

THE PLOT AGAINST THE NHS

by Colin Leys & Stewart Player

Special Indian Edition brought out by Public Health Resource Network: www.phrindia.org

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'indispensable ...' Richard Horton, *The Guardian* (see the full review below)

... contains a wealth of valuable information, with facts, dates, and names that are vital to all those fighting to save our national health service from privatisation.' John Lister, *BMJ*

“This book vividly tells us the story of the transformation of the not for profit National Health Service of UK into a health care market through an unholy collusion of politicians and private sector. This book resonates of the current scenario in India, where similar idioms and arguments are used towards pushing for privatization and a health care market. We decided to bring out an Indian edition of this book with the intent to make this compelling analysis on one of the most important international experiences in recent times more accessible to the Indian audience.”
From Foreword to the Indian Edition from Ganapathy Murugan, Executive Director, Public Health Resource Network

What will Mr Lansley's new health care market mean for patients? Is there really no alternative? Do the coalition government's plans for the NHS really mean a big change of policy? Or do they just bring into the open what New Labour was already doing? This book shows what has really been going on:

The plot: For ten years a 'policy community' around the Department of Health has schemed to replace the NHS. They want a US-style health-care market coming in by the back door. Why tell us, or parliament?

The template: Listen to Kaiser Permanente - the US health insurance company. Expand its influence in the Department of Health. Make the American market the model.

The players: the insiders: the 'policy community', corporate heavies, management consultants, think-tankers, freelancers and hired hands, including some academics and doctors. They can use the 'revolving door': company envoys can get jobs in the Department of Health, and ex-ministers and officials can get well paid jobs in the private sector.

How? Make more openings for the private sector at every stage of 'reform'. Start 'pilot schemes' but don't evaluate them, have them 'rolled out' across the country. Buy off critics, or (if that fails) ridicule them. Terrorise the NHS workforce, divide and rule. Spin, Spin, SPIN

Who pays? Patients and doctors tell us: 'reforms' are driving up costs, services are being cut, and quality is falling - unless you can pay to go private. This is the shape of things to come.

Who profits? the private health industry takes over NHS hospitals, runs GPs practices: their interest, profit, will subordinate the public interest.

Colin Leys is an emeritus professor at Queen's University Canada and an honorary professor at Goldsmiths College London. His most recent books are *The Rise and Fall of Development Theory*, *Market-Driven Politics*, and *Total Capitalism*. He has been studying and writing about the NHS since the late 1990s.

Stewart Player is a public policy analyst with extensive experience of studying the NHS. He is the co-author with Colin Leys of *Confuse and Conceal: The NHS and Independent Treatment Centres*, and author or co-author of numerous articles on the NHS

The Plot Against the NHS by Colin Leys and Stewart Player – review

Authors anatomise 'the diseased political corpus that has begun to infect the NHS with a commercial ethos'

- [Richard Horton](#) (Editor in Chief, the Lancet)
- [The Guardian](#), Saturday 21 May 2011



A demonstration against proposed NHS changes. Photograph: Daniel Berehulak/Getty Images

A year ago Peter Martin, the chief executive of Tribal Group plc, which describes itself as a "leading provider of commissioning services to the NHS", presented his view of the future for the health sector in England. He was bullish. Although he described market conditions as "challenging", he saw an "improved flow of service delivery opportunities" that would significantly support Tribal's revenue growth. Andrew Lansley's 2010 white paper would bring "major changes in structure of UK health markets". Martin's goal was to focus Tribal's health business on the profit-making opportunities these reforms would create. He set out five growth priorities: commissioning for GP consortia, clinical support services, patient management services, informatics outsourcing and hospital management services.

This is the future for the NHS that David Cameron and Nick Clegg have planned for us since the launch of the coalition. Despite their claims to the contrary, they have been laying the ground for wholesale privatisation of the NHS, the destruction (without any democratic mandate) of one of Britain's most cherished and effective postwar institutions, and the transfer of its stewardship and operations to organisations concerned only with maximising revenues and reducing costs. The word "quality" appears nowhere in Tribal's vision as communicated to investors.

