

# THE NHS AS A SOCIAL COMMONS

## HOW PROGRESSIVES SHOULD RESPOND TO ITS LOSS

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**The National Health Service is one of our most important “social commons”, a shared resource that we hold inalienable rights over, and for which the government must act as steward. But perhaps more than any other part of the British commons it has been subject to encroachment, commodification, privatisation and neglect under successive governments, both New Labour and Conservative-led. The left should see its defence not simply as a demand for improved healthcare, which is too easily incorporated by the privatisers and freeloaders, but as a defence of our historic commons and part of a broader campaign for a society based on our commons rights.**

### **The NHS “social commons”**

The Left has always made most progress when in defence of the commons, and throughout British history the great rebellions have come when the commons have been under duress. This was the case in the events that led to the Charter of the Forest in 1217, those leading to the Peasants’ Revolt of 1381, to the Levellers and the Putney Debates of 1647, and to the Chartists of the 1830s. But the most systemic attack on the commons has come in the past 50 years, and so far the left has not managed to conceive or organise resistance. It is time to design and campaign around a [Charter of the Commons](#).

An obvious starting point is the NHS. Formally, this became a social commons in 1968, on the statutory grounds established in the *Limitation Act* of 1623, that a commons that had been accepted as such for twenty years was inalienable, so that government had to act as a steward or trustee, committed to preserving it for current and subsequent generations in its current or improved state.

Since ancient times, a commons has been a zone of sharing. Sadly, the term “universal” has been stripped of its full meaning by social democrats as well as by libertarians, reduced to meaning providing a service free at the point of delivery to all who want it. Although that is part of the fuller definition of a social commons and “universalism”, the left has fallen into the trap of pitching their defence on that principle.

But in a social commons universalism also means a communal solidarity between commoners as users and commoners as providers. In the idea of the NHS as a social commons, patients and providers (surgeons, GPs, nurses, auxiliaries and support staff) see themselves as partners in a collective endeavour.

Today, that sense of universalism has been corroded drastically. Patients are clients, able since 2000 to make more 'choices', able to buy better services if they wish. The health service providers have been converted into a reflection of the class structure of our age – an elite, gaining huge rentier incomes, a salariat also gaining rentier income but subject to stressful labour, and a spreading precariat wallowing in economic insecurity, debt and loss of Voice.

Since the 1990 *NHS and Community Care Act*, successive governments have stealthily denuded the commons status of the NHS, including by forcing the NHS to sell land in order to raise funds to preserve medical services under stress due to budget cuts.

### **Privatisation and rentier capitalism**

There are two strands of the loss of the NHS as a social commons – privatisation by stealth and rentier capitalism through institutionalised corruption, turning what was the NHS into what criminologists call a “crimogenic” sector of the economy, defined loosely as where state-corporate collusion systematically subverts the law and rides roughshod over what are supposed to be democratic norms.

Those in and around the NHS know what has happened. But it is doubtful whether the public in general are aware of what has happened. This testifies to a failure of the left to mount an effective defence. By the time of the last General Election, NHS England had been devolved and fragmented into a confusing mish-mash of competing sections, with 7,500 general practices, 233 “trusts” covering hospitals and other direct providers, and some 850 private companies and charities supposed to provide care on its behalf. The termite capitalists known as private equity companies were burying deeper, dominating mental care and social care, long since quietly privatised.

Today, the NHS cannot honestly be described as a national public service. Perhaps more than any other part of the British commons it has been subject to encroachment, commodification, privatisation, neglect and, most insidiously, neo-colonisation. And it is the latter that should provide the left with its most promising rhetorical device for a national campaign around a Charter of the Commons.

### **New Labour and NHS privatisation**

Instead of warning that a post-Brexit trade deal could lead to US corporations gaining more control over the NHS, we should recognise that it has already gained as much control as it needs. Sadly, the principal architects of that have been creatures of New Labour. The first is Simon Stevens, appointed by Tony Blair in 2001 as his NHS adviser, who resigned in 2004 to become Vice-President of UnitedHealth group, the USA's largest healthcare insurer and provider of private health services, which had just won its first NHS contract before Stevens was hired, and which subsequently became a major supplier of back-office services to the NHS. While Stevens was a senior executive of UnitedHealth, it was subject to several major

lawsuits and forced to pay huge fines. There is no suggestion that Stevens had anything to do with them, but he did not see fit to resign when the firm was found guilty.

In 2014, David Cameron appointed Stevens to run NHS England, when Stevens had substantial shares in UnitedHealth. In 2015, no doubt by coincidence, NHS announced a list of approved private suppliers, dominated by US financial giants but including Optum, the UK subsidiary of UnitedHealth. They all became members of the *Commissioning Support Industry Group (CSIG)*, set up by the NHS as a low-profile, untransparent body with access to senior NHS officials developing a market in commissioning services. Optum has since done rather well.

The second figure in the New Labour era to have been instrumental is Alan Milburn, Labour Health Secretary from 1999 to 2003, who extended NHS privatisation, primarily through two measures. First, he co-authored with Stevens the *NHS Plan 2000*, which introduced market-style commissioning and contracting out of services by NHS hospitals and the disastrous Private Financial Initiative.

