LETTER FROM WESTMINSTER

General practice "out of step," claim managers

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Wherever you turn at Westminster these days one or other aspect of the health service is under scrutiny. Wednesday of last week was not out of the ordinary. For six hours medical topics were under non-stop discussion somewhere in the Palace of Westminster. Let us observe that one day in the life of parliament.

It starts in an upstairs committee room, where the social services select committee is hearing evidence on primary care in parallel with the government's own *Agenda for Discussion*. The witnesses are from the Institute of Health Services Management. Their rather bland advance paper could hardly have prepared the committee for the more robust testimony that came out in cross examination.

The health service managers have quite definite ideas about how to organise primary care on a neighbourhood scale. It is soon clear that family doctors do not fit in as tidily as the institute would like. The trouble is that the general practitioner's list does not necessarily align with the geography of the neighbourhood support services. Yes, the witnesses thought, the answer might be the zoning of general practice and some restriction of patient choice, though by way of evolution not compulsion.

While acknowledging the value of the list and the freedom of choice it affords, Mr Michael Schofield, district general manager of Rochdale Health Authority, who is soon to take up an academic post at Manchester University, added: "We must recognise that in many ways it is general practice that is out of step with the way other services are developing."

Dr Maureen Dixon, the institute's director, went on to explain how this apparent isolation of family practitioners might be remedied. The trick would be to create a single authority to plan and manage the hospitals, the community services, and the family practitioner service. "Sadly, we have seen family practitioner services move away from the rest of the health service and we would not want to see that separation continue further," said Dr Dixon.

The institute plainly takes a sideways view of the family practitioner committees (FPCs) and their lack of "managerial control" over the behaviour of their contractors. Be that as it may, the single authority solution will not appeal to this government.

On the green paper's idea of a good practice allowance the institute shares the widespread lack of enthusiasm. With its team oriented approach it finds it invidious to pay an allowance to one member of the team. As colourfully put by Miss Mary Whitty, administrator of Kensington, Chelsea, and Westminster FPC, "The way general practitioners are remunerated is the result of a series of smash and grab raids by the BMA on the NHS over the years. There is no particular logic to it." Miss Whitty preferred a remuneration system in which the incentive was towards future performance rather than past performance. No doubt those raiders from Tavistock Square would prefer a not so quiet word or two with Miss Whitty.

"Deep crisis" in academic medicine

From the select committee hearing I had to hurry to be in the House of Lords for the start of a debate on academic medicine. By this was meant the state of affairs in the medical schools, which

opposition peers held to be one of deep crisis. From the Labour benches Lord Prys-Davies initiated the debate by thanking the BMA for recognising the magnitude of the problem with its seminars last summer. He said that something was radically wrong with academic medicine and blamed it mainly on spending cutbacks. At the root of the problem he listed a cut in the University Grants Committee funding for medical schools, the closure of wards and theatres in teaching hospitals, and the pay of clinical teachers.

Added to that was the brain drain of talented people frustrated by insufficient facilities to pursue their teaching and research. Since 1980 there had been a loss of 434 medical academic posts, equivalent to one whole medical school. He saw this as a sign of ebbing confidence in the future of academic medicine. Lord Prys-Davies characterised the last decade as one of parsimony, frustration, and denial of the spirit of science. His concern was echoed by other medical peers, including Lord Pitt, who said that medical graduates were turning away from teaching and went on: "It means that the seed corn is being lost. This will affect future generations of new doctors."

Baroness Trumpington, health minister in the Lords, did not share the doom and gloom. "We have a reputation for the finest doctors and the finest patient care and we are dedicated to upholding these standards of excellence," she promised. The minister appreciated the grave effects on medical schools of an overall decline in the number of clinical academic staff and their recruitment, but to keep the worries in perspective she reported a 7.5% increase when academic staff funded from other sources were counted.

The government had taken careful note of the General Medical Council's warning that a further decline in standards could render some medical degrees ineligible for registration, but Lady Trumpington said that the University Grants Committee had been asked to consider the funding provided for medical education. "I do not accept that the situation is one of crisis," she said, and seized on some £425m extra funds for the education and health budgets contained in the Chancellor's autumn statement three weeks earlier. The medical schools and teaching hospitals could expect to benefit. In addition, the government accepted that clinical academic pay should be linked to that of NHS doctors and was making the transitional funding available.

If you were then prepared to miss dinner you could catch the tail end of an acrimonious Commons debate on the unfortunate industrial dispute at J A Hanger and Company, the Roehampton company that supplies artificial limbs. Labour's Mr Frank Dobson said that the company was run by "odious toads" and the DHSS by "craven and complacent ministers," one of whom, Mr John Major, retaliated by accusing him of picket line rabble rousing. The government was not a party to the dispute but was interested in long term patient care; to intervene might be counterproductive. Of 53 000 patients, with artificial legs, 29 000 were clients of Hanger, of whom 3000 relied on Roehampton. The dispute continued.

While that was going on MPs who had been successful in the ballot for private members' Bills were pondering their subjects. Scottish Liberal Mr Archie Kirkwood plans an Access to Personal Files Bill, which would give patients the right to inspect their medical notes and histories. Having drawn sixth place, Mr Kirkwood's Bill has only a borderline chance of becoming law. In fourth place the populist Conservative, Mr Peter Bruinvels, though undecided, was strongly tempted to introduce an Abortion Bill reducing the period for legal termination of pregnancy from 28 to 24 weeks. One busy day in parliament plainly leads to others.