

Is the NHS for Sale? The Case of Covid-19.

Campaigns against the growing privatisation of the NHS express concern that any new trade deal with the USA will lead to an even greater handover of public health services to giant US health corporations. The government always responds emphatically that “The NHS is not for sale”. Like so many government answers to difficult questions, this answer is meant to mislead. It evades the real issue. We know that Clinical Commissioning Groups, hospitals, and the Department of Health don’t *sell* health services to companies like Virgin Care or Serco. They *contract services out* to private companies and these companies make a profit by providing services under the NHS logo. Health workers employed by these firms don’t have the same wages or rights that they would have if they worked directly for the NHS. Also, time and time again, experience has shown that the service provided is poor.

A better way to formulate the question is: How does the Conservative government think health services should be provided: - by a publicly owned and publicly provided NHS or by private companies competing in a free open market? The Conservative Party believes that private companies are more efficient and can provide services at a lower cost to society. That’s why the government passed legislation in 2012 which forced Clinical Commissioning Groups to advertise health services on the market and not discriminate against private companies in awarding contracts.

The real test of this is to look at what they have done. Let’s take the example of the Covid-19 pandemic and the internationally recognised best method for dealing with it, in addition to social distancing, namely, test-trace-and-isolate. The framework already existed in England for precisely this kind of pandemic. This was Public Health England.

Public Health England

Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. Its official task is, according to its website:

- “- protecting the nation from public health hazards*
- preparing for and responding to public health emergencies”*

It announced in 2014 that:

“We employ 5,500 staff (full-time equivalent), mostly scientists, researchers and public health professionals.

We have 8 local centres, plus an integrated region and centre for London, and 4 regions (north of England, south of England, Midlands and east of England, and London).

The centres are supported by colleagues in:

- *specialist microbiology services, which provide laboratory analysis facilities*
- *field epidemiology teams*
- *knowledge and intelligence teams, who provide specialist surveillance and intelligence for localities”*

<https://www.gov.uk/government/organisations/public-health-england/about>

There are 134 directors of public health across 152 local authorities. The Director of Public Health in Oxfordshire is Ansaf Azhar. The Director is a member of the County Council’s Health and Wellbeing Board which brings together the local authorities, the hospitals, social services, and the Clinical Commissioning Group.

Oxfordshire Public Health describes one of its main tasks as:

“To protect the population from preventable health issues, including those caused by communicable diseases...”

<https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board/public-health>

So a framework existed for precisely the kind of health emergency that came with the coronavirus - a national public service with regional and local expertise, laboratories, and links with GPs and local authorities. Not only did this framework exist but it is a legal requirement that this system has to be followed in the case of notifiable diseases such as Covid-19.

The hub of this system is GPs, NHS laboratories, and local public health which cooperate and share local data on a day-to-day basis. In the Public Health system, a suspected case is reported either through NHS 111 or to the GP, the individual is tested, and the test is sent to the appropriate NHS laboratory for the region. If the test is positive, the local Public Health service would be notified. They would then get in touch with the contact tracers. This is the how the Public Health system works.

The government solution: private corporations

The question that arises here is why the government is not following this existing public system. Instead it has created a largely privatised and centralised system which, we know from all the reports, is not working well. Cases were not reported to local Public Health and GPs were not part of the loop. Public Health laboratories were bypassed. What was needed was for GPs to be equipped for testing; Public Health local staff and laboratories needed to be resourced. Instead, contracts went to commercial laboratories. Centralised contracts were then handed out to a string of companies with little or no medical expertise - the accounting firms Deloitte, Price WaterhouseCoopers, and Ernst & Young, as well as Boots, Serco, G4S, and a host of other companies. The test and trace system is being led by Dido Harding, a communications executive with no medical training. According to *The Guardian*:

Official data analysed by the Guardian shows state bodies have awarded at least 177 contracts worth £1.1bn to commercial firms in response to the Covid-19 pandemic. <https://www.theguardian.com/world/2020/may/15/firms-given-1bn-of-state-contracts-without-tender-in-covid-19-crisis>

Instead of resourcing and promoting the local system where there is greater knowledge and, more importantly, trust in GPs and medical professionals, the government has created a centralised parallel system built around private corporations.

The government claims to follow the science. But this decision to bypass the existing public system was based on ideology, not science. It is an ideology which claims that only the market is efficient. Health care should be delivered by private corporations working for profit and competing for contracts in a free market.

Saying that the NHS is not for sale is a complete diversion. The government response to the coronavirus pandemic is just another demonstration of the fact that the present government is not committed to the idea of public service. Rather, it has a strong ideological preference for a market solution, not only in utilities and transport, but also in education and health.

We need to demand that the government scrap this centralised and privatised testing and tracing and properly fund Public Health England to carry out this task in the local community.

Oxfordshire Keep Our NHS Public

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