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From the Secretary of State for Social Services

The Rt Hon Sir Geoffrey Howe QC MP
 Chancellor of the Exchequer
 Treasury Chambers
 Great George Street
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June 3 1982.

Geo Geoffrey

We are about to enter a critical period as regards pay and industrial action in the National Health Service. There are days of national action on Friday 4 June and Tuesday 8 June, and the TUC Health Services Committee is to meet on Wednesday 9 June, when it will review the position and consider the future conduct of the campaign of industrial action. The outcome of the pay ballot by the Royal College of Nursing is due to be announced tomorrow and there will be a meeting of the Nurses Whitley Council on 8 June, at which the Staff Side's attitude towards the 6.4 per cent pay offer will become known.

Industrial action is meanwhile continuing sporadically throughout the country. I am satisfied that health authorities are standing firm and are ensuring that those who do not work are not paid. The effect of the action is uneven, but there are a number of hospitals which are providing no more than an accident and emergency service, with all ordinary inpatient admissions and outpatient attendances cancelled. Many patients are therefore not receiving the treatment or diagnosis they require, and waiting lists are building up. It remains to be seen what effect the forthcoming days of national action will have on the continuing level of industrial disruption.

1 It has been my hope that the nurses would accept the 6.4 per cent pay offer. We should then have reached agreement with them and with the doctors and dentists, and this would give us a reasonable basis from which to move on to seek settlements with the other groups. However, my firm impression now is that the nurses are likely to reject the offer. This will face us with new and more difficult problems.

As yet it is too early to reach a judgment about this. The immediate requirement is to assess the implications of whatever decision is reached by the nurses, and similarly to assess the outcome of the two days of national action, and of whatever decisions are taken by the TUC Health Services Committee on 9 June about the future conduct of the programme of industrial action by the affiliated trade unions. Following that, we can consider what would be the best line to enable us to achieve our objectives.

I am sending copies of this letter to the Prime Minister, other members of E(PSP), George Younger, Nicholas Edwards, Jim Prior and Sir Robert Armstrong.

Geo

NORMAN FOWLER

National Health Service (Industrial Action)

3.50 pm

The Secretary of State for Social Services (Mr. Norman Fowler): With permission, Mr. Speaker, I should like to make a statement on the industrial action in the National Health Service.

The House will wish to be informed of the latest position on industrial action in the Health Service in support of the current pay claim and the action being taken to ensure, as far as possible, that patient services are maintained. I am sure that the House will agree that the welfare and safety of patients must always be our first concern.

First, let me report on the action taken last week in the national 24-hour stoppage called by Health Service unions affiliated to the Trades Union Congress. The action was widespread, but patchy in its effect. In some areas, there was serious disruption of services. In other areas, there was limited response or none at all. The majority of nurses continued to provide patient care, reflecting their traditional concern not to do anything that might harm patients. However, the action did have an effect on patient services. In many places, admissions were restricted to accident and emergency cases and routine treatment was restricted or prevented altogether. Similarly, services for patients in hospital were affected, so that, for example, cold meals had to be served and clean linen was not available. This demonstrates the plain fact that industrial action cannot be taken in the Health Service without adverse effects on patients.

One further point that I should like to make clear concerns the risk of emergency services breaking down. It was clear last week that the assurance given by the trade unions that accident and emergency services would be fully protected could not be guaranteed in all areas. This underlines the potential danger of continuing industrial action in the Health Service and should be a vital consideration not only to those responsible for making arrangements to meet this contingency but also to those who seek to justify or support the action.

Nevertheless, certain unions have indicated that they intend to continue industrial action. Clearly, the main task for management is to continue to provide the widest possible range of services and to ensure the welfare and safety of patients. The main responsibility for dealing with industrial action lies with the local health authorities, but we have reminded them of the guidance issued by the Government in December 1979 on the action to be taken when industrial relations break down. My Department is in touch with the relevant authorities to ensure that the appropriate arrangements are being made. The Government are taking steps to ensure that an emergency service can be maintained.

It is important to recognise that over the past three years the National Health Service has enjoyed real growth and secure and growing employment. The numbers of full-time staff directly employed in the hospital and community health services have increased by 47,000 including 34,000 nursing and midwifery staff. The offers on the table give increases of more than 6 per cent. to about half the work force, including nurses and midwives and junior doctors, and will increase the pay bill by 5.5 per cent. This rises to 6.5 per cent. if the growth in services is included.

