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# REPEAT PRESCRIPTION?

The NHS and four decades of  
privatisation paranoia

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## Summary

- In 1980, an article in *The Times* predicted that over the next five years, the National Health Service (NHS) would be privatised step by step, and the UK would drift towards an American-type healthcare system. This obviously did not happen. But that has not stopped people from repeatedly making the same prediction ever since. Conspiracy theories about ‘secret plans’ to dismantle and privatise the NHS are a fixed feature of British politics.
- After more than four decades of moral panic about secret privatisation plans, the UK still has an unusually state-centred healthcare system. Even if we include general practitioners, dentists, pharmacists and optometrists, spending on non-NHS providers still only accounts for about a quarter of the NHS budget. Spending on private providers (i.e., companies such as Bupa) in the way most people probably understand it accounts for less than one-tenth of the budget, a figure that does not show a rising trend. Private hospitals only account for one in ten hospital beds in the UK, compared to three out of ten in Austria, four out of ten in France, six out of ten in Germany, seven out of ten in Belgium and ten out of ten in the Netherlands.
- The most remarkable feature of NHS-related conspiracy theories is that they are not restricted to eccentric fringe groups but are very much part of mainstream debate. The main outlets publishing these stories are not obscure blogs, but mainstream newspapers and magazines such as *The Guardian* and *The Independent*. Its main purveyors are not eccentric fringe figures, but mainstream journalists, academics, senior members of the British Medical Association (BMA) and the Royal College of Nursing (RCN), large trade unions such as Unite, and Members of Parliament, including shadow cabinet members.

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- When NHS privatisation prophecies fail to come true, the story is simply replaced with a new one, and the predicted date pushed further into the future. The general claim that the NHS is being privatised ‘by stealth’, ‘creeping’, ‘by the backdoor’, etc., is always there, but the accompanying details keep changing. It is not unusual for privatisation prophets to spend years peddling one particular version (e.g., ‘The Health and Social Care Act 2012 is a Trojan Horse for the privatisation of the NHS’), drop it in a heartbeat and then adopt a completely different one (e.g., ‘The UK–US trade deal is a Trojan Horse for the privatisation of the NHS’).
  - Moral panic around the NHS comes in waves. In the 1980s, many commentators were convinced that outsourcing non-clinical hospital services, such as cleaning and catering, would lead to the ‘creeping privatisation’ of the health service. In the 1990s, there were elaborate theories about how the internal market reforms of 1990–91 would be the NHS’ demise. In the Blair years, the extension of patient choice, the creation of Foundation Trust hospitals, the Private Finance Initiative (PFI) and the involvement of independent sector treatment centres were variously described as the final nails in the NHS’ coffin. Even in the Brown years, when the financial crisis crowded out most other issues, NHS privatisation paranoia did not come to a halt.
  - Apart from these major ‘moral panic clusters’ around specific NHS reforms, we also get plenty of short-lived random outbreaks. These can be triggered by just about anything: a collaboration deal between an NHS hospital and a private company, a clumsy comment by a politician, a one-off increase in some variable measuring the size of the private healthcare sector or even a think tank report.
  - The recurring moral panics around the NHS are not just a harmless eccentricity. They have a huge opportunity cost: the crowding out of any sensible discussion of health reform. Rather than making a positive case for the reforms they have in mind, NHS reformers spend most of their time denying unfounded allegations and trying to calm nerves. Rather than pointing out genuine flaws in an NHS reform, its opponents simply shout ‘Privatisation!’, because this is easier than explaining what a reform actually does. Over the past few decades, the NHS has gone through several waves of reform, offering a wealth of policy lessons. But these have not been assimilated because we have been too busy indulging paranoid fantasies.

## Introduction: When prophecy fails

The book *When Prophecy Fails* by Leon Festinger et al. (1955) is about millenarian cults formed around the belief that some cataclysmic, world-shattering event – e.g., the apocalypse, an alien invasion or the Second Coming – is just around the corner. More precisely, it is about how the adherents to such a belief system react when the anticipated event fails to materialise.

Some prophecies of that nature are not truly falsifiable because they are too vague about when the event is supposed to occur or what exactly it is supposed to look like. But others are reasonably specific about the timeframe and nature of the predicted event. The focus of *When Prophecy Fails* is a group which predicted a second Great Deluge that would destroy most of the world on 21 December 1954. Thus, when that date came and went, and the world was still there on 22 December 1954, the prophecy had been unambiguously and undeniably refuted by the events.

One might expect that in such a situation, the cult members would wake up, recognise their error and engage in some soul-searching about where they went wrong. Alternatively, one might expect them to quietly abandon the cause, live it down, and perhaps later, to downplay the extent of their previous involvement in it.

But that is not at all what the authors of the book observed. What they found was that it was far more common for cult members to double down on their beliefs in the face of total refutation and to become more aggressive in proselytising. They obviously cannot maintain their original story in its precise form, so instead, they come up with a modified version that still leads to the same key event, and shift the date of that event into the future.



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Far from disappearing, the cult emerges stronger and more cohesive, and its members remain more convinced than ever.

Britain has its own version of such a millenarian cult, except that, far from being the domain of a few eccentric fringe figures, it is promoted by high-profile mainstream academics, writers, journalists, politicians and activists. The idea is that there is a sinister secret plan to dismantle the NHS, sell off its parts and replace it with a dystopian survival-of-the-fittest system, in which most people will live in constant fear of being bankrupted by medical bills.

Here are a few of the most recent incarnations of this recurring prophecy.

Throughout 2019 and 2020, there was a widespread moral panic about how a post-Brexit UK–US trade deal would act as a Trojan Horse for the privatisation of the NHS. *The Guardian*, for example, ran a story entitled ‘British voters are terrified of US companies privatising the NHS. They should be’, in which they claimed:

‘[A] potential trade deal with the United States could put vital parts of the NHS at risk of privatisation. [...] Don’t let Trump and his cronies carve up the NHS. [...] [F]ight as if your life depends on it – because it does.’<sup>1</sup>

*The Independent* did not mince its words either, titling that ‘This is the final battle to keep our beloved NHS out of the grubby hands of profiteers’:

The NHS has endured, albeit in a tired, beaten state. Now the greatest battle is yet to come. The final battle. [...]

By selling the NHS, we’re selling our nation’s soul. [...] I, for one, refuse to see the NHS being fragmented and destroyed by an insidious US trade deal.<sup>2</sup>

These fears were not limited to left-wing newspapers. According to a survey on the question ‘If a future government did a trade deal with the

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1 ‘British voters are terrified of US companies privatizing the NHS. They should be’, *The Guardian*, 11 December 2019 (<https://www.theguardian.com/commentisfree/2019/dec/11/nhs-us-health-care-trade-deal-uk-election>).

2 ‘This is the final battle to keep our beloved NHS out of the grubby hands of profiteers’, *The Independent*, 4 August 2020 (<https://www.independent.co.uk/voices/nhs-privatisation-boris-johnson-trump-trade-deal-money-drugs-a9651976.html>).

USA, how much of a risk do you think it would pose to the NHS?', almost 60 per cent of the British public believed that that was indeed a risk, with most of them seeing not just 'a risk' but 'a big risk'. Fewer than one in four respondents believed that this was not a significant risk.<sup>3</sup>

In the beginning of 2021, that story had lost its salience, because with Donald Trump no longer the US president, it had lost its main villain, and Joe Biden was not a convincing replacement in that role. But it did not take long for a new moral panic to fill that gap. This time, it centred on the idea that the government was using the Covid-19 pandemic as an excuse to privatise the NHS. In May 2021, *The Guardian* ran a story entitled 'The NHS is being privatised by stealth under the cover of a pandemic', in which they claimed:

Far from being an aberration, the government's pandemic response reflects its commitment to embedding private interests at the heart of the state and stealthily chipping away at our most valued national institution. [...] Though ministers have sought to justify their decisions with reference to the exceptional circumstances of Covid-19, many of these decisions instead seem part of a longer-term plan to embed political appointees and private providers at the heart of the state. Rather than selling off the NHS outright – a decision politicians know would be unpopular – they are instead doing this through the backdoor, by stealth.<sup>4</sup>

A month before, the publication had run a story on the 'revelations' of a supposed 'whistle-blower':

Boris Johnson's government has been accused of [...] privatising the NHS by stealth [...] by Sir David King, a former government chief scientist. [...]

"People say it's a crisis – I say the government is using a crisis to privatise sections of the healthcare system in a way that is completely wrong," he said. [...]

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3 'If a future government did a trade deal with the USA, how much of a risk do you think it would post to the NHS?' *What UK Thinks*, November 2019 (<https://whatukthinks.org/eu/questions/if-a-future-government-did-a-trade-deal-with-the-usa-how-much-of-a-risk-do-you-think-it-would-post-to-the-nhs/>).

4 'The NHS is being privatised by stealth under the cover of a pandemic', *The Guardian*, 3 May 2021 (<https://www.theguardian.com/commentisfree/2021/may/03/government-pandemic-privatise-nhs-by-stealth>).

He accused the government of acting deliberately to carry out ideological aims of privatising the NHS. “It is slipping this through in the name of a pandemic – effectively, to privatise the NHS by stealth,” he said. “I’m quite sure this has not been an accident, I’m quite sure this has been the plan, there has been clarity in this process. The audacity has been amazing.”<sup>5</sup>

With Covid-19 restrictions easing and the sense of crisis fading, that story began to lose its bite. But again, it was instantly replaced by a new moral panic, this time around the latest reorganisation of the NHS. In the autumn of 2021, *Politics Home* ran a story entitled ‘The Health and Care Bill will accelerate NHS privatisation – it must be scrapped’, which argued:

What will be new, should the Bill pass, is a proliferation of privatisation within the NHS. Private healthcare providers will be introduced with greater ease, allowing profits to be skimmed from provision of public healthcare, and the introduction of these private providers will further fragment and weaken the structure of the NHS.<sup>6</sup>

As it happens, the Health and Care Bill mostly consists of the reversal of an earlier NHS reform, the Health and Social Care Act 2012 (HSCA), which triggered its own moral panic at the time, because it was also widely seen as a Trojan Horse for the privatisation of the NHS. Thus, we have a peculiar situation in which a health reform, and its reversal, can somehow both be Trojan Horses for the secret privatisation of the NHS.

The idea that there is a secret plan to privatise the NHS is wildly implausible for many different reasons. But its most obvious flaw is simply the fact that – as we show in this paper – people have been making this claim for over four decades, and yet, somehow, the NHS is still there.

Privatisation is a one-off process. It is possible to draw it out over a number of years (the privatisation of British Telecom took about a decade), but even then, it is a process with a logical and well-defined endpoint. One cannot carry on privatising the same institution forever.

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5 ‘Tories accused of corruption and NHS privatisation by former chief scientist’, *The Guardian*, 13 April 2021. (<https://www.theguardian.com/politics/2021/apr/13/tories-accused-of-corruption-and-nhs-privatisation-by-former-chief-scientist>).

6 ‘The Health and Care Bill will accelerate NHS privatisation – It must be scrapped’, *Politics Home*, 6 October 2021. (<https://www.politicshome.com/thehouse/article/the-health-and-care-bill-will-accelerate-nhs-privitisation-it-must-be-scrapped>).

Yet after more than four decades of privatisation paranoia, the UK still has an unusually state-centred healthcare system – the state is the main healthcare provider and the main healthcare financing agency, both by a massive margin. The great bulk of healthcare in the UK is both funded and directly provided by the state. We can argue about exactly counts as ‘privatisation’ (more on this in the next section), but whatever it is – it has clearly not happened.

Yet even though predictions of the NHS’ coming demise fail to materialise every single time, people still keep making them. Every time the prophecy fails, the failed prophets merely replace their story with a new one that leads to the same outcome and push the date further into the future.

This is, perhaps, not in itself remarkable. It is very much in line with the psychology of millenarian cults as identified in *When Prophecy Fails*. What is remarkable is that the rest of the country keeps listening to the failed prophets, and that large sections of the media keep providing them with huge platforms. The failed prophets are never called out on their track record; they are never asked why they got it so wrong last time or what makes them so sure that this time is different. Moreover, the very notion of ‘this time’ and ‘last time’ is absent from these debates: whenever somebody claims that the NHS is being privatised, we always act as if nobody has ever made such a claim before. Whenever a new episode of NHS privatisation paranoia breaks out, we seem to collectively erase our memory of the previous one and start from zero again.

But NHS privatisation paranoia has a long history. This paper documents a few highlights from the past four decades. It is by no means a complete overview. What we show here is no more than the tip of the iceberg.

Our selection criteria are simple:

### **1. Mainstream voices, not fringe figures**

- a. First, we are interested in mainstream publications, not in obscure fringe outlets, because what makes NHS privatisation paranoia so remarkable is not the fact that it exists (all sorts of conspiracy theories exist), but how mainstream it is. We therefore do not include stories that have been published in, for example, the *Socialist Worker* or the *Communist Review*. The fact that these publications promote privatisation scare stories is obvious and unremarkable. The point of this paper is to show that NHS

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privatisation scares are *not* restricted to publications like the *Socialist Worker* or the *Communist Review*. They are, on the contrary, just as likely to be published by *The Guardian*, *The Independent*, *The New Statesman*, or the BBC.

- b. For the same reason, we do not quote spokespeople of the Socialist Workers Party (SWP), the Communist Party of Britain (CPB) or similar fringe groups.<sup>7</sup> Again, the fact that these organisations promote privatisation scare stories is obvious and unremarkable. What makes NHS privatisation scare stories remarkable is that they are *not* confined to the far-left fringe. They are at least as likely to be expressed by mainstream academics, mainstream journalists, parliamentarians, senior figures of the British Medical Association (BMA), the Royal College of Nursing (RCN) or the Trades Union Congress (TUC) and by campaigners who get invited on the BBC or Sky News.

## **2. Substantive claims, not political theatre**

- a. Second, we do not include statements that are meant to be taken with a pinch of salt. Healthcare is an emotive topic, and it is perfectly legitimate to debate it with a degree of polemics and hyperbole. Where people exaggerate a little for effect, for example by describing a health policy measure they disapprove of as an ‘unmitigated disaster’ or a ‘total calamity’, we count that as a way to make a point and not as an NHS scare story.
- b. Similarly, during election times, politicians often make claims such as ‘We only have four weeks/14 days/5 days/3 days/48 hours/24 hours to save the NHS’.<sup>8</sup> These statements are clearly not meant to be taken literally. These are meant to be rallying cries, and we count them as such. This paper is about verifiable claims, not political theatrics.

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7 Of course, we cannot rule out that some of the people we are quoting here are also members of the SWP, the CPB or some other group in that ideological ballpark. But the point is that, if so, we are not quoting them in that role. If they only ever expressed those views while wearing their SWP or CPB hat, their quotes would not appear in this paper.

8 ‘The NHS – A brief history of time’, *West Lancashire Record*, 27 November 2019 (<https://westlancashirerecord.com/2019/11/27/the-nhs-a-brief-history-of-time/>).

c. We also disregard statements about vague, unspecified threats to the NHS (e.g., 'X cannot be trusted with the NHS') or speculation about mere intentions (e.g., 'Y hates our NHS and wants to destroy it'). There has to be a more specific accusation. To claim that somebody *wants* to privatise the NHS does not a privatisation scare story make. An NHS privatisation story must contain the claim that somebody *is already actively doing so*. Ideally, the accusation should contain terms such as 'privatise', 'sell off', 'dismantle', 'erode', 'replace with a US-style system', or some synonym, and it has to refer to the near-to-medium-term future.

### **3. Conspiracies, not critiques**

Every episode of NHS privatisation paranoia is an expression of hostility to markets and the private sector, but not every expression of hostility to markets and the private sector is an episode of NHS privatisation paranoia.

There have long been disagreements about the extent (if at all) to which the NHS should cooperate with the private sector, and the extent (if at all) to which it should make use of market mechanisms (see Le Grand 2003), with the policy pendulum sometimes swinging in one, and sometimes in the opposite direction (see Niemietz 2015). People can disagree on these issues in good faith, and it is entirely possible to be on the anti-market, anti-private sector side of that divide without being a conspiracy theorist. So when a health reform can be (rightly or wrongly) expected to expand the role of the private sector or of market mechanisms, then naturally, some people will object to it, because they believe that it is a bad idea. That does not make them conspiracy theorists. There is a world of difference between 'Reform XYZ should be stopped because it is a bad idea' and 'Reform XYZ will lead to the destruction of our NHS, unless we act *now*, and stop it dead in its tracks'. This paper is about statements of the latter variety.

Even with these rather restrictive criteria, we have still come up with hundreds of matches. The problem with NHS privatisation prophecies is that most of them sound alike, with only the name of the health secretary changing over the years. This presents us with a stylistic challenge: going through those prophecies one by one would, inevitably, have made this paper sound repetitive and monotonous. This is simply a reflection of the fact that privatisation prophets have not changed their tune in over 40 years.

We have found a way around this problem by simply shifting a lot of the quotes (or fuller versions of them) to the Appendix, and only presenting a few teasers in the main text. Those who would like a fuller picture of NHS privatisation prophecies may read through the Appendix.

Finally, some readers may, at this stage, wonder: even if there were plans to privatise the NHS, what would be so bad about that? Are there not successful examples of fully or partially privatised, market-based healthcare systems?

The answer is yes, and we have previously discussed some of those systems, especially in the book *Universal Healthcare Without the NHS* (Niemietz 2016). But that is not the topic of this paper. In this paper, the author is not trying to convince the reader of the merits of marketised healthcare. Comparing the NHS to market-based alternatives is a fascinating subject, but also entirely hypothetical. For better or worse, we are not moving towards a privatised system, we never were, and, for the foreseeable future, we are not going to.

# Where we are: The NHS after four decades of privatisation paranoia

What would it mean, in practice, to privatise an organisation like the NHS? How would a government which had such an agenda – ‘secret’ or otherwise – go about it? Four different mechanisms come to mind.

## **1. Asset transfers**

This is the most conventional, explicit and unambiguous form of privatisation, and probably what most people have in mind when they hear the word ‘privatisation’. A state-owned enterprise is sold, wholly or in parts, to private investors; for example, by floating it on the stock market, via an auction or simply via direct sales. The new private owners then have control over the assets. Most Thatcher-era privatisations in the UK and privatisations in Central and Eastern Europe in the 1990s fall into this category.

There are examples from the healthcare sector as well, although not in the UK. In the 1990s and 2000s, German state governments sold hundreds of hospitals to private investors.

‘Privatisation’, under this method, does not have to mean that a healthcare provider exits the statutory healthcare system altogether and henceforth only caters to private fee-paying patients. In the German example, the newly privatised healthcare providers remained open to everybody. They remained part of the statutory health insurance system and were paid via that system, rather than by billing patients. We could, in principle, imagine something equivalent happening in the UK. An NHS hospital could be sold to a private



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investor but continue to work with the NHS as an independent contractor and to treat NHS patients in that role. The result would then look similar to option 2, the outsourcing/contracting-out route, described as follows.

