

– Lord Howe’s Wicked Dream –
A Report from an Undeveloping Country

All action weakens contemplation. – Plotinus

I could never get over some queasiness from indulging in strident public rhetoric which took me further and further away from my own interior musing, in which skepticism, uncertainty, and ambivalence play large parts.

– Phillip Lopate

In future the NHS will be a state insurance provider and not a state deliverer . . . and the NHS will be shown no mercy.

– Mark Britnell

There is an apocryphal story of a poet who is said to have greeted the declaration of hostilities in September 1939 with a cry of frustration: ‘I have spent over a decade learning how to use a semi-colon and now a bloody war breaks out!’ While not entirely sympathetic to the egocentric writer, I felt a similar frustration when, from 2010 onwards, I was increasingly distracted from various writing projects that had been on the stocks for many years, and instead got caught up in politics. I found myself spending hours on the pavements of Stockport, Cheshire, talking to reluctant interlocutors in frequently unattractive weather, trying

to persuade people to sign petitions, helping to write and distribute leaflets, and composing long letters to our local MP. All of which variously exasperated, depressed and bored me witless. I had exchanged crafting paragraphs in privacy and solitude for publicly shouting slogans in ragged chorus.

Though hardly comparable to the battle for civilization that had interrupted the poet, the cause that pitched me on to the streets was far from trivial: an ideologically motivated assault on the NHS by the Tories and unopposed by their Liberal-Democrat fellow-travellers. It was, and remains, a major threat to the health of my fellow citizens. As an ex-physician this was not something I could ignore.

Most of my waking consciousness for nearly forty years had been occupied by my life as a doctor: clinical practice, teaching and research, and developing medical services meant almost as much to me as my family. For several decades writing books was an intermittent aspiration. I was aware also that being healthy is for most of us a necessary condition of taking philosophical problems seriously and I had no reason to assume that my fellow citizens were any different in this respect. I am not sufficiently self-deceived to believe that I would think with any enthusiasm if I were in pain. To adapt Berthold Brecht's 'First grub, then ethics', I would suggest 'First analgesia, then metaphysics'.

Readers from outside of my Small Island might think that this story is a rather parochial affair of little

significance beyond the shores of the UK. You would be mistaken. The neo-liberalism that is threatening the welfare of UK citizens and undermining its democratic processes is at work throughout the globe. The forces that are destroying the British National Health Service (NHS) are those that in the USA are ensuring that the interests of Big Business triumph over the medical needs of the vast majority of the people, such that attempts to move towards a healthcare system that does not rip off and ruin those who are foolish enough to fall ill, are frustrated at every turn.

Needless to say, those of us who raised the alarm about what the politicians were up to were accused of scare-mongering but increasingly what we tannoyed to the largely indifferent shoppers of Stockport has proved to be truth-mongering. Truth, however, has become so scarce that speaking it seems at best eccentric. And this is the cue for a note on nomenclature.

There are some politicians where the flow of lies is so seamless that it is impossible to count them, never mind challenge them. Since I am not sufficiently crooked to have amassed a large enough fortune to defend myself against libel actions, however unjust, I have to be careful in my choice of language. In many cases, 'not true' means 'barefaced lie'. In some instances, this will be obvious, as when David Cameron says that he will protect child benefit, the NHS, the poor and the vulnerable, and then does the opposite. Or when Jeremy Hunt (present Secretary of State for Health) falsely

claims that the 2012 'reforms' of the NHS have saved the service £2,000,000,000 that has been put back into front-line services, or that privatisation of healthcare is not happening and not only is it not happening but that it's the GPs that are doing it. Or . . . Well you get the picture. When you see the word 'untruth' be alert to the probability of a lie.

The story so far as I was concerned began with a cloud no bigger than a man's hand: a government White Paper, published in June 2010, six weeks after the Coalition between the Tories and Liberal Democrats had been formed, putatively to save the country from a financial crisis. The document was called 'Equity and Excellence: Liberating the NHS' and was the brainchild of one Andrew Lansley who had been shadow Secretary of State for Health since 2005.

During his long years in opposition Lansley had conceived a plan of such cunning that, as Blackadder might have said, if you had put a tail on it you could have made it Professor of Cunning at the University of Oxford. Hidden in its many pages of leaden prose, empty rhetoric, and whopping untruths, there was a solution to a conundrum that had exercised the Tories since the early 1980s: namely, how to fulfil a dream, first articulated in cabinet by the then Chancellor of the Exchequer, Geoffrey Howe, of ending 'the state provision of healthcare, so that medical facilities would be privately owned and run and those seeking healthcare would be required to pay for it'.

