Private ambitions

JOHN LISTER looks at the sinister plans of the Tory Party's right wing for the future of our health service.

FOLLOWING the logic of "if it moves, privatise it", a "highly qualfied" team of wealthy right wing academics, businessmen, economists and political pundits have drawn up a frightening blueprint for future health provision.

The "Omega Report" on Health Policy produced by the Thatcherite Adam Smith Institute gives an insight into the aspirations of government ministers as they run down the existing health service.

In the Report, the overwhelming public support for the health service and the welfare state (admitted to be 80%) is brushed aside as an "emotional response". The Omega team is more concerned with the views of those GPs angered by attempts to restrain their expensive prescribing habits; of hospital consultants annoyed that their private practice has been impeded by the NHS; and of those patients who have the money and the inclination to go private.

In classical and predictable fashion, the Omega Report seeks to enlist support for private medicine on the basis of those very defects in the NHS which have been created and worsened by deliberate government underfunding.

It quotes such factors as "poorly equipped" emergency ambulances; the small percentage of women given an annual preventative cervical smear; low and falling NHS capital expenditure; the lack of kidney machines; hospital closures; and even long waiting lists, as reasons for seeking private alternatives to the NHS.

This catalogue of examples further confirms the view that the present Tory cuts are simply part of a concerted drive towards private medicine.

Given this increasingly desperate situation in the NHS and the growing affluence of sections of management (as a result of tax cuts and increases in pay and "perks") it comes as no surprise that "a growing number of people are prepared to pay for private health insurance." Nor is it surprising that many firms are offering private health insurance as a perk to senior staff.

Looking for areas for private expansion into the NHS, the Report coins the derogatory term "hotel costs" to describe the costs of keeping a patient in a hospital bed.

The Report suggests that a 10% saving in this cost could support "51,000 extra nurses, or 17,600 extra doctors". It goes on to list a wide range of ancillary services which it regards as "candidates for potential savings" — going far further than the three services — catering, cleaning and laundry — currently out to tender.

Portering, administration, security, maintenance and pest control are all seen as ripe targets. Yet the Report also interestingly reveals that even in America's profit-making private hospital network, only 18% of domestic services and 20% of catering are contracted out.

Lining up with the bigger contract firms, who want to replace the "state monopoly" with their own exclusive cartel, driving out smaller competitors, the Report suggests that only an "approved list" of larger and experienced companies should be allowed to tender.

Then come the proposals for wholesale privatisation of the NHS. D.H.A.s should be run as "independent commercial enterprises" (the government already believes they should be managed like branches of Sainsburys).

NHS buildings and facilities which are unused or under-used through lack of funds should be sold or leased to private health care firms. Impoverished NHS hospitals could in turn hire facilities from the wealthy private sector.

Expanded private check-up clinics, offering X-ray and other tests, could help close down hospital outpatient facilities and give a "boost" to the income of GPs. Ambulance services could be cut back, privatised, and even replaced by "public transport, taxis or cars provided by neighbours and relatives".

But it is in the arena of **charges** that the Omega Report spells out most clearly the bleak prospects ahead if present policies continue to take shape.

There should be charges for GP visits; for (privatised) Family Planning services; and for non-urgent ambulance journeys, as well as for "mild tranquillisers" and other "non-essential" drugs, say the Omega team.

There should be a charge for "non-essential" hotel services — such as beds — in hospital, at around £5 per day in 1981 prices, giving an average fee of £50 per visit to hospital ("the equivalent of a TV license").

Though there might be means-tested exceptions to these charges, they should be for only the very poorest: "the temptation to exempt too many groups will defeat the whole object of the exercise — for example some 31 million people are entitled to free prescriptions".

The team suggest a "health credit card" or "Medicard" be used as the means of exemption. The introduction of scales of charges and this notion of "credit" would enable even the poorest to choose to use their "Medicard" as part payment for private treatment, and encourage the provision of different standards of comfort and care in hospitals, depending on how much a patient chose to pay. Meals would of course cost extra.

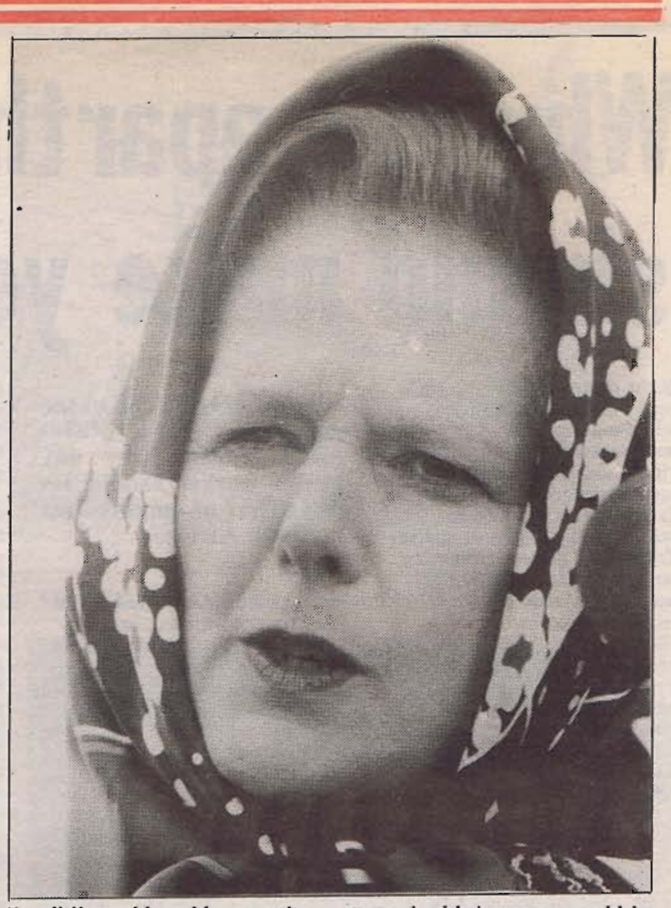
People without exemption would be encouraged to buy stamps each week to cover thier new health service fees — like the present TV license stamps (or National Insurance stamps?). There could be tax rebates as incentives for those wealthy enough to opt out of NHS cover and buy their own comprehensive health insurance.