The claims by the Health Service unions are not only for pay increases of about 12 per cent. but also for other improvements such as reduced hours of work and more annual leave. If met in full, these claims would add about £1 billion to Health Service expenditure in a full year. Such claims could be met only at the expense of the taxpayer or by reducing the level of health services. In the Government's view, the offers on the table which will increase expenditure by £320 million this year, plus the cost of employing more staff to provide the extra services planned, are both fair and realistic. As to the future, we have already made it quite clear that we want to discuss urgently with the nurses and midwives Whitley Council new permanent arrangements for determining their pay so that we can avoid these annual difficulties.

I must emphasise again that industrial action in the Health Service can only harm patient services and may put their health and safety at risk. The longer the action continues, the greater the risk. I therefore urge the unions to reconsider their action.

Mrs. Gwyneth Dunwoody (Crewe): I searched in vain in that wholly inadequate statement for any acknowledgement of the Secretary of State's responsibility for the current state of affairs. It was the Secretary of State who directed the management side of the Whitley council as to the percentage to be offered, thus distorting the entire management machinery, and it was the Government who destroyed the Clegg commission, which was capable of providing the machinery to examine outside analogues and determine a proper rate of pay.

Will the Secretary of State now acknowledge that it is not just the nursing profession, important though it is, that has a strong commitment to patient care? Nowhere in his statement did he acknowledge that if he had been prepared to refer the matter to ACAS and to deal with the problem of low pay in the health services we should not now be faced with industrial action.

Will the Secretary of State acknowledge that Sir Sidney Hamburger has written to him on behalf of the chairmen of the regional health authorities protesting at the divisive nature of the offer of 6.2 per cent. to the nurses but only 4 per cent. to ancillary and other workers? Will he confirm that he has been asked to move immediately towards ACAS with a view to ending the industrial action? Will he now accept that the Government are responsible for the present position and take immediate action to remedy it?

Mr. Fowler: The hon. Member for Crewe (Mrs. Dunwoody) is quite wrong to say that Sir Sidney Hamburger wrote to me on behalf of the regional chairmen. The views that he put were his own. They were not the views of the regional chairmen. I can say that with authority, as I met the regional chairmen only last week. I ask the hon. Lady to accept that.

I believe that the offers that have been made are altogether fair. We propose that nurses and midwives should receive an average increase of 6.4 per cent. Clearly, there is a differential. One of the arguments put by Sir Sidney Hamburger and others was that everyone should receive exactly the same, even if that meant 4 per cent. We do not accept that.

As for arbitration, I do not believe that we can subcontract the decision as to how much the nation can afford in that way. Additional money has already been made available, as the hon. Lady will know. I hope that she will acknowledge that.

to give a position of prominence to the disabled or blacks, if the leader of the council stood down, representatives of either could be appointed to Ted Knight's position?

Mr. Martin Flannery (Sheffield, Hillsborough): You silly boy

Mr. Biffen: My hon. Friend has made his point. I wonder whether we need a debate on this subject during the week of our return. I know that the matter gives rise to great anxiety. On the programme that I have announced for the week after the Recess, it is clear that there is no Government time for such a debate.

Mr. Tam Dalyell (West Lothian): Does the Leader of the House agree that there should be two statements, one of which should be in the next 24 hours, setting out the Government's response to those thinking Americans who see great dangers for the whole of the English speaking world in the prospect of outright British military victory? Does he agree that there should be a second statement, either when we return or next week, about how the Government see the long-term solutions to the Falkland Island problem, about which they have been extremely coy, since so much is dictated by injured political pride on both sides of the argument?

Mr. Biffen: There has been no lack of occasions for matters associated with the Falklands to be debated in the House. I shall, of course, draw the attention of my right hon. Friend the Foreign Secretary to what the hon. Gentleman has said and to his belief that there should be a statement on the matter.

Mr. Tony Marlow (Northampton, North): When considering the possibility of a debate in Government time about the closure of the British Rail workshops, will my right hon. Friend consider the implications of that as a precedent? Does he agree that, if there is a debate on that matter, there would have to be a debate on the closure of any factory or workshop whether it be in the public or private sector? Does he agree that there is no difference between a closure in British Rail or in any firm in the private sector?

