LETTER FROM WESTMINSTER

Party differences over independence of FPCs

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A clear indication of how the government expects the independent family practitioner committees to operate was given by Mr Kenneth Clarke, the Health Minister, in the Commons committee considering the Health and Social Security Bill. It would be going too far to say that in doing so he pulled the rug from beneath the feet of Mr Frank Dobson, Labour's health spokesman, but he did seem to meet many of the points that Mr Dobson had made about how the family practitioner committees should operate.

Labour, of course, does not like the proposed independent status, which is contrary to the views of the Royal Commission on the NHS, which suggested that the committee's function should be integrated with the district health authority, and to the recommendations of the Acheson report on the inner cities, which also called for greater integration. It is also contrary, as Mr Dobson pointed out, to the position in Scotland. There the family practitioner service, its management and monitoring, was wholly integrated within the district health board arrangements. He argued that the committees' functions had been ill thought out, and he cited the so called "can of worms" revealed when the government asked them to monitor what had been going on over deputising services. It had been alleged that some committees had said that they did not know that it was their duty to give approval for use of the service or to monitor it once given. Mr Dobson also wanted family practitioner committees to be checking up on the standards of doctors' premises and to play a more positive role in identifying services at primary care level.

He wanted family practitioner committees to produce an annual report, which, as well as informing people what they were doing, would force the body producing it to in a sense codify its activity. The obligation would concentrate the mind of a family practitioner committee and would be an additional administrative incentive for it to do its job properly.

Mr Clarke said that Mr Dobson's speech had been long and thoughtful and he agreed with about 90% of the sentiments. The primary services had to be strengthened and those who administered them should be accountable to ministers, parliament, the public, and their patients: on that they could basically agree. But he did not believe that it was necessary, as Mr Dobson's various amendments proposed, to write it all into the Bill. On independent status, Mr Clarke said that it was preferable to putting family practitioner committees within the overall umbrella of the district health authorities because there were legitimate fears that this would lead to a lower priority being given to primary care.

"We have to take care when we set up the new family practitioner committees and give them new responsibilities, and make them accountable to the Secretary of State and the public in the way in which they discharge their responsibilities, that it does not lead to a piling up of costs, particularly administrative costs, because one can spend money on administration only at the expense of money that might otherwise be spent on care," the minister said.

Ministers did not wish family practitioner committees to acquire large numbers of administrative staff but wanted to make sure that they did sensible things—for example, the committees should not take up on behalf of the public or the government "foolish details"

like the age of the magazines in the waiting rooms. That might sometimes annoy patients but was not the kind of thing that they really wanted family practitioner committees to tackle. If the general public was asked its views on the primary health services, general practitioners, dentists, and chemists the returns would show a "quite astonishing level of satisfaction" with the service received.

Computerisation and collaboration

Mr Clarke thought that there was potential for reducing costs, hence the inquiry by Arthur Andersen and Co, a firm of private consultants, into how computerisation could be introduced into the day to day work of family practitioner committees. On collaboration between family practitioner committees and district health authorities, he said that a study by a working party containing representatives from the authorities, family practitioner committees, the professions, and the Department of Health and Social Security was far advanced. The minister saw no reason why, when its report was received, it should not be published. Consultations would then take place before the new arrangements that would take effect from April 1985 were decided on.

"We shall have recommendations about the sort of information which should be provided," he said. "This might include a profile of the particular family practitioner committees, giving all the figures and a description of what services the family practitioner committee is providing in the area, how it discharges its duties, and an annual programme to indicate how things have moved forward in the past year and perhaps give some indication of developments in the next year. Because the working party contains representatives of the professions, family practitioner committees, and district health authorities, it has addressed itself to the question of who should plan the services and how the activities and the delivery of the service by the family practitioner committee might fit within the overall planning that the district health authority has to carry out for the area as a whole."

Turning to what Mr Dobson had said about complaints, Mr Clarke said that he was not wholly satisfied with the present procedure, but by and large they were well handled. "We have to make sure that we achieve national consistency and that everybody handles complaints procedures in a way that is fair to practitioners but also satisfactory to the patient," he added. "Among other things, we are preparing a video which will go round later this year illustrating procedures that ought to be followed when health service committees are considering complaints, in order to give guidance about the handling of them, to ensure that there is some uniformity about how they are handled."

Mr Clarke said the legislation provided an opportunity to beef up the role of FPCs and give them a more positive and interesting part in future in developing primary care. "We are attracted by the idea of setting up some system of accountability for the 90 FPCs similar to that which is now well established for the regional health authorities," he added. "An annual review enables us to reach agreement on policy objectives, to review the achievement of those objectives over the previous year, and to set specific tasks for the next year." This accountability should be not only to ministers but to parliament and the public. The intention was to have a proper system of holding FPCs to account and to do it openly.