LETTER FROM WESTMINSTER

Not much legislation, but plenty of argument

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It looks like a fallow year for legislation on health and medical matters. That is no bad thing, given the interest that politicians have shown in recent years. It is possible to argue that now is a time for a breathing space, especially as the modifications to the structure of the National Health Service required by the implementation of the Griffiths report have still to be carried through.

The likelihood is that in the Queen's speech at the opening of parliament on 6 November there will be a promise of action on the controversial subject of fluoridation. The promise was made last year after the decision by Lord Jauncey in the case brought by Mrs Catherine McColl against Strathclyde regional council that the council had no power under the 1980 Water (Scotland) Act to add fluoride to the water supply. But he also added that fluoride was likely to reduce considerably the incidence of dental decay and rejected allegations that it could cause cancer or damage to patients with kidney disease. In England and Wales it is unclear where the responsibility for adding fluoride lies, and the legislation will make clear that the onus is with the health authorities. A lot of argument is inevitable, since it is an issue that rouses passions and there is a vocal and powerful anti-fluoride lobby. Fluoridation is costly to carry out, however, and given the restraints on public spending those who oppose it may well be able to at least stave off the day.

Action on the Warnock committee's report will have to wait until the 1985 Queen's speech as the consultation process is still under way and will take up the rest of the year. That is not to say that some MP may not attempt a small Bill on the specific issue of surrogate motherhood as a business. That, however, will depend on the luck of the draw in the ballot for private member's time, and while Mrs Anna McCurley, Conservative MP for Renfrew West and Inverclyde, who has taken up the issue, was convinced towards the end of the summer that she would, if she was lucky, get a fair wind, it now looks as if ministers have had second thoughts. No obstacles will be put in anybody's way, but it seems that they would far rather, should a MP do well in the ballot and wish to take up a health topic, that it should be female circumcision. A Bill on that was lost in the Lords in the session just ended. The feeling seems to be that so far as Warnock is concerned a piecemeal approach would be wrong and it is better to wait and come up with a major Bill based on extensive consultation.

Conservatives' commitment for health

Mr Norman Tebbit, the Trade and Industry Secretary, injured in the Brighton bombing, said in the first interview that he gave from his hospital bed that he had never thought when he made a speech on the Conservative conference fringe two days before the explosion referring to the NHS as "the lynchpin of our health provision" that he would so soon see it in action supporting him and all the others who were hurt.

He made the remark in a speech generally taken as setting out the Tebbit prospectus for the leadership. Despite the fact that Mrs

Thatcher wants a third term, and may get it, there is no doubt that there are heirs in waiting, and Mr Tebbit is one of them. He urged greater willingness on the part of the people to spend more of their personal income on medical services, and added: "But NHS provision remains central not just to the poorest but to those of average and above average means who might otherwise be faced with bills which they cannot afford for risks which cannot be insured at sensible cost."

The speech has been variously interpreted, but on health it seems reasonable to suggest that Mr Tebbit was signalling that the NHS is safe in Conservative hands and that the threat to it presented by the alternative fundings row, which was real enough, has passed. The fact that seems to have been accepted is that the NHS is popular with Conservative supporters and that, unlike private education, private health is something that many of them can never hope to afford, though they might be willing to augment NHS provision by private health insurance. In other words, the sacrifices which have to be made to provide private education for children are acceptable, but health is another matter. It is interesting because it sabotages Labour's attack on the government's care of the NHS. Perhaps the service may have been running to stand still, but health spending has risen in real terms over the past five years and Mr Norman Fowler's policy on health is manifestly not what Labour says it is. Now Mr Tebbit, one of the bogeymen of the Conservative party, seems to be singing a different tune and that further weakens the opposition's case. I suspect that it is time for a new opposition approach, and a fresh look is to be taken at the whole area of health care by the new working party which Labour's national executive committee is setting up.

Certainly Mr Kenneth Clarke, the Minister for Health, is in no doubt about the need for the NHS. He said in Brighton that it had worked effectively on its present basis since 1948 and that the method of financing it out of general taxation with certain traditional charges had produced a service as good as most.

"We stick with it because we are satisfied at the moment we can deliver the quality of care we require in a fair way to society by that method of financing," he added. But he made clear that charges had their uses, being a way in which those who could afford to pay could reasonably make a contribution to the service. It was time that the government made a positive merit of looking at charging policy, he suggested. Each year there was a ridiculous row about whether and to what extent charges should be increased, and he clearly wanted to see an end to that. All this, of course, fits in with what Mr Tebbit was saying and would seem to indicate that on the approach to the NHS, on which there have been marked divisions, there is now something like common ground. As for private health care, that is now seen not as something to be encouraged so that it will usurp the NHS in time, but as something that should be allowed to reach its own level alongside the service so that it can ease pressure and act as a safety valve.

The health debate, which has raged during the last years of the previous parliament and the first year of the present one, will continue. But it does seem as if the ground has shifted, and that is a good thing because sterile arguments of the "Yes, you are," "No, I'm not" variety had submerged the issues in a propaganda war. So we face a year with possibly not much legislation, but plenty of argument.