Mr. Biffen: My hon. Friend underlines why I have great reluctance to accede to the request of the Leader of the Opposition on that point.

Mr. Greville Janner (Leicester, West): Does the Leader of the House agree that it is time for a discussion on the problems of hospitals? Will he allow the debate to be wide enough to encompass the closure of such hospitals as Glenfield district hospital in Leicester before they have even opened, due to the enormous shortage of money that is now being experienced? May we at least have a statement on the circumstances of areas such as Leicester, which are wholly disadvantaged in health matters?

Mr. Biffen: I should at once like to correct any misconception about a debate on the National Health Service. I have given no undertaking that there will be such a debate in Government time. I take note of what the hon. and learned Gentleman has said about health circumstances in his own area. My right hon. Friend the Secretary of State for Social Services is also here to take note of what he has said.

Mr. David Winnick (Walsall, North): Will the Leader of the House bear in mind that there is a new factor regarding the House being recalled during the recess—namely, the resolution passed by the Security Council yesterday and the question of the Secretary-General reporting back to the Security Council within seven days about the possibility of a negotiated ceasefire? Do the Government intend simply to ignore that new plea for peace from the Security Council?

Mr. Biffen: I have nothing to add to what was said about that by my right hon. Friend the Prime Minister at Question Time.

Mr. Robert Parry (Liverpool, Scotland Exchange): Has the Leader of the House seen early-day motion 466 dealing with hangings in Malaysia, which has received the support of 181 Members?

[That this House, concerned that 31 persons have been hanged in Malaysia since March 1980 including a woman and a 14-year-old schoolboy, calls upon the Government of Malaysia to stop further hangings, in particular the forthcoming execution of Mr. Tan Chay Wa; and calls for all persons sentenced to death under the special procedure to be allowed to leave the country.]

Is the right hon. Gentleman aware that I have received news today that further hangings are imminent, including a farmer and another young woman? Will he ask his right hon. Friend the Foreign Secretary to make urgent representations to the Malaysian Government on humanitarian grounds?

Mr. Biffen: Although I wish to say nothing that would commit my right hon. Friend the Foreign Secretary to making a gesture that might be construed as intervention in the domestic affairs of another country, I recognise that this matter gives rise to deep feelings in many parts of the House and I shall draw my right hon. Friend's attention to the hon. Gentleman's question.

Mr. Bob Cryer (Keighley): In view of the controversial nature of the Northern Ireland legislation, would it not be better if the Government gave up one day in the first week after the recess to the report on the Crown Agents, which is a comprehensive unfolding of incompetence and greed? Does he recall that this Parliament decided that the report of the inquiry into this controversial matter should be published? Does he agree that the report is extremely expensive and should not be allowed simply to gather dust now that it has been completed? If we cannot have a debate in the first week back, will he consider the possibility of a debate as soon as possible thereafter?

Mr. Biffen: The hon. Gentleman will have noted from the reply to the question of my hon. Friend the Member for Harrow, Central (Mr. Grant) on this that the Government are now studying the findings in greater detail. Therefore, there can be no question of dust being allowed to collect. The question of a debate raises wider issues, but it might perhaps be arranged in due course through the usual channels if it were thought appropriate.

On the long-term determination of pay, I believe that our proposals go much further and are far better than the old Clegg system. We are trying to devise a long-term arrangement for determining the pay of nurses and midwives. We have made it clear—

Mrs. Dunwoody rose—

Mr. Fowler: If the hon. Lady will let me finish, she might learn something about what we would then expect.

We would then expect that to have an implication for the professions supplementary to medicine such as physiotherapy. I am also prepared to consider the implications that that would have for the rest of the workers in the National Health Service.

We must get down to talks upon those new permanent arrangements. The delay has been one not on the part of the Government, but on the part of the unions.

Mrs. Dunwoody: The Secretary of State must not continue to mislead the House. Is it not true that on 19 May the West Midlands regional health authority sent him a long telex urging that the dispute be referred to ACAS? As many as five of the 14 regional health authorities have complained that this immediate and divisive action is having an impossible effect upon the way that they are working.

Will the Secretary of State stop quoting the increased number of workers in the National Health Service when he knows that it is EEC directives on nurses' hours, not Government policy, that have made the difference to his statistics. That is clear.

Further, will the Secretary of State now acknowledge that, despite the divisive offer that he is making to nursing staff, their increased lodging charges and national insurance contributions will mean that in many instances they will take away the magnificent sum of 50p a week?

