

Privatisation of the NHS

The Health and Social Care Bill is making its way through parliament and is causing widespread public disquiet. The anxiety that has floated to the top is the prospect of privatisation of the NHS. This short article takes an insider's look at this issue. I am a general practitioner and GP commissioner and researcher. This puts me in a strong position to evaluate the likely impact of this proposed legislation. Despite offering a leading role to GPs in the plans for a radically changed NHS (should this Bill become law), the Royal College of GPs has joined most other many medical colleges in calling for the Bill to be thrown out.

The way it is now

The NHS already has a significant amount of 'privatisation'. By this I mean contributions from commercial businesses that are 'for profit'. The biggest privatised sector is the supplies industry, particularly pharmaceuticals (Big Pharma) and biotechnology. These industries have never been part of the NHS but their influence has grown enormously and they now play a large part in determining what is medical knowledge and practice. In terms of providing NHS services direct to patients, since the latest changes in anticipation of the Health and Social Care Act nearly all providers of healthcare under the NHS 'umbrella' now operate through competitive contracts but still with relatively little privatisation (for-profit commercial providers).

General practices have always been independent businesses contracted with the NHS and competing for patients. However, the transformation towards competitive contracts for hospital and other community health services has been gradual over the past 30 years. For instance, voluntary organisations, including charities, provide hospice care, some mental health services and drug and alcohol treatments. It was with the New Labour reforms about four years ago that commercial businesses were offered (very favourable) long term contracts for hospital care. These Independent Sector Treatment Centres (ISTCs) supplement and compete with existing hospitals for a limited range of tests and treatments but still provide a relatively small proportion of hospital care. NHS hospitals are also now in competition with one another to some extent. I am not in favour of all the New Labour reforms but it seems to me that this modest scale mixed economy of NHS provision, together with greatly increased investment, have contributed to the undoubted (and internationally recognized) improvements over the past ten years.

It has become apparent in the last few months that the Health and Social Care Bill will radically increase the commercial element into a full external market. It will even include commercial organisations being directly involved in commissioning healthcare for the population – planning the balance and pattern of healthcare provided to all of us. My fear is that this greatly increased commercial involvement will tip the balance of the NHS towards an effectively privatized service. Though it may still be 'free at the point of use', in my view the changes would cause harm that would be difficult or impossible to reverse (1, 2).

Seven reasons for worry

The price good men pay for indifference to public affairs
is to be ruled by evil men.

Plato

Below is a list of the seven key interrelated issues that explain why we should press for the Health and Social Care Bill to be thrown out. Much of this has already been seen in the United States healthcare system (3).

1. Supplier induced demand

An object in possession seldom has the same charm
as it had in pursuit.

Pliny the Younger

All commercial organisations work to expand the market for their products or services. In the case of healthcare that market is illness. It is therefore in the commercial interest of healthcare businesses to find more illness to stimulate demand for their products – many of which do not address underlying problems – see below. This is a major feature of the behaviour of Big Pharma. It already goes very deep. Medical knowledge is generated through research and Big Pharma is easily the largest UK funder and conductor of medical research (4). The collaboration of Big Pharma with academic institutions is powerful enough to skew medical knowledge towards the needs of the industry and the institutions. Major involvement of commercial providers of healthcare is likely to further skew medical knowledge to suit the corporations. Furthermore, a heavily commercialised healthcare industry will be a major employer and a big source of tax revenues and international prestige. Perversely, it will be in the short term interests of the industry and the government for the population to remain sick. It is unrealistic to expect GP commissioners to hold these powerful forces in check, in fact the proposed arrangements will make it impossible for them to do so (5).

2. Concern for the greater good

No man is an island entire of itself;any man's death
diminishes me, because I am involved in mankind. And
therefore never send to know for whom the bell tolls;
it tolls for thee.

John Donne

To the extent that NHS services make organisations and people rich they will be tempted to act more in their own interests. We all need a balance of extrinsic motivators (eg money, power, prestige) and intrinsic motivators (eg compassion, generosity, vocation) (6). The NHS requires the dominance of intrinsic motivation – more compassion, not less. If the thirst for power and riches comes to dominate, it will have repercussions beyond the NHS. Large healthcare corporations will be big enough employers and earners of tax revenues to dictate to government, just as Big Pharma does now. If we let this happen we will have created a Frankenstein monster and it will not be possible to turn back, as Barrack Obama has recently found in the USA.

