Letter from Westminster

Labour's own needle match

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There is a delicate little needle match being played out in the Commons Committee considering the Health Services Bill between Mr Roland Moyle, shadow health minister, and his deputy, Mr Jeff Rooker, Labour MP for Birmingham, Perry Bar.

It is fascinating to watch Mr Rooker rushing bull-headed at a problem, while Mr Moyle, experienced in the ways of consultants, is much more cautious. The pushy Mr Rooker certainly made his senior lose his cool the other Thursday, causing him to tear up the Goodman compromise on pay beds reached between the last Labour Government and the profession. This set up the Health Services Board to supervise the withdrawal of pay beds over an unspecified period.

The change of policy was announced off the cuff after Mr Rooker, replying to a taunt from Sir George Young, the junior Health Minister, about Labour's position, remarked—"Policy moves on." All of a sudden there was Mr Moyle busily ripping the compromise to shreds. So far as Labour were concerned, he declared, all bets were off and the position was back to what it was in 1976 when his party had wanted all pay beds out of the NHS "pronto." By the following Tuesday he was singing a very different tune. The BMA had made no representation to the Government that the compromise should continue despite the fact that the Tories had determined otherwise, he said. The Bill abolishes the Health Services Board. That being so, it could be said the compromise was dead. The consultants did not regard themselves bound by it; neither did Labour.

So far, so good: so far, it was much the same as before. But was he really saying the compromise was dead? Of course not. No positive decision on future policy had been taken, he hastened to add. On the one hand, there were those who felt that when Labour got back into power the Goodman compromise should be reinstated because it was "a gentle, steady way of solving the problem." On the other, there were those who would argue for a return to the policy set out by Mrs Barbara Castle, under which pay beds would be phased out fairly rapidly. "I dare say that even they would allow six months' or a year's notice before the action was taken," added Mr Moyle.

"Just a session," interjected Mr Rooker, which is the Parliamentary equivalent of "pretty damn quick." Mr Moyle said the decision would lie between those limits. He did not know which would succeed, but those who thought like Mr Rooker had the powerful argument against the Goodman compromise that it was slow. There was always the possibility

of the return of a Conservative Government and the reintroduction of full freedom for pay beds in the NHS before it had worked itself out.

In place of the Health Services Board, the Government is planning to set up a non-statutory panel of experts to provide the Secretary of State with independent advice when it is needed. Sir George said that membership was not yet decided, but it would include various types of skill covering medical, nursing and other staff interests, health authorities, and the private hospitals. The "six principles" agreed between the Government and the profession on the operation of private practice in the NHS are to be monitored by the profession itself. The decision not to have a formal system was taken, Sir George said, because the Government felt it would be cumbersome and unnecessary.

"The main check would be by medical colleagues, what one might call the peer group," he said. "These principles have been agreed with the profession, and I believe it can be trusted to implement them and bring any erring colleagues into line." The principles to which Sir George was referring extend common waiting lists to patients needing highly specialised diagnosis and treatment, as well as to those seriously ill or in urgent need of medical care. They are designed to ensure the equitable operation of NHS private practice and to prevent the continued presence of such practice from causing unrest among other staff.

"We do not believe that common waiting lists for all patients are realistic," Sir George added. "The timing of admission for any patient, whether NHS or paying, will be affected by a number of factors other than medical priority—domestic situation, work requirements, or holiday plans." The important thing was that a private patient would not prejudice the position of any NHS patient under these rules, he claimed. It was not a case of queue jumping, but of two separate queues. What was outlawed was jumping from one to the other to obtain priority.

Tobacco and "the cost of dying index"

March is over, and 7 April, the WHO's anti-smoking day, is past, and still there is no sign of agreement between the Government and the tobacco industry on the new advertising code. Meanwhile the present one continues, but the written answers to curious MPs from Sir George, when subject to the kind of textual analysis indulged in by Kremlinologists, seem to hint that nerves are being steeled and the Government may yet go it alone on this elusive code. It would have supporters: Mr Terence Higgins, Conservative MP for Worthing and a former Treasury minister, criticised the Chancellor's failure to impose a swingeing penalty on smokers. He urged the Government to take tobacco and cigarettes out of the cost of living index and put them into a cost of dying one. Mr David Ennals, the former Social Services Secretary, put a price on it. He said 50 000 people a year died prematurely as a result of smoking-induced disease at a cost to the NHS for treatment of about £85m.