



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Secretary of State for ~~Social Services~~ Health

*Prime Minister ⊕
To read AT 515*

Andrew Turnbull Esq
Principal Private Secretary
10 Downing Street
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4 May 1989

*Can we use these
examples in the House?*

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Dear Andrew

Minutes attached

At last week's meeting of Cabinet, it was suggested that my Secretary of State might find simple examples drawn from the health service of wasteful and restrictive practices which show the need for change if patient care is to be improved. These are set out in the attached annex.

I should stress that these are some examples which have come to our attention and of course action has been taken to put things right in these cases. But it is clear that changes to the NHS are needed to tackle the underlying problems which allow such situations to develop.

I am copying this letter and attachment to the private secretaries to other members of the Cabinet and to Sir Robin Butler.

Yours sincerely

Flora Goldhill

FLORA GOLDHILL
Private Secretary

RESTRICTIVE PRACTICES ADVERSLY AFFECTING PATIENT CARE

1. Immunisation - Lancashire

Specialist in community medicine refuses to allow GPs to do childhood immunisation.

Result: unacceptably low uptake rates achieved, putting children at risk of disease.

2. Ambulance Service - North West

Drivers and attendants insisting on eating sandwich lunch at home station.

Result: life saving vehicle involved in unnecessary journies away from DGH.

3. Discharge of In Patients - London

Consultant ophthalmologist decides to keep discharge decision to himself despite fact that he only does one ward round per week.

Result: patients stay in hospital up to 6 days longer than necessary.

4. Waiting List/Times - Manchester

Consultant claims waiting list is his personal property and allows no management access to it.

Result: management cannot take action to reduce list - one patient on it for 13 years.

5. Cancellation of Operations - Preston Health Authority

Consultant anaesthetist refuses to work with anyone other than consultant-level surgeon.

Result: Operating list cancelled for 6 weeks of anaesthetists leave and 6 weeks of surgeons leave.

6. Lack of Registrar Cover - Manchester

Local Medical Manpower Committee decides not to allocate registrar to key specialty because of emphasis on training priority, disregarding service implications.

Result: Operating lists cancelled unnecessarily during annual leave absence of consultant surgeon.

7. Past Use of Qualified Nurses - Manchester

Nurse manager insists that qualified nurses (3) are needed by one doctor in dermatology in case any patient requires examination.

Result: Qualified nurses in short supply are used for most of their time on receptionist duties.

8. GP Prescribing - Bournemouth

GP visited sick holidaymaker and issued every person in hotel with same prescription 'just in case' of illness.

Result: Unnecessary prescribing with high cost to drugs bill and fees to GP

9 Domiciliary Visits - Dorset

GP sets half mile radius for practice boundary.

Result: collects large number of higher fees for home visits near to surgery.

10. Short Surgery Hours - Manchester

GP only does 1 hour surgery each day.

Result: gets high basic practice allowance for poor service to patients.

11. Excessive Prescribing - Manchester

GP prescribes £30,000 worth of drugs to patient with short life expectancy.

Result: High drug cost and suspected financial incentive from pharmacist.

12. Abuse of Cost Rent Scheme - Dorset

GP claims exceptional site costs eg antique furniture, building work which can easily be converted back to family residence

Result: Personal gain from money intended for patient benefit.

13. Admission of In Patients - London

Consultant who does operating list on Tuesdays admits patients on previous Friday so that junior doctors can do paperwork.

Result: Low bed through put and patients in hospital longer than necessary.

14. High Drug Costs - East Anglia

Consultant cuts use of high cost drug by 90 per cent per patient but because drug is produced in one size capsule staff are throwing away remainder of capsule.

Result: Drug bill kept artificially high despite economy initiative.