Letter from Westminster

Progress towards economical prescribing

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There seems to be some reason for believing that at last all those appeals to doctors to cut prescribing costs are beginning to show results. The Government's Public Expenditure White Paper published last month showed that the DHSS expects savings of around £10m in 1982-3 in the family practitioner services to be secured as a result of more careful prescribing. The Commons Social Services Select Committee, which has been looking at the implications of the White Paper for the NHS, took this forecast up with officials from the DHSS last week. They were told by Mr Geoffrey Hulme, Deputy Secretary for Finance and Accountant General, that the signs were encouraging, though he admitted that the projected savings were only estimates. Even so, past estimates had been proved "not inaccurate."

Pressed on this by Mr Nicholas Winterton, Conservative MP for Macclesfield, Mr Hulme said that there was no way the DHSS knew of making more precise calculations. It looked at the trends in the main items and then made a judgment as to what might be a realistic figure, he said. Mr Hulme said that the £10m was an estimate, but the DHSS had been intensifying efforts over the years to help general practitioners prescribe more economically by providing them with better information. This was done through publications such as the *Drugs and Therapeutic Bulletin*, which compared prices, and the improved *British National Formulary*, which now gave the relative prices of drugs.

"We have been trying to get the message across about more economical prescribing, and it is getting across," he added. Mr Hulme assured the committee that the DHSS was not seeking to override a doctor's judgment. All it was trying to do was to ensure that he was provided with the necessary information and encouragement to start prescribing as economically as possible. The NHS had financial problems, and clinicians needed to contribute to resolving them where they could. The evidence was that the number of prescriptions was falling, and this might be due to the campaign the DHSS had been waging. Nor was it a case of hospitals doing more prescribing. There was no evidence of any major shift there.

The Government has now published its reply to the proposals in the Wilson Committee's report on modern public records about what should happen to NHS records—and does not favour what was suggested. The Government agrees with the committee that NHS administrative records should be selectively preserved for historical purposes and should in general be transferred to a local authority record office, but so far as clinical records of individual patients are concerned, it does not think that they ought to be covered by the Public Records Act. Furthermore, the Government does not believe it appropriate to use the machinery of the Act to secure the retention of clinical records for the purposes of clinical and epidemiological research. But it accepts the value of preserving sample sets of clinical records for historical purposes. This, however, would be best done on the basis of local initiatives by hospitals prepared to select and deposit samples with local record offices willing to take them. The committee's suggestion that there should be an advisory group

set up to identify records with research potential is turned down, as is the proposal that there should be regional panels to take account of local interests when deciding on preservation. But the clinching argument against the proposals is the Government's belief that it would mean diverting resources from the care of patients at a time when Government policy is to reduce NHS administrative costs so that the share spent on direct patient care can be increased.

It looks as if the Government intends to set up an inquiry into in-vitro pregnancies. During an adjournment debate on the issue Mr Leo Abse, Labour MP for Pontypool, argued that there was a great deal of activity about such pregnancies going on and the Government ought to create the forum into which the various reports could be placed so that an informed consensus could be reached. Mr Geoffrey Finsberg, Under Secretary of State at the DHSS, said that the Government had to think carefully about the best form for such an inquiry. These were not matters solely for the medical profession, he added. The inquiry must include experts and, even more importantly, those who were not experts. He suggested that an interdepartmental committee might be the best way to approach the problem, but said that the Government did not wish to give a firm commitment at this stage.

A select committee's displeasure

I have warned before that people who fall foul of select committees do so at their peril, and Mr K P Lloyd, administrator of a Midlands family practitioner committee, has just learned that to his cost, when he was called before the committee that supervises the work of the Health Service Commissioner. The committee, chaired by Mr Antony Buck, Conservative MP for Colchester, demanded and received an apology from him over the way he had responded to a complaint raised by Mr David Knox, Conservative MP for Leek. During the exchanges between the MP and the administrator, Mr Knox told Mr Lloyd that he was a public servant. Mr Lloyd wrote back saying that he tried to do his duty to the public and the professions impartially but he would never be anyone's servant. He also made clear he did not consider that MPs passing on a complaint should get special treatment; a complaint should be treated in the same way irrespective of whether it came from an ordinary member of the public or from an MP.

Well, MPs are jealous of their position, and the select committee made clear its displeasure at his attitude. In his report on the case the Ombudsman said that he had seldom come across more inept handling of a perfectly proper complaint to an FPC, and that as the elected representative of a substantial section of the community an MP was entitled to be treated accordingly. The select committee agreed with that.

Mr D J F Stammers, vice-chairman of the FPC, told the committee that an apology had now been made and action taken to ensure it did not happen again. But he did give the hapless Mr Lloyd his backing. "The FPC is still 100% behind him in his work as an administrator," he said. "His knowledge, impartiality, and dedication to the FPC and general public alike has enabled us to give him our full support."