LETTER FROM WESTMINSTER

Mr Moore to slaughter sacred cows?

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The prospect of radical surgery on the National Health Service, especially if it is represented as the most drastic ever, may keep the newspapers happy—but that was not quite what John Moore delivered to the Conservative party conference in Blackpool last week. "Moore pledges reform of the health service," said *The Times's* headline.

On the occasion of his debut the new Secretary of State for Social Services doubtless created the effect he desired. But when the standing ovation has died away what does it mean for the health service, which in terms of new policy has been at a standstill for all of this election year?

Certainly, Mr Moore signalled the next moves ahead. They are more in the nature of changes to keep the NHS in tune with the political spirit of the times rather than the root and branch reform of the system with which he is credited in some quarters. Reading between the lines, the speech implied, firstly, a higher profile for general practice and primary care; secondly, the extension of privatisation and competition into clinical work; and, finally, the creation of an "internal market" across health authority boundaries.

But let us begin at the beginning, as Mr Moore did by dutifully going all the way to Beveridge and back and digging up a commitment by the 1944 Churchill government (and therefore before Bevan) to a free health service for all. That discovery perhaps saved the health service as we know it, for it enabled Mr Moore to make the proprietorial promise that "there is no way this long proud tradition is going to be abandoned—certainly not by a Conservative government."

Mr Moore's research produced three conclusions about the present condition of the NHS. Firstly, it is vulnerable to political attack and denigration; secondly, it generates an infinite demand on finite resources; and, thirdly, an outdated ideology is holding back change.

To meet the first problem Mr Moore offered an unlikely political truce by vowing to abstain from accusing his opponents of not caring about the health service. For this he thought the country would heave a huge sigh of relief.

As to the demand for health care outstripping the supply, he saw the only solutions as being economic policies capable of supporting a high level of resources while at the same time making some tough choices: "Even with new money all the new demands cannot be met. Expansion in one area may have to mean, at least temporarily, slower progress in another." But it was in opening the NHS's ideological baggage that Mr Moore really warmed to his theme, promising a slaughter of sacred cows. Outdated ideology would not be allowed to stand in the way of achieving high quality health care for everyone, he warned.

In practice this will mean extending competitive tendering to a wider range of functions than cleaning, catering, and laundry. Mr Moore refused to specify examples, so speculation about which services might be privatised can range from portering to pathology, and eventually to contracting out the management of whole hospitals. He promised to encourage more cooperation with the private sector and to make it two way. This suggests that the 1948 act will need legislative surgery to allow NHS hospitals to make a profit from hiring out services to the private sector.

Family doctors will soon know what is in store for them with the appearance, perhaps next month, of the long delayed white paper on primary care. Meanwhile, Mr Moore said that he would like to see every general practitioner with a computer screen on his desk—"so he will be able to tell a patient instantly where in the country there is a hospital place available for his operation. Think what that could mean for waiting lists." If that is an idea stolen from the corpse of the Alliance manifesto, as it seems to be, it would mean health authorities buying and selling treatment to each other. The day of the "internal market" in the NHS would have dawned.

Despite these promises right wing Tories came away disappointed, fearing that too many sacred cows will survive. What the Moore package amounts to is an acceleration of current trends to squeeze more efficiency from the system. Here some remarks by the Minister for Health, Mr Tony Newton, at a fringe meeting of the Conservative Medical Society are pertinent, for they clearly signal an intention to apply managerial principles to the use of clinical resources.

Scope to improve disparities

Mr Newton wondered why there should be disparity in the extent to which day surgery is practised, or differences between the amount of inpatient time required for similar forms of treatment. He saw considerable scope for improvement in the way clinical resources are used and went on: "It is important that professionals should play their full part in the vital endeavour to make sure that everything that goes into the health service, including professional expertise, is used to the best effect in producing the output of patient care."

Well, the new government has spoken. The hiatus in the evolution of the health service is over. The direction in which it is heading is clear. The Moore years will not be unexciting.

For the time being, however, Mr Moore will face little in the way of constructive new thinking by his political opponents. The Liberal/SDP Alliance has disintegrated, and the Labour party has put all its policies on hold. Even so, the Labour party conference was in no way inhibited from pre-empting Mr Moore's speech when the week before it railed against the prospect of a two tier health service and what it called rationing by waiting lists, charges, and underfunding, resolving that cash should not be the final arbiter of health.

Apart from sound sentiment, however, Labour is temporarily devoid of a health policy and its front bench spokesman, Mr Robin Cook, is in danger of being sent naked into the House of Commons chamber. He, too, is fresh to the job and made his debut at a fringe meeting of the Socialist Environment and Resources Association. Declaring his hand in favour of preventive medicine, Mr Cook lamented that the NHS had become a national disease service that was predominantly hospital based, responding to illness rather than promoting health. But if Labour was to be positive about changing that situation, he said, it would have to face some blunt choices. A local sports centre to promote exercise might be more cost effective than a cardiac operating theatre. But there is never the same public outcry if the sports centre is shut rather than the operating theatre.

Battle will be resumed across these lines when the Commons returns next week for a debate on the promotion of good health.