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National Health Service

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5.4 pm

**Mr. Alfred Morris** (Manchester, Wythenshawe): The Secretary of State's long and, at times, repetitive speech reminded me of a celebrated apology by George Bernard Shaw.

"I'm sorry",

he said,

"for writing at such length. There wasn't time to write more briefly."

The right hon. Gentleman spoke at greater length than my hon. Friend the Member for Islington, South and Finsbury (Mr. Smith), but not to more effect. Anyone who believes, as the right hon. Gentleman pretends, that the founding principles of the national health service are in safe keeping with the Conservative party will have no difficulty in believing that pigs, even Lord Emsworth's beloved Empress of Blandings, might fly.

**Sir Donald Thompson** (Calder Valley): Will the right hon. Gentleman give way?

**Mr. Morris:** I must proceed.

The Conservatives contested its founding principles when the NHS was created and still seek to undermine them today. As the Prime Minister was beside himself to remind me at an hour-long meeting that I had with him about the Government's obstruction of a private Member's Bill that I was then promoting—my Civil Rights (Disabled Persons) Bill—in the third year of his premiership:

"This is a non-interventionist and deregulating government",

and thus, he said, in fundamental conflict with crucially important provisions of my Bill.

The Government are no less in fundamental conflict with the principles of the national health service when it was founded, and the sooner the NHS is under the direction of people who genuinely believe in them, the more likely it is that their purpose will be fully achieved, not least that, as my hon. Friend the Member for Islington, South and Finsbury said, of restoring equity to the service and fairness between its patients.

The opening speech of my hon. Friend the Member for Islington, South and Finsbury was one of high distinction. It was that of a man both determined and well equipped to tackle existing wrongs and to achieve improving quality of care. I am naturally delighted also that my hon. Friend the Member for Monklands, West (Mr. Clarke) shares the Front Bench with him in this debate. As the House knows, the role of my hon. Friend the Member for Monklands, West is one of special significance to me. What he has already achieved for long-term sick and disabled people alone entitles him to the highest regard in all parts of this House.

The Secretary of State has important duties for the well-being of Britain's 6.9 million disabled people: for example, that of ensuring full and ready access to the services to which they are entitled under section 2 of my Chronically Sick and Disabled Persons Act 1970. The right hon. Gentleman must be aware how much the organisations of and for disabled people have wanted him—and want him now—to exercise that duty with the same sense of responsibility and commitment as his ministerial predecessor, Sir Hugh Rossi.

Sir Hugh, one of my Conservative successors as Minister for disabled people, made their mandatory duties under section 2 of the Act strikingly clear to all local authorities when he told the City of Liverpool and the London borough of Wandsworth that they were acting unlawfully in keeping disabled people on waiting lists for services for which they had been assessed under the section. He instructed the two local authorities to clear their waiting lists forthwith by providing the many hundreds of disabled people involved with the help to which they were entitled by law. If the Secretary of State is prepared to listen to no one else in this important matter, I hope that he and his ministerial colleagues will at least concede that what their predecessor said and did is worthy not only of careful study but urgent emulation.

I spoke the other day to a severely disabled woman about ministerial attitudes to the Chronically Sick and Disabled Persons Act 1970 in anticipation of this debate. She said, "They are dragging their feet." Looking down, she added, "And tell them they're lucky to have feet to drag." She is not alone in her anxiety about the Government's growing failure to give meaningful effect to legislation that is so deeply important to their independence and well-being.

The Secretary of State and his colleagues often get themselves into a muddle in trying to decide whether to say that the last Labour Government did too little or too much for long-term sick and disabled people. They try to square the circle by saying both. For example, while boasting that they have given them more help than we did, they repeal hugely important legislative advances that we made for disabled people. That can be documented at length, but I ask the House to consider just one instance.

During my time as Minister with responsibility for the disabled, in 1975, the Labour Government legislated to link disability benefits with growth in prices or average

earnings, whichever was the more beneficial to disabled people. The ending of that link, after the change of Government in 1979, had cost recipients of invalidity or incapacity benefit alone £8.57 billion by the end of the year 1994-95. Given the rate of progression of the Government's savings in the final three years for which figures are available, that figure must now be in excess of £12 billion.

Recipients of the attendance allowance had been denied £5.85 billion by the end of 1994-95, which must now have risen to more than £8 billion. Other cash benefits for disabled people have been cut just as drastically below the levels for which I legislated under the last Labour Government. There was even a saving to the Exchequer, by the end of 1994-95, of £420 million on our pioneering invalid care allowance, which today must have increased to more than £600 million.

