IN THE NATIONAL HEALTH SERVICE?

by

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Forty years on! Yet sometimes it feels just like yesterday. Especially when I am talking with young Willie Watkins!

Nurtured on Rochdale, we felt the significance of the Centenary Year of 1944. We were impatient of the Establishment. So many plans and Congress resolutions seemed to have more in common with the past than with the future. We called ourselves the Second Century Group, much to the confusion of a cinema-going public who seemed to think we were a Hollywood film company called 20th Century. The programme the Group published was entitled "Pattern for Progress" and sub-titled "Outlines of a new Structure for a new *Epoch* of Co-operation." We were Co-operative Brave New Worlders.

The document sought to "state in unambiguous terms the view as to the aims of a voluntary Co-operative Movement in a world moving towards a planned economic system". With V-Ones and V-Twos still descending on London and Hitler still in charge of most of the Continent, we did not foresee a Labour victory in 1945. The statement of the function of the Co-operative Movement was subsequently adopted in post-war years by Co-operative Congress, then disappeared leaving no trace. It ended in a very significant statement "to collaborate in the extension of all forms of democratic collectivist enterprise, pending the time when society is prepared to apply the principles of Co-operation universally".

Our vision did not extend to public ownership in various forms of coal, electricity, gas and railways. Nor to the massive increase of publicly owned houses through municipal initiatives. And least of all to a National Health Service. Where Herbert Morrison's practical and administrative expertise gave us some of the heights of the economy as "collective enterprises", these bodies fell short by excluding the Second Century Group's objective of "*democratic* collective enterprises".

Extending Co-operative Principles

Thirty years on I believe it is time to examine the provision made by nationalised institutions with a view to applying Co-operative principles for the changes that will be essential during the remaining years of this century.

Co-operation as applied to housing, would, I believe, be one of the means of transforming the Council rented estates from the present position of being remote and removed from the Town Halls which govern them and

would provide the opportunity of forming Co-operative Residents Societies with wide responsibilities for management, including the financial resources which would be needed. Such Co-operatives could bring personal involvement and pride into homes by building neighbourly, participating communities. At present the tenant-landlord relationship is no different within the public sector than with private landlords. Indeed in the few cases left where there are small landlords, the relationship can be closer than with the rent collector from the Housing Department.

Opportunities in the NHS?

During my 25 years in Parliament my major preocccupation other than the Co-operative Movement has been the National Health Service. Of all the nationalised bodies the NHS is closest to the Second Century Group's objective of collaboration "when society is prepared to apply the principles of co-operation universally". Therefore it may be appropriate if I seek to marry these two interests and look for an extension of the provisions for illness prevention and treatment through the application of Co-operative experience and principles.

The NHS is already soundly based on an old Socialist tenet "To each according to his need, from each according to his ability". This was so firmly built into the structure that even after five years of constant erosion by the present Conservative Government the main pillars still hold. Eighty-four per cent of the total budget comes from taxation. Ten per cent from what was left over of the old NHI contribution, and less than four per cent from payment for private hospital services, prescription charges, teeth and spectacles. This Government's policies have made wider the breach of Nye Bevan's basic principle on which the Service was constructed, namely "free from payment at the time of need". In spite of all the financial problems I believe it to be a high priority for all charges to be phased out over a period of four years, and that Co-operators should collaborate with Trade Unionists and Labour supporters to achieve this objective.

I admit I am a purist. I regard health as being the inalienable right of each person and that right should not be governed by either the power of the purse or dignity-denying means tests in order to qualify for payment exemptions.

Future Conditions and Needs of the Service

There is a practical side to my idealism. The NHS can only move into a second stage of development if the man in the street can identify himself with it, be involved and participate in its extension. See it as "ours" and not a creature of "them" in Government.

The architect of the NHS, Nye Bevan, has given us one of our most quoted platitudes on Socialist platforms that "Socialism is the religion of priorities". The changing demographic situation with more than one million citizens being over the age of 80 in the next decade, with the consequent

increased demand for medical services, coupled with the technological advances for saving and sustaining life, will impose formidable responsibilities on the decision makers within the Government. For this reason, costing and economic analysis should be going on long before the next Election. A Labour Government would come into office inside an economic straightjacket. All spending Departments will be in the same position as Health and Social Services. Inroads on educational provision, Social Security, the economic problems consequent on massive unemployment; to determine priorities will need computerised accountancy.

