LETTER FROM WESTMINSTER

Softly, softly on drug prescribing curbs

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A new attempt to persuade general practitioners to mend their ways when it comes to drug prescribing is being launched by ministers. This time, however, it is not going to be, as it proved over deputising services, a case of Clarke rushing in where angels fear to tread. Rather the new softly, softly strategy is to be followed. That does not, however, mean that things are not going to happen. The message is clear. The writing is said to be on the wall for big spenders. Not, perhaps in large black letters, but there, nevertheless, and it would be wise to heed it.

What is planned is that the present methods of informing doctors of the alternatives to brand name drugs will be improved. More detailed histograms are promised which will contain the information that the drug companies do not provide on generic drugs.

Mr John Patten, the junior health minister, said in a Commons written answer last week that several ways of encouraging general practitioners to prescribe cost effectively were being considered, and promised an announcement soon. But he did not, it seems, have anything draconian in mind. Ministers learnt their lesson with the deputising issue and are also well aware of the dangers of seeming to interfere with clinical freedom. The aim is not to issue instructions on what should be prescribed but to make sure that all the alternatives are available for easy reference.

They are also concerned to speed up the introduction of computer technology into general practice. A visual display unit on a doctor's desk that had the sort of information contained in the histograms fed into it would mean that he would have the choices available at his finger tips. That, of course, is far more likely to result in good prescribing habits than having to rifle through heaps of records.

The present system of checks on prescribing habits will also be toughened up. The aim is not harassment but to make sure that the visits are regular and that once the error of his ways has been pointed out the general practitioner takes action. And if it all costs a little money the attitude of ministers to that is that it would be an investment in savings and they will incur it. The deputising row in which Mr Kenneth Clarke, the Minister for Health, found himself embroiled was seen as one between an irresistible force and an immovable object, and something to be avoided in future. Now it will be a drip, drip approach on the water on stone analogy.

The government's plans to give family practitioner committees independent status came under attack yet again when the Health and Social Security Bill had its committee stage in the House of Lords. Lord Glenarthur, the junior health minister, was adamant that there could be no change of heart.

He claimed that the government's plans would provide a sound basis for effective administration and for improved efficiency and collaboration in achieving a better balance of care. The hospital orientation of district health authorities and the specialist nature of the family practitioner services warranted the administration of the latter by a separate authority. That would facilitate the development of primary health care, whereas the integration with district health authorities would run the risk of the family practitioner services being overshadowed.

"The independent contractor status of practitioners is an important factor in the successful development of the services they provide, and it is because of this special status that we need a separate body with particular experience and skills developed over the years which

are suited to the complex business of administering these contracts," he said. "We also need a firm focus for the family practitioner services as part of the wider system of primary care. A family practitioner committee's expenditure is solely on the family practitioner service, to which it devotes 100% of its time. We see the new committees as an important part of the strategy in effecting a shift in the balance of provision from secondary to primary health care, working, as they must, in close harmony with the district health authorities."

It is as cogent an explanation of what the government is up to as ministers have provided, but the Lords is a place where arguments may often be more succinctly presented.

No legislation on Warnock report this session

With the much leaked Warnock Committee report now in his hands (26 June) Mr Norman Fowler, Secretary of State for Social Services, intends to waste no time in publishing it. The aim is to have it out towards the middle of next month. The heavily leaked report's main recommendation seems to be a law banning agencies selling surrogate mothers. It also calls for a national body to monitor and license research on human embryos and for research on embryos to be limited to 14 days after fertilisation. There will be no early pronouncement on what ministers intend to do on Warnock, which in any case has several minority recommendations. Mr Fowler wants a lengthy consultation period and looks like deciding that this should last until the end of the year.

There was never much likelihood of legislation in the autumn, and that does seem firmly ruled out given this timetable. After all, the form of the legislation will depend on the consultations. Now is the time when ministers start bidding for places in next session's programme, and it would not be credible trying to get time for legislation before beginning the consultation process. The earliest, therefore, that a Bill is likely to appear from the government will be in the 1985 Queen's speech.

Whatever is decided, there will be a major parliamentary struggle as this is an issue on which the pressure groups will do their utmost to influence MPs. Sir Bernard Braine, Conservative MP for Castle Point, who is chairman of the all party parliamentary pro-life group—a backbench faction that is not as official as it sounds—issued a statement following the leaks saying that it seemed that Warnock, having decided that human life did not begin at conception, could not agree when life did begin. "This in itself shows that we are already on a very slippery slope down which, it will be remembered, Nazi doctors marched," Sir Bernard said. "We are entering into an argument in which medical ethics have no place; where scientists and doctors are developing the perilous attitude that what is useful to them must be good for mankind." Sir Bernard said that the sooner that the report was presented and debated in parliament the better. Clearly a Commons debate will be part of the consultation process, but whether it will be held before the summer recess is another matter.

Mrs Anna McCurley, Conservative MP for Renfrew West and Inverclyde, who introduced a Bill earlier this year aimed at banning the commercial exploitation of surrogate parenthood, has been considering a second attempt, and ministers have indicated that on that narrow issue she would probably get a fair wind. But it will depend on getting a place in the ballot for private members' time next session. She will try, and she may also attempt to get an early chance under the 10 minute rule procedure, although it is normally only non-controversial issues that make any headway there.