**Correspondence**

**Economies in the N.H.S.**

Str,—The District Hospitals Medical Committee and the Therapeutics Committee of the North Nottingham District have had discussions about Department of Health and Social Security policy regarding payment for prescribe items. We believe that a significant waste of resources results from this policy.

(1) Any excess over the budgeted costs of drugs in the hospital service has to be found from the total funds available to the hospital service. This influences prescribing practice to the extent that drugs supplied to outpatients or to patients leaving hospital are kept to a minimum so as to protect funds for other purposes.

(2) The patient still attending hospital is therefore required to obtain supplies from EC10 prescriptions provided by the family practitioner. This wastes the time of the doctor and patient (who may need to miss work to attend the doctor’s surgery and a retail pharmacy).

(3) The overall cost to the Health Service of providing the same drugs on EC10 forms is likely to be higher than if they were obtained from the hospital as most hospitals have bulk purchase orders.

The committees therefore believe that the D.H.S.S. policy promotes poor cost/effectiveness, inefficiency, and inconvenience to patient, family practitioner, and hospital doctor alike. We consider that reorganization of the National Health Service has provided the opportunity to discontinue separate funding for drugs supplied by the family practitioner and hospital services and permits assessment to be made together at district or area level. This would free doctors to prescribe in such a way that overall cost and convenience to both doctor and patient could be considered. Any net saving should be available to the Health Service in the district or area. Some of the saving might be at the expense of the retail pharmacist, but as the majority of family practitioner prescriptions would continue as at present the loss to individuals need not be excessive. The patient need no longer attend the family practitioner purely to collect prescriptions for drugs recommended by the hospital. The proper relationship between family practitioner and his patient would not be infringed as he would continue to be informed of the treatment and progress while such a patient was in the care of the hospital service.

At this time of crisis in Health Service finance we feel that any suggestion which saves money while also offering greater convenience to patient and doctor should be considered. The cost of prescribable items in the Health Service was £233m. in 1973, only slightly less than 10% of the total expenditure on health and social services. It is of obvious importance to look carefully for any savings that can be made in this area.—I am, etc.,

**Martin S. Knapp**
Chairman, Therapeutics Committee, North Nottingham District

**Economies in the N.H.S.**

Str,—At long last it seems to be universally accepted that the National Health Service is founding owing to lack of finance, thus confirming the warning given by the profession over many years. It seems to me, however, that nobody pays attention to the vast sums of money, which I would estimate at many scores of millions of pounds annually, which are wasted through unnecessary procedures and investigations. I refer particularly to the routine x-rays which are taken in casualty and orthopaedic clinics through the country.

I am prompted to write this letter by a recent incident when I had to take a rugger player to the casualty department of a large city hospital on a Saturday afternoon. He had sustained a gross laceration of the scalp from a lateral blow with a boot and I thought that it should be dealt with at hospital. After some 2½ hours it was sutured and then the young casualty officer insisted that he have an x-ray of the skull. Obviously in his instructions all head injuries had to be x-rayed, though there was no clinical necessity whatever. We joined a group of some 12-15 people waiting for x-rays and in my opinion not more than four of them had likely fractures. At orthopaedic clinics many thousands of spinal x-rays are taken quite needlessly. Any experienced consultant knows this and film after film is reported on as showing "some arthritic lipping and possible disc space narrowing." All these investigations are done because, in the words of the regional hospital authorities, "if we didn’t we would not have a leg to stand on if it came to court." The same frightened attitude dominates the thinking concerning minor casualty departments. Why should an experienced sister be liable to be charged with negligence if "something goes wrong" after suturing, while if an elderly general practitioner does it, probably much less efficiently, it is apparently acceptable?

It may be nice to have as an ideal the best possible standards, but without available funds we should be realistic and accept the best standard possible. I should like to challenge this negative defensive attitude. What should be the legal profession and the defence societies dictate what is after all in so many cases contrary to clinical judge-