YORKSHIRE POST
Wellington Street, Leeds LS1 1
CIRC. 86,010 MORNING
ISSUE DATE 12 APR 1988

'Maternity services cut' as birthrate goes up

Plea to Minister over baby care

A RISING birthrate in the Yorkshire and Trent health regions has coincided with some of the country's most dramatic cuts in maternity beds.

The regions' plight is underlined today as the Health Minister, Mr Tony Newton, is urged to conduct an urgent overhaul of maternity services in the light of figures showing increases in the number of babies born in every area and not enough beds to cope.

Similarly, every health area has seen reductions in the number of special-care baby unit cots, while more low-birthweight babies are being born in every region except Merseyside.

By CHRIS IRVINE

In a letter to Mr Newton, Labour's Shadow Health Minister, Ms Harriet Harman, says the consequence has been a reduction in the quality of care for mothers and babies, women being discharged from hospital too early and a critical shortage of midwives.

She also recalls recent figures showing that the figure of 10.6 infant deaths per 1,000 live births in Yorkshire is the second-highest in the country, after the North-West.

"Ministers should not be prepared to accept the persistent and striking differences in survival rates between babies born in different regions of this country and babies born in different social classes," Ms Harman says in her letter.

"It is intolerable that a baby born in the West Midlands is 30 per cent more likely to die in the first week than a baby born in East Anglia. And it is intolerable that a baby born to an unskilled manual worker is 50 per cent more likely to die within the first week than a baby born into a professional family."

In the Trent region, the number of live and stillbirths increased 1.9 per cent to 59,608 between 1981 and 1986 but its obstetric and maternity beds fell 12 per cent over the same period to 1,536, the fifth-worst of the health regions.

The drop in maternity beds in Yorkshire was 11.1 per cent to 1,354, while births went up 3.8 per cent to 48,601.

In Trent the number of special-care baby cots was virtually unchanged but in Yorkshire the figure dropped from 334 in 1981 to 293 in 1986.

"Surely, the number of cots should be increased in order to take up the opportunities presented by medical advance for the growing number of low-birthweight babies," Ms Harman says in her letter.

"The infant death rate has stopped falling and has levelled out at a higher rate than in many comparable countries.

"This is at least partly attributable to our incidence of low birth-weight babies — itself an indicator of social and economic deprivation."

Ms Harman also accuses the Government of failing to act to prevent a growing crisis in midwifery with a 17 per cent shortage of midwives. She blames low pay, undervaluing of skills, lack of job satisfaction and increasing stress and pressure at work.

Ms Harman's statistics were questioned last night by the Yorkshire Regional Health Authority, whose spokesman, Mr Neville Jackson, said that locally there were more than enough beds to accommodate the birth trend.

"There has been a reduction in the number of beds over a number of years because of the closure of small maternity nursing homes which began under the last Labour Government."

There had been, instead, a concentration on maternity facilities in district general hospitals providing the most up-to date care.

"Most maternity units will tell you that they have spare beds. These statistics are misleading in that they suggest there are not enough maternity beds to go round."

ECHO
Pennywell Ind. Estate, Sunderland SR4 9ER
CIRC. 66,135 EVENING
ISSUE DATE 12 APR 1988

Five-day-old Faye Elizabeth is tended by mum Glenda Pocklington, from Pennywell, Sister Janet Martin (left), and nursery nurse Alice Hay in the neo-natal unit at Sunderland General Hospital.

Wear baby care 'just fine'

AN urgent investigation into the "poor" state of Britain's maternity services was today demanded by Labour's shadow health minister, Harriet Harman.

But the M.P.'s claims that maternity beds and special care cots were being cut in every health authority were sharply denied by health officials in Wearside.

By KATHRYN ARMSTRONG
Health Correspondent

She said every health region had seen cuts in the number of special baby care unit cots, while more low-birthweight babies were being born in all areas.

But today a Sunderland Health Authority spokesman said: "There have been no cuts in maternity beds in Wearside and there is no intention of bed-cutting.

"We have increased the number of neo-natal cots from 18 to 26 in the last 12 months and have appointed a new neo-natal consultant.

"Maternity services have a high priority and what has been said by Harriet Harman is far too much of a sweeping statement."

HERALD EXPRESS
Barton Hill Road, Torquay, Devon TQ2 8JN
CIRC. 29,525 EVENING
ISSUE DATE 14 APR 1988

Torbay Hospital pledge after MP's attack . . .

Mums-to-be safe with us

EXPECTANT mums have been assured that there are no cash or bed shortages in South Devon, following an Opposition MP's attack on Government health policies.

Shadow Health Minister Harriet Harman told the Commons the number of births was increasing but more babies were under weight and maternity beds and special care cots were being cut.

● MP Harriet Harman, who criticised the Government health policies, and Torbay Hospital's new maternity unit, which cares for more than 2,000 mums and babies a year.

by Tina Crowson

But Torbay Hospital administrator Mr Peter Colclough said today that South Devon was better off than ever since the opening of the new maternity unit in 1985.

Miss Harman said womens' choice of where to have their baby was being restricted by the closure of small maternity units. Districts excluded women from outside their area.

"Midwives are voting with their feet and leaving the health service," said Miss Harman, arguing that a baby's chance of survival depended on the social class and region in which it was born.

She is calling for district health authorities to be given enough resources to improve the service for mothers and new babies and wants the Maternity Services Advisory Committee reconvened.

Statistics produced to Parliament showed that in the South West the number of births had risen from 37,848 in 1981 to 38,331 in 1986.

Modern

But the number of general maternity beds available each day fell from 1,113 to 1,030 and the number of special care baby cots fell from 207 to 200.

Mr Colclough said the service had improved in South Devon with the opening of the multi-million pound purpose built unit.

"South Devon has actually got facilities that were better than in previous years. Whilst it is true in some parts that beds have been cut, it is not true here.

"The unit is among the most modern in the country."

Recently more beds had been made available for mothers and babies needing longer term care. Around £100,000 had been spent and five beds used for them.

Now all but the most serious cases are looked after at Torbay.

There was no shortage of midwives in Torbay, he said.

Mothers-to-be from fringe areas like the Exeter side of Dawlish and Plymouth side of Kingsbridge often chose to come to Torbay. "We have a service here that we can be proud of," he said.

Mothers and babies in Torbay Hospital had back-up facilities which would not have been available in the smaller maternity centres.

At Torbay there were 2,126 babies born in 1985, the year the new unit was opened, when maternity wards were still in operation at the other smaller hospitals in the district.

In 1986, the first full year of the new unit's operation, the number went up 2,411 and last year rose again to 2,495. This year's figure is expected to be about 2,600.

THE INDEPENDENT
40 City Road, London EC1 2DB
DAILY
ISSUE DATE 9 MAY 1988

Aids fear over clinic cuts

CUTS IN family planning clinics are increasing the risk of young people catching Aids, the Family Planning Association warned yesterday, **Nicholas Timmins writes.**

Harriet Harman, Labour's health spokesman, yesterday urged the Government to tell health authorities to improve the service, not cut it.

The association has written to local health authorities asking them to halt the erosion of services, that have seen reductions in 25 health authorities with more planned.

Alastair Service, general secretary of the FPA, said: "Clinics such as Brook Advisory Centres give valuable advice to young people on preventing the spread of HIV infection and Aids. This axing of clinic services is foolhardy."

DOCTOR
13-21 High St, Guildford GU1 3DX
CIRC. 31,285 WEEKLY
ISSUE DATE 5 MAY 1988

Maternity units overworked

MATERNITY services are overstretched with quality of care slipping, according to shadow health minister Harriet Harman.

The allegations follow a survey by Ms Harman of facilities available throughout England and a comparison with earlier findings.

The results, says Ms Harman, show that across the country hospitals are being forced to do more with less.

The survey found that while deliveries are rising, the number of maternity beds and special care cots are falling.

In addition the shadow minister says antenatal and postnatal support is failing to meet the needs of thousands of mothers.

Ms Harman believes the situation is now so serious that she has called on Health Minister Tony Newton to reconvene the Maternity Services Advisory Committee.

The committee was wound-up last year following a series of far-reaching recommendations on improving maternity services.

Ms Harman claims there are a number of issues which need urgent re-investigation.

Top of the list is availability of maternity beds and what she maintains is an 'unacceptably high occupancy rate'.

The new survey showed that between 1981 and 1986 deliveries went up by four per cent, but the availability of special care cots fell by over seven per cent. Over the same period the number of GP maternity and obstetric beds available dropped by more than 11 per cent.

THE GUARDIAN
119 Farringdon Road, London EC1R 3ER
ABC CIRC. 524,264
ISSUE DATE 11 APR 1988

Diary

Andrew Moncur

DIRTY tricks are being alleged by Labour members of the European Parliament over the British Government's intervention at a crucial stage in the long, slow progress of a report on Sellafield. **Llewellyn Smith**, the Welsh Euro MP who has nursed the report along for three and a half years — it's the longest gestation in the parliament's history — is convinced that Whitehall is responsible for an attempt to block debate on military use of civil nuclear material and to discredit his efforts to end secrecy in the nuclear industry. The great work arrived this week at the Energy Committee in Brussels. And so did a two-page document, bearing no names, which was handed to Mr Smith in the committee room by one of the ushers. At first glance he took it for his own motion. "In style and lay-out it was exactly the same as my resolution," he said. But hold on. On closer inspection it was banging on about how British Government actions are worthy of praise, not criticism, and how the UK vigorously applies the safeguards of the Euratom treaty. It was swiftly ruled out of order. But where did this come from? From London, in facsimile form, sent to **Vincent Fean**, UK representative at the parliament, and circulated by him. "My colleague was trying to give them a bit of current briefing which had just come from a Whitehall department," **Philip Thomas**, his press spokesman, said yesterday. In a style so similar to that of a parliamentary resolution? "The European parliament doesn't have a monopoly on format," he said.

SEX AND Politics Section. **Robert Graham** will probably be the only official Male party candidate in next month's local elections, thanks to a little slip on his nomination form (where, by the same token, his sex appears as Scottish Nationalist). And that's how he will appear on the ballot paper. As it happens, he will contest the Ballengeich ward with the Labour incumbent **Ms Philomena McClung**, who chairs Stirling District Council's women's group (female).

THE WORLD As Seen By The DHSS. This helpful letter, signed by **Miss M.Kareem**, in the family practitioner services division, puts everything in its place. "For the purpose of NHS vaccinations against poliomyelitis (as set out at item 15 of paragraph 27/ Schedule 1), Turkey should be regarded as being in Europe. An item of service fee is therefore not payable. . . However, for the purpose of NHS vaccinations against cholera . . . Turkey should be regarded as being in Asia."

VICTORIAN values are restored in Grantham, home of you-know-who and Britain's best-known defunct grocer's shop. Well done, **Kit Draper**. He has opened the first pawn broker's to be seen in the town for at least 40 years. There's progress.

DAVE NELLIST can't be *that* unpopular with the Labour leadership. Despite his suspension from Parliament, and all that outrage, **Neil Kinnock's** office had no qualms about asking him to stand in for **Jack Straw**, **Harriet Harman** and **Bernie Grant** at a Labour Listens youth event in Coventry on Tuesday. Well, they *had* to be at the Commons — and he might, well, have a bit of time to spare. Certainly, said an amused Nellist, trying not to smile.

BUTTERFINGERS **Ron Brown** — whoops, there goes another convention — seems, on the other hand, to be in a rush for his bespoke fittings for the mantle of bête noire. Not satisfied with causing fury in the Commons chamber, he then seems to have been at the centre of a minor commotion in the members' dining room. For taking a guest where outsiders may not tread.

THE CLOCK in the Commons division lobby seems to be on the blink, perhaps in a gesture of sympathy with the mace. During a vote on the Scottish poll tax, when MPs should have had 15 minutes grace, the timepiece packed it in after a mere four minutes. The doors were shut (noisy protests offstage).

THE SDP local election candidate in Cheadle Hulme North is **David Owen**. He is aged 48 and a market research director.

THERE'S something utterly impossible about this planned record-setting event. An attempt to hold the world's largest photocall, with 3,000 snappers taking part, at the National Exhibition Centre's Photography '88 show, on Sunday week. Think about it. As soon as that mob starts to assemble, every blessed one of them will want to stand back to photograph *all the others*.

THIS is getting out of hand. News arrives of the leading West German animal welfare expert, **Horst Muck**.

COVENTRY EVENING TELEGRAPH
Corporation Street, Coventry, W.Midlands CV1 1FP
CIRC. 180,805
ISSUE DATE 12 APR 1988

Baby death figures are worst in the country

By MELANIE KNIGHT, Health Correspondent and RICHARD WOODMAN

THE West Midlands has got the worst record in the country for deaths of new-born babies.

Labour's shadow health minister Harriet Harman said today: "It is intolerable that a baby born in the West Midlands is 50 per cent more likely to die within the first week than a baby born in East Anglia. "And it is intolerable that a baby born to an unskilled manual worker is 50 per cent more likely to die within the first week than a baby born into a professional family."

Miss Harman has demanded an urgent investigation into what she dubbed the poor state of Britain's maternity services.

In a letter to health minister Tony Newton, she said the number of births was increasing in every health region at the same time as the number of maternity beds was being cut.

A spokesman for the West Midlands regional health authority denied that the high perinatal mortality rate was connected to the number of beds.

A working group set up several years ago to investigate the trend attributed the cause to problems during pregnancy.

Harriet Harman: "intolerable"

Improving

Despite having the worst record in the country for stillbirths and deaths in the first week of life, the spokesman claimed that maternity care in the region was "definitely improving."

The perinatal mortality rate had fallen from 11.7 deaths per 1,000 births in 1985 to 11 in 1986.

But the national average of 9.6 deaths was also falling, so the region continued to lag behind.

Although the West Midlands had lost 100 maternity beds in the past 12 months, women were spending less time in hospital and neo-natal intensive care had been stepped up.