Mr. Fowler: I repeat what I said to the hon. Lady about the regional chairmen. I met them last week, and the views that she expresses were not put to me at that meeting. The hon. Lady is capable of checking for herself the agreed point that was put to me.

I should have thought that the increase in staff was a matter for some congratulation for the Government who have been able to increase by 47,000—[HON. MEMBERS: "They have not done it."]—the number of staff in the National Health Service and provide the money to finance that.

Mr. Martin Flannery (Sheffield, Hillsborough): Do not mislead the House.

Mr. Fowler: In addition, on present plans we shall, over the coming year, increase staff by a further 10,000. I know of no other public service, certainly nowhere in the private sector, that has a record of that kind.

The hon. Lady must also understand that the nurses' offer is now out to ballot with the Royal College of Nursing and I hope that it will be accepted.

At some stage I also hope to hear that the Opposition condemn industrial action in the National Health Service as affecting patients' care.

Mr. William Hamilton (Fife, Central): No, we do not.

Mr. Edward du Cann (Taunton): Whatever the rights and wrongs of this unhappy matter—it is difficult not to have some sympathy with the lower paid in the National Health Service—can we not agree universally that the

exclusive arbiter of what is or is not an emergency should be the doctor and no one but the doctor? Is it not the duty of managements to protect against bullying, intimidation and all sorts of arguments from those who are not qualified to make such judgments.

Mr. Fowler: I agree with both of my right hon. Friend's points. Of course, I have sympathy with the case that is being put, but we are trying to achieve the development of the National Health Service.

I am sure that my right hon. Friend is correct on his second point. No one other than medically qualified staff can make a medical decision. I hope that that message will go forward.

Mr. William Hamilton: Is the Minister aware that his crocodile tears on behalf of patients will deceive nobody? Does he not recognise that any discomfort caused to patients is his responsibility and his alone? He talks about what the nation can afford, but has he read *The Times* this morning which reports that the cost of the Falkland Islands disaster at the moment is running at £1,000 million and it will probably double before the end of the operation? That is the cost of killing people, and he is prepared to offer 6 per cent. to nurses to save people's lives. Those are the Government's priorities. Does the Minister recognise that half the full-time nurses in the National Health Service have weekly earnings below the Government's poverty line? That is completely indefensible. It is obscene. If the Minister cares about the National Health Service, he should resign.

Mr. Fowler: The hon. Gentleman has many of his facts typically and absolutely wrong. First, most of the House, and, I think most of the public, will disagree fundamentally with him on the comparison that he makes with the Falklands action. If the hon. Gentleman is going to quote *The Times* he might quote *The Times* leader of yesterday, which is entirely against the case that he has just put.

With regard to the poverty line, the hon. Gentleman is talking about a figure of £82 in respect of family income supplement. What the hon. Gentleman knows but does not say is that average earnings for full-time male ancillaries is £104 a week.

Mr. Reg Race (Wood Green): Tell us about the women.

Mr. Fowler: The figures that have been provided in that respect are final.

The average figure for women is £84 a week—

Mr. Race: That is right.

Mr. Fowler:—that is also above, not below the poverty line, as the hon. Gentleman said.

Mr. Clement Freud (Isle of Ely): It is much to be regretted that nothing in the Minister's statement would have given any hope to nurses, nor, indeed, give any credit to the service or industry of nurses, whether or not they were out on strike.

Will the Minister admit that giving judges and senior civil servants large pay increases will do nothing to make the nurses more helpful to his argument? Will he also look now into an incomes policy and the urgent need to implement it?

Mr. Fowler: The Top Salaries Review Body recommendations are to catch up with the recommended

[Mr. Fowler]

levels of awards for 1980. The hon. Gentleman should understand that the offer that has been made to nurses is clearly and explicitly and above the average at 6.4 per cent. Therefore, we recognise the nurses' special position, and I gladly pay tribute to them. The Royal College of Nursing is balloting on that issue at the moment.

Mrs. Jill Knight (Birmingham, Edgbaston): Further to the Minister's answer to my right hon. Friend the Member for Taunton (Mr. du Cann), did he note that it was reported in one newspaper earlier this week that some patients are being turned back at the door of the operating theatre on the say-so of trade unionists? Can he confirm that even with the extra people now in the National Health Service by virtue of what he has done, there is still a waiting list and no patient reaches the door of the operating theatre without needing the operation? Can the Minister stop this appalling decision-making by lay people who have no medical knowledge?