At present we spend 5.6 per cent of the Gross National Product on the NHS. In the United States of America it is 9 per cent. With my knowledge of present demand and the projection of future demand I cannot see that less than 7 per cent of the GNP will be necessary. Within the Co-operative Insurance Society we have actuaries and financial experts. Also with the CWS, the CRS and the rapidly expanding Co-operative Bank. All Conservative Governments draw widely on expertise within capitalist big businesses. A Labour Government should be planning to take, and the Co-operative Movement willing to give, the secondment of experts from our institutions.

Making the Structure More Democratic?

Has the Co-operative Movement anything to offer in making the administrative structure more democratic and "responsible and responsive" to patient need from our own experience of the elected committees which manage large economic enterprises? I think not. I believe that in the next ten years the administrative structure should be interfered with as little as possible. The historical reason is that in the last ten years there have been three major restructuring exercises conducted by Conservative Governments. For an organisation employing nearly one million people, effective management becomes impossible if there is uncertainty about careers and unstable relationships within and between professional and ancillary personnel.

For more than 20 years the Labour Party has had as its major pre-occupation the administrative structure and its democratic control. I have addressed almost as many Saturday afternoon conferences on this subject as I have on the purpose of the Co-operative Party. It has been the subject of resolutions at every Labour Party Annual Conference since 1957. There is a need for more participation. There is a need for more accountability. But I place this low in my list of priorities. In many ways it seems to me that because Socialists and activist Co-operators are meeting-conscious, constitution-conscious, resolution-passing-conscious, so we are rather like a football management being more concerned with its rules than in winning matches.

The NHS has always been under-funded and it is a miracle that for 30 years it has been so successful. And it is successful in spite of its faults. As stated previously it is in this field that I believe Co-operative organisation and enterprise experience could be helpful.

Co-operative Experience in Drug Manufacture and Pharmacy

On the present use of resources there are areas where savings are possible without depriving patient and preventive services. Outstanding is the provision of medicines. Pharmaceutical services take 12 per cent of the total budget as compared with 8 per cent for family doctors. Within the £2,000 million spent annually, the excessive profits of drugs companies are a sizeable proportion and a suitable case for treatment. From time to time the Labour Party Annual Conference passes a resolution calling for nationalisation of drug manufacturing but for a number of reasons this is not practical. The drugs industry is multi-national and 75 per cent of medicines used within the NHS come from non-British companies – 50 per cent from the United States. Nevertheless, it amounts to a scandal that whereas the Government puts a limit of 17 per cent profits on all Defence contracts, in the drug industry it is 22 per cent. I should like to see the Government helping to fund a Co-operative organisation to manufacture at least the 10 drugs which are in the most common use, and let the drug industry face this competition.

I am no longer familiar with the present scope of production and distribution of medicines at the CWS factory at Droylsden, though I recall that before the War this was a very successful enterprise. I doubt if at the present time it could undertake large scale Government purchases but surely this could be an example of "collaboration in the extension of . . . collective enterprise". The investment of capital by State and Co-operatives would provide a viable combined operation and in terms of the resolution of the Labour Party on this subject would be a practical alternative to "nationalisation". A Labour Government would need to do other things to back up such a policy, including the use of its powers already in existence under the Patents Act and adequate provision for pharmacology research in our Universities.

A second major saving could come from the generic substitution by pharmacists of drugs where brand names had been indicated by the prescriber. This need not interfere with clinical freedom as every GP only need write "No substitute" to ensure the original stands dispensed. The experience of Co-operative pharmacists could be engaged in the distribution of drugs and methods of saving where the needs of the patient were still paramount. In the present Parliamentary Session I have, for the third session running, had the first reading of the Pavitt Bill on Generic Prescribing. It will be "talked out": I shall continue to re-introduce it until a Labour Government enacts it.

