

facilities for a much wider and older public than participates at present.

We have also got to consider the implications for practice organization, workload, staff structure and training, of taking on this large new dimension of local population care. It is clearly absurd to suppose that our existing teams can do this work by mighty acts of will and personal sacrifice; nor can the situation be transformed by closer links with the tiny numbers of community nutritionists and health educators presently employed by district health authorities (DHAs). Our first task will be to get our records into a state where we have more than garbage to offer a computer. Running this a close second will be employment of more staff to organize a programme and make space for it against competing priorities, a job we are unlikely to do ourselves even if we had the time. In all this we still have one greatly underused resource: the 70 per cent staff wages reimbursement scheme. The extent to which this is taken up is probably the true measure of our commitment to anticipatory care of the population. These expanded teams need training, of the type already organized by Gareth Beevers in Birmingham, without cost to participating practices. Such teaching will be ineffective unless it is done by people with personal experience of the problems of translating theory into practice; a serious limitation on the pace at which even the most enthusiastic of us can proceed.

Setting up local workshops of this kind is the first practical help which DHAs could give, to show that deeds are going to match the promises implied by the mountain of paper we already have. The Hoffenberg working party will have to be very much a nuts and bolts affair, if the hopes rightly raised in the general public are not to be betrayed.

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Limited list, limited vision

WITH the abrupt announcement by the Secretary of State for Social Services, Mr Norman Fowler, of the Government's proposals to limit the range of drugs that can be prescribed by general practitioners the period of consultation is now over. The initial response from the medical profession and from the general public has been one of bafflement and a questioning of the real purpose of the proposals.

The Government is rightly concerned about the rise in the cost of drugs in the National Health Service and the proposals have been put forward as a simple means of saving money. However, this shopping list approach to prescribing under the NHS indicates either poverty of thought within the Department of Health and Social Security or the start of a series of manoeuvres the ultimate aim of which is unclear.

If the set of proposals is a one-off exercise in trimming costs, then the Department is being naïve since the projected savings cannot be accurately predicted. Pharmaceutical firms will try to protect their own profitability and this could result in medicines still under patent

becoming even more expensive. The Government has already got ample powers to limit the costs of drugs through the price regulatory scheme, and as the monopolistic purchaser it could insist on the pricing of proprietary drugs matching that of the generic equivalents.

If the set of proposals is the first of a series, then the NHS is destined for management by diktat. The Minister has said that the detail but not the principle of his statement is negotiable. It is hard to discern a principle in a piecemeal approach to an issue which requires a systematic and reasoned strategy. If the promised green paper on primary care is of that ilk, then for primary care read second rate.

What is the basis of the profession's response? First, let us see the proposals for what they are: they are crude and brutal but they do focus attention on our lack of information about the effectiveness of prescribing in general practice. We should be clear about what the proposals are not: they are not an attack on clinical freedom — such freedom is always relative and doctors are not prohibited

from prescribing; the Government is merely saying that it will not pay for certain drugs. The list is therefore an attack on patients: the rich girl will be able to buy effective medicine for her dysmenorrhoea but her less affluent friend might not be able to do the same. What shall we say to the patient with chronic pain when Paracetamol is no longer effective? As well as being an attack on patients, the proposals are an attack on the ideas of comprehensive care as understood by doctors within the NHS since its inception.

It will be argued that limited lists of drugs are acceptable in other countries. This ignores the important fact that the lists operated in these countries have been created by the profession in conjunction with medical insurance schemes or the social security system. The proposals run counter to the whole of the previous approach to sensible prescribing by successive governments. The general public is being given the impression that general practitioners prescribe irresponsibly. While there may be a few doctors who do prescribe extravagantly, they are identifiable by the Prescription Pricing Authority and are accountable to a committee of their peers for the cost of their prescribing. Generic substitution has been demonstrated to be effective in reducing costs, and yet offers by the profession for generic substitution have been rejected by the Government. The profession is at least as keen as the Government to pursue effective prescribing, and it is understood that any judgement of effectiveness includes estimates of cost benefit. The cheapest drug is not always the cheapest treatment.

Real gains in effective prescribing can be achieved by strengthening existing institutions. The Prescription Pricing Authority has been so starved of funds that it cannot provide general practitioners with detailed information about their own prescribing. Similarly, general practitioners have to be self-sacrificing enthusiasts in order to instal the computers which make the analysis of prescribing easy. The joint committee responsible for the British National Formulary could be strengthened and given greater powers to exclude ineffectual drugs. The College, through its Quality Initiative, has already demonstrated its commitment to performance review, and many doctors have begun to examine their own prescribing habits. The question of generic substitution should be urgently reconsidered.

The cost of prescribing under the NHS is the legitimate concern of the Government, just as the quality of prescribing is the legitimate concern of the profession. The proposals contain a bad list and are a bad approach to the problem of prescribing. They should be abandoned so that discussion about the green paper on primary care can take place in a more constructive and calmer atmosphere.

E. G. BUCKLEY
Journal Editor

CLINICAL KNOWLEDGE AND EDUCATION FOR GENERAL PRACTICE

Occasional Paper 27

How do general practitioners care for common clinical conditions? How much are they influenced by what they know and what they don't know? Are trainers any different and what would consultants feel about these clinical standards anyway? These and other controversial subjects have been tackled by Dr H. W. K. Acheson of the Department of General Practice, University of Manchester.

In a study carried out by postal questionnaire, Dr Acheson asked groups of practitioners what action they would take in relation to seven common clinical conditions and as a yardstick asked the same questions of groups of consultants in the specialties concerned. The answers are not only thought-provoking in themselves but have implications for undergraduate, vocational, and continuing education for general practice.

Clinical Knowledge and Education for General Practice, Occasional Paper 27, is available from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £3.50 including postage. Payment should be made with order.

UNDERGRADUATE MEDICAL EDUCATION IN GENERAL PRACTICE

Occasional Paper 28

The General Medical Council is responsible for giving guidance to all medical schools about the content of courses leading to medical qualifications. Its recommendations are in fact much more clear and specific than is generally known and many highlight quite unambiguously the need for medical students to learn from general practice.

A working group of the Association of University Teachers in General Practice, United Kingdom and Republic of Ireland has studied the recommendations in detail and analysed the special contribution which general practice can play in meeting the GMC recommendations. Their comments will be invaluable in furthering discussions about departments of general practice in many universities.

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