

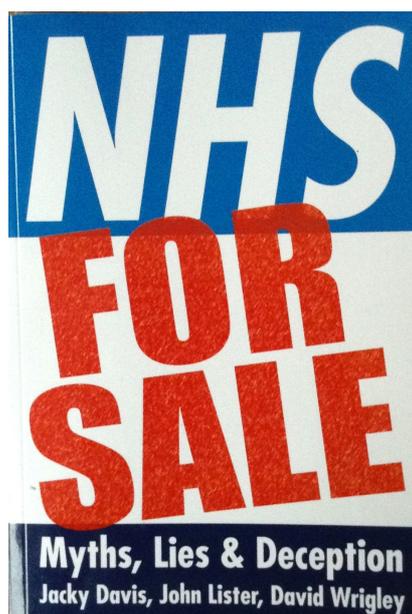
The Cost of Everything and the Value of Nothing:

NHS For Sale

The follied hubris of our marketised healthcare

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A recent book *NHS For Sale* provides a trenchant analysis of how the market brings waste, expensive complexity and inevitable corruption to healthcare. But the damage is even more extensive: this review and reflection explores.

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*NHS For Sale*¹ is a muscular mission of a book. In little over three hundred pages its three medical-practitioner authors – aided by a small phalanx of researcher-activists – offer solid and sharp analysis and explanation of how the marketisation of our healthcare is rapidly proving both unsustainable and corrupt. This authorial mixture of practitioners and analysts is potent: the arguments are clear, the evidence consistent and precise and the writing lean, crisp and restrained in its evidently powerful commitments. Despite being multi-authored, the style has a vivid cohesion that is never dull or committee-toned – even better, it is frequently sprinkled with laconic humour.

NHS for Sale is certainly polemical, yet the quality and intelligence of writing and argument keeps it well away from mere rhetoric, rant or diatribe. It is worth extracting here several extended quotes: these not only capture the main skeleton of the book, but all are good enough to serve as essential caveats or foundation stones for a counter-cultural manifesto: *Restoring Our NHS: the cruciality of public ownership*.

- *Complaining that the private sector maximises profits at the expense of public services is tantamount to complaining that cats kill birds. It is in their nature and the answer is not to try to legislate against the behaviour of cats but to recognise it and take appropriate precautions. No-one would leave their cat in charge of the canary. Equally, private companies cannot be trusted to behave well when delivering public services.*
- *The malign effects of privatisation on those who provide healthcare are insidious and multi-faceted, as the corruption of the 'industry' in the USA demonstrates. The medical profession no longer offers an intellectual leadership or the example of social conscience informed by science and humanity. The professional covenant with the patient is reduced*

to explicit contracts. Doctors become mere sessional functionaries. Loyal company men and women, whose prime responsibility is to their employers, deny patients treatments that do not make a profit while, as front office salespersons, they recommend interventions that may not be in the patient's best interest ... Medicine as 'business' places the responsibility on its practitioners to shift as much product as can be paid for.

- *As Upton Sinclair famously noted, 'it is difficult to get a man to understand something when his salary depends on his not understanding it'. The reality, as is now apparent in England, is that providers are choosing patients and not the other way round.*

- *NHS hospitals are complex organisations whose many departments are interdependent to a high degree, which is often not appreciated by non-clinicians. They resemble children's Jenga towers in as much as removal of one block may lead to instability while the removal of too many blocks will inevitably lead to the collapse of the structure.*

- *NHS specialist teams, representing years of expertise, are like Humpty Dumpty – easy to break up, nigh on impossible to put back together again.*

- *[There is] the interesting problem of how people working in outsourced sectors [of the NHS] are supposed to be motivated. Are they expected to work to public sector ethos, while the firms for whom they work are profit-driven – with resulting tensions...? It is a particular dilemma for healthcare professionals, whose duty of care is the patient, but who may find themselves working for the private sector, whose first duty is to shareholders and who act accordingly.*

