

The right hon. Member for Sparkbrook said much about expenditure, and I heard two pledges made—first, expenditure on what he called regional authorities. I wish that I knew what the cost of those authorities would be, but they sounded suspiciously substantial. Secondly, he suggested expenditure on other parts of the criminal justice system, which again was uncoded. He did not refer to the Labour party's policy review, which brings sharply into question the fitness of the Labour party to form a future Government. As I understand it, it is pledged to repealing the Prevention of Terrorism (Temporary Provisions) Act 1989 and to amending, and eventually repealing, the Northern Ireland (Emergency Provisions) Act 1987.

In the city of Westminster, those pledges are serious matters indeed. I remind the House that, during the past 17 years of mainly Irish terrorism, more than 100 people have been foully killed on the United Kingdom mainland as a result of terrorist acts, and many others have been injured. I am glad to see my right hon. Friend the Member for City of London and Westminster, South (Mr. Brooke) in his seat. He and I share an awesome burden in the city of Westminster, because over recent years we have had to consider the murder and injuring of people by the Harrods bombing, the Knightsbridge bombing and the Regents park bombing in my constituency. The repeal of those two measures would directly damage the safety and security of the British people. I challenge the Opposition to reconsider their policy review pledges in that regard.

Since the establishment of paid constabularies in 1829, the police system has been independent of politics. The chief officer of police is free to enforce the law in accordance with Parliament's instructions through Acts of Parliament. He is not controlled by the so-called police authorities or by committees of local politicians. I understand that the Labour party has pledged, in its policy review, to ensure that every police authority is made up of elected members, and that responsibility for the Metropolitan police will be taken from my right hon. and learned Friend and the House, and will become the responsibility of an elected body of people. That is a direct challenge to freedom and to the independence of our police service.

Mr. Eric S. Heffer (Liverpool, Walton): The hon. Gentleman is not logical. Is the Home Secretary not elected? Are not Members of the House of Commons elected? If we are elected, and certain Ministers control the police in London, why can we not have locally elected representatives to control the police?

Mr. Wheeler: I am grateful for that intervention, because it enables me to say, without fear of contradiction, that my right hon. and learned Friend and Ministers in the Home Office do not control the police. They are the police authority responsible for funding and producing resources—but they do not control the police or give them instructions.

The public fear that the Labour party policy review will mean that there will be people on police committees who will seek to control and manipulate what the police do. Outside the metropolis, justices of the peace comprise one third of the existing police authorities. As I said at the beginning of my speech, those justices of the peace, who have been appointed since 1361, are citizens of England.

They are unpaid. They ensure fairness and balance, they keep the peace, and that is the system which the country cherishes.

The Opposition have also pledged, as I understand it, to introduce immigration procedures which will be open and fair. They say that they would repeal the Immigration Acts of 1971, 1981 and 1988 and the primary purpose rule.

As Minister of State at the Home Office, my right hon. and learned Friend controlled immigration fairly, and he will continue to do so. Immigration has ceased to be a great issue in Britain. My right hon. and learned Friend has brought peace to the inner cities, because he has reduced the conflict which existed in the 1970s and early 1980s. We are grateful to him for that.

By pledging to repeal that legislation, the Opposition will reintroduce the immigration debate into Britain, and reintroduce anxiety about the future. That is not in the interests of people who live in Britain.

Mr. Peter L. Pike (Burnley): The hon. Gentleman is talking about fairness, but does he not think it is fair that the Government should put right decisions taken previously? For example, if DNA testing now proves that a wrong decision was taken some years ago, should that not be put right—even if the person has now reached the age of 18?

Mr. Wheeler: I agree that where an injustice is found to have occurred, it should be put right. I am confident that the procedures associated with DNA testing will do that.

There is no justice or merit in allowing into the United Kingdom people who will be homeless, and who will become a burden on the communities in which they reside; it can only cause conflict. Therefore, I agree that we have a duty to ensure that people who come to England have somewhere to live.

In my speech I have attempted to remind the House of the noble concept of British citizenship and its contribution to the peace and safety of our society.

5.15 pm

Dr. David Owen (Plymouth, Devonport): Rights, freedoms and responsibilities are the core of British democracy. It is appropriate that the Home Secretary dealt with the issue of terrorism in his speech. While terrorism exists in Britain none of us can be content that rights and responsibilities can be fully exercised by our citizens.