Mr. Fowler: I did read that report. Such a situation, if correct, is entirely indefensible.

Mr. Flannery: Are you a doctor?

Mr. Fowler: As I said to my right hon. Friend the Member for Taunton (Mr. du Cann), no one but a medically qualified person is capable of making decisions that can literally be a matter of life and death.

Mr. Race: If other members of the public sector, such as firemen, teachers, civil servants, and so on can have pay settlements above 4 per cent. and, indeed, above 6.3 per cent. and can go to arbitration, what is wrong with giving National Health Service workers the same? Why are the Government saying that poor judges need an 18 per cent. pay rise in order to compensate for inflation, when National Health Service workers need a £30 a week wage increase in money terms simply to get back to the level of pay that they enjoyed when the Government came into office?

Mr. Dennis Skinner (Bolsover): The Government are bribing the Tory judges.

Mr. Fowler: The difference between the position of the Health Service and that, for example, within the Civil Service is that although civil servants generally will receive an average increase of 5.9 per cent., it will be held within a 4 per cent. pay limit. In other words, the increase is being financed by a reduction in the number of staff in the Civil Service. That is not the position in the National Health Service, and I should not have thought that the hon. Gentleman would want to argue that it should be.

Mr. R. A. McCrindle (Brentwood and Ongar): My right hon. Friend the Secretary of State has admitted that any industrial action is likely to have an effect on patients. Does my right hon. Friend agree that the all-out action suggested in a certain trade union quarter could not fail to have a catastrophic effect on patient care? In those circumstances, does he not agree that, even in a democracy, there is a limit beyond which industrial action should not be taken?

Mr. Fowler: I certainly agree with my hon. Friend. When the right hon. Member for Norwich, North (Mr. Ennals) was dealing with a similar problem in 1979, he said:

"I believe that we should condemn industrial action that does damage to the Health Service, whether it comes from doctors, nurses or anyone else who works in the Service."—[*Official Report*, 1 February 1979; Vol 961, c. 1684.] I hope that that is still the Opposition's position.

Mr. Doug Hoyle (Warrington): Does the Secretary of State realise that his interference in wage bargaining is the cause of the industrial action? Will he stop it? Does he realise that offering Health Service workers 6 per cent. means cutting their standard of living by 6 per cent. on top of a similar cut last year? Does he accept that no other public-sector workers are being treated in this way? Does he realise that many professional and technical workers are being offered 4 per cent., and that a substantial number of them are being offered nothing.

Mr. Fowler: As I have said, unlike any other part of the public or private sectors, employment opportunities in the Health Service are rapidly increasing. I should have thought that Opposition Members would applaud that. It is an important point. A choice must be made. There are no easy options, but I believe that the right choice has been made.

Mr. Mike Thomas (Newcastle upon Tyne, East): Is the Secretary of State aware that many Health Service workers do not want to take industrial action, but find their position substantially undermined by the grotesque unfairness of the Government's policy? How can it be right that those with muscle, such as water workers, power workers and miners should be paid out by the Government when those who are in low-paid NHS jobs have the knife turned on them by the Government? The quite gratuitous statement that has just been made is clearly designed to do that. Does not the present position clearly prove the case for a fair incomes policy, and is not the Government's position as bankrupt as that of the official Opposition?

Mr. Fowler: I would be much more impressed by the hon. Gentleman's arguments for a fair incomes policy if I could find a case that the hon. Gentleman was not prepared to support. However, he comes forward on every case and always makes that point. I hope that the hon. Gentleman understands that in making a 6.4 per cent. offer we accept that those who rightly do not take strike action should have that factor recognised by the Government. That is what we have sought to do.

Sir Peter Emery (Honiton): Does my right hon. Friend accept that although nobody can, or should, restrict a person from withdrawing his labour, that does not give that person the right to picket and thereby to limit the service to those in hospital? If so, will he do everything in his power to ensure that in the event of a strike the vast pool of voluntary workers can be used to help patients and to ensure that no one suffers as a result of a strike?

Mr. Fowler: I am sure that my hon. Friend is right and that our first concern must be patient care.

Mr. Flannery: It is not the Secretary of State's first concern.