The 1982 dream remained a dream because it was overwhelmingly opposed by the electorate. (And still is: 84 per cent of them in the most recent poll.) It was not, however, allowed to die. In 1988, Oliver Letwin and John Redwood, two prominent and influential right wing Tories, published *Privatising the Universe*. (Letwin was hardly disinterested – he has been an executive director of an investment company specialising in healthcare). The book inspired the first major step in pulling the NHS apart: the introduction in 1990 of what was called an ‘internal market’.

NHS purchasers of healthcare (later called commissioners) would be separated from providers (such as hospitals) also in the NHS and the latter would compete with each other for what was now to be seen as ‘business’. Enabling the NHS to compete with itself vastly increased bureaucracy and transaction costs. Putting together business cases, tendering for business, monitoring the delivery of contracts and so on consumed monstrous quantities of resources and clinical and managerial time. It also destabilised many of the public institutions responsible for providing care. It was a flying start.

To move decisively in the direction of Howe’s dream, however, it was necessary to expose the NHS to external competition from those benefactors of mankind, the private healthcare providers. Successive Labour administrations between 1997 and 2010 put more publicly provided healthcare out to private

tender, something of which the arch-privatisers in the Tory opposition greatly approved. The proportion of NHS business that was privately provided, however, remained less than five per cent. Something more radical had to be done in order to fulfil Letwin's 2005 boast that, within five years of a Tory government, the NHS (which he described as 'Stalinist') would not exist. How could the sixty-year nightmare of publicly provided, publicly funded, universal healthcare, free at the point of need to all, irrespective of means, finally be terminated?

Enter Mr Lansley with his White Paper. The paper started with certain premises: the NHS was inefficient; it was bureaucratic; it delivered poor care; and it was not democratically accountable. This would all be corrected by a central idea. Commissioning – the decision as to who gets what healthcare and who provides it – would be carried out by local Clinical Commissioning Groups (CCGs) led by GP's and the latter would respond to the wishes, views, and needs of patients. The democratic deficit in a 'monolithic', 'Stalinist' NHS would be healed. The mantra (supposedly voiced by a patient) 'No decision about me without me' would be the guiding principle of future public provision.

That all sounded very good. However, it was actively misleading. The premises on which the White Paper was built were false – something to which I shall return. More importantly, this was a smokescreen to cover the real purpose of the proposed 'reforms'. Buried in the

waffle were three important principles. The first was that the Secretary of State for Health should no longer be responsible for providing comprehensive healthcare. This was the key towards ending government accountability for the NHS and the service it provided: “Not my job gov”, government’ was presented as an advance in local democracy. The second was that, with some exceptions, all contracts for services would have to be put out to competitive tender. And finally, all providers would have to become independent businesses (or Foundation Trusts). They could earn up to 49 per cent of their income from private patients. What is more, they were no longer required to provide across-the-board services.

What attracted most attention when The White Paper was published was that it envisaged a massive top-down reorganisation – only a few weeks after the partners to the Coalition had promised to the electorate that there would be no top-down re-organisation of the NHS. The then CEO of the NHS said it was the biggest in its history and so large ‘it could be seen from outer space’. No wonder the Tories had forbidden Lansley from talking about his cunning plan before the election because, as Michael Portillo, a former Tory minister said, ‘they would not have got elected’. They had, in short, lied, so that Geoffrey Howe’s dream could be imposed without electoral consent. The Liberal-Democrats trotted along behind because they were hungry for office. ‘All power corrupts,’ Lord Acton said; and, we might add, ‘so do years of impotence’.

The White Paper was moulded into a parliamentary Bill. At over three hundred pages it was three times as long as the document that established the NHS. After a rocky journey through the two chambers, and agonisingly slow progress – though greatly assisted by the eloquence of unscrupulous parliamentarians with a personal interest in private health businesses and a hope of getting a share of the action – the Bill received Royal Assent as the Health and Social Care Act (HSCA) in March 2012. It was implemented in April 2013.

Among the Bill's most assiduous, indeed tireless, supporters was another ennobled Howe: hereditary peer Earl Howe. The tireless Earl's silver tongue may justifiably be credited with applying the KY jelly to ease the passage of Lansley's Semtex suppository into the rear of the NHS, a public service so long loathed by the Tories. Earl Howe ensured that nothing of real substance in the Bill was changed by the time it reached the statute book.

The NHS was ready for sale.

A BLAZING ROW WITH EDMUND BURKE

At the end of 2012, a group of us had established Stockport NHS Watch to hold our local Clinical Commissioning Group (CCG) to account and to campaign for the repeal of the Lansley's Act. We spent a lot of time on the streets. We had some low-altitude highs