CHC NEWS

A newsletter for community health council members and staff

MPs voice support for CHCs

On 28 April Bob Russell MP (vice chair of the All Parliamentary Group on CHCs) tabled an Early Day Motion (EDM) congratulating CHCs on their 25th anniversary:

> That this House congratulates community health councils on the occasion of their 25th Anniversary; records its appreciation of the work done by community health councils, health councils and health and social services councils and their members, past and present; and looks forward to further improvements in the ways the interests of the public are represented in the years ahead.

The EDM attracted 92 signatures from MPs.

A note about EDMs

Early Day Motion is the term used to describe notices of motions given by MPs that are not generally expected to be debated. Effectively, tabling an EDM is a way of drawing attention to an issue and to elicit support for it. Many people regard them as a gauge of opinion.

Long-term care charter consultation

The government has published a draft long-term care charter, *You and Your Services*, which will require local housing, health and social services bodies to co-operate in drawing up local standards for services to adults with long-term care needs and to carers who support them.

You and Your Services concentrates mainly on what systems should be in place locally and what information should be available, but does not lay down positive details of what services you can expect. For example it says that if you have been in hospital "You may need time to recuperate and get your confidence back before you make decisions about any long-term care arrangements. Your local charter should set a standard about relevant services which are available locally." There are, however, a few positive "expectations" about services. For example, "Where social services have agreed to supply the equipment [to help you manage] items costing less than £1,000 should in most cases be provided within three weeks of this decision."

An effort has clearly gone into making the charter easy to read and understand. Checklists are provided to help readers judge whether local agencies are doing what they should and boxes provide suggestions of information people should ask for.

The consultation covers both the charter and the draft guidance on it. **Comments should be submitted by 20 August**. Following this, the government will finalise the charter for implementation by April 2000. Local charters must be in place by April 2000.

For copies of the draft charter and guidance (including copies in various languages and formats) contact Mike Sosnowski, Department of Health on 0171 972 4441 or download the documents from www.doh.gov.uk/ltchart.htm

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ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES
Earlsmead House, 30 Drayton Park, London N5 1PB. Phone: 0171 609 8405 Fax: 0171 700 1152

Multi-agency responses in North East Lincs

When service users have complaints or suggestions, they are frequently concerned with services delivered by a range of services, including NHS bodies, nursing homes and social services. North Lincolnshire CHC has been working with a range of local agencies to make the process easier from the service users point of view and to encourage joint working in improving services. Together with local NHS trusts, social services, the residential/nursing homes inspectorate and primary care representatives, the CHC has drawn up a protocol for handling complaints which span agency boundaries. Under the protocol, services users will have a choice about how they want a complaint or concern to be handled. They can ask:

- to meet with appropriate members of the multi-agency group to discuss their concerns
- for the services to work together and send one reply
- for one of the services to look into all the questions and reply
- for each individual service to look at the questions and reply separately.

The group has produced an information leaflet for members of the public.

Multi-Agency Comments, Suggestions and Complaints
North East Lincs CHC

Ready to be laser-like?

The Secretary of State for Wales, and now also the leader of the Welsh Assembly, Alun Michael, is clearly anxious to get off to a positive start with Welsh CHCs. Answering a Parliamentary Question from Ann Clwyd on the state of mental health services in Cynon Valley, he spoke of the contribution the two local CHCs could make in giving the constituency a voice in the NHS and putting a "laser like" focus on the provision of services.

Hansard, col 930, 5 May

Out of hours survey

Southampton & South West Hampshire CHC was pleasantly surprised by the responses to a patient survey about GP Out of Hours services. Having come to the project with some pre-conceived ideas, based on the CHC's experiences with complainants, the project group found that, in general, patients were satisfied with the cover they received out of hours.

