Health to establish guidelines for the development of integrated child health services at local level, including training, qualifications, and contracts for the medical staff involved.

The working party was set up in January 1991 to identify the primary and secondary NHS medical services required to meet children's health needs and the medical staffing and training requirements, and to recommend a timetable and plan for action. The report which sets out the existing services and the resources needed to retain them was sent to the CMO, Dr Kenneth Calman, in November.

In his response, which was reported to the Committee for Public Health Medicine and Community Health on 17 January, the CMO welcomed the "comprehensive statement" and said that it would be of great help to purchasers in developing their contractual specifications for children and to provider units in the delivery of services to meet these specifications.

One of the joint chairmen, Dr Sandy Macara, told the committee that there was now a springboard for an agreement on career structure and training. He believed that the profession was in a strong position to resist any further reduction of services. Questioned on the timetable, Dr Macara said that would depend on the manpower study being conducted by the department. He anticipated that the final report would be completed by the late summer.

HEALTH AUTHORITY MERGERS

Last October regional public health committees were asked for information on mergers of health authorities and the creation of purchasing consortia and their effect on public health physicians. All the 13 out of the 14 regions in England which had responded had been affected. There had been problems for some directors of public health and staff morale had been affected. There were still problems with extra-contractual referrals. Respondents in many regions reported closer relations with general practitioners, family health services authorities, and consultants, and said that the concentration on health needs assessment and health outcomes was potentially beneficial.

Last month's meeting heard from several directors of public health that mergers of large districts would create organisations which were not of an appropriate geographical size for public health work. Regional health authority staff were worried about the effects of the creation of several trust management teams by the NHS Management Executive. Committee members were asked to keep the secretariat informed of further developments.

Conscientious objection to abortion

The BMA council has endorsed recommendations from the medical ethics committee that doctors do not have an ethical obligation to sign the statutory form for termination of pregnancy; that they do have an ethical duty to refer the patient expeditiously to another doctor; and that unreasonable delay in referral is contrary to good practice.

In the past the committee has advised that so long as prompt referral to another doctor was arranged doctors who did not want to take part in terminations should not be personally obliged to sign any certificate or carry out any other preparatory paperwork. The legal validity of this stance has been raised and the committee has recommended that the BMA's advice should centre on the perceived ethical duties of doctors rather than an interpretation of the legal position, although the latter should not be discounted. The ethics committee has pointed out that the position of doctors who refused to take any action in response to a request for termination of pregnancy was unclear but may potentially give grounds for a complaint that they had breached their terms of service.

In relation to contraceptive advice and treatment the council has agreed that doctors have an ethical duty to refer to another doctor patients seeking contraceptive advice or treatment when this is not a service which the doctor provides.

Clinical Standards Advisory Group's remit

The Secretary of State for Health has announced the first remits of the Clinical Standards Advisory Group, which was set up to monitor and advise on the quality of care under the NHS reforms:

- To advise on access to, and availability of, selected NHS specialist services, with particular reference to the referral of patients across district boundaries to regional and national centres. The four services selected are neonatal intensive care, cystic fibrosis, childhood leukaemia, and coronary artery bypass grafting
- To advise on standards of clinical care for patients admitted to hospital urgently or as emergencies. The group will consider the time that patients wait for diagnosis and treatment in the first 24 hours and will select several clinical conditions for more detailed investigation
- To advise on standards of clinical care for women in normal labour and investigate the use of corticosteroids in cases of premature labour
- To advise on standards of clinical care for people with diabetes.

Guidance for BMA members in trusts

The BMA will be sending a guidance note to members in units, which are in the second wave of NHS trusts.

Consultants, associate specialists, staff grade doctors, hospital practitioners, clinical assistants, senior house officers, house officers, and doctors in community health who are working in units in hospitals that become trusts will have their contracts transferred from district health authorities, and the BMA is anxious that the staff affected should receive the guidance as soon as possible. Members who have not received the note by 3 March should contact their local BMA office.

The contracts of senior registrars and career and visiting registrars will be retained by the regional health authority and all junior doctors will retain their national terms and conditions of service.

Correction

Chairman of Welsh council

We apologise for an editorial error in the caption to the picture of the opening of the BMA Welsh Office (25 January, p 259). Mr Russell Hopkins, who was described as acting chairman of the Welsh council, was elected chairman in October 1991.