



# NHS RIP

## Why market reform is bad for your health

**Martin McIvor** introduces this special Red Pepper supplement on health examines the current crisis in the NHS and the intensifying political battle over its future.

**E**lected to repair the public realm after two decades of Thatcherite austerity, the Labour government has promised to bring NHS funding up to average European levels. Though this has yet to be achieved, health spending has been increasing. And yet today the NHS is in turmoil. Deficits are mounting and vital services are subject to arbitrary cuts, whose cost is borne by the sick and vulnerable. Crucial elements of the much-needed hospital building programme are being put on hold.

Blairite advisors and the rightwing press would have us believe that this confirms the inefficiency of public provision and the need for more 'reform'. The truth is that the NHS is being bled dry by private corporations who have taken a lion's share of the new money, through the Private Finance Initiative (PFI) and preferential contracts for routine treatments. They are now circling for the kill as the government

prepares to turn our health care over to a chaotic marketplace in which everything will be up for grabs.

The government insists that it remains 'committed to the NHS'. But all expert observers recognise a historic transformation of the NHS from an integrated public service to a tax-funded insurance plan that will subsidise an expanding private health industry. Supporters of the change regard a publicly owned and collectively provided health service as a glaring anomaly in today's liberalised world. Others warn of the emergence of new private health care monopolies that will seek to restrict universal treatments to a basic minimum, beyond which they can market 'top-up' services to those who can pay.

Tony Blair regards this as a key plank in his third term 'reform agenda' – a 'legacy policy' to leave to future generations. But there is a hitch. The vast majority of the public view the collective provision of universal health services as a defining

social commitment, expressing our most fundamental common values. They know that the NHS, for all its imperfections, is a precious achievement that must be strengthened and developed, not torn up by market forces.

That is why the changes are being resisted wherever democratic forces and public values still have some traction – from local communities to principled parliamentarians, committed trade unions and professional associations, and the devolved administrations of Scotland and Wales, who have sought, where possible, to follow a different path.

Such initiatives point to an alternative way forward for modernising our health care – based on a shift towards prevention and public health, an embedding of collaborative networks and integrated care pathways, the mobilisation of professionalism and a public service ethic, and genuine forms of patient empowerment and public accountability. There are radical ideas and much good practice to draw upon, within the UK and abroad.

The struggles to defend local services and resist commercial fragmentation should be the starting point for taking this agenda into the centre of political debate.