Workers' Co-operatives for Some NHS Services?

At the present time this Government is pursuing an ideological dogma of privatisation within NHS hospitals. Should the counter-attack under a Labour Government be for the formation of workers' Co-operatives to take over such services as laundry, cleaning and catering? I do not think so.

In my experience of serving on hospital committees there is a weakness in the way in which these services have inadequate worker participation, and I think the answer is not to remove them from the purview of integrated management of all the services needed, both medical and ancillary, for patient care. There could be participation within the hospital on Co-operative lines similar in pattern to my suggestion for council house tenants.

In all other fields of supply, however, I believe there is a very strong case for the Co-operative Development Agency and the Co-operative Movement as a whole, to examine the possibility of establishing workers' Co-operatives for these ends. Where our traditional Movement can supply basic needs such as milk and meat, I would demand that a Labour Government should orient its policy towards Co-operative suppliers. After all, a Conservative Government has already demonstrated that it can favour its allies and friends in no uncertain way.

Although the NHS always has as its focal point of attention the hospital service, the needs for the treatment of eyes, teeth and feet affect millions more people annually than those using in-patient care. The 37 recommendations on changes for dental care which were included in the Pavitt Report were subsequently adopted both by the Labour Party Annual Conference and included in the Royal Commission's Report. Within that field there is a place for Co-operative organisation in the provision of dentures.

The watch-dog responsibilities of Community Health Councils need to be strengthened by a Labour Government, and in any constitutional changes, consultation should take place with the Co-operative Movement, particularly with the Parliamentary Committee and the Co-operative Party.

Consumer Organisation in General Practices

In consumer participation in NHS affairs, the great weakness is that for the hospital services which predominate, the consumer has a very temporary relationship. We all come out of hospital full of praise for the service and nurses and gratitude for our return to health. Probably we send subscriptions for a few years to the League of Friends, but that part of our lives rapidly recedes into the past.

The basis for consumer participation does rest however, at the general practice level. The Family Practitioner Service is capable of sustaining a group interest because patients are permanently registered to the doctor of their choice. Patients' Committees and annual meetings have been successfully organised in about a dozen Health Centres and pioneered in a practice in Swansea. This has never caught on. This could be a vital part of the Co-operative impact on the provision of the service.

The recent London Marathon, the increasing number of joggers, is an indication of a new awareness of the need to prevent, rather than treat. Patients' organisations as the circumference of general practice could be

a major move in this direction. I should like to see positive action by a Labour Government to negotiate with the General Medical Services Council of the British Medical Association to this end. Given some success this could lead to a far more important change, that is the way in which the Family Practitioner Committee is completely divorced from both patients and the rest of the medical manpower within the NHS.

And Co-operative Societies on Tobacco Sales?

The Royal College of Physicians, the World Health Organisation, the Chief Medical Officer of the DHSS, and the Royal Commission on the NHS all insist that the greatest killer is cigarette smoking. Alas, whilst Imperial Tobacco and other major manufacturers are diversifying investments, the Co-operative Movement remains firmly wedded to the economic importance of maintaining tobacco sales.

The wider search for Co-operative solutions for social and economic problems will be conducted by a new generation. Co-operators who in 1984 are looking ahead as we did in 1944.

As Mr Speaker puts it: "The question is, where are they?"

Note of the Author

LAURENCE PAVITT was educated at West Ham Central School and Co-operative Evening Classes. MP (Lab – Co-op) for Willesden West (1959/74) and Brent South (1974 - -). Chairman Parliamentary Labour Party Health Group 1964-77. Government Whip 1974/76. Executive Member UK Executive Inter-Parliamentary Union 1967-81. National Organiser, British Federation of Young Co-operators 1942-46. Sectional Education Officer of the Co-op Union 1946-52 and Gen. Secretary Anglo-Chinese Society. Technical assistance Expert Pakistan, India S.E. Asia 1952-55. Nat. Organiser Medical Practitioners' Union 1956-59. Member Select Committee for Overseas Aid 1969-71. Member Medical Research Council 1969-73; Hearing Aid Council 1968-74. Regional Hospital Board 1965-69.