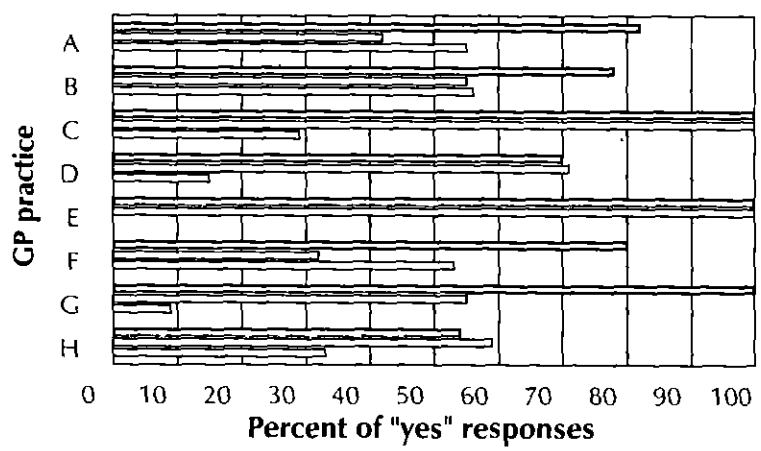
The responses show considerable variation between practices in how out of hours calls are handled and in the reactions of patients. Since the practices and the out of hours systems each uses could not be described in the report, it is difficult to disentangle the responses to some of the questions. But comparsions between practices are interesting nevertheless. Some of the differences are presumably due to the different demands made by different practice populations, but some are clearly due to differences in the way the service is delivered. Practices A, B and E, for example, scored a 100% satisfaction rating. This is despite the fact that Practices A and B did not have particularly high visiting rates from doctors (see graph). In these cases patients appear to have been satisfied with telephone advice and/or a visit to a clinic. In practice G, which had a similar visiting rate from doctors, patients were much less likely to be advised to visit a clinic. In this case the satisfaction rating was only 82%.

Transport difficulties were a cause of dissatisfaction in some practices where patients were asked to attend a clinic. The CHC strongly recommends that factors such as social circumstances and the availability of transport should be given due weight by the Out of Hours doctor when considering whether to make a home visit.

GP "Out of Hours" Services
Southampton & South West Hampshire CHC

Responses to selected questions on the out of hours service

Source: Southampton & South West Hamshire CHC survey



No judicial review for Kidderminster, but some reassurance for CHCs

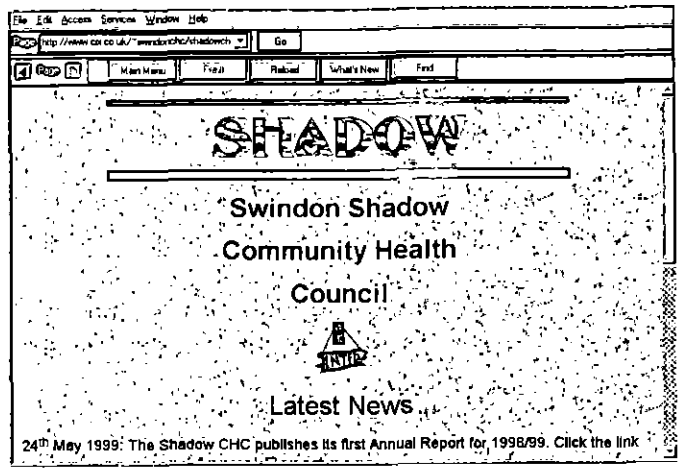
On 28 May the Court of Appeal heard Kidderminster CHC's appeal against the refusal of the High Court to grant it leave to apply for a judicial review of a local consultation exercise. After what the CHC considered to be a flawed consultation exercise, Worcestershire Health Authority (WHA) had decided to downgrade Kidderminster Hospital (for more details see *CHC News* issues 22, 24 and 28).