## **2. *Outsourcing/contracting out***

It is possible for the state to finance a particular service without providing that service itself. A government agency can commission services from competing private companies.

The NHS is, first and foremost, a healthcare provider, but it also purchases some healthcare services from external providers. We could imagine a situation in which the share of healthcare services that the NHS contracts out to external providers steadily increases, while, concomitantly, the share of healthcare services that the NHS itself provides steadily decreases. This could, in principle, continue until most healthcare in the UK (or in theory, even all of it) is provided privately but is still paid for by the NHS. Even though no assets would have changed hands, the NHS would nonetheless become a different type of healthcare system. It would become a healthcare commissioning and financing agency: a national health insurer rather than a national health service.

Public health insurance systems of this type exist in France, Canada, Australia, Taiwan and South Korea, where state-owned health insurers purchase healthcare services from a range of public and private providers, without running any healthcare facilities of their own.

The outsourcing route can only affect the provision of healthcare, not its financing. If NHS-provided care is free at the point of use, then NHS-commissioned (but privately provided) care must also be free at the point of use. For healthcare to be free at the point of use, public provision is neither necessary, nor sufficient (see option 4).

Outsourcing can take place at more than one level. Just like the NHS can outsource some healthcare services to private providers, individual NHS providers can do the same on a smaller scale.

### **3. Defunding/‘Residualisation’**

Rather than selling a state-owned enterprise or contracting out the services it provides, the state could also simply scale back that service and let private alternatives emerge to fill the gap. This could happen by accident or by design.

Suppose a village is connected to a nearby town by a bus service operated by a state-owned bus company. Initially, the bus service is very regular and most residents use it. But then, the government starts to defund the bus company. Bus services become more and more irregular and, as a result, more and more passengers give up on it, and look for alternatives. For example, car ownership increases and private taxi services expand.

This would not constitute a ‘privatisation’ in the conventional sense. The bus company is still there, is still state-owned and still operates its own services rather than contracting them out. Yet, whatever the right word for that process may be, the village would have moved from a situation where the majority of the population uses a public service to a situation where the majority uses various private ones. This could happen in healthcare too. If the NHS were slowly defunded, or its budget consistently outpaced by rising demand, those who could afford to would eventually look for private alternatives. The NHS would still exist, but it would no longer be a universal service used by rich and poor alike. It would become a residual service for those who cannot afford the alternatives.

Arguably, this comes close to describing what has happened to two healthcare or healthcare-adjacent areas in the past: dental and optical services. It is still possible to get NHS-funded or NHS-subsidised dental and optical care, but not as comprehensive and universally available services.

It also describes healthcare systems in various low-income and middle-income countries, where public healthcare facilities are, in principle, open to everybody, but the services they offer are patchy and/or oversubscribed and/or of low quality, so that the better-off tend not to use them.

Unlike the first two options, a residualisation strategy would privatise (or whatever we want to call it) not just the provision of healthcare,

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but also its funding, unless it is specifically coupled with financial support for those who use the private alternatives.

#### **4. User charges**

Public ownership does not have to go hand in hand with tax-funding and free-at-the-point-of-use availability. State-owned entities can be fully or largely self-funded, selling services to users and charging them, just like a private company would. A modern example would be the Ordnance Survey, the UK's national mapping agency, which funds itself via the commercial sale of geographic data.

It would, in principle, also be possible to fund public healthcare facilities in this way, and at the margins, user charges do play a small role even in the British system. There are charges for dental care, even if accessed via the NHS route, and there is a prescription charge for pharmaceuticals, although with lots of exemptions. In some NHS hospitals, it is also possible to be treated as a private, fee-paying patient.

We could imagine a scenario in which user charges are applied to more and more areas of healthcare and steadily increased, thus shifting the burden of healthcare financing from taxpayers to patients. Alternatively, we could imagine a scenario in which the NHS expands its services for fee-paying patients and concomitantly shrinks its tax-funded services. Neither of these would constitute 'privatisation' in the conventional sense. Former state-owned enterprises, such as British Telecom and British Gas, used to bill their customers, but that did not make them 'private'. However, it could still be described as a 'privatisation' on the funding side.

All four of these scenarios, or possibly some combination, could, in theory, happen. But none of them describe what is actually happening in UK healthcare policy.

We can rule out option 1, the conventional privatisation route, right from the start. This is clearly not happening, it would be impossible to carry out 'in secret', and even privatisation prophets do not usually claim that it is happening (although they sometimes claim that it will soon happen).

The NHS is not being 'defunded' either. In 2019, public healthcare spending in the UK stood at 8 per cent of GDP, up from 7 per cent in the mid-2000s,

and 5.5 per cent in the late 1990s (OECD.Stat 2021). If we compare this to public or publicly mandated<sup>9</sup> healthcare spending in other developed countries, we can see that 8 per cent is a perfectly normal figure, behind Germany, France, Sweden and Japan, but ahead of Canada, New Zealand, Finland, Australia and the Mediterranean countries, and about on a par with Austria and Belgium. One can take the view that this is not enough, and that spending should be raised to Swedish or German levels, but one cannot sensibly claim that it constitutes a deliberate 'defunding' strategy.

If we look at more recent spending figures, the UK comes out as one of the world's top spenders on healthcare. This is because, while all European healthcare systems received pandemic-related boosts in government funding, the British state was more generous than others (OECD & EU 2020: 43–44). We should not read too much into those recent figures, which are still distorted by various one-off effects (such as the test-and-trace scheme, and the drop in GDP). But the recent increase in National Insurance Contributions and the earmarking of the revenue for the NHS and social care have locked in some of the Covid-19-induced spending increases. The trend is therefore clear.

Total healthcare spending in the UK stood at 10.2 per cent of the GDP in 2019 – for every £5 spent on healthcare, £4 represented public spending. The remainder mostly represented out-of-pocket payments, e.g., for dentistry, optical care and prescription charges. There is also a small private health insurance sector, which covered about one-tenth of the population and accounted for just under 6 per cent of total healthcare spending. The share of public spending in total healthcare spending is high by international standards and has been relatively constant for decades (OECD.Stat 2021). This rules out options 3 and 4 at a stroke. Both would have to show up in the data as a reduction in the public share of healthcare spending. Despite the aforementioned part-residualisation of dental and optical care (which is not recent), this has not happened.

This leaves option 2, the outsourcing route. The NHS buys some services from external providers. The extent of this depends on whom exactly we want to consider an 'external provider'.

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9 Some countries do not have 'public spending' as such. For example, the Netherlands, as mentioned, has a mandatory private insurance system. The healthcare spending that is mediated through these insurance companies is not 'public spending' because these are private companies. But it is publicly mandated, because people cannot choose to opt out.

We could use that term in the broadest possible sense and classify every actor in the health sector who is not directly employed by the NHS as an external provider. This would include general practitioners (GPs), because GPs are either self-employed or employed by their surgery, but not by the NHS. It would include professionals such as dentists, pharmacists and optometrists. The NHS purchases some health services from other arms of government, such as local authorities and devolved administrations: these would also have to be counted as external providers. Further, it would include healthcare charities and for-profit independent sector providers. We can also include 'second-order outsourcing'; as mentioned earlier, even when an NHS organisation provides a service, that organisation may purchase some services externally.

If we add up all those spending categories, we get a figure of about 22 per cent of the NHS budget (Buckingham and Dayan 2019). We should treat this as an upper end because the private contractor status of GPs, pharmacists etc has never been particularly controversial. These may not technically be part of the NHS, but apparently, most people consider them part of the 'extended NHS family'.

Presumably, what most people have in mind when they talk about 'the private healthcare sector' is for-profit healthcare companies and healthcare charities (or possibly not even the latter). Spending on those accounts for less than 10 per cent of the NHS budget (Buckingham and Dayan 2019; DHSC 2021: 220a). This coincides roughly with the share of private hospital beds (WHO 2020).

**Table 1: Private hospital beds as a percentage of all hospital beds**

Country	Private sector share (%)
Netherlands	100
Norway	100
Belgium	72
Germany	60
France	38
Italy	33
Austria	30
Ireland	18
United Kingdom	10
Finland	5
Iceland	0

Source: WHO (2020).

Privatisation prophets sometimes claim that even though spending on private providers currently accounts for only a small share of the NHS budget, that share is growing rapidly. However, this is not true either. The share is not growing. It has, if anything, been falling slightly over the second half of the past decade (see DHSC 2021a: 220; Buckingham and Dayan 2019).

It is true that it has risen at various points in the past in response to specific policy changes. For example, in the early 2000s, the Blair government introduced Independent Sector Treatment Centres (ISTCs), and in the early 2010s, the coalition government increased the role of competitive tendering. These changes led to small increases in the proportion of the NHS budget spent on private providers, but these were one-off changes in the level of private spending, and not, as privatisation prophets claimed at the time, changes in the trend. In short, we can rule out option 2 as well.

Policy trends are sometimes ambiguous. This one is not. The NHS is clearly not being privatised, irrespective of what we mean by 'privatisation'. Yet, as we will see over the next pages, this demonstrably false claim has nonetheless been a fixed feature of healthcare policy debates for over 40 years.

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## The 1980s: ‘They will privatise the NHS next year’

Stories about how the NHS is under some kind of threat are as old as the NHS itself. But the oldest report we found which contains all the ingredients of a typical NHS privatisation panic of today is a *Times* article published in 1980. It was written by Eric Heffer MP, the soon-to-be chairman of the Labour Party and Shadow Minister for Europe, who claimed:

It is no exaggeration to say that the National Health Service is now under serious threat. [...]

The strategy of government ministers has been obvious. Starve the NHS of vital [...] resources then force patients to look to the growing private sector [...]

[H]ad the government carried out a direct onslaught on the NHS the [...] public outcry would have been deafening. So their policy has been more subtle, and because of that, more dangerous. There is no doubt in my mind that the NHS is in danger and over the next five years we could find ourselves drifting towards American-type medicare [sic].<sup>10</sup> [...]

The government is [...] clearly determined to alter the whole basis of the NHS. A [...] sinister speech was recently made by Dr Gerard Vaughan, Minister of Health [...] He is reported as saying, [...]

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<sup>10</sup> By ‘medicare’, Heffer presumably just meant ‘medical care’ or ‘healthcare’. ‘Medicare’, the state-run health insurance programme for US pensioners, which, from a point of view like Heffer’s, is the least objectionable part of the US healthcare system.

'The issue [the basic financing structure of the NHS] has been a taboo subject for too long.' [...]

What is significant is that Dr Vaughan's speech coincided with the publication of [...] a collection of essays on insurance-based health systems, published by the Policy Studies Institute<sup>11</sup> [...]

[T]he Health Service Act [...] was just the beginning of the onslaught. There is more to come. The whole basis of the NHS is being undermined and this must surely be resisted<sup>12</sup>

This may not be the first story of its kind, but it is definitely a classic of the genre. All NHS privatisation paranoia stories published since, be they from 1983, 1992, 2005, 2014 or 2021, have followed the same basic recipe:

1. Some powerful actor has a plan to dismantle and privatise the NHS. That actor can be the government of the day, a cabal of shadowy lobbyists pulling the strings behind the scenes or a combination of the two.
2. Their motivation for doing this is some combination of ideological fanaticism, financial self-interest and malice.
3. It is a secret plan. The general public does not know about it and is deliberately kept in the dark about it, because if they knew what was going on, they would revolt.
4. The people in charge deny that such a plan even exists, but in doing so, they merely prove the point, in a 'Methinks thou dost protest too much' way – denying the existence of a secret plan is exactly what somebody with a secret plan would do.
5. The health system in the US, or a system which contains the worst aspects of it, is invoked as the endgame of the plan.

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11 Heffer presumably meant the Centre for Policy Studies (CPS).

12 'The Tory threat to the health service', *The Times*, 1 December 1980.



6. The dismantling of the NHS is not something that might happen in the distant future. Rather, it is already happening here and now. The process is already well underway, and its pace is accelerating rapidly. If it is not stopped within a few years' time, it is going to reach a tipping point and become almost impossible to reverse.

Heffer's 'evidence' for these claims is flimsy. He mentions a speech by the then Health Secretary, Patrick Jenkin, who reaffirmed the government's commitment to the NHS, but also used the words 'for the time being'. In Heffer's reading, these are 'ominous words', with which 'Jenkin gave the Government's game away'.

Heffer also establishes a spurious link between a speech by the minister of health and a think tank report on private insurance systems. There is no indication that the minister agreed with that report or that he was even aware of its existence. But for Heffer, the fact that the speech was delivered on the day the report was launched, and that it contained a (fairly general) remark about the healthcare financing structure being a 'taboo subject', is reason enough to see them as part of a concerted effort.

He goes on to mention a speech by 'Royce Diener, an American, [...] whose life is dominated by the dollar, and who specializes in making money, lots of it, by making people pay for their health. [...] Mr Diener is chairman of the American-owned billion dollar private health organization, American Medical International'.

NHS privatisation paranoia has always relied heavily on insinuation, and on the repetition of buzzwords, which (at least in the context of healthcare) sound scary to a British audience. The passages on Diener in this article are a good illustration. It never quite becomes clear what Diener has to do with UK healthcare policy, or why it is necessary to mention him at all. But for Heffer, the mere fact that Diener exists, is American, has a financial interest in private healthcare and is engaged in some business activities in Britain, is enough to suspect that something suspicious is going on.

Heffer's description of what the presumed privatisation plan is supposed to look like is similarly confused. He first talks about a strategy of pushing people towards private healthcare by deliberately making the NHS less attractive (the aforementioned 'residualisation' strategy). He then alludes to a completely different approach, namely, replacing the NHS with an insurance-based system. This would, of course, be the very opposite of

'privatisation by the backdoor' because it would require major legislative changes. Finally, Heffer makes a vague reference to the latest reorganisation of the NHS as somehow containing the seeds of privatisation.

Thus, we have not just one alleged secret plan to privatise the NHS, but at least three completely different ones running in parallel. This is also typical of the genre: the allegation that there is a secret plan to privatise the NHS always comes first, and the details come later. The precise mechanism through which this alleged privatisation is supposed to be delivered is incidental and replaceable. Some privatisation prophets (whose camp Heffer is very much in) use a kitchen sink approach: they start by asserting that the NHS is being privatised, and then throw several post-hoc justifications at that assertion, hoping that at least one of them will stick. Others spend years confidently asserting that mechanism X is going to kill off the NHS, and then drop that assertion in a heartbeat, only to latch onto a new story, now claiming that the NHS was always going to be killed off by some completely unrelated mechanism Y.

In 1982, *The Guardian* published a somewhat less alarmist version of Heffer's story:

[A]lthough the government may not relish the idea of fighting the next election on a promise to demolish the NHS, it is more than happy to [...] encourage a less visible drift in the same direction. [...] [T]he private sector becomes so enmeshed with the public that it becomes politically impossible to suggest that the private sector should not grow and grow.

There are grave dangers behind this [...]

If such an expansion were [...] to the advantage of the NHS, why has the Royal College of Nursing expressed grave concern and called for new controls on the private sector? Why is the *Lancet* repeatedly carrying editorials and feature articles pointing to the dangers of uncontrolled private growth? [...]

[C]reeping privatisation [...] will mean the slow disintegration of the NHS, and it will be no less real for having been implemented by a government that lacks the courage of its convictions.<sup>13</sup>

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13 'Private tonic on the NHS', *The Guardian*, 15 February 1982.

Again, the reasoning is flimsy. The author asserts that the growth of the private sector is somehow self-accelerating ('impossible [...] that the private sector should not grow and grow') but fails to explain why this should be the case. Why should it not, for example, grow up to a point and then stabilise?

In the same year, the Central Policy Review Staff (CPRS), a government-internal think tank of sorts, was tasked to come up with some radical blue-sky thinking for long-term reforms. They produced a report which really did discuss the merits of a private health insurance system.<sup>14</sup>

Politically, the report was stillborn. It did not survive first contact with politics. It was roundly rejected at the first (and therefore only) cabinet meeting at which it was discussed, the government then publicly distanced itself from the report, and it was not pursued any further.

But of course, opponents alleged that the government was only pretending to have ditched the report and were still 'secretly' pursuing it.<sup>15</sup>

In the beginning of 1983, the government gave a pay rise to senior NHS management. This may sound innocuous, but some immediately suspected sinister motives:

The National Union of Public Employees claimed last night that the scheme was inspired by the government as 'blood money' to win the administrators' cooperation for privatisation [...]

Mr Roger Poole, National Officer at NUPE, said [...]: 'The government is trying to buy these guys off so they will privatise the NHS next year. One of the prerequisites for privatisation is the cooperation of the top administrators. It's blood money, that's all it is.'<sup>16</sup>

Fears of NHS 'privatisation' increasingly gripped NHS staff, including the senior management, with the British Medical Association, the Royal College of Nursing, and representatives of Regional Health Authorities issuing privatisation warnings.<sup>17</sup>

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14 'Thatcher's NHS plans caused cabinet 'riot', *The Times*, 25 November 2016.

<https://www.thetimes.co.uk/article/thatcher-s-nhs-plans-caused-cabinet-riot-p73t77jxh>

15 'Heath attacks market education', *The Times*, 13 October 1982.

16 'Health unions angered by "blood money" pay increase', *The Guardian*, 12 January 1983.

17 'Medical professions join forces to defend NHS', *The Guardian*, 19 February 1983.

These fears then became a theme in the 1983 General Election: 'Mrs Gwyneth Dunwoody, Labour's Shadow Health Minister, and Mr [Roy] Hattersley accused the government of secretly planning to dismantle the NHS.'<sup>18</sup>

*The Guardian* chimed in with a story entitled "'Unions claim proof of Tory deals to privatise health service'.'<sup>19</sup>

It was ultimately not enough to swing the election result, but it continued unabated afterwards:

The annual conference of the health union yesterday voted to give official backing to branches taking industrial action against the privatisation of the National Health Service. [...]

David Williams, the general secretary of Cohse [the Confederation of Health Service Employees; A/N], warned that the Conservative Party would speed up their assault on the NHS. [...] He claimed the Tories had starved the NHS of funds and had then said 'because the NHS cannot cope, the way out is [...] private insurance schemes.'<sup>20</sup>

In the mid-1980s, there was a moral panic around hospitals outsourcing cleaning and catering services to private companies. While this was, in principle, no different from an NHS hospital buying office stationery or office furniture from a private company, critics suspected that it was the thin end of the wedge.

In a pamphlet entitled *Privatisation: The hard facts*, one campaign group against NHS cuts and 'privatisation', London Health Emergency (LHE), claimed: 'If privatisation is not nipped in the bud in 1984, it will spread like a malevolent weed through the NHS, strangling health care and making life misery for health workers. *The time to fight is now!*' (LHE 1984: 7; emphasis in the original).

The 'malevolent weed' analogy is interesting because it reveals much about the mindset of privatisation prophets to this day. Those of us who are more relaxed about the involvement of private sector actors tend to see the type and extent of this involvement as a variable over which

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18 'Document "shows Tories will dismantle NHS"', *The Guardian*, 1 June 1983.

