

DOING THE ROUNDS

THE redundancy of biochemist Dr Chris Chapman from Leeds General Infirmary after 24 years (see *Eyes passim*) is, as we reported, entirely unconnected with official resentment at the way he has consistently alleged financial and commercial irregularities in the LGI pathology department.

We know the two are not connected because everybody in charge of the NHS trust keeps saying so. So we can confirm that there is no connection between the fact that Dr Ian Barnes was one of the panel which made the redundancy selection and had earlier been investigated and officially exonerated after allegations by Chapman.

Barnes was being paid as a consultant by Belgian firm Medgenix — a relationship apparently approved by his employers — but auditors appointed by the trust cleared him of improperly pushing the company's products on the LGI pathology dept.

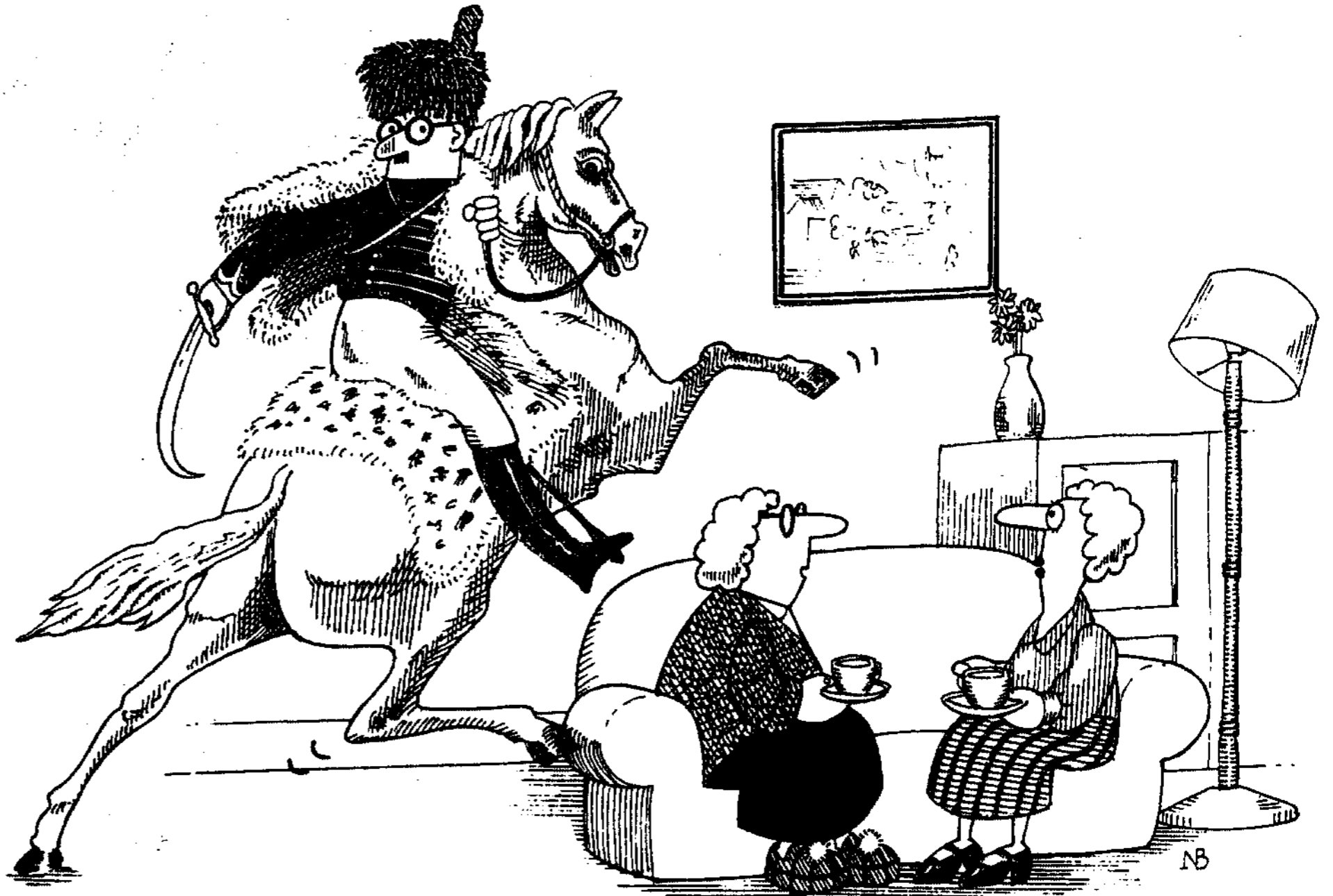
Allegations against others by Dr Chapman were upheld and succeeded in saving substantial amounts of NHS money. His employers have thanked him by saving even more money — by declaring him redundant the day before his 50th birthday, thereby depriving him of every penny of his pension until he's 60. One day later and the blow of losing his job would have been cushioned by a pension for ten years. So concerned were the Tory-appointees to make this saving that trust mandarins ensured his redundancy notice was delivered by motorbike courier.

