Letter from Westminster

New session gets into swing

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First the bad news. Mr John Corrie, Conservative MP for Bute and North Ayrshire, achieved the unique feat—he reckons that it could get him into the *Guinness Book of Records*—of coming top of the annual ballot for private members' Bills for the second time. He last did so in 1979 when he tried to amend the 1967 Abortion Act with disastrous results, from his own point of view at least. The good news is that he is "absolutely not" going to try again. His 1979 Bill was too complex for its own good, and though the antiabortion lobby learnt the lesson of its mistakes—that it is better to try to hit one target at a time—it does not want Mr Corrie to have another attempt. It is a wise decision, since even the simplest abortion Bill would have stirred up tremendous resentment among MPs. The last thing the ordinary backbencher wants, in what could be an election year, is for that particular hornets' nest to be stirred up. There are no votes in abortion. Nor would the health ministers thank Mr Corrie for trying, because they have found themselves tied up quite enough as it is on the National Health Service pay dispute without ending up incarcerated in a bitterly fought committee on yet another abortion amendment Bill. So there were sighs of relief all round when Mr Corrie, who has still to make up his mind what he will tackle, announced that it would not be abortion law reform.

The Scottish Office, which has a clutch of measures that it would like to see on the statute book, has floated one or two ideas in his direction. One of these, however, did not appeal. That was a Bill to reform the law on incest.

The Government's Health and Social Services Bill, which has just had its second reading in the House of Lords, is not a measure that will stir up much overall controversy. But it is like the curate's egg, so far as the opposition is concerned, bad in parts, and one bad part is the section dealing with family practitioner committees, which gives the Secretary of State power to establish them by order and to appoint the members. Mrs Gwyneth Dunwoody, Labour's health spokesman, said that this was a move in the wrong direction. "Family practitioner committees have a special responsibility because of the situation in primary care," she added. "The Labour Party does not welcome any move that divorces family practitioner committees from the planning either of the acute sector or of the personal social services. It is not possible to have a national health service where primary care exists in a vacuum and this is indeed a retrograde step."

It has been quite a good week for Mrs Dunwoody. In last year's elections to the shadow cabinet she came bottom with 82 votes. This time she is second equal from the bottom with Mr Bruce Millan, the shadow Scottish Secretary, and has secured three more votes. Not much, but an improvement all the same and proof that her strenuous efforts during the year have not been wasted in the eyes of her electorate.

She was none too pleased with an answer that she received from Mr Kenneth Clarke, the Health Minister, about the Government's policy on information about general practitioners held by the Prescription Pricing Authority. She wanted an assurance that it would not be sold to private individuals or companies. Mr Clarke said that it was Government policy that

no information about an individual general practitioner should be made available to private individuals or companies without his consent, but that the Government was consulting about the possibility of selling analyses of prescribing on a national basis, or broken down by geographical area.

"We have made clear that to protect confidentiality, only aggregated information would be made available," he added. Mrs Dunwoody remains sceptical. "You cannot have individual doctor's prescribing habits sold as a commercial undertaking," she said. "That would be absolutely outrageous and we should oppose any such deal. Information contained in Government records should be sacrosanct, not just to doctors but to those who require that information for health needs only. But it should not be available to commerce."

Fewer inquiries with Mr Clarke

Mr Clarke is one of those politicians who subscribe to the view about royal commissions that they take minutes and waste years, which he would also apply to departmental inquiries. Ministers, in his book, set up inquiries to dodge having to come to a decision and we can expect fewer of them during his period at the DHSS. It also looks as if some of the reports already received will not see the light of day, including the Greenfield report on effective prescribing, which ministers received as long ago as February. He assured Mr Mike Thomas, the Social Democrat's health spokesman, that the advice contained in it was being considered carefully, but gave no hint as to why he had not published it.

Mr Thomas believes that he has simply succumbed to pressure from the pharmaceutical industry to hush up Greenfield's findings. "I believe the report recommends that the arrangements which now work so well in many hospitals to substitute the cheapest available efficient drug, regardless of what is written on the prescription form, provided the doctor does not insist that particular brand is dispensed, should be extended to general practice," he claimed.

The Scottish Mental Health Bill, which updates the 1960 Act and brings the law in Scotland on patients' right into line with that in England, updated in the last session of Parliament, has started its passage through Parliament in the Lords. The legislative machine requires that a Bill starts from both ends if it is to operate efficiently, and this is exactly the kind of apolitical measure that tends to get sent to their lordships. It is a pity in this instance because it is, as was the English Act, ideal material for the new system under which committees, before they start line by line discussion, may take evidence from specialist bodies. Scottish Labour MPs believe that it should be tried out on this Bill, the first Scottish measure to face the new procedure, but the Scottish Secretary, Mr George Younger, does not. Several bodies, including the Scottish Association for Mental Health, the Association of Directors of Social Work, and the British Medical Association in Scotland are said to be anxious to give evidence if given the chance, and the opposition is intent on pushing its case. Mr Younger, however, like many "nice" politicians has a stubborn streak, and it is going to take a lot of pressure from politicians and would be witnesses to budge him.