Some special care cots had been converted to neo-natal intensive care beds which required more specialised attention.

Increased

Miss Harman claimed every health region had seen cuts in the number of special care baby unit cots, while more low-birthweight babies were being born in every region except Merseyside.

"Surely, the number of special care baby cots should be increased in order to take up the opportunities presented by medical advances for the growing number of low-birthweight babies?" she said.

"The infant death rate has stopped falling and has levelled out at a higher rate than in many comparable countries.

Miss Harman urged Mr Newton to urgently reconvene the Maternity Services Advisory Committee and ensure that health authorities had the resources to improve maternity services.

SIDCUP TIMES
45 Sidcup Hill, Sidcup, Kent DA14 6HN
76,313 WEEKLY (SERIES)
ISSUE DATE 28 APR 1988

Harriet Harman looks into maternity care

ONE of Britain's few women MPs has been alarmed by her investigations into the state of today's maternity services.

Harriet Harman said: "There are more babies yet fewer maternity beds. There are more low birthweight babies yet special care baby cots are being cut. Something should be done."

Ms Harman carried out a detailed probe of every health authority in the country.

This area is administered by the South East Thames Regional Health Authority (SETHRA) where she found:

● Live and stillbirths were UP from 44,800 in 1981 to 47,800 in 1986. Yet available maternity beds were DOWN from 1,304 to 1,170.

This can partly be put down to changes in maternity care, where women spend less time in hospital after giving birth. But that's only part of the picture, said Harriet Harman.

"The reality is an unacceptably high occupancy rate for maternity beds. This causes great stress on those working in maternity, particularly midwives. It reduces the quality of NHS care for mothers and babies."

There is also growing concern about women being discharged from the hospitals too early, and the inability of overstretched community midwifery services to compensate.

Community midwives are in short supply and the health visitor service is severely overstretched.

● There were ten low birthweight babies weighing less than 2,500 grams for every special care cot in 1981 in SETHRA. In 1986 there were 11 of these babies per cot.

Ms Harman said: "It is a bitter irony that the number of special care cots should be cut at a time when medical advance means so much more can now be done to save these babies from disability or death."

● For every 1,000 babies born, 8.5 tots die in SETHRA just before or just after birth. Of children born alive 8.6 youngsters die in infancy.

Ms Harman also found that, throughout the country, small maternity units are being closed to save money.

Women trying to make maternity bookings outside their own health authority are often refused, again to save costs.

She said: "Women should have choice of setting for delivery of their baby. The closure of smaller maternity units removes that choice."

As for ante-natal care, that remains "inconvenient, inaccessible and unattractive. Delays are common for women attending ante-natal clinics, especially those running a block-booking system.

"Both midwives and mothers value continuity of care yet most mothers see different staff on neary every ante-natal visit."

Ms Harman found that across the country there is a 17 per cent shortage of midwives, forcing the temporary closure of even more maternity beds.

She blamed this on low pay, undervalued skills, lack of job satisfaction and increasing pressure at work.

Nationwide, there are 27,000 practising midwives — and 70,000 who do not choose to practise.

Ms Harman said: "The Government should review arrangements for retraining qualified midwives who had a break in their career due to their own family commitments.

"It should encourage health authorities to provide flexible working arrangements, and childcare facilities. More favourable conditions of work would undoubtedly attract some of these highly skilled and trained staff back to the health service."

Ms Harman has written to the Health Minister, drawing attention to the crisis in maternity care and asking for the reconvention of the Maternity Services Advisory Committee — which was wound up last year.

She declared: "I want the committee to conduct an urgent report — and I want their recommendations acted on.

"The aim of every government should be to improve the quality of care for mothers and babies."

LEICESTER MERCURY
St George Street, Leicester LE1 9FB
CIRC. 150,375 EVENING
ISSUE DATE 13 APR 1988

Delegation to meet officials

Injection of cash urged by nurses

by Barry Nelson

COUNTY health chiefs are being asked to back the nurses' campaign to win more cash for the NHS.

They will stress their fears for the future of the NHS and call on the authority chairman, Mr. George Farnham, to sign a petition urging the Government to pump more cash into health.

Mr. Bernard Stone, RCN branch chairman, said he hoped Mr. Farnham would sign the petition, but Mr. Farnham said he would first have to read it.

Under-funding

The RCN are calling on the government to:

● Reaffirm the NHS will remain funded from taxation and free for users.

● Tackle current under-funding in the NHS identified by the Commons Social Services Select Committee.

● Fully fund the recommendations of the review bodies for health service staff pay.

● Increase spending to meet the health challenge posed by longer life expectancy.

● Give the national health service a fair share of the nation's wealth. NHS at fair share of the nation's wealth.

She claims more hospital maternity beds and special care baby cots are being cut throughout the UK, at a time when more babies are being born.

Survival rates

Ms Harman also criticises the differences in survival rates between babies born in different regions and in different classes.

The Government's own figures show the average number of infant deaths in the Trent region, including Leicestershire, was among the highest in the country.

Children in ten out of the 14 health authorities in England and Wales have a better chance of surviving their first week than Trent babies.

Mr. George Farnham, chairman of Leicestershire Health Authority, said there was "sufficient" maternity provision in Leicestershire, although he acknowledged there was a shortage of midwives.

TRIBUNE
308 Gray's Inn Road, London WC1X 8DY
WEEKLY
ISSUE DATE 13 MAY 1988

LABOUR'S front-bench spokeswoman on health, Harriet Harman, has issued a "shadow" circular urging district health authorities not to cut family planning services, as at least 25 have done recently.

She points out that contraception costs less than unplanned pregnancies, and "announces" an extra £15 million to fund an expansion of family planning services.

Ms Harman has challenged the Health Minister, Edwina Currie, to issue the document as an official Department of Health and Social Services circular "if she is concerned about preventive health care, women's health, child health and the spread of AIDS".

▶

THE OBSERVER
8 St Andrews Hill, London EC4V 5JA
ABC CIRC. 778,207
ISSUE DATE 15 MAY 1988

Bionic woman

May I use your columns to announce to my husband, three children and the chief whip of the Parliamentary Labour Party that I need eight hours sleep a night — not three — as stated in *The Observer Magazine* (1 May).

If the House of Commons gave up all-night sittings, it would be possible to combine motherhood and work in the Mother of Parliaments without having to be a bionic woman!

Harriet Harman MP,
House of Commons.

ADVERTISER
FREE SHEET
ISSUE DATE APR 1988

Women this week

Vital screening service is set up

But MP raps seven year delay

CERVICAL cancer can be prevented if it is detected early enough by a simple smear test — if not it can be a killer.

And a survey by MP Harriet Harman claims that women in this borough are at risk from the disease because it has taken seven years for a full screening service to be set up.

She blames lack of government cash for delays that cost 2,203 women nationwide their lives in 1986.

Said the shadow health minister: "It is scandalous that seven years after the government's own expert committee advised that full screening should be set up, women are still at risk of dying from this preventable disease."

Oldham District Health Authority have only just made the government's guidelines of setting up the service before the end of March.

It will operate on a three year basis with different age groups of women, who have not previously had a smear, being called in for the test.

The first year will deal with 50 to 65-year-olds, then 35 to 50 and finally 20 to 35 years.

The authority says that women will only have to wait two weeks for results and they will be recalled every three years for tests.

That still means that young women will have to wait three years before they are called in for a first test.

A spokesman for the authority told the Advertiser: "You can't call all the women between the ages of 20 and 65 on April 1."

When asked about women who have been put at risk because of the delay, he replied: "There are many demands on the health service and who should say what are the priorities?"

Any woman could come forward and ask for a smear, he added.

But the authority will be calling all women in the borough through the family practitioners' committee list now on computer and they will be releasing details in May.

Harriet Harman places the blame on the government rather than health authorities although the government say they have solved the problem of cervical cancer.

But Ms Harman warns: "The government must not for the sake of political advantage lull women into a false sense of security."

SUNDAY MIRROR
Holborn Circus, London EC1P 1DQ
ABC CIRC. 3,052,817
ISSUE DATE 1 MAY 1988

The American nightmare where money talks louder than pain

YOUR DOLLARS OR YOUR LIFE

JULIAN and his wife are expecting their first baby. He's excited about being a father. But he's also anxious — about the hospital bills.

Even with "full" health insurance, the costs are mounting up. His wife has just had a scan. The baby looks fine — but the bill doesn't look so good. It's $160 (£85), and the insurance company gives him back only $60 (£32).

When she has the baby the hospital will charge $5,000 (£2,670). He'll get back just $1,200 (£640) from the insurance.

Julian is the administrator at New York's Metropolitan hospital, better placed than most to talk about health care US-style. He's under no illusions.

HARRIET HARMAN MP,
Labour's Shadow Health Minister reports from New York

System

"They often do Caesarians because the doctors get more money and it's faster," he said.

"Why wait six hours during labour when you can be paid for three Caesarians during that time?"

When Americans talk about health care they always talk about money. For most, health insurance goes with their job.

There is one system for people in work and another for the poor, the elderly, the unemployed.

For both systems the rules and regulations are a nightmare. And everyone, rich or poor, has to pay something every time they go to the doctor.

"No one would be caught dead in a public hospital if they had a choice," I was told before I spent a night at the Metropolitan, New York's largest public hospital.

"Welcome to the dregs of New York," said Annie, a young nurse.

I asked Julian why his wife was going to a commercial hospital rather than the Metropolitan to have their baby. "Let's face it," he said, "this is a public hospital."

In the public hospitals there are fewer nurses, fewer doctors and less equipment.

Health care is the biggest business in America.

If you're not insured you can't be sure of getting the treatment you need. But if you are insured you might well get treatment you **DON'T** need.

Condemned

The more doctors do to you, the more they collect from the insurance company. Over-treatment is a major scandal.

Doctor Conn, in Massachusetts General Hospital, explained how it works. "If a 45-year-old woman says she's got pains in her stomach, you do a hysterectomy and right away you get $1,200 (£640)."

He roundly condemned over-treatment but admits it is commonplace.

An American woman is three times as likely to have her womb removed than her British counterpart.

Many Americans are beginning to campaign for a health service like ours. What an irony that Margaret Thatcher wants to bring the American system to Britain!

THE INDEPENDENT
40 City Road, London EC1 2DB
DAILY
ISSUE DATE 26 MAY 1988

Private health protest to IBA

A protest was made to the IBA last night by a Labour MP after a Channel Four executive intervened in the screening of a series called *Kentucky Fried Medicine*, which warns against importing American-style health care to Britain. Harriet Harman, the Shadow minister for health, alleged that the programmes had been rescheduled to allow a discussion because they attacked private health.

The allegation was denied last night by Channel Four. A spokeswoman confirmed that Liz Forgan, director of programmes, had rescheduled the series so that two films — one of which will be screened tonight — on the Amercian system were preceded, rather than followed, by a discussion, so that the public audience should not be "pre-informed".

Milton Keynes MIRROR
FREE SHEET
ISSUE DATE 21 APR 1988

Not The... WOMAN'S PAGE

HOSPITAL cut-backs and shortages nationally raise a worrying question-mark for mums-to-be. But have MK mums got anything to fear? The Mirror investigates.

Mum's the word!

Pregnant? No cause for concern

Report by NIKKI BENTLEY

PREGNANCY is meant to be a time for a mother to bloom — a time to enjoy life and look forward to the future.

But in an era of bed closures and hospital shortages can a mum-to-be relax about her forthcoming birth?

According to Harriet Harman, Labour's Shadow Health Minister, Britain's health service provides possible parents a great deal of cause for concern.

"There are more babies being born and yet hospital maternity beds are being cut," Ms Harman recently claimed. "There are more low birth-weight babies being born and yet special baby cots are being cut."

But although the picture may look extremely bleak through Ms Harman's eyes don't start panicking — according to Community Health Council officials Milton Keynes mums are very well catered for and have nothing at all to worry about.

Claire Sibley, secretary of the council, explained: "The city is really well off with its maternity services and usually mums are very happy about their stays in hospital."

Up to 56 mothers and babies can stay at the hospital at any one time and Claire believes the present conditions are adequate for MK mums.

"It is a lovely hospital and there is a lovely atmosphere in the maternity ward. The only thing I would say is that parents don't have enough choice as to where to have their baby."

To help make the whole process even easier and more enjoyable for the mums the health council also produces a booklet which contains hundreds of handy hints and lots of useful advice.

Colin Price, Unit General Manager at Milton Keynes Hospital, also reassured pregnant mums that services at the hospital are more than sufficient for future needs.

"At the moment we only have 13 beds which are meant to be for maternity use and are not being used at all," Mr Price explained.

"The other 56 beds certainly cope with the number of births we are dealing with — and yet we have still got the capacity to deal with another 13 mums."

DAILY TELEGRAPH
135 Fleet Street, London EC4P 4BL
ABC CIRC. 1,156,304
ISSUE DATE 5 MAY 1988

NHS in need of fine tuning, not surgery, says BMA

By David Fletcher
Health Services Correspondent

THE National Health Service provides one of the most cost-effective health systems in the world and the Government would be ill-advised to make any major changes in the way it is financed, the British Medical Association said yesterday.

In evidence to the Prime Minister's review of the health service, it said that the NHS needed more money, but there was no need for major change such as adoption of American-style health maintenance organisations.

Dr John Marks, chairman of the BMA council, said: "The present organisation of the NHS has served the country well for 40 years and we believe it now needs fine tuning not radical surgery.

"If the Government wants to introduce radical changes it should first try them out through pilot projects rather than introducing them wholesale."

By international standards the NHS was "amazingly cost effective", principally because of the role of the family doctor as the gateway to NHS care through the referral system to hospital consultants.

General practitioners treat about 90 per cent of all episodes of ill health without referring patients for expensive hospital treatment.

The BMA say the result is that the British hospitalisation rate is only 80 per cent that of most countries.

