

NICE: The British National Health Service Is Broken

by Mike Robinson

Nov. 25—*The term “Cameroncare” doesn’t have quite the same ring as “Obamacare.” Nonetheless, the systematic destruction of health care is a policy which applies equally on both sides of the Atlantic.*

A Brief History of Britain’s National Health Service

In 1946, an Act of Parliament established the National Health Service, with the intention that all health care should be free at the point of use for every man, woman, and child in the country. The NHS came online two years later, funded through a “National Insurance,” in turn funded by contributions by workers and employers, and collected through the tax system. For several decades, health care in Britain was of a high standard.

Then came the downward shift. This occurred in the context of the overall subversion of national economies in the trans-Atlantic region, and internationally, when the post-war Bretton Woods system of fixed currencies and national interests, became increasingly replaced by floating currencies, and globalist, deregulated casino “economics.” Unsurprisingly perhaps, the decline in health care provided by the NHS began under the premiership of Margaret Thatcher (1979-90), with the introduction of “modern management processes.”

There Is No Profit in Care: Thatcher commissioned two white papers: “Working for Patients,” and “Caring for People.” These white papers outlined the establishment of an “internal market.” This internal market came into being in 1990 with the National Health Service and Community Care Act. Health Authorities ceased to run hospitals, but instead “purchased” care from hospitals in their own areas, or from hospitals in other parts of the country. In order to qualify to receive such contracts from Health Authorities, hospitals and health-care providers had to establish themselves as so-called independent “trusts.” Thus began the policy of the free market in health care.

Next: Assisted Suicide: In 1993, assisted suicide

through the removal of life-saving care ceased to be illegal in the UK. This followed a decision of the courts that Tony Bland, injured and left in a permanent vegetative state as a result of the Hillsborough Disaster—in which 96 people were crushed to death and 766 injured as a result of overcrowding at a football stadium—should have his life ended. The hospital treating Bland, with the support of his family, had brought a case to the courts asking for permission to end his life through the withdrawal of food and fluids. Bland became the first patient in English legal history to be allowed by the courts to die in this manner.

Following the Bland case, the guidelines for similar situations were changed. They no longer referred only to those who are in the process of dying, but also to those in a long-term chronic state. The removal of food and fluids was redefined: It became a “treatment.”

Now Comes the Rationing: In 1997, Tony Blair became Prime Minister, and the destruction of the National Health Service began in earnest. Blair’s government, while notionally maintaining the “free at the point of use” principle, began the process of outsourcing of medical services to private companies, taking Thatcher’s for-profit, free-market competition model to never-before-seen levels. That, plus the systematic meddling in management structures and the imposition of staff “reforms” under the “Agenda for Change” label, brought standards of care to new lows.

In parallel, Blair established a new agency for rationing medical treatment. Set up in 1999, NICE (National Institute for Health and Clinical Excellence) was designed from the beginning as a mechanism for rationing health care. NICE devised the “QALY” (quality-adjusted life years) as a measure of the “effectiveness and cost effectiveness of any medication or treatment strategy to decide whether or not it is suitable for any given situation.”

NICE asserted that, “With the rapid advances in modern medicine ... most people accept that no publicly funded healthcare system, including the NHS, can possibly pay for every new medical treatment which



Britain's National Health Service, established in 1946 (the same year as the U.S. Hill-Burton Act), to provide universal health care, has, since advent of "Thatcherism," become an Orwellian, free-market, for-profit system, known as NICE. Shown: a "medical consultation" at NICE.

becomes available. The enormous costs involved mean that choices have to be made." The rationing argument states, "It makes sense to focus on treatments that improve the quality and/or length of someone's life and, at the same time, are an effective use of NHS resources." NICE uses the utilitarian argument, "To ensure our judgements are fair, we use a standard and internationally recognised method to compare different drugs and measure their clinical effectiveness: the quality-adjusted life years measurement (the 'QALY')." Cost effectiveness is expressed as "£ per QALY." How NICE.

Paid for Killing: Another of Tony Blair's improvements came along at this time—the Liverpool Care Pathway (LCP) for the Dying Patient, overseen by NICE, along with many other so-called "care pathways." Devised in the late 1990s by the Royal Liverpool University Hospital and the Marie Curie Hospice to provide end-of-life care for cancer patients, the response to a 2012 freedom of information request by the *Daily Telegraph* showed that 85% of NHS trusts (hospital systems) have since adopted LCP. But the more significant statistic revealed by the *Telegraph* was that over 50% of hospital trusts had already received financial rewards for killing people through the Liverpool Care Pathway—£12.4 million in the two years to 2012 for hospitals that were "hitting targets."

Promoted for Killing: In 2007, Tony Blair stepped aside in favor of Gordon Brown and the pace of change slowed somewhat. Nonetheless, the effects of Blair's reforms became rapidly apparent, in rising death rates

and illness. Instead of remediation, the agents involved were rewarded.

