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IVER GROVE
IVER
BUCKS
IVER (0753) 654489

The Right Honourable Margaret Thatcher
Prime Minister
10 Downing Street
London, SW1A 2AA

19th May 1988

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Dear Mrs Thatcher,

Thank you for your recent note of May 5. You were kind enough to suggest that I might offer my comments on the National Health Service and here are a few thoughts.

FUNDING

1. I was brought up and trained in the North and feel very strongly that everyone has the right to medical care whether they can afford it or not but I am against simply pouring more and more money into the NHS. Money is not the answer. America spends twice as much per capita on health as we do and Americans are no healthier than we are.

Because the NHS is constantly expanding in order to cope with ever increasing demand and the necessity to keep up to date with medical technology and because the money to pay for it is limited, surely at some time, someone will have to decide which of the services should be funded.

What we have needed is a measure of how "good" (in every sense) a treatment is and how much it really costs, if possible a measure which will compare different treatments e.g. kidney dialysis and hip replacement.

For many reasons I am an advocate of the QUALY - Quality Adjusted Life Year - a measure devised by so-called Bio-Economists and representing cost/effectiveness.

On the basis of cost effectiveness the most effective treatment by far is advice on stopping smoking (though I realise this is a complex government issue) and the least effective is dialysis and heart transplants. Of course no nation, nor medical profession would be prepared to accept life and death decisions on the basis of QUALYS at the present time but I believe we should be moving in a direction where the cost-effectiveness of medical care becomes an acceptable factor to consider. To effect a change in the climate of opinion in the United Kingdom will need a delicately planned and finely tuned campaign.

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- ii. We were all brought up on the Bevanite ideal of the NHS: it was shown long ago not to work as he expected and it is long outdated. It must be radically changed. The Exchequer can no longer bear the major burden and I for one would welcome financial support from National Lotteries, industry, particularly the pharmaceutical industry (it could be a levy on Net Profit for instance) and anywhere it could come from. No source should be overlooked or rejected on the grounds of being unsuitable.
- iii. It has been shown that the British public has a bottomless purse for medical charities but could this not be formalised? Hospitals which have become national institutions like Great Ormond Street, Moorfields, the Maudsley and centres carrying out crucial research could be helped from a national fund collected along with something like the rates e.g.

Rates to local council	£ x
Rates to parish	£ <u>x</u>
	10
Rates to county	£ <u>x</u>
	20
Rates Hospital fund	£ <u>x</u>
	50

This is a crude and naive model but I am sure the public would rather pay an annual sum for their support rather than see hospitals close.

MEDICARE

It must be possible for us in Great Britain to institute some insurance-based payment by subscribers for their medical care, it works so well (comparatively) in the United States. I would push forward rapidly with such a scheme.

ORGANISATION AT GRASS ROOTS LEVEL

Medical care at the general practitioner level should be entirely community based with all kinds of specialists serving community clinics (each specialist could service several clinics in the locality for instance). In other words, specialists should come out to the community, not the other way round, so minimising inefficiency, lowering waiting lists and cutting down on patient wear and tear.

NEW SERVICES

As an obsessively keen supporter of women's and children's health I feel a special service/wing/department of the NHS should be created to look after these two areas. Besides filling a heinous gap in our present NHS organisation it would be very popular. All women in this country would welcome it and most of the medical profession too. I can provide detailed reasons for this suggestion, though you must be aware of many. This is not a plan based on feminist philosophy, I reject much of feminist dogma, it is based purely on need.

POWER OF THE MEDICAL PROFESSION

Even as a doctor I have always thought that the medical profession has a stranglehold on the NHS and the British people through their closed shop and organisation, particularly hospital consultants. They must be dragged kicking and screaming into the '90s. They have to face up to the fact that they have a service support role and are not free to indulge their desire to build empires. This will not be easy considering the conservatism of the medical lobby; what we need is an evangelist, known and trusted by the profession to move amongst them and spread the word in preparation for reform.

DOCTOR PAY

The system of organising and paying doctors is antiquated. Free enterprise should be encouraged. Competition should be the norm. Patients should be free to shop around. In this "market economy" medical standards would rise immediately and job satisfaction for doctors would improve enormously. Doctors should be paid on results not simply numbers of patients on their books; similarly with dentists.

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COMPENSATION FUND

I would unhesitatingly follow the example of some of our European colleagues in forming, urgently, a system to establish a Government sponsored fund for victims of iatrogenic or pharmaceutical injury. The contributors should, of course, be doctors and drug companies and they would welcome the inauguration of such a fund if it carried a "no blame" label.

PRIVATE SECTOR

Though as a junior doctor I greatly resented my boss's private patients in NHS beds I support the expansion of the private sector, again to heal the wounds which have long afflicted our failing NHS; the disappearance of the old doctor/patient relationship; the slipping of medical standards and treatment; the understaffing of Health Clinics and hospitals; lack of simple caring, good manners and courtesy; unpleasant hospital surroundings; inefficient auxiliary services.

Besides our top few teaching hospitals, private hospitals are almost the only decently staffed centres because they are almost the only places fit to work in. An increase in the private sector would improve the morale of doctors and nurses and restore the pride in their professions.

AIDS

The country needs a well thrashed out policy on handling all aspects of AIDS

- tests and check (voluntary or obligatory)
- should screening be compulsory in some instances,
- who should be tested and when etc.
- pregnant women in some instances
- AIDS babies
- dealing with the prostitute pool
- dealing with sufferers (housing them, isolation or non-isolation)
- should AIDS be a notifiable disease etc
- should AIDS constitute a criminal offence

How far are we prepared to go to protect people and prevent the epidemic from becoming pandemic? It is not a crime to contract a disease. Treating a misfortune like a crime can

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only alienate those people whose cooperation we need most. Isolation is similarly distasteful, unless we are prepared to advocate lifelong imprisonment in modern leper colonies. This subject needs much rational discussion.

I could go on for pages.....

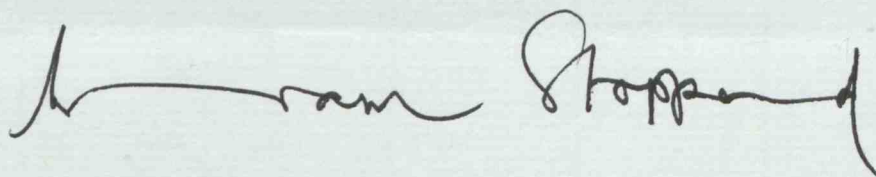
None of these suggestions is that new but I do feel there has to be rapid, radical reform of the NHS, and rapid is the key word here. More money is not the answer but action is. The country is sick (sic) and tired of the decrepit service we have now, but grumbles and complains for the wrong reasons. People are very badly informed - hardly anyone knows of, much less agrees with, the notion that more money is not the answer, particularly the Opposition leader and his front bench.

Besides everything else there has to be an effective public awareness and education campaign on what is really wrong with the NHS and why. If people know why something unpleasant is necessary they rarely object - with the possible exception of the Trade Unions - and I am aware that I have not mentioned that problem area before. The medical profession would need lobbying too, but it could be done - I believe - with an iron fist in a velvet glove.

I hope my ramblings have not missed the mark,

Best regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'Miriam Stoppard'. The signature is fluid and cursive, with a long horizontal stroke at the beginning and a distinct 'S' for the first letter of the last name.

Miriam Stoppard MD, MRCP.