I am glad to see the Secretary of State for Northern Ireland in his place. I have no wish to make his task any harder, as it is the most thankless task of any Minister of the Crown. However, I hope that he will clarify in the House the statements that he recently made. I cannot believe that he thinks that the situation in Northern Ireland can be likened to that of a colony. It was reported that he talked about it in terms of Cyprus in answering a question related to our colonial past. If that is not so, he should get to his feet and clarify the matter.

The Secretary of State for Northern Ireland should also clarify and remove the note of pessimism that came into his briefing, because there is a suspicion that it was not an accidental remark—he was flying a kite and preparing the ground. I would be the first to admit that occasionally those holding office may feel that it is right to open negotiations with people who are considered to be

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terrorists. That is a solemn and ominous step to take, but it can never be excluded. However, it should not be flown as a kite beforehand, or done to test the water.

Due to the Anglo-Irish Agreement and the closeness of the Secretary of State to the Irish Government, his statements have a particular quality. If it were thought that any of those statements had already been discussed in the Anglo-Irish forum, it would only exacerbate the considerable fears about the agreement that are held by the majority of citizens in Northern Ireland. Those fears are not held just by people whose views are based on bigotry, zealotry or the extremes. It is a sad fact that the majority of peaceful British citizens in Northern Ireland do not have any confidence in the Anglo-Irish Agreement.

When I see the inability to mount serious cross-border police or cross-border military co-operation between the two countries, although they are both members of the European Community, I share the doubts of the citizens of Northern Ireland about the Anglo-Irish Agreement. The Secretary of State will find his task more difficult as each time an atrocity takes place the IRA plays on the words of his press interview.

We erode civil liberties in the attempt to defeat terrorism. Right hon. and hon. Members do so consciously and agonisingly. However, we have to strike a difficult balance between having the tools at our disposal to destroy terrorism and knowing that sometimes we shall trample on genuine liberties in a free society when we do so. Right hon. and hon. Members must be fully conscious of what they are doing and that must have the authority of the House.

There is an issue which ought to be covered by legislation but for which none is proposed. I refer to society's responsibility to the people, a minority though they may be, who suffer as a result of accidents and, often now, I regret, treatments undertaken under the National Health Service.

It is typical of the way in which the Government conduct themselves that attention has to be drawn to the fact that an important statement has been made today in a written answer. It concerns the 1,200 haemophiliacs who have the human immune deficiency virus. I have a copy of the answer, which says:

"The Government share the universal sense of shock at the unique position of haemophiliacs who have been infected by the AIDS virus".

I share that shock, but we must not let the Government get away with feeling that it is unique. Unfortunately, others have been infected by viruses as a result of being given treatment under the NHS. An example is infective hepatitis as a result of blood transfusions.

I should observe, for the benefit of those who do not know, that the Government have made £19 million available to a trust and, by implication, suggested individual ex gratia payments of £20,000 this year for people who have been infected with HIV. That settlement is massively lower than they would expect to get in the courts. That is the first thing that has to be said. The second is that it is inadequate. The third is that the House bears a great responsibility for those people being infected with HIV.

I feel personally responsible. On 22 January 1975, as a Minister in the Department of Health and Social Security, I announced to the House a programme to make us

self-sufficient in blood products, particularly Factor VIII. I repeated that pledge on 22 April 1975, when I said that I hoped that it would be done in two to three years, and I repeated the pledge again on 29 April 1976 in a speech to the World Federation haemophilia congress. When I said that we hoped to be self-sufficient in blood products by mid-1977, I was not speaking in the House, so that that statement did not bind successive Governments. But we are all responsible for the two earlier pledges that were given in the House.

The targets were not achieved and we are still not self-sufficient in blood products. I was told by a Minister of the present Government that they made the decision to be self-sufficient in 1982. Was Baroness Trumpington unaware that the House had already been told in 1975 that Britain would be self-sufficient? What happened?

I have tried to persuade the parliamentary ombudsman to investigate this issue, but failed, for if ever there has been a clear and graphic case of maladministration, this must be it. We are all responsible. It is no use trying to buy off a court case with an inadequate payment given grudgingly. In Canada, sums as high as £150,000 are being paid out. In Germany, there have been supplements of more than £160,000. I have constituents suffering from asbestosis who will get more than £20,000.

