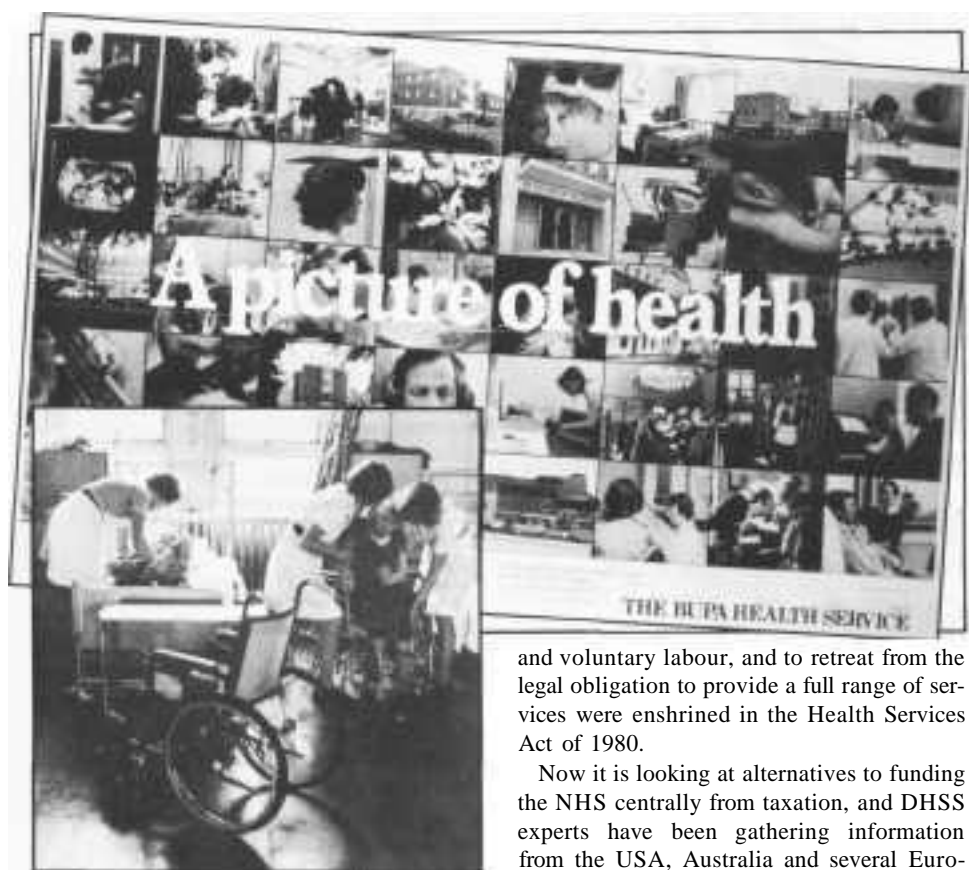


FOCUS



GOING PRIVATE?

These are hard times for the National Health Service. News of bed closures and exposes of the appalling conditions in mental hospitals appear almost daily. And the Tory government now looks set to undermine the very foundations of a system which, for all its faults, still provides some of the best and most comprehensive health care in the world.

The plan to switch NHS funding from taxation to an insurance system has been under discussion since the May 1979 election. Now recommendations from a Department of Health and Social Security working party, to introduce a state insurance scheme and encourage greater use of private medical care, are being looked at by ministers.

This working party included civil servants and 'specialist consultants' from the private sector — but no NHS representatives. And although the word all along has been that DHSS mandarins are opposed to the idea, the government seems determined to go ahead.

Its intention to cut NHS spending, to push a notion of health as a private, not collective, responsibility, and to boost the private sector has been obvious since its earliest days in office. Plans to relax controls over private medicine, to encourage charity fund-raising

and voluntary labour, and to retreat from the legal obligation to provide a full range of services were enshrined in the Health Services Act of 1980.

Now it is looking at alternatives to funding the NHS centrally from taxation, and DHSS experts have been gathering information from the USA, Australia and several European countries — ironically, at a time when other countries are considering introducing central funding to stem the abuses of insurance and private practice.

