LETTER FROM WESTMINSTER

Some increase in NHS spending for 1985-6

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This year's public expenditure white paper setting out the plans for 1985-6 to 1987-8 shows just why the BMA's leaders got no change out of the health ministers when they saw them last week to protest about the limited list. That £100m saving it is said to achieve is important. Last year the increase for family practitioner services was £200m, but the white paper shows that for 1985-6 it will be only £100m. Although Mr Fowler presents them in the best possible light, there is no doubt that all the figures have to be looked at with more than usual caution since no account is taken of the massive bill which will follow settlement of the miners' strike or of the slump in the value of the pound and the rise in interest rates. But on the whole, Mr Fowler's health budget, this concession to Mr Nigel Lawson, Chancellor of the Exchequer, apart, has come out well enough. Spending next year is planned to increase by over £600m, rising from £15 778m to £16 471m, and over the three year period it is planned to go up by about £2300m or 5½%.

The government's stated primary objective for the National Health Service is to make the best use of the resources available and, the white paper makes clear, the government remains committed to the principle that it should be financed largely from taxation with management and efficiency being improved. It also states bluntly—more than once—that ministers are “committed to ensuring expenditure on drugs is more cost effective and that the sharply rising drugs bill is curbed.”

Mr Fowler said that spending on hospital and community services would increase by some £500m next year and by some £1400m over the three year period. That allowed a lead of 1% over the rate forecast for inflation—it is currently put at around 4.9%—and recognised the increasing numbers of elderly people. He claimed—though doctors might well challenge him—that the extra resources being provided and the greater efficiency being secured would enable the hospital service not only to keep pace with demographic pressures but to make real improvements in services.

On the family practitioner services the white paper says that about £100m more will be spent in 1985-6, and by 1987-8 spending will have risen by £500m. Mr Fowler emphasised that the savings achieved on the drugs bill, partly through the limited list, partly through tighter control of drug company profits, would enable the family practitioner service to meet demand. The development of the service to achieve more cost effective care will be discussed in the long awaited green paper, which now seems unlikely to appear before the early summer. The expectation of its appearance next month to coincide with the reviews of the social services system has been dashed: it seems that ministers read the draft (heavily based on the Binder Hamlyn report) and decided that it concentrated too heavily on manpower and finance and did not fit in with the kind of new look that they wanted. The document is being rewritten from scratch and will look at things very much from the patient's point of view—in other words, it will be controversial. So delay is not unwelcome since they have enough on their plate at the moment.

Mr Michael Meadowcroft, the Liberal party's health spokesman, took a very dim view of the white paper, claiming that it marked “a

black day for the NHS.” The government's irrational obsession with providing tax cuts that concentrated on helping those already privileged would mean that the sick, the elderly, the poor, and those who worked in the NHS would suffer, he said. He also claimed that the 1% increase envisaged in the hospital and community services totally failed to meet the increased needs of both a rising number of elderly people and the higher rate of inflation that affected the NHS.

Alarmed constituents deluge MPs on limited list

Mr Frank Dobson, the Labour party's health spokesman, speaking at a London conference on the limited list—certainly the top topic so far as health is concerned now that MPs have started to be deluged by inquiries from alarmed constituents—made clear that Labour is not opposed to a thoroughgoing selective drug list. But it would have to apply across the board, he said, not just to drugs prescribed on the NHS. Mr Dobson also said there would have to be machinery for selecting and assessing drugs for inclusion on the list, there should be provision for open assessments openly arrived at, and power to deal with applications for inclusion, against inclusion, and to commission, if necessary, clinical trials.

The proposed list would, he claimed, bring two tier care into every NHS surgery, something that had been banished in 1948. “General practitioners, who see 90% of total NHS patients, will have no option but to apply the list,” he said. “For hospital doctors, who see around 20% of NHS patients, it will be advisory only. Surely the position must be this. If a drug is worth while it should be available on the NHS. If it is not worth while it must be dangerous, fraudulent, or superfluous and consequently should not be available to anyone.”

Mr Dobson also alleged that the government's approach reflected a lamentable ignorance of real life. Ministers proclaimed that their proposals did not affect the more important or life saving drugs. So what? Most health care was not about life and death but about pain and relief from pain, comfort instead of discomfort. And he predicted that should the proposals go through the drug companies would step up their promotion on television and elsewhere of excluded products with the object of creating a demand that could not be satisfied within the NHS but only by more over the counter sales or private prescriptions. Savings could, he argued, have been secured by reductions in prices paid to the drug companies, by the extension of generic substitution as recommended in the Greenfield report, and by helping general practitioners improve their own prescribing by getting on with computerising the Prescription Pricing Authority.

Consultations on the list ended on 31 January, which leaves doctors little time. So far some 4000 letters have been received at the DHSS, of which only 300 have been letters from doctors sending in the drug industry's circular letter. Given the number that must have been sent out, that surely indicates that the campaign was not exactly a success. The intention is to publish the list which has been drawn up as speedily as possible, and then to embark on a campaign to quell what ministers are convinced are the groundless fears stimulated by the drug companies and some doctors who, they suggest, have misunderstood—for reasons they know not—their perfectly innocent, sensible, economical scheme.