Mr. Robert Key (Salisbury): The written answer to which the right hon. Gentleman has referred was made in response to my question. I acknowledge the long interest that he has taken in this matter. It is important to recognise that, leaving aside the monetary value of this ex gratia payment, which is not intended to be compensation, there are difficult legal issues involved which make the situation here quite different from that in other countries where individuals are suing drug companies. That is not happening here. It is clear from discussions that I and others had with my right hon. Friend the Prime Minister yesterday that there is no intention of these payments precluding a court case. It is not possible, thank goodness, to buy off court cases in Britain.

Dr. Owen: I pay tribute to the efforts made by the hon. Gentleman and many others of all parties to allow the Government to behave generously, but I do not think that even he agrees that they have yet behaved generously. I agree that there are complications. My argument is that we should be legislating for a proper system of compensation that covers haemophiliacs who have been infected with HIV and others, such as those treated with Opren and those affected by thalidomide. We all remember from *The Sunday Times* and elsewhere the fight that they had.

People do not want to sue the Government when they have been through the NHS. They want a system of fair compensation. They know that what has been done is nothing other than an accident and that there has been no malevolence. Other countries have a legislative system which gives people a statutory right to be compensated fully without having to fight their case in the courts.

Mr. Michael Lord (Suffolk, Central): Does the right hon. Gentleman agree that one of the crucial arguments which is usually put forward by Treasury solicitors and others is that there might be an open-ended commitment? The essence of what he is saying, with which I agree, is that, tragically, for haemophiliacs, the time-scale could not be more limited.

Dr. Owen: We know that only 1,200 people are infected but, sadly, more than 100 have already died. I believe that it would be possible to negotiate a compensatory arrangement that would obviate the need for any legal cases. For them to be withdrawn, the settlement would have to be generous—at least four times what is currently proposed. The House must accept that it should legislate to create a statutory protection so that people do not have to take the NHS to the courts and so that there is an honest, open and fair system. I hope that this will be covered by the phrase: "Other measures will be laid before you" and that we shall not have to wait for another Queen's Speech.

The Home Secretary rightly drew our attention to the problem of drugs. It is the biggest social problem that this and many other Governments face. It is the dominant issue on the domestic scene in the United States and involves the President. I do not yet sense the same sense of urgency here. I do not think that we have yet grasped what a devastating drug crack is. A person who uses it once is hooked for ever, and has very little chance of successful treatment. Every effort to stop that initial dose is therefore of utmost and critical importance. I welcome the measures that have been announced, but I urge the new Home Secretary to give the matter the highest possible priority.

I want to draw attention to another scandal surrounding AIDS. We should be blunt about it—we are not doing what we ought to do to prevent the spread of AIDS, especially among the drug community. The biggest bridge of AIDS into the heterosexual community is among drug addicts. There are focuses of infection among drug addicts which we know about. Edinburgh is by far the largest in Britain, but it is spreading. We are still failing to do what we have done in the past when faced with infectious illness—to conduct routine blood tests without the need to have permission for them.

When asked whether they want HIV tests, many people will be frightened and resist. We have confronted this problem before. I understand the fear. The main focus of AIDS is in the homosexual community and, because that community has been savagely discriminated against over the years, it senses that new discrimination is coming because of HIV testing, which would be conducted mainly among homosexuals.

Fear of testing and of the unknown has also been experienced before. Syphilis was on the point of becoming a pandemic, and doctors were under tremendous pressure to conduct compulsory blood tests, but they refused. They argued that it would be possible instead to conduct routine testing without permission and for the information to be completely confidential between doctor and patient. That is the public health practice that has been used successfully in the past. Why was it not used for HIV testing? Why were we told that we could not have HIV blood tests without permission and that not to have written permission was an assault on a person? We did not need written permission for a Wassermann test for syphilis. I suspect that most hon. Members have had such a test, unknowingly, 10 or 12 times in their life. In some parts of the United States, it is compulsory to have such a test to get a marriage certificate.

The way to deal with this matter is to identify the focus of infection. We will now have a great fanfare of publicity because of anonymous testing. What will that do? A ludicrous situation will exist where the doctors know that the result of a blood test is positive but will not be able to

trace it to the individual or counsel that person who, not knowing that he has HIV, could be infecting his wife, girlfriend or boyfriend. How can that make sense? It is utterly ludicrous.

