LETTER FROM WESTMINSTER

"A firm and final list" by 1 April

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The season of good will never lasts long politically once January has arrived. One of the first public utterances of 1985 from Mr Kenneth Clarke, Minister for Health, was to denounce the "scurrilous publicity" that the drug companies had been putting out about the government's proposal to introduce a limited list of drugs for the National Health Service. Their propaganda had, he claimed, completely distorted the government's intention, which was to draw up a list of drugs in limited therapeutic categories that would remain prescribable on the NHS and would meet the clinical needs of all patients.

"We are well on time in our aim to have a firm and final list in place by April 1," he added. And that seems to be that. There is no suggestion of any weakening of ministerial purpose. The government intends to get a limited list. But that is quite another matter from saying that it will be the list that it originally announced. That came out of the blue, partly because it was a political decision which, if it was to remain secret in a leaky place like the Department of Health and Social Security, had to be known only to a few. That precluded advance consultation about its contents. But ministers want to discuss the contents as they are anxious to avoid ending up with a list that will be found in practice to have serious flaws. Discussions are now under way.

Mr Clarke's message for doctors, who have doubts and argue that clinical freedom means being able to prescribe any brand at any price at the expense of the NHS, was blunt enough. It was just not on. "I believe that people with the real interests of the NHS at heart will agree we have better ways of spending the £100m or so that will be saved by more prudent prescribing of drugs," he said. As for doctors with worries about the list that the DHSS has proposed, he urged them to submit suggestions for improving it—and to date some 650 have written to the Chief Medical Officer.

Though the medical profession and the pharmaceutical industry have come out fighting on the issue, it is not one that has caught the imagination of the politicians. Even the Labour party's criticisms so far have been very much of a token nature, Mr Frank Dobson, its health spokesman, having come up against the feeling on his backbenches that what the health ministers have done is at least a step in the right direction of generic prescribing.

It is also true that the campaign against the limited list has been extremely badly handled in political terms. Ministers have been infuriated by it, and the lack of subtlety adopted by the campaigners has been astonishing. If they had wanted to put backs up they could not have set about it in a more effective way. The circular letter sent to general practitioners by Roche Products Ltd, which they were invited to endorse with their surgery stamp, sign, and send to their MP in an enclosed, stamped envelope was the greatest of a series of gaffes. The result was that ministers were deluged with complaints from MPs, who thought that they were being got at, about Roche's activities and not about the limited list.

The fact is that ministers are serious about the consultation process, and are somewhat bitter at the medical profession's reaction. There is a feeling that all too often what bodies like the BMA mean when they insist that there should be consultation is that they are insisting on having the right to prescribe what they want and that ministers, like patients, should do as they are told.

Ministers have also been irked by the way that some of the propaganda has played on the fears of patients. Mr Clarke made quite clear in his letter last month to Dr Michael Wilson, chairman of the General Medical Services Committee, what his opinion was on the way the BMA had represented the scheme to general practitioners. The drug industry's campaign, particularly the whole page newspaper advertisements showing the happy pensioner who can afford her drugs and the sad one who will not be able to, has been referred to the Advertising Standards Authority. What has annoyed ministers greatly is the industry's claim that what is being planned presents "a very real threat to patient care." Mr Fowler and Mr Clarke would argue that in stringent economic times they have done their best to protect patient care. But the Standing Medical Advisory Committee, the statutory body that provides the Secretary of State with advice on clinical matters in the NHS, cannot be accused of campaigning, and that august body is reported to have come down firmly against the government's proposal.

Adversity does make strange bedfellows, and the claim that the proposals will create a two tier NHS made by the drug industry is almost word for word what Mr Dobson has been saying. He and his party are not opposed to generic prescribing, but he believes the limited list scheme proposed by the government will result in two classes of patient—the ones who can afford to get the drugs not on the list, and those who cannot. He will be expanding on his views in a speech next week, the first major exposition of Labour's policy. He says that he would prefer something like the Norwegian system, where the drugs on the limited list have no across the counter equivalent.

Commercial surrogate motherhood

The other problem facing ministers now that parliament is back is what to do about commercial surrogate motherhood. There seems to be all party agreement that commercial clinics must be banned and the sooner the better. Mr Dobson and Mr Clarke have been talking to try to establish common ground for the necessary legislation. But lack of time is a real problem. Ministers do seem to have been caught on the hop by the birth of the baby to the surrogate mother, Mrs Kim Cotton: hence the confusing statements that followed. Mr Dobson believes that it will have to be a government Bill, and that may well be the result, but if a suitable private member's Bill turned up that might be helped through.

The latest word is that the long delayed green paper on general practice should appear towards the middle of next month, but it is still anybody's guess. It looks as if it will propose that doctors should advertise their services, particularly those in group practices, on the grounds that the consumer ought to be told, for example, whether a practice uses a deputising service at nights and weekends, whether it runs antenatal clinics or offers cervical cytology, and what hours the surgery is open.

Another possibility is that doctors should check annually with their patients to find out whether they wish to remain on their list, and that some minor tasks might be handed over to the likes of pharmacists, highly qualified people perfectly capable of prescribing certain medicines for minor ailments, thus saving the time of a busy general practitioner. It follows the trend to break monopolies set by the decisions on opticians and the sale of glasses, and solicitors and property conveyancing. You have been warned.