Ministers would need more polished oratorical powers than Demosthenes to argue away factual information of that eloquence. The figures that I have given are not mine: they are quoted from parliamentary replies that I had from the present Minister for Social Security and Disabled People as recently as 10 February. I am grateful to him for correcting his earlier replies. I urge all right hon. and hon. Members to read the figures he gave me.

The central truth about our achievements and those of our successors is that, by common consent, Britain led the world in the 1970s in legislating to make life better for disabled people and their carers. That is why I was asked by the United Nations in February 1979 to open the discussion in New York that paved the way for the International Year of Disabled Persons in 1981 and why I was invited by Rehabilitation International to chair the world planning group that drafted the "Charter for the 1980s" for disabled people worldwide. Britain was then unquestionably a world leader in this policy area. As everyone knows, we are anything but a world leader today. In the north, south, east and west of the world, there are today countries that used to follow our example but that we now lag woefully behind.

I must make one more point about disability legislation in this debate. In government, we, for our part, went far beyond our manifesto commitments of 1974. There was no commitment then to legislate for the mobility allowance, for the non-contributory invalidity pension, for the invalid care allowance or for the disabled housewife's allowance. Those were advances made over and above our manifesto commitments, and I am totally sanguine that my hon. Friend the Member for Monklands, West will again make action speak louder than words as the Minister.

Far too few resources are spent today on research into tackling even the major scourges that still destroy the health and wreck the lives of their victims. Consider the reply that I had on 18 February to my parliamentary question on the progress of research funded by the Government into Alzheimer's disease. Anyone who reads the reply will be left wondering why voluntary organisations should have to spend so much of their time and meagre resources in funding research, the benefits of which are manifestly important to us all.

Again, why cannot the Government find even a moment of parliamentary time to enact the Disabled Persons and Carers (Short-Term Breaks) Bill, so ably piloted through the House of Lords by Lord Rix? Not to

[Mr. Morris]

allow it to achieve its admirable purpose of strengthening the ability of carers to cope with their problems will inevitably lead to further dependence and higher spending by the national health service; so it is self-defeating as well as inhumane. Ministers will know that there is another opportunity this Friday for them to stop obstructing the Bill, and I implore them to let this much-needed measure go forward then without further delay.

I turn now to the Secretary of State's responsibility in relation to the compellingly urgent claims of people with haemophilia who were infected by contaminated blood products in the course of NHS treatment. There is a deep sense of injustice among them. The tragic fate of three brothers explains why.

Two of the brothers were infected with HIV by NHS treatment and died of Aids-related illnesses. The third was infected with hepatitis C and died of liver failure. The two who died of HIV infection had financial help from the Government and were able to make provision for their families. The third brother went to his grave having been refused any help at all. He could make no provision for the future well-being of his family.

All three brothers died from the same cause: contaminated NHS blood products; but the third brother was deprived of the help given to the other two by a Government who provided £70 million for people infected with HIV and set up the Macfarlane trust to give them continuing support. The Government accepted their moral responsibility in the case of HIV infection. They have the same responsibility now in hepatitis C-cases.

The Government argue that compensating those infected with hepatitis C would take money away from patient care in the NHS. To say that is to bark not just up the wrong tree but in the wrong forest. The payments made in the HIV cases came from contingency moneys, which is what the Haemophilia Society is asking for now for the hepatitis C victims. The society simply wants the terms of reference of the Macfarlane trust to be extended to include them.

Measured against the pain and suffering endured, the claim is extremely modest. Hepatitis C attacks the liver and is life threatening. Current medical opinion is that up to 80 per cent. of those infected will develop chronic liver disease, of whom about 20 per cent. will develop severe liver problems, such as cirrhosis or liver cancer. Scores of those infected have already died, and the death rate is accelerating.

In recognition of the scale of the problems, an all-party early-day motion was tabled in my name and now has 273 signatories: a majority of all Members of Parliament who are free to sign such motions. As the list of hon. Members shows, the issue is treated in the motion not as one of right and left, but of right and wrong.

The Haemophilia Society, with strong support from both sides of the House, is simply calling for parity and has documented in an impressive recent report the appalling effects on families of failure to concede their claim. In none of the campaigns I have been closely involved in here over the years—among them those for the thalidomide victims, for children with dyslexia and autism, for war widows and for haemophiliacs infected

with HIV—have I had so strong a sense that no campaigning should be necessary to right such an obvious wrong.

The Government know we are right and that our campaign is completely free from party animus. They know too that, given the nod by Ministers, the Commons would settle the issue within an hour. The Government's legislative programme is gossamer thin. Parliamentary time could unquestionably be found. If Ministers fail to act, and the campaign has to go on, then go on it will, but I most strongly urge the Secretary of State to act now and to make it clear that he is doing so before the debate concludes.