

# Letters

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## The end of the NHS?

Mike Fitzpatrick's article 'The end of the NHS?' in the March issue of *BJGP* starts with a quote 'What do you call a man who ignores medical advice? Mr Clarke'.<sup>1</sup> That was the theme of one of the British Medical Association's (BMA's) posters used in its campaign of 1989/90 against Kenneth Clarke's so-called 'reforms'. The quote comes from Nicholas Timmins' book *The Five Giants – a Biography of the Welfare State* (page 471).<sup>2</sup>

Fitzpatrick continues with a completely unsupported and derogatory statement 'the BMA's pompous "doctors know best" slogan was a spectacular flop'. A casual reader may think that Timmins held that view. He certainly did not. On the contrary, Nicholas Timmins described our posters as 'of memorable brilliance!'.<sup>2</sup> There was criticism of the poster by *The Independent* newspaper that I rebutted.<sup>3</sup> It is also true that about 250 doctors left the BMA as a result of our poster campaign – about 2500 joined. Eighteen years later I revealed in my book *The NHS: Beginning, Middle and End?*,<sup>4</sup> for which Nick Timmins wrote the foreword, my personal and private opinion that the 'Mr Clarke' poster was counter-productive.

Our campaign in 1989/1990 was remarkably successful. As early as 5 July 1989 *The Guardian* reported 'Mr Kenneth Clarke, the health secretary, last night admitted that the BMA was winning the propaganda war against his proposals for changes in the National Health Service'.<sup>5</sup> A year later, after the poster campaign, the Gallup Poll showed that 77% of people who were aware of the reforms disapprove of them.<sup>6</sup>

The next page (472) of Timmins' book reports how Mrs Thatcher 'got cold feet' as a result of our campaign and wished, for very good reasons, to delay the implementation of Kenneth Clarke's so-called reforms until after the next general election. Only the threat of resignation by Clarke prevented her from doing that.<sup>2</sup>

Professor Alain C Enthoven, originator of Clarke's disastrous internal market, when giving the prestigious Rock Carling Lecture in 1999 said:

*'The "big bang" approach to health services reform, be it internal market or PCTs, is a mistake. Too much is being wagered on too little knowledge of how it would work, even whether it could be made to work.'*<sup>7</sup>

That has applied to each of the 'NHS reforms' since the first in 1974. There is no reason to think that Langley's mistake will do any better.

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### REFERENCES

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## Primary excision of cutaneous melanoma

First, we would like to say that the National Institute of Health and Clinical Excellence skin cancer improving outcomes guidance (IOG), far from being arbitrary, was based on appraisal of a wide range of evidence. Regrettably, prior to the IOG, some high-risk skin cancer patients received treatment below an acceptable standard from less experienced practitioners, including curetted and otherwise incompletely excised melanomas, as well as melanomas that had been repeatedly frozen or simply misdiagnosed as benign. The IOG was intended to level up to best practice, and this has largely been achieved.

Results of the study by Murchie *et al* indicate that the GPs concerned carried out adequate excisions,<sup>1</sup> but we are not told how many benign lesions were needlessly excised, nor is there information about quality of scars, follow-up, or other important factors. The IOG has delivered integrated services in which multidisciplinary teams provide evidence-based holistic care including follow-up, specialist nursing support, and patient education. Cutting out the lesion is only one part of the process.

The authors have included punch biopsies and incisional biopsies in their analysis of completeness of excision. The number of incisional biopsies and punch biopsies in the secondary care group was significantly higher. It is in the nature of the biopsy that it is incomplete, therefore, they should have excluded this group of biopsies from the