LETTER FROM WESTMINSTER

MPs take medical advice on AIDS

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The House of Commons conducted its debate on AIDS last week in chastened mood. Although depleted in numbers (Friday is not a good day), members of parliament did on the whole do justice to the gravity of the subject and raise it above party politics.

How long this will remain the case is more doubtful. The acquired immune deficiency syndrome has all the makings of an election issue as the parties compete to apportion or avoid blame for the permissive, promiscuous society of which the disease is a byproduct. But the debate marked a turning point in the fight against AIDS by alerting parliament and public to the next steps.

The first of these is a government campaign of shock publicity unprecedented in peacetime. Quoting the BMA, Mr Norman Fowler, Secretary of State for Social Services, said: "Information is the only vaccine we have." He raised to £20 million the budget for a publicity drive so explicit that the Prime Minister is reputed to have described it as more suitable for lavatory walls. But if she could overcome her repugnance so did others, and the Fowler strategy received all party support apart from demands for more money. Labour's Mr Michael Meacher said that every £1 million spent on prevention would save £10 million on later treatment.

For the longer term Mr Fowler is to revamp the Health Education Council as a special health authority within the NHS to give it more clout. Health authorities are to draw up plans to cope with the rising incidence of AIDS, but the government is still undecided on whether to provide condoms and needles to groups at risk. In general, however, its diagnosis of the problem and the action that can be taken appears to conform with medical opinion—including the rejection of mass screening.

Suggestions from the backbenches ranged from crash training for general practitioners and compensation to induce the removal of homosexual surgeons to the establishment of "well man" clinics.

FPC administrators castigate primary care proposals

Having given the family practitioner committees their wings last year, the government now knows what kind of bird it has uncaged: not at all timid, but quite hawkish in its savaging of the government's discussion document on primary health care. The damage was done last week by the chief officers of the FPCs, who combine as the Society of Administrators of Family Practitioner Services. They formed their written submission to the House of Commons Select Committee for Social Services and has also been published separately.

Four out of ten would be a fair estimate of how they rate the government's discussion document. Disappointing and surprisingly thin on content, is the society's verdict, adding: "The document fails to address some of the broader issues we consider fundamental to a debate on primary care; notably, the future funding of primary care services and how they can be better integrated with one another for the patient's benefit." Specifically, the society give a thumbs down to two of the document's key proposals—the introduction of a "good practice allowance" and the idea of privatised "health care shops." But it approves compulsory retirement for doctors at 70, reducing later to 65.

The society's witnesses were given a fairly light grilling by the

select committee, which could hardly muster a quorum, but their supporting paper was eloquent enough in making the connection between improved primary care services and more power for the FPCs. Let us follow their arguments.

Firstly, what are the most pressing challenges to which primary health care must adapt? There is the shift from hospital to community based care, the emphasis on preventive medicine, proper care for ethnic minorities, the effects of social deprivation, care of an aging population, and the spread of drug abuse. To cope with all that the officials do not see any need for a radical reorganisation of general practice, but they want the rewards to be more closely related to priorities. Extra payment would go to general practitioners willing to provide additional services, such as preventive screening, minor surgery, and child health surveillance. There would also be reimbursement for general practitioners employing a wider range of staff, such as physiotherapists.

Consequently there is no support for the government's suggestion of a "good practice allowance" as a general financial incentive for family doctors to improve their services and raise the standards of care. The administrators state: "We believe this proposal to be misconceived and we oppose it. The public expect and have a right to demand high standards of clinical competence in all their GPs; these are not qualities to be specially rewarded."

Equally, the government's enthusiasm for doctors and dentists running all in health care shops as commercial enterprises is seen by the officials as inimical to the full integration of general practice and community care services, an objective that is clearly in their sights. So clearly, in fact, that they foresee as inevitable the day when the FPCs mature into full blown primary health care authorities coordinating within their localities the whole range of family practitioner and community support services that are now split between town halls and district health authorities.

This implies a switch of resources and commitment away from the long favoured hospital sector—a trend which the witnesses pointed out may already have begun involuntarily through the advent of day surgery, shorter stays for inpatients, and community care of the mentally ill.

Having taken stick from the FPC staff, the DHSS handed out some of its own to the people from Rescare, the National Society for the Mentally Handicapped in Residential Care, which is calling for a halt to the policy of care in the community and a reversal of the planned rundown of mental hospitals, which it labels "hospital homes."

The elegant scolding of Rescare was administered in a letter by junior health minister Baroness Trumpington. She wrote: "I really do not think you can disguise the reality of many of the large mental handicap hospitals by calling them 'hospital homes.' There is nothing home like about a place that is used for external 'prison' shots; or about a place so physically repugnant to some parents that they will do without help rather than take their mentally handicapped children to hospital to get that help."

The minister believes that there are better alternatives to adopting a ghetto policy or drawing a line between those already in the community and the minority who are still stuck in large and increasingly empty hospitals. She regrets the energy spent in "negative debate" when both sides share the common ground of wanting good quality services in and out of hospitals. Meanwhile, Mr Norman Fowler, Secretary of State for Social Services, has allocated to eight regions the first instalments of £6 million over three years for special community care projects for the mentally ill.