LETTER FROM WESTMINSTER

Colourful language in the Commons

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The Home Office intends to act when the Data Protection Bill reaches its report stage to provide additional safeguards to apply to disclosures of health data in a way that will satisfy the demands of professionals and public alike. The pledge was given by Mr David Waddington, Home Office minister of state, during the committee stage on the Bill. He said that the precise form of the amendments needed careful consideration, as he had told the British Medical Association, but the commitment was absolutely clear. The problem is that there is as yet no final version of the code of guidance drawn up by the Department of Health and Social Security for the National Health Service. Mr Waddington said that it was not possible to apply a code designed for health authorities precisely to non-NHS data users.

He gave his assurance after a pretty spectacular outburst against Mr Robert Kilroy-Silk, Labour MP for Knowsley North, who was leading for the opposition. Part of the trouble was that the committee session seemed to be heading for the wee small hours—it actually sat until after one in the morning—and Mr Kilroy-Silk was going on a bit. It drove Mr Waddington to declare that he was “fed up, absolutely fed up” and accuse Mr Kilroy-Silk of failing to behave in an even remotely decent way.

Mr Kilroy-Silk had been moving amendments that he claimed would ensure the same degree of protection to health information held by organisations outside the NHS as the code to be introduced under the 1977 NHS Act would for those inside it. The BMA had advised him that unless the amendments were passed patients' confidence would be seriously undermined, and if that was what the BMA said on behalf of doctors he must take it at face value. If Mr Waddington said that that was a load of rubbish, fine, but let him produce the evidence to suggest that it was.

Mr Waddington was not amused, insisted that he had met the BMA, claimed that the government was meeting the case put by the association, which was satisfied with its approach, and then accused Mr Kilroy-Silk of loving the sound of his own voice.

More funds for GP Finance Corporation

Some pretty colourful language flowed in another Commons committee—the one considering the Draft General Practice Finance Corporation (Increase of Borrowing Powers) Order 1984, which puts up the present borrowing limit of £75m to the £100m maximum provided by the 1966 National Health Service Act. This is an interim measure because, as Mr Kenneth Clarke, the health minister, told the committee, the intention is to introduce a new clause raising the limit when the Health and Social Security Bill reaches report stage. This will set a lower limit of £150m for the corporation's borrowing powers that will take effect two months after the Bill becomes law, and a new maximum of £250m to which it will eventually be raised by order. Mr Clarke forecast that as enabling the corporation to carry on well into the 1990s. He also confessed that the doubts he had once held about the corporation, which provides funds for general practitioners to improve their premises, have vanished following a review held by the DHSS and the Treasury. “Our findings showed that the corporation continued to provide a necessary and important service to general medical practi-

tioners in a very cost effective way compared with any other possibilities we could find,” he said.

The colourful language, however, came from Mr Frank Dobson, shadow health spokesman, who welcomed this Pauline conversion and argued forcefully that if the corporation were abolished doctors would not be able so easily to raise money to improve their premises. In other words, the financial institutions that were recognised in 1966, when it was set up, as not doing their job properly were still not doing it properly. Mr Dobson is MP for Holborn and St Pancras and proceeded to paint a striking picture of the problems general practitioners face there.

“If a doctor wants to set up new premises or improve or extend existing surgery premises in my area he may be competing with someone who is trying to set up a sex shop, a porn movie sale room, a massage parlour, or someone wanting to knock the whole road down and build an office block,” he said. “There is no shortage of money for sex shops, the porn movie industry, and massage parlours. But there is a shortage of money for the provision of GP premises to the standard to which those whom we represent are entitled. Doctors will still need the help of the corporation. They will need substantially larger grants than are readily available.”

He then went on to seek more information about what the government had done to implement the Acheson report on the inner cities, and in particular about spending the £9m provided three years ago for a three year period. In fact, because the scheme was launched mid-year, the money has been spread over four years.

Mr Clarke reported that the £2m allocated for the financial year just ended had been spent in full: £1m had been spent on health care projects identified by the regional health authorities; £700 000 on health visitor and district nurse training; and the rest on higher improvement grants for doctors' premises. “We have raised the level of improvement grants available in inner city areas from its present one third to 60% and we have allocated money for that,” he added. “We expect the money spent on that part of the Acheson recommendations to be £750 000 in 1984-5; £1·25m in 1985-6; and £500 000 in 1986-7.”

He reminded the committee that the government cannot make any doctor improve his premises; all it could do was offer inducements to doctors, who were independent contractors, to take up the grants. But following on Acheson the government intended to ask the family practitioner committees to adopt a more active role in advising GPs on premises, monitoring standards through regular visiting of surgeries, and promoting improvements.

“We are also preparing guidance on the design of primary health care premises, including doctors' own surgeries, with particular emphasis on adapting and improving existing buildings,” the minister added. “FPCs all over the country must cooperate with GPs in making sure that a steady improvement in standards is maintained. In inner city areas we need the higher level of grants. Although FPCs have the power to inspect everywhere, I think that they will take particular interest in the inner city areas to make sure that the really bad premises are removed over the next few years.”

Mr Clarke also accepted that there was a serious danger of doctors who wished to practise in inner city areas being driven out into the suburbs—even in provincial cities—because it was impossible to obtain the premises they want. It was not just a question of carrying on with loans, making better grants available, and giving advice and guidance on design, he said. Family practitioner committees had to take a positive role in helping doctors find premises and finance the required improvements.