The medical profession seems to be completely stymied. I receive private, confidential letters from members of that profession asking, "Can you not do something about this?" I write back, saying, "What is the advice of the chief medical officer?" We have persuaded ourselves that a civil liberty is involved. Is it a civil liberty to have people unknowingly infecting some of those closest and dearest to them? It is time that we went back to proper public health prevention practice. The problem exists not only in this country but around the world. I do not know what scientific advice the Government have received or what the chief medical officer has said. I beg the Government to listen to some of the comments of some of the wiser heads in the medical profession who are deeply worried. They believe that we have gone up a blind alley and they are appalled and horrified by what is happening.

I turn to some of the more controversial, and perhaps partly political, sides of my speech. I wish to deal with the legislation which should never be placed on the statute book. Nevertheless, that will probably happen. Yet Conservative Members can stop it. The National Health Service legislation is an odious piece of legislation that is wrong in principle and in practice. Few matters unite the whole medical profession. Aneurin Bevan was never able to unite the whole profession against him—[*Interruption.*] The right hon. Member for Chingford (Mr. Tebbit), who stands outside the Chamber but no doubt would like to repeat his comment in the Chamber, mentioned self-interest. I must declare an interest in this matter. I ceased to practise medicine in 1968, but I am still able—[*Laughter.*] Were the right hon. Member for Chingford to be suddenly knocked down in this place by some terrible disease, the police would first look for all the proper doctors. If perchance there were none around, I would be called to him. I would still be able to treat him, although I am sure that, like me, he would be extremely anxious about my capacity to do so.

Aneurin Bevan was incapable of uniting the medical profession against the NHS. He managed to stuff the consultants' mouths with gold and kept them on his side all the time. Even Barbara Castle—a figure unknown to controversy—failed to unite the medical profession. I managed to persuade her to stuff the GPs' mouths with gold, and we paid them for family practitioner advice. At one stage, it looked ominously as though we would have the whole medical profession against us. This Government achieved a unique distinction of uniting hospital consultants, general practitioners, junior hospital doctors, retired physicians, the whole nursing profession—hardly a soul who can speak authoritatively for the NHS is not opposed to the Government's proposals on the NHS.

The tragedy is that there is much merit in the Government's proposals. A good deal of it should be introduced. A more cost-effective Health Service is in the interests of all of us. There needs to be greater medical audit—something not always liked by the medical profession. I have long argued in this place for its extension to family practice as well as to the hospital service.

There is much to be said for more real choice, for enabling patients to go outside their district health authority where there may be a long waiting list, to

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another district health authority with no waiting. The money should follow the patient. [HON. MEMBERS: "Hear, hear."] Conservative Members cheer because they seem to believe the publicity of the Secretary of State for Health which says that somehow this choice is available to patients. It is not. [HON. MEMBERS: "It is."] No. Under the proposed system, if the patients' general practitioner has decided not to have a practice budget - doctors in a small practice will not even be allowed to do that - patients and GPs will be told in which hospital they must go by their district health authority, which will have arranged a contract with that hospital. Patients do not have the right to go outside their health authority area. They do not have the right to choose. One of the major problems with the legislation is that it constricts the freedom of choice of the patient and the general practitioner to go to the hospital that they choose at the time that they want.

The Prime Minister is keen for this right to be extended to those only in private practice. We know her view on health services. In fairness to her, she does not hide her views on most matters. On the day the Health Service White Paper was published and the poor Secretary of State was due to explain it, the Prime Minister said to me: "those who can afford to pay for themselves should not take beds from others." [Official Report, 31 January 1989; Vol. 146, c. 164.]

The Prime Minister wants a two-tier National Health Service. Those people who can take out private health insurance can choose to go to the hospital they want at the time they choose, as the right hon. Lady wants. There will be another Health Service for those who do not take out private health insurance. We know that that is what the right hon. Lady wants because she is the first Prime Minister since the National Health Service came into being to give that old Right-wing Tory ideology the great support of a tax concession for private health insurance. Churchill was asked to do that immediately he became Prime Minister in 1951, and he wisely rejected it. No doubt, if Anthony Eden had had the time, he might have been put under similar pressure. Harold Macmillan, Alec Douglas-Home and the right hon. Member for Old Bexley and Sidcup (Mr. Heath) all refused to give a tax concession to people taking out private health insurance. Why? It is the surest way to a two-tier health service and to expand the private health insurance scheme.

