LETTER FROM WESTMINSTER

Fluoridation out, prescribing curbs in

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Mr Norman Fowler, Social Services Secretary, is not a former journalist for nothing and he clearly believes that he knows how to manipulate things like news. It is said that for some three weeks before he spoke at the Conservative conference in Brighton he imposed a ban on good news being issued by his department so that he would have something to announce in his speech. The same seems to have happened last week in the Commons during the debate on the Queen's speech.

There was no health legislation in that, the Fluoridation Bill having been pulled out towards the end of October when a report landed in the Department of Health throwing the previous evidence on safety into doubt. The report, which came from Japan, is said to have struck ministers as a bit rum. Nevertheless, its contents were sufficiently disturbing for them to take the Bill out of the Queen's speech and to ask the Medical Research Council to check out the report. The word still is that legislation to empower water authorities to add fluoride will appear in due course, but I have my doubts. The government's business managers do not much like introducing anything controversial after Christmas, and any action on fluoride, which is a subject that arouses emotions, would certainly prove controversial.

The news that Mr Fowler had to announce in the debate on the Queen's speech was that he has changed his mind about generic prescribing and has opted for a limited list.

That really is a startling change of heart, given what ministers have said about generic prescribing in the past, poohpoohing all the arguments about the savings put up by the opposition and the Social Democrats. The latter, as their health spokesman, Mr Charles Kennedy, MP for Ross, Cromarty, and Skye, pointed out, were delighted by the news. It had been their policy for years and represented a welcome change of direction on the government's part. He only hoped that it would go the whole hog.

Mr Fowler, however, insisted that he was going to do nothing of the kind. It is not, it seems, a foot in the door and he has no plans to extend generic substitution generally. But he added the caveat that in politics one should never say never, and it does look as if this decision is a contribution, small but real enough, towards the Treasury's public expenditure exercise that has now been completed.

The limited list (p 1388) is expected to save at least £100m a year in England and Wales and a further £9m in Scotland on the NHS drug bill, and it means that about 1000 proprietary drugs and tonics are no longer there for general practitioners to prescribe. The list falls into two categories—the first deals with brand medicines like tonics, cough and cold remedies, indigestion and headache tablets, and low dose vitamin pills; the second with tranquillisers and sedatives. The former cost the NHS some £120m a year, the latter around £40m, and the suggested £100m saving seems to assume a drug bill of around £60m a year on them in future.

Mr Fowler's reason for his change of heart is summed up in one of his favourite phrases—value for money. He told the Commons that the NHS drug bill was £250m 10 years ago. It is now £1400m and doctors are issuing 100 million more prescriptions a year than they did 25 years ago.

Clearly, there have been advances in medical science to account for some of this, but equally clearly there has been a growth in the "me too" drug habit, and ministers reckon that some doctors have been rather extravagant in their prescribing habits. What both Mr Fowler and Mr Clarke want to avoid is another row like the one that they had over their proposals on deputising, and the limited list's contents are now out for consultation with both the medical profession and the pharmaceutical industry. It is from those who speak for the latter that the biggest fuss is likely at Westminster.

No attack on clinical judgment

Mr Clarke said after the statement that the government was not trying to take away a doctor's right to prescribe a particular drug or to interfere with his clinical judgment, although he conceded that the change does mean rewriting the terms of service. This can probably be achieved by regulations. He said that doctors could carry on prescribing what they liked, but not on the NHS. The patient who remains hooked on a particular brand drug can have it privately and, as he pointed out, can probably go to the chemist and buy it anyway because a lot of the products affected are available over the counter. He also said that the changes were not as restrictive as the lists operated in other European countries.

The consultations now under way are aimed at ensuring that the list of generic substitutes is as comprehensive as possible and that no unexpected gaps are discovered.

There may well be a fuss from the profession since it is the first time that doctors have had their freedom interfered with, but Mr Fowler insisted that as he had gone round the country he had met doctors who told him that this was precisely the course of action that the government should take.

As for the annual public expenditure exercise, he does seem to have escaped the full effects of that mainly because he has the series of reviews on the social services under way. Until they report it is daft to take drastic action.

Sir Gerard Vaughan, the former health minister, who went on to become consumer affairs minister before being returned to the backbenches, has kept himself aloof from medical matters at Westminster ever since. But it now seems that he wants to get back into the swim. He has decided to stand against Mrs Jill Knight, MP for Edgbaston, for the chairmanship of the backbench medical committee. He is doing so because he is anxious to resume talking about his old subject, and he also wants the committee to adopt a higher profile in the party and in the advice that it gives to ministers. If he gets elected—watch this space.

Commons motions can make interesting reading, mainly because they show the way that opinion is shaping up on all sorts of topics. Sir John Wells, Conservative MP for Maidstone, has attracted nearly 50 signatures so far from all parties, and including the likes of Mrs Renée Short, Mr John Heddle, and Mr David Alton, for one urging the government to restate support for homoeopathy in the NHS and to take steps to facilitate the postgraduate training of doctors seeking qualifications in homoeopathy. That could be the last that we shall hear of it, but you can never be sure, and the subject does, after all, have a royal pedigree.