Second, he shaped the *2007 Medical Services Act*, to which we will return. After he left office, his private secretary and his media adviser went to big jobs in UnitedHealth. He became adviser to Bridgepoint Capital, a venture capital company that finances private firms supplying service to the NHS. In 2013, he was hired by PWC, the world's largest accountancy and consultancy firm, to chair its UK Health Industry Oversight Board, whose aim was to expand its lucrative NHS consultancy. In 2015, PWC was among those firms appointed to the CSIG. Commercial outsider became commercialising insider.

### **Conservative attacks on the NHS**

Of course, the 'revolving doors' – between political positions enabling them to increase privatisation and the neo-colonisation of the NHS and highly-paid positions in firms that are the rentier beneficiaries of the privatisation – has been at least as much the practice of Conservative politicians. The leading person is Andrew Lansley, Health Secretary from 2010 to 2012, who resigned as MP in 2015, sent on his way with a life peerage. He was responsible for the 2012 *Health and Social Care Act*, which accelerated NHS privatisation and its neo-colonisation; he was also responsible for privatising the NHS helpline (renamed NHS 111). The firm gaining most NHS 111 contracts was chaired by a man who had made substantial contributions to Lansley's personal office when he was Shadow Health Secretary. That firm was bought by Bridgeport Capital, where Alan Milburn was employed and where its director of healthcare was formerly on the NHS National Commissioning Board. While all the people in this cosy circle may be uncorrupt, it was surely institutionalised corruption.

All these activities corroded the social commons character of the NHS. But perhaps most destructive was the *2007 Medical Services Act* that was Stevens and Milburn's brainchild. As discussed in detail [elsewhere](#), this extended the US model of occupational licensing and external regulation that turned the providers of healthcare services into a class-fragmented labour force with conflicting material interests. It divided commoners into professionals – those with discretionary independent judgement – and non-professionals, the latter subject to more bureaucratic monitoring and auditing of performance. Drifting into a precariat became widespread. Occupational splintering was an instrument for turning more of NHS

workers into the precariat, with a new grade of medical care practitioners and para-medical ‘auxiliaries’, with inbuilt barriers to upward mobility.

The 2007 Act cemented the loss of self-regulation, self-governance and social solidarity that characterise membership of a social commons. Instead, it marked the triumph of licensing by the state and by finance. International research shows that licensing systems reduce internal mobility, limit entry to higher echelons and lower the wages in lower-rung jobs, through crowding more into them. Wage and earning differentials widen, and more are pushed into the precariat, without an occupational mobility narrative to give to their lives, stressed, low-paid and regarded as disposable. Doves can be expected to leave the NHS in the wake of the exploitative conditions endured during the Covid pandemic.

Earlier, when Gordon Brown declared that consumers were the main group for consideration, that forewarned of the tighter regulation of occupational communities with their guild-like traditions of integration. Thus, reforms in 2005 were meant to allow patients more ‘choice’, by restricting professional decision-making by the doctors. The President of the Royal College of Surgeons responded by saying that the new arrangements would destroy professionalism in the NHS, which was being undermined by a target-led culture and a choice agenda. In 2006, Labour allowed NHS patients to choose between NHS and private hospitals. This implicitly favoured privatisation, partly by reducing the professional status of doctors.

In the austerity era, particularly between 2010 and 2020, public budgetary cuts severely degraded the NHS, putting it in an ill-prepared state for responding to the Covid pandemic. That was inexcusable, but was consistent with the micro-politics of privatisation. Then in the desperate rush for remedies, the government indulged in an unprincipled splurge of contracts given to firms and individuals to supply masks, equipment and back-up services, without any respect for transparent procurement principles. The government will do everything it can to avoid a public evaluation.

### **The left’s defence of the NHS “social commons”**

The primary question that progressives should be asking is how it can respond to the mix of privatisation, corruption and the loss of the social commons. One prominent Labour MP recently said in frustration that details of corruption had been pouring into the public domain over the past year, but that the public just seemed not to care. That may be a bit extreme, but may be about right. It is also a clue as to what is needed.

The left would be more effective in their defence of the commons if they promoted a positive solidaristic narrative. We want to recreate the NHS as a social commons, and the NHS should be integrated into a broader campaign for a revival of a commons-based society, based on commoning and commoners’ rights. We need to mobilise all opposition parties, trade unions and the numerous civil society groups in a campaign to build a Charter of the Commons. This would have the potential of uniting those in the precariat, for whom the commons are ‘the poor’s overcoat’, with those in the salariat who see themselves as gaining from all types of commons – natural, social, civil, cultural and intellectual.

The campaign should play the nationalistic tune of saying that in reviving our commons, we should drive out foreign-based financial control. The general public might not mind that some bribery and revolving doors corruption is taking place if they feel the service is being provided. But if we focused on how US-based private equity has been allowed to take over our national networks of elderly care and mental care homes, we could emphasise how *all* of our commons are being colonised by foreign financial capital. People could easily come together in opposing that and the fragility it implies.

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#### **About PEF**

The Progressive Economy Forum (PEF) was founded and launched in May 2018. It brings together a Council of distinguished economists and academics to develop a progressive and sustainable macroeconomic programme and to foster wider public engagement with economics. It opposes and seeks to replace the current dominant economic narrative based on austerity.

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