

In brief

Closure plans for secure hospitals: Plans to close the three special hospitals in England—Broadmoor, Rampton, and Ashworth—and replace them with six to eight smaller secure units have been passed by the NHS Executive and await a government decision.

Tobacco industry not responsible for non-smoker's death: A jury in Indiana has ruled that the tobacco industry is not liable in the death from cancer of a non-smoking nurse who was exposed to passive smoke while working at a veterans' hospital.

Inquiry into Peter Behan now closed: The University of Glasgow has now completed its inquiry into the work of Peter Behan, a professor of neurology, and has concluded there is no case to be brought against him. Research errors came to light during a High Court case examining the effects of organophosphate poisoning in which Professor Behan gave evidence (2 August 1997, p 271).

Chinese doctors speak out against forced organ donation: The Chinese Medical Association met with the World Medical Association to discuss allegations that Chinese doctors have been involved in the reported trade in organs taken from executed prisoners in China (7 March, p 726). The Chinese Medical Association said that it regards the involuntary or forced removal and sale of organs as illegal and ethically unacceptable.

Heroin misuse rises in England: The number of individual heroin misusers presenting to agencies rose by 7% in the six months to 30 September 1996. Heroin was used by 58% of drug misusers, compared with 54% six months before and 46% in the period ending 30 September 1993. Over half of misusers were in their 20s, and 12% were under 20.

Correction

Media dents confidence in MMR vaccine: The numbers of deaths from measles shown at the top of the bars on the graph for England and Wales (14 February, p561) should have read 37, 29, 4, 1 and not 3, 4, 6, and 2 as shown.

Labour talks tough on waiting lists

The Labour government is trying again to tackle Britain's lengthening waiting lists, as **John Warden** reports

Unemployment in Britain stands at 1 323 000 and is falling. Waiting lists for hospital admission are at 1 420 000 and rising. The crossover point of the dole queue and the sick queue was a defining moment in the first year of the Labour government. Unemployment has receded as a political issue, only to be replaced by the NHS waiting list as a government virility symbol.

Inevitably, a Labour administration committed by its election manifesto to "save the NHS" was faced with an imperative to act. So in his budget last week the chancellor of the exchequer, Gordon Brown, found emergency funding of £500 000 (\$800 000) for a blitz on waiting lists. The health secretary, Frank Dobson, said that it should result in the biggest ever increase in operations in the history of the NHS and the biggest ever cut in waiting lists.

All of that will be necessary if the situation is to be contained. Waiting lists and waiting times have lengthened alarmingly—by 100 000 in England alone since the government was elected last May. Mr Dobson has pledged to turn things around and reduce the lists by at least that figure in a year from now, although they will continue to rise for the first half of this year. The position in Scotland and Wales is relatively easier, with reduction targets of 2000 to 4000.

Mr Dobson said that of the extra money in the budget, £417m will be invested in the health service in England and £320m will go directly into cutting waiting lists—"more operations, more doctors, more nurses, more flexible seven day working." Some of the new money will go into modernising waiting lists, with streamlined appointment systems. Waiting times of 18 months will be eliminated by the end of the year. Health authorities will be set "challenging" targets—with rewards for those who reach them and sanctions for those who do not. In Scotland the health minister, Sam Galbraith, will reward hospitals with new equipment—"kit rather than cash."



Frank Dobson has pledged to reduce waiting lists dramatically

Although ministers trumpet loudly about their extra funding, the government is still muddling through in its stewardship of the NHS. First there was a boost of £300m for winter emergencies that did not happen, and now a politically driven £500m for waiting lists. Even so, the growth in current spending is slowing down, from £1.9bn in 1997-8 to £1.6bn in 1998-9, much in the way the Conservatives had planned. The incoming Labour government was shown the books and told what was needed (*BMJ* 1997;314:1433) but has taken 10 months to produce the goods.

Labour's embarrassment is of its own making. The election pledge to shave £100m off bureaucracy costs and to reduce waiting lists by 100 000 is now exposed as bogus. The implied cost of £1000 per patient was unrealistic even at marginal costings. To achieve the same reduction is now costing more than three times as much. More astonishing was the failure to notice the upswing in waiting lists, which began in 1995. That was when the Conservative government, assailed by horror headlines, decided to give priority to emergency admissions at the inevitable expense of longer waiting lists. Labour has now switched back again, in a familiar routine.

Mr Dobson is looking to NHS trusts and managers (and by extension doctors and nurses) to deliver his new electoral priorities. In a weekend television interview he rejected questions

about his own resignation but adopted a threatening tone towards board members and executives who fail to meet their targets. While unable to dismiss paid officials and staff, Mr Dobson said that the position of chairpersons and non-executive directors depended on his retaining confidence in them.

This attitude brought criticism from Conservative health spokesman John Maples. He said: "Frank Dobson is forcing the NHS to respond to his public relations agenda, first on winter emergencies and now on waiting lists. This is not a sensible way to manage limited resources and will result in false priorities." Liberal Democrat spokesman Simon Hughes said Mr Dobson should not be shouting at health authority chiefs. The real problem lay with the government's failure to provide adequate funding for the NHS.

But the new government is well intentioned and still has four years to show what it can do, even if so far the NHS problems have proved tougher than it expected. The next landmark, this summer, is the Treasury's comprehensive spending review, which will set the strategic priorities for the rest of the parliament. The NHS should do well from that, if only because the lesson of the waiting list fiasco is that the prime minister, Tony Blair, now knows that a second term of office may depend on it. The Labour government will be judged, above all, by how it manages the NHS. □