The BMA's evidence says that the health status indicators of British people are better than those of many other developed countries, despite the relatively low level of health expenditure in this country.

"The UK system of health care provision can be described as one of low input, moderate utilisation and high output."

● **Our political staff writes:** Patients will suffer if the Government succeeds in introducing an American-style two-tier health service, the Labour party said yesterday.

At a press conference Labour presented their vision of the future if Britain follows the American example of bringing market forces into health care.

"Competition is a killer when it comes to health care," said Miss Harriet Harman, the Shadow Health Minister.

THE TIMES
1 Pennington Street, London E1
ABC CIRC. 471,403
ISSUE DATE 15 APR 1988

Tories in revolt over charges for dental checks

There was fierce criticism by Conservative backbenchers of the Government's plans to charge for dental check-ups and eye tests.

During the resumed report stage of the Health and Medicines Bill, one Conservative described the dental charge as the most miserable and petty idea that the Government had introduced.

After many MPs had asserted that the charges would deter people from having checks the minister promised further concessions over eye tests for the less well off and said that the Bill could be amended in the Lords.

An Opposition amendment to stop the charges for dental check-ups was rejected by 287 votes to 206 — Government majority, 81, and an amendment to stop the charges for eye tests was rejected by 280 votes to 206 — Government majority, 74.

The Bill was read the third time by 305 votes to 185 — Government majority, 120.

Mr Robin Cook, chief Opposition spokesman on health and social security, moved the amendment to delete the dental-charge provision from the Bill, a provision which, he said, was the most offensive in it.

He said that dental examinations had been free since the inception of the National Health Service.

Dental examination was important not just in screening dental health, but also for health in general and for oral cancer in particular. Instances of oral cancer were now almost as common as cancer of the cervix and therefore its early detection could be life saving. Referrals for this form of cancer came more frequently from dentists than from GPs.

It could not seriously be submitted that a new charge could be introduced without affecting the number of people attending. One could not believe in the market unless one accepted that the pricing mechanism worked.

Only £50 million would be saved. The Government did not need to sell the principle of free preventive screening for such a paltry price. Nor did it need to put at risk the dental and oral health of those who would be put off. Nor did the House need to accept this, if Conservative MPs would vote for the amendment.

HEALTH

Mr Robin Maxwell-Hyslop (Tiverton, C) asked whether they wanted to encourage or discourage people from having more dental examinations. It was as simple as that. The charge would make it less probable that people would come forward for examinations.

He would vote in favour of the amendment.

Mr David Hinchliffe (Wakefield, Lab) said that the charges were part of a government intention to introduce a market system for health care.

Mr Patrick Cormack (South Staffordshire, C) said that whenever there was a doubt, the benefit of that doubt should be given to the less well off. Prevention was a hundred times better than cure and much cheaper.

> **"Whenever there is a doubt in matters of health care and disease prevention, the benefit of the doubt should be given to the less well off"**

"I see absolutely nothing to be gained either from the point of view of the nation's health or from the point of view of the Government's health by persisting in this wrong-headed proposal.

"Unless Mr Moore concedes totally, then I will be in the lobby with Mr Cook and I believe that many of my friends who take as much pride as I do in the contribution the Conservative Party has made to the NHS will be with me too."

Mr Nicholas Bennett (Pembroke, C) said that he supported the Government because a modest charge would encourage people to value the health service. Because much of the health service was free at the point of contact, people did not value it.

If there were to be charges for visits to the dentists, there ought also to be charges for visits to the doctor for those who could afford to pay.

Mrs Rosie Barnes (Greenwich, SDP) said that if checks on teeth and eyes were to be charged for, what was next on the agenda?

Mr Michael Carttiss (Great Yarmouth, C) said that this was the most miserable and petty idea the Government had introduced. Ministers were making a very grave mistake. He hoped that there was still time for the proposal to be reconsidered.

If they allowed this to go through, how long would it be before charges were proposed for other examinations? If this was such a vital feature of the Government's approach to primary health care, it should have been in the Conservative election manifesto.

Reluctantly, he would join the Opposition lobby tonight because they were right on this issue.

Mr John Moore, Secretary of State for Social Services, said that the key to the argument was whether charges would deter people from seeking treatment.

Since 1959 there had been no year in which the number of courses of dental treatment had not risen. It was a pattern of overall increase with occasional interruptions, averaging 2.7 per cent a year.

Miss Harriet Harman, Opposition spokesman on health, intervened to say that all independent experts, including the British Dental Association, agreed that increases in charges were followed by a slowing down of the increases in courses of treatment. The curve never caught up to where it would have been if the increase had not been checked by the increase in charges.

Mr Moore: I do not believe that is sustained by the arguments or the data I have studied.

The debate was about a modest charge for those who were not exempt. The average family spent £8 a week on alcohol, £4.50 on tobacco and £2 a week on toiletries. It spent £28 a year on toothpaste. The figures must be put in context.

The Government would continue to protect those unable to afford these very modest examination charges.

Mr Cook moved an amendment to remove from the Bill the provision for charging for eyesight tests..

He said that a survey by the British College of Optometrists in the first week of January had covered 70,000 eye examinations and 8.6 per cent had revealed some kind of medical condition not immediately related to eyesight.

Because 12 million eyesight tests took place each year, that meant that more than one million people were being referred for further medical check-up as a result of this routine screening.

Dame Jill Knight (Birmingham, Edgbaston, C) said that she could not believe that the Government intended to place new money worries on people who already had problems making ends meet, or to flood hospitals with new patients, or to pour money out to get a worse service. But that was exactly what it would be doing and she would be first into the lobby to vote for the Opposition amendment.

Mr Jeremy Hayes (Harlow, C) said that the proposal was wrong and stupid.

Mr Robin Maxwell-Hyslop (left), who decided to vote for the amendment, and Mr Michael Carttiss, also a Conservative MP, who called the idea of charging for dental checks miserable and petty

Mr David Nicholson (Taunton, C) said that many people who had worked hard for the Conservative Party for many years were appalled by these charges (Conservative cheers).

Mr Richard Holt (Langbaurgh, C) said that as a diabetic he spoke for thousands of people who would be put at risk by this legislation. The Government had made a mistake.

Mr Winston Churchill (Davyhulme, C) said that he was not prepared to see his constituents health and lives gambled with in this way.

Mr Tony Newton, Minister for Health, said that the proposal was to confine the free eye test to certain groups, including those on low incomes, and to use the money for other purposes to develop other aspects of the preventive services. One person in three would still be entitled to a free test.

Experience of ending NHS spectacles made it overwhelmingly likely that competition would keep any charges for testing to modest levels.

Those on income support or family credit would retain their entitlement to free tests and that would include a quarter of all pensioners. Three quarters of a million families would continue to be entitled to a free eye test — a number that was estimated to have grown from half a million as a result of the change from family income supplement to family credit.

The Government intended, in the light of the comments made, to introduce arrangements to provide a measure of help for those on incomes just over the qualifying level.

Those Tories who voted against the Government on dental check-up charges were: Michael Carttiss (Gt Yarmouth), Simon Coombs (Swindon), Patrick Cormack (Staffs S), Stephen Day (Cheadle), Hugh Dykes (Harrow E), Peter Fry (Wellingborough), Christopher Hawkins (High Peak), Jeremy Hayes (Harlow), Sir Barney Hayhoe (Brentford and Isleworth), Robert Hicks (Cornwall SE), Dame Jill Knight (Edgbaston), David Knox (Moorlands), David Madel (Beds SW), Robin Maxwell-Hyslop (Tiverton), Sir Geoffrey Pattie (Chertsey and Walton), Elizabeth Peacock (Batley and Spen), Roger Sims (Chislehurst), Ann Winterton (Congleton).

Tories who voted against eye-test charges were: Michael Carttiss (Gt Yarmouth), Sydney Chapman (Chipping Barnet), Winston Churchill (Davyhulme), Simon Coombs (Swindon), Patrick Cormack (Staffs S), Stephen Day (Cheadle), David Davis (Boothferry), Peter Fry (Wellingborough), Alastair Goodlad (Eddisbury), Christopher Hawkins (High Peak), Jeremy Hayes (Harlow), Sir Barney Hayhoe (Brentford and Isleworth), Robert Hicks (Cornwall SE), Richard Holt (Langbaurgh), John Hunt (Ravensbourne), Dame Jill Knight (Edgbaston), David Knox (Moorlands), Michael Latham (Rutland and Melton), David Madel (Beds SW),Robin Maxwell-Hyslop (Tiverton), Elizabeth Peacock (Batley and Spen), Roger Sims (Chislehurst).

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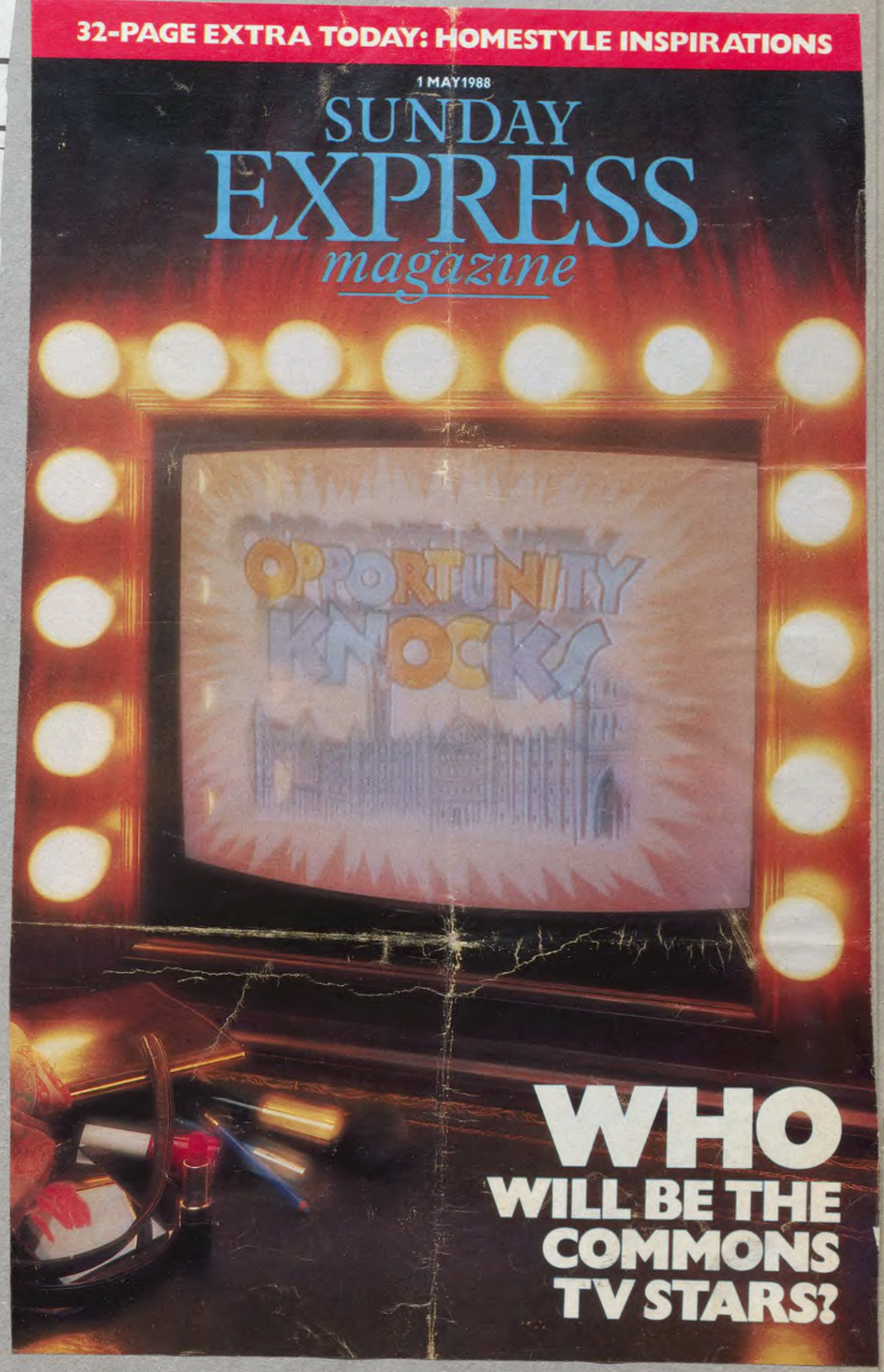

P.T.O.

BRINGING THE

Now that the House of Commons has agreed, in principle at least, to allow the television cameras in and let us see what really goes on, the question arises, what kind of viewing will it make? Martin Plimmer takes a look at the potential heroes and villains of the nation's newest soap opera and assesses the star quality of the parties' leading performers

Illustrations by
DAVE F SMITH

HOUSE DOWN

There are no potted palms or trendy orange sofas in the House of Commons, and none of the Texas Homecare interiors that Breakfast TV uses to emphasise the homely virtues of its glittering guests. When Parliament is televised, our leaders will talk to us from the Dickensian wood and leather, shabby public school gloom. And the filming budget is a measly £1 million, barely enough, in soap terms, to cover Joan Collins's hairdressing bills.

The public may find Parliament as obscure as *The Flowerpot Men*: probably only children will understand it at first. The one current TV show it will resemble is *Blankety Blank*, as the rules are obscure and the compere refuses to explain them. An accompaniment of braying, muttering and whooping frequently eclipses the plot altogether. Psychiatrists cannot explain the mystic impulse that moves a bunch of 150 MPs to wake at once, leap to their feet and whinny.

And yet the Commons has potential: conflict, ambition, the frisson of power, a rumour of sex and, above all, a cast of 650 screen-boggling characters.

There will be serious presentation problems for both sides of the House, of course. Bad posture is endemic on the Labour benches, where members lie propped against each other in untidy bundles. Greys and browns are punctuated by the odd wally shirt: black front, white collar, red tie. This is the kingdom of the sad trouser and too-small sock. When the House crosses its legs, the Labour front bench is delineated by a row of nude shins. No wonder Mrs Thatcher looks queasy.