Mr. Fowler: In December 1979, we issued a circular setting out the position and role that could be played by volunteers. We have drawn the attention of authorities to that circular.

Mr. Roland Moyle (Lewisham, East): Is the Secretary of State aware that any expansion in employment in the

NHS is based on his principle of coolie labour? How can he say that his first concern is the safety of patients, when he is deliberately and cynically exploiting the unwillingness of Health Service employees to take action against their patients, and is holding them down and offering them a 4 per cent. increase, although he knows—given the increases that have prevailed in the rest of the public sector—that it must be an incitement to industrial action?

Mr. Fowler: I do not accept that. The right hon. Gentleman is not only a former health Minister, but is also sponsored by the National Union of Public Employees and therefore also has that interest. I do not accept what the right hon. Gentleman said for the reasons that I have stated.

Rev. Ian Paisley (Antrim, North): Is the Secretary of State aware that the region hardest hit by his decision about Health Service workers is Northern Ireland? In the past three years rents have doubled. In addition, energy costs are double and the cost of living and of transport is almost double that found in other parts of the United Kingdom. Has the Under-Secretary of State for Northern Ireland made any representations on behalf of those Health Service workers? I lay it on the line that I do not believe that the dedication of those in the Health Service should be exploited to keep their wages down.

Mr. Fowler: No one is exploiting anyone. Of course, I have discussed the matter with my right hon. Friend the Secretary of State for Northern Ireland.

Several Hon. Members *rose*—

Mr. Speaker: Order. I propose to call four more hon. Members from each side, which will be a very good run on the statement.

Mr. Laurie Pavitt (Brent, South): Does the right hon. Gentleman recall that some years ago there was a confrontation with under-paid doctors, and that they gave their resignations in bulk to the British Medical Association, threatening to withdraw their services? Has he made any contingency plans? If the nurses use a similar ploy and the right hon. Gentleman then has to employ them as agency nurses, it would cost a tremendous amount of money and would cause great disruption, although it would not represent industrial action. What is the right hon. Gentleman doing about the 7,419 qualified nurses on the dole?

Mr. Fowler: I have not made contingency plans for that possibility, for the good reason that the Royal College of Nursing is now balloting on the proposition that we put forward. I very much hope that the nurses will accept the 6.4 per cent. average that has been offered.

Mr. Nicholas Winterton (Macclesfield): Although I share my right hon. Friend's dismay and concern about industrial action in the Health Service, was not the Conservative Party—prior to the general election—committed to declaring certain sections of our industrial work force special cases? We have honoured our commitments to the Armed Forces and to the police, but does not my right hon. Friend accept that in the eyes of many of the public the offer made to the nurses is inadequate? Will he not make an offer to the nurses, in particular, that reflects the tremendous part that they play in the health of the people of Britain through the dedicated service that they give?

Mr. Fowler: I do not agree with my hon. Friend about the offer that is being made. Unlike previous Governments, this Government are trying to work out a new permanent arrangement for nurses and midwives for the very reasons that my hon. Friend put forward. The Government are not responsible for the delay. I am anxious and determined that the new arrangement should come into being by the next pay round. In that sense, we are fulfilling the pledge that we made.

Mr. Lawrence Cunliffe (Leigh): Does not the Secretary of State realise that he is completely out of touch with public opinion? There is wholesale and widespread public support for the Health Service workers and the nurses. The right hon. Gentleman accused us of not fully understanding the figures. However, the figures are clear. The facts are incontrovertible. Last year the nurses and lower-paid Health Service workers patriotically accepted 6 per cent. as against an 11 per cent. average wage increase. If that is added to this year's figures of 4 per cent. and 6.4 per cent., with inflation averaging 13 per cent. it is obvious, from a rapid calculation, that the nurses and lower-paid Health Service workers will be 13 per cent. worse off this year in real terms. Will the Minister note the mean and niggardly stance of the Government? The public would be willing to pay additional money. I appealed to the Prime Minister on 6 May to meet the Health Service unions. Sooner or later both the Minister and the Prime Minister will have to meet them to make an improved offer and secure a satisfactory solution to the problem.

Mr. Fowler: The hon. Gentleman is ignoring the fact that the Government have already made new money available, that we have brought up the offer to £320 million and that already we are seeking to make progress on a new long-term system for nurses' pay which will have implications throughout the National Health Service.

