Letter from Westminster

Goodies in the new health Bill

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The government's second attempt to introduce a Health and Social Security Bill got off to a bad start. The copies were not back from the printers at the appointed time, and that caused a fuss in the Commons with Mr Frank Dobson, Labour's shadow health spokesman. The Bill, the provisions to implement the decisions on opticians' services apart, is pretty much the same as the one that Mrs Gwyneth Dunwoody successfully sabotaged as part of the price of letting the government complete some of its legislation before the general election. She had strenuously opposed the proposals to give family practitioner committees independent status as health authorities, a victory that did not please doctors at the time. Mr Kenneth Clarke, Minister of State for Health, insists that his bit of the Bill contains no surprises. He hopes to get the second reading before Christmas and royal assent by the summer. But it does look as if the committee stage is going to be protracted.

Like all Department of Health and Social Security Bills it is a double barrelled effort, and the social security section, for which Dr Rhodes Boyson is responsible, is said to be fairly controversial and to include the real changes. The health section is not controversial in the sense that it contains new proposals. But Mr Dobson—"a Gwyneth Dunwoody in trousers," according to one commentator—will want to make his name as it will be the first committee in which he will be speaking from the opposition front bench. Nor can Labour, having so strongly resisted the previous plans for independent status, suddenly decide that the rerun version should receive less opposition.

The failure to get the Bill launched last Friday was something of an embarrassment to ministers. They got the formal first reading—it is one of the odder Commons rules that this can be done without anybody being able to see the actual Bill. Not even the ministers last Friday had a proper printed copy. But for the public launch they had to wait until the beginning of this week. Mr Dobson made the most of it, and set the whips scurrying around deciding what was to be done. It may not sound much to outsiders, but it is one of those little Commons contretemps that boost opposition spirits and leave ministers blushing slightly.

Another factor that will make the committee stage that much harder will be the opposition by the opticians to the proposals announced by Mr Norman Fowler, Social Services Secretary, last month. These will permit freer advertising aimed at ensuring that the public is provided with more information about the prices of glasses and the ending of the opticians' monopoly to sell glasses, a change that will also affect ophthalmic medical practitioners. Mr Fowler told the Commons that the conditions that he was laying down would ensure that no risks were taken with people's sight and that all sales would have to be made against a recent prescription.

It was a skilfully drafted statement, concealing what amounts virtually to the end of National Health Service spectacles. That is

something that the Labour party will claim amounts to a lessening of the service. If Mr Fowler is right and the frames available privately are sold at reasonable prices then that attack will be weakened. But it is anybody's guess what is going to happen. So it does look as if there will be a reasonably interesting time ahead in legislative terms, instead of it all being about political banana skins outside the Commons.

Monitoring deputising services

Mr Clarke also expects to act on deputising services before Christmas. During the election campaign the problem of excessive use by doctors of these services was raised with him by the Conservative candidate in High Peake, Mr Christopher Hawkins, now the MP. Mr Clarke, who had gone along to speak for him, promised to look into the matter. After his election Mr Hawkins submitted a dossier of complaints about what was happening in the north west to substantiate his claims that quite apart from excessive use of deputising services the existing guidelines were not being observed and family practitioner committees were not monitoring what was happening. As a result Mr Clarke wrote to the chairmen of all the family practitioner committees asking what they were doing and found the replies enlightening. He told Mr Hawkins in a Commons written reply that findings similar to those shortcomings that he had drawn attention to were emerging from the replies to his request to the chairmen to review local arrangements. He has now had the replies analysed and is considering how the guidelines can be toughened up. He is also sympathetic to the idea that instead of family practitioner committees doing the monitoring it ought to be carried out by some new national agency. That will be strongly resisted by the profession, as the feeling is that doctors can put their own house in order and that what is required is a local overview rather than the kind of less closely focused look at what is happening that a national agency could give. Mr Clarke may not opt for such an agency, but he is apparently inclined to such a solution.

As to what is happening, he issued some figures in reply to a question from Dr Roger Thomas, Labour MP for Carmarthen, which showed that at the beginning of October out of a total of 23 259 unrestricted principals in England, 10 482 had consent to use deputising services, and that the pattern of use was uneven. In the North Western Regional Health Authority, for instance, 74.5% of unrestricted principals had consent; in North East Thames 67.3% had consent; and in North West Thames it was 65%. But in Oxford it was only 7.3%, South Western 13.3%, and Wessex 23.9%.

It does seem that some replies to Mr Clarke showed that some family practitioner committees were not even aware of the existence of guidelines. Mr Hawkins's contention was that the balance between lay and professional representation on family practitioner committees meant that doctors had the advantage, and this contributed to the failure to monitor at that level. He argued that in some group practices doctors were managing to take every weekend and every week night off by using such services.