LETTER FROM WESTMINSTER

Limited list: opposition from an ex-minister

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The problem that inevitably confronts an ex-minister whose party is still in power is: when is the time right for him to speak out on his old subject? There are clearly pitfalls to be avoided. For Sir Gerard Vaughan that time has come. The former health minister has kept scrupulously clear of his old field—he was shadow health spokesman for five years and health minister for four until 1982—ever since he returned to the back benches after a spell as consumer affairs minister.

He broke cover in a Sunday newspaper article by setting out his opposition to the limited list, currently the most controversial health topic politically. The result was a certain heightening of the temperature on the upper floors of the Department of Health and Social Security. Sir Gerard is not, however, causing trouble for its own sake. He believes firmly that Mr Norman Fowler, Social Services Secretary, and Mr Kenneth Clarke, the Health Minister, have got it sadly wrong over the limited list proposal. While they show every sign of pressing on regardless, it will not be for want of a warning from him.

The ex-minister is particularly critical of their failure to consult the medical profession in advance, the more so because the action they are taking flies in the face of the policy they were enunciating almost up to the day of the announcement. His advice to ministers is that they should withdraw the list, he told me. "I do not think they are going to do so, but they will find they are not getting the £100m saving they want and they will have caused a great deal of anxiety without gaining much benefit. In the end they will have to go back to the BMA and the drug industry to try to work out some solution."

Sir Gerard is well aware that a £1400m drug bill presents a major problem for the NHS and that a lot of it is money thrown away in overprescribing. But he does not accept that the limited list will help. Ministers should climb down and admit that they had not got it right, he said. There was no merit in pushing on with something that was clearly not going to work satisfactorily. No one could expect always to get everything in life right.

What surprised him, as it has surprised many onlookers, was the way the health ministers had rushed into this particular confrontation and shown no sign of having learnt the lesson of last year's deputising affair. Mistakes, after all, are made to be learnt from. "I know what they are trying to do," he said. "It is very important. But they are not getting the improvement in the administration of the health service they wanted following the Griffiths report. That is proving very patchy and there is the most tremendous urgency to get some control on spending. The limited list is a needless diversion."

Breathing space needed to consider alternatives

He has his own ideas on what could be done, but most of all he would like the list scheme withdrawn for a year to allow a breathing space for talks on how to get the savings by other means. He would like the list scheme withdrawn for a year to allow a breathing space for talks on how to get the savings by other means. That £100m must, however, be found somewhere, and his suggestion is that in return for the delay the drug companies ought to put it

up. The alternative courses of action, he suggested, could include generic prescribing, which is something quite different from generic substitution. This has been advocated by the BMA and would entail a new prescription form containing a box which if ticked by the doctor would give pharmacists the option of using a cheaper drug when dispensing rather than the named brand. The BMA had estimated that that would save about £30m a year, he said.

He also thought that triple prescribing, although not something the BMA was particularly keen on, could help. This means doctors writing out a course of treatment in instalments so that if a patient recovers he need not use up all his prescriptions and is not left with unused drugs. The problem with that, he said, was that doctors saw it as a way in which pharmacists would claim more money because it would mean handling more prescriptions.

Sir Gerard said he believed that the drug companies could be persuaded to cut costs. But for that to happen there must be a breathing space. While he feared that the scheme might force some companies to reconsider their operations in the United Kingdom, the fall in the value of the pound made investment here much more attractive and that to some extent strengthened ministers' hands. Critical of the secrecy that had surrounded the proposal, he noted—without comment—that since his day there had been a new Chief Medical Officer and a new permanent secretary at the DHSS.

Ministers had emphasised that the drugs on the list were not life and death drugs but rather homely remedies, many of which were available across the counter without prescription. Sir Gerard's point is that such "comfort" drugs are important to patients seen by general practitioners, far more so than ministers or the bureaucrats who advised them appear to have understood. He would like an appeals procedure for doctors, although he did not believe that one would be granted. But it did seem as if the drug companies would get the right to appeal and that a system would be set up to allow additions to be made to the list to meet new developments.

The drug companies did not escape the ex-minister's criticism. Their tactics had been ill conceived, he said. They had harmed the valid objections being put up by the medical profession and had also been perceived as being inspired by self interest. What had worried MPs, he told me, was that once the first rush of letters inspired by the industry's propaganda had died down they had been followed by letters from constituents expressing genuine worries and from doctors making valid professional points. What had upset him most was the ill feeling that the proposal had created. "What is happening is very bad for the relationship between government and general practitioners," he said. Doctors were difficult to deal with, but that was not to say one should not try. The government's record on health was a good one: spending had increased from nearly £7000m in 1979 to £17 000m today. But it was in danger of being damaged.

One factor that ministers may not yet have taken into account—they can do what they like with the orders implementing the list in the House of Commons because the "pay roll vote" will get them through—is what happens when the orders reach the House of Lords. It is the ideal issue for the peers to take up, especially now that they are on television. The list is unpopular, and they can pretend to be doing good and making the government think again. The questions have already started to go down in the Lords, a house where a cross party alliance of peers from the opposition parties can wreak havoc. Sir Gerard and his supporters may not be able to halt the government's proposal in its track in the Commons, but the Lords could yet scupper the list.