How has the NHS arrived at this moment of crisis? Colin Leys and Stewart Player provide an indispensable guide to understanding the origins of what they call a plot against the NHS. Surely this is an exaggeration? Not so. Cameron, Clegg and Lansley are merely continuing two decades of policies – begun by Tony Blair, endorsed by Gordon Brown, and supported by successive Labour governments – aimed at introducing markets into the health service. Where Labour tried to hide its intentions, the only difference with the Conservative-Liberal alliance is their shameless transparency.

Looking back at Labour health policy now, I have to ask myself how so many of us were unable to see through the mists of what Leys and Player call the "misrepresentation, obfuscation, and deception" perpetrated by Blair, Brown, and a host of health ministers all too willing to genuflect

to the market zeitgeist. Too many of us – whether doctors, nurses, or just members of the public – were willing to be bewitched by Labour's mellow language of reform. The words are all too familiar now: modernisation, choice, empowerment, diversity, plurality, improvement, contestability, and, most beguiling of all, patient-led.

The Department of Health created a commercial directorate to oversee the plan to privatise the NHS. A group of passionate market advocates were hired to transform a public sector institution into a target for private sector takeover. People such as Mark Britnell, who was the Department of Health's director general for commissioning when Labour was in office and who later joined KPMG – able to sell his experience in government to the world of management consulting – have now been outed as agents for the merciless dismemberment of the NHS. There was a revolving door between civil servants in the department and McKinsey, KPMG and Deloitte. Ex-ministers, such as Patricia Hewitt and Lord Warner, traded their knowledge of NHS privatisation with those who could benefit in the commercial sector.

Doctors' leaders were little better. The British Medical Association's John Chisholm and Simon Fradd, who led negotiations with government to revise the GP contract in 2002, won a huge victory by making out-of-hours care for patients optional. Nine out of 10 GPs stopped offering services to patients from 6.30pm to 8am. This withdrawal of NHS care allowed private providers to step in and take over. After Chisholm and Fradd had succeeded in putting out-of-hours care out for private tender, they set up Concordia Health, a private company, that offered to run those very same services, only now at a profit to themselves.

The networks of health institutions that propped up the case for marketisation and privatisation of the NHS were intricate. They include private providers, such as UnitedHealth (whose president of global health, Simon Stevens, was once a key Labour adviser); thinktanks, such as the King's Fund (whose trustees have included Stevens and Julian Le Grand, his successor in Number 10); and lobbyists, including several NHS outsourcing and private equity businesses.

Having anatomised the diseased political corpus that has begun to infect the NHS with a commercial ethos that will increase costs, cut services and reduce quality, Leys and Stewart try to look to the future. They mount a strong defence, claiming there is no evidence the NHS is in urgent need of fundamental reform. Given the statement by Steve Field, who is leading Cameron and Clegg's pause to review the Lansley reforms, that the current Bill could "destroy key services" and destabilise the NHS, it seems that the gathering momentum for markets as the solution to whatever ills the NHS might have could be about to stall.

But we should be sceptical that any real change in direction is likely. Although there might well be a pause in plans for privatisation, there is no serious counterproposal to strengthen the NHS without the entry of private providers. The only source of political opposition to private markets in healthcare can come from Labour. But as one shadow spokesman said to me recently, Labour opposition leaders are like "invertebrate slugs". Labour in opposition is too inexperienced, too busy defending its legacy, too frightened to offer policies that might sound like spending commitments, too bankrupt to think beyond shoring up its own survival, and too lacking in imagination to bring in independent policy experts to strengthen its thinking.

And new thinking is urgently needed. I don't fully agree with Leys and Stewart that NHS reform is unnecessary. Consider one example: child health. The unfortunate truth is that the care offered to children with cancer, asthma, meningitis and pneumonia, among other chronic conditions, is inferior in Britain compared with many of our European neighbours. We should not be complacent about these failings. Markets and privatisation are certainly not the answer. But neither is defending an NHS as if it were perfect with no problems to solve.