The parliamentary scene

The coming battles

November saw the Health Services Bill shuttling between the Lords and Commons in its final stages, and with the Lords attempting to insert amendments and the Commons removing them there were long hours when the whole exercise seemed futile, since the end result was never in doubt. In fact some of the debate was informative. On 10 November the Lords turned their attention to one of the practical consequences of phasing out pay beds: would there be more amenity beds?

Lord Wells-Pestell was unusually forthcoming on this point. More than two-thirds of National Health Service (NHS) hospitals with authorized pay beds, he explained, had five such beds or fewer, almost always in single rooms or small rooms attached to general wards. As pay-bed authorization was removed from those beds they would be used for NHS patients; and whether or not they were then used as amenity beds the privacy previously given to private patients would then be available for NHS patients. The Government believed that more beds should be designated as amenity beds, that they should be more fully used, and that their availability should be more widely publicized.

Lord Platt was quick to seize the point. In the past, he said, hospitals had had too few amenity beds and they were nearly always occupied by seriously ill patients who needed a single room for medical reasons. Now the Government was saying that it was going to abolish private beds. Did that mean that it was going to replace them with amenity beds – replacing patients paying £200 a week with patients paying 10 guineas a week? 'Either there are going to be so many amenity beds created by this change that if you put your name down for an amenity bed you get it the day after tomorrow instead of after two years for your hernia; or there will be so few amenity beds that you dare not put your name down for one because you will have to wait five years instead of two years.'

The Lords were clearly uneasy that conversion of private beds into amenity beds might lead to the encouragement of another system of queue jumping and abuse similar to that said to be responsible for the opposition to the pay beds themselves. Without doubt there will always be some patients with influence – political, social or financial – who will want privacy in hospital and will get it. In the past many of these individuals have got their privacy as private patients: in the future they will get it in other ways. Will there be less resentment and envy?

When the Bill returned to the Commons for the last time on 19 November, the Government removed all the Lords amendments – including one stating that 'NHS facilities should not be withdrawn from private patients if it would result in a substantial reduction in patients' freedom to engage the services of doctors or dentists of the sex, race, colour, language, religion, or national or social origin of their choice'.

There is, indeed, a grey uniformity creeping over the medical services in Britain. The Health Services Bill (which received the Royal Assent on 22 November) was the last piece of contentious legislation in the Labour Party manifesto of direct relevance to the NHS, and the proposals for the next session set out in the Queen's speech scarcely mentioned medicine (except to refer to the Royal Commission). Yet in practice the almost inevitable cuts in public expenditure present the biggest threat so far to the hospital service. The proposals of the Department of Health and Social Services working party on resource reallocation have caused an unprecedented wave of pessimism in London as the four Thames regional boards have been told to cut their budgets and the inner London areas have been asked to reduce spending by an estimated £100 million. Long term there is little doubt that the balance of medical resources has to be moved away from London and into the provinces; but such changes cannot be achieved in the space of one year without causing unacceptable damage. Whatever the pace of change, however, there seems little hope that minority hospitals such as the Elizabeth Garrett Anderson will be able to survive the bleak economic winter ahead. It has always been extravagant to cater for minority needs, but it will be a sad day when the only hospitals left in London (other than exclusively private institutions financed by fees from patients from overseas) have a blanket uniformity of size, staffing and policies. This is the battle to be fought in the coming parliamentary session, and it is likely to be prolonged and bitter.

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