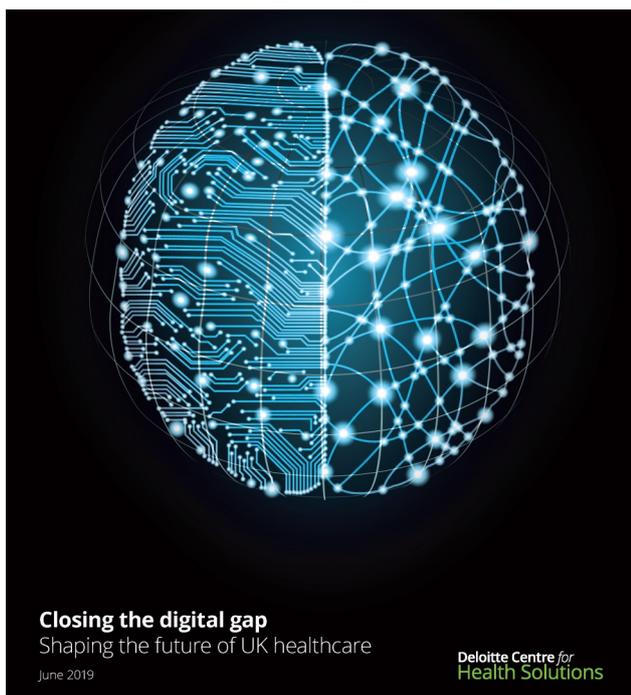


NHS Privatisation continues at speed

Data from the months of lockdown will show a huge leap in the privatisation of the NHS. The government have taken advantage of the 2012 Act as well as 2015 guidance and the Coronavirus Act to increase private involvement in our health services. Why is this happening? At a time when the NHS has never been more publicly applauded? When free, publicly funded, staffed, and provided health care is daily thanked?



If we are to turn this fast flowing tide, we have to get behind the headlines and into the thinking of the privatisers who are currently in power in the UK. People who want to shrink the state and allow the market free rein. I remember, at the last election, a Tory hopeful at a local hustings in Oxford declared the NHS was safe in his hands – and that to make it safe it needed to be run as much as possible remotely, by new technology, and by the private sector working for the NHS. I remember his disbelief at the audience who wanted a true, publicly run and funded NHS, funded from general taxation.

To a confirmed neoliberal, ideologically convinced that only the private, for profit sector can be ‘efficient and effective’, the current turn to the private sector was obviously going to happen. Having starved the NHS to the point of malnutrition, they turned to the market to do the necessary work. This was helped by pulling all commissioning up into the centre of NHS England and away from local commissioners. Vast national contracts could be given away with ease by NHS England, away from public gaze and accountability. Private hospitals were commandeered by the NHS (after some criticism, these hospitals’ usual profit margins were not demanded). The huge extra warehouse hospitals like the Nightingale in London were commissioned from KPGM. Instead of building on the NHS’s own testing facilities, the Department of Health and Social Care recruited Deloitte to create a network of

up to 50 testing facilities around the UK. The Cabinet Office also handed Deloitte the task of procuring personal protective equipment for frontline NHS staff. The contracts to provide PPE, to provide testing and tracking, to get vaccines – all of this has been commissioned from the private sector by NHS England nationally. This was made even easier by a 2015 loophole that allows the NHS, in certain cases, to go straight to a contract without the usual tendering process.

The Health Secretary Matt Hancock's belief in privatisation is clear from the "thank you's" in his daily briefing on 1 May (in this order):

British companies like Randox, Oxford Nanopor, DNA Nudge, Medical Wire

Logistic companies like Royal Mail and Yodel

Academics

Deloitte, GlaxoSmithCline, Novasyste

Public Health England and the NHS

UK Bio Centre, the Crick

International firms such as Thermo Fisher, Halologic, Roche, and Quiagen

Those of us who are not infected with the government's 'Emperors New Clothes' virus need to speak out. The list of failures of the private health firms provide ever growing confirmation that the government's approach is the wrong one. We have an array of evidence to turn to. A [recent KONP national article](#) shows the disastrous history of privatisation in the Social Care sector from 1990. We can speak out locally too. The government announced on 3 May that all PPE had to be requested from the national stock, effectively stopping any local freedom for hospitals to act on their own. This risks local lives. We can and should speak out against cosy relations between NHS hospitals and private hospitals that have been cemented during this crisis.

We also need to resist the current mood music which has news footage from NHS hospitals which scream danger at our screens and from private hospitals which show corona-free corridors and calm wards. This could have devastating results for the future of the NHS and ensnare many people into putting their savings into private health schemes, thereby finally relegating the NHS into the second tier of a two-tier health system, with devastating effects on inequalities in future years.

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