The Appeal Court turned down the CHC's appeal on the grounds that WHA had been prepared to consider options other than its own preferred one, so the CHC's challenge could not succeed. Despite this, CHCs in general can be reassured by some details of the judgement:

- The Appeal Court rejected WHA's submission that the CHC's challenge could not succeed because it has waited for the health authority's decision before commencing legal proceedings. This means that any CHC contemplating an application for judicial review is not obliged to make the application for leave to the court as soon as it becomes aware of problems with the consultation. It is entitled to make representations to the relevant health authority and to wait for the authority's decision before deciding to mount a legal challenge.
- The Appeal Court confirmed that the judgement of Mr Justice Moses in the Lynton case is good law. As a result, CHCs can expect health authorities to consult at the point when they have formulated or received proposals for substantial variations or developments of services. Moreover, the duty to consult cannot be undermined by a health authority relying on the urgency exemption (Regulation 18(30) when the authority has allowed time to pass to the point where matters have become so urgent that there is no time left for consultation.

In the local elections in May, several Save Our Hospital candidates won seats on the local council. However, the public health director of WHA has said that this will make no difference to the plans going ahead.

Injecting the voice of youth into the heart of the NHS



Swindon's Shadow CHC was launched in September last year to give young people a voice in the local NHS and to provide experience for a group of students studying for an Advance GNVQ in Health and Social Care. Since then, the Shadow CHC has achieved many of its initial objectives including a visit to a cardiac centre, setting up a web page, holding roadshows to inform other CHCs in the South and West Region and research for and publication of a report on teenage pregnancy. As well as putting in a good deal of work, the members and officers have clearly got a good deal out of the first year's experience. As the chair, Tim James commented, giving a presentation at the launch to a large number of people was interesting, but scary!

Visit www.cix.co.uk/~swindonchc/shadowchc for a description of the Shadow CHC's activities and a copy of its report on teenage pregnancy.

New CHC Association for London

CHCs in London have set up a new regional association to mirror the London Region of the NHS. It is chaired by Elizabeth Manero, who is also chair of Barnet CHC. The regional association is a statutory body and does not replace the voluntary Greater London Association of CHCs, which will continue with its research and campaigning work. A steering group will co-ordinate the work of the two bodies to make sure that they complement each other and avoid duplication.

GLACHC's core funding had been threatened last year when the London Borough Grants decided to cut its funding of health organisations as from this October. The threat has been lifted to some extent as LBG has now agreed to taper down GLACHC's funding over three years.

GLACHC also convenes the London Health Alliance, which combines the forces of voluntary organisations across London with an interest in campaigning on health issues. Sue Towns of GLACHC is enthusiastic about the changes, saying that they offer a new model for campaigning on health issues on a region-wide basis at a time when decision making powers are being increasingly devolved to the regions.

Confidentiality And Access To Information

Freedom of Information Bill "toothless"

Campaigners for openness in public bodies are extremely disappointed at the provisions proposed in the Freedom of Information Bill, published on 24 May. The Bill would allow some improved access to information on the NHS, such as internal information about residential homes or details of how waiting lists are prioritised. The Medical Defence Union has told GPs that patients could ask for explanations if they are refused treatment and for information about practice protocols and purchasing priorities. Community pharmacists are also classified as NHS public authorities and so will have to abide by the provisions of the Bill.

However, 21 exemptions mean that authorities will be able to withhold many types of information. For example they can withhold any information which in their "opinion" could "prejudice the effective conduct of public affairs". It will be difficult to challenge this open-ended exemption since, even if the decision is based on an error of judgement, it would have to be "irrational" or "outrageous in its defiance of logic" before it could be questioned. Another exemption is that an authority will be able to withhold information from the Information Commissioner if the information could lead the authority to be prosecuted for an offence. In some respects, the Bill represents a step backwards from the Code of Practice on Openness in the NHS introduced in 1995. For example, under that Code, the NHS Ombudsman could rule that "exempt" information should be disclosed in the public interest, but the Bill explicitly prohibits the Information Commissioner (the successor of the Data Protection Commissioner) from taking this approach.

In addition to denying access to a good deal of information, authorities will be able to impose further restrictions. For example, they will be able to ask applicants what they intend to do with the information and prohibit the applicant from making it public.

Under the Bill, information will have to be disclosed within 40 days (which is twice as long as under the current Code on Openness. On the positive side, fees for access are likely lower than envisaged in the White Paper – a maximum of 10% of the cost of finding the records and no charge for reviewing its contents.

