LETTER FROM WESTMINSTER

Mr Moore's summer silence

JOHN WARDEN

Displaying rather more bonhomie than is considered decent in public, parliament adjourned last week for the long summer recess. Perhaps it was the 22% pay rise that members had just tucked under their belts or the unreality of the postelection phoney war, but MPs went away in a good humour that is unlikely to prevail for long after their return in October.

Older MPs have gone off to recharge their batteries, new members to rearrange their lives, and new ministers to read themselves in—none more conscientiously than Mr John Moore, Secretary of State for Social Services. Mr Moore has been telling friends that there will be no holiday for him this August. It is reserved for swotting. His summer reading will cover the ground to Beveridge and back.

Seven silent weeks at the Department of Health and Social Security will therefore be followed by at least seven more as Mr Moore masters its formidable brief in time for his debut at the Conservative party conference in October. That is just as well to know, otherwise the Secretary of State could find himself accused of (a) slacking or (b) hatching something sinister.

Neither is the case. Firstly, Mr Moore is a 6 am till midnight work type and, secondly, there is not much in the way of radical change in store for the National Health Service. Mr Moore's own preference looks like being a twin attack on the nursing crisis and hospital waiting lists.

A minimum of health legislation is planned for next winter, though a miscellaneous provisions bill may be the opportunity to introduce licensing controls over the private health clinics that have sprung up offering such services as smear tests, breast screening, and testing for the acquired immune deficiency syndrome (AIDS). In the Lords the Infant Life (Preservation) Bill has been reintroduced, oddly enough by one of its opponents, Lord Houghton, in order to reactivate the select committee, which had begun to discover what a muddle the abortion laws are really in.

Preserving integrity of BMA council

Meanwhile, the antennae of BMA House might more profitably be directed during the recess to the Department of Employment, which is drafting the next trade union bill, to be introduced soon after the house returns. This is the measure to bring in compulsory postal ballots for the election of union officials and executive committees. In the terms of a consultation paper last February the BMA would come within the bill's scope—thereby upsetting the balance of the BMA council and its fine tuning, which echoes the voice of the whole profession with no single craft dominating.

The good news is that officials profess not only to be well aware of the problem but to believe that a way round it can be found and the integrity of the BMA council enshrined in the bill. They are working on it. The less good news is that the final word rests with the Secretary of State for Employment, Mr Norman Fowler, late of the DHSS. He may not feel well disposed towards the medical profession. Mr Fowler's tongue in cheek reaction will doubtless be, "Why should the BMA be treated differently?" Even so, I'm prepared to wager my stick of Blackpool rock that it will be in the end.

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Ex-minister's look at NHS financing

If there is indeed an urge among former health ministers to settle old scores with the doctors it may be manifest in the summer labours of Mr Ray Whitney. At this time last year he was under secretary of state for health. Now Mr Whitney is writing a book on the NHS and its troubles.

The importance of this is that Mr Whitney has put himself at the spearhead of a parliamentary campaign to rethink the financing of the NHS and get a national debate going—for example, on the merits of paying for treatment with NHS vouchers topped up by private insurance. No doubt a paper on these lines by Mr Whitney is among Mr Moore's holiday reading.

In terms of medicopolitics it may look to be old hat or even a lost cause, for is it not clear that Mrs Thatcher herself recoils from anything that could be construed as dismantling the health service as we know it? Yet it would be unwise to say that political consensus will last for ever or even beyond this parliament. The Downing Street policy unit, Mrs Thatcher's own think tank, would be remiss if its agenda did not include a review on how the NHS is financed.

And in commending action sooner rather than later Ray Whitney says: "The worst thing would be to go into the next election campaign saying we are about to take a sledgehammer to this national totem pole. People are now beginning to see there is a problem."

In recent weeks Mr Whitney has gone public. In the Commons he cautioned ministers to be wary of taking advice from insiders in the NHS; too many of them had vested interests to protect and failed to give ministers or the country the advice they had a right to expect, he said.

The Whitney thesis is that we are not spending enough on health, and never will so long as we depend on a chancellor having to cough up the extra 50% or £10 000m that he believes is needed. He adds: "We suffer from a national failing in resolutely refusing to look at the enormous problem of funding health care. We must find a new system and a new organisation."

He dismisses the notion that the NHS is the envy of the world. "Sadly, it is a myth. If it were not our health service would have been copied by the rest of the world. It is copied by virtually no one because there are too many flaws in its structure."

For an answer Mr Whitney has gone back to the 1970 Jones report, *Health Services Financing*—the outcome of an inquiry set up by the BMA 20 years ago under Dr Ivor Jones. The inquiry team included a rising young politician, Geoffrey Howe, who is now the foreign secretary. It suggested that important elements of chronic health care, such as geriatrics or care of the mentally ill, should be financed by taxation and the remainder by compulsory insurance. A scheme along these lines would mean the NHS providing a safety net for people who could not afford their own insurance. Everyone would be entitled to a voucher of perhaps £300 worth of treatment a year and anything extra would be up to each individual.

"These proposals should now be looked at again. I believe they could offer a framework which could generate the additional finance for health care from non-government sources which is so clearly needed," says Whitney, who claims he is not failing to get resonances from inside the Tory party.

That could be true, given the almost clean sweep of this year's Tory backbench committees and their ruling 1922 committee by candidates from the party's dry wing.

As a straw wafting on the summer breeze it could well be carrying the seed of changes to come.