19 'Unions claim proof of Tory deals to privatise health service', *The Guardian*, 2 June 1983.

20 'Cohse fights private medicine plans', *The Guardian*, 17 June 1983.

decision makers have full control. They can expand it if they so choose, and they can also scale it back if they are not satisfied with the result. ‘Malevolent weeds’, however, cannot be controlled in this way. Once they are there, they spread uncontrollably, and their spread is hard to reverse.

Today, nearly 40 years on, LHE is still around, albeit with a greatly diminished media profile. They are still campaigning against the privatisation of the NHS, which they still believe to be in full swing. In the 1980s, they were not alone. Typical headlines from that period read ‘How Tories push privatisation on health service’<sup>21</sup> (1984) and ‘Thatcher wants privatisation in NHS hastened’ (1986).<sup>22</sup>

In 1987, Roy Hattersley, the Shadow Chancellor of the Exchequer and Deputy Leader of the Opposition, ‘predicted that a third term of Thatcherism would produce the privatisation of many of Britain’s hospitals, with a stampede towards the health insurance system of the US’.<sup>23</sup>

At the annual conference of the TUC, delegates backed a motion ‘which described the NHS as under serious attack by the ultra-right which they say is intent on destroying the NHS and replacing it with an insurance-based system’.<sup>24</sup>

Shadow Health Secretary (and future Foreign Secretary) Robin Cook soon made a habit of simply describing everything that happened in and around the health service as ‘privatisation’.<sup>25,26,27,28,29,30</sup>

In the same vein, Neil Kinnock, the leader of the opposition,

argued that the present starvation of the health service [...] was not just ordinary meanness but deliberate sabotage in order to justify piecemeal privatisation. It was, he declared, a conspiracy in which the cuts [...] were part of a campaign of psychological warfare to

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21 ‘How Tories push privatisation on health service’, *The Observer*, 15 April 1984.

22 ‘Thatcher wants privatisation in NHS hastened’, *The Guardian*, 12 March 1986.

23 ‘Thatcher likely to give nurses full pay rise’, *The Guardian*, 17 April 1987.

24 ‘Action demanded on aids jobs bias’, *The Independent*, 11 September 1987.

25 ‘The stealthy privatisation that could bleed the NHS to death’, *The Independent*, 16 October 1987.

26 ‘Labour warning of NHS privatization’, *The Guardian*, 8 December 1987.

27 ‘250 hospitals may opt out of the NHS’, *The Evening Standard*, 24 January 1989.

28 ‘NHS opt-out plan ‘for 260 hospitals’’, *The Guardian*, 25 January 1989.

29 ‘Labour leaks NHS white paper’, *The Independent*, 28 January 1989.

30 ‘What NHS plan really says’, *The Observer*, 29 January 1989.

wear down the confidence of the public and undermine the morale of NHS staff.<sup>31</sup>

The main privatisation panic of that period, however, only broke out a few days later, when the opposition leaked the draft of an NHS white paper, which outlined what would later become the NHS' 'internal market' reforms.

The internal market was an attempt to simulate market-like exchange relations within the NHS. There are valid arguments against the internal market, which, as we now know, produced mixed results (see Niemietz 2015: 94–97). But it never had any relation to privatisation. Large organisations, both in the private and public sector, sometimes use market-like mechanisms internally, as a way to coordinate relations between different departments. This is not a privatisation-vs-nationalisation issue; it is simply one organisational model among many.

But that is, of course, not how it was portrayed. Michael Wilson, the chairman of the GP Committee of the BMA, described the envisaged reform as 'the preparatory work for dismantling the NHS. [...] GPs will act like American-style health maintenance organisations'.<sup>32</sup>

This is another common motif of the genre: a superficial comparison with a minor aspect of the US system is used to insinuate that the US system is being imported wholesale.

Doctors were up in arms:

Hundreds of family doctors are threatening to quit the national health service in what is emerging as a full-scale revolt against the government's NHS white paper. [...]

200 GPs [...] backed a motion asserting that the white paper would 'lead to the end of the NHS as we know it and is intended to lead to its ultimate privatisation'.<sup>33</sup>

A Gallup poll conducted in 1989 asked people whether they believed that the envisaged reforms were 'the first stage in NHS privatisation'. It turned

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31 'The painful legacy of Bevan's NHS' *The Guardian*, 4 July 1988.

32 'What NHS plan really says', *The Observer*, 29 January 1989.

33 'GPs revolt on plans for reform', *The Guardian*, 9 March 1989.

out that about three-quarters of the public did indeed believe that, while only one in seven people believed they were not, with the remainder being unsure.<sup>34</sup>

This shows that NHS privatisation paranoia was by no means confined to the politics/media bubble of Westminster and Fleet Street. It really did cut through to the general public. By the end of the 1980s (at the very latest), NHS privatisation paranoia had gone fully mainstream.

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34 'Clarke admits propaganda failing on NHS', *The Guardian*, 5 July 1989.

## The 1990s: 'The NHS will progressively be privatised in the fourth term'

Newspapers from the beginning of the 1990s were, unsurprisingly, dominated by the global turmoil of the period, from the regime changes in Central and Eastern Europe, to the Gulf War, to the end of Apartheid in South Africa. However, the British media still reserved a fair amount of column space for an imaginary event: the privatisation of the NHS.

Opposition to the aforementioned internal market reforms continued unabated. The BMA,<sup>35</sup> the trade unions<sup>36</sup>, the parliamentary opposition<sup>37</sup>, *The Guardian*<sup>38,39,40</sup>, *The Observer*<sup>41,42</sup>, *The Independent*<sup>43</sup> and *The Evening Standard*<sup>44</sup> kept insisting that the internal market reforms were a Trojan Horse for privatisation.

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35 'GPs threaten ban on checks in protest at new contract', *The Observer*, 18 March 1990.

36 'Health of a nation' *Observer Scotland*, 4 March 1990.

37 'Labour seizes on asset switch for opt-out hospitals' *The Guardian*, 28 June 1990.

38 'Politicians and TV crews rushed to hospital', *The Guardian*, 11 May 1991.

39 'Health costs', *The Guardian*, 21 May 1991.

40 'Nice salesman', *The Guardian*, 23 May 1991.

41 'Mr Major fights a Russian-style retreat', *The Observer*, 19 May 1991.

42 'Tory admits opt-out hospitals will go private', *The Observer*, 6 October 1991.

43 'Major struggles to bury claim of NHS 'privatisation'', *The Independent*, 8 October 1991.

44 'Tories will sell NHS, warns Cook', *Evening Standard*, 18 September 1991.



The new Prime Minister, John Major, repeatedly tried to signal his pro-NHS credentials and defuse fears,<sup>45,46,47,48</sup> but apparently to no avail. *The Observer* reported: 'The government scheme which allows hospitals to become independent self-governing trusts within the NHS is commonly seen as [...] a prelude to its wholesale privatisation. People believed this before Labour started writing it in its [...] campaign literature.'<sup>49</sup>

Polling data from that period bears this out. According to one poll from 1991, 62 per cent of the public believed that the government intended to privatise the NHS over the course of the next term.<sup>50</sup> Other polls produced similar results.<sup>51,52,53</sup> As *The Independent* put it: 'In the case of the NHS, [...] nothing the government can do or say seems able to persuade the public that it is not bent on dismantling a British institution second only in people's affections to the monarchy.'<sup>54</sup>

The early 1990s were a particularly nervous period, during which any minor healthcare policy change, or even just general developments in the health sector that were not related to any particular government policies, could trigger yet another NHS privatisation panic.

For example, in 1993, the private healthcare group Bupa put in a bid for an NHS contract to run GP surgeries in London. This was, of course, not a 'privatisation' issue, because GPs were already private contractors. Nonetheless:

London GPs and the Labour Party condemned the scheme as a 'Trojan horse' for the introduction of completely private healthcare.

Tower Hamlets GP Sam Everington said: [...] 'The British Medical Association is about to debate privatisation because the main concern is that these private companies leech from the NHS [...].'<sup>55</sup>

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45 'Doctors warn major on NHS', *The Observer*, 28 April 1991.

46 'Parties rattle skeletons in health clash', *The Guardian*, 19 September 1991.

47 'Tories strive to hold the line on NHS', *The Guardian*, 7 October 1991.

48 'Major struggles to bury claim of NHS 'privatisation'', *The Independent*, 8 October 1991.

49 'Mr Major fights a Russian-style retreat', *The Observer*, 19 May 1991.

50 'In sickness and in wealth', *The Evening Standard*, 8 October 1991

'Conservative credibility', *The Evening Standard*, 7 October 1991;

'Tories strive to hold the line on NHS', *The Guardian*, 7 October 1991.

51 'Waldegrave attacks "unfair" NHS record', *The Guardian*, 3 June 1991.

52 'NHS trusts become election gamble', *The Guardian*, 6 August 1991.

53 'Labour braves polls and sticks to guns', *The Guardian*, 18 September 1991.

54 'Why Major needs sound as well as vision', *The Independent*, 8 October 1991.

55 'Anger over plan for private GP surgeries', *The Evening Standard*, 16 June 1993.

In 1994, in response to an increase in NHS revenue from private fee-paying patients, *The Evening Standard* reported: 'The Labour Party, which released the statistics, said they were evidence of creeping privatisation within the NHS. Shadow Health Secretary Dawn Primarolo said: 'The founding principle of the NHS [...] is now threatened [...] and has never been in greater jeopardy.'<sup>56</sup>

The internal market remained in the news as well. The chairman of the BMA labelled it an 'uncontrollable monster': 'Dr Macara said [...] [that] the prospect was one of fragmentation of the NHS and, looming large, of privatisation.'<sup>57</sup>

The new Shadow Health Secretary, Harriet Harman, chose the privatisation topic to make an entrance:

Opening a Labour-initiated debate on the health service [...] Ms Harman managed [...] to mount an effective attack on 'privatisation by the backdoor'. [...]

'The Tory Party in their hearts hate the NHS.' [...] [Health Secretary] Stephen Dorrell [was] 'the presentable face of privatisation' in Ms Harman's words.<sup>58</sup>

In 1996, some NHS trusts toyed with offering pre-paid plans to (prospective) private patients. This was not a 'privatisation' issue, because NHS hospitals were already allowed to earn some revenue from fee-paying patients, and a pre-paid plan would simply have been a different payment mechanism.

Nonetheless, according to the future Health Secretary Alan Milburn, it showed that 'the Government was intent on moving to an American-style health service in which treatment depended on wealth, not clinical need. The NHS market system was a stepping stone to full-blown privatisation.'<sup>59</sup>

Those years also saw the launch of a new financing scheme for the building of new hospital facilities: the Private Finance Initiative (PFI). Under a PFI scheme, a private company constructs and maintains a new hospital building (or redevelops an existing one) and then leases it to the NHS.

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56 'Bonanza for hospitals as NHS wards go private', *The Evening Standard*, 16 March 1994.

57 'NHS "market monster" attack', *The Guardian*, 11 April 1994.

58 'Doughty performer stands her ground at dispatch box', *The Independent*, 25 January 1996.

59 'Hospital trusts barred from health insurance', *The Guardian*, 18 April 1996.

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There are good arguments against PFI (see European Commission 2013: 32; Hurst and Williams 2012: 57), but it never had anything to do with privatisation of healthcare. PFI providers are not involved in the provision of clinical services. Their job is development and property management, not healthcare.

Nonetheless, privatisation prophets seized the issue.

*The Observer* commented:

It is now clear that [...] the combined effect of [...] a quasi-market, the private finance initiative and iron financial limits is progressively to produce a two-tier health service. A tax-financed NHS will provide an indifferent minimum public service for a dwindling proportion of the population while the rest will provide for themselves through expensive private insurance. [...] [T]he health of the country as a whole will deteriorate.

This is never admitted by ministers [...] The health reform can be seen as a progressive series of moves, following [...] salami techniques [...]

[T]here have been accounting changes in which the NHS pays the Government for investment funds – aping what it will have to do when fully privatised. [...]

A universal, free health service will become a distant dream.<sup>60</sup>

This article is another classic of the genre, especially in how it mixes completely different privatisation strategies: residualisation ('dwindling proportion of the population'), commercialisation in preparation for an explicit asset transfer ('what it will have to do when fully privatised') and outsourcing ('the private finance initiative'). This is all deeply confused. If the government had a secret plan to privatise entire chunks of the NHS, why would it bother outsourcing small parts of its activities first? If the government's plan was to turn the entire NHS into a commercialised, quasi-privatised system, why would it still want to residualise that system and push people towards private health insurance?

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60 'Tory cure will be the death of our health service', *The Observer*, 19 May 1996.

Although there were no active PFI schemes yet in 1996, there was already a fair amount of pre-emptive panic. The BMA was, once again, at the forefront of this:

Doctors today accused the government of trying to privatise the National Health Service through the back door. [...]

Representatives at the BMA annual conference in Brighton said it sounded the death knell for the NHS, which would end up controlled by companies whose aim was to make a profit. [...]

London doctor John Marks [...] called the scheme 'a continuation of covert privatisation'.<sup>61</sup>

In January 1997, a survey among nurses by ICM Research revealed that 'more than 40 per cent said they feared that in 10 years the NHS would not exist because of growing privatisation'.<sup>62</sup>

A month later, a reorganisation of primary care was greeted in the usual way: '[A]cademics at Birmingham University warned that the NHS Primary Care Bill could pave the way for a US-style commercial health care system. [...]

At the heart of the Bill [...] are two clauses which opponents claim amount to backdoor privatisations'.<sup>63</sup>

The year 1997 marked a turning point in one important respect. Until then, NHS privatisation paranoia had a clear party-political slant. The Labour Party, and to a lesser extent, the Liberal Democrats, tended to benefit from outbreaks of privatisation paranoia; indeed, they often actively took part in or even instigated them. This changed radically in 1997. The Labour Party suddenly found itself in the unusual position of being at the receiving end of that stick.

This had already started before Labour's election victory, with criticisms that in terms of tangible healthcare policies, there were no huge differences between the two main parties.<sup>64,65</sup>

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61 'Hospitals "privatized through back door"', *The Evening Standard*, 25 June 1996.

62 'Nurses shortage "a risk to patients"', *The Guardian*, 29 January 1997.

63 'Super surgeries put healthy bank balances first, say GPs', *The Observer*, 2 February 1997.

64 'Set for a repeat prescription', *The Guardian*, 16 April 1997.

65 'Why parties must face the real problems', *The Guardian*, 18 April 1997.

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If a Tory government meant privatisation of the NHS, and if the healthcare policies of a Labour government would not be that different from those of a Tory government, then logically, a Labour government would also mean privatisation of the NHS. It did not take long for some prophets to draw that conclusion:

[H]ospitals are facing privatisation whichever party forms the next government, health service managers warned yesterday. Private companies are poised to take over the running of NHS trusts, including the provision of clinical care, [...] the Institute of Health Services Management said.<sup>66</sup>

A week after the election, Paul Johnson, then the Deputy Director of the Institute for Fiscal Studies, came close to accusing the New Labour government of harbouring a covert privatisation plan of sorts:

[T]he two main parties appeared to be heading in much the same direction – away from the universal welfare state [...] and towards something much more like what we see in the United States. [...]

[O]nce this cycle of privatisation starts, it becomes increasingly difficult to end.

Now Gordon Brown knows all this, of course. [...] [I]t may be that New Labour is actually happy with the prospect of a smaller state with more private provision. (In that case we should have been told. [...])<sup>67</sup>

As far as privatisation prophecies go, this one is clearly on the more sensible end of the spectrum. It avoids the usual hyperbolic and conspiratorial rhetoric. But it still contains a lot of the standard ingredients of a privatisation prophecy, if watered down. There is the obligatory allusion to the US system; there is the insinuation that the 'true' agenda is hidden from the public ('we should have been told') and there is the identification of a self-accelerating mechanism ('cycle of privatisation') and a tipping point ('increasingly difficult to end').

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66 'No escape from privatisation for NHS', *The Independent*, 22 April 1997.

67 'Brown is just starting. He'll get much tougher', *The Evening Standard*, 7 May 1997.

A mere six weeks after the election, the new government had its first major NHS controversy on its hands. *The Evening Standard* reported:

Health Secretary Frank Dobson was today standing firm in the face of accusations of a 'great betrayal' over the possibility of charges being introduced into the NHS for some services, such as GP visits or hospital food. There was suspicion from politicians and the medical profession that reports of the Government's investigation into charges were a way of 'softening up' the public to accept radical changes [...]

Dr Sandy Macara, chairman of the British Medical Association said: 'I hope we are not being softened up by another of those official leaks which the Government used to criticise the previous Government for. [...] I would be horrified if they were considering user charges.'<sup>68</sup>

Another article in the same paper claimed:

You have seen nothing yet. Yesterday's speech by Health Secretary Frank Dobson is certain to be the first of many such 'no holds barred' statements [...]

Two kinds of welfare revolution are now inevitable. The first is increasing privatisation. [...]

The second revolution will be to make people pay more directly for some of the public services they consume. [...] [N]ew sources of NHS income are undoubtedly [one candidate]<sup>69</sup>

When it became clear that the Labour government would retain the PFI (they would, in fact, greatly expand it), *The Observer* reported:

The Health Secretary, Frank Dobson, [...] [was] presiding over the fruits of a Tory policy to build privately-owned and privately-run hospitals that his own party used to decry as 'creeping privatisation'. [...]

[The] hospital schemes were promoted by Conservative think-tankers as a way to dismantle the NHS [...]

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68 'Dobson hits back at claims of betrayal over NHS charges', *The Evening Standard*, 13 June 1997.

69 'Why a welfare revolution is now inevitable', *The Evening Standard*, 13 June 1997.

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PFI deals may turn out to provide [...] hospitals from hell. [...] The NHS hospital of the future may well have a brand-name at the logo at the gate – ‘St Profit’s’ rather than ‘St Saviour’s’. [...]

The hospital executives [...] will all look colourful enough, with company logos on their T-shirts. But for the growing queue of would-be patients, the outlook may be grim. Bed numbers will have been cut and staff weeded out [...] Patients lucky enough to get a bed – of which there is no chance in winter [...] – will find themselves turfed out before they feel well. ‘Patient throughput’ will have to be high to balance the books [...]

Lengthening waiting lists, greater rationing of services, nowhere to convalesce, even the spectre of being turned away from accident and emergency departments: it may be enough to turn the minds of Britain’s coughing malcontents to private health insurance. They might even find, on the tables in St Profit’s canteen [...], some helpful advertising material...<sup>70</sup>

Some subtle differences remain between privatisation prophecies of the Thatcher/Major era, and this one: Dobson is not accused of specifically *wanting* to privatise the NHS; rather, he is accused of continuing a Tory agenda designed for that purpose, perhaps without fully realising what he was doing. However, this is merely the difference between intentionality and gross negligence. Otherwise, this is the full prophecy package again. If somebody had fallen into a coma just before the election and woken up three months later to read this story, they would probably have assumed that the Conservative Party had won the election, and that Frank Dobson was the new Tory health secretary.