Campaign for Freedom of Information press release 24 May, Independent 25 May, Pharmaceutical Journal 29 May, Doctor 10 June

For more information:
Campaign for Freedom of Information
phone 0171 831 7477; web: www.cfoi.org.uk

Copy of the draft Bill:
www.homeoffice.gov.uk/foi/index.htm

GMC rules may not stand up in law

In discussions with the General Medical Council (GMC) over the last few months, ACHCEW has expressed misgivings about its new guidance to GPs on information sharing, which was approved by a majority vote at the Council in May. It now seems that some GPs and barristers also have doubts about the guidance. The new rules say that GPs can use practice leaflets and waiting room posters to inform patients that their medical records can be passed outside the health care team for financial and clinical audit, post-payment verification checks and medical research and education. If patients do not object, then they will be assumed to have given implied consent to the handing over of their records. The GMC sought legal advice before drafting the rules. However, a GP on the Council, Dr John Cormack, is concerned that the rules could leave GPs open to being sued. He also sought legal advice and was told that this was indeed the case, especially after the European Convention of Human Rights has been incorporated into UK law. Mrs Aquino, a senior lecturer in business law, advised the safest policy would be for GPs to send a letter to each patient seeking explicit consent before disclosure.

Sheffield CHC has already uncovered breaches of confidentiality, even before the new guidelines have been issued. The CHC has been contacted by patients who have been contacted by researchers investigating particular treatments which they had received and one woman who tried to withhold consent, but found that auditors had already been given details of her contraceptive prescriptions.

Sunday Telegraph 30 May, Pulse 5 June

Sale of anonymised patient data unlawful

A High Court judge has ruled that the sale of data from doctors' prescriptions to a company for commercial use would breach patient confidentiality even if the information was anonymised. The judge said that patients' "implied consent" to the sharing of information about them applied only to its use for treatment and related NHS purposes. The case was brought by Source Informatics, a company which runs a prescriber database for pharmaceutical companies. These companies use the data to target GPs with promotions and information about their products.

The ruling opens the question of whether anonymised data from patients' medical records can be used for research purposes without the explicit consent of the patients involved. A great deal of health research does use such records. Mr Justice Latham did not rule on this point, though he pointed to possible arguments that doctors and researchers could use in arguing the case. They could argue that patients had given implied consent to the use of the records for research or that the disclosure of the information was in the public interest. Source Informatics was given leave to appeal.

BMJ 5 June

Protecting and using patient information

Available from DoH, PO Box 410, Wetherby LS23 7LL

ACHCEW has recently responded to an NHS Executive consultation paper, *Protecting and using patient information: a national framework*. The paper posed seven questions concerning the need for national co-ordination and advice, whether any new national bodies are needed and, if so, their remit, powers and membership.

In its response, ACHCEW said that a new body may be needed to ensure that patients have an adequate input. Such a body should have be a statutory body within the NHS with policy making powers. It should deal with all issues relating to consent and confidentiality. Its membership should give a prominent role to patient and public interests including CHC representatives as key players.

Medical Accidents

MPs call for fair compensation system

In its recent report, *Annual Report of the Health Service Ombudsman for 1997-98*, the all-party Select Committee on Public Administration recommended the introduction of a code of practice for compensation to NHS patients. In their evidence to the committee, both the Ombudsman and ACHCEW had called for such a code. The chief executive of the NHS has opposed the idea, saying that he did not want to see the NHS "turning into a small claims court". The MPs believe that a clear system of redress could help to stem the rise in medical negligence litigation.

In May, the National Audit Office estimated that the cost of medical negligence cases in England had risen to £2.8 bn in 1998. The costs per court case are likely to be much higher than payment of compensation by other mechanisms, largely because of legal costs. In 1997/98 the Ombudsman obtained compensation for complainants in 212 cases, and the amount paid ranged from just £6 to £50,000.

