Letter from Westminster

Government and Opposition in harmony on GPFC

WILLIAM RUSSELL

The Order raising the General Practice Finance Corporation's borrowing limit from £40m to £75m has gone through the Commons without a hitch, since both Government and Opposition are agreed that the corporation is a good thing. The extra money is needed because the corporation, which was set up in 1966, has overspent. By the end of April it was committed to lending nearly £38m. The new limit is intended to last it for the next three years, and during the debate on the Order Sir George Young, the junior health minister, said that he hoped the increase would improve the position in the cities, where some doctors had found the long-term capital commitment of providing premises was more than they wanted to take on. One reason for giving the extra money is that under the 1980 Health Services Act the corporation was given powers to buy surgery premises for leasing to general practitioners and though these powers are only starting to be used they will add to its borrowing needs. Sir George pointed out that in its 15-year existence more than 3000 loans had been made to individual doctors, groups, and partnerships and that there was no doubt it had played an important role in stimulating the building of new or improved premises, as well as in assisting doctors to purchase their existing premises or take a share in them.

Even Mrs Gwyneth Dunwoody, the shadow health spokesman, found good words to say about the corporation, and, since it was difficult to object to what the Government was doing, concentrated instead on the problems of inner city practices, where, she said, there were still far too many GPs working single handed from substandard premises. In addition, there were far too many areas where such GPs operated without the back-up needed to see that the necessary level of primary care was provided. "There are far too many elderly GPs operating limited lists," she added. She argued that there should be a move towards health care teams at primary level. The day had gone when the doctor could provide solely for the needs of his patients, and it was important that GPs should operate, if not from health centres, from units that contained many back-up services. The Government should not just be upping the money for the corporation but doing something positive—ministers should be seeking positive incentives to improve health care in the inner cities by encouraging GPs to set up health care units.

Mrs Dunwoody agreed that the corporation was doing a marvellous job, but said it was not true to say all was well with it. Applications over the past three years had been quite considerably down. "We must build up the primary health care services," she said. "We must demand that everyone involved, at every level, including the family practitioner committees and the people who take decisions about the numbers of doctors who are allowed to practise, the size of the lists, and the numbers of deputising services that are allowed, be taken into account."

Sir George did not quarrel with her analysis of the problems of primary care in the inner cities but suggested that she was a little impetuous in expecting the Government to have come forward with a response to the Acheson Report (p 1814), since it had only been published that morning. He also thought that she had been "a little unkind" in implying that there had been no improvements. The number of GPs, for example, had risen

from 25 614 on 1 October 1979 to 26 140 on 1 October 1980. The number of candidates for district nursing examinations had shown a welcome increase from 1875 in 1979 to 2010 in 1980. Waiting lists had also shown a welcome reduction—they were down by 111 000. He thought that the extra money would enable some of the problems identified in the Acheson Report to be tackled.

Computer bed-bank scheme

Mr John Heddle, Conservative MP for Lichfield and Tamworth, is still trying to drum up support for his computer bed-bank scheme and, sadly, success seems as far away as ever. Last year I wrote about his attempt to "sell" the idea to the ministers at the DHSS, adding that the BMA at least had shown an interest in setting up a feasibility study, provided the Department gave it the necessary information. Mr Heddle returned to his scheme the other week in a Commons adjournment debate to which Sir George replied. He said that if the BMA was still showing an interest such material as was needed and the DHSS possessed would be made available.

The reason Mr Heddle revived the issue was that Mrs Caroline Pulcella, the constituent whose plight first made him take up the bed-bank scheme, has at last had her hip replacement operation. To recap, it was after she had been told she would have to wait 40 years for the operation that Mr Heddle took up the case. After all, it was hardly what a 78-year-old lady wished to be told. The result of the subsequent publicity was that a bed was found for her in Stracathro Hospital, Brechin, and the story ended happily. As for Mr Heddle, the more he looked into things, the greater became his conviction that some means of pooling information was needed, a conviction made all the stronger by a letter he had received from a surgeon in Birmingham Central district, next door to the health district in which Mrs Pulcella lives. He had written: "Why did I not know of your constituent's plight? I run a waiting list of only a few months for women, and none for men."

Sir George argued that there were obvious disadvantages in sending patients long distances for treatment, which rather misses the point. Mr Heddle was not suggesting that they should be sent hundreds of miles, simply that if the information was centrally available, given the wild variation in waiting lists, somewhere might be found. Sir George, wisely admitting that he did not wish to sound like an extract from "Yes, Minister," which he did, raised a whole host of bureaucratic objections. The trouble with those was that Mr Heddle's bed bank does not represent a means of saying to a patient that he must go somewhere for treatment, but that if he wanted treatment he could find it in a certain place. It all boils down to the difference between may and must.

Mr Heddle's fight will clearly have to go on a while yet but at least by raising the issue again he has ensured that ministers and the DHSS are not being allowed to forget it. He might also persuade regional health authorities to do something to pool information—even on a card index. The West Midlands RHA, for example, which covers the two Birmingham districts he referred to, has apparently never considered such a scheme. The BMA might even get that feasibility study started.