Letter from Westminster

Bending to vested interests over Greenfield?

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The government is to start a new campaign to encourage generic prescribing by doctors, but it has decided not to implement the proposal in the Greenfield report¹ that pharmacists should substitute an equivalent generic preparation for a proprietary medicine unless the prescribing doctor has specifically indicated to the contrary. The announcement of the decision to the Commons by Mr Kenneth Clarke, the Health Minister, provoked a lot of protest from all parts of the House, but Mr Clarke remained adamant. It could have been, since he was announcing the new pharmaceutical price regulation scheme, that to have implemented Greenfield would have been the straw that broke the camel's back. Mr Clarke said that professional opinion was divided on generic substitution. It had become clear that many general practitioners were concerned that their patients would be supplied with formulations of drugs that their doctors had not prescribed, and that they and the pharmacists also foresaw problems of divided responsibilities for treating patients.

Dr Brian Mawhinney, Conservative MP for Peterborough, told him that the decision was a great disappointment and would be seen as a triumph for vested interests in the medical and pharmaceutical professions over the needs of patients. Sir Kenneth Lewis, Conservative MP for Rutland and Stamford, complained about over-prescribing by doctors on a large scale. He said that if ministers could persuade the medical profession to do something about that they would save the National Health Service a lot of money. Mr Michael Meacher, Labour's health spokesman, also accused the government of bending to vested interests over Greenfield. It could have saved at least £25m, but it had succumbed to heavy arm twisting by the drugs lobby, he complained.

Mr Clarke remained unimpressed by it all, insisting that the government had "struck the right balance." As for Sir Kenneth, he told him that the prescribing of drugs in this country per head of population was significantly lower than that of most western European countries. British doctors and patients were less inclined to look for a pill on every occasion than they were in France.

The new regulation scheme follows the complaints earlier this year by the Commons public accounts committee about excessive profits by the industry from the NHS and is estimated to save £65m in 1984-5 on the drugs bill, and well over £100m a year thereafter. Mr Clarke said that this compared with the drug industry's total profit from sales in the United Kingdom in 1983 of around £200m. The government has decided to reduce the target rate of profit by 4%, which should represent a saving to the NHS of about £40m a year, and to reduce actual spending on sales promotion by 25%. The industry will spend about £180m this year on sales promotion. The proposals are that the companies will be asked to repay to the Department of Health and Social Security a sum equivalent to any sales promotion expenditure that exceeds the level allowed under the scheme, and that the industry limit of 10% of turnover should be reduced to 9% in 1985-6.

Mr Meacher waxed indignant and said that the measures were an

inadequate response to a public scandal of enormous proportions, accusing Mr Clarke of a pussy footing approach to the drug firms.

Mr Clarke also announced action on the problem of parallel importing of medicines. A consultative document will be issued shortly on proposals to ensure that such medicines imported for general dispensing must be licensed under the Medicines Act. Clearly there were potential health hazards if, for example, a drug had not been properly manufactured, stored, or labelled.

The BMA and the Trade Union Bill

The British Medical Association could find itself in difficulties because of the government's proposal in the Trade Union Bill that every trade union must ensure that all voting members of the principal executive committee of the union are elected by secret ballot. The problem is currently being considered by the BMA, and representations will be made to ministers in due course.

The problem was outlined during the committee stage of the Bill by Mr Gordon Brown, Labour MP for Dunfermline East. He asked Mr Tom King, Employment Secretary, to confirm that the BMA and a range of bodies as varied as the Headmasters' Conference, the National League of the Blind and Disabled, and the Bank of England Staff Association were among "the rotten boroughs" that ministers had claimed that the Bill was intended to deal with. "Under the legislation the BMA must exclude from its executive—and from voting membership in particular—the eminent surgeons and consultants who are chairmen of the medical ethics committee, the armed forces committee, the hospital doctors committee, and other major committees formed by the association," he said. "It is the BMA, not the Amalgamated Union of Engineering Workers, that will have to make the biggest change in its rule book to accommodate the government's single test of democracy."

The point is that organisations registered as trade unions, like the BMA, which mostly elect their executives at the annual conference—a perfectly normal and reasonable course of action hitherto—are also affected by the Bill, and will have to face the biggest upheavals of their constitutions as a result of the Bill. The problem for the BMA, according to Mr Brown, is that it originally approved of the Bill in principle, and it is now faced with having to decide what to tell the government. The problem for ministers is that they are catching in their net fish that they never intended.

The Health and Social Security Bill, which gives independence to family practitioner committees, has now been published, but it looks as if the hope of that second reading before Christmas is fading as most of the time has now been pre-empted. It also seems as if Labour has had a change of heart about the idea—perhaps the lobbying by doctors' organisations has had its effect. But perhaps it is also that those in charge are new. Certainly the stand that Mr Meacher and Mr Frank Dobson, the junior shadow health spokesman, are going to take against it will be founded more on opposition to the proposals on opticians and the ending of NHS spectacles than opposition to giving family practitioner committees independent status.

¹ Anonymous. Effective prescribing. *Br Med J* 1983; 286: 567.