The Conservatives, smarter by far, tend to dress in conservative suits, some of which fit. Variations on this sober formula are surprisingly rare for a party passionate about freedom of choice. The effect is neat but boring. In the days before Brent North decided it could take no more, Rhodes Boyson, with his flaring whiskers, stood out like Noddy Holder in a team of nuns.

More effort is needed if ➳

P.T.O

members are to make an impact on TV audiences, says top casting director Rose Tobias Shaw, who worked on, among others, *Jewel Of The Nile* and *Lace I* and *II*: "They're not an attractive lot," she says.

Many politicians are larger than life; most are smaller than life. A few, says Rose Tobias Shaw, stand out. Michael Heseltine is a fine dresser and has an attractive face to boot.

Neil Kinnock has learned the importance of a good tailor but detracts from the effect by waving his hands and flapping his jacket about (flapping is bad for TV). Margaret Thatcher's clothes have also improved, she says, though viewers submerged by her "cream-of-tomato-soup" voice may not have the strength to notice.

Here then are the MPs who will get themselves noticed when TV is televised: the heroes, the villains, the agony queens and the heart-throbs. We know many of them already but Prime Minister's Question Time will bring some lesser-known faces to the fore. Inevitably, as we appraise them over our popcorn, we will measure them against other stars of the small screen, so how will they fare?

Margaret Thatcher has often been compared to various notorious queens, including Victoria (Lord Hailsham), "Catherine the Great of Finchley" (Denis Healey), Boadicea (Jeffrey Archer) – and the White Queen by Rose Tobias Shaw – but despite this, and despite her recently manifest weakness for Princess Di dresses, she will remain irrevocably confused with Esther Rantzen. They have the same self-righteousness, chilling smile and slow-motion delivery (for dramatic emphasis). Like Rantzen, Mrs Thatcher is always right, and though rarely seen with waltzing dogs, shares the same habit of surrounding herself with a cast of performing male stooges.

Neil Kinnock The wince lines around the eyes are too comfortable for a man who wants more than second place. Like the long-suffering butler in *Upstairs Downstairs*, he reacts against domination by talking too long when given the opportunity. The House groans when he stands up to speak. That much will be obvious on the box.

Nigel Lawson The Pilsbury Dough Boy face, coupled with an insolent expression, typecast Lawson as a fat Mafia middle-man, a launderer of hot money, the type to pick indolently at langoustine by a pool. He has power without grace (the mark of a good thug), but will he ever be able to play anything else? If he could manage the accent and humour, he could be Bernard Manning and capture the whelk vote.

Roy Hattersley will always be received fondly because of a much-loved television dogfood commercial he once made with Clement Freud. Pet owners turn to jelly when they remember those great liquid eyes and saggy dewlaps. He has come a long way since then: he now dines at Le Caprice and The Gay Hussar.

Diane Abbott is known as Miss Piggy in the House, and viewers will soon spot the similarities.

Norman Tebbit is Eric Sykes after electric shock treatment; a man on the edge, who views life from the moral perspective of Penge. Paranoia has made him as thin and wiry as a Dali illustration. Casting director Rose Tobias Shaw sees him as Don Quixote: obsessively tilting at windmills. When he takes on the forces of evil (eg the BBC), he turns into Jimmy Swaggart.

Most MPs can claim to be JR-like at times, but Mellor is the most consistently calculating and smarmy

Tony Benn is the muscular Christian vicar of many a period drama, puffing calmly on his pipe, proposing radical moralities, while his congregation gets on with the seven deadly sins. He will perform well on TV with his intelligence and plausible manner.

Cecil Parkinson A little dated, perhaps, but women who remember Roger Moore's single eyebrow seduction technique will smile knowingly. Pink-slippered secretaries in Ealing will dream of ironing his monogrammed shirts. Ideal for late-night video viewing when the menfolk are tucked up in bed.

Robin Cook A little terse on screen for a human being, but nobody who looks like the elf in *Hawk The Slayer* will ever be truly disliked. His beacon red hair is a signpost to the Labour benches, but don't fiddle the colour button or the next speaker will be rendered grey.

John Moore is an American-style politician, with hair growing from all parts of the scalp, clean face, and shirt that has been ironed. These are qualities that have not gone unnoticed by the Prime Minister. Coming from a working-class background, he is the living example of how, with a little effort and self-discipline, even disadvantaged people can look like Bobby Ewing.

Dennis Skinner will shine. He is treated by both sides as an institutional pet, like the Blue Peter snake. "He is not to be underestimated," says Jeffrey Archer. "He's extremely clever, very witty and understands how Parliament works. Those who think he's just a noisy fool have misunderstood him. He will be loved and hated on TV; he won't mind which, so long as it's one or the other." Parliament without him would be like a tap without a drip.

Edwina Currie, according to one political analyst, is by virtue of deportment, dress awareness and the use of her femininity to manipulate arguments, the Commons' Joan Collins. "She teases, but she's tough," he said. That may be so, but she is too rough and loud, and lacks the Alexis sang-froid. She is more like a *Blind Date* hostess, as frantically enthusiastic as Cilla, but not nearly so bright. Rose Tobias Shaw cast her as Olive Oyl.

David Owen could be Doctor Kildare if he wasn't so brutishly reasonable. The public has no taste for this sort of thing, but on account of his debonair looks would be happy for him to go on modelling executive car phones, or C&A suits, or whatever it is he does. If they allowed it to be filmed, his daily fight with Dennis Skinner for his seat (which is on a bench that used to be allocated to Labour) would make great TV.

Geoffrey Dickens is a round man of the *Hi-de-Hi!* variety: bouncy and pleasant enough normally, but prone to storms ("It's a disgrace! MP storms"). Storms come on at the mention of men and women going to bed together, bellybutton games or anything to do with spanking nuns, in the best saucy tradition of British light entertainment. ➤➤➤

WHAT THE EXPERTS THINK

GLYN MATHIAS, *Editor at ITN*
"Televising the House of Lords has already proved to be very successful. There were some hammy performances early on, but everything settled down and now the cameras are hardly noticed. About 60 per cent of the population want the House of Commons to be televised, but the coverage is not meant to rival *EastEnders*."

DAVID SCOTT, *Controller, News and Current Affairs at Scottish TV*
"It will be traumatic for certain MPs. Those rogues and actors who cause disturbances in the house will be identified and will face credibility problems with constituents."

LIZ FORGAN, *Deputy Director of Programmes at Channel 4*
"It offends me to see the proceedings in the House of Commons presented in such a bizarre and distorted fashion as TV is forced to do. I am in no doubt that every MP would welcome his or her constituents into the public gallery, were it physically capable of holding them. TV should be the eyes and ears of all the millions of people whose votes are represented in that tiny chamber."

GEOFFREY NEGUS, *Editor of Central Lobby at Central TV*
"TV coverage will prove beneficial to backbench MPs who will enjoy a greater focus on their interests. MPs who are raising objections to TV at this point are being hyper-sensitive and will almost certainly come round to the idea when they realise the opportunities it affords."

BETTY BOOTHROYD, *Deputy Speaker of the House*
"One hopes the cameras will quieten down the yobbos."

Ken Livingstone comes across like a shabby, slightly seedy detective, not instantly likeable, but eventually respected for his loner integrity and the stubbornness with which he pursues his man (or woman) and upsets his superiors. He's an old hand at TV, has the charm of a trouble-maker and won't ever make the mistake of losing his temper on air. Good value because he will succeed, embarrassing both the Government and the Opposition.

Douglas Hurd is Andy Pandy. He has the same endearing ingenuousness, the expression that it's all slightly too much and the tousled demeanour of a man who lives in a box. He's very clever, though nobody will ever believe that of Andy Pandy, who wore the same pair of pyjamas for 40 years.

Virginia Bottomley is kindly, strong and straight; feminine without being fancy, the Conservatives' Krystle Carrington. Viewers starved of affection from Tory women will warm to her.

David Mellor Most MPs can claim to be JR-like at times, but Mellor, a prominent self-publicist, is the most consistently calculating and smarmy. He was sharp enough to criticise Israeli brutality in the Gaza Strip a week before Kinnock was due to arrive there, thus stealing the Opposition leader's thunder.

Tim Janman People will wonder, when this baby-faced extreme-right MP stands up, whether they have tuned in by mistake to a vicious teeny show. "He's Christopher Ewing," said a Parliamentary researcher, "the extremely unpleasant-looking child from *Dallas*."

Michael Foot won't benefit by TV coverage, despite being brilliant and articulate. "He's slow," said Rose Tobias Shaw, "and you can't be slow on TV." Worzel Gummidge was modelled on him.

Paul Boateng is undergoing his Terence Trent d'Arby phase, wearing baggy, Paul Smith-type suits and styling his hair in a 50s coif. On TV he could come across as the Parliamentary representative of young, trendy, multi-racial Britain.

Nicholas Soames will stand out as a cross between Christopher Biggins and Bertie Wooster, a man of incredible suits, vast checks and Superman ties with his own head imposed on top. He is the grandson of Sir Winston Churchill and a great practical joker. He could be mistaken for the token upper-class clown on *That's Life*.

Edward Heath in his old age has become one of the old gents in *The Muppets* who criticise from their box seats. Heath sits on the wet bench down the front and criticises. Rose Tobias Shaw sees him as Captain Ahab, searching till the end of his days for the white whale of humanitarian conservation.

Reverend Ian Paisley, if he ever gets to speak again, will appear to viewers to be King Lear in the mad scene on the heath and thousands of them will switch off, thinking it's an obscure BBC2 arts programme. At present, because of a silent protest that has been welcomed by all parties, he makes an unconvincing Marcel Marceau.

David Knox is the Hilda Ogden of the House – a terrible gossip and, like her, a left-wing Conservative. If he were to appear in curlers and ditch the impenetrable Scottish accent, he would find a ready-made and receptive audience.

Geoffrey Howe, in real life, would make an excellent evening news reader. He is very nice, very calm, and usually tries to introduce a little joke into his speeches. "You always know," said the Parliamentary analyst, "because he smiles just before the joke comes out, and you know that it will be terrible." He has Frank Bough appeal.

Harriet Harman, formerly of the National Council for Civil Liberties, has turned into Katy from the Oxo advert. She will appeal to families with 2.4 children and 1.5 cars and her trick is to subvert the image subtly (her husband crumbles half the cubes).

Michael Heseltine, with his great, tragic lock of hair, ambitious eyebrows and enormous wallet, is the hero every woman wants to own. Everybody associates him with their favourite romantic lead: Flash Gordon, Tarzan, Dougal . . . ("He's more your Hamlet figure" – Jeffrey Archer.)

BROMLEY TIMES
45 Sidcup Hill, Sidcup, Kent DA14 6HN
76,313 WEEKLY (SERIES) ISSUE DATE 28 APR 1988

Harriet Harman looks into maternity care

ONE of Britain's few women MPs has been alarmed by her investigations into the state of today's maternity services.

Harriet Harman said: "There are more babies yet fewer maternity beds. There are more low birthweight babies yet special care baby cots are being cut. Something should be done."

Ms Harman carried out a detailed probe of every health authority in the country.

This area is administered by the South East Thames Regional Health Authority (SETHRA) where she found:

● Live and stillbirths were UP from 44,800 in 1981 to 47,800 in 1986. Yet available maternity beds were DOWN from 1,304 to 1,170.

This can partly be put down to changes in maternity care, where women spend less time in hospital after giving birth. But that's only part of the picture, said Harriet Harman.

"The reality is an unacceptably high occupancy rate for maternity beds. This causes great stress on those working in maternity, particularly midwives. It reduces the quality of NHS care for mothers and babies."

There is also growing concern about women being discharged from the hospitals too early, and the inability of overstretched community midwifery services to compensate.

Community midwives are in short supply and the health visitor service is severely overstretched.

● There were ten low birthweight babies weighing less than 2,500 grams for every special care cot in 1981 in SETHRA. In 1986 there were 11 of these babies per cot.

Ms Harman said: "It is a bitter irony that the number of special care cots should be cut at a time when medical advance means so much more can now be done to save these babies from disability or death."

● For every 1,000 babies born, 8.5 tots die in SETHRA just before or just after birth. Of children born alive 8.6 youngsters die in infancy.

Ms Harman also found that, throughout the country, small maternity units are being closed to save money.

Women trying to make maternity bookings outside their own health authority are often refused, again to save costs.

She said: "Women should have choice of setting for delivery of their baby. The closure of smaller maternity units removes that choice."

As for ante-natal care, that remains "inconvenient, inaccessible and unattractive. Delays are common for women attending ante-natal clinics, especially those running a block-booking system.

"Both midwives and mothers value continuity of care yet most mothers see different staff on neary every ante-natal visit."

Ms Harman found that across the country there is a 17 per cent shortage of midwives, forcing the temporary closure of even more maternity beds.

She blamed this on low pay, undervalued skills, lack of job satisfaction and increasing pressure at work.

Nationwide, there are 27,000 practising midwives — and 70,000 who do not choose to practise.

Ms Harman said: "The Government should review arrangements for retraining qualified midwives who had a break in their career due to their own family commitments.

"It should encourage health authorities to provide flexible working arrangements, and childcare facilities. More favourable conditions of work would undoubtedly attract some of these highly skilled and trained staff back to the health service."

Ms Harman has written to the Health Minister, drawing attention to the crisis in maternity care and asking for the reconvention of the Maternity Services Advisory Committee — which was wound up last year.

She declared: "I want the committee to conduct an urgent report — and I want their recommendations acted on.

"The aim of every government should be to improve the quality of care for mothers and babies."