Information essential for action

Figures on medical accidents are not collected centrally in the UK. Extrapolating on the basis of findings in the US, Action for Victims of Medical Accidents estimates that there are 320,000 accidents a year in the UK (excluding accidents caused by GPs and in A&E departments), of which 82,000 are due to medical negligence. Yet less than a fifth lead to legal action. Arnold Simanowitz, the AVMA chief executive, has called on the government to set up a system for collecting figures centrally so that they could be used to set targets for the reduction of medical accidents. This call has been backed by the Medical Protection Society which commented "if we don't know what our mistakes are, we don't know where to focus attention."

Independent 11 & 12 May, Select Committee Report

Medical negligence And Access To Medical Records

Rushbridge v Royal Shrewsbury Hospital NHS Trust

In this case, the court confirmed that where an application is made for access to medical records under the provisions of the Access to Health Records Act 1990, the record holder cannot refuse to produce them on the grounds that they may be used in legal proceedings.

Many CHCs are aware of NHS trusts and GPs who consider that rights given to patients to access to their own records do not apply if a patient is intending to make a claim for medical negligence. Some record holders automatically respond to requests for access to patient records with a demand for confirmation that no legal proceedings are contemplated. This case confirms that medical records should be accessible, whether or not the patient intends to sue. It also confirms that where the patient has authorised solicitors to obtain the records, these must be made available to the lawyers in the same way as if the patient had personally made the request.

Marion Chester, ACHCEW Legal Officer

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News From ACHCEW

The Health Bill

The Health Bill has now gone through all its Parliamentary stages and is awaiting royal consent. ACHCEW is pleased at the commitments made by government ministers to involve the Association in drawing up secondary legislation and guidance. The first two of a series of meetings between ACHCEW and senior civil servants have already been set up to take matters forward.

Meeting with health minister

ACHCEW's policy officer, Gary Fereday, recently met with health minister, John Denham, as part of the Patients Forum steering committee. The meeting covered a number of issues, including the role of CHCs as potential trigger mechanisms for the Commission for Health Improvement, the National Patients Survey, patient and carer involvement in Health Improvement Plans and regional specialised commissioning.

While unable to give specific commitments, the minister indicated his enthusiasm for a continuing dialogue with groups representing patients, carers and the wider public and offered further meetings with civil servants.

The Patients Forum is a network of national organisations with a concern for the health care interests of patients and their supporters. It has a remit to promote wide discussion of issues amongst the member organisations and to improve communication between the health consumer network, government and professional bodies. It has recently received funding from the Department of Health for a three-year project to develop the capacity for patient and carer involvement in the NHS.

Accreditation of ACHCEW training

ACHCEW is in the early stages of setting up a system of accrediting its training courses. To do this, we will be establishing a small group of people with relevant background and skills, to form a "Quality and Standards in Training" panel.

The panel will advise on setting up a system to ensure that the courses meet a certain standard which can be measured using an agreed set of criteria. The panel will also give advice on the accreditation process.

We are looking for panel members with experience in:

- Adult Learning
- Inspection of Education Services
- Accreditation in the Voluntary Sector

If you have such experience and would like to be considered for the panel, please contact the training department at ACHCEW no later than 15 July 1999. Please give details of your experience in the relevant areas. We will consider people on a first come, first served basis.

General News

PFI savings fail to materialise

The first NHS hospital to be built under the private finance initiative (PFI) will cost a good deal more than originally estimated, and could even prove more expensive than a traditionally built hospital according the National Audit Office (NAO). An investigation by the NAO concluded that the Dartford and Gravesham NHS Trust had overestimated the benefits of the PFI scheme by £12 million, bringing estimated savings of £17 million down to £5 million. Even this figure is uncertain, and "There is a greater possibility than the trust estimated that the PFI solution could prove more expensive than traditional procurement."

In the original business case, the trust had assumed that running costs would not rise. However, it now seems likely that an additional £4 million a year will be needed.

Despite these findings, The NAO does not conclude that the NHS was unreasonable in going ahead with the project and it says that better arrangements on certain contract terms are now required when PFI schemes are considered.