The privatisation theme remained, and was taken up by traditional Labour allies as well: ‘Next week’s Trades Union Congress [...] will be an important test for the government.

The unions [...] [are] preparing to confront the government over [...] NHS privatisation.’<sup>71</sup>

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70 ‘Dobson’s choice is what the Tory doctor ordered’, *The Observer*, 3 August 1997.

71 ‘Blair’s big picture and the union bit players’, *The Evening Standard*, 1 September 1997.

While Labour expanded PFI, they tried to come up with a stricter definition of what exactly constituted a 'non-clinical service'. *The Guardian* reported this in the following way: '[A]fter years of promising to save the NHS from privatisation, Labour is now committed to declaring exactly what parts of the NHS can safely be privatised.'<sup>72</sup>

In early 1998, *The Evening Standard* reported: 'Angry student nurses ambushed Health Secretary Frank Dobson to protest about NHS privatisation plans [...]

Mr Dobson said: "We will not stop Private Finance Initiatives. [...] That is not privatising the hospitals."<sup>73</sup>

As ever, such reassurances fell on deaf ears: 'Unison, the health workers' union, and the British Medical Association have attacked the PFI on the grounds that it [...] is a step towards privatisation of the NHS.'<sup>74</sup>

At the end of 1998, *The Observer* commented on PFI deals:

[A]bsurd Treasury accounting rules, informed by ideological contempt for the common good, [...] have forced these decisions on the NHS. It is New Labour's shame that instead of scrapping them, they have chosen to make the system work as the Conservatives hoped – by moving the NHS yet nearer to privatisation.<sup>75</sup>

Commenting on the 1999 Scottish Parliament Election, *The Guardian* reported: 'The SNP accuses Labour of plotting the privatisation of the NHS – just as Labour once did of the Tories.'<sup>76</sup>

Meanwhile, union opposition broadened:

The big unions last night called on the Prime Minister to halt controversial welfare reforms [...]

The call [...] was tabled by the Transport and General Workers Union, and other big unions, including the GMB. [...] Union leaders

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72 'Driving into trouble', *The Guardian*, 3 December 1997.

73 'Dobson ambushed by nurses', *The Evening Standard*, 15 January 1998.

74 'Nice new hospital, but will it have patients?', *The Observer*, 12 April 1998.

75 'The NHS needs a better cure', *The Observer*, 13 December 1998.

76 'Gordon may win, but it's not over yet', *The Guardian*, 28 April 1999.



claim that the reform programme [...] is turning into an attack on the principle [...] on which the welfare state was founded. [...]

The [Labour] leadership is also facing sustained attacks [...] over the privatisation of the NHS through the Private Finance Initiative<sup>77</sup>

The choice of words here is interesting. The article does not talk about ‘the perceived risk of the privatisation of the NHS’, or ‘what the critics fear to be the privatisation of the NHS’, but simply of ‘the privatisation of the NHS’, as if it were an obvious statement of fact that the NHS was being privatised.

Thus, the change in government had made little difference. At the end of the 1990s, NHS privatisation paranoia had mostly lost its party-political character. The relatively simple rhetoric of ‘The Tories are privatising our NHS’ had been replaced with a rhetoric of ‘The creatures outside looked from Labour NHS privatiser to Tory NHS privatiser, and from Tory NHS privatiser to Labour NHS privatiser, and from Labour NHS privatiser to Tory NHS privatiser again; but already it was impossible to say which was which’.

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77 ‘Blair comes under fire on welfare rethink’, *The Guardian*, 4 July 1999.

## The 2000s: 'Only a massive and sustained revolt can now save the National Health Service'

The new millennium arrived, and fears of a 'Millennium bug' that would bring down computer systems around the world turned out to be baseless panic. To their credit, Millennium bug prophets disappeared quietly after their prophecy failed to come true. The same cannot be said of all failed prophets.

In 2001, the government started toying with the idea of extending patient choice within the NHS. This may sound harmless, but since 'choice' is a word we normally associate more with markets than with state-provided services, the reader may guess what happened next:

The leader of Britain's nurses last night warned [...] against 'creeping privatisation' of the NHS [...]

Christine Hancock, general secretary of the Royal College of Nursing, said [...] 'nurses have concerns about privatisation by stealth' [...] at the start of the union's annual conference in Harrogate. [...]

[A] poll of more than 2,000 nurses across the UK [...] found that 73% of nurses expect patients will have to pay for at least some routine operations such as hip replacements by 2010. And one in three said it was unlikely the NHS would be providing any free health care by that date.<sup>78</sup>

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78 'Nurses' leader fears privatised NHS', *The Guardian*, 21 May 2001 (<https://www.theguardian.com/politics/2001/may/21/uk.election20016>).

What started within the nursing profession soon travelled outwards:

Labour moved yesterday to assuage fears of union and health professionals [...] after 40 academics, health professionals and consultants published a letter accusing Labour of ‘galloping privatisation’ in the NHS. The signatories claim the new Health and Social Care Act has the potential to end access to healthcare free at the point of delivery, introduce user charges and allow private companies to run health services.

The letter in the Times was [...] also signed by Peter Fisher, chairman of the NHS consultants association.<sup>79</sup>

The leading privatisation prophet of the Blair years must have been Professor Allyson Pollock, who was then head of the Public Health Policy Unit at University College London (UCL), as well as director of research and development at UCL Hospitals NHS Trust. Pollock’s writing is the perfect illustration of the so-called ‘Law of the Instrument’ – if the only tool you have is a hammer, every problem looks like a nail. Throughout the Blair years, whenever a new health policy measure was announced, Pollock would pop up in *The Guardian* and explain why that measure would result in the privatisation of the NHS (with titles such as ‘Selling off by stealth is here to stay’, ‘Privatisation of the NHS is accelerating’, ‘Farewell to a free NHS’ etc.).<sup>80</sup>

In 2002, the Blair government reorganised the healthcare commissioning process within the NHS. Pollock interpreted those changes in the usual way:

[T]here are striking similarities between [the US healthcare industry’s] model of health maintenance organisations [...] and Britain’s primary care trusts, which replaced district health authorities in April [...]

American health maintenance organisations integrate insurer (funding) and provider functions [...]

The government’s modernisation plans for the NHS have all the hallmarks of the US model [...] If the government persists in [...]

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79 ‘Labour tackles NHS privatisation fears’, 25 May 2001 (<https://amp.theguardian.com/society/2001/may/25/ppp>).

80 <https://www.theguardian.com/profile/allysonpollock?page=2>.

importing US models of care, they will import the US care crisis and all the inequities which follow.<sup>81</sup>

We recognise a familiar motif: once again, a superficial similarity between a British and an American institution – which is not hard to find, because *any* two healthcare systems in the world will have *some* commonality – is presented as evidence that the US healthcare model is being imported wholesale. Pollock moves seamlessly from ‘integrate insurer (funding) and provider functions’ to ‘all the hallmarks of the US model’.

Another Blair-era reform was the conversion of many NHS hospitals into ‘Foundation Trusts’, which gave them greater operational independence. In response to this, Pollock wrote an article with the self-explanatory title ‘Foundation hospitals will kill the NHS – Don’t be fooled by the rhetoric: this is about privatisation’:

[T]his is simply a fig leaf for privatisation [...]

Foundation hospitals [...] will operate like a private business with limited liability, a board of directors and ownership of its assets [...] Foundation status is part of a broader pattern of health service privatisation under New Labour. [...]

Today MPs will vote on a bill, which, if passed, will effectively privatise NHS hospitals.<sup>82</sup>

Pollock’s (2004) book *NHS Plc: The Privatisation of Our Healthcare* continues in the same vein. It received endorsements from *The New Statesman*, *The Lancet*, *The British Medical Journal* and *The Times Higher Education Supplement*, as well as a highly sympathetic review in *The Guardian*:

Our government, relying on public apathy and a short attention span, has been progressively and furtively dismantling our life-support systems and auctioning them off to the highest bidder [...]

There has clearly been a long-term plan at work, with tactics of the most cynical kind to blind, coerce, deceive and discredit [...]

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81 ‘America sneezes, we catch a cold’, *The Guardian*, 21 June 2002 (<https://www.theguardian.com/politics/2002/jun/21/society.publicservices>).

82 ‘Foundation hospitals will kill the NHS’, *The Guardian*, 7 May 2003 (<https://www.theguardian.com/politics/2003/may/07/publicservices.comment>).

Pollock shows the only choice people in the UK will enjoy when the process is complete is whether or not to take out insurance and accept the prospect of escalating co-payments, or go without any healthcare provision at all, which is the lot of millions of Americans today.<sup>83</sup>

15 years after her book *NHS plc: The privatisation of our healthcare* had predicted the imminent privatisation of the NHS, Pollock published another book, *The end of the NHS: Why the government wants to destroy the health service* (Pollock 2019), which also predicted the imminent privatisation of the NHS. “The end of the NHS”, as it happens, is reminiscent of the subtitle of an article Pollock wrote in 1993, “The end of health for all?”.<sup>84</sup> She continues to warn *Guardian* readers at irregular intervals about the imminent privatisation of the NHS.

Pollock was certainly not alone. In the early 2000s, there was a major moral panic around Foundation Trusts, which gripped the trade unions, BMA, RCN and dozens of backbench MPs.<sup>85</sup>

Both Unison and the GMB described them as ‘backdoor privatisation’.<sup>86,87,88</sup> Sir Bill Morris, the leader of the Transport and General Workers Union, described them as the ‘first step on the road towards privatisation’, which made the break-up of the NHS ‘almost inevitable’.<sup>89</sup> The TUC claimed they were ‘paving the way for wholesale privatisation of the NHS’.<sup>90</sup>

In those years, Foundation Trusts were clearly the privatisation prophets’ pet obsession. But they soon faced a serious competitor in that role, namely, Independent Sector Treatment Centres (ISTCs). These were private providers of a limited set of routine healthcare procedures, which

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83 ‘In sickness and in health. Allyson M Pollock’s damning exposé of New Labour’s health service reforms, NHS Plc, is required reading for all’, *The Guardian*, 2 October 2004.

(<https://www.theguardian.com/books/2004/oct/02/highereducation.politicalbooks>).

84 Allyson Pollock: “The Health of the Nation – the end of health for all?”, *Health For All Network News*, 1993 [https://allysonpollock.com/?page\\_id=11](https://allysonpollock.com/?page_id=11)

85 ‘Foundation hospitals will kill the NHS’, *The Guardian*, 7 May 2003.

(<https://www.theguardian.com/politics/2003/may/07/publicservices.comment>).

86 ‘Unions to rally against health reforms’, *The Guardian*, 17 May 2003.

87 ‘NHS shakeup will see railtrack-style chaos, says union’, *The Evening Standard*, 15 January 2002.

88 ‘Labour “planning break-up of NHS” – Unions accuse ministers of back-door privatisation’, *The Independent*, 16 January 2002.

89 ‘Morris sees plot to sell off hospitals’, *The Guardian*, 30 June 2003.

90 ‘Foundation hospitals “dagger in NHS heart”’, *The Guardian*, 11 September 2003.

were supposed to take some pressure off the NHS, and which were greeted in the usual way. A spokesperson of Unison claimed, 'If foundation hospitals are bringing privatisation in the back door, then DTCs [Diagnostic and Treatment Centres, a different name for ISTCs; A/N] are coming in the front door'.<sup>91</sup>

The BMA quickly joined in: 'James Johnson, the BMA's chairman, said the change in policy turned the treatment centres into an instrument of "covert privatisation."<sup>92</sup>

George Monbiot, one of Britain's bestselling political authors, wrote: 'Only a massive and sustained revolt by the membership of the Labour Party can now save the National Health Service. [...]

DTCs [...] will succeed in destroying the last pretence that the health service is not being privatised.'<sup>93</sup>

Meanwhile, the government also extended its aforementioned patient choice reforms. This triggered the usual responses:

Hospital doctors have accused the government of using the concept of patient choice as a 'smokescreen' to disguise its intentions to privatise the NHS.

Delegates at the British Medical Association's consultants' conference [...] unanimously supported a motion calling on the BMA to 'expose the deceptive propaganda' of patient choice coming out of the Department of Health.

Jacky Davis, a radiologist at the Whittington hospital in London, [...] said she and her supporters were [...] opposed to the 'cynical hijacking of the concept [of patient choice] ... to act as a smokescreen – a smokescreen for the government's intention to privatise the national health service'.<sup>94</sup>

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91 'Union bosses pledge to turn up heat on Blair', *The Observer*, 7 September 2003.

92 'Row as private clinics get NHS staff', *The Guardian*, 10 September 2003.

93 'The patient is dying', *The Guardian*, 30 September 2003.

94 'Doctors condemn government's NHS reforms', *The Guardian*, 10 June 2004 (<https://www.theguardian.com/society/2004/jun/10/nhs2000.politics>).

In early 2007, the change from Tony Blair to Gordon Brown was looming. In terms of privatisation paranoia, this made little difference. Alan Simpson MP, a member of the Socialist Campaign Group (SCG), said: '[W]e are [...] becoming alarmed by the lack of anything coming from the Brown camp. He should be saying he will stop the creeping privatisation of the NHS [...] but Gordon has been silent.'<sup>95</sup>

After the handover from Blair to Brown, things continued as normal. Seumas Milne, who would become Jeremy Corbyn's guru eight years later, claimed:

[M]ajor US health corporations [...] have been lined up to advise on or even take over the commissioning of the bulk of NHS services. [...]

The move to outsource service commissioning [...] opens the door to a US-style health maintenance organisation model – dominated by corporations [...]

[T]he government's determination to press on with privatisation and marketisation might seem baffling. Why insist on heading off in the direction of a health system with the highest per capita cost and inequalities while courting its main beneficiaries? [...]

The risk is now that with a continuing patchwork privatisation and cash squeeze, public support for the principles of the NHS could erode, opening the way to charges, top-up fees and private insurance.<sup>96</sup>

This follows the standard privatisation prophecy template to a tee, from the obligatory references to the US system to the mixing of completely different privatisation strategies. Milne first claims that the NHS was being infiltrated by US health corporations, who, from the inside, were turning it into a likeness of the US system (like a healthcare version of the movie *Invasion of the Body Snatchers*). He then goes on to talk about a policy of eroding support for the NHS via cash squeezes, in order to push people towards private insurance and top-up fees. This is inconsistent. If the first of these privatisation strategies works, the second one would not just be

95 'Blair under pressure to name exit date as May elections loom', *The Independent*, 23 January 2007.

96 'Only dogma and corporate capture can explain this', *The Guardian*, 18 October 2007. (<https://www.theguardian.com/commentisfree/2007/oct/18/comment-publicservices>).

redundant – it would be actively self-defeating. The privatisers would already be turning the NHS into the kind of system they want, so if they also eroded support for it, they would now be eroding support for their own system. It is like claiming that an enemy army plans to conquer a castle from within by entering it via a Trojan Horse, and also to burn it down from without. Either of these may be plausible strategies on their own, but the combination is not. If the army is already in the process of taking over the castle, they would not also lay fire to it, because that would mean burning down what will soon be their own castle.

The Brown years were overshadowed by the global financial crisis, so health reform was not a priority. But there was an attempt to make it easier to merge several small GP surgeries into medium-sized clinics, for example via takeovers. Logically, this could not be about ‘privatisation’, for the simple reason that GPs were already private. And yet, that year, ‘doctors and nurses demonstrated in London against what they say is the creeping privatisation of the NHS. UnitedHealth, which [...] now runs its own GP services in Britain, is one of its targets’.<sup>97</sup>

Even with the financial crisis already well underway, this latest wave of NHS privatisation paranoia continued uninterrupted. *The Independent* reported that ‘Union leaders accuse the government of privatisation by stealth and are planning to fight the moves’.<sup>98</sup>

And a few weeks later:

GPs will confront Gordon Brown this week [...] They are set to pass a vote of no confidence in proposed health reforms which they claim will result in NHS privatisation. [...]

The British Medical Association will deliver a ‘save our surgery’ petition, with tens of thousands of names, to Downing Street<sup>99</sup>

In the autumn of 2008, two veteran privatisation prophets, Professor Stewart Player and Professor Colin Leys, described the privatisation of the NHS as a long-term political project, which started in 2000. Their

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97 ‘He was the architect of Labour’s health service reforms. Now he is at the centre of a storm over NHS ‘privatisation’, *The Guardian*, 11 November 2007. (<https://www.theguardian.com/politics/2007/nov/11/uk.publicservices>).

98 ‘The GP revolution’, *The Independent*, 20 April 2008.

99 ‘GPs pledge to fight “unfair” health reforms’, *The Independent*, 8 June 2008.



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paper begins with the familiar claim that the NHS privatisation plan is a secret one:

[G]iven its continued popularity [...], the difficulty of privatising the NHS might be expected to be extreme. Yet successive ministers of health in the 'New Labour' governments [...] have pressed ahead forcefully with this policy [...]

The path has been smoothed by [...] the complexity of health care, which makes the significance of any change difficult for the public to understand; by the hostility to the NHS of the overwhelmingly right-wing press; [...] and by the exploitation of secrecy, 'commercial confidentiality' and 'spin'. (Player & Leys 2008: 9–10)

The presumed privatisation strategy looks as follows:

[A] notable failing of the existing service was seized on as a justification – in this case, long waiting-times for elective (i.e. planned) surgery [...] But the ulterior aim was to create a niche in healthcare provision into which new private providers could be attracted, and to establish an all-important precedent. (Player & Leys 2008: 10)

Where the authors acquired these mind-reading abilities, they do not say. But they have a theory about how privatisation is going to become a self-sustaining and self-accelerating process:

[T]he so-called independent sector [...] consists of an active, politically potent set of increasingly global corporations with a clear agenda: to push as deeply as they can into the provision of state-funded [...] health care and other public services. Every advance the private health industry makes into the provision of health care represents an important increase in its market power [...] and its political power (Player & Leys 2008: 19)

This is a quasi-Marxist account, in which market power automatically translates into political power. In their version of events, this creates a privatisation spiral: the private sector uses its market power to increase its political power, and its political power to increase its market power – until it has taken over the entire system.

All in all, there is no qualitative difference between the privatisation prophecies of the late twentieth century and those of the early twenty-first century. But given how different the policy context was, the privatisation prophecies of the 2000s were even more paranoid and conspiratorial than their twentieth-century predecessors.

The privatisation prophets of the 1980s and 1990s were wrong, but there were mitigating circumstances which make their errors somewhat understandable.