Of course, we accept in a free society there must be a right to choose to pay privately. I would never take that right away - indeed, we could not do so under the European convention on human rights. It is the same with education: one must have the right to opt out, or should the NHS be designed for all of us to use? That is the crucial point about the NHS and why the legislation is so offensive. It takes us down a route that effectively ceases to design the NHS for the whole population. If the Prime Minister resists the challenge to her leadership, which we hear will occur in the next few weeks, that will happen gradually. Incidentally, I give the right hon. Lady an odds-on chance of resisting that challenge. Perhaps the real stalking horse will come not this year, but next year. That is the challenge for which the Prime Minister must be ready. I still think that the Prime Minister is likely to win the next general election if Labour Members continue to wish to act on their own and avoid any form of

combination of Opposition parties. Incidentally, the Indian opposition parties seem to organise these matters rather better.

Mr. Frank Haynes (Ashfield): It is all very well the right hon. Gentleman yuwping about what the Labour party should be doing to defeat the Government, but he rattled on us and left. This would not have happened if he had not done that.

Dr. Owen: I am flattered by the hon. Gentleman's belief that if I had stayed in the Labour party in 1981 the Conservatives would not have won the 1983 or 1987 general elections.

Mr. Haynes: That is the cause of all our problems.

Dr. Owen: The cause of all your problems was that you were unable

Madam Deputy Speaker (Miss Betty Boothroyd): Order.

Dr. Owen: The reason for all the Labour party's problems - not your problems, of course, Madam Deputy Speaker - was that it lost the confidence of the electorate on two fundamental issues, the proper defence of this country and this country's destiny within the European Community. No one who fought the 1979 election on the Labour party's manifesto could with any honour have fought the 1983 or 1987 elections on Labour's manifesto. Labour was defeated then because of those changes, but I have been delighted to see Labour change its mind and begin to accept the need for nuclear deterrence, a proper defence policy and continued membership of the European Community.

Some of us have not changed our minds on the questions of defence, foreign affairs or the Health Service. One reason why I attack this Conservative Government is what they are doing to the National Health Service and that is why the Social Democrats will continue to stand for the policies in which we believed before and after 1981. The National Health Service is a factor that unifies this country; it is designed for everyone. If people opt out, they opt out, but the role of the Government is to embrace as many people as possible. Ninety-five per cent. of people use the family practitioner service.

I went to see a general practitioner in the city of Plymouth. I shall not describe him further because I do not want to embarrass him. He is a lifelong Conservative, but he described this legislation as "immoral". I said that that was a tough description and I was not sure that even I should say that. He said that he could go for a practice budget tomorrow because he had all the computerised services, efficiencies and skills, and that he might be driven to do so because that is what the legislation is geared to achieve. The temptation to do so is strong for a good practitioner because the alternative - the direction of where patients should go - is draconian and unwelcome to anybody committed to clinical freedom. He said that he would never vote for the Conservatives if they were to put that legislation on the statute book.

Long after people have forgotten about the privatisation of the water supply or even about the poll tax, the issue of the National Health Service will be the Achilles heel of this Government, and deservedly so. They will lose millions of votes on this subject because the National Health Service is dear to the people. They know that it

needs more resources; it has been starved of resources by successive Governments. Six per cent. of our gross domestic product is spent on health, whereas in the European Community the average is 7.5 per cent. It needs not only a large amount of money, but commitment. It is hard to sense any commitment from a Prime Minister who, whenever she needs health care, is not prepared to trust the NHS for which she, as the Queen's most senior Minister, is ultimately responsible.

There are many other aspects of the legislation that I would criticise.

Mr. Marlow: I have listened to the right hon. Gentleman's good speech with a great deal of interest. The right hon. Gentleman has said that everyone in the Health Service is against the Government's reforms. Can he explain why 80 hospitals have opted to become self-managing trusts?

Dr. Owen: That is easy to explain. Plymouth district health authority claims to include one such hospital. Yet the hospital consultants passed a motion of censure on the district health authority in Plymouth the other day. It held a ballot among the hospital consultants and the consultants rejected the proposals by a massive majority. The Confederation of Health Service Employees, the National and Local Government Officers' Association and the National Union of Public Employees have all consulted their members in Plymouth and they are all against the proposals. There is no majority for them. Yet this authority that has been appointed over 10 years by Conservative Ministers now represents a substantial group of people, who are committed Conservatives apart from anything else, which has decided that it wishes to show an interest in the concept of a self-governing hospital.