Independent 19 May; Health Service Journal 20 May

On The Web

DISCERN at www.discern.org.uk

DISCERN is a questionnaire which helps users to assess the quality of health information on treatment choices. It is aimed primarily at patients, but could also be used as a guide by people preparing such information. There are 16 questions which are answered using a 1–5 rating. Each question is accompanied by "hints" of what the user should check in allocating a rating.

The DISCERN website provides the questionnaire itself, a handbook and further information about the project. The project is keen for users to give their views on the site to help in its further development.

Ensuring clinical standards

Patients likely to be involved in assessing doctors' performance

The General Medical Council (GMC) has published preliminary proposals for the revalidation of doctors. This is a system under which doctors will have to demonstrate that they are fit to practice in order to remain registered. The details of the scheme are yet to be worked out, but will involve building up local profiles of GP performance. The profiles will include:

- a record of what training courses doctors attend
- the results of clinical and organisational audit
- regular appraisal of the doctor's performance at work.

The profiles are also likely to take into account the views of patients, colleagues and employers.

If the process reveals concerns about performance, remedial action would first be taken locally. If this proved ineffective, the case would be referred to the GMC, which might take various forms of action including striking a doctor off the medical register. At present the intention is to have a system prepared and approved within two years.

GMC News, Spring 1999

Review procedure in Trent

A review procedure to identify under-performing GPs in the absence of any patient complaints is already being piloted in Trent Region. Over 20 indicators, such as immunisation uptake, referrals and training, are used to identify possible problems. GPs who "fail" on more than two or three indicators will be visited by a review team of four GPs representing the health authority, medical education, the medical audit advisory group and the local medical committee. If the GP is found to be operating effectively, this judgement will be recorded. If the GP needs help with performance, advice will be given. A GP who refuses to comply with requests to get help could be referred to the GMC. A GP who is overseeing the project has said that although there was initial hostility from GPs, their attitudes have become much more positive as the pilots have progressed.

General Practitioner 7 May

Are you feeling brave?

The chair of the National Institute for Clinical Excellence, Professor Sir Michael Rawlins, has decided to issue NICE's treatment guidelines to patients and to encourage patients to challenge GPs who deviate from the guidelines. Although GPs are not obliged to follow the guidelines, Sir Michael commented "If a patient knows what the guidelines are, they may sometimes remind the health professional of the guidelines and ask why aren't they following them".

Doctor

Waiting lists rise

Hospital waiting lists in England rose by 19,700 in April, taking the total to 1,093,000. In Wales the waiting lists rose by 2.7% to reach 67,058. The English figures mean that since the Labour government came into power, lists have fallen by 65,000 – still some way short of the 100,000 drop promised in the party's manifesto. The Health Secretary, Frank Dobson, has drawn criticism from professionals and opposition politicians for suggesting that the rise in April was caused by NHS staff taking holidays over Easter. A BMA spokesman said that the root problem is a shortage of doctors and, in some hospitals, of facilities, while an RCN spokeswoman said that the fall shows how unrealistic the targets were in the first place.

The April figures seem to have come as a surprise to the Department of Health. As late as 30 May, the *Independent* was confidently predicting a further fall which would have met Labour's manifesto pledge. It also reported that once the 100,000 target has been met, no further target will be set for the overall number of people waiting and that the focus will shift to reducing waiting times rather than the length of the list.

BMA proposals for clinical priority

The BMA has been critical of the focus on the length of the waiting list, saying that it has distorted clinical priorities. It is calling for a system based on clinical need, with patients being allocated to four categories: "emergency" (immediate admission); "urgent" (within two weeks); "soon" (within three months) and "in turn" (within 12 months).

Private Members Bill on waiting times

Another criticism levelled at the government (and one that was also levelled at the previous Conservative administration) is that in order to bring waiting figures down, patients are being shifted from the official waiting list by having to wait longer for out-patient appointments. Figures published by the Liberal Democrats show that there has been a fourfold increase in the number of women waiting more than six months for a gynaecology outpatients appointment, for example. In an attempt to get a fuller picture, Conservative MP, David Amess, has presented a Private Member's Bill which would require the publication of average patient waiting times for first outpatient appointments by specialty and average waiting times for treatment by specialty.