First, privatisation really was a major policy theme – perhaps *the* major policy theme – of the Thatcher/Major years. We now know that this privatisation agenda never came anywhere near the NHS, but this was not so obvious at the time. Second, options for a private or semi-private healthcare system really were occasionally openly discussed at the time. They were discussed by think tanks rather than by government ministers, and this took the form of blue-sky thinking rather than specific legislative proposals. But these discussions nonetheless happened, and this was a time when the boundary between radical proposals and actual policy was much blurrier than at other times. Third, it is fair to say that the government of the day was somewhat ideologically ambivalent about the NHS. They were certainly not hell-bent on dismantling it, but they did not shower it with love and affection either. There was never a plan to ‘defund’ the NHS, as should be obvious from the fact that the NHS budget grew steadily in real terms throughout the period. However, the Thatcher government inherited a funding-constrained healthcare system (healthcare spending in the UK was at that time about three percentage points of GDP lower than in Denmark or West Germany) and did not do much to change that. Thus, not everyone who had doubts about Thatcher’s famous ‘The NHS is safe with us’ pledge was a paranoid fantasist.

The situation in the early twenty-first century was quite different. The NHS budget was growing at unprecedented rates: over the course of the 2000s, it almost doubled in real terms. NHS purists who had hoped for a sharp break and a complete reversal of the internal market reforms of the early Major years had a right to be disappointed. The Blair/Brown governments did believe that the NHS could be improved through the use of private sector capital and expertise, as well as market-like mechanisms (see Niemietz 2015: 99–105). But while one can disagree with them, there was no remotely plausible reason to believe that this government was pursuing a secret anti-NHS agenda.

Finally, NHS privatisation prophecies were no longer new, and the penny should have dropped by then (if not much earlier). It may have seemed somewhat plausible the first, the second or the third time. But dozens of failed prophecies should have given the prophets and their considerable following some pause for thought.

Alas, when NHS privatisation prophecies fail, the prophets double down. The next decade made that even clearer.

## The 2010s: 'Spare a moment for our NHS. Time of death: Midnight, 1 April 2013. Cause of death: Murder'

### ***The Health and Social Care Act 2012***

As opposition leader, David Cameron went out of his way to signal his pro-NHS credentials, often in highly personalised and emotive terms.<sup>100</sup><sup>101</sup> But the old suspicions were hard to shake off. Five months before the 2010 general election, a caricature in *The Independent* showed a person pointing to a whiteboard, saying: 'As you can see, the Tories are going to be making just one small change to the NHS'. The small change shown on the whiteboard was the addition of the letters 'plc'.<sup>102</sup>

After the election, the new Conservative–Liberal coalition soon came up with an outline of what would later become the Health and Social Care Act 2012. The HSCA was, primarily, just another reorganisation of the NHS, rather than a public-vs-private, state-vs-market matter. It did, however, strengthen competitive tendering, which had the potential to make it easier for private healthcare providers to bid for NHS contracts.

Nearly a decade on, we can say that it probably had that effect, but it was small in magnitude. Therefore, the King's Fund verdict is:

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100 'Full text of David Cameron's speech on the NHS', *The Guardian*, 4 January 2006 (<https://www.theguardian.com/society/2006/jan/04/health.conservativeparty>).

101 'Cameron claims role of NHS protector. Closing speech will stress personal debt to health service', *The Guardian*, 4 October 2006 (<https://www.theguardian.com/society/2006/oct/04/publicservices.politics>).

102 'Letters@Independent.co.uk', Opinion & Debate, *The Independent*, 6 January 2010.

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Following the Health and Social Care Act 2012, the number of contracts awarded to private providers increased, though there was not a significant increase in the share of spending on private providers – even if a very broad definition of private care spending is used.

In many cases the use of private providers to treat NHS patients reflects operational challenges within NHS providers (King's Fund 2021)

But one would not have guessed that from the reactions at the time. Just two months after the coalition took office, the *New Statesman* published a piece entitled 'The Tory stealth attack on the NHS – If the Tories have their way, they will break apart the health system, just like our schools', in which they claimed:

Plans put forward by the Conservative Secretary of State for Health, Andrew Lansley [...] will undermine the structure and principles of the NHS [...]

The idea is to hand over the NHS budget to GPs, who will then commission services on behalf of individual patients. [...] Will they subcontract the commissioning process to private companies involved in health care and so bring privatisation to the NHS by stealth? [...]

It could be a poisoned chalice. Doctors could be made to take the blame if the plan collapses, leading the way to the wholesale privatisation of the NHS.<sup>103</sup>

Others did not share this exact reasoning for why the future HSCA would lead to the privatisation of the NHS, but many concluded that it would. Half a year later, that had become the standard position of trade unions and the medical profession.

In early 2011, the General Secretary of the TUC Brendan Barber said 'Today's plans [...] [open] the door to widespread privatisation'.<sup>104</sup>

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103 'The Tory stealth attack on the NHS', *New Statesman*, 2 July 2010 (<https://www.newstatesman.com/uncategorized/2010/07/nhs-budget-services-gps-public>).

104 'What does Cameron's "massive gamble" with the NHS mean for us?', *The Independent*, 20 January 2011.

Unison's Head of Health Karen Jennings added, 'This titanic health bill threatens to sink our NHS. The only survivors will be the private health companies that are circling like sharks'.<sup>105</sup>

More than 100 GPs wrote an open letter to the leadership of BMA, urging them to take a tougher stance in opposing the HSCA, on the grounds that 'these damaging reforms [...] will not only destroy the NHS but also profoundly affect the social fabric of the nation'.<sup>106</sup>

Parts of the BMA leadership were already on board anyway. The BMA's Deputy President, Professor Kailash Chand, wrote:

It is 19 years since the British Medical Association last thought it necessary to call a crisis meeting of its members in response to upheaval in the NHS. [...] On Tuesday a special representative meeting will take place again – this time to consider its position in relation to Andrew Lansley's plan to [...] prepare the NHS for privatisation. [...]

[T]he commercialisation of the health service [...] is an affront to the public service ethos that glues the NHS together. The traditional role of doctors as the true advocates of patients will soon become history, just as it has in the US. [...]

The BMA must [...] unmask Lansley's reform agenda for what it is – the final step in the privatisation of the service.<sup>107</sup>

Professor Chand must have been the leading privatisation prophet of the first half of the 2010s. He repeated that prophecy several times, regularly writing articles with titles such as 'The NHS reforms still amount to privatisation', 'The NHS is on the brink of extinction – we need to shout about it', 'Privatisation is ripping the NHS from our hands' etc.<sup>108</sup> Chand was in good company. The editor in chief of *The Lancet*, Richard Horton, also wrote:

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105 'What does Cameron's "massive gamble" with the NHS mean for us?', *The Independent*, 20 January 2011.

106 'Doctors threaten to strike as anger grows over NHS reforms', *The Independent*, 3 February 2011.

107 'No market for Britain's NHS', *The Guardian*, 13 March 2011 (<https://www.theguardian.com/commentisfree/2011/mar/13/market-nhs-privatisation-andrew-lansley-gps>).

108 <https://www.theguardian.com/profile/kailash-chand>

David Cameron and Nick Clegg [...] have been laying the ground for wholesale privatisation of the NHS, the destruction [...] of one of Britain's most cherished and effective postwar institutions [...]

The Department of Health created a commercial directorate to oversee the plan to privatise the NHS. A group of passionate market advocates were hired to transform a public sector institution into a target for private sector takeover.<sup>109</sup>

The HSCA finally received Royal assent in the spring of 2012, but it did not take effect for another year, so the anti-HSCA resistance did not give up.

Commenting on the act in the autumn of 2012, the former Health Secretary (and future Mayor of Manchester) Andy Burnham 'attacked the Coalition's "forced" and "secret privatisation", saying that the NHS "won't last another term of Cameron"'.<sup>110</sup>

Dr Jacky Davis, who, ten years earlier, had already described the Blair government's extension of patient choice as 'a smokescreen for the government's intention to privatise the national health service', found a new calling as an anti-HSCA campaigner: 'Following the passage of the Health and Social Care Act this year, many people fear that the NHS is in real danger. Aneurin Bevan's three founding principles [...] are all under threat. [...] The NHS seems destined to become a logo, a brand'.<sup>111</sup>

A month before the HSCA took effect, Professor Sue Richards from the campaign group Keep Our NHS Public had made one last-ditch effort to rally its opponents:

This is an irrevocable change, [...] making it prohibitive to remove these "business opportunities" for private companies. [...] It will be a US-style market in health, [...] with a proper service for those who can afford top-up private insurance, and a basic service for the rest

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109 'The Plot Against the NHS by Colin Leys and Stewart Player – Review', *The Guardian*, 22 May 2011. (<https://www.theguardian.com/society/2011/may/22/plot-against-nhs-leys-review>).

110 'Ex-minister Andy Burnham admits mistakes over NHS', *The Evening Standard*, 3 October 2012.

111 'Our mission? Save the NHS', *The Guardian*, 14 November 2012 (<https://www.theguardian.com/commentisfree/2012/nov/14/the-nha-party-mission-save-nhs>).

of us. [...] This is a last chance to save the NHS we celebrated in the Olympics ceremony.<sup>112</sup>

But that 'last chance' was missed. On 1 April 2013, the HSCA finally took effect. Best-selling author and *Independent* columnist Owen Jones 'celebrated' the occasion in style:

Nothing is more gut-wrenching than watching a close friend dying in front of you. And I mean beyond close: a friend who brought you into the world, helped raise you, and was there whenever you were most desperately in need. So, spare a moment for our National Health Service. Time of death: midnight, 1st April 2013. Cause of death: murder. [...]

A free-for-all in the English NHS beckons. [...] Resources will no longer be distributed on the basis of need: the rules of the market now rule supreme. [...] The great sell-off of our NHS is already well under way. [...]

The NHS has been killed, murdered, assassinated by a Tory government.<sup>113</sup>

Several books were written about how the HSCA would kill off the NHS, with titles such as *The Plot Against the NHS* (Player & Leys 2011), *NHS SOS: How the NHS was betrayed and how we can save it* (Davis & Tallis (eds) 2013), *NHS for Sale: Myths, Lies and Deception* (Davis et al 2015), and *How to Dismantle the NHS in 10 Easy Steps* (El-Gingihy 2015). The anti-HSCA resistance movement also led to the founding of a new political party, the National Health Action party (NHA).

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112 'The government is trying to privatise the NHS through back door regulations', *The Guardian*, 5 March 2013 (<https://www.theguardian.com/healthcare-network/2013/mar/05/nhs-reforms-government-privatise>).

113 'Farewell to the NHS, 1948–2013: A dear and trusted friend finally murdered by Tory ideologues', *The Independent*, 1 April 2013 (<https://www.independent.co.uk/voices/farewell-nhs-1948-2013-dear-and-trusted-friend-finally-murdered-tory-ideologues-8555503.html>).



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*The Lancet* published an editorial entitled ‘NHS privatisation: A step too far’, which predicted

This insidious slide towards outsourcing health care is [...] potentially highly damaging to the provision of health care in the UK.

Private-sector incursion into the NHS is not new [...] [b]ut now the momentum for privatisation is increasing to an unsustainable level. [...] These measures will erode the NHS (Lancet 2014)

Seumas Milne, the soon-to-be guru of Corbynism, made a similar prediction:

[M]inisters have to proceed by stealth. But proceed they are determined to do. [...]

What can’t seriously be doubted is that if Cameron returns to Downing Street in May the NHS will be dismembered as a national service. The scale of cuts planned by the Tories, combined with the acceleration of privatisation they are evidently committed to, would dwarf the current crisis, with NHS charges an obvious outcome. Far from scaremongering, that’s the choice we face.<sup>114</sup>

Under different circumstances, the moral panic around the HSCA might have run its course, and fizzled out eventually. But as so often, that did not happen, because it was simply replaced by a new moral panic.

### ***The UK–US trade deal***

Suppose country X has a state-run healthcare system, while country Y has a private healthcare system. What happens when those two countries conclude a free trade agreement (FTA) with each other?

The answer, of course, is: nothing. Country X will continue to have its public healthcare system, and country Y will continue to have its private healthcare system. A country’s healthcare system is a matter of domestic political choices. It has nothing to do with its trading arrangements.

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114 ‘Corporate feasting will devour the NHS’, *The Guardian*, 8 January 2015 (<https://www.theguardian.com/commentisfree/2015/jan/08/nhs-emergency-crisis-corporate-feasting-cameron-privatisation>).

FTAs merely prevent governments from discriminating against foreign suppliers. But imposing restrictions that apply to domestic and foreign companies alike (such as closing off particular sectors to private investment) does not constitute discrimination and thus does not violate any FTAs.

This is not just grey theory. The UK has long been part of various FTAs with countries with large private healthcare sectors. For example, as an EU member, the UK was, until recently, part of a single market with Germany, where the private hospital sector constitutes a multi-billion-euro industry. If FTAs could somehow act as a gateway for private healthcare companies into the state-run health services of other countries, the NHS would have been taken over by German healthcare corporations a long time ago.

Yet in the late 2010s, the prospect of a trade deal with the US gave rise to an outbreak of NHS privatisation paranoia. It helped that the leader of the opposition, Jeremy Corbyn, was himself a minor privatisation prophet, as illustrated by some of his tweets from 2010 to 2011:

The Condemns [Conservatives and Liberal Democrats; A/N] plan to use the cloak of GP commissioning to privatise the entire NHS.<sup>115</sup>

Tomorrow the Health Bill in the House of Commons. This is an enormous attack of the whole principal [sic] of the NHS. Privatisation as the agenda.<sup>116</sup>

The whole point of the 'NHS Reforms' is that they hand NHS decision making to private contractors to employ more contractors. Privatisation!<sup>117</sup>

Morning Star for excellent analysis of the NHS 'pause' by Lansley. John Lister spot on – they are just regrouping to privatise our NHS.<sup>118</sup>  
DEFEND THE NHS – public meeting Thursday, 7pm, at Archway

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115 Jeremy Corbyn, *Twitter*, 12 July 2010  
(<https://twitter.com/jeremycorbyn/status/18387509012>).

116 Jeremy Corbyn, *Twitter*, 30 January 2011  
(<https://twitter.com/jeremycorbyn/status/31856637606100992>).

117 Jeremy Corbyn, *Twitter*, 13 March 2011  
(<https://twitter.com/jeremycorbyn/status/46899200025305088>).

118 Jeremy Corbyn, *Twitter*, 25 April 2011  
(<https://twitter.com/jeremycorbyn/status/62440073743974400>).

Methodist Hall. Vital to stop privatisation & destruction of our NHS; please come!<sup>119</sup>

My 1000th tweet. Save the NHS, our health service, the most civilised part of Britain. Stop privatisation NOW!<sup>120</sup>

In an article entitled 'Trump is here to help carve up the NHS in a post-Brexit trade deal – that's the real story behind his visit', *The Independent* reported:

[T]he entire UK economy would be up for grabs in talks about a trade deal with Donald Trump's America. That would have to include the NHS [...]

The fact is if a post-Brexit Britain wants a trade deal with Donald Trump then the NHS is up for grabs, and sod the interests of patients. [...]

Once the NHS becomes part of a Tory trade deal, the inevitable privatisation of its services that would be a part of it would be all but irreversible.<sup>121</sup>

A few days later, the co-chair of the campaign group Keep Our NHS Public, Tony O'Sullivan, wrote for the same paper:

[T]he threat of privatisation and the scale at which it is increasing is very real. [...]

We cannot trust a government who have underfunded and understaffed the NHS [...] not to use the NHS, this jewel in our crown, as a cheap bargaining chip in order to curry favour with Donald Trump; just as we clearly cannot trust them to be straight with us about the true extent of privatisation happening right now in our own back yard. [...]

119 Jeremy Corbyn, *Twitter*, 10 May 2011

(<https://twitter.com/jeremycorbyn/status/67955091268845568>).

120 Jeremy Corbyn, *Twitter*, 10 June 2011

(<https://twitter.com/jeremycorbyn/status/79156197562912768>).

121 'Trump is here to help carve up the NHS in a post-Brexit trade deal – That's the real story behind his visit', *The Independent*, 3 June 2019 (<https://www.independent.co.uk/voices/trump-uk-visit-nhs-privatisation-post-brexit-trade-deal-a8941751.html>).

Trump's American corporations pose a threat we should rally against, but they aren't the only ones who want to get their hands on our NHS. There are real and increasing threats closer to home, ones that pass by under the radar<sup>122</sup>

In the summer and autumn of 2019, Jeremy Corbyn was constantly tweeting about the issue:

Johnson wants a sweetheart trade deal with Trump that would open our NHS to US corporate takeover.<sup>123</sup>

Johnson's No Deal Brexit would [...] risk our NHS being sold off to US corporations in a sweetheart deal with Donald Trump.<sup>124</sup>

Boris Johnson is cosyng up to Donald Trump for a sweetheart trade deal that threatens our country's greatest institution.<sup>125</sup>

Boris Johnson's trade deal with Donald Trump would see our NHS sold off to US corporations. [...] Tomorrow in parliament we were due to debate Johnson's harmful plans but he's pulled it because he doesn't want his disastrous privatisation agenda exposed.<sup>126</sup>

The Tories just voted against Labour's motion to safeguard our NHS from being sold off to US corporations in a Johnson-Trump trade deal.<sup>127</sup>

*The Daily Mirror* ran an article with the un-subtle title 'Boris & Trump plot NHS sell-off'.<sup>128</sup>

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122 'Yes, we should be terrified of US healthcare firms – But wait till you see what's happening to the NHS already', *The Independent*, 6 June 2019. (<https://www.independent.co.uk/voices/donald-trump-uk-us-trade-deal-nhs-privatisation-american-healthcare-providers-a8945881.html>).

123 Jeremy Corbyn, *Twitter*, 10 July 2019 (<https://twitter.com/jeremycorbyn/status/1148959636051156993>).

124 Jeremy Corbyn, *Twitter*, 23 July 2019 (<https://twitter.com/jeremycorbyn/status/1153624237896273920>).

125 Jeremy Corbyn, *Twitter*, 4 August 2019 (<https://twitter.com/jeremycorbyn/status/1157907274410713088>).

126 Jeremy Corbyn, *Twitter*, 20 October 2019 (<https://twitter.com/jeremycorbyn/status/1186005307681640448>).

127 Jeremy Corbyn, *Twitter*, 23 October 2019 (<https://twitter.com/jeremycorbyn/status/1187082413194829831>).

128 'Boris & Trump plot NHS sell-off', *The Daily Mirror*, 31 October 2019.

It cut through to the general public. One survey asked: 'If a future government did a trade deal with the USA, how much of a risk do you think it would pose to the NHS?'. It turned out that 35 per cent of respondents thought it was a 'big risk', and another 24 per cent thought it was a 'significant risk'.<sup>129</sup>

Dr Sonia Adesara from the campaign group Keep Our NHS Public started an online petition, which described the deal as

a serious and direct threat to the NHS that we all know and love [...]

Opening up the NHS to US corporations would mean that the profit motive invades our NHS [...] [W]e would be staring at a system, as in the USA, where if you can't pay you don't get care.

Decent healthcare is a human right and should never be a commodity to be bought and sold. Let's send a message to Donald Trump to keep his hands off our NHS<sup>130</sup>

It received over 1.4 million signatures.