GRAVESEND REPORTER
42-46 Harner Street, Gravesend, Kent DA12 2AY
CIRC. 24,748 WEEKLY ISSUE DATE 28 APR 1988

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FINANCIAL TIMES
Bracken House, 10 Cannon St., London EC4P 4BY
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Health unit plan urged to improve care level

By Charles Hodgson

RADICAL proposals for reorganising the management of the National Health Service to ensure more efficient health care and better value for money were presented to MPs yesterday by analysts from two right-wing think tanks.

In evidence to the Commons Social Services Committee, Dr Michael Goldsmith and Mr David Willetts, of the Centre for Policy Studies and Dr Eamonn Butler and Dr Madsen Pirie of the Adam Smith Institute, outlined plans for new health management units, which would provide a full range of health care to patients registered with them.

Under the system, the HMUs would be allocated public funds on the basis of the number of patients registered with them. Patients would continue to receive free medical treatment. The HMUs would replace the existing family practitioner committees and both the regional and district health authorities and would work with general practitioners to decide on the most appropriate and cost-effective health care for each patient, and pay for it.

Advocates of the system claim that it will preserve the merits of the state service while at the same time introducing an effective internal market.

Dr Willetts, a former member of Mrs Margaret Thatcher's Downing Street policy unit, said that extra funds could be raised by bringing more private money into the system, for example by charging patients for extra services, such as private beds in NHS hospitals.

But he ruled out a "big bang" change to a new system, arguing for an experimental period lasting at least five years, during which individual regions or larger hospitals could volunteer to provide services under the HMU system.

Dr Goldsmith suggested that some form of NHS development could be set up to fund such pilot schemes.

Meanwhile Mrs Harriet Harman, Labour's shadow Health Minister, yesterday warned against increased competition in health care, arguing that evidence from the US showed that "under pressure of competition health care institutions cut corners and that costs lives."

HEALTH SERVICE JOURNAL
4 Little Essex Street, London WC2R 3LF

Labour probes death figures

A BABY BORN IN the West Midlands is 30 per cent more likely to die in its first week than a baby born in East Anglia, Labour health spokeswoman Harriet Harman has revealed.

In a letter to Health Minister Tony Newton, Ms Harman pointed out that the infant death rate had stopped falling and had levelled out at a higher rate than in many comparable countries.

'This is at least partly due to our higher incidence of low birth weight babies — itself an indicator of social and economic deprivation,' she said.

Ms Harman also stated that while the number of births was increasing in every region, the number of available maternity beds was being reduced, the number of special care baby cots was being cut and many small maternity units were being closed.

She also accused the government of failing to act to prevent a growing crisis in midwifery resulting from low pay, undervaluing of skills, and increasing stress at work.

She called on the government to develop performance indicators in maternity services to reveal the actual quality of care.

Meanwhile, Eastbourne HA is to hear a report of an independent inquiry into its obstetrics and gynaecology department in camera.

The inquiry team, set up by the district general manager in December, has been looking at the range of services for women and children and their management arrangements.

'Eastbourne has a very long gynaecology waiting list, one of the longest in the country,' stressed the secretary of the inquiry Barbara Sheerman-Chase.

'The question of appointing more staff has been raised and the district manager felt there were some management problems that he was unable to resolve.'

But no one would comment on rumours that Eastbourne doctors had been threatened with the sack if they continued to speak to the press about the department's understaffing and underfunding.

LEAMINGTON SPA COURIER
Tachbrook Road, Leamington Spa, Warwick CV31 3EP
CIRC. 16,560 WEEKLY
ISSUE DATE 15 APR

District baby care not hit by the cutbacks

SOUTH Warwickshire has escaped national cutbacks in maternity services despite the West Midlands being one of the worst hit regions.

Every regional health authority has cut the number of maternity beds and special care baby cots despite an increase in birth rates, according to figures from Labour shadow health minister Harriet Harman MP.

And a national shortage of midwives has only added to the problems, she says.

But South Warwickshire Health Authority maternity services manager Mrs Mary Davies says there is no problem in this district.

"We have not reduced the number of beds or special care baby units and we have not found the need to increase them.

"We are aware of a national midwives shortage and we experienced one ourselves a few months ago, but we have been able to recruit staff and fill vacancies," she said.

Across the West Midlands region, the number of births rose by over four per cent between 1981 and 1986 while available maternity beds fell by nearly 12 per cent.

NEW SOCIETY
14-16 Farringdon Lane, London EC1
CIRC. 23,013 WEEKLY
ISSUE DATE 15 APR

Maternity beds under pressure

The birth rate is rising but the number of hospital beds in which the new babies can be born is falling. The result is "unacceptably high occupancy rates for maternity beds" according to the Labour MP, Harriet Harman, who published her own survey this week.

The worst squeeze has occurred in the south west Thames region where between 1981 and 1986, the birth rate rose 6.3 per cent but the number of beds was cut by 29.1 per cent. But the same trend is evident in every part of the country.

Part of the reason is that women are spending less time in hospital after having their babies. But, says Harman, the high workload is causing stress among midwives, as well as a lower quality of care and a trend ▶ to discharge women earlier than is strictly safe.

The situation is aggravated by the shortage of midwives, down 17 per cent nationally, according to Harman. The result is a constant high level of temporarily closed beds. There was a 30 per cent increase in the use of agency midwives between 1979 and 1986. Because many will be moonlighting after full-time jobs there is concern about their fitness to work the long hours necessary.

A similar, and potentially more dangerous, squeeze is evident for premature babies. Every region has cut its number of special care baby unit cots since 1981 but in every region bar one (Merseyside) the number of low birthweight babies competing for each cot has risen. Given that medical advances have meant that many more low birthweight babies can now be saved, Harman argues that there is a need for more cots, not fewer, to take advantage of the new opportunities.

The choices available to pregnant women are also contracting. Many small maternity units have closed despite the absence of any published evidence that they cost more proportionately than any of the larger maternity units.

A government report, *Where To Be Born*, concluded that smaller units were safe so long as only low risk mothers were selected for them. "The policy of closing smaller obstetric units on the grounds of safety is not supported by the evidence," the report went on to surmise.

Jeremy Laurance

BEXLEYHEATH & WELLING TIMES
45 Sidcup Hill, Sidcup, Kent DA14 6HH
76,313 WEEKLY (SERIES)
ISSUE DATE 28 APR 1988

Harriet Harman looks into maternity care

ONE of Britain's few women MPs has been alarmed by her investigations into the state of today's maternity services.

Harriet Harman said: "There are more babies yet fewer maternity beds. There are more low birthweight babies yet special care baby cots are being cut. Something should be done."

Ms Harman carried out a detailed probe of every health authority in the country.

This area is administered by the South East Thames Regional Health Authority (SETHRA) where she found:

● Live and stillbirths were UP from 44,800 in 1981 to 47,800 in 1986. Yet available maternity beds were DOWN from 1,304 to 1,170.

This can partly be put down to changes in maternity care, where women spend less time in hospital after giving birth. But that's only part of the picture, said Harriet Harman.

"The reality is an unacceptably high occupancy rate for maternity beds. This causes great stress on those working in maternity, particularly midwives. It reduces the quality of NHS care for mothers and babies."

There is also growing concern about women being discharged from the hospitals too early, and the inability of overstretched community midwifery services to compensate.

Community midwives are in short supply and the health visitor service is severely overstretched.

● There were ten low birthweight babies weighing less than 2,500 grams for every special care cot in 1981 in SETHRA. In 1986 there were 11 of these babies per cot.

Ms Harman said: "It is a bitter irony that the number of special care cots should be cut at a time when medical advance means so much more can now be done to save these babies from disability or death."

● For every 1,000 babies born, 8.5 tots die in SETHRA just before or just after birth. Of children born alive 8.6 youngsters die in infancy.

Ms Harman also found that, throughout the country, small maternity units are being closed to save money.

Women trying to make maternity bookings outside their own health authority are often refused, again to save costs.

She said: "Women should have choice of setting for delivery of their baby. The closure of smaller maternity units removes that choice."

As for ante-natal care, that remains "inconvenient, inaccessible and unattractive. Delays are common for women attending ante-natal clinics, especially those running a block-booking system.

"Both midwives and mothers value continuity of care yet most mothers see different staff on neary every ante-natal visit."

Ms Harman found that across the country there is a 17 per cent shortage of midwives, forcing the temporary closure of even more maternity beds.

She blamed this on low pay, undervalued skills, lack of job satisfaction and increasing pressure at work.

She declared: "I want the committee to conduct an urgent report — and I want their recommendations acted on.

"The aim of every government should be to improve the quality of care for mothers and babies."

THE JOURNAL
Groat Market, Newcastle-Upon-Tyne NE1 1ED
CIRC. 67,393 MORNING
ISSUE DATE 25 APR 1988

Cervical smear testing service defended

EVERY woman aged between 19 and 64 living in Durham Health District will be called for initial cervical screening before the end of 1990, the district's health manager said.

Mr Arthur Holroyd, Durham Health Authority manager, was defending the impact of its new £200,000 screening service against claims made in a survey by Labour's Shadow Health Minister, Ms Harriet Harman.

Ms Harman's survey dealt with all 83 health districts due to set up a computerised call-and-recall screening system to protect women from the risk of cervical cancer.

It claimed Durham was the only district in the Northern region where some women aged between 20 and 65 will not have been called for their first smear test by the end of 1991.

The survey added that the district was taking more than a month to return smear test results to women's doctors.

Durham Health Authority launched its new computerised call-and-recall system last September in a £200,000 extension to the pathology laboratory at Dryburn Hospital in Durham City.

The authority is committed to spending £100,000 a year to maintain the new service.

Mr Holroyd said the service had already set new standards locally in the comprehensiveness of its cover.

"During the first seven months of the new service, the number of smears which have been tested has been greater than ever before and much larger than had been expected," he added.

"While the target turnaround time within the laboratory is four weeks, the present time for the completion of tests is between six and seven weeks, partly because of the high level of demand and partly because of temporary staff absences.

"In contrast to what has been said, every woman in Chester-le-Street, Durham and Easington aged between 19 and 64 is expected to have been invited to be screened by the end of 1990 and for a further examination three years after the first smear, which is well above the Department of Health's minimum requirements," said Mr Holroyd.

GRAVESEND REPORTER
42-46 Harmer Street, Gravesend, Kent DA12 2AY
CIRC. 24,748 WEEKLY
ISSUE DATE 28 APR 1988

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TIMES HIGHER EDUC. SUPPLEMENT
Priory House, St John's Lane, London EC1M 4BX
CIRC. 15,285 WEEKLY
ISSUE DATE 22 APR 1988

Nurse funding 'fails to make up for cuts'

by Patricia Santinelli

The £150,000 set aside by the Government to improve the training of general practice nurses has been condemned as "totally inadequate" compared to the cuts in general funding.

Ms Harriet Harman, Labour spokeswoman on health, said it must be looked at against a background of a £40 million cut in nurse training provision since 1979.

"We are told that the training intake is to cover 500 nurses, but that must be looked at against a background of a cut in the intake of students and pupil nurses of 12,550 between 1979 and now. All of these figures come from the Government," she said.

The initiative which was announced by Mrs Edwina Currie, parliamentary secretary for health, is to begin immediately with further funds being made available next April if it proves successful.

The bulk of the money, around £100,000 is to be used to pay the fees for training courses. Altogether there are 3,000 full-time equivalent nurses working for general practitioners representing some 6,000 individuals.

Arrangements for allocating the remaining £50,000 are to be discussed with the professions concerned. It is hoped that around £50,000 will be used to create distance learning material, including videos which could assist practice nurses throughout the country including those in rural areas.

Commenting on the initiative, Mrs Currie said that the training would cover a variety of topics to help patients. "But I have asked that particular attention be given to the taking of cervical smears which will help in our efforts to cut the death toll from cervical cancer".

● A new honours degree for health care professionals designed to improve patient care is being launched by Salford College of Technology which claims it is the first of its kind.

The two-year part-time degree, a joint initiative between the college and the North West Regional Health Authority is aimed at practitioners in the paramedical disciplines, nursing and social work who wish to further their careers through a tailored programme of study.

ELTHAM TIMES
45 Sidcup Hill, Sidcup, Kent DA14 6HH
76,313 WEEKLY (SERIES)
ISSUE DATE 28 APR 1988

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CHISLEHURST TIMES
44 Harner Street, Gravesend, Kent DA12 2AY
CIRC. 76,313 WEEKLY
ISSUE DATE 28 APR 1988

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ERITH & CRAYFORD TIMES
45 Sidcup Hill, Sidcup, Kent DA14 6HH
76,313 WEEKLY (SERIES)
ISSUE DATE 28 APR 1988

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NORTHERN ECHO
Priestgate, Darlington, Co. Durham DL1 1NP
CIRC. 85,537 MORNING
ISSUE DATE 25 APR 198

NORTH

Cancer service critics attacked

A HEALTH authority at the centre of controversy over its cervical screening service has hit back at critics.

Durham Health Authority has been urged to improve its service in the wake of a report which claimed some women were not being protected from the risk of death from cervical cancer.

By MEL MASON

The report — by Labour health spokeswoman Harriet Harman — alleged it was the only district in the region where some women between 20 and 65 would not have been called for a smear test by 1991.

But the authority's district general manager Arthur Holroyd yesterday hit back

He said it was expected that every woman in the Durham, Chester-le-Street and Easington areas would have been invited for screening by the end of 1990.

He said that during the first seven months of the new service the number of smears tested had been greater than ever before.

"It is intended to invite every woman between the ages of 19 and 64 for a first smear during the next three years and to send a further invitation three years after the first smear which is well above the Department of Health's minimum requirement."

Among those who have expressed concern at the district's screening service is Durham MP Gerry Steinberg.

He said yesterday: "I am not criticising the health authority. The facilities they are providing are tremendous. What I am critical of is the level of funding that has been provided by the Government.

TODAY
Allen House, 70 Vauxhall Bridge Road, SW1V 2RP
MORNING
ISSUE DATE 18 MAY 1988

Row over 'not serious' rape

A RAPIST who threatened to break his teenage victim's arms if she resisted him was told by a judge that his crime was "not so serious."

