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RESPONSE BY THE SECRETARY OF STATE KENNETH CLARKE TO THE BMA PAMPHLET

Colleagues may find it helpful to have the Secretary of State's comments on the BMA Pamphlet recently circulated in their campaign against NHS Reforms. Each allegation is considered and answered. The Goverments view of these leaflets has been made clear by Mr Clarke when he suggested that he was "saddened that the BMA are prepared to put out such "alarmist nonsense". He added "These disgraceful tactics will cause quite unnecessary distress to some elderly and sick people".

BMA: The Government is to force doctors to limit the costs of medicines they prescribe. If your doctor runs out of money who will prescribe for you when you are ill?

KC: At £2 thousand million the nations drug budget is more expensive than the cost of the doctors who prescribe them and it has been increasing at a rate well above the level of inflation. Some doctors prescribe at least 4 times more drugs than others. Most of these discrepancies arise from over prescribing rather than good clinical reasons. Too many doctors persist with the use of expensive branded drugs when there are equally effective but cheaper generic drugs available. Some doctors prescribe excessive quantities of necessary medicines and a few do over-prescribe such drugs as tranquilisers and minor analgesics.

Unnecessary prescribing costs simply waste resources that could be used to develop other parts of the health service. No other industry would seek to disregard costs as significant as those of drugs. New computerised management systems make it possible as never before for doctors to be informed about prescribing decisions and what a sensible average for their practise should be. The "indicative" drug budgets will be used by local FPCs to monitor GPs. (The doctors budget will NOT be CASH LIMITED and doctors will NOT RUN OUT of money.) Doctors will continue to prescribe their

drugs as before but they will be required to monitor their use of drugs. They will be accountable to the FPC for excessive prescribing costs and subject to withholding of sums from their remuneration for excess spending for which there is no good clinical explanation. No good doctor whose prescribing costs are average or near average will be affected in any way by the new arrangements.

BMA: The Government is asking doctors to take on more patients so there will be less time for you - don't you deserve more time?

KC: The Government is not asking doctors with above average lists to take on more patients. The new contract will encourage such doctors to provide new servces and hit performance targets in order to raise their income. The BMA objects to the performance and work related aspect of the Government's proposals but seeks to obscure this by claiming that the new contract is solely concerned with bigger lists. Patients will move from the practice of doctors who take on more patients than they can cope with. The average GP list is now 1969 patients - a drop of more than 20 per cent in the last ten years which is because we have increased the number of GPs by 20 per cent since we came into office and incidentally doubled the number of support staff. Since 95 per cent of the British public are registered with a GP there can be no increase in the average list size. If one doctor takes on an extra patient another loses one. Many doctors who offer a full range of preventive medicine and other services can increase their list size without harm to patients - indeed some lists are as low as 500. Other doctors continue to have well over 2000 patients on their list without complaint. It must be correct for doctors to WANT to attract and retain patients and for the Government to REWARD good doctors who offer the best service.

BMA: The Government wants to encourage NHS hospitals to "Opt out" and cut back on the range of care they can provide - even maternity care would not be safe-guarded.

KC: No hospitals will "opt out". The words are not used in the White Paper. Hospitals who wish to can voluntarily chose to become Self Governing within the NHS. They will thereby take more responsibility for their own management. The best decisions can be made by the local doctors, nurses and managers who deliver care.

It is quite absurd to state that the Government wants hospitals to cut back on their range of services or that any self-governing hospitals are likely to want to do so. The District Health Authorities will have the power to stop any local eccentrics who might want to cut back. Indeed the DHA will retain their responsibility to ensure that their local resident population has access to comprehensive health care and they will be able to require self-governing hospitals to provide the local care services they need including acute and community care services for elderly people.

BMA: You expect to go to [the hospital] where your GP knows they can best help you. The Government wants to save money by making your GP send you to the hospital where treatment costs the least.

KC: Untrue. We are asking DHAs and GPs to consider the quality of care, consumer friendleness and cost effectiveness of service when choosing hospitals for their patients. They will be able to send patients to other hosptials to be treated more quickly. Funding is being altered to facilitate this process which will help GP, Patient and Hospital. Computer systems will be brought in which will offer information as never before to GP's concerning waiting times in their region. The Government is determined that patient choice will be enhanced and not diminished and that is the driving force behind these reforms.

As for savings - we are <u>always</u> looking at costs within the NHS and it is ludicrous to pretend that within a business which will spend £26 thousand million pounds this year alone we should not continue to do so.

BMA: Overall the Government's plans could pull apart the structure of the NHS and patients may find that the care and help they need are no longer there.

KC: The BMA suggests that all is well throughout the NHS and this is clearly not the case. Unacceptable variations exist between the performance of health authorities and between one hospital and another. GPs offer very different services not only from one part of the country to another but within a few miles of each other. It is the business of Government to monitor the performance of the Health Service and to see that all parts become as good as the very best. The main proposals for the structure of the NHS provides for delegation of management responsibility to the local level throughout the service with accountability assured by modern monitoring and auditing systems. The reforms are in the interests of the patient, the person central to the aims and wishes of the Government.

The BMA have consistently opposed change in the NHS. It is most ironic that they should be calling on the patients to "protect" the NHS when 40 years ago they were opposing the very foundation of the service. Had the BMA at the time had their way there would have been no NHS in the first place. They have opposed every management reform put forward by this Government with the same vigour with which they resisted Barbara Castle's left wing proposals during the period of office of the last Labour Government.

The last time the BMA sought to frighten patients as part of a compaign was when they alleged that the GP's right to prescribe expensive brand names was crucial to the well being of patients. The Government resisted these arguments and no-one now disputes the value of the selective list of drugs. The benefit to the NHS of the Government's stand is that £75 million of the money which would otherwise have been spent on expensive brands of drugs can now be spent on other priorities within the service. It is regrettable that the BMA have seen fit to resort to the same alarmist and innacurate methods of campaigning this time around.