Letter from Westminster

Private practice under Labour

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The next Labour Government will separate private health care completely from the National Health Service and end the practice whereby consultants can do private work as well, tolerated by successive Labour governments. This is one of several proposals in a wide-ranging policy document currently being drawn up by a special Labour Party committee chaired by Mrs Gwyneth Dunwoody, Labour's health spokesman, for presentation to this year's annual conference in the autumn. It will form the basis of Labour's policy for the next election.

The proposal to sever the links between the public and private sectors was disclosed to the Scottish Grand Committee by Mr William Hamilton, Labour MP for Central Fife, when he opened a debate on health care in Scotland on behalf of the Opposition. The Grand Committee is a special committee, on which all Scotland's 71 MPs sit, which debates matters relating to Scotland from time to time during the parliamentary year.

It was a splendidly heated debate. Knowing that the Opposition intended to use the two-and-a-half-hour debate to mount an attack on the growth of private medicine under the present Government, Mr Allan Stewart, the Scottish Health Minister, devoted a fair part of his speech to putting the Government's case. He insisted that it was a contribution to the total volume of health care in the community and rejected allegations that consultants use NHS equipment for their own ends in their private practices. Mr Hamilton, however, was going to have his say and dismissed the Government's claims about the benefits contributed by the private sector as a fraud.

"Wherever private practice prospers the NHS decays as is seen in London and the south-east, where only a minority of consultants are full-time NHS contracted as compared with Scotland, where 80% are," he said. "The Government are seeking to deceive people into believing that private practice can help the NHS. It is a cruel fallacy. Private hospitals will filch consultants from the public sector. Similarly with nurses. No nurses will be trained in private hospitals at private expense. They too will be filched for private profit-making requirements."

The debate was not all focused on the alleged dangers of private practice. Mr Tam Dalyell, Labour MP for West Lothian, seized the chance to argue the case once again for a contracting-out system for kidney donors, and suggested a trial run in Scotland at least to test it out. He thought it "deeply unreasonable" to expect doctors at the time of maximum grief to ask permission from relatives for transplants. Mr Robert MacLennan, Social Democratic MP for Caithness and Sutherland, backed him up and suggested that maybe there should be a referendum or a carefully sampled poll to establish how people felt about it. Having declared himself in favour of private health care and against Labour's policy of interference with the freedom of the individual, he got into deep water when Labour MPs tried to discover what SDP health policy was.

He got out of it, but only just, by saying brazenly that like Labour the SDP was preparing a policy document on health for submission to the annual conference. But all this was an interlude. Mr William McKelvey, Labour MP for Kilmarnock, was soon back banging the drum. "We demand complete separation of private practice from the NHS," he said. "Those consultants

who think they can make money out of the private sector should get out of the NHS and go completely private and not expect the taxpayer to pay their salaries while they moonlight on the side using NHS equipment."

It was all good rousing stuff, and Dr Maurice Miller, Labour MP for East Kilbride, a former general practitioner, did little to lower the temperature. He said he was a dedicated supporter of the NHS, remembering the days when it did not exist and the terrible agonies that faced parents unable to pay for the treatment necessary for their children. But he did concede that Labour could not eradicate the private sector. "We live in a free country," he said. "I do not think it is possible to prevent private practice, but it certainly is possible to separate it entirely from the NHS. There is no reason why we have to have a joining up of the two, so that there is a weakening of the NHS by encouraging the erosion into it of private practice." He said that medicine had to be kept out of the market place. It was not a commodity to be bought or sold. But if the nation wanted the best health service that could be provided it was surely right that the nation would finance to pay for it through taxation.

More portfolio changes

Throughout all that I have referred to Mr Stewart as the Scottish Health Minister—well, he was at the time the debate was held. By evening he had changed portfolios as a result of the Government reshuffle after the resignation of Lord Carrington as Foreign Secretary. To fill one of the vacancies at the Foreign Office Mrs Thatcher moved Mr Malcolm Rifkind, Scottish Office Home Affairs Minister, and Mr George Younger, Secretary of State for Scotland, took the opportunity to reallocate the duties among his juniors. Mr Stewart was given Mr Rifkind's home affairs remit, and the new Under Secretary, Mr John Mackay, MP for Argyll, a 43-year-old former mathematics teacher, got health. His qualifications for the job are about on a par with those of Mr Stewart, if you take the view that ministers should not necessarily have any expertise in their subjects other than that gained in situ. The reshuffle had repercussions at the DHSS as well. Lord Elton, who arrived there in September last year from the Northern Ireland Office, was moved to the Home Office and his place taken by Lord Trefgarne, who was moved from the Foreign Office.

At about the same time a victim of the reshuffle a few weeks back caused by the resignation of Mrs Sally Oppenheim as Consumer Affairs Minister surfaced. Mrs Renée Short, Labour MP for Wolverhampton North East, made the discovery in the answer to a question she put to Mr Kenneth Clarke, the Health Minister.

She asked what consideration was being given to designating an export hospital in London to encourage the export of British health equipment and expertise. Mr Clarke said he had no such plans, though he was considering ways of helping to make known overseas what was best in British health care practice. And so another brainchild nurtured by his predecessor, Dr Gerard Vaughan, has bitten the dust. His aim had been to have a special hospital, possibly Westminster Hospital, that would serve as a showcase for the latest British equipment and where facilities for training overseas personnel in its use would be offered.