Judge John Turner sentenced unemployed Stephen Clarke, 19, to only a year's youth custody, and said: "There is a difference in the varying circumstances involved in a rape.

"Many people will criticise me for this sentence, but rape can be serious and not so serious and this falls very much at the lower end of the

Turn to Page 2

From Page 1

scale. I feel I can pass the least sentence possible."

Last night Clarke's 16-year-old victim, who had pleaded vainly for mercy, said after the case at Ipswich Crown Court: "A lifetime in jail would not be too short for him. I do not think I will ever get over what he did to me."

The Suffolk Rape Crisis Centre committee said it would protest to the Lord Chancellor about Clarke's sentence.

Spokeswoman Sheila Baguley added: "We are appalled. A year in youth custody is not long enough to be a deterrent.

"It was offensive of the judge to suggest some rapes are not so serious as others. Rape is a crime of violence and to talk about degrees of rape is astounding."

Labour MP Harriet Harman, a leading campaigner for women's rights, described the judge's comments as "absolutely disgraceful," and added: "All rape is serious."

The trial heard that the rape happened when Clarke went for a walk with his victim two years ago. As they crossed a field the girl playfully threw oats at him, said Mr John Devaux, prosecuting.

The next moment she was grabbed from behind and pushed to the ground by Clarke of Rede Way, Great Cornard, Suffolk.

He denied rape and said the girl had consented to sexual intercourse.

REPORTER
Gravesend
ISSUE DATE 15 APR 1988

I hear that . . .

■ Harriet Harman, vociferous shadow health minister, has called for urgent measures to cut down the number of cervical cancer deaths.

She said women are dying from this preventable cancer because the government isn't acting on its own advice. She says government claims that the cervical cancer problem has been solved are untrue and that the government must not lull women into a sense of false security.

She wants to see sufficient cash to implement district health authority screening schemes as quickly as possible, together with an effective monitoring system, problems of computer software dealt with and action to prevent growing staff shortages in screening laboratories.

THE LONDON EVENING STANDARD
118 Fleet Street, London EC4P 4JT
ABC CIRC. 523,000
ISSUE DATE 18 MAY 1988

HARRIET HARMAN: Demand ignored

MP fights to protect nurses

by Michael King

GOVERNMENT action to stem increasing violence against nurses was called for today by Shadow Health Minister Harriet Harman.

She accused ministers of ignoring a demand from the Health and Safety Commission four years ago for occupational health groups to monitor violence to staff.

"Two weeks ago I was in the accident department of one of New York's biggest hospitals", said Ms Harman, Labour MP for Peckham. "They have a bullet proof steel screen from floor to ceiling to protect nurses.

"We do not want that kind of barrier in this country, but unless the problem is tackled that will be the result."

Ms Harman was speaking at the launch of Nurses At Risk, by nurses Rosemary Rogers and Jane Salvage.

Rosemary said: "There are any number of cases where disturbed patients lash out at nurses and it is difficult to restrain them."

THE STAR
121 Fleet Street, London EC4P 4JT
ABC CIRC. 1,421,085
ISSUE DATE 18 MAY 1988

Judge in rape fury

FURY erupted last night after a judge jailed a rapist for only 12 months—after telling him his crime was "not so serious."

Labour MP Harriett Harman, a leading women's rights campaigner, said she would report Judge John Turner to the Lord Chancellor.

"I think these remarks are appalling," she said. "All rape is serious."

The storm began when Judge Turner sentenced 19-year-old Stephen Clarke to a year's youth custody for raping a girl of 16.

Ipswich Crown Court heard that Clarke, who pleaded not guilty, had threatened to break her arm if she resisted him.

But the judge told him on Monday: "There is a difference in the varying circumstances involved in a rape.

"Many people will criticise me on this sentence.

STAR REPORTER

"But rape can be serious and not so serious—and this falls very much at the lower end of the scale.

"I feel I can pass the least sentence possible."

The rape happened when Clarke, of Great Corward, took the girl for a walk at Sudbury, Suffolk.

Last night the victim said: "A lifetime in jail would not be too short for him.

"I don't think I'll ever get over what he did to me."

Mrs. Harman said she would ask the Lord Chancellor to read a transcript of the judge's remarks to decide if action needed to be taken.

And the Sussex Rape Crisis Centre committee is also going to protest to the Lord Chancellor about the sentence.

Spokesman Sheila Baguley said: "We are absolutely appalled. A year in youth custody is not long enough to be a deterrent.

SHROPSHIRE STAR
Ketley, Telford, Shropshire TF1 4HU
CIRC. 91,975 EVENING
ISSUE DATE 19 MAY 1988

Bid to stop violence against the nurses

A call for Government action to stem increasing violence against nurses has come from Shadow Health Minister Harriet Harman.

She accused ministers of ignoring a demand from the Health and Safety Commission four years ago for occupational health groups to monitor violence to staff.

"Two weeks ago I was in the accident department of one of New York's biggest hospitals," said Ms Harman. "They have a bullet proof steel screen from floor to ceiling to protect the nurses.

"We do not want that kind of barrier in this country, but unless the problem is tackled, that will be the result."

The Labour MP for Peckham was speaking at the launch of Nurses.

YORKSHIRE POST
Hellington Street, Leeds LS1 1RF
CIRC. 86,810 MORNING
ISSUE DATE

Midwife crisis

Sir — I would like to make a few comments after having read Chris Irvine's report Plea to Minister over baby care, (Yokshire Post, April 12).

Any midwife, particularly experienced midwives like myself, can underline Ms Harriet Harman's description of a crisis in midwifery, mainly attributable to the undervaluing and devaluing of midwives' skills, which leads to lack of job satisfaction and increased stress. These issues have been fully discussed and debated at each annual conference of the Royal College of Midwives over the last few years. The news media, including your newspaper, must bear some blame. Other conferences, such as that of the teaching profession, receive a much wider news coverage.

Last year, the only mention of our conference in your newspaper was of such emotive topics as surrogate mothers: no mention at all of midwives' working conditions and their concern for ordinary mothers! Nor was there a mention of the Royal College of Midwives' report towards a healthy nation in which viable, sensible proposals were made with a view to reversing the trend towards "crisis" and crisis management and, as its title implies, improving the national health by improved care for mothers and babies. The Association of Midwives had previously produced its booklet The Vision (of midwifery care) along similar lines.

I have no knowledge — beyond the outlines given on BBC World Service — of the likely effect on midwifery pay and conditions of the Government's recent announcement on nurses' pay. I have to wait until I can read a quality newspaper a week late, or until my family send me cuttings. But this highlights one of midwives' main grievances: that the general public have forgotten who we are, what we can do, and that we are any different from nurses.

Since the late 1960s-early 1970s, in other words since most births have occurred in hospitals, we have become visually indistinguishable from nurses. It has been more economical for hospital managers to clothe both midwives and nurses in indistinguishable uniforms, forgetting that midwives have their own distinctive uniform of Stewart blue and grey. Worse, we have been graded as though we were nurses, with the titles and salary scales of staff nurse or staff midwife and sister.

No financial recognition has been given to the fact that midwifery education is a further 18 months — and is a very packed and extensive course — after basic registration following three year nurse education. Often, student midwives have extensive experience and have achieved promotion in nursing before entering midwifery — they are then financially worse off! In most professions one gets better pay for further advanced qualifications.

I believe there is a basic misunderstanding between Ms Harman and Mr Neville Jackson. The RCM report says that midwifery care should be relevant, and should be flexible enough to reach childbearing women wherever they are; reflecting our title "Midwife" — "with the woman." This contrasts sharply with the emphasis on "maternity beds in district general hospitals." Childbearing is a natural occurrence, women are not ill, and therefore require the use of a hospital bed for a very short time. They may even still be better off in their own bed at home, and this must remain a viable option for those who wish it.

Leaving hospital early need be no drawback provided that there are enough community midwives to give care and support in the women's own homes up to 28 days after the birth. This covers those critical early days of the establishment of a good, safe feeding pattern, and allows for education in baby-care, and friendly professional support during the transition to motherhood. Of course, community midwifery care is equally necessary during the 40 weeks of pregnancy, and even before, when pregnancy is being considered and planned. Parents should know where midwives are, and be able to contact and consult them. The emphasis on "beds" therefore is highly misleading.

I would refer both Ms Harman and Mr Neville Jackson to a recent study, which highlighted a drop in the number of low birth-weight babies in a poor area of Newcastle after community midwives had been allowed to be more accessible and available to local families. Midwives were not actually giving antenatal care in the traditional sense, since that was done in hospital clinics, but were available to give advice, information, education and support to the very disadvantaged parents and their families. This may be a better way of preventing the birth of low-weight babies than expecting mothers to travel long distances to central "facilities" — no matter how excellent and modern those facilities may be. — Yours faithfully,

Ms E.M. METCALFE,
Armed Forces Hospital,
Tabuk,
Saudi Arabia.

The Yorkshire
FREE SHEET
ISSUE DATE May 1988

The Meanest Cuts

While religious pressure groups and their anti-abortionist supporters are making much noise about the need to defend foetuses from the moment of conception, most of them are noticeably silent about the plight of many real babies. In a letter to Health Minister Tony Newton, Harriet Harman, MP (Labour, Peckham), has pointed out that in every Regional Health Authority there has been a reduction in the number of cots in special care baby units.

"It is a bitter irony", she says, "that the number of special care cots should be cut at a time when medical advance means that so much more can now be done to save low birth-weight babies from disability or death".

A leading paediatrician, Professor Neil McIntosh of Edinburgh University, told the inaugural meeting of Action for the Newborn that every year around 14,000 babies needed intensive care to survive. But they were being put at risk in many parts of the country because of serious defects in the standard of care that cash-starved hospitals can provide.

Michael McIntosh said that in about ten per cent of cases where extra care was necessary for survival, doctors had to try at least six hospitals before finding a place. Babies are dying because specialist care is not immediately available.

EXPRESS & STAR
50-53 Queen Street, Wolverhampton WV1 3BU
CIRC. 237,462 EVENING
ISSUE DATE 19 MAY 1988

Danger alert for the nurses

All NHS hospitals should carry a Government health warning for the nurses who work in them, according to a campaign launched by two former nurses.

Violent attacks by patients, exposure to drugs and diseases, overwork and understaffing mean working in hospitals is definitely bad for your health, it was claimed.

The survey of risks in NHS hospitals, published yesterday by the two former nurses, also cites outdated and dangerous buildings, poor or non-existent equipment and inadequate training.

The authors, Rosemary Rogers and Jane Salvage, called on health authorities to do more to protect nurses.

They were backed by Shadow Health Minister Harriet Harman who called on the government to heed warnings from the Health and Safety Commission.

The survey — Nurses at Risk — points out that:

- More than 750,000 working days are lost to the NHS every year because of nurses suffering with bad backs;
- Nearly 60 per cent of nurses say they suffer from stress because of overwork;
- Violent attacks on nurses working in hospitals have doubled in some areas in the past three years;
- Some 36 per cent of student nurses are attacked violently and 40 per cent receive verbal abuse.

Rosemary Rogers, a nursing journalist who left full-time nursing in 1979, said that despite pressure on health authorities from trades unions, nurses were often not vaccinated against infectious diseases like hepatitis.

"They are often told they will have to pay for the vaccination themselves — or more often told not to make such a fuss," she said.

THE LANCET
7 Adam Street, London WC2N 6AD
CIRC. 26,898 WEEKLY
ISSUE DATE 21 MAY 1988

Family Planning Services

Ms Harriet Harman, Labour Party spokeswoman on health, has published a "Shadow" DHSS circular in which she urges district health authorities not to cut family planning services but to improve them. Ms Harman emphasises that contraception is cheaper than unplanned pregnancy and asks family practitioner committees to prevent untrained GPs from providing contraceptive services. According to the circular at least 25 districts have made cuts in provision.

Mr Alastair Service, general secretary of the Family Planning Association, has written to all regional and district health authorities calling on them to halt the erosion of NHS family planning clinic services. Mr Service points out that "In 1986 (the latest figures available), just over 3 million women went to GPs for family planning and 1·7 million to clinics, with some 30 000 GPs providing a contraceptive service compared with 2000 clinics. However, GPs cannot prescribe sheaths, often do not fit IUDs or caps or teach natural methods, and usually refer for sterilisation, whereas clinics offer all methods and often well-women services. Moreover, the GP service (funded from the NHS centrally) can cost twice as much as the clinic service (funded by the DHSS locally) since GPs claim item of service fees per patient.

THE OBSERVER
8 St Andrews Hill, London EC4V 5JA
ABC CIRC. 778,207
ISSUE DATE 8 MAY 1988

America wants to privatise the NHS

HARRIET HARMAN MP, Shadow Health Minister, back from an official visit to the US, is horrified by American health care, even if Mrs Thatcher isn't.

HYSTERECTOMY and Caesarians are big business in America. A doctor who sees a woman with abdominal pains will make $1,200 for a hysterectomy but only $70 dollars if he prescribes drug treatment.

Many doctors start their career burdened with a $50,000 debt for medical school fees. The financial incentive to operate is directly responsible for the fact that an American woman is four times as likely as a British woman to have her womb removed and that an American baby is twice as likely as a British baby to be born by Caesarian. A Caesarian is far more profitable, for the doctor, than a vaginal delivery. Why wait six hours for a mother's labour when you can perform three Caesarians in that time?

America has no national health service, and the private insurance companies who have to pick up the bill have become so concerned about the scandal of 'overtreatment' that many now insist on a second medical opinion before routine surgery.

They haven't heard of waiting lists. Doctors are falling over themselves to operate on you, if you are lucky enough to have an insurance policy. If you don't, you won't get an operation at all, unless either you can pay for it, or you are below the poverty line.