The Healthcare Commission was alerted in 2008 to "apparently high mortality rates in patients admitted as emergencies" at Stafford Hospital in northwest England. The Healthcare Commission reported in August 2009 that the high death rates were a result of hospital managers being too focussed on meeting targets and finances. The report did not state the numbers of excess deaths.

Three months prior to the report's publication, it was revealed that several of the executives responsible for Stafford Hospital had been promoted to national positions, notably Cynthia Bower and Sir David Nicholson. Bower had been the chief executive of NHS West Midlands at the time of the unnecessary deaths. Her promotion took her to the national Care Quality Commission, which she now runs. The Care Quality Commission is the regulator for the NHS. Nicholson was in charge of the regional health authority responsible for Stafford Hospital at the height of the "failings." He was promoted to become Chief Executive of the NHS as a whole, and continued to the present (retiring in 2014).

The Cameron Years

The policy trend of the "free market" begun by Thatcher, which Blair continued without blinking, has been taken up with even greater gusto by Thatcher protégé David Cameron since he became prime minister in 2010. Cameron legislated for the "most extensive reorganisation of the structure of the National Health Service in England to date" in 2012. The Health and Social Care Act opens up the free market in health care even further by abolishing the NHS "Primary Care Trusts" and "Strategic Health Authorities" (the two parts of the market thus far), and replacing them with hundreds of "clinical commissioning groups" which place NHS hospitals in direct competition with private for-profit companies for provision of health care.

One such private company—Richard Branson's Virgin Healthcare—already runs 100 services across the NHS, including hospitals, accident and emergency services, and childcare services.

Not coincidentally, a number of donors to Cameron's Conservative Party have close ties to the health-care industry. John Nash, former chairman of Care UK, which provides general practitioner surgeries, walk-in centers, and other specialist services, along with his wife, donated £203,500 to the Tories over the last five years. Nash is also the founder of Sovereign Capital,

which runs a number of private health-care firms. The co-founder, Ryan Robson, another major Conservative Party donor, has given £252,429. £50,000 of this got Robson, a managing partner of Sovereign Capital, into the Conservatives Leaders' Group which quietly provides "cash for access."

Another Conservative Party donor with a financial interest in health care is Dolar Popat, who gave £209,000. He became "Lord Popat" shortly after Cameron took office. Popat founded and runs TLC Group which provides nursing and care homes for the elderly. And Philip Scott, of the Priory Group, which has most of its income from NHS and local council referrals, donated a mere £20,000. The Priory Group runs hospitals, clinics, and special schools.

The Whistleblowers: Over the course of the last two years, a number of senior NHS whistleblowers have spoken out about the reality of life, and death, in Britain's National Health Service. Initially kept silent, having been removed from their jobs through the mechanism of "compromise agreements"—a large payoff in return for signing a gagging clause—some are now breaking the terms of their severance deals to report everything from extra-marital affairs among top brass, to the total disarray at the Care Quality Commission.

The Future

In 2012, a senior doctor admitted that 130,000 elderly patients a year are dying as a result of being placed on the Liverpool Care Pathway. To put that in perspective, there are a total of 450,000 deaths of patients of all ages in UK hospitals each year. In many cases, people are having food and fluids withdrawn without consultation with, or the consent of, their families, and yet these same people could, with a little support, have enjoyed more time with those families.

Media coverage has made the Liverpool Care Pathway a tainted brand—so it is highly likely that it will be re-branded at some point next year. Unsurprisingly, there is no plan to change the policy itself. The remit is that NICE has been given the extended responsibility to include social care; this means everything from autism in children and adults, to the mental well-being of the elderly in care homes, to child abuse and "managing medicines in care homes." From April 2013 onward, NICE is "to develop guidance and quality standards for social care in England . . . an opportunity to apply an evidence-based system to decision-making in the social care sector, simi-

lar to that provided for the NHS." (nice.org.uk/socialcare/)

As with every other national asset, Britain's National Health Service is in the process of being sold off to the lowest bidder. Unlike other national infrastructure privatizations, the most recent of which was the Royal Mail, NHS privatization is such a contentious issue, that it has to be done by stealth. There will be no massive IPO in this case.

To push through the latest stage of the free market in death, David Cameron has hired Simon Stevens (see accompanying article) to replace Sir David Nicholson when Nicholson leaves office this April. That's the same Simon Stevens who was Tony Blair's health-care advisor and architect of Blair's NHS reforms. The same Simon Stevens who was the architect of the 1999 National Institute of Clinical Excellence and its health-care rationing policy. The same Simon Stevens who, for the last decade has lived and worked in the USA as a senior executive at UnitedHealthcare, most recently as chief executive, and consulted on how the Obama 2010 Patient Protection and Affordable Care Act can "save" hundreds of billions of dollars, by reducing care.

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