

Our critically wounded NHS: can a revived party now reform our reforms?

In your long political careers, you will have witnessed a slowly gathering national tragedy: the degradation, fragmentation and demoralisation of our NHS. You have seen this as politicians; I endured this as a frontline doctor, serving from the end of the 1960s.

Our earlier NHS certainly had its inevitable struggles and flaws, yet until about thirty years ago it was, in the main, much loved and internationally respected. This was evident in its high morale, excellent recruitment and loyalty, and its comparatively robust integration, both internally and with other services. All of these have been lost, paradoxically yet incrementally, to each successive reform.

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How has this happened? This very brief analysis outlines not only *how* we have gone so astray, but *what* instead we – any redirecting political force – might do about it. I also offer, as an attachment, a fuller account.

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Our spoliating reforms first began in the latter Thatcher years, about thirty years ago. The burgeoning neoliberalism then deemed the largely self-regulating Welfare professions as inefficient, unaccountable in performance and expenditure, and motivationally indolent. The remedy for this alleged chronic sickness? Innovative and increasing doses of market economy, ‘safeguarded’ by ever-more refined

methods of monitoring, measurement, inspection, competitive-tendering, and ratchets for contractual compliance. Successive governments – Conservative, then New Labour – would reconfigure, then manage Welfare services as if they were commercial and competitive manufacturing industries. Remote management, inspection and compliance (REMIC), now so possible with ubiquitous IT, has cybernated and mandated all this.

The results are far from intended: the more we have attempted to commodify our Welfare services, the more their most important human aspects and assets seem to slip away from us. The human costs then become inescapably economic. You are unlikely to need explication here as to the size or nature of problems of NHS staffing and morale.

The government's response to those mounting problems has been largely both defensive and/or aggressive, eg denial of the nature or significance of the problems and/or 'you're not working hard or smart enough, you're profligate', etc. The corrective for these projected failings? Increase the dose: more corporate management, more regulations, more industrialised policing, sharper commissioning...

After many years the Conservative government acknowledges, at least and at last, that a bit more money is needed too. The Labour Party (together with many researchers) says that the offered sums are more specious than substantial. Labour's current regime, in addition, seems committed to dismantling the marketised system that was vigorously supported by their predecessors, New Labour.

So the current political parties' NHS strategies broadly seem to be:

- Conservative: a bit more money, continue marketisation, increase remote management inspection and compliance (REMIC).
- Labour: a lot more money, dismantle marketisation, continue REMIC but under a 'new' re-nationalised regime.

Neither party now, as far as I know, has acknowledged the relatively recent, but now very large part of our NHS problems (and more broadly throughout Welfare): the increasingly corporate and hegemonic ethos inevitably induced by REMIC – the widening span of micromanagement that practitioners find so dispiriting, deskilling and depersonalising. What is experienced as first inimical becomes eventually intolerable. Again, you are probably familiar with the casualty statistics demonstrating this.

Clearly the Conservatives' neoliberal executivism is an enormous root-contributor to this predicament. Labour's currently vaunted mixture of Keynesian financial investment in Welfare, together with more general and equitable financial redistribution generally, would offer some relief. But such 'social engineering' alone can easily leave the deadening bulk of REMIC intact. Corporate oppressions and blunderings are not the sole preserve of vying Capitalism; the monolithic State can render these quite as effectively.

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So what about the currently re-energised Liberal Democrats? I have long conceived the Lib Dems as aspiring to a more 'holistic' type of politics that avoids the allures of

polarisation ... and can then integrate with greater nuance the tensions and conflicts between the many, the few and the individual; the personal, the social and the systemic.

Can your party help restore the balance that has been so seriously lost to the last three decades of overloaded ideologies and governance? To achieve this we need a more humanly ecological view of our NHS. As with our stewardship of the environment, we need to adopt a kind of 'radical conservationism' – viewing our healthcare activities as those of a living organism to be nourished, grown and tended, rather than an object-spewing network of machines to be manipulated.

For several years I have been writing and campaigning for professional groups attempting to understand our loss of human connection and sense in our NHS work, and then how to restore these. *The Perils of Industrialised Healthcare*, attached here, is a discussion paper recently published by The Centre of Welfare Reform. I hope you will find it interesting and useful.

If you think I can help you develop your plans and strategy, please let me know.

Attachment
The Perils of Industrialised Healthcare