LETTER FROM WESTMINSTER

Credentials for success

JOHN WARDEN

Memory lane is strewn with claims to the political proprietorship of the National Health Service. Last week I noted how Mr John Moore had staked it for the Conservatives by virtue of the wartime white paper of 1944. The Liberals, or their successors, will point to the national insurance scheme of 1911. And the BMA can choose a variety of dates in between.

Above all, however, Labour naturally lays claim to be the sole creator of the NHS that came into being on 5 July 1948 as the jewel in the crown of the postwar Attlee administration. Being out of office is a damper on the 40th anniversary celebration next month, though Labour fully intends to parade its credentials and upstage the government as the true friend of the NHS. The shadow health minister, Robin Cook, has already chided the government for refusing a commemoration service in Westminster Abbey and to issue a special postage stamp.

The government could just as easily respond with a requiem in the form of its fundamental review of the NHS, though ministers recoil from anything so drastic. Evolution is the key word. And keeping faith with the founders, whoever they may be, is the objective. Meanwhile, as interest in the origins of the health service grows so do the efforts of the political revisionists in all parties.

With this in mind I took advantage of the Whitsun parliamentary recess to go back to the definitive text. This meant studying the three day House of Commons debate on the second reading of the National Health Service Bill in May 1946. What might have been the content of a "Letter from Westminster" at that time? Would it have told of a memorable event, or a titanic confrontation, or would the bill have been attacked by tooth and claw? On the basis of Hansard, however, it was none of these things. The Commons managed only a comparatively flat debate that failed to match the importance of the occasion.

At least it helps to dispose of the myth that the NHS emerged from a cauldron of partisan strife. True, the Conservative party opposed the bill. But it did so more in the manner of not quite saying "Yes" but not daring to say "No." The Tories accepted the principle of a comprehensive health service, as Aneurin Bevan acknowledged in his opening speech when he spoke of "the firm conclusion of all parties that money ought not to be permitted to stand in the way of obtaining an efficient health service."

Bevan's bill was already a compromise measure. He had backed away from the Labour party's plan for a salaried family practitioner service in favour of capitation fees: "I cannot dispense with the principle that the payment of a doctor must in some degree be a reward for zeal, and there must be some degree of punishment for lack of it." How better to describe what are today called incentive payments? But in 1946 it was seen as the death knell of the family doctor. The Tory amendment focused on that misinterpretation. As one opponent said: "Doctors will sign and certify more and more and be treating less and less." He was half right there, perhaps.

Apart from the future of the family doctor, controversy centred on the nationalisation of the voluntary hospitals. Bevan said that he felt a shudder of revulsion when he saw nurses and medical students on the streets collecting money for their hospitals. But to his supporters' dismay he conceded the doctors' case for private practice and pay beds—again in terms Mrs Thatcher could cheerfully endorse: "If people wish to pay for additional amenities, like privacy in a single ward, we ought to aim at providing such

facilities for everyone who wants them." As Mr Moore has spoken of restoring the dreams of the founders that could be his text.

Again like his successor today, Bevan admitted to being engulfed in "paper plans for the health service which would be quite inoperable in practice." His own tripartite model—state hospitals, contracted family doctors, and local authority personal services—has survived for 40 years, even though he was told it would be feared and distrusted. One Tory lady thought that it might provoke civil war.

The more perceptive critics saw the flaws that persist today: then as now they called it a national ill health service. Anthony Greenwood, in his maiden speech, regretted that it was less to promote health than to cure disease. Others foresaw long waiting lists for treatment. But the most prescient comment came from an independent MP, Wilson Harris, the member for Cambridge University. Amid all the doubts, he was calmly convinced that Bevan had got it broadly right, the unruly doctors would cooperate, the much vaunted health centres would flop, and the hospitals would flourish.

Government aims "to build on success"

At another stormy landmark 40 years on the sensible verdict would seem to be that delivered by the Minister for Health, Tony Newton, to NHS administrators last week, when he said that the government's policy is to build on the success already achieved.

The fast forward button also brings me up to date with a recent House of Lords' debate on the latest enactment, the Health and Medicines Bill. As a parliamentary occasion it was as uneventful as its forerunner of 1946, with largely routine objections to charges for dental checks and eyesight tests. The bill introduces the concept of cash limits to the family practitioner service. The minister, Lord Skelmersdale, gave two assurances. Firstly, that cash limits will be confined to the costs of improving practice premises and employing support staff; and, secondly, that the overall limit will be higher in real terms than current spending in these areas. Negotiations were opened with the BMA shortly before Whitsun. Will they be as tough as those of 40 years ago?

Maybe the negotiators can pick up an interesting point raised by Lord Pitt of Hampstead about the proposed compulsory retirement of doctors at 70, or whatever age the government decides. Lord Pitt, a general practitioner and past president of the BMA, suggested that a new category of consultant practitioners should arise from the ranks of the retired doctors. "When a doctor has been practising for 50 years he has developed a certain amount of expertise which should not be wasted," said Lord Pitt, observing that retired accountants, architects, and solicitors often become consultants to their firms. Why should not the same apply to general practitioners, he asked.

The Pitt plan is to have not an age at which doctors must stop practising in the NHS but only an age at which they cease to be principals. There would be no more 24 hour retirement, but retirement on pension with a reduced workload if the other partners decided the doctor could still perform a useful service as a consultant to the practice. Otherwise, Lord Pitt predicted that if general practitioners are made to retire at 70 many will start full time private practices, a possibility that he sees as undesirable. In his view, if doctors are to be judged not fit enough to practise in the NHS they are not fit enough for private practice either.

Lord Pitt's comment could easily have been an echo from 1946.