

Don't flog our health to the highest bidder

Tightening the market's grip on the NHS is flirting with disaster, says Allyson Pollock

SOUTH of the Border, the great sale of the century has begun. The NHS in England is being dismantled, sold off and privatised. Hospitals, community services and palliative care services are either being closed or being turned over to for-profit corporations.

Communities are mobilising to save their local services but it's too little, too late. All roads in England now lead to NHS service closure and privatisation. At the same time, a whole new industry in health care is being established.

Unlike Scotland, which has systematically set about reversing the excessive bureaucracy associated with the market, England is moving full pelt to a full market. Yet US research on for-profit hospitals shows the costs of market bureaucracies are astronomical, accounting for 30-50 per cent of total expenditure compared with six per cent in the NHS before the internal market was brought in. These new costs in England are contributing to closures, staff layoffs, reduced services and growing numbers of user charges.

Not that Scotland is perfect. It has its own sets of problems, not least of which are the legacy of policies inherited from Westminster. Take the private finance initiative, of which Scotland has more per capita than England. Its use in public services including hospitals and schools has created an albatross of long-term public debt which the public is tied to through 30 to 40-year contracts.

Unless hospitals are taken back into public ownership (as happened with the Skye Road Bridge and Inverness Airport) we will continue to pay even more dearly for these. Some of the current financial instability in Lanarkshire and proposals to close hospitals are rooted in the decision to use PFI. So, too, is the current shortage of NHS long-term care beds and community health provision for Edinburgh's chronically ill. Inevitably, money taken to pay shareholders and corporations has to be found from somewhere and it is the frail, the elderly and the chronically sick who pay.

Now, the Scottish Executive is thinking about extending the private finance experiment from hospitals to primary care, under a programme known as LIFT in England or HUB in Scotland. It should think twice about doing so. In June, the Committee of Public Accounts reported that the annual cost of servicing LIFT per patient is between two and ten times that of expenditure on non-LIFT GP premises.

Scotland is also beginning to flirt with the disastrous programme of fast-track for-profit surgical treatment factories, known as independent surgical treatment centres in England, despite accumulating evidence that they are bad for patient care and result in loss of service, education and training and declining standards. The Royal Colleges of Surgeons' evidence highlights how the private sector is cherry-picking the profitable patients, treatments and services; leaving the rest to wither.

The Westminster Health Select Committee has found that the Government has provided no evidence to show that privatising surgical care is value *for* money and was highly critical of the way it led to increased cost, fragmentation and undermining of NHS care. But instead of taking heed of the findings, the Scottish Executive has selected Amicus plc to provide private elective surgery for the NHS in Stracathro in Tayside.

Amicus plc should not be confused with the trade union Amicus. Rather, it is for-profit subsidiary of South African firm Netcare, a company where there is well-documented evidence of expensive and substandard care in its provision to NHS patients in England. Needless to say, the details of the Stracathro deal are not in the public domain.

The English patient is indeed less fortunate than the Scottish patient. Thus far, Scotland has been relatively protected from the feeding frenzy that is taking place south of the Border.

But how long before the marketers prise it open with their common parlance of tariffs and prices and choice and surgical factories? The winds from the south are blowing the seeds of private sector provision and market driven policies northwards and the pressure to tear down the legislative barriers is growing.

The NHS was hard won and hard fought for. It is the most loved of our welfare institutions - it was there to give freedom from fear. In Scotland, the introduction of LIFT/ HUB, PFI, tariffs and independent treatment centres signals the potential for a return to markets and the unequal and unaffordable health care that dominated prior to 1948. The challenge for Scotland's politicians is to show that public health need and not corporate greed is shaping the legislative process that will determine the future of our health care.

Allyson Pollock is Professor of International Public Health Policy at Edinburgh University. Her book, NHS plc; the privatisation of our healthcare, is published by Verso, priced £9.99