The profit motive in medicine makes those of us born into a national health service feel uncomfortable. It engenders mistrust in the doctor-patient relationship when you have to worry about whether your doctor is suggesting a Caesarian because you and your baby need it or because he is short of cash.

An American friend of mine chose her doctor, a woman, precisely because the doctor had a reputation for *not* over-treating. But shortly afterwards the doctor's husband became disabled and she became sole breadwinner for herself, her children and her husband. My friend tells me that she then noticed a marked shortening in consultation time. The fee remained $50, but thedoctor was trying to see twice as many patients.

Because health care is America's biggest business, gobbling up twice as large a percentage of GNP as we pay for ours, it attracts advertising hype. The more patients you get, the more money you make, and to get more patients you make promises. 'One hundred per cent peace of mind', offers the brochure of the Harvard Community Health Plan.

But advertising good health generates completely unreal expectations. Everyone expects a perfect baby — and if something goes wrong it must be someone's fault, so the doctor gets sued. Dr Krebster, who practises in Virginia, told me he had given up maternity care. His malpractice insurance premium is $2,400 per year. If he did obstetrics it would be a staggering $72,000 a year.

Americans can't talk about health care without talking about money. Even with a comprehensive health insurance policy there are still 'deductibles', whereby you have to pay $200 before you can start claiming. Many insurance companies make you pay your doctor first and then reclaim. The forms are hideously lengthy and complicated. One even requires you to fill in your name, the name of all your family members and your address three times on the same form. The insurers send it back if you write 'as above' the second and third time.

But not everyone is able to get insurance. Some insurers exclude you because of age or pre-existing conditions. And individuals applying to a health-maintenance organisation (an insurance plan which gives care in its own hospitals and clinics for a fixed yearly fee) get rejected if they have a condition which means they are bound to call on the HMO services. The HMO I visited in Boston 'screened out' women who are pregnant.

The husband or wife of an ill person has often been driven to destitution to pay bills — a scandal that has now led to The Impoverishment of Spouses Bill, soon to become law in the USA. This will separate the husband and wife's assets for the purposes of granting 'Medicaid', the State insurance system for those defined as 'indigent', living below the poverty line. The Bill became necessary because few insurance companies will pay for long-term care, and now if you become chronically ill and your insurance cover runs out, you can't claim cover from the State until both you and your spouse are impoverished. Under the present law, this means wives having to sell the family home and become paupers so that they can pay cash for their husband's care until such time as they are destitute, when they can claim Medicaid.

Everywhere I went, doctors and administrators were agon-

THE INDEPENDENT
40 City Road, London EC1 2DB
DAILY
ISSUE DATE 5 MAY 1988

Bupa seeks low-income groups with budget plan

By Nicholas Timmins
Health Services Correspondent

BUPA, Britain's biggest health insurer, yesterday launched a budget scheme which it believes could increase the numbers covered for private treatment from 5.5 million to more than 7 million.

The plan is intended to allow the elderly, the young and low to middle-income earners in blue-collar and clerical jobs to avoid the NHS waiting list at minimum cost. Bupa said it fitted well with the Government's philosophy that "people where possible should take responsibility for their own health care needs."

The package comes as John Moore, Secretary of State for Social Services, has been urging insurers to produce more imaginative low-cost packages to get more private money into health care; and as the Government's NHS review is looking at ways of reducing the "cliff-edge" people face because they have to pay their premiums without any rebate from the NHS.

At subscriptions around a third less than full private cover — which itself has exclusions — the scheme covers surgery only, in NHS pay beds and in 85 of the 200 private hospitals. Bupa said both the private hospitals participating and the NHS hospitals have agreed to treat patients at a fixed cost per case, carrying themselves the risk that unexpected complications may mean cases may cost more.

Such package pricing is loosely similar to the United States system of using diagnosis-related groups (DRGs) to pay hospitals a set price per case for treatment of the elderly and poor through Medicare and Medicaid. Some health authorities see the scheme as a way of winning back pay bed business they have lost to more comfortable private hospitals.

Where patients see a doctor and undergo tests or investigations that do not lead to surgery, those fees — which Bupa said might average £60 or £70 — will not be met. They are covered if an operation follows.

All forms of transplantation are excluded, as is childbirth, psychiatric care, any condition resulting from drug or alcohol misuse, kidney dialysis, oral surgery, leukaemias or other bone-marrow diseases, Aids for the first five years after joining the scheme, and fertility treatments.

The scheme covers more than 100 of the most common operations which make up most of the NHS waiting list cases, including hernias, varicose veins, cataracts, slipped discs, hip replacements and heart surgery, up to a maximum of £15,000 in a year. That would be more than enough to cover both hips being replaced within a year.

Subscribers can cut their premium by paying the first £250 of treatment, and reduce it further by paying the first £1,000. Treatment may be provided at "off-peak" times — early morning or Saturdays — but will normally be offered within five weeks.

Roy Clarke, managing director of Bupa health insurance, said: "With very low subscriptions something has had to go, and there will be less choice and less comprehensive cover. But all the most common conditions are covered including the majority on the NHS waiting list. Our research suggests there is a potential market of more than two million people for a scheme of this type."

Premiums range from £7.75 a month for those aged 18, to under £10 a month for people up to 40, less if subscribers meet the first £250 of treatment. For someone aged 65, the cost is under £21 a month, against between £26 and £48 on Bupa's normal scales, and falls to less than £13 if subscribers meet the first £1,000 of treatment.

So far about a third of NHS health authorities have agreed to join the scheme, but negotiations between AMI, Britain's biggest private hospital group and Bupa failed to reach agreement. AMI said: "It seems to be a cheap scheme aimed at cheap hospitals and NHS pay beds. We are not in that business."

Health market idea 'a killer', MP says

By Colin Brown
Political Correspondent

HARRIET HARMAN, Labour's health spokesman, returned yesterday from an eight-day tour of American hospitals proclaiming that "competition is a killer".

She said there was evidence that competition between hospitals was leading to higher death rates as management cut costs to gain business.

The internal market, which would allow patients to travel to health districts where the queues were shortest for their operations, is a front-runner for reform in the Government's review of the NHS.

It is strongly advocated by David Owen, the SDP leader, but it is now certain to be opposed by the Labour Party. Sam Galbraith, a neurosurgeon, who was recently-appointed Labour health spokesman for Scotland, said: "We are opposed to the internal market based on some transfer of resources."

He said that Labour would support flexibility within the health service, citing Glasgow as an example where the local health board publishes quarterly waiting lists. But he made it clear that the party would oppose the transfer of resources beyond health district boundaries.

Ms Harman said that there should be peer review of doctors and consultants' performance to improve standards of care, including waiting times in surgeries, but she rejected a suggestion that this would require the renegotiation of their contracts. They were also opposed to the adoption of US-style health maintenance organisations.

Ms Harman — who stayed overnight in the emergency room in a public hospital in Harlem, New York, which is reached through a bullet-proof shield — gave a warning that the US system had led to a two-tier structure — for the rich and poor — but she said her visit had shown that health care was not adequate even for the wealthy.

Although Ms Harman and Dr Galbraith returned with a grim picture of health management, they were impressed by the "hotel" services for the patient, quality of food, surroundings and personal treatment.

"We are in favour of improving responsiveness to the patient," Ms Harman said. "We have got a long way to go in recognising the view from the patient's bed." But she was unable to say whether that was best achieved by statutory rights for patients or by changing the management culture in the NHS.

New checks on work of NHS consultants

A NEW procedure to tackle consultants who do private practice in NHS time, or persistently fail to do their NHS work, is to be issued by the Department of Health shortly, the British Medical Association said yesterday, *Nicholas Timmins writes.*

Under the procedure, dubbed "the four iron men", complaints that a consultant is not fulfilling his NHS contract will be investigated by four fellow consultants, one from outside the district, Paddy Ross, chairman of the BMA's hospital doctors committee said. If the consultant fails to heed the warning he or she will be referred for disciplinary action.

Mr Ross said: "It is generally recognised that 70 per cent of consultants exceed their clinical obligations to the NHS, another 20 per cent fulfil their contracts and perhaps 10 per cent do not. The 90 per cent of us are fed up with being tarred by the brush of a very small minority. We have no desire to cover up for the chap who exploits the system."

■ Government plans to set up a "health index", to measure productive efficiency and inject the market philosophy into the National Health Service, were criticised by Enoch Powell last night, *Anthony Bevins writes.*

Mr Powell, one of the most consistent and long-standing advocates of the free market on the British political scene, said in a lecture for the North Warwickshire Health Authority's Centre of Education, in Nuneaton: "If this is true, the whole idea is a monstrous exercise in futility."

"When the Prime Minister is enabled to scream from the Dispatch Box that the 'health index' has gone up so many points and the NHS is costing so many billions of pounds, we shall know exactly nothing for all our pains, nothing about efficiency, nothing about avoidable waste and nothing, for that matter about health."

Echoing Labour criticism of government proposals for health care "indicators", by which authorities would be able to compare their "output", Mr Powell, who was Minister for Health in the Macmillan government between 1960-63, said the scheme was not designed to give any indication of quality of care or the outcome of treatment.

THE GAZETTE
Chapter Row, South Shields, Tyne & Wear NE33 1BL

Nurses are 'in danger'

ALL NHS hospitals should carry a Government health warning — for the nurses who work in them, according to a campaign launched yesterday.

Violent attacks by patients, exposure to drugs and diseases, overwork and understaffing mean working in hospitals is definitely bad for your health, it was claimed.

The survey of risks in NHS hospitals, published by two former nurses, also cites outdated and dangerous buildings, poor or non-existent equipment and inadequate training.

The authors, Rosemary Rogers and Jane Salvage, called on health authorities to do more to protect nurses.

They were backed by Shadow Health Minister Harriet Harman who called on the Government to heed warnings from the Health and Safety Commission and set up occupational health schemes for nurses.

THE GUARDIAN
119 Farringdon Road, London EC1R 3ER
ABC CIRC. 524,264
ISSUE DATE 5 MAY 1988

Harman and Galbraith return with grisly tales of private medicine

'Sick and quick' America diagnosed as unhealthy

John Carvel

A STUDY visit to the United States by Labour's health spokeswoman, Ms Harriet Harman, has strengthened Opposition resistance to compromising with the Government's drive to inject greater competition into the NHS.

Ms Harman and Mr Sam Galbraith, neuro-surgeon, MP for Strathkelvin and Bearsden, and the party's new Scottish health spokesman, returned with an account of such grisly trans-Atlantic practices as patient-dumping, diagnostic drift and DRG creep.

"Competition is a killer when it comes to health care," Ms Harman said yesterday. "The evidence from the US is that competition can lead to a reduction in the quality of care and actually increases mortality rates."

The main targets of her attack on the American model were its health maintenance organisations (HMOs) and the patient-classification system, through diagnostic related groups (DRG).

HMOs are intermediaries in the US health business which reduce costs through bulk-buying hospital and other medical services for clients, who subscribe by way of insurance covering a set standard of health care. The DRGs are a system of calculating the price hospitals charge for each job, according to about 450 categories of medical problems.

Ms Harman said DRGs led to patients being discharged "sick and quick". A hernia patient in a private hospital would be deemed to need eight days in-patient treatment. If longer was required the patient would lose insurance cover and could be "dumped" into a public hospital. To avoid this,doctors tended to diagnose a more serious complaint allowing more extensive treatment. This phenomenon was known as diagnostic drift or DRG creep. Ms Harman said it was leading to an epidemiological disaster of inaccurate diagnosis.

The US system was bad for the rich as well as the poor. "Over-treatment is a major national scandal in the US."

The rich suffered from unnecessary and sometimes painful or dangerous operations. An American woman was four times more likely than a Briton to have her womb removed; an American baby three times more likely to be born by Caesarian section.

Ms Harman accounted for this by simple doctor-economics. A newly-qualified American doctor, having paid $50,000 for a student loan, gets $1,200 for a hysterectomy and only $70 for a course of drugs.

Although the US had a problem of defensive medicine — over-investigation, and over-treatment to avoid charges of medical negligence — this was dwarfed by the problem of profit motive, she said. Instead of spending six hours delivering a baby normally, a doctor could more profitably perform three Caesarians.

Mrs Thatcher's review of the NHS appears to be moving against proposals for HMOs, not least because of Treasury suspicion that they could encourage extra demand. But the Government is keen on developing competition between district health authorities. The "internal market" would give patients the right to treatment in a different district or a private hospital if the local waiting list was too long. The local DHA would pay the bill.

Some Labour sympathisers in medicine want the party to latch on to this idea, but Mr Galbraith said that if a district lacked the resources to provide quick treatment its problems would not be solved by paying for treatment elsewhere.

Positive lessons which Ms Harman and Mr Galbraith drew from the US included peer review organisations, where doctors assessed each other's problems, and greater attention to patient-satisfaction — the view from the patient's bedside.

Caerphilly EXPRESS
FREE SHEET
ISSUE DATE 19 MAY 1988

New move in fight for hospital

SHADOW health minister Harriet Harman is to be urged to join the fight for a district general hospital for the Rhymney Valley and Islwyn.

Miss Harman has agreed to take part in a 'Labour Listens' meeting in the Rhymney Valley.

And hospital campaigners are hoping they will have a chance to force home their message — and encourage Miss Harman to take up the cudgels on their behalf!

Stan Nind, a member of the Rhymney Valley and Islwyn hospital joint committee, said: "We feel we have got to point out to the powers-that-be that this valley was in fact promised a hospital in 1966, by the Government of the day."

He said there was a "dire need" for acute beds in Islwyn and the Rhymney Valley. At present, the area relies heavily on South Glamorgan for this.

Islwyn and Rhymney Valley have joined together because an area must have at least 150,000 people to qualify for a district general hospital. The Warne site in Pontllanfraith is considered to be the ideal location.

Plans for a district general hospital have already been presented to Welsh secretary Peter Walker.

