LETTER FROM WESTMINSTER

General practice: Consultation not confrontation

WILLIAM RUSSELL

A green paper in June or July on the way ahead for the family practitioner services and an annual report on the National Health Service sometime towards the end of the year are planned by Mr Norman Fowler, Social Services Secretary. It is all part of a new strategy for dealing with the medical profession. The lesson of the row over the circular on deputising and the subsequent climb down by Mr Kenneth Clarke, Minister of State for Health, has been learnt. It is very much a case of if you can't beat them get them to join with you, and the architects of the new approach seems to be Sir Kenneth Stowe, permanent secretary at the Department of Health and Social Security and Dr Donald Acheson, Chief Medical Officer. Mr Fowler is apparently right behind them. As for the suggestion that he and Mr Clarke fell out over the deputising affair, there is said to be no truth in that allegation at all. The reports of a rift have been much exaggerated, and Mr Clarke was not overruled by Mr Fowler. Or at least that is what they are all saying now. What is certain is that Mr Clarke seems to have favoured picking specific issues for reform, whereas the idea now is to have an overall look and try to take the medical profession along with the reforms as part of a coordinated plan rather than a piecemeal assault.

The green paper on family practitioner services is aimed at opening up the debate in the profession and with the public at large about how general practitioners should operate and just what can be afforded. It will set out the government's views on issues like retirement age, controls over manpower, drug prescribing, how to cope with the shift from hospital to community care, and how much family doctors can help save money by developing minor surgery services.

The aim is to get the profession talking instead of complaining that it will have nothing to do with such terrible suggestions. There will be consultations with all the obvious organisations, including the British Medical Association and the Royal College of General Practitioners, before anything is done.

One reason for the green paper is that something is going to have to be done eventually about the report by Binder Hamlyn on the control of general practitioners' spending. It has been at the DHSS for months, and the rumour is that unlike the Griffiths report, which told ministers what they wanted to hear—partly because they kept talking to Mr Roy Griffiths while he was putting it together—the Binder Hamlyn one is not at all what they wanted to be told. It is said to have come down against cash limits for the family practitioner services. Even if ministers accept that cash limits would be difficult to introduce they do want some means of controlling the service, which is a big spender.

The plan now is to publish the ministers' own views and the Binder Hamlyn report at about the same time. The issues covered by the discussion document will include access by general practitioners to community hospitals, what should be done about run down inner city practices—a subject dear to Dr Acheson's heart—and a reasonable retirement age for doctors. It will also look at average list sizes. The BMA would like a figure of 1700, and that has to be agreed before decisions can be reached by the government on what is the proper intake for the medical schools and how many foreign doctors can be safely allowed to come here to practise. The belief is that by using a consultation document the arguments for and against can be brought into public debate in a way not possible with a circular,

which by its very nature tends to remain inside the profession.

No decisions have been taken, ministers insist. It will be a genuine consultation paper. Prescribing habits are also important. It is an area of spending that ministers undoubtedly resent because they have no control over what doctors get up to, and they are clearly convinced that exhortations to behave simply wash over the heads of those who do the prescribing.

Part of the problem is caused by the fact that family doctors are not NHS employees. They are independent contractors. You cannot rewrite the terms of a contract bit by bit. The whole thing has to be looked at in context. Now all this activity by ministers may be less innocent than it seems. Even this government might decide that having contracted employees inside a national health service is daft, and that if you cannot get rid of the health service you have to do something about the status of the employees. There could be a case for a salaried service on grounds of efficiency.

Under the Health and Social Services Bill, which has now finished its committee stage in the Commons, family practitioner committees will become independent health authorities, and the green paper will help clarify how Mr Fowler wants them to work—and spend.

The annual report is intended to complement the one produced by the Chief Medical Officer and will give the government's views on how it is managing to get value for the money spent. At present the NHS costs the United Kingdom taxpayer some £1700m a year. The report will be the first of what is intended to be a series and should appear in the autumn.

Circular on deputising and a debate on Griffiths

Meanwhile, consultation on deputising services will continue, but ministers believe that the heat has been taken out of the argument. They also concede that the telephone monitoring proposals were a mistake. On the other hand, they are a bit miffed at the way everyone seemed to see the original circular as inflexible. But they reckon that as an issue deputising will vanish. A revised circular, which will take into account the views expressed—the ministers have still to take into account the representations that they received from bodies other than the General Medical Services Committee—should be ready in a month or so.

As for the Griffiths report, it seems that I have got it wrong if I have been implying that there has been any ministerial weakening. The silence in recent months is of no importance. It is just that it is silly to declare the lines along which you intend to go during a consultation period. Ministers are open to argument. Well, consultation periods have been held before and the noises from the centre have carried on much the same. But if it is a genuine consultation period and minds are open then minds will have to be changed, because if the report by the social services committee and the evidence that it took is anything to go by Griffiths is not seen in the profession as the ideal way ahead. Anyway, the plan is to have a Commons debate on the select committee's report and the government's response to it in the first week of May, all being well, and to follow that with an official pronouncement in a couple of weeks. Meanwhile, the headhunters are busily engaged in searching for the right person to take the top management and personnel jobs at the DHSS that are to be established as Griffiths proposed. As to how much they will get, that will depend on what it needs to get them to take the job.