Ministers are likely to reject the American model, where the state steps in to help only those who cannot afford to buy their health care directly or through private insurance.

Another option is introducing more charges for items of service. But the likeliest choice is a state insurance scheme, copying elements of other European systems and backed up by a rapidly expanding private market.

In West Germany, over 90% of the population is covered by a state-supervised insurance scheme, with at least 10% also taking out private policies. In France, 90% are covered by a quasi-state-run scheme which meets only 80% of the costs — so about half also have private insurance to cover them for the gaps in state provision.

The drawbacks of such schemes are well known. Each patient has to prove eligibility, which means time and money spent in means-testing and form-filling. Each item of service has to be billed, submitted as a claim, assessed, argued over and paid for. Clearly this involves a great deal of administration, while the NHS actually spends comparatively little on administration: only 6% of the budget compared with 12% in Belgium and France, 18% in Australia and 21% in the

USA. So although the government claims to be pruning waste, state insurance would cost more — and the cost would be borne by the private, not the public purse.

But more serious is the increased take-up of private insurance by those who fear the state system cannot meet their needs — and who want to buy better care than the run-down and alienating NHS provides. Subscriptions to BUPA and PPP, the biggest provident associations, rose by over 15% in 1979 and 27% in 1980, with an estimated 6.4% of the population now covered. At the same growth rate, the insured population will reach 20 million within a decade.

The provident associations claim to be non-profit-making, but they are a smokescreen for a highly profitable industry in which health care is turned into an attractive, marketable commodity. Private insurance is essential for the growth of private medicine, putting it within reach of many people who could not otherwise afford it. The premiums are surprisingly low: a 45-year-old man can insure himself and his family for as little as £2 a week.

The Left's criticism of private medicine has focussed on moral arguments about queue-jumping. But there are many other disadvantages. Private medicine needs a quick turnover of patients with conditions which can be easily treated, usually surgically. Long term conditions or disabilities are unprofitable and insurance policies have a long list of exemptions, including chronic (long term) diseases, mental illness, mental handicap, pregnancy and age-related problems.

Thus the NHS must still cope with all those 'problems' ignored by private medicine showing the naivety of the claim that the Tories want to dismantle the NHS. Indeed, the private sector is a parasite on the NHS. It uses expensive NHS facilities; it employs staff trained by the NHS; and consultants tout for private patients in NHS clinics.

A system which is primarily interested in living off the profitable patients also propagates distorted ideas about health and disease. Private medicine wants to 'treat' your heart disease with expensive tests and high-powered technology, not to eradicate the social and environmental triggers. Its glossy ads show heroic doctors performing miracle cures, helped by pretty nurses pouring tea from silver pots. Its profits increase promoting the idea that medical care equals health — a curative, interventionist approach which says illness is a matter of individual bad luck.

This makes it all the more difficult to per-

suade people and governments that good health care is about preventing the social production of disease. And it threatens to destroy the growing awareness that modern health care should increasingly be geared to meeting the needs of the long term sick and handicapped, and the elderly — people who already occupy over half the NHS's beds. Usually ignored by the medical establishment and those who allocate resources, the outlook for them is grim.

Opposition to private medicine must therefore embrace opposition to the new methods of funding the NHS. But building a broad-based campaign will be difficult because health care has always come rather low on the socialist agenda and standing against it is a formidable alliance of interests, all the more secure because of its informal links, its lack of accountability, its friends in high places and its grip on individual vulnerability — the fear of illness. This alliance is being constructed on the deficiencies of the NHS (while reaping its benefits), which are attributable not only to persistent underfunding but to its inability to transform the relations between 'providers' and 'consumers'.

The crisis in the NHS in short is much deeper than the immediate problem of funding. The growth of private medicine will not be halted by repressive measures alone, nor by injecting unlimited cash into the NHS. What is needed is not only a vigorous campaign against the private sector — but also a positive campaign for a truly socialist health service.