

ALAS MTAS!

You couldn't want a better example of the Blair effect on health than MTAS. Ill-advised (because doctors were barely consulted), rushed, expensive, and entirely dependent on computers, Patricia Hewitt's declaring it dead was probably one of her final acts as Secretary of State for Health. To paraphrase the poet: 'How did it fail us? Let us count the ways.' Blogs, bulletin boards, and e-letters to journals have documented a disaster far worse than the petty inefficiencies of the NHS about which doctors are daily criticised by politicians who see us as the problem.

Anyone who knows anything about computer databases knows what fields are. An address book is a simple database. There is a field for title, surname, forename, lines of address, birthday, names of children, and so on. There must be enough address fields to cope with friends whose addresses have five lines or just two; lines can always be left blank. In fact, they have to be left blank. The database will fail if those blank address lines are filled with the birthday and names of children. At some stage in the MTAS process, two databases were merged. The two databases had different numbers of fields. Order in; disorder out. The merged database was unusable.

Then, somewhere else along the line, important information was sent electronically to the assessors. They were sent compressed as ZIP files. ZIPPed files cannot be virus-scanned, so most organisations bounce them. As a result of this, two of my consultant colleagues spent 6 hours one Friday photocopying application forms, before one of them spent the weekend driving around the region delivering them.

There can be no excuse for this level of incompetence. It is below the level of GCSE computing studies. And then, unbelievably, while Mrs Hewitt had been telling the House of Commons that apart from a start-up hiccup or two MTAS was really working quite well, a spreadsheet became publicly accessible. It didn't contain anything very much: just applicants' names, addresses, sexual preferences and police records. This is not just incompetence but verges on negligence.

Someone someday, I suspect quite soon, will write the definitive history of why and how it all went wrong, and how most of the fiasco could have been predicted: apparently, the algorithm set up to fit applicants to jobs was never shown to work.

It is not enough that heads roll over this; there are wider lessons to learn about the rampant idea-ophilia that infected the NHS in the Blair years.

armchairs dotted about, a very decent tea bar, a flower shop, a hairdresser, and even a bank. Really it is more like an airport than a hospital and I felt that I was about to take off on a journey of clinical discovery — a sort of Flight into Health, you might say. A helpful receptionist directed me to clinic 21 where there was the usual hour's wait. At least the seats were comfortable and I had brought a plastic carrier bag full of back numbers of *You and Your Health* to keep my mind occupied. Eventually, I was ushered in to see Dr Portal, a curly haired young man who wears his great erudition very lightly. Happily, the clinic staff were unable to find any trace of the faxed letter so I was able to give my own authentic account of my liver problems. Dr Portal has a pleasant jovial manner but it was obvious from his shrewd and searching questions about my digestive system that I was in the hands of a real expert. One thing that did surprise me was his interest in my drinking habits. As I told him, I hardly ever touch alcohol — except at Christmas or when Hilda's brother brings round some of his homemade nettle beer. In the event, he seemed to find my abstemiousness hard to believe. I gather that most of his patients get through a bottle of vodka a day which can't be doing their livers any good at all.

After the consultation, he gave me a really good examination, including tuning forks and tickling the feet with a car key, which you rarely get from a GP these days. He was not able to tell me there and then what the exact trouble was with my liver. But tomorrow I am to go back for some blood tests and a scan that I gather will give him the extra information that he needs to home in on the diagnosis. I am not too worried, now it's being looked into properly. As I said to Dr Portal, it could well be that some enzyme or coenzyme, possibly a transaminase for instance, is malfunctioning slightly and I

am sure he can soon give me something to straighten it out. I think he was quite intrigued by my knowledge of liver biochemistry. I imagine that most of his patients are fairly ignorant about their livers and it must be impossible to have an intelligent conversation with them. We could have chatted for ages but I had some shopping to do for Hilda and he had other patients to see. So we parted with an amicable handshake and I shall be seeing him again in 6 weeks. I wonder why it takes so long for the test results to come back?

We are grateful to John Salinsky for these extracts from Norman Gland's diary.