November 2019 then saw the release of *The Great NHS Heist*, a documentary about the 'privatisation' of the NHS which featured filmmaker Ken Loach, former Greek Finance Minister Yanis Varoufakis and former Health Secretary Frank Dobson, among others.<sup>131</sup> It was made by Dr Bob Gill, who, five years earlier, had already taken part in a similar documentary entitled *Sell-Off*.<sup>132</sup>

As we have seen, the idea that there is a 'secret plan' to privatise the NHS has been haunting British politics since at least 1980. But most prophets probably did not picture that 'plan' as an actual, physical document, hidden in a vault in the basement of 10 Downing Street or the headquarters of an American healthcare corporation. It was not until November 2019 that the most prominent prophet of the day, Jeremy Corbyn, staged a press

129 'If a future government did a trade deal with the USA, how much of a risk do you think it would post to the NHS?', *What UK Thinks*, November 2019 (<https://whatukthinks.org/eu/questions/if-a-future-government-did-a-trade-deal-with-the-usa-how-much-of-a-risk-do-you-think-it-would-post-to-the-nhs/>).

130 'Keep our NHS out of US trade deals', *Change.org* (<https://www.change.org/p/keep-our-nhs-out-of-us-trade-deals>).

131 'The great NHS heist documentary', *Vimeo*, 14 November 2019 (<https://vimeo.com/ondemand/thegreatnhsheist>).

132 'Sell-off - The full movie', *YouTube*, 5 November 2014 (<https://www.youtube.com/watch?v=ultKvvnw2h3Q>).

conference, during which he held up a stack of paper which he claimed to contain the literal privatisation plan:

I can reveal to you 451 pages of unredacted documents and information. All of it here. [...]

We've now got evidence that under Boris Johnson the NHS is on the table and will be up for sale. [...]

We are talking here about secret talks for a deal with Donald Trump [...] These reports pull back the curtain on the secrecy that's being plotted for us all, behind closed doors [...] This is what they didn't want you to know. [...]

That's a green light for breaking open Britain's public services so corporations can profit from. So now we know, direct from the secret reports that they never wanted you to see. [...] That could lead to runaway privatisation of our health service.

Mega-corporations see Johnson's alliance with Trump as a chance to make billions from the illness and sickness of people in this country.<sup>133</sup>

The supposed 'privatisation plan' was, of course, no such thing. The document barely mentioned healthcare, and where it did, it contained some general comments on areas peripheral to the NHS (such as the patent system for drugs and the system of marketing approval for medical devices). One can certainly criticise the proposals in it – but not for that reason.<sup>134</sup>

Nonetheless, Corbyn's 'revelation' received highly sympathetic press coverage from *The Guardian* ('Jeremy Corbyn reveals dossier 'proving NHS up for sale'),<sup>135</sup> *The Independent* ('Corbyn reveals secret documents

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133 'Jeremy Corbyn reveals unredacted documents about secret US-UK trade talks', *Labour*, 27 November 2019 (<https://labour.org.uk/press/jeremy-corbyn-reveals-unredacted-documents-about-secret-us-uk-trade-talks/>).

134 'The NHS is not for sale – but a US–UK trade deal could still have an impact', Expert Comment, Chatham House, 29 November 2019 (<https://www.chathamhouse.org/2019/11/nhs-not-sale-us-uk-trade-deal-could-still-have-impact>).

135 'Jeremy Corbyn reveals dossier "proving NHS up for sale"', *The Guardian*, 27 November 2019 (<https://www.theguardian.com/society/2019/nov/27/jeremy-corbyn-reveals-dossier-proving-nhs-up-for-sale>).

that ‘confirm Tory plot to sell off NHS in US trade talks with Trump’<sup>136</sup> and *The Daily Mirror* (‘Jeremy Corbyn reveals 451 pages of uncensored documents ‘showing NHS for sale’).<sup>137</sup>

It did not swing the election, but one can consider it a symbolic culmination of four decades of privatisation paranoia.

### ***The aftermath***

Even the Covid-19 pandemic was not enough to fully crowd out this wave of NHS privatisation panic. In August 2020, *The Independent*, under the title ‘This is the final battle to keep our beloved NHS out of the grubby hands of profiteers’, still reported: ‘The NHS has endured, albeit in a tired, beaten state. Now the greatest battle is yet to come. The final battle. [...]’

By selling the NHS, we’re selling our nation’s soul. [...] I, for one, refuse to see the NHS being fragmented and destroyed by an insidious US trade deal.<sup>138</sup>

In September 2020, Jeremy Corbyn, no longer technically leader of the opposition but still an unofficial figurehead of Britain’s socialist left, tweeted: ‘The trade deal cooked up between Trump and Boris Johnson is a real threat to #ourNHS. It’s absolutely vital our NHS is protected from trade deals once and for all’.<sup>139</sup>

The tweet contained an attachment with the NHS logo and a photo of Donald Trump. Four months later, Donald Trump was gone, no deal with him had been signed, and his successor Joe Biden was not remotely as controversial a figure; this ruined the story. Some soldiered on,<sup>140</sup> but for

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136 ‘Corbyn reveals secret documents that “confirm Tory plot to sell off NHS in US trade talks with Trump’, ‘, *The Independent*, 27 November 2019 (<https://www.independent.co.uk/news/uk/politics/boris-johnson-nhs-trade-deal-trump-corbyn-brex-it-general-election-manifesto-a9219566.html>).

137 ‘Jeremy Corbyn reveals 451 pages of uncensored documents “showing NHS for sale”’, *The Daily Mirror*, 27 November 2019. (<https://www.mirror.co.uk/news/politics/breaking-jeremy-corbyn-reveals-451-20970436>).

138 ‘This is the final battle to keep our beloved NHS out of the grubby hands of profiteers’, *The Independent*, 4 August 2020. (<https://www.independent.co.uk/voices/nhs-privatisation-boris-johnson-trump-trade-deal-money-drugs-a9651976.html>).

139 Jeremy Corbyn: , *Twitter*, 30 September 2020 (<https://twitter.com/jeremycorbyn/status/1311345016820903941>).

140 ‘Trump or Biden, trade deals still threaten Britain’s NHS’, *Open Democracy*, 2 November 2020. (<https://www.opendemocracy.net/en/opendemocracyuk/trump-or-biden-trade-deals-pose-a-threat-to-britains-nhs/>).

most, the story had run out of steam. Corbyn simply rephrased his claim in more general terms, and tweeted a similar picture, except that the photo of Donald Trump had been replaced by a photo of Boris Johnson.<sup>141</sup>

Then in February 2021, the government published a white paper, which outlined the principles of what would soon become the Health and Care Bill 2021. It was, among other things, a reversal of the controversial elements of the Health and Social Care Act 2012. The HSCA had emphasised the role of competition and competitive tendering. The new white paper struck a different chord:

[C]ompetition [...] has in some cases hindered integration between providers. [...] Building on the experience of the last few years, we now want to [...] legislate to clarify the central role of collaboration in driving performance and quality in the system, rather than competition. [...]

The provider selection regime [...] aims to enable collaboration and collective decision-making, recognising that competition is not the only way of driving service improvement, [...] and eliminate the need for competitive tendering where it adds limited or no value. (DHSC 2021b: 42–43)

In response, Corbyn tweeted: ‘Matt Hancock’s NHS plans would see the ramping up of privatisation on a scale we’ve never seen before. You can’t trust the Tories with #OurNHS.’<sup>142</sup>

The irony of this development may not be lost on the reader. From 2010 to about 2016, there was a huge wave of privatisation panic around the HSCA 2012. Now, a bill which effectively reversed the HSCA 2012 became the trigger for the next wave of panic. In the hyper-nervous world of NHS privatisation paranoia, a healthcare bill and its reversal can both be Trojan Horses for the privatisation of the NHS.

In the spring of 2021, a parliamentary Early Day Motion entitled ‘NHS privatisation’ claimed that ‘the [Health and Care] Bill is a Trojan horse for

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141 Jeremy Corbyn, *Twitter*, 19 January 2021 (<https://twitter.com/jeremycorbyn/status/1351537225880793089>).

142 Jeremy Corbyn, *Twitter*, 27 February 2021 (.



deregulated privatisation'.<sup>143</sup> It was signed by 44 MPs, including Jeremy Corbyn, John McDonnell, Diane Abbott, Ian Lavery, Rebecca Long-Bailey, Richard Burgon, Jon Trickett, Claudia Webbe, Apsana Begum, Clive Lewis, Zarah Sultana and Dawn Butler.

A few months later, Zarah Sultana, the 'Corbynite' MP for Coventry South and member of the Socialist Campaign Group (SCG), tweeted:

'The Conservatives have never liked the idea of an NHS, truly free from the corrosive influence of private profit.

They want to break it up, piece-by-piece, privatising it by stealth. That's what their new NHS Bill is all about.'<sup>144</sup>

Maybe this time.

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143 'NHS privatisation', *EDM*, 11 May 2021 (<https://edm.parliament.uk/early-day-motion/58443>).

144 Zarah Sultana, *Twitter*, 14 July 2021 (<https://twitter.com/zarahsultana/status/1415397018256781313>).

## Conclusion

Politicians are among the least popular professions in Britain (see e.g. Ipsos MORI 2017). On shows such as *Question Time*, a generic anti-politics platitude always guarantees a round of easy applause. The reader will almost certainly have come across some variant of at least one – and more likely, all three – of the following statements:

- ‘Politicians don’t believe in anything these days. It’s all just driven by focus groups, polling, PR and spin. None of them seem to have any real principles, or any vision for what sort of country they want Britain to be.’
- ‘Politics is excessively short-termist. Politicians seem unable to think ahead of the next general election. That is why they keep kicking the can down the road, and none of the big, long-term problems ever get sorted out.’
- ‘There’s no strategic, joined-up thinking in politics. One arm of government doesn’t seem to know what the other one is doing. That’s why they make such a mess of complex projects, such as Brexit or pandemic management.’

Whatever the merits of those anti-politics tropes may be, believing in an NHS privatisation plan requires us to believe the exact opposite of all three of these statements.

A politician who seriously considered pursuing such a plan would not just have to be a firm believer in privatisation: there have been several of those, and they have all steered clear of the NHS. They would have to believe in it with a single-minded determination that overrides every other political aspiration they may have. They would have to be willing to sacrifice their career for it and become a social pariah.

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Politicians sometimes go against majority opinion (hence, the familiar complaints about a ‘metropolitan elite’ disconnected from the concerns of ‘real people’). But there has to be *some* constituency for what they are doing. It does not have to be popular with *everyone*, but it has to be popular with *someone*.

Privatising the NHS would appeal to virtually nobody in the country (apart from the author of this paper). Survey after survey shows that support for the current health system is as close to unanimous as one can realistically get in a pluralistic democracy. For example, one Ipsos MORI survey describes the NHS model in simple terms and asks respondents to what extent they approve of that model, on a scale from 1 to 10. Over 60 per cent of respondents give it a 10 out of 10, i.e., the strongest possible endorsement. Most of the remainder cluster just below that, with virtually nobody going below 5 out of 10 (Health Foundation & Ipsos MORI 2017: 5).

A particularly implausible idea of privatisation prophets is the notion that a government could somehow sabotage the NHS (for example by defunding it) in order to erode trust in it, in the hope that this would make the public more amenable to privatisation. Such a strategy could never work in Britain, for the simple reason that when things go wrong in healthcare, the British public does not blame the NHS for that. They blame ‘underfunding’ and ‘political mismanagement’ (NatCen 2016). Thus, a government that tried to ‘sabotage’ the NHS would merely end up sabotaging itself. Spending cuts do not turn the public against the NHS. Spending cuts merely turn the public against spending cuts. And by extension, against the government deemed responsible for them.

According to the British Social Attitudes Survey, most people are satisfied with the NHS (NatCen 2016: 3–7). But among those who are dissatisfied, the overwhelming majority – 84 per cent – blame their dissatisfaction on a lack of resources (NatCen 2016: 9). Those who are dissatisfied with the NHS are also much more likely than other groups in society to support higher taxes and higher levels of public spending (NatCen 2016: 12).

The idea that politicians would come up with a plan that requires them to think decades ahead (one NHS campaigner unironically talked about a ‘50 year plan to privatise the NHS’)<sup>145</sup> is just as implausible. And after the

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145 ‘The 50 year plan to privatise the NHS’, *YouTube*, 19 February 2021 (<https://www.youtube.com/watch?v=HHWDnX53IOM>).

experience with Universal Credit,<sup>146</sup> Brexit and the response to Covid-19, one need not be a cynic to doubt the UK government's capacity to engage in large-scale conspiracies.

The question of why an assertion which is both wildly implausible and demonstrably untrue nonetheless remains so popular is probably one for an anthropologist or a psychologist rather than an economist. But whatever the origins of NHS privatisation paranoia, it has serious consequences. At the very least, it has huge opportunity costs, because it crowds out so much else. As Isabel Hardman, assistant editor of *The Spectator*, points out: 'This isn't a harmless obsession. The more time ministers are forced to spend time pointing out that they aren't privatising the NHS, the less time they spend under pressure for the genuine failings of the latest reorganisation.'<sup>147</sup>

She is clearly right. Privatisation prophets may not have the power to, say, force a Health Secretary to resign, swing a general election, or derail a health reform completely. But they do have agenda-setting powers, and they use them to create a toxic climate of paranoia and hysteria, in which it becomes nearly impossible to evaluate healthcare policy changes on their own merits.

Arguments about healthcare should be a straightforward matter: proponents of a particular reform should explain what they are trying to achieve, and why they think their preferred policy will do that. Critics of said reform should explain why they believe that that is either the wrong goal or the wrong way to go about it. But even though the health reforms of the past 30-odd years have provided plenty of opportunities for it, arguments of that type rarely happen in Britain. There were no meaningful debates about the pros and cons of the Health and Care Bill, the Health and Social Care Act, Foundation Trusts, Independent Sector Treatment Centres, patient choice, waiting-time targets, PFI, GP fundholding, the internal market or any other major health reform. What we had instead was endless variations of:

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146 Universal Credit was first announced in 2010. At the time of writing, its rollout was still nowhere near complete: there are still about as many people receiving the old benefits which Universal Credit was meant to replace as there are Universal Credit recipients.

147 'Labour's obsessive fear of NHS privatisation blinded it to the real flaws in the health and social care bill', *iNews*, 25 November 2021 (<https://inews.co.uk/opinion/labour-fear-nhs-privatisation-flaws-health-social-care-bill-1316804>).

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- 'This is privatisation!'
  - 'No it's not. We love the NHS.'
  - 'Yes it is! Privatisation by the backdoor, privatisation by stealth!  
It will be just like America!'
  - 'We would never do that.'
  - 'That is exactly what someone planning to privatise the NHS  
would say!'

Prophets rarely experience any sort of pushback. More moderate voices in the health policy debate appear to see privatisation prophets as the equivalent of an overprotective parent, who worries too much and sees all kinds of non-existent threats, but clearly means well and just needs to calm down a bit. Many health policymakers appear to believe that privatisation prophets just misunderstand the nature of the latest health reforms, and that the solution is simply to explain it to them more patiently. More generally, many politicians seem to believe that if they regularly declare their love for the NHS and stay away from contentious reforms, the privatisation prophets will leave them alone.

These assumptions are all fundamentally mistaken. In news archives covering over 40 years, we have not found a single case where appeasement, engagement, or reform avoidance have worked. Frank Dobson was probably the most socialist health secretary since Aneurin Bevan, yet even he was accused of privatising the NHS. In the 2000s, the NHS budget grew by more than 6 per cent per year in real terms, yet *The Guardian* still talked about how 'cash squeezes' were paving the way for privatisation. The Health and Social Care Act 2012 was seen as a Trojan Horse for privatisation, and its reversal in 2021 was also described as a Trojan Horse for privatisation. Even in the quietest years, when there were no health reforms to speak of, privatisation prophets still found ways to claim that the NHS was being privatised.

Privatisation prophets can neither be appeased nor reasoned with. Trying to do so is not only a waste of time, but actively counterproductive, because it only lends a faux legitimacy to their delusions. Prophets need to be openly confronted rather than indulged.

This means, for a start, that we need to stop treating every NHS privatisation prophecy as if it is the first of its kind. We need to stop acting as if nobody has ever made such a claim before. We must start developing a memory

for these events. For example, when interviewing a privatisation prophet on TV or radio, the interviewer could simply point out that the same claim has been made many times before and ask the prophet what makes them so sure that this time is different. If the interviewee is a repeat prophet, the interviewer could bring up some of their past prophecies and ask them whether they accept that they were wrong. This would, at the very least, bring some accountability into privatisation prophesying. We have not found a single case of a prophet being called out for a failed prophecy. Prophets simply move on to the next prophecy, and their prior prophecies are forgotten.

Crucially, people on the social democratic centre-left of the political spectrum need to realise that privatisation fantasists are not their allies. It may be tempting for them to assume otherwise as long as they have a common opponent. But this is a short-sighted strategy. After the 1997 election, privatisation prophets turned against the New Labour government in a heartbeat. It was then particularly hard for them to defend themselves against such accusations because they had been flinging those very same accusations around until very recently.

It is perfectly feasible to critique current health policies from a centre-left perspective without claiming that they will lead to the destruction of the NHS. It is, for example, true that PFI projects have often delivered poor value for money. That is a powerful-enough critique on its own. It is completely unnecessary to link it to conspiracy theories about secret privatisation plans. It is true that after 2010, the NHS went through several years of relative spending restraint, which was linked to a decline in various performance indicators. Again, that is a powerful critique, which can stand perfectly well on its own two feet. It does not need to be combined with a story about plans to sell the NHS to Donald Trump. It is true that NHS commissioners have sometimes handed out contracts to private companies without sufficiently monitoring the quality of the services they received in return. That is a valid standalone critique. It does not require coffin-shaped 'RIP NHS' signs with a date of death (which is not going to age well anyway).

We would still have lively arguments about these issues if we stopped listening to the prophets. But these would be arguments worth having, because, for a change, they might be arguments about things that are actually happening.

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## Appendix

### **1980**

'The government is [...] clearly determined to alter the whole basis of the NHS. A [...] sinister speech was recently made by Dr Gerard Vaughan, Minister of Health [...] He is reported as saying, [...] "The issue [the basic financing structure of the NHS] has been a taboo subject for too long. [...]" [...] What is significant is that Dr Vaughan's speech coincided with the publication of [...] a collection of essays on insurance-based health systems, published by the Policy Studies Institute [...] [T]he Health Service Act [...] was just the beginning of the onslaught. There is more to come. The whole basis of the NHS is being undermined and this must surely be resisted.'

– 'The Tory threat to the health service', *The Times*, 1 December 1980.

### **1982**

'[A]lthough the government may not relish the idea of fighting the next election on a promise to demolish the NHS, it is more than happy to [...] encourage a less visible drift in the same direction. [...] [T]he private sector becomes so enmeshed with the public that it becomes politically impossible to suggest that the private sector should not grow and grow.

[...]

[C]reeping privatisation [...] will mean the slow disintegration of the NHS.'

