LETTER FROM WESTMINSTER

Beyond the TV eye

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Television in the Commons will be a powerful force but it can never reach the parts that really need to be illuminated. How long, for instance, will it dwell on health topics even at the present high level of interest? Three minutes on a good day, perhaps? Adding vision to sound does not equal understanding. The Prime Minister was probably right when she said that a televised House would be quite different from the Commons as it is now.

Whether for better or worse we shall know in due time, but the very day that the House voted the cameras in was itself full of exactly the kind of activity that is beyond their comprehension. Consider, for a start, a parliamentary device that Mrs Thatcher has newly invented in response to the health crisis. Like every such innovation it deserves to be recognised with a label of its own. I shall call it the Filofax reply.

This is the Prime Minister's successful technique for turning the tables on opposition MPs who try to rattle her with hostile questions about health care deficiencies in their area. On that day, when television was the issue, the twice weekly health hype came from the Labour MPs for Bolsover, Coventry, and Oldham, but they could as well have been from Birmingham, Newcastle, or Aberdeen. All would receive the Filofax reply.

Unlike the usual all purpose parliamentary answer the Filofax reply is precisely targeted on the questioner's constituency. On the flick of a page the Prime Minister can pinpoint every pound spent on health. Thus even a hardened veteran like Mr Skinner from Bolsover, far from catching the Prime Minister out, merely gives her the chance to hit a boundary on his home ground by pointing out that "phase one of the Chesterfield and North Derbyshire Royal Hospital, opened by the Queen in March 1985, provides 500 medical and surgical beds and cost £29 million." One opponent was so frustrated that he tried to pre-empt the Filofax reply by prefacing his question with: "As the Prime Minister has probably come armed with details of the new hospital to be built in my constituency..." He merely invited confirmation.

A televised Commons concerned only with face values would be blind to such instances of parliamentary gamesmanship, but they do illustrate the futility of the mainstream political debate. The opposition's complaints and the Premier's Filofax replies are equally valid. Both the government and its critics are correct.

So we have to dig deeper, as did the social services select committee last week when it summoned from the coalface two district general managers, Mr David Jackson from Grimsby and Dr Ken Grant of City and Hackney Health Authority. Three days ago the committee was due to complete its hearings with evidence from DHSS officials.

A minimum of £400m to stand still

Its report, expected next week, will mark an important cross party agreement on the extra resources to keep the NHS going. The question is no longer whether more money is needed but how much. The committee's aim is to suggest an amount that worried Conservative backbenchers can support and that at the same time is realistic enough for the Social Services Secretary, John Moore, to put to the Treasury. The evidence would suggest a minimum of

£400m just to stand still, and a maximum of £1800m if past underfunding is to be restored.

The committee's report, the first under its new Labour chairman Frank Field, will be timed to precede the budget on 15 March, though that is an unlikely occasion for the Chancellor to yield. The budget is about revenue not spending. Any extra funding will come some weeks later at the time of the NHS staff pay reviews.

Meanwhile the committee was duly impressed by the testimony of Dr Grant and Mr Jackson. They told of a key London authority underfunded and near breaking point and the contrast of Grimsby, a RAWP gainer, managing to cope—but for how much longer? As they said, any fool can balance the budget; you just reduce activity. Both acknowledged that their authorities' careful "strategic plans" for the '90s were no longer viable on present resource assumptions.

An apparent crisis reaction at the DHSS was reported by Dr Grant. He spoke of verbal guidance by ministers to regional chairmen that they should halt development of "priority services"—for example, for the mentally ill and handicapped—rather than reduce acute services.

Asked if it was politicians who made their jobs impossible, the managers were more inclined to point to the public, whose expectations had changed dramatically over the past five years. Another change noted by Dr Grant was in the doctors' role in managing, or rationing, health care. He explained: "One of the problems in the past year is that the rationing the medical profession has carried out has come to a halt. They perhaps feel there is no light at the end of the tunnel. They are now saying to people, 'We have the knowledge, we have the technology, but we don't have the money. Go and ask somebody for it.'"

There is no shortage of suggestions, though genuinely original ones are scarcer than nurses in Britain's paediatric wards. The latest is in a Conservative party pamphlet by Leon Brittan, the Westland Cabinet casualty on the comeback trail and therefore anxious to win the support of other Tory MPs. In *A New Deal for Health Care* (p 586) he meets them more than halfway. Mr Brittan aligns himself with the health insurance concept while preserving the NHS principle of universal care irrespective of means. The NHS would be financed by contributions to a national health insurance scheme covering precisely its cost. People would then know exactly what they were paying for health care. Those who wished to go private should be able to opt out of all or part of the state scheme.

The most explosive report still pending, of course, is the review of community care by Sir Roy Griffiths, architect in chief of the NHS management structure. Although he is the government's adviser on the health service, Sir Roy will not please his masters should he do as they fear he will and recommend hiving off community health to local authorities. Yet he was the only outsider called in by Mrs Thatcher to join the Cabinet group who set the review on course, with decisions by July.

Nothing now is sacred, it seems. Not even the venerable shrine of St Bartholomew's Hospital on its ancient site in the City of London. Why not move Barts and release the megamillions it is tying up? The question has come up more than once at the select committee hearings, if only in mock seriousness. The case for Barts, other than as a centre of excellence, is as the emergency hospital for nearly half a million daily commuters and incidents like the King's Cross fire.

But it fell last week to Dr Grant to throw the idea back where it came from and challenge the politicians. Why not move the Houses of Parliament? he suggested. They also occupy a very valuable site. Soon to become a television studio, one might add.