

Letter from Westminster

Conservatives' insurance scheme shelved

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The Civil Service has won another of its famous victories. The Social Services Secretary, Patrick Jenkin, was enthusiastic in opposition about a National Health insurance scheme as a means of providing finance for the NHS. Indeed, the plan was one of the major strands of Conservative policy on health. Last summer, safely in office, he was still enthusiastic. He was even said to be all set to give the go ahead and in the Commons in July after its publication made clear he did not necessarily share the view of the Royal Commission on the NHS, which opposed the idea. "We believe there could be advantages from changing the basis of financing," he said. "We intend to carry forward our studies on that in order eventually to make up our minds on the issue." But what happened? Nothing at all, until at the fag end of the year it became known quietly, as is the way, that the whole thing had been shelved. Not abandoned, mind you. The minister is still keen on it, but somehow or other it is no longer top of his list of priorities. Indeed, the proposal is not on his list of priorities at all and has turned instead into something to be examined as part of a long-term exercise which will take the rest of the present Parliament's lifetime.

As for the plan—the DHSS civil servants engaged on it have turned to other things. The whole matter is back at the ranch—that is, the Conservative Research Department—to be given a thorough going over so that it can be trotted out once again at the next general election. If this exercise proves anything, it adds weight to Tony Benn's thesis, which he expounded at some length on television the other day, about the way the mandarins can subvert a minister. As for their objections—well, it would require a whole new bureaucratic system to administer such a scheme, and Mr Jenkin would have had some difficulty selling that over the Cabinet table to colleagues intent on cutting the number of civil servants. It was also going to be difficult to devise ways of ensuring that people who genuinely could not pay for treatment need not do so.

There is still, however, the little problem of financing the NHS and, with ministers embarked on finding ways of securing the £2000m of extra cuts Mrs Margaret Thatcher wants, it would be foolish to expect the DHSS to escape having to contribute. So far the NHS has suffered relatively lightly from the Chancellor's axe. Mr Jenkin is said to have defended his empire well in the Cabinet and won the admiration of his department. But that cannot last. It looks as if prescription charges will have to go up to help raise the necessary money and there could be a scheme for charging accident victims for treatment where costs could be recovered from insurance. Charges for various kinds of specialist treatment could be introduced and at the Elephant and Castle they are undoubtedly looking once again at the feasibility of "hotel" charges. The

final decisions should be taken by the Cabinet towards the middle of February, after which it will get down to planning the cuts for the next five years.

Midwives on the defence

It was appropriate that the first witnesses—in at the birth so to speak—to appear before the new Social Services Select Committee came from the Royal College of Nursing and the Central Midwives Board. The Select Committee, which is chaired by Mrs Renée Short, Labour MP for Wolverhampton North East, has taken over the inquiry into neonatal and perinatal mortality which was being carried out by the old Public Expenditure Committee when the General Election intervened.

The midwives left the committee in no doubt that they want their working week reduced to 37½ hours and that they are not at all pleased by the findings of the Clegg Commission. They were also concerned that many in their profession suffer from a lack of job satisfaction, arguing that more could be left for them to do, particularly in antenatal care. They were also critical of general practitioner maternity units, though they admitted that many patients do not like high-powered, intensive obstetric units and want locally based care. The trouble was that the GP was not always available when he should be and his replacement might not be experienced in obstetrics.

Were they saying small GP units were dangerous, asked Mrs Short. Yes, they were. At the same time they pointed out that 70% of all deliveries were done by midwives and emphasised the need to dispel the idea that there is anything second rate about such deliveries. The Central Midwives Board, a statutory body, also put up a firm defence of its value to the profession, which seemed quite apt on a day when the Government announced the slaughter of a whole host of quangos—quasi-autonomous non-governmental organisations.

It was not, it has to be said, an exciting occasion, but the committee has got off to a good start.

David Steel speaks out

The Abortion (Amendment) Bill battle is hotting up nicely. David Steel, the Liberal leader, has held aloof from the squabbles over John Corrie's attempt to amend the 1967 Act, for which Mr Steel was responsible. But he has at last come down from his high horse.

The Corrie Bill, which finished in committee just before the Christmas recess, is due to come before the House for its report stage and third reading on Friday, 8 February. It is then that amendments can be made and Corrie ought to be changing the 20-week limit proposed by his Bill to 22 weeks after events in the committee. David Steel, however, has eight amendments down, the most important of which would set the time limit at 24 weeks, with a provision that should a Health Minister decide at some future date it ought to be lowered he could do so by proposing a new period to Parliament by statutory instrument.