– 'Private tonic on the NHS', *The Guardian*, 15 February 1982.

'I believe they will embark a very subtle programme of dismantling the NHS by privatisation'

– Albert Spanswick, chairman of the Health Services Committee of the Trades Union Congress (TUC). Cited in 'Health workers turn out solidly for action', *The Guardian*, 5 October 1982.

### **1983**

'The government is trying to buy these guys off so they will privatise the NHS next year. One of the prerequisites for privatisation is the cooperation of the top administrators. It's blood money, that's all it is.'

– Roger Poole, National Officer at the National Union of Public Employees (NUPE), commenting on a pay rise for senior NHS managers. Cited in 'Health unions angered by "blood money" pay increase', *The Guardian*, 12 January 1983.

'An alliance in defence of the National Health Service is being formed by the Royal College of Nursing, the British Medical Association, and a number of health administrators' organisations.

They [...] voice their concern at the government's plans for privatising sections of the service and encouraging private medicine.

The RCN general secretary [...] made it clear [...] that he was deeply suspicious of the privatisation plans [...]

The [RCN] conference is also being asked to debate the implications of privatisation.'

– 'Medical professions join forces to defend NHS', *The Guardian*, 19 February 1983.

'Labour leaders yesterday launched an all-out attack on the Government. [...] They accused the Conservatives of planning to dismantle the National Health Service by engineering a decisive shift towards private finance. [...]

Mrs Gwyneth Dunwoody, Labour's Shadow Health Minister, and Mr [Roy] Hattersley accused the government of secretly planning to dismantle the NHS [...]

Mr Rodney Bickerstaffe, general secretary of the National Union of Public Employees, said last night: “[...] [T]his Tory government will destroy the NHS as we know it.”

– ‘Document “shows Tories will dismantle NHS”’, *The Guardian*, 1 June 1983.

‘The annual conference of the health union, yesterday voted to give official backing to branches taking industrial action against the privatisation of the National Health Service. [...]

David Williams, the general secretary of Cohse [the Confederation of Health Service Employees], warned that the Conservative Party would speed up their assault on the NHS. [...] He claimed the Tories had starved the NHS of funds and had then said, “Because the NHS cannot cope, the way out is [...] private insurance schemes.’

– ‘Cohse fights private medicine plans’, *The Guardian*, 17 June 1983

‘[Health Secretary Norman Fowler] said [...] that the government had no intention of dismantling the National Health Service. [...]

His statement did little to convince some of the 500 delegates that the government has no intention of changing to a different system of financing, in spite of his categorical denial.

A member of Oxfordshire Regional Health Authority [...] said Mr Fowler had used “weasel words” that left the future of the service wide open.

Dr Rory O’Moore, chairman of the City and East London Family Practitioner Committee, said: “The health service is up for grabs.”

– ‘Renewed pledge on preserving strong NHS’’, *The Times*, 25 June 1983.

## **1984**

‘The Tory government’s aversion to public expenditure on the social services [...] has a great deal to do with their feeling that too much is being spend on “subsidising” the health of ordinary people. [...] But this is no arbitrary attack: they hope that [...] more extensive inroads of privatisation will hopefully persuade more people to “opt out“ of NHS treatment and go private.’

– London Health Emergency (1984) Privatisation: The hard facts, p. 6.

**1985**

'The British government's enthusiasm for the privatisation of health services is, in part, born out of admiration for the American system.'

– 'The hospital where a bottle of champagne could turn out to be the elixir of life', *The Guardian*, 13 November 1985.

**1987**

'[A] third term of Thatcherism would produce the privatisation of many of Britain's hospitals, with a stampede towards the health insurance system of the US.'

– Roy Hattersley, the Shadow Chancellor of the Exchequer and Deputy Leader of the Opposition. Cited (or paraphrased) in 'Thatcher likely to give nurses full pay rise', *The Guardian*, 17 April 1987.

'At the annual conference of the TUC, delegates backed a motion which described the NHS as under serious attack by the ultra-right which they say is intent on destroying the NHS and replacing it with an insurance-based system.'

– 'Action demanded on Aids jobs bias', *The Independent*, 11 September 1987.

'The brave new Thatcherite world of aggressive individualism cannot tolerate a successful illustration that the best way of meeting social needs is by collective provision. That the NHS should also be popular merely compounds its offence against the canons of Thatcherism. John Moore has been put in charge [...] to remove that offence. [...] [H]is chosen method will be to smother the NHS with rhetorical support while bleeding it through privatisation by stealth.'

– 'The stealthy privatisation that could bleed the NHS to death', *The Independent*, 16 October 1987.

‘[T]he first step towards privatisation of the health service.’

– Shadow Health Secretary Robin Cook commenting on a deal between NHS organisations and a private healthcare company. Cited in ‘Labour warning of NHS privatisation’, *The Guardian*, 8 December 1987.

### **1988**

‘[I]t is now clear that [...] [t]he original, post-war perception of a party instinctively opposed to [...] a free and universal health service was not entirely mistaken. The fundamentalists were simply biding their time.

Of course, they didn’t say so in 1979, 1983 or 1987, and they don’t say so now. [...]

Neil Kinnock [...] argued that the present starvation of the health service [...] was [...] deliberate sabotage in order to justify piecemeal privatisation. It was, he declared, a conspiracy in which the cuts [...] were part of a campaign of psychological warfare to wear down the confidence of the public and undermine the morale of NHS staff.’

– ‘The painful legacy of Bevan’s NHS’, *The Guardian*, 4 July 1988.

### **1989**

‘These proposals smooth the way for the privatisation of the NHS.’ – Shadow Health Secretary Robin Cook, commenting on a government proposal to give NHS hospitals greater operational autonomy. Cited in ‘250 hospitals may opt out of the NHS’, *The Evening Standard*, 24 January 1989.

‘Mr Cook said [...] that the government intended to [...] break up the NHS. “This is the end of a publicly planned health service”, Mr Cook said. [...]

Mr Cook said [...] that the proposals as a whole should be seen as a prelude to privatisation.’

– ‘NHS opt-out plan ‘for 260 hospitals’’, *The Guardian*, 25 January 1989.

‘It can only mean one thing. The health service is being sized up for privatisation.’

– Shadow Health Secretary Robin Cook, commenting on a government White Paper. Cited in ‘Labour leaks NHS White Paper’, *The Independent*, 28 January 1989.

‘There is only one possible explanation for setting up these hospitals, which are parodies of private companies, and that is that at some point in the Nineties, the Government intends to privatise them completely.’

– Shadow Health Secretary Robin Cook, commenting on a government White Paper. Cited in ‘What NHS plan really says’, *The Observer*, 29 January 1989.

‘My worry is that the public will not realise the full implications of the changes. It seems like the preparatory work for dismantling the NHS. [...] GPs will act like American-style health maintenance organisations.’

– Michael Wilson, chairman of the GP Committee of the British Medical Association (BMA). Cited in ‘What NHS plan really says’, *The Observer*, 29 January 1989.

‘Hundreds of family doctors are threatening to quit the national health service in what is emerging as a full-scale revolt against the government’s NHS white paper [...]

200 GPs [...] backed a motion asserting that the white paper would “lead to the end of the NHS as we know it and is intended to lead to its ultimate privatisation.’

– ‘GPs revolt on plans for reform’, *The Guardian*, 9 March 1989.

**1990**

‘The movement towards self-governing hospital trusts holds by far the biggest threat to the health service and the principles on which it was funded [sic]. [...]

Clearly the government is attempting to dismantle the health service in Scotland by the back door and privatisation is the weapon used by [the Scottish health minister] Mr Forsyth.’

– Scottish representative of the Manufacturing, Science and Finance trade union. Cited in ‘Health of a nation’, *Observer Scotland*, 4 March 1990.

‘The contract seeks to change the NHS into a pre-privatisation poodle, which is easier to sell off.’

– Delegate at the BMA conference, commenting on a new GP contract. Cited in ‘GPs threaten ban on checks in protest at new contract’, *The Observer*, 18 March 1990.

‘Government critics claimed that conveyancing [...] had only previously been used in cases of full-scale privatisation. Robin Cook [...] said: “This gives the lie to the Government’s claims that self-governing hospitals are to remain within the National Health Service.”’

– ‘Labour seizes on asset switch for opt-out hospitals’, *The Guardian*, 28 June 1990.

**1991**

‘Theirs is the real agenda. [...] Choice And Responsibility prepares the ideological way for the final assault on the concept of a welfare state [...] Under their proposal [...] [t]he NHS will give way to compulsory private insurance.’

– Gordon Brown commenting on a think tank report which proposed radical health reforms. Cited in ‘Pure greed behind the smokescreen’, *The Guardian*, 21 September 1990.



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‘[C]harges from Liberal Democrats as well as Labour that the NHS [...] faced back-door privatisation and two-tier service.’

– ‘Twin poll blow for ministers’, *The Guardian*, 15 May 1991.

‘The government scheme which allows hospitals to become independent self-governing trusts within the NHS is commonly seen as [...] a prelude to its wholesale privatisation. People believed this before Labour started writing it in its [...] campaign literature.’

– ‘Mr Major fights a Russian-style retreat’, *The Observer*, 19 May 1991.

‘Introducing the free market into the NHS [...] could have a terrible downside. It is reported from the US that [...] surging costs will drive the Hospital Trust Fund into bankruptcy by 2005. Perhaps that is [Health Secretary] William Waldegrave’s secret agenda.’

– ‘Health costs’, *The Guardian*, 21 May 1991.

‘[T]he indecent haste with which the government is driving the NHS into its own untried unendorsed, highly unpopular commercial configuration. This very desperation casts grave doubts on ministerial protestations that there is no intention to privatise the NHS. [...]

Once the stage has been set, [...] who can doubt that this simple door to privatisation will be opened and an equitable NHS rapidly lost?’

– NHS Support Federation, cited in ‘Opting out of good health for all’, *The Guardian*, 8 August 1991.

‘[S]hadow health secretary Robin Cook launched a nationwide poster campaign with the claim that a fourth-term Tory government would privatise the NHS. [...]

Cook [...] said the Government had “paved the way” to put health into private hands.

“A fourth Tory term would take the NHS to the end of a road on which we can already see the signposts of privatisation”, he declared.’

– ‘Tories will sell NHS, warns Cook’, *The Evening Standard*, 18 September 1991.

‘Labour’s private polls suggest that voters are [...] positively frightened that the NHS [...] will progressively be privatised in the fourth term, whatever the Prime Ministers declarations to the contrary.’

– ‘Labour braves polls and sticks to guns’, *The Guardian*, 18 September 1991.

‘Disturbing evidence of creeping privatisation of the NHS has emerged. [...]

As Health Secretary William Waldegrave plans to boost opting-out to two-thirds of all major hospitals, a leading Tory authority on health predicts that public spending restrictions will force opt-out trusts to demand private status within three or four years. [...]

[T]hree thousand family doctors [...] call for an immediate end to the NHS reforms.’

– ‘Tory admits opt-out hospitals will go private’, *The Observer*, 6 October 1991.

‘The Health Secretary, William Waldegrave, was forced [...] to disown a Selsdon Group plan, which advocates a community-based private health insurance system to fund the NHS. It was seized on by Labour [...] as further proof of privatisation claims.’

– ‘Tories strive to hold the line on NHS’, *The Guardian*, 7 October 1991.

‘In the case of the NHS, [...] nothing the government can do or say seems able to persuade the public that it is not bent on dismantling a British institution second only in people’s affections to the monarchy.’

– ‘Why Major needs sound as well as vision’, *The Independent*, 8 October 1991.

'[O]n Channel 4 News, [...] Jon Snow grilled the Tory chairman about privatisation of the NHS. "Well," said Mr Pattern, "it's a slightly 'When did you stop beating your wife' question."

– 'In sickness and in wealth?', *The Evening Standard*, 8 October 1991.

### **1992**

'The second largest trade union in the National Health Service yesterday rejected an attempt to soften staff opposition to the Government's NHS changes.

A motion to back the aims of the changes was overwhelmingly defeated at the Royal College of Nursing conference in Blackpool.

Successive speakers said that [...] the changes [...] masked a hidden agenda of cuts and privatisation.'

– 'Government plans for the NHS meet solid resistance', *The Independent*, 29 April 1992.

### **1993**

'[S]trong criticism from the Labour Party and unions that this was the beginning of privatisation in the health service'

– 'Private firms get go-ahead for £10m NHS investment', *The Evening Standard*, 21 April 1993.

'London GPs and the Labour Party condemned the scheme as a "Trojan horse" for the introduction of completely private healthcare.

Tower Hamlets GP Sam Everington said: [...] "The British Medical Association is about to debate privatisation because the main concern is that these private companies leech from the NHS.'

– 'Anger over plan for private GP surgeries', *The Evening Standard*, 16 June 1993.

‘No area of the NHS is safe from the government’s privatisation steamroller.’

– Shadow Health Secretary David Blunkett. Cited in ‘Bupa seeks to run London GP services’, *The Guardian*, 16 June 1993.

‘This flawed ideology [that all services can be run on business lines] is close to the root of the “reforms” in the NHS and other (soon to be privatised?) areas of the public sector [...]

The dismantling [...] of the National Health Service [...] is now in progress [...]

In a couple of years’ time the current economic debate [...] about tax increases versus public spending cuts would be academic. There will be very little in the way of public services to cut.’

– Representative of the National Union of Civil and Public Servants. Cited in ‘The dismantling of Britain’, *The Guardian*, 16 June 1993.

‘The Trojan horse of private treatment is threatening to make the NHS a pay-as-you-go service. It is privatisation by stealth.’

– Alan Milburn, future Health Secretary (1999 – 2003). Cited in ‘NHS private-patient income soars’, *The Guardian*, 30 July 1993.

‘Thatcher [...] famously claimed [the NHS was] “safe in our hands”. But of course it was not. Nor in those of her successors either. [...] [T]he commercialisation of the NHS, and the erosion of the ethics of care [...] go forward remorselessly year by year.’

– ‘Walking on the wild side of Conservatism’, *The Guardian*, 7 August 1993.

‘[The Health Secretary] Mrs Bottomley has shown [...] contempt for all those who fear that our internationally envied National Health Service is being vandalised by stealth: betrayed into management-speak bureaucracy and quasi-privatisation.’

– ‘Danger for Bart’s’, *The Evening Standard*, 16 December 1993. (On plans to close a hospital ward at a London hospital.)

**1994**

'The Labour Party [...] said they were evidence of creeping privatisation within the NHS. Shadow Health Secretary Dawn Primarolo said: "The founding principle of the NHS [...] is now threatened [...] and has never been in greater jeopardy."'

– 'Bonanza for hospitals as NHS wards go private', *The Evening Standard*, 16 March 1994.

'Fears about the creeping privatisation of London's health service were confirmed today, with the revelation that the new Chelsea and Westminster Hospital intends to convert a 28-bed NHS ward into a private one.'

– 'Hospital's new £8.5m ward to go private', *The Evening Standard*, 7 April 1994.

'[The chairman of the British Medical Association] Dr Macara said [...] [that] the prospect was one of fragmentation of the NHS and, looming large, of privatisation.'

– 'NHS 'market monster' attack', *The Guardian*, 11 April 1994.

'Many patients were unhappy with what they perceived as "creeping privatisation" of the health service.'

– 'Londoners want their hospitals preserved', *The Evening Standard*, 27 April 1994. (On a report by the King's Fund Institute)

**1996**

'[M]iddle- and high-income groups [...] may find that a cash-strapped health service is no longer able to meet their aspirations. If these groups were to exit to the private sector, predictions that the NHS will end up as a safety net would become self-fulfilling. [...]

Unless politicians are prepared to grasp the funding nettle, by giving higher priority to healthcare, the consequence would be to put the NHS under even greater pressure, almost certainly resulting in privatisation on a more significant scale than implied by Healthcare 2000's modest proposals.'

– 'Private eyes on the future', *The Guardian*, 24 January 1996.

'Opening a Labour-initiated debate on the health service [...] [Shadow Health Secretary] Ms Harman managed [...] to mount an effective attack on "privatisation by the backdoor". [...]

"The Tory Party in their hearts hate the NHS." [...] Stephen Dorrell [was] "the presentable face of privatisation" in Ms Harman's words.'

– 'Doughty performer stands her ground at dispatch box', *The Independent*, 25 January 1996.

'...prompted accusations by Labour that the NHS was heading for full-blown privatisation. [...]

Alan Milburn, Labour health spokesman, said [...] "It is now clear that the Tories' internal market is just a staging post to full-blown NHS privatisation'

– 'NHS can sell private health plans', *The Guardian*, 4 April 1996. (On a proposal by some NHS trusts to offer pre-paid plans to fee-paying patients.)

'[F]ew issues could cause more damage to the government than firm evidence of the privatisation of the health service. Yet this week finds ministers issuing contradictory statements over moves by hospitals which would mark the clearest shift yet to a privatised NHS. Stephen Dorrell, the health secretary, [...] says plans [...] by some hospital trusts to market their own brand of private health insurance were inappropriate. Yet [...] his junior health minister, Gerald Malone, declares there would be no objection to the hospital insurance scheme'

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– ‘A scheme too far – Time to nip NHS privatisation in the bud’, *The Guardian*, 15 April 1996.

‘Alan Milburn [...] said the minister’s reply did nothing to dispel fears that the Government was intent on moving to an American-style health service in which treatment depended on wealth, not clinical need. The NHS market system was a stepping stone to full-blown privatisation.’

– ‘Hospital trusts barred from health insurance’, *The Guardian*, 18 April 1996.

‘[A]t the annual health group conference of Unison, the biggest NHS union [...] [Shadow Health Secretary] Harman told the Unison conference that what she called the “Tory PFI” meant privatisation. [...] “[O]ur health service must be run by the NHS. Labour will not allow private companies to run the NHS.”’

– ‘Private schemes, public anger’, *The Guardian*, 8 May 1996.

‘It is now clear that [...] the combined effect of [...] a quasi-market, the private finance initiative and iron financial limits is progressively to produce a two-tier health service. A tax-financed NHS will provide an indifferent minimum public service for a dwindling proportion of the population while the rest will provide for themselves through expensive private insurance. [...] [T]he health of the country as a whole will deteriorate.

This is never admitted by ministers [...] The health reform can be seen as a progressive series of moves, following [...] salami techniques [...]

[T]here have been accounting changes in which the NHS pays the Government for investment funds – aping what it will have to do when fully privatised. [...]

A universal, free health service will become a distant dream.’

– ‘Tory cure will be the death of our health service’, *The Observer*, 19 May 1996.

'Creeping privatisation of the NHS could destroy it [...], the British Medical Association warned yesterday. [...]

Mac Armstrong, the BMA secretary, told a press conference [...] "The danger is not that this is the wholesale privatisation of the NHS but the start of an insidious, piecemeal process... If it proceeds unchecked it could cause the whole fabric to collapse." [...]