Eventually, dream the Omega team, health insurance could be made as obligatory as car insurance. In this "brave new world", redundant NHS hospitals and institutions could be taken over by private practice. The clock could be set back 50 years or more, almost as if the NHS had never existed.

Far fetched? There is nothing in the Omega report that is inconsistent with present government attitudes to the NHS and social services.

Are you going to gamble **your** health on the vague hope that this Thatcher government would hold back for humane reasons?

If not, we suggest you join with London Health Emergency in fighting to roll back the tide of privatisation!



The Hawley Group's real commitment to wages can be seen from the fact that the average annual wage paid is only £2,290 — which includes the directors' salaries (average £40,000) and the £93,000 paid to the chair of the company Michael Ashcroft (also director of 12 other companies. Graeme Crothall himself has been on £100,000 for a part-time consultancy, living in Seattle USA!

Mediclean will no doubt win a substantial number of contracts for which they have tendered. With them will go reduced conditions of work for hundreds of workers.

Hammersmith and St. Helier have to be carefully monitored and the results publicised so that Mediclean go the way of Crothalls and people realise that there are no cheap shortcuts, via private contractors, to keeping hospitals clean and safe.

PRIVATE medical insurance is getting more and more expensive, reveals *NHS Unlimited*. For the second year running, BUPA has lost members: however, the company's assets have gone up 29%,showing there is still profit to be made from the sick.

The two other major private insurers, Private Patients Plan and Western Provident, both grew at BUPA's expense — there have been accusations of "loss leaders" here, as with private contractors.

The world of private medicine becomes more sinister as consultants on DHAs vote to close NHS hospitals and then reappear on the lists at private hospitals in the same district, doing the same work.

A certain Mr. Highton on Bromley DHA was also director of two private hospitals in South London — before they were bought out by AMI (American Medical International).

AMI are now attempting to buy closed NHS hospitals at cut-price rates.

Private treatment is still a matter for complaint. 74% of private hospitals don't have a resident doctor, and the consumers Association state that it takes longer to get a nurse's attention, treatment can be worse than under the NHS, and less facilities are usually available.

The NHS Consultatnts Association/NHS Unlimited broadsheet "Thinking of Going Private?" (available from London Health Emergency) gives the best pointer: *doctors themselves normally use the NHS*!

200 discuss the fight against privatisation

The vast majority of the 200 delegates and observers at our conference on Privatisation on October 7 thought it was a big success, and want us to arrange a recall conference for the New Year.

In a strong response to a questionnaire at the end of conference, delegates showed themselves pleased with the "workshop" format, which allocated most of the conference time to small working groups, rather than the more traditional "conference" formula of a string of platform speakers followed by limited discussion from the floor. But many thought that time should have been allowed for the workshops to report back to the full conference on their discussions.

The conference Briefing Pack, "Privatisation: The Hard Facts", which had been specially prepared, brought together a wide variety of information about the impact of privatisation upon each section of health workers and upon patients; it also gave a potted run-down on a number of key contract firms. (Extra copies are available from London Health Emergency for 50p including postage).

An opening speech from John Lister of London Health Emergency stressed the link between the cuts in the NHS — against which there is often strong public outcry — and privatisation, which is undermining standards and conditions of patient care in every District. One problem is to make the labour movement and the general public aware of the dire implications of privatisation for their NHS.

Ron Keating, NUPE national officer, presented a sombre picture of the present stage of the fight against privatisation. Much needed to be done in the health unions, and in particular amongst trade unionists in other sectors of industry and the public services, if we are to beat this new threat, the like of which we have never seen before.

Workshop discussions then looked in more detail at aspects of privatisation and the experience of fighting back. Speakers included Sue Smith, Barking strike shop steward, and Lydia Fraser from the Hammersmith strike. With numbers of officials in attendance from all the main health unions, NUPE's Godfrey Eastwood, COHSE's Kumar Sandy and NALGO's Julia Coleman each presented morning workshops, with GMBATU's Rober Goulborn involved in the afternoon presentations. Other speakers included black NUPE activist Franklyn Georges, victimised COHSE militant Andrea Campbell, and former NUPE-sponsored MP Reg Race.

Questionnaire replies show that morning workshop speakers were all well-received: a number of the contributions will be written up for future publication in Health Emergency.

Afternoon discussion broke into health regions for information on the particular situation each faces and the campaigns and struggles in progress. Also discussed was the establishment of region-wide links, which at present are at best rudimentary. One positive result of the Oxfordshire discussion was a plan for a demonstration jointly sponsored by the two main health campaigns and by Oxford Trades Council, which is now fixed for November 10.

A concluding platform speech from Wandsworth Labour councillor Margaret Jenkins pointed to the links between health cuts and rate-capping. Barking shop steward Sue Smith made a strong appeal for support of the new weekly mass pickets at the Hospital to win their 7 month battle against private contractors Crothalls.

The conference as a whole was a useful focus of information and discussion, at a crucial stage in the fight. But the enthusiasm for a recall conference in the New Year indicates that delegates feel more questions remain to be answered.

Certainly, there are many more activists, particularly from Labour Parties and from non-health unions, who must be drawn into the fight in the coming months.