It is also hoped that a study on elderly people in the Rhymney Valley, carried out by its community health council, will add weight to the case for a hospital. Although the results are not due for another fortnight, Mr Nind, a CHC member, said it would show "the kind of deprivation and ill health that exists".

●A VENUE and date is still to be arranged for the Labour Listens meeting, one of a series of public meetings throughout Britain to help Labour's review of its existing policies.

It is being organised by the Caerphilly Labour party and a whole range of topics will be discussed. Miss Harman will also be meeting Rhymney Valley trade unionists when she visits the district.

HEALTH SERVICE JOURNAL
4 Little Essex Street, London WC2R 3LF
WEEKLY
ISSUE DATE 19 MAY 1988

Double effort to stop family planning cuts

A TWO PRONGED ATTACK on poor health authority policies on family planning services was launched last week by the Family Planning Association (FPA) and shadow health minister Harriet Harman.

Ms Harman published a 'shadow circular' calling on all HAs to stop cuts in services and for an extra £15m to fund the development of better services.

And Alastair Service, director of the FPA, has written to all regional health authorities and districts asking them to:

■ include family planning in regional 10 year plans;
■ improve the coordination of HA services;
■ reduce delays for abortion and sterilisation;
■ ensure consumer choice of GP or clinic services.

'The axing of clinic services is foolish, for the GP service can cost twice as much,' he said.

His letter also includes a survey of cuts or proposed cuts in services in 40 districts, such as the referral of all south east Kent's contraceptive pill users to GPs.

PETERBOROUGH EVENING TELEGRAPH
Oundle Road, Woodston, Peterborough PE2 9QR
CIRC. 32,362 EVENING
ISSUE DATE 7 MAY 1988

Hospital health warning

ALL NHS hospitals should carry a Government health warning for the nurses who work in them, according to a campaign launched today.

Violent attacks by patients, exposure to drugs and diseases, overwork and understaffing mean working in hospitals is bad for their health, it was claimed.

The survey of risks in NHS hospitals, published today by two former nurses, also cites outdated and dangerous buildings, poor or non-existent equipment and inadequate training.

The authors, Rosemary Rogers and Jane Salvage, called on health authorities to do more to protect nurses.

They were backed by Shadow Health Minister Harriet Harman who called on the Government to heed warnings from the Health and Safety Commission and set up occupational health schemes for nurses.

The survey published today - Nurses at Risk - points out that:

● More than 750,000 working days are lost to the NHS every year because of nurses suffering with bad backs;
● Nearly 60 per cent of nurses say they suffer from stress because of overwork;
● Violent attacks on nurses have doubled in the past three years.

SOUTH LONDON PRESS
2-6 Leigham Court Road, London SW16 2PD
CIRC. 88,236 TWICE WEEKLY
ISSUE DATE 13 MAY 1988

Potholes threat to life

THERE are huge potholes in Upper Ground, just west of Broadwall and east of the National Theatre.

This is not news. What is news is that I have been writing to Southwark Council about them since 1986.

I received two letters from the engineering works department in 1987 stating that remedial work had been carried out and that the road was now safe.

As a cyclist who uses the road every day, I know that this is not true.

Upper Ground is still extremely dangerous for cyclists and potentially a killer. I wrote to the council again but with no result.

Since June 1987, I have written to Peckham MP Harriet Harman who has asked the council twice for an urgent response. No reply has come.

I have written to the Ombudsman who passed my complaint to the Mayor of Southwark.

Still I have had no reply.—**R. Hull, Myddelton Square, Finsbury.**

THE DAILY MAIL
Northcliffe House, London EC4Y 0JA
ABC CIRC. 1,801,317
ISSUE DATE 18 MAY 1988

Rapist is caged for year

The girl was so terrified she did not report the rape for a week. Last night she said: 'A lifetime in jail would not be too short for him. I don't think I'll get over what he did.'

Stunned women's groups vowed last night to report the 58-year-old judge to the Lord Chancellor's office for his 'disgraceful remarks'.

The Rape Crisis Centre in London said: "This is yet another example of how the law denies the reality of rape for women and girls.

'Rape is always a serious crime and is a deliberate act of violence. The circumstances in which a man rapes do not take that away.'

Women's campaigner Harriet Harman MP added: 'I think the judge's remarks are appalling. All rape is serious. I will also be reporting the judge. Remarks like his can deter victims from going to the police.'

In guidelines laid down two years ago, judges were told to jail rapists for at least five years unless there were good reasons for a shorter sentence.

Last night neither the judge, who is married with two daughters, nor the Lord Chancellor's Office would comment.

Leicester Crown Court heard that the rapist jailed for life had carried out 'an appalling catalogue of crimes against people least able to protect themselves.'

James Eckersley, 29, of Christow Street, Leicester, admitted raping a woman of 80, attempting to rape another aged 68 and a string of indecent assaults, including one on an eight-year-old girl.

His series of escalating crimes began with indecent exposure in 1982 and ended with rape. When arrested, Eckersley admitted to police that he needed help.

Judge Edwin Jowitt, QC told him: 'For the protection of the public, there is only one possible sentence and it is my duty to impose it.'

Fury as ra

Daily Mail Reporter

A JUDGE who locked up a rapist for just 12 months was condemned by MPs and women's groups last night.

Clarke, 19, had denied raping his 16-year-old victim, forcing her to endure an 11-day trial at Ipswich Crown Court.

The verdict came as another sex attacker was jailed for life after terrorising a city's pensioners for six years.

In the first case, Judge John Turner said unemployed Stephen Clarke's assault was 'not so serious' and he could pass the least sentence possible. 'There is a difference in the varying circumstances involved in rape and this falls very much at the lower end of the scale,' he said.

The attack happened two years ago as they walked across a field in Sudbury, Suffolk. One moment there was laughter as the girl playfully threw some oats at him. The next, there was terror.

Clarke, of Rede Way, Great Cornard, Suffolk, pushed her to the ground, held her arms above her head and threatened to break them if she resisted.

NURSING TIMES
4 Little Essex Street, London WC2R 3LF
CIRC. 59,315 WEEKLY
ISSUE DATE 25 MAY 1988

NURSING CAN DAMAGE YOUR HEALTH

WORKING FOR THE NHS is bad for your health and the service's chronic neglect of nurses' health and safety has now become a national scandal.

That's the message from two nurses who are highlighting the problem and hope to prompt managers to do more to tackle poor working conditions in hospitals.

Backed by Labour health spokeswoman Harriet Harman, Jane Salvage and Rosemary Rogers have claimed many of the occupational hazards of nursing, from back injuries to severe stress, could be avoided.

They hope their new book, *Nurses at Risk*, will be used by nurses as a guide to health and safety at work as well as providing essential reading for managers.

At its launch last week Jane Salvage said the response to calls for a comprehensive occupational health service for NHS staff had been 'totally inadequate'.

'The law in this area is not being enforced because of Crown Immunity,' she said.

'Cuts mean many hospitals are becoming dilapidated, nurses are having to use unsafe equipment, staffing levels are inadequate and nurses are having to bear the brunt of it.'

HEALTH SERVICE JOURNAL
4 Little Essex Street, London WC2R 3LF
WEEKLY
ISSUE DATE 26 MAY 1988

HANSARD REPORTS

Impossible funding

LABOUR MP Frank Dobson asked whether managers of Great Ormond Street children's hospital had ever sought full government funding for its refurbishment. Junior health minister Edwina Currie said the option had been raised in preliminary discussions, but both sides accepted early on that the size of the scheme and the timescale made such an option 'impossible'. She was delighted that the joint approach of the government supporting a public appeal had met with success.

Written answers, 16 May, col 341

Genito urinary cases

CASES SEEN at NHS genito urinary medicine clinics in England have increased since 1980 as follows:

YEAR	NUMBER OF CASES
1980	458,979
1981	479,924
1982	517,668
1983	547,437
1984	569,928
1985	606,306
1986	647,359

Written answers, 16 May, col 334

Geographical pay anomalies

NURSES WORKING in high cost of living areas but outside London feel discriminated against because they receive no regional pay differential, Conservative MP for Southend Teddy Taylor said.

He was backed up by Newbury MP Michael McNair-Wilson, who said the cost of living in Berkshire was at least as high as London. Social Services Secretary John Moore said the government was conscious of the geographical pay difficulties and the particular recruitment problems along the 'M4 corridor'.

10 May, col 132

Eurovision VAT contest

THE EUROPEAN COURT of Justice was guilty of 'myopia' in its decision that provision of spectacles was not a medical service, said Lord Molloy.

Opticians and optical surgeons believed the ruling, which meant the UK should charge VAT on spectacles, was 'appalling', he said. But government spokesman Lord Brabazon of Tara said the government had an obligation to abide by the decision, which would require new legislation.

Lord Monson urged the government to ensure people could buy spectacles without prescription.

Lords, 9 May, col 821

Medical research roundup

DEPARTMENT OF Health spending on medical research programmes totalled £51.8m in 1986-87, junior health minister Edwina Currie said in answer to Labour health spokeswoman Harriet Harman. Funding by the Medical Research Council (MRC) — which receives its finance from the Department of Education — amounted to £137.6m in the same year, while NHS locally organised research cost £9.7m.

Percentage increases showed that MRC spending had almost doubled since 1980 but NHS local research rose by only 4.4. per cent.

Written answers, 9 May, col 42

General managers bring innovative leadership

GENERAL MANAGERS had provided 'energetic and innovative leadership' with speedier and more incisive decision making, Prime Minister Margaret Thatcher told the Commons.

Answering a request by Conservative MP Sir John Biggs-Davison to list all of the government's achievements since 1979, she said health service revenue had increased by 39 per cent in real terms and capital spending had gone up from £373m to £1.1 billion. Over 1 million more inpatient cases were dealt with each year and waiting lists were down by 64,000.

Written answers, 6 May, col 633

Commission upsets Lords

CONCERN OVER health authorities failing to comply with section 133 of the Mental Health Act — alerting relatives to a patient's discharge — was voiced by Lord Mottistone and Lord Ennals.

Lord Mottistone highlighted concern expressed in the second biennial report of the Mental Health Act Commission.

Government spokesman Lord Skelmersdale said he regarded it as 'very disturbing' that the commission had 'felt the need to make the remarks it did'.

The government was pursuing implementation of the act.

Lords, 4 May, col 561

DAILY EXPRESS
121-128 Fleet Street, London EC4P 4JT
ABC CIRC. 1,855,627
ISSUE DATE 18 MAY 1988

Row over judge's light sentence for 'not serious rape'

A JUDGE has been reported to the Lord Chancellor for jailing a rapist for just a year.

Judge John Turner told Ipswich Crown Court that as rapes went, the offence was "not so serious."

But he infuriated women's rights activists. Labour MP Harriet Harmann said: "I think the judge's remarks are appalling. All rapes are serious."

The attack happened when jobless Stephen Clarke, 19, went for a walk with his 16-year-old victim in Sudbury, Suffolk, the court heard.

By Express Reporter JACK LEE

As they crossed a field, the girl playfully threw some oats at him. The next moment she was grabbed from behind and pushed to the ground.

He got on top of her and, when she tried to struggle, he held her arms above her head and threatened to break them if she moved.

Clarke, of Rede Way, Great Cornard, Suffolk, went on to rape the girl as she begged for mercy, saying she was a lesbian.

The rapist maintained though-out the 11-day trial that his victim had consented to intercourse.

He also denied telling the girl's girlfriend he had pushed her down and then lost control.

But the jury found him guilty. Then Judge Turner, sentencing him to a year's youth custody, said:

"There is a difference in the varying circumstances involved in a rape.

"Many people will criticise me on this sentence, but rape can be serious and not so serious, and this falls very much at the lower end of the scale. I feel I can pass the least sentence possible."

Clarke's victim, so frightened she did not report the rape for nearly a week, said after the hearing: "A lifetime in jail would not be too short for him. I do not think I will ever get over what he did,"

She added: "But it is not for me to say what sentence he should get. If the judge thinks a year is long enough, there is nothing I can do."

Judge Turner was reported to the Lord Chancellor by Harriet Harman and the Suffolk Rape Crisis Committee.

Another MP, Clare Short, added: "He is unfit to be a judge. Such comments encourage men to think that rape is sometimes OK."

DAILY MIRROR
Holborn Circus, London EC1P 1DQ
ABC CIRC. 3,048,963
ISSUE DATE 18 MAY 1988

Just 12 months for attack on teenager in a field

RAPE WAS 'NOT SO SERIOUS' SAYS A JUDGE

By PETER KANE

A TEENAGE rapist was sentenced to only twelve months behind bars by a judge who said the crime was "not so serious".

Stephen Clarke, 19, had denied raping a sixteen-year-old girl as they strolled together in a field.

But a jury found him guilty after hearing that he threatened to break her arms if she resisted.

Sentencing him to a year's youth custody, Judge John Turner said at Ipswich Crown Court: "There is a difference in the varying circumstances involving rape.

"Many people will criticise me on this sentence.

"But rape can be serious and not so serious, and this falls into the much lower end of the scale.

"I feel I am able to pass the least sentence possible."

Clarke's victim said yesterday at her Suffolk home: "A life sentence would not be too short for him.

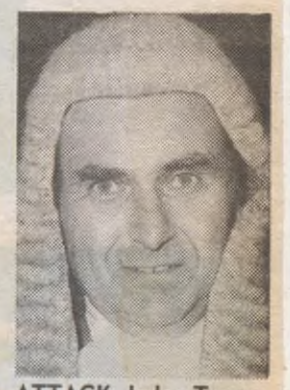
"I don't think I'll ever get over what he did to me."

And as Clarke, of Great Cornard, Suffolk, began his sentence last night, the 58-year-old judge was criticised by Labour MP Harriet Harman, a leading women's rights campaigner.

She said: "His remarks were appalling. All rape is serious.

"I will be reporting the judge to the Lord Chancellor."

The Lord Chief Justice has advised judges to jail rapists in most cases for at least five years.



ATTACK: Judge Turner

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