● **GORGEOUS**, putting Virginia Bottomley's recent thumbs-up to NHS whistle-blowing is a trifle hasty in the face of the post-election boom in waiting lists and mass sacking of some of the more competent NHS managers.

Four senior managers at the **Riverside Health Authority** in west London were sacked last month and others have followed in **Mersey**, **Northern** and **South Western** (overseen by arch axe-woman Catherine "Don't Push Me" Hawkins [Eye 795]).

Mrs Bottomley claims that whistle-blowing "through the correct channels" will get results. Staff at the **United Bristol Healthcare Trust (UBHT)** have been whistling about the dismal mortality statistics in the paediatric cardiac surgery unit since 1988 (Eye 793). And while UBHT's chief executive John Roylance, the Royal College of Surgeons and Duncan Nichol, the chief executive of the NHS Management Executive are all well aware of the problem, they seem more concerned with silencing the blowers.

In America, the mortality rate for arterial switch, an operation to connect congenitally transposed arteries from the heart, is now 0 percent. Nearer to home in Birmingham, it is 3 percent. In Bristol, despite the fact that the operation has been performed since 1988, it is 30



"George is quite a romantic old thing, really"

percent. Sadly, consultant cardiologists at the **Bristol Children's Hospital** continue to refer patients to their surgeons "to support the local unit". As a recently retired and very eminent cardiac surgeon in Southampton says: "Everyone knows about Bristol."

Action has, however, been taken by **East and North Herts district health authority** who, in conjunction with local GPs, have set a contract with the local surgery department that excludes services provided by a consultant they felt to be sub-standard. The consultant has now retired.

● **KEN GRANT**, chief executive of **City and Hackney NHS Trust**, which includes **St Bartholomew's Hospital**, steadfastly refuses to implement the 1 February pay award for junior doctors, claiming he has been given no-extra money to foot the bill although given ample time to budget for it. Mr Grant is due to deliver a lecture on 9 July at Barts on "dealing with difficult doctors". He can be assured a good turn out.

● **LEICESTER'S** cataract scandal (Eye 795) seems to have invaded the **Derbyshire Royal Infirmary**. A 78-year-old patient with rapidly failing vision was told on his first visit: "Come back in 12 months and I'll see what I can do." A year later, he was told: "Oh yes, the cataracts are quite bad I'll put you on the list." Sensing his distress, the eye surgeon moved in for the kill: "You can have it done next week if you go privately". Still, what's £1,200 to a pensioner?

● **MR S.C. DAY**, acting chief executive of **Bristol's Southmead NHS Hospital Trust** may consider Dr Peter Harrison to be "a well respected clinician" (Letters, Eye 795) but their combined treatment of junior doctors is unlikely to win any prizes.

Macho-management tactics of refusing to employ locums to cover absent doctors and failing to meet hours reductions targets have lead to

acrimonious confrontation, poor morale and errors in treatment which in today's legal climate could even result in overworked junior doctors facing manslaughter charges.

Before the current intake of juniors arrived, **Ham Green Hospital** transferred all its geriatric patients to **Southmead**, but the number of medical house-officers was cut from 12 to 9. Recently, two house-officers, a senior house officer and the consultant were absent without replacement, leaving four house-officers to run the 104-bedded geriatric unit for two weeks.

On Sunday 14 June, both on-call medical house-officers were off sick, leaving a single senior house-officer to look after 250 medical beds, cover the coronary care and haematology units and man the cardiac arrest bleep alone. A junior house-officer was left unsupervised and untrained to look after critically ill patients on the infectious disease unit (IDU), giving chemotherapy and organising urgent brain scans, until a locum senior house officer belatedly arrived without any infectious disease experience. This, despite management being given two months' notice to find a locum. Indeed, a young patient who died unexpectedly on IDU over the weekend had only been seen by a house officer during his final illness.

A senior Southmead manager was recently overheard on Parkway station saying: "I'll get some work out of these bloody juniors." Those receiving a sickly letter from health minister Brian Mawhinney praising the Government's deal for junior doctors have every right to feel sceptical.

Southmead's excuse for its dangerously low staffing levels is lack of money. The same reason is being touted for the closure of the children's kidney unit, which was only ever operational because of charitable donation.

● **APOLOGY**: In Eye 795, we may have given the impression that money-grabbing managers at the **Central Manchester Hospitals' Trust** had decided to double car parking fees for the sick, bereaved and staff from 30 pence to 60 pence a visit. We now accept that this was inaccurate. The new fee is £1 per visit (managers excepted).

● **FORWARD-LOOKING** Northampton Health Authority has come up with a brave new plan for staff who live in the **Princess Marina Hospital** and care for mental patients. The accommodation of nurses and staff at the hospital has always been taken into account when negotiating their (very low) pay and (awful) working conditions.

In March the accommodation officer wrote to all mental health staff telling them their rents were going up by 40 per cent. Now some of the staff, who have dutifully paid the increase, have been told by "hotel services" manager, Mr D.C. Aubrey, that they must get out of their homes altogether. The policy of the authority seems to be to negotiate low pay increases because the staff live on low rents at the hospital, then put up the rents, then evict.

M.D.



HUSBAND