- *The subsequent creation of Commissioning Support Units (CSUs) has given rise to the possibility that decisions about outsourcing could themselves become outsourced.*
- *This is a prime example of the so-called beggar-my-neighbour behaviour which results in one section of the NHS trying to profit to the detriment of another, and is a travesty of the traditional cooperation which used to characterise the NHS to the benefit of patients.*
- *If politicians had been truthful about this we would long ago have recognised the English NHS market to be a failed experiment that has cost a great deal and delivered little. Based on the evidence, withheld from the public, it should have been abandoned years ago. Therein lies the real damage done by political lies, dishonesty and obfuscation.*

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Such skilled eloquence has caused me to change sides. Previously I had been – mostly – a cock-up theorist rather than a conspiracy theorist. I attributed our NHS follies and impasses to misunderstandings rather than malfeasance; our loss was of human sense, not human concern. I thought that corruption – if and when it occurred – arose secondarily, and later, as a wish to conceal folly, rather than, primarily, as a wish to conceal opportunistic greed.

NHS For Sale has opened my eyes. The writers portray a political-economic oligarchy who mostly conceal the revolving door from those determining the architecture and regulations of our NHS – with easy passage, both ways – to major investors in private health provision and Big Pharma: the ‘healthcare industry’. In particular, those behind the conception and protection of the *Health & Social Care Act* – the turbo-

charging of NHS marketisation – are likely to be major financial beneficiaries of the system's trade.

Ideology may be recruited to justify, but this disguises stark self-interest.

The evidence offered is so detailed, specific and precise that it is hard to see how it could be inaccurate – any error would invite punitive libel litigation.

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So, *NHS For Sale* does sterling work in helping us more clearly to see and understand this: how employing the market as a principal incentivising and organising force within healthcare leads to markedly negative results – to often perverse incentives and fragmentation of services. Clearly this cannot have good economic or human outcomes.

And what of the vital personal hinterlands of vocational experience and relationships – with both colleagues and patients – that may develop from these mistracked systems?

Late on in the book we find this:

Professionals by and large are not interested in competing on a financial basis but are easily motivated by professional pride. Nobody sets out in the morning to do a bad day's work, but the NHS has never exploited the natural pride that health professionals have in doing a good job.² This is something that has been largely

overlooked by management consultants, politicians and others who speak endlessly of 'incentivising' professionals, usually with non-clinical incentives such as targets-with-menaces.

This is a fundamental point that – I agree – seems to be less and less understood by those now steering and regulating our NHS.

Put another way, we could say: 'people who are happy in their work and working relationships will –with rare exceptions – want to do it well, both for themselves and others. Mostly such motivated good work requires relatively little regulation and management. But the converse is equally true: that the lack of such happiness is a sure path to the kind of demotivation and poor work that no amount of sticks and carrots, regulators and inspectors, commissioners or managers can ever rectify.'

The latter is what we have now, and increasingly. In human terms what has NHS marketisation brought us? Corporation rather than vocation, contractual compliance rather than personal satisfaction, much data but little dialogue. That marketisation has brought frustrated alienation to both professionals and patients can be clearly seen from multiple vantage points.

NHS For Sale produces massive evidence for the economic and administrative inefficiency brought us through complexity, fragmentation, nepotism and corruption. This last quote alludes only briefly to the consequent destruction of our healthcare's human heart and spirit. Yet this is quite as important as the earlier issues that this book engages so fully and robustly.

But even this very substantial book can take us only so far: for the loss of such humanity cannot be quantified or documented by the kind of schemata and language that serve so well in *NHS For Sale*. From where this leaves us we need, at least, another path and another book.

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Footnotes

1. Davis, J., Lister, J. and Wrigley, D (2015) *NHS For Sale: Myths, Lies and Deception*. Merlin Press. London. ISBN 978-0-85036-627-3
2. Although I support strongly this main argument, I disagree with the historical account. Before the introduction of the Internal Market and its allied micromanagement, healthcare professionals felt far more responsively autonomous, validated, affirmed and appreciated. In contrast, the last twenty-five years have seen all these eroded to leave us with our current parlous conundrum.

My disagreement with this passage thus, paradoxically, strengthens a central argument of the book: people worked better and more happily before marketisation.

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