3. Trust

Each person must live their life as a model for others. Rosa Parks

High quality healthcare depends on trust, built partly on competence and partly on motivation. Ill people are often physically, emotionally and financially vulnerable. Mutual trust is a hallmark of a therapeutic relationship which permits participation and engagement. This is essential for healthcare to have any chance of reaching some of the deeper sources of suffering. The benefits from achieving this accrue not only to the patient, but also to the healthcare professional and to the community at large. Where greed dominates, trust withers and deep suffering persists (7).

4. Commodification and industrialisation of healthcare

The significant problems we have cannot be solved
at the same level of thinking with which we created them. Albert Einstein

Healthcare is already being packaged into standardised commodities with reasonably predictable costs that can be marketed and traded through the internal NHS market (from early 1990s). This industrialisation of healthcare is attractive to commercial providers because it lends itself to a relatively low risk, 'production line' approach to delivery. It can work well with markedly lower costs in areas of healthcare where there is a conceptually simple and well-circumscribed 'mechanical' illness such as cataract or arthritis of the hip or knee, but often works badly with complex, multiple problems common in older people and in mental health. Worse, it encourages over-supply of commodified care and inadequate supply of the old and mentally ill. The NHS could end up looking more like the food industry. It is in mass-market food manufacturers' interest to offer products that people desire, regardless of long term health problems. Junk food and its instant gratification is everywhere. The richness, creativity, social interaction and health-giving connection to soil and nature are lost amidst sugar, fat and glossy wrappings. Likewise, the opportunity for compassion, to use illness to learn and grow as a person, is lost with the quick-fix health commodity; and the deep problems keep coming back. Ironically, we now know that widening income inequality, a seemingly inevitable consequence of the rampant version of capitalism lurking behind this Bill, is a key driver of illness.

5. Root causes of illness

Sorrow which finds no vent in tears may make other
organs weep. Sir Henry Maudsley

The deep problems are often psycho-social and hard to tackle; and they often manifest through the body. Most people would prefer to patch up their problems rather than look more deeply into their causation, but helping people to find a more sustainable solution is in their interest and in the interest of the NHS. This requires a holistic approach – the antithesis of production-line

healthcare. Achieving this requires the NHS workforce to be united by common intrinsic values, to be integrated and collaborative, and to reach out to the wider community. This would be real quality. A dominant competitive, inward-looking and self-interested ethos, as is likely with a big increase in commercial provision, will prevent this from happening and the NHS will become more expensive, less equitable and unsustainable as a publicly funded body. In 2007 in the USA 62% of private bankruptcies were the result of unpaid medical bills and in 2010 50.7 million Americans could not afford their insurance premiums (8,9).

6. Choice

Consumerism .. became a way of giving people the illusion of control while allowing [an] elite to continue managing society.

Judith H Young

This New Labour slogan has been picked up by the coalition. Featuring choice is the politicians' attempt to apply consumerist principles to improving quality of NHS provision by expecting ill people to 'shop around'. It can be applied only to the areas of healthcare that have been commoditised. It therefore becomes not a choice of how to tackle a health problem, but which provider will deliver the particular way of fixing that has been turned into a healthcare commodity (see para 4 above). My experience (contrary to contemporary rhetoric) is that this simplistic notion of choice is unpopular with both patients and professionals because the essence of healthcare is complex and collaborative (10). Researchers have attempted to measure whether choice has improved quality. This is very difficult and a paper that purporting to show that it does (and quoted by the prime minister) has been heavily criticised within the academic community for being fatally flawed in its methods (11). The value of consumerist choice as a solution to significant problems is illusory.

7. Fragmentation of healthcare

Never doubt that a small group of concerned citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

The biggest users of NHS care are young families with children and older people. In both of these age groups, healthcare is often complex and requires the collaboration of different professionals operating in various institutions and in the community. Good quality care here needs to be joined up, to have 'functional integrity'. Arrangements recently put in place ahead of the Bill propose that for some illnesses (including some affecting children and older people) the healthcare market can be opened up to 'Any Qualified Provider' (AQP) over which GP commissioners have no control (5). There is a trade-off between close teamwork and collaboration on the one hand, and a competitive but fragmented market on the other. My experience in clinical practice and in GP commissioning tells me that modest competition helps us to innovate, but nothing must get in the way of creating cohesive communities

that generate health. We must be there for one another, not because of our company's mission statement, nor simply because we are paid, but because we care for ourselves, for our fellows and for the world of which we are custodians. In this realm, the free market has no place.

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20th February 2012