LETTER FROM WESTMINSTER

Government to control "parallel imports" of drugs

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Rapid action to end the uncontrolled importing of foreign drugs has been promised by Mr Kenneth Clarke, the Health Minister. He told the Commons that the government intended to close the loophole in the law that allows large quantities of drugs to be imported without a licence—dubbed "parallel imports"—and that proper licensing arrangements would be set up for imports from the Common Market. Consultations on the DHSS's document on parallel imports had thrown up many conflicting points of detail—including comments from the BMA—that had to be sorted out, he added. That would be done as quickly as possible because the urgency of the matter was appreciated.

Mr Clarke said that there had been worrying newspaper reports suggesting that some importers returned drugs through the post to applicants without checking whether they were qualified pharmacists. It was illegal to distribute drugs in that way, and the government expected the law to be enforced, he added.

Parallel importing of drugs is alleged to have cost the National Health Service millions of pounds and to have given some chemists huge profits as they dispense the cheap import and charge the NHS price for the parallel British drug.

Mr Jack Ashley, Labour MP for Stoke on Trent South, claimed that the British pharmaceutical industry was damaging the NHS by charging it higher prices than it charged comparable health services in Europe, and that, provided the Department of Health and Social Security exercised quality control, parallel imports should be used. He asked Mr Clarke to confirm that the industry had refused to cooperate with quality control.

Mr Clarke said that a fair price arrangement that saved the NHS £100m a year had been negotiated, and it was completely untrue that any sector of the industry had refused to cooperate with the government on safety.

He said that there was no evidence of patients being injured by imported drugs, but the risk had to be eliminated. Where the drugs were the same the government had to be sure how they had been handled, where they had come from, that individual batches could be checked back, and that instructions were given in English.

Mr Frank Dobson, shadow health minister, said that the reason that British pharmacists found it cheaper to buy drugs abroad was that drugs in Western Europe were cheaper because governments there had forced the pharmaceutical industries to keep prices down. Was it not about time we followed suit, he suggested? Far too simplistic an analysis, Mr Clarke chided. Some drugs would be cheaper here sometimes, and at other times they would be cheaper in Western Europe because people were playing the market. The government, however, was concerned with patient safety and hoped to produce a workable system to bring a supply at a fair and competitive price while providing protection against improper handling.

The size of the NHS drug bill was also the subject of a Commons adjournment debate initiated by Miss Betty Boothroyd, Labour MP for West Bromwich. She called on the government to stop parallel importing, and accused ministers of dragging their feet. The pharmaceutical industry had called on the government to act, and she agreed with it that "it is totally unacceptable that retail

pharmacists should be allowed to profit at public expense in this way." Miss Boothroyd was also critical of the 17% return on capital that the industry claimed it needed to finance research costs, and argued that the present arrangement was inflating profitability at the expense of patient care.

Mr John Patten, the junior health minister, said that the government believed that it had got the balance right between the research and development needs of drug companies and the proper needs of the NHS as the major and almost only consumer of drug products in this country. Miss Boothroyd also objected to the £180m a year paid by the NHS for advertising and promotion by the drug industry, and on that he said that the companies could advertise where they liked. He hoped that in making their dispositions they would continue at least to consider the interests of important medical journals, which were not distributed weekly but monthly or quarterly, containing material of great importance to general practitioners continuing their postgraduate education. That was important for the drug companies to consider.

Government claims improved NHS efficiency

Mr Norman Fowler, Social Services Secretary, is expecting to issue guidance to the NHS on what is to be done about the Griffiths report in May. By then he will have considered the report by the social services committee and the Commons will presumably have had time to debate the report. It was interesting to note that when he spoke to the Conservative central council meeting in Birmingham—it is a mid-term jamboree and pep talk for party workers—Mr Fowler gave a lengthy list of all the things that he has done to improve efficiency in the NHS. There were reports on NHS transport, on ambulances, on advertising, on residential accommodation, on cutting waste, and on providing food. By any standards the NHS was a major enterprise and that was why, he said, it needed better management taking decisions and getting things done. "There are good managers in the health service," he added. "We need to give them the opportunity and responsibility to get the health service working better. That is why we do need. . . ." By now you would have thought that he was getting round to Griffiths, a subject that he once seemed unable to keep off. But not a bit of it. He was talking about better accountability. Action of some sort on Griffiths will happen, but it did seem a bit like the dog that did not bark.

It looks as though agreement has been reached between the BMA and Mr Leon Brittan, Home Secretary, about the provisions in the Data Protection Bill on the passing of personal medical information to a third person. Mr Brittan is said to have been sympathetic, and it looks as if amendments, possibly Labour ones, that he can accept and that will meet the doctors' case will be tabled to the Bill at a later stage. The first thing agreed was that the problem of passing on information is made no better and no worse by the Data Protection Bill as it does not compel anybody to do anything not done at present. If there is a problem about a third party passing on information without informing the professional concerned it exists anyway. Mr Fowler has, of course, been able under existing legislation to deal with what is happening in the NHS by issuing a code of practice. Mr Brittan seems prepared to do what he can within the scope of his Bill, which deals only with computer held information, and while it does not seem likely that he will opt for a code of practice he will see what he can do.