Letter from Westminster

Abolition and nationalisation at Blackpool

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In matters concerning the Labour Party it is always as well to read the small print. One feature of last week's annual party conference in Blackpool was that because of the way Dame Judith Hart chaired the proceedings the comrades became involved in an interminable number of card votes. The reason for this is because there exists among the delegates the belief that if they get a two-thirds majority for a resolution its contents become party policy. In fact, as Comrade Dame Judith gently explained, what the rule says is that to become party policy a two-thirds majority is required, not that a proposal getting a two-thirds majority automatically is party policy. It is a nice piece of semantics and might help to reassure anybody frightened by the conference resolution, which, as well as calling for the abolition of private medicine and the nationalisation of the pharmaceutical industry, called on the next Labour Government to "bring the medical profession into the National Health Service as employees."

This decision was taken against the wishes of the National Executive Committee, who had agreed to accept the resolution, thus hoping to avoid a vote. Though the result will not compel adoption as party policy, clearly it will cause them problems in the days ahead. Not that Mrs Gwyneth Dunwoody, Labour's health spokesman, was all that worried. She appears fairly certain that the proposal will not appear in the manifesto but does not rule out negotiations with the profession over its relations with the NHS. She believes people are dissatisfied with the standards of primary care and want general practice improved.

If the profession stands in the way of action on such matters as more sensible rules on retirement or the improvement of facilities she believes that a Labour administration will have to do something about the question of independent contracts. But while she believes many young doctors would welcome action to improve the lot of general practitioners, she is also clear that one has to negotiate with people to achieve one's ends. "There is a very clear understanding in the medical profession that you cannot continue with primary care running down at the rate it is in many areas," she says. So action on primary care is a high priority, and so will be legislation to bring family practitioner services back into the mainstream of NHS administration.

On the demand for the nationalisation of the pharmaceutical industry, which goes well beyond official policy, she seems undeterred by the difficulties. In any case, the conference was clearly incensed by the cost of drugs to the NHS and the rise in their price, which was above that of inflation, as well as by the industry's spending on promotional gimmicks. She believes that health is going to be a number one priority for the next Labour Government because health care affects everyone. The Labour Party had to get across to the people how vital the NHS was to

them and the extent to which it was under attack by the present Government. "The decision by the Think Tank to go for a system of compulsory private insurance will mean that after the next election, if the Tories are returned, the NHS will be turned into a repository for the old and the sick and the underfinanced," she claims.

"Think Tank" report

The Think Tank report on the welfare state is destined to be one of those reports that people keep coming back to. So far nobody has managed to refute the suggestion that the Government is attracted by the thought of tampering with the structure of the NHS. Not that the health ministers want to do it. But Sir Geoffrey Howe, Chancellor of the Exchequer, who is in charge of planning for the next election programme, has consistently held out the spectre of change. Mr Peter Shore, the shadow chancellor, wrote to him last week seeking reassurance and received a heavily qualified reply. Sir Geoffrey said that the primary purpose of the Government was to develop the health and personal social services for those in need, the handicapped, and the ill. "I confirm our view that where services are best provided publicly they should be so as to provide a proper standard as efficiently as possible," he added.

That left Mr Shore unconvinced. He told the conference that what the Government was planning was to replace the NHS with new insurance schemes and left Labour's opposition to it in no doubt. During the debate Mr Albert Spanswick, general secretary of the Confederation of Health Service Workers, accused the Government of being intent on dismantling the NHS. "We are not crying wolf," he added. "They admitted as much last week. The Think Tank report made it blatantly clear that in their wild pursuit of monetarist ends this government is prepared to sacrifice the NHS, the greatest boon this nation has ever produced." Mr Ken Cameron of the Fire Brigades Union had the same message. The Government's ultimate aim was to see the end of the NHS, to replace it with private health schemes, and that would mean the introduction of a two-tier service, one tier for the rich and one for the poor, he warned. (All these remarks were made, I hasten to add, before the Prime Minister returned from China and let it be known that the Think Tank's paper was being put on the shelf.)

The call for the renegotiation of consultants' contracts came from an Edinburgh delegate, Mrs Eleanor McLaughlin, who said it must be done by the next Labour Government. Private medicine should also be abolished immediately, she demanded. "We don't want any arguments about how," she told the NEC. "This Tory Government has shown us how they can put their policies into operation for their people. We are asking the leadership of our party to do exactly the same for us, and with no argument."

That, however, will be one thing that the future does hold—plenty of argument about the NHS.