The Social Democratic party supports self-governing schools because we believe that schools are manageable units. Pupils enter at the age of 11 and have to stay until the age of 16. We know roughly what percentage of pupils at comprehensive schools are likely to stay on until the age of 18 and we know when the terms are set. However, it is almost a contradiction in terms for a hospital to be self-governing. They cannot be isolated from the community services. All the thrust of modern health care has been towards integrating the community services and the family practitioners with the hospital services. We have not done that adequately, but all the movement has been to bring them together. Hospitals do not know whether a patient will come into the accident and emergency centre at midnight or whether the operating theatre will be opened at 2 am or 4 am. Hospitals have no idea how long people who come in with an inguinal hernia may stay. In some hospitals, they are treated as out-patients, whereas if there is a complication they may stay for up to 10 days and if there is a serious complication their stay could be as long as three weeks. The normal parameters of management are not predictable, as they are in schools.

Another complicating factor is the catchment area. The hon. Member for Northampton, North (Mr. Marlow) knows a good deal about this subject. He knows, for example, that a hospital cannot discharge somebody from day surgery unless he is going back to a general practitioner who will take care of him and who, preferably, has a practitioner nurse, and to an area where there is a meals-on-wheels service and a home help service for the elderly. The idea of the economics of the hospital being

isolated from the services in the community, such as the social services and housing, and the family practitioner service is nonsense.

Only the Prime Minister, who does not use the National Health Service, could have introduced this legislation. Only the Prime Minister, who has been the chairman of the so-called "review committee", could have brought forward this ridiculous proposal. She seems genuinely to believe that it is the same old story as the self-governing schools. When she hears officials say that the idea is not on, she thinks that it is just the same old argument that they gave her about the self-governing schools. She has thrust this proposal forward. Ministers and most of the Conservative Back Benchers know that it is nonsense, but they are saddled with the proposals.

Are Conservative Members prepared to modify the proposals? I shall suggest a few modifications. There is provision in the Bill for health trusts, which are a good idea because they would give more freedom from Treasury control than we have seen before. However, the new trusts should be introduced on a district health basis. Bassetlaw was the first to come forward with this suggestion, and there are many others. We should stop the self-governing hospitals dead in their tracks and make the district health authorities into trusts, which would be a sensible reform. There should be a few experiments with GP budgets, but we should stop in its tracks the idea that the general practitioner cannot refer to the hospital that he thinks best for his patients and we should especially give patients the right to insist that they can go out of their district health authority area if they can be treated more quickly. Nothing would do more to free the rigidities of the waiting-list system, which is one of the main sources of dissatisfaction.

As a result of interventions, I have not been able to cover as many pieces of legislation as I should have wished. In general, it is a ragbag of legislation from a Government who seem to have lost their way, although people will make a great mistake if they assume that this Government cannot recover. They face a difficult and dangerous economic position. There is anxiety about whether we can manage to pull through without speculation against the pound—of which there has been a good deal in the past few weeks—forcing another interest rate rise or a further devaluation—as has already happened against the Deutschmark—which will feed through into inflation. The key economic parameter which will determine the future of this Government and their chances at the next election is inflation. There is no doubt that interest rates will come down and inflation will probably come down as well, but the extent to which and the manner in which it comes down are crucial.

We now hear from the chairman of the Conservative party—who is paid by all of us to be the chairman (Hon. Members: "He is not.") I am delighted to withdraw that remark.

Mr. Norman Tebbit (Chingford): I should emphasise, not least from my own experience, that the chairman of the Conservative party receives no pay from the taxpayer and is not paid as a Minister. He was not in my day, nor in the day of my predecessors.

Dr. Owen: I withdraw that remark. I do not think that the chairman of the Conservative party should be in the Cabinet, but that is a personal question. He should not be

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paid by the taxpayer or have Government cars and perks. However, I am sure that that too does not apply to the chairman of the Conservative party and I am sure that all his expenses are paid by the Conservative party, as they should be.

The chairman of the Conservative party has told us that an election is unlikely until 1992. I still believe that stopping the Government's Health Service reforms is the crucial political issue between now and the next election, and their reforms are one of the reasons why, above all, they do not deserve to continue in government after the next general election. The Labour party, the Liberal Democrats and ourselves should weigh that carefully before we let our normal parliamentary and partisan divisive politics allow the Conservatives to win again on 42 per cent. of the vote. They should not have a majority in this House. We talk about rights and responsibilities in this House. If there were a fair representation in the Chamber, the Prime Minister would not have an overall majority. There would be 60 SDP Members and 80 Liberal Members, and the Government would not have a majority.