Mrs. Sheila Faith (Belper): While we all have sympathy with the employees in the Health Service, should they not take into account that they have job security? My right hon. Friend has already said that more people are employed in the Health Service than ever before. Should they not also remember that they have pension rights and that these benefits are not shared by many people who work in the private sector?

Mr. Pavitt: And the hon. Lady is a feminist.

Mr. Fowler: The National Health Service is the largest employer in the country. As my hon. Friend rightly says, employment in the Health Service has been increasing over the last three years, at a time when, both in the public and the private sectors, the complete opposite has been taking place.

Mr. Allen McKay (Penistone): Does the Minister agree that the new system he talked about, irrespective of how fast the progress towards it, is a long way off? We are talking about money on the table now. Does he agree that his Government are for the first time taxing the sick and the injured, and that that money should go back to the National Health Service? Has he noticed the support that is growing for the Health Service from the miners, the seamen, the water workers and the power workers? Does it not strike a chord in his memory that that could overrun what the Government are about? Does he accept that, if

[Mr. Allen McKay]

he is so sure that he is right, he should take the matter to arbitration, as happens at all times in a free collective bargaining system such as he supports?

Mr. Fowler: I have already talked about arbitration. In regard to the extension of the strike into other areas, many people in the Health Service would be dismayed if that were to take place. Clearly I would not only deplore that but would counsel against it. On the new permanent arrangement, we are not talking about an arrangement that is to be instituted in the late 1980s or anything like that. We want to have a new arrangement in place by the next pay round. As I have said, the delay that has been caused here is in no part the fault of the Government. We are most anxious to make progress on it.

Dr. Brian Mawhinney (Peterborough): Will my right hon. Friend tell the House whether patients' legal rights might be infringed if they are prevented, by the decision of non-medically-qualified NHS staff from receiving medical treatment?

Mr. Fowler: I shall look into that. Clearly, we very much hope that there will be no instance of that kind. No doubt it would be the solid wish of all the public that there should be no intervention of that kind by non-medically qualified staff.

Mr. Flannery: Does the Minister realise that the nurses and hospital workers are desperate and that he has driven them to that position by his niggardliness? Is it not the most appalling blackmail to hold over people's heads a miserable pittance for their work and destroy their human dignity, and then accuse them before the general public, when they say they are desperate and have to take action, of wishing to hurt patients in hospital whom they have struggled for a long time to look after? Will the Minister do something, even at this late stage, to give them dignity and a fair standard of living, instead of pretending that they, and not he, are the criminals who are hurting the patients in hospitals?

Mr. Fowler: I should point out to the hon. Gentleman that over the last three years nurses and midwives have had on average a 60 per cent. increase in their earnings. The pay bill has risen by 82 per cent.

Mr. Pavitt: Eighteen per cent. less.

Mr. Fowler: The 60 per cent. average is what we are talking about. That answers the point that the hon. Gentleman has made.

Mr. Ralph Howell (Norfolk, North): Is my right hon. Friend aware that the overall manpower of the National Health Service has increased by more than 100 per cent. since 1960, and that there are now more ancillary workers than there were in the complete work force of the National Health Service in 1960? At the same time the number of beds has fallen by 100,000. Is my right hon. Friend of the same opinion as me that the National Health Service is grossly overmanned?

Mr. Fowler: No, I am not of that opinion. Clearly I want, as any Minister of Health would want, a National Health Service run at maximum efficiency. That is the point. It is fair for me to point out that in what has been the worst recession the world has known since the end of the war, we have put new real resources into the Health Service. One of the effects of that has been that more people have been employed and patient services have been improved.

Mrs. Dunwoody: Will the Secretary of State tell us simply why Health Service workers should believe him when he says that he wants to create some kind of machinery for comparability when it was his Government who destroyed the Clegg commission the minute they came to office? If he is so certain of the excellence of his case and the percentages that he has quoted to the House for wage increases, why does he not immediately refer the whole question to ACAS?

Mr. Fowler: I have already made it clear that we cannot subcontract to arbitration the Government's decision upon what the nation can afford. In regard to the new permanent arrangement, I do not believe that there is any doubt about that for anyone who has come to the meetings on the staff side and to whom I have put the position. We are seeking to establish something infinitely more important than anything that Clegg had. I would again at this stage urge that we should make all progress in trying to devise such a scheme.

Several Hon. Members rose—