

Letter from Westminster

Promises are only promises—even for FPCs

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Perhaps now that the Government has conceded that family practitioner committees are to become health authorities in their own right with power to employ staff the Rayner study on how efficiently they operate will be able to make progress. The inquiry is part of the work being carried out by the Prime Minister's man from Marks and Spencer, Sir Derek Rayner, into ways of improving Civil Service efficiency. Until now, however, the efforts of his unit to take a look at how the 7000 staff employed by the FPCs do their work have been stymied by a general reluctance to co-operate. Ministers hope that, with their future sorted out to their taste, the FPCs will have a change of heart and allow Rayner to get on with the job of looking into how they are managed and how their records are kept.

The Rayner study is, of course, quite separate from the decision to give FPCs employing status. It will have to be something of an act of faith for the FPCs, because legislation is needed to give them their new status and that remains well below the parliamentary horizon. The Department of Health and Social Security has been trying hard for the past couple of years to get a Miscellaneous Provisions Bill included in the Government's programme, and next year will probably be the last chance it will have to do so before the General Election. Given that the Government runs its course, that will happen either in the autumn of 1983 or the spring of 1984; and either way the preceding months at Westminster will not be taken up with the likes of Miscellaneous Provisions Bills. Instead the Government will be promoting vote-winning goodies.

As to what happens after the election, it is a safe bet that in the first year at least the likes of Miscellaneous Provisions Bills will play little part. The other reason why it has to be an act of faith is that the present Government need not necessarily win that election. Just what a Liberal-Social Democrat alliance would do is anybody's guess, but Labour would certainly not implement the pledge. Mrs Gwyneth Dunwoody, the shadow health spokesman, told me that she was firmly against the plan announced by Dr Gerard Vaughan, the Health Minister, for the FPCs.

"It is against what was proposed by the Royal Commission, and I feel very strongly that the most efficient thing is to have FPCs reporting directly to district health authorities, not acting as independent units," she added. "By giving them their own staff and their own role the Minister is emphasising the divide, rather than helping efficiency. This would certainly not be something we would legislate to do."

So those who rejoice at the announcement should bear in mind that promises are only promises. Meanwhile, until the legislation to give the FPCs their new statutory role is passed complicated interim arrangements are being made. Under the 1980 Health Services Act the boundaries of FPCs and DHAs must be conterminous, and owing to the reorganisation 22 FPC boundaries are breached by those of the DHAs. As a result some

sort of groupings will have to be devised to avoid having to shift some 600 000 records at a cost of about £1.3m.

Ministers have been encouraged to discover whether FPCs are prepared to "wear" some kind of agency arrangement similar to the one that operates at Wembley, where six FPCs are run through one centre, if that is needed to allow the reorganisation to work. They have also learned in talks with the FPCs and the BMA that the profession will wait, provided the wait is not an indefinite one. Surprisingly, people did not balk at the thought of a change taking three to five years to achieve.

Increased influence for GPs

Dr Vaughan does not agree that his decision represents a backward step for health care. It may be contrary to the aims of the reorganisation carried out nearly a decade ago by Sir Keith Joseph, which was intended to integrate community services with the health authorities, but he sees that as no bad thing. He considers that the change will put more independent initiatives into the development of community care by giving general practitioners a main voice in deciding policy. For instance, a GP will be consulted much more about community care and will have more influence on how resources are used as a result.

He believes that FPCs have always had more potential to exert influence than they have realised, and that the change will release this. "I think the decision is of very great significance," he said. "It was a question of whether you would make most progress by having FPCs as subsidiaries of a DHA or whether they would be able to develop community care services better as equal partners with the health authorities. The administrators wanted to be linked; the medical profession, who saw greater opportunities this way, wanted to be separate."

The decision was taken in the light of over 630 replies to the consultative document issued in March (18 April, p 1737). It is impossible to give a numerical comparison, since the replies came from organisations of different strengths. The regional health authorities and several area authorities, for instance, were against independent status. But 97% of all FPCs—there are 90 in England and eight in Wales—wanted it. They argued that since they handled large sums of money—£2500m a year including the drug bill—they should have the authority to employ and deploy their own staff in the most efficient way. By allowing FPCs to decide their priorities—it could mean the improvement of doctors' premises becoming a priority where necessary—the change is also seen as playing a part in the fight to better conditions in inner-city practices.

The imposition of cash limits on FPCs has been part of the current round of public expenditure discussions. It now looks as if the DHSS has fought the Treasury off on that one, though the Departmental optimism will not be fully shared by Ministers until the review has ended. But the note of caution being struck a week or so back is now far less in evidence, and the argument that cash limits are impracticable is said to have been put across.