It is in the Labour party's interests that the voting system of this country should be changed, but above all it is in the interests of the people of this country. In the same way, it is in their interests that there should be a Bill of Rights to make the European convention on human rights justiciable in the courts of this country.

The smaller parties—I include the nationalists and the Ulster Unionists—can contribute much to the politics of this country. One sign of the way in which television time is likely to be carved up in this House is that, despite having a time allocation from 2.30 pm to 5 pm today, the Front Bench spokesmen managed to finish their speeches after the television cameras live broadcasts had been put out. We make no complaint about that, but no doubt it is the sort of management of affairs which we shall see fairly consistently over the next couple of years. However, we have a contribution to make to the House and country and our voice will be heard.

Madam Deputy Speaker: Due to the large number of Members wishing to participate in this debate I was about to ask that speeches should be limited voluntarily. However, it is nearing 6 o'clock and Mr. Spenker has ruled that speeches between 6 pm and 8 pm should be limited to 10 minutes.

5.51 pm

Mr. Keith Speed (Ashford): I hope that the right hon. Member for Plymouth, Devonport (Dr. Owen) will forgive me if I do not follow him down the byways of the National Health Service. I entirely agree with the first part of his speech, which dealt with the tragic victims of drug-related accidents. I think that he carried most of the House with him.

While I welcome the Gracious Speech, I believe that it was shorter this year than originally intended. I do not believe that all our problems are solved by passing more and more legislation, as if we were an enormous factory churning out sausages. When we are in opposition we always say that we shall produce less legislation, and when

we are in government we turn out more and more. I am not sure that this improves the lot of our fellow citizens or their quality of life.

Today we have been speaking in general terms about rights, freedom and responsibilities. There are two freedoms: international and domestic. I welcome what is happening in the world, particularly in eastern Europe. Instability and the collapse of the Communist empire in eastern Europe have been welcomed today. President Bush held out a large hand to Gorbachev but that instability means that there will be dangers over the next two to three years.

If Mr. Gorbachev cannot deliver some economic reforms—there are signs that he cannot at the moment—reactionary elements in the Soviet Union or elsewhere may seize the wind of opportunity to start mischief with the West. Therefore, as the Queen's Speech stated, this is a time for maintaining our defences by having cool heads and a clear vision, while taking a full part in the disarmament talks, particularly in Vienna, so that, in step with the other countries of eastern Europe and the Warsaw pact, we shall be able to reduce our tanks, artillery, planes and, eventually, our nuclear weapons and naval forces. Earlier this year, many people welcomed the great advances and investment taking place in China. However, events in May in Tiananmen square showed that we must take nothing for granted and remain cool.

My right hon. and learned Friend the Home Secretary, in his excellent speech, and a number of other hon. Members mentioned domestic security. People certainly want security and to be able to walk about the streets. As the right hon. Member for Birmingham, Sparkbrook (Mr. Hattersley) said, they want to be able to use public transport, whether buses, trains or tube trains. The staff of public transport, as well as the passengers, want the security and confidence to go about their business without being mugged, attacked or threatened.

I shall throw a slightly different light on this issue from that which we have seen so far in the debate. The Queen's Speech referred specifically to the regeneration of our cities. One reason for the crime wave which we face is the conflicts which ordinary citizens, whether young or not so young, have to face. Graffiti diminishes the quality of life for us all. It is part of an environment which encourages lawlessness, mindless violence and vandalism. It can be extremely dangerous for those who perpetrate it. A number of young people have been tragically killed on the London Underground, British Rail and elsewhere. It is not, alas, confined to this country, as travellers to Europe and other parts of the world will testify.

Prince Charles has referred a number of times to the shortcomings of British architects, and I agree with him. However, a bigger shortcoming is that not only do modern houses, terraced houses and flats seem to be designed so that they are not insulated against changes of temperature: their insulation against noise appears to be non-existent. Our fellow citizens often have to put up with misery and deprivation when living in modern buildings, sometimes privately owned, often council owned. They do not need to worry about switching on the volume of their own television set because they can hear the set two or three blocks down. That is not good enough and we should be able to cope with the problem by introducing building regulations to ensure better design. How is it that the Georgians, with their timber-framed houses of 200 years ago, seem to have had better standards of thermal and