LETTER FROM WESTMINSTER

Green paper on general practice delayed until 1985

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Mr Norman Fowler, Social Services Secretary, has decided to put off until after the new year—and that means any time until Easter given the Department of Health and Social Security's tendency to move slowly—the publication of the promised green paper on general practice. His decision apparently took Mr Kenneth Clarke, the Health Minister, who had been hard at work getting the final draft ready, by surprise. The plan was to have produced it towards the end of this year and the paper was pretty well complete, but Mr Fowler changed his mind and decided that it was connected with the review of social security that the DHSS is conducting, the biggest of its kind for many years, and that the two had to be seen as part of a whole. There is more to it than just looking at financing of general practitioner services and at primary care, it seems. He wants to see how the future of the general practitioner services fits in with provision under the personal social services, for instance, for the elderly. The official excuse for the delay is: "we want to get it right."

Whether the Binder Hamlyn report will be published at the same time—that inquiry studied the way that the family practitioner service is financed—is anybody's guess. The report has apparently come out against cash limits, and ministers are not keen to publish it but recognise that if they do not it will surely leak and therefore it might be as well to pre-empt that. As for Mr Clarke's attitude to general practice in the green paper, it seems that he was approaching the problems of primary care from the point of view of the consumer, the patient, rather than of the doctor.

Select committee recommends more and more resources

The Social Services Select Committee, chaired by Mrs Renée Short, Labour MP for Wolverhampton North East, has received the government's response to its third report on the problem of perinatal and neonatal mortality, and it boils down after all the promises of action are given to making clear, as is the way these days, that there is no money. Mr Fowler, noting the call for additional resources to be diverted to improving provision for neonatal intensive care and maternity services generally in areas of social deprivation, was not, of course, as crude as that in the manner that he chose to say no. The government was not convinced that extra cash was necessarily the answer, he told Mr Timothy Wood, Conservative MP for Stevenage, a member of the all party committee. The experience of the past five years, with a substantial decline in perinatal mortality rates, suggested that a great deal could be done by better deployment of the staff and resources already available to reach mothers and babies who might be at risk.

It is a bit like a gramophone record with the needle stuck in the groove. The formal reply went on to say that what was likely to be more constructive at this stage would be for each health authority to review critically not only its current arrangements for the delivery of antenatal care, as the committee recommended, but also the way that intrapartum and postnatal care was organised; the risk criteria agreed locally for determining where a mother should be best delivered; their effectiveness; and how far all

such arrangements satisfied the needs of different groups of mothers.

Mr Fowler also made clear the government's belief that in the efficient organisation and management of the maternity services, authorities must be more sensitive to the views of mothers. On some occasions, he said, what might apparently be a more efficient or effective way of organising or rationalising services might be less acceptable to mothers. A proper balance was necessary.

But so far as that recommendation about extra funds was concerned, this was not in the government's view the right approach and a specific allocation from central funds could only be made at the expense of other services. It was for the regional health authorities to decide whether, and if so how, to take account of social deprivation in making allocations to districts.

The committee's current inquiry is into provision for the adult mentally ill and the mentally handicapped—and one of the more fascinating insights of the session attended by the National Autistic Society was hearing the society's representatives try to explain to Mr Nicholas Winterton, Conservative MP for Macclesfield, that the two conditions are actually different. Mr Winterton also displayed a marked affection for the Victorian concept of huge asylums inside which such troublesome people could be safely incarcerated.

The Royal College of General Practitioners in its evidence said that what patients and their families needed were help, comfort and relief, a flexible response from their doctors, and easy access to medical care. On the response by doctors the college emphasised that general practitioners caring for patients with mental illness or mental subnormality might have to change rapidly from a supportive, facilitating role to one of crisis management at short notice. As for easy access to medical care, the college said that that necessitated, quite apart from the mechanics of getting treatment, an informality of approach and the avoidance of the stigma of having to go through a given clinic door, thus instantly being "labelled."

The royal college was also critical of the lack of suitable training for doctors, and said that most medical schools had only a token general practitioner presence, there were few properly resourced university departments of general practice, and that until recently continuing education was largely controlled by postgraduate deans, none of whom had ever been general practitioners.

Dr David Owen, leader of the Social Democrats, gives every impression these days of being a one man opposition, speaking on everything that comes to hand. At the conference dinner of the Office of Health Economics last week he was back on his old subject of medicine, arguing that the marketing climate for drugs had hindered innovative research. "Over the last 10 to 15 years it has been too easy for companies to make handsome profits from the synthesis and development of 'me too' drugs concentrated in narrow areas," he said. "The reliance of some companies on the sales of their older drugs, protected by brand name prescribing but long out of patent, has provided them with a spurious form of protection against competition which has not been in the long term interests of either the industry or the community."

Dr Owen was also critical of the pharmaceutical price regulation scheme for being simply a profit control system. He argued strongly that the real interests of innovation and research would be better served by a system of national price competition with reasonable patent protection so that the profits would go to those who made the real breakthroughs in therapeutics.