Hansard 25 May, Independent 30 May, Health Service Journal 3 June, Times/Telegraph 5 June

Wider prescribing powers proposed

ACHCEW has recently responded to proposals in *the Review of Prescribing, Supply and Administration of Medicine*, which has been submitted to government ministers for consideration. In earlier evidence to the Review Team, ACHCEW had expressed concern that the original consultation document had not placed sufficient emphasis on the patient's perspective. It is pleased to note that the current proposals have addressed most of these concerns.

The review proposes the extension of prescribing authority in a two-tier system:

- to independent prescribers who would have authority to diagnose health conditions and prescribe a defined range of drugs.
- to dependent prescribers who would have authority to prescribe for patients who have been clinically assessed and are regularly reviewed by an independent prescriber.

Groups of health workers would apply for authority to prescribe medicines. If the application was successful, then individuals from those groups could, after training, apply for individual authority to prescribe. It is suggested that groups that might apply for independent prescriber status might include, for example, family planning nurses, while specialist diabetes nurses might apply for dependent prescriber status.

ACHCEW has pointed out that there would need to be significant investment in public education and a system which would make it clear to patients who is and who is not an approved prescriber. The Association of Nurse Prescribing has raised a similar concern, saying that in a two-tier system it will be difficult for patients to know what the status of an individual health worker is.

The review points out the need for full consultation with patient interests at a local level before any change in the pattern of service delivery is introduced and comments that CHCs are likely to have an important part to play. ACHCEW has welcomed this recommendation, saying that CHCs should be involved in the development of proposals at an early stage.

Review of Prescribing, Supply and Administration of Medicines, Final report.
For copies phone NHS Responseline: 0541 555455.

To find out more:
A recent supplement to Nursing Times considers the issues and debate around the review and nurse prescribing. **Nursing Times, Nurse Prescribing Supplement, 9 June 1999.**

Legal challenge on Viagra

On 26 May, the High Court considered an application from the drug company Pfizer that the Secretary of State for Health had acted unlawfully in issuing guidance designed to restrict the circumstances in which Viagra could be prescribed on the NHS.

The European Union approved Viagra for use last year. Prompted by fears about the potential cost to the NHS, the Secretary of State issued interim guidance last September restricting the prescription of Viagra on the NHS to men suffering from specific conditions which cause impotence. In May 1999 further guidance was issued which expanded the range of medical conditions. The legal challenge was to the September guidance.

Mr Justice Collins found that the guidance was unlawful for two reasons, namely that:

- it restricted the legal and professional duty of GPs to exercise their clinical judgement and to give such treatment as they decide to be necessary and appropriate for a particular patient.
- it breached an EU Directive which requires a government to use "objective and verifiable criteria" if it decides to exclude a medicine from the country's national health system.

It is considered that this second reason is highly suspect and could itself be challenged.

Wider implications for post-code prescribing

The first reason given by Mr Justice Collins holds out some hope for victims of post-code prescribing. The argument that GPs are being prevented from carrying out their duty to prescribe treatment which they decide the patient needs could be used to challenge health authority decisions not to fund drugs and treatments.

Marion Chester, ACHCEW Legal Officer

Handing political decisions over to NICE

The King's Fund has pointed out that if the fuss about Viagra had arisen a few months later, it would have been the National Institute for Clinical Excellence (NICE), and not Frank Dobson, who took any decision about its use. It believes that this would have been inappropriate since the decision was as much about values (the importance of impotence compared with other conditions calling on NHS funds) as about technical issues of cost-effectiveness. The Fund argues that a group of experts cannot help with such value judgements and that there is a clear role for public and political debate. It has called on NICE to start working on a framework for tackling rationing decisions which gets the public involved.

King's Fund News June 1999

Note: Items in *CHC News* present the views of contributors and do not necessarily reflect the views of ACHCEW.