Vivian Nathanson, head of the BMA's professional services division, said: "The public is resistant to the idea that the health service should be owned by shareholders. They believe we are all shareholders already."

– 'Privatising NHS "could destroy it"', *The Guardian*, 24 June 1996.

'Doctors today accused the government of trying to privatise the National Health Service through the back door. [...]

Representatives at the BMA annual conference in Brighton said it sounded the death knell for the NHS, which would end up controlled by companies whose aim was to make a profit. [...]

London doctor John Marks [...] called the scheme "a continuation of covert privatisation"

– 'Hospitals "privatized through back door"', *The Evening Standard*, 25 June 1996.

'Representatives of the British Medical Association voted by an overwhelming majority to oppose the whole principle of the Private Finance Initiative in healthcare. [...]

[D]octors fear that the initiative will undermine the NHS and lead to "privatisation by the backdoor."

– 'Majority reject private finance in healthcare', *The Independent*, 26 June 1996.

'The future of the National Health Service will be at stake this week when health managers vote on the creation of Britain's first privately run NHS hospital. [...]

The Labour Party and the British Medical Association fear the move would pave the way for full-scale health service privatisation. [...]



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Dr Sandy Macara, chairman of the BMA, said: [...] “Ever since [...] the internal market reforms we have warned that the Tories had a hidden agenda to privatise the NHS.”

– ‘Hospital deal may be first nail in coffin for NHS’, *The Observer*, 30 June 1996.

‘Billy Bragg [...] [is] mad [...] when it comes to the current Government. “The very idea of selling off [...] the NHS,” he fumes about privatisation.’

– ‘Bragg, rage and the dying of the light’, *The Evening Standard*, 3 September 1996

‘We may be some way from the privatisation of the provision of health care but there is now nothing in principle preventing large tracts of what has traditionally been provided by the NHS moving to the private sector. The mechanisms are in place [...]

The Government would like us to believe the reform phase is over but [...] it is hard to see the process of change stopping where it is.’

– ‘Blood, sweat and tiers’, *The Guardian*, 11 September 1996.

‘This is the shape of things to come under the Tory NHS. It just proves that what we have been saying about increasing privatisation. It’s happening before our very eyes.’

– Bob Abberley, Head of Health at Unison. Cited in ‘NHS to sign deal with private health firm’, *The Guardian*, 13 September 1996.

**1997**

'More than 40 per cent [of nurses] said they feared that in 10 years the NHS would not exist because of growing privatisation'

– 'Nurses shortage "a risk to patients"', *The Guardian*, 29 January 1997. (Reporting on a survey among nurses by ICM Research).

'[A]cademics at Birmingham University warned that the NHS Primary Care Bill could pave the way for a US-style commercial health care system. [...]

At the heart of the Bill [...] are two clauses which opponents claim amount to backdoor privatisations.'

– 'Super surgeries put healthy bank balances first, say GPs', *The Observer*, 2 February 1997.

'[H]ospitals are facing privatisation whichever party forms the next government, health service managers warned yesterday. Private companies are poised to take over the running of NHS trusts, [...] the Institute of Health Services Management said. [...]

Professor Chris Ham [...] said there was an "inexorable logic" [...]: "The end of the route will be increasing privatisation."

– 'No escape from privatisation for NHS', *The Independent*, 22 April 1997.

'[W]e are reaching a crossroads [...] in welfare provision. [...] [T]he two main parties appeared to be heading in much the same direction – away from the universal welfare state [...] and towards something much more like what we see in the United States. [...]

Already there has been a kind of secret privatisation. [...] [O]nce this cycle of privatisation starts, it becomes increasingly difficult to end.

Now Gordon Brown knows all this, of course. [...] [I]t may be that New Labour is actually happy with the prospect of a smaller state with more private provision.'

– 'Brown is just starting. He'll get much tougher', *The Evening Standard*, 7 May 1997.

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'You have seen nothing yet. Yesterday's speech by Health Secretary Frank Dobson is certain to be the first of many such "no holds barred" statements [...]

Two kinds of welfare revolution are now inevitable. The first is increasing privatisation. [...]

The second revolution will be to make people pay more directly for some of the public services they consume. [...] [N]ew sources of NHS income are undoubtedly [one candidate].'

– 'Why a welfare revolution is now inevitable', *The Evening Standard*, 13 June 1997.

'The Health Secretary, Frank Dobson, [...] [was] presiding over the fruits of a Tory policy to build privately-owned and privately-run hospitals [...] [The] hospital schemes were promoted by Conservative think-tankers as a way to dismantle the NHS [...]

PFI deals may turn out to provide [...] hospitals from hell. [...] The NHS hospital of the future may well have a brand-name at the logo at the gate – "St Profit's" rather than "St Saviour's."

– 'Dobson's choice is what the Tory doctor ordered', *The Observer*, 3 August 1997.

'Next week's Trades Union Congress [...] will be an important test for the government. The unions [...] [are] preparing to confront the government over [...] NHS privatisation'

– 'Blair's big picture and the union bit players', *The Evening Standard*, 1 September 1997.

'[A]fter years of promising to save the NHS from privatisation, Labour is now committed to declaring exactly what parts of the NHS can safely be privatised.'

– 'Driving into trouble', *The Guardian*, 3 December 1997.

**1998**

‘Angry student nurses ambushed Health Secretary Frank Dobson to protest about NHS privatisation plans [...]

Mr Dobson said: “We will not stop Private Finance Initiatives. [...] That is not privatising the hospitals.”

– ‘Dobson ambushed by nurses’, *The Evening Standard*, 15 January 1998.

‘[A]bsurd Treasury accounting rules, informed by ideological contempt for the common good, [...] have forced these decisions on the NHS. It is New Labour’s shame that instead of scrapping them, they have chosen to make the system work as the Conservatives hoped – by moving the NHS yet nearer to privatisation.’

– ‘The NHS needs a better cure’, *The Observer*, 13 December 1998.

**1999**

‘The SNP accuses Labour of plotting the privatisation of the NHS – just as Labour once did of the Tories.’

– ‘Gordon may win, but it’s not over yet’, *The Guardian*, 28 April 1999.

‘The big unions last night called on the Prime Minister to halt controversial welfare reforms [...]

The call [...] was tabled by the Transport and General Workers Union, and other big unions, including the GMB. [...] Union leaders claim that the reform programme [...] is turning into an attack on the principle [...] on which the welfare state was founded. [...]

The [Labour] leadership is also facing sustained attacks [...] over the privatisation of the NHS through the Private Finance Initiative’

– ‘Blair comes under fire on welfare rethink’, *The Guardian*, 4 July 1999.

## 2001

'The leader of Britain's nurses last night warned [...] against "creeping privatisation" of the NHS [...]

Christine Hancock, general secretary of the Royal College of Nursing, said [...] "nurses have concerns about privatisation by stealth" [...] at the start of the union's annual conference in Harrogate. [...]

[A] poll of more than 2,000 nurses across the UK [...] found that 73% of nurses expect patients will have to pay for at least some routine operations such as hip replacements by 2010. And one in three said it was unlikely the NHS would be providing any free health care by that date.'

– 'Nurses' leader fears privatised NHS', *The Guardian*, 21 May 2001 (<https://www.theguardian.com/politics/2001/may/21/uk.election20016>).

'Labour moved yesterday to assuage fears of union and health professionals [...] after 40 academics, health professionals and consultants published a letter accusing Labour of "galloping privatisation" in the NHS. The signatories claim the new Health and Social Care Act has the potential to end access to healthcare free at the point of delivery, introduce user charges and allow private companies to run health services.'

– 'Labour tackles NHS privatisation fears', *The Guardian*, 25 May 2001 (<https://amp.theguardian.com/society/2001/may/25/ppp>).

'[W]e cannot and will not agree with those people in government who cannot let go of their Thatcherite obsession with privatisation.'

– 'We won't put up with privatisation', *The Guardian*, 18 July 2001 (<https://amp.theguardian.com/politics/2001/jul/19/labour.uk>).

'[P]rivatising the NHS costs money: corporations demand a high price [...] So far the government has relied on cutting costs and selling the family silver to meet the bill.

Labour has continued to sell off NHS hospitals and services with gusto [...] [P]olicies of privatisation and universal healthcare are on a collision course. The Treasury's instinct is to protect privatisation rather than healthcare in a crisis that risks becoming a disaster. [...]

Markets undermine universality [...] [P]rivatisation [...] is now being extended throughout the NHS.'

– 'Privateers on the march', *The Guardian*, 11 December 2001  
(<https://www.theguardian.com/society/2001/dec/11/2>).

## **2002**

'[T]here are striking similarities between [the US healthcare industry's] model of health maintenance organisations [...] and Britain's primary care trusts, which replaced district health authorities in April [...]

The government's modernisation plans for the NHS have all the hallmarks of the US model [...] If the government persists in [...] importing US models of care, they will import the US care crisis and all the inequities which follow.'

– 'America sneezes, we catch a cold', *The Guardian*, 21 June 2002  
(<https://www.theguardian.com/politics/2002/jun/21/society.publicservices>).

'Plans to free NHS hospitals from Whitehall control will bring a Railtrack-style collapse in the health service, trade unions claimed today. [...]

GMB general secretary John Edmonds said: "This shows that ministers [...] are intent on forcing through backdoor privatisation of the NHS. It is staggering that at a time when the failure of rail privatisation is there for all to see, the Government is intent on making the same mistake with our hospitals. [...]"

– 'NHS shakeup will see Railtrack-style chaos, says union', *The Evening Standard*, 15 January 2002.

## **2003**

'130 backbench Labour MPs signed a motion opposing the bill because of fears about privatisation, an anxiety echoed by many outside parliament, including the British Medical Association and the Royal College of Nursing. [...]

[T]his is simply a fig leaf for privatisation below board level. [...] Furthermore, the board can contract out clinical services directly to the private sector

[...] Each trust will operate like a private business with [...] ownership of its assets – as well as freedom to sell any of them [...]

The department of health is lining up the private sector to take over so-called “failing hospitals”. Companies such as Bupa [...] are waiting in the wings; fiercely predatory American corporations such as Kaiser and United Healthcare are also hovering. [...] Foundation status is part of a broader pattern of health service privatisation under New Labour. [...]

Today MPs will vote on a bill, which, if passed, will effectively privatise NHS hospitals.’

– ‘Foundation hospitals will kill the NHS’, *The Guardian*, 7 May 2003 (<https://www.theguardian.com/politics/2003/may/07/publicservices.comment>).

‘Tony Blair is facing an embarrassing defeat at Labour’s annual conference over plans to press ahead with the creation of foundation hospitals despite widespread opposition. [...]

Unison will warn today that foundation hospitals [...] will lead to a two-tier health service. It condemns the move as “backdoor privatisation”

– ‘Unions to rally against health reforms’, *The Guardian* 17 May 2003.

‘Sir Bill Morris, the outgoing leader of the Transport and General Workers Union [...] said the creation of semi-independent NHS institutions was the “first step on the road towards privatisation”. The break-up of the NHS was “almost inevitable”

– ‘Morris sees plot to sell off hospitals’, *The Guardian*, 30 June 2003.

‘Leaders of the big trades unions today confront Tony Blair in Downing Street in what could be their biggest row since New Labour came to power. The Prime Minister faces a demand to back down over plans for self-ruling foundation hospitals. The unions, led by TUC secretary Brendan Barber, are warning of revolt, [...] [d]emanding a halt to further moves towards “privatisation or commercialisation” of Britain’s public services.’

– ‘Blair braced for battle with the unions as TUC leader warns of Left-wing revolt’, *The Evening Standard*, 2 September 2003.

'The TUC yesterday condemned government plans to create free-standing foundation hospitals in England as [...] paving the way for wholesale privatisation of the NHS.

Dave Prentis, leader of Unison, Britain's biggest union, ridiculed the recent suggestion by John Reid, health secretary, that foundation hospitals could be renamed. "Well, John, I've got a suggestion. Be honest, call them what they are: private hospitals."

– 'Foundation hospitals "dagger in NHS heart"', *The Guardian*, 11 September 2003.

'If foundation hospitals are bringing privatisation in the back door, then DTCs [Diagnostic and Treatment Centres] are coming in the front door'

– Ann Mitchell, Unison. Cited in 'Union bosses pledge to turn up heat on Blair', *The Observer*, 7 September 2003.

'James Johnson, the BMA's chairman, said the change in policy turned the treatment centres into an instrument of "covert privatisation."

– 'Row as private clinics get NHS staff', *The Guardian*, 10 September 2003.

'Only a massive and sustained revolt by the membership of the Labour Party can now save the National Health Service. [...]

DTCs [...] will succeed in destroying the last pretence that the health service is not being privatised. [...]

I defy him [the health secretary] to argue that this does not represent a privatisation of the NHS.

The members of the Labour Party [...] will preside over the very destruction their unity is meant to avert. I hope they can live with it.'

– 'The patient is dying', *The Guardian*, 30 September 2003.



## 2004

'Leaders of unions [...] were contemptuous of the move by No 10's previous health adviser, Simon Stevens, to the United Health Group, a US company which is hoping to win NHS contracts. [...]

[A] union leader, who wished to remain anonymous, said "modernisation" had been exposed as "privatisation". He said the five-year health plan Mr Stevens had helped to write should be pulped. "He knows what is in it and knows where the profits will be," he said.'

– 'Unions furious over Blair's new health adviser', *The Guardian*, 21 May 2004 (<https://www.theguardian.com/politics/2004/may/21/uk.nhs>).

'Simon Stevens, a Labour supporter and Tony Blair's senior health adviser, announced last week he was to [...] become president of [...] United-Health group [...] The move was greeted with surprise and astonishment [...] One anonymous trade union leader has suggested the entire NHS modernisation programme was compromised as a result. [...]

[T]here is plenty of argument about whether his move is the harbinger of widespread privatisation [...]

[A]ccording to Michael Dixon, a GP and chairman of the NHS Alliance, [...] [t]he public is unaware just how quickly the health service is being opened up [...] [H]e believes there could be huge transfers of services within three to four years. "We are now in a situation of deregulated primary care, and we are getting to the stage where almost everything except foundation trusts and PCTs is up for grabs," he says.'

– 'The American dream', *The Guardian*, 26 May 2004 (<https://www.theguardian.com/society/2004/may/26/nhs2000.health>).

'Hospital doctors have accused the government of using the concept of patient choice as a "smokescreen" to disguise its intentions to privatise the NHS.

Delegates at the British Medical Association's consultants' conference [...] unanimously supported a motion calling on the BMA to "expose the deceptive propaganda" of patient choice coming out of the Department of Health.

Jacky Davis, a radiologist at the Whittington hospital in London, [...] said she and her supporters were [...] opposed to the “cynical hijacking of the concept [of patient choice] [...] to act as a smokescreen – a smokescreen for the government’s intention to privatise the national health service.”

– ‘Doctors condemn government’s NHS reforms’, *The Guardian*, 10 June 2004 (<https://www.theguardian.com/society/2004/jun/10/nhs2000.politics>).

‘What is occurring is an accelerating erosion, and increasingly a reversal, of what the NHS was created to achieve: making healthcare a right, and no longer something that could be bought or sold.

[...]

With each new insertion of private provision into the NHS the political clout of the private providers increases, and the dominant culture shifts still further into a private enterprise direction, while the structures of national control are being progressively dismantled.’

– Pollock, A. (2004) *NHS Plc: The Privatisation of Our Healthcare*. London & New York: Verso Books.

‘Allyson Pollock’s book [...] demands to be read by every person in this country who has a stake in the NHS and the vestigial remnants of the welfare state; and indeed, everyone with democratic instincts. Our government, relying on public apathy and a short attention span, has been progressively and furtively dismantling our life-support systems and auctioning them off to the highest bidder [...]

There has clearly been a long-term plan at work, with tactics of the most cynical kind to blind, coerce, deceive and discredit [...]

The author is a courageous and gallant David, battling the Goliath of government [...] She [...] show[s] to what depths our leaders can sink in order to subvert the democratic desires of the people. [...]

Pollock shows the only choice people in the UK will enjoy when the process is complete is whether or not to take out insurance and accept the prospect of escalating co-payments, or go without any healthcare provision at all, which is the lot of millions of Americans today. Gone will be the freedom from fear we have enjoyed for more than 50 years.’

– ‘In sickness and in health. Allyson M Pollock’s damning exposé of New Labour’s health service reforms, NHS Plc, is required reading for all’, *The Guardian*, 2 October 2004. (<https://www.theguardian.com/books/2004/oct/02/highereducation.politicalbooks>).

## 2005

‘[O]n May 10 [...] the Adam Smith Institute hosted a conference [...] for 100 of the country’s most senior NHS and private healthcare executives. [...]

[C]orporate representatives at the meeting were given a frank account of New Labour’s plans to privatise NHS services. A transfer market is now emerging in doctors, clinical services and even patients [...] [C]ommercial interests will prevail over all others.’

– ‘Privatisation of the NHS is accelerating’, *The Guardian*, 24 May 2005 (<https://www.theguardian.com/politics/2005/may/24/society.publicservices>).

## 2006

‘Market mechanisms must be abolished. [...] If this does not happen, the NHS in England is destined to become no more than a logo attached to a group of corporate chains, while all the old health inequalities and fears return.’

– ‘A clean bill for health’, *The Guardian*, 24 March 2006 (<https://www.theguardian.com/commentisfree/2006/mar/24/regainingthevaluesofthenh>).

## 2007

‘Viewers of Michael Moore’s new film will come away convinced that the public healthcare system in this country is superior to its privatised American counterpart [...] But does the government agree? Or has it instead been taking ideas from the very system revealed in *Sicko* to be so iniquitous?

The film is very much made for a US audience. Moore does not go into [...] the new, privatising project going on here. It might surprise many British people who see the film to know that, for example, the British government has for years been in contact with Kaiser Permanente, one

of the big US healthcare corporations, and is actively trying to remodel the NHS along American lines. All the reforms carried out by the government over the past few years have been aimed at that.'

– 'What Sicko doesn't tell you...', *The Guardian*, 24 September 2007 ([https://www.theguardian.com/politics/2007/sep/24/health\\_publicservices](https://www.theguardian.com/politics/2007/sep/24/health_publicservices)).

'[W]e are [...] becoming alarmed by the lack of anything coming from the Brown camp. He should be saying he will stop the creeping privatisation of the NHS [...] but Gordon has been silent.'

– Alan Simpson MP, Socialist Campaign Group. Cited in 'Blair under pressure to name exit date as May elections loom', *The Independent*, 23 January 2007.

'Pressure group London Health Emergency has urged the government to intervene over the "unprecedented experiment" which it says amounts to stealth privatisation of the NHS.

Geoff Martin, head of campaigns at London Health Emergency, called for the intervention of health secretary Alan Johnson.

"The plans [...] would give that company enormous leverage to launch a takeover bid to run the whole hospital," he said. "This is NHS privatisation on a scale we have never seen before."

– 'Operating theatres to be privatised', *The Evening Standard*, 6 August 2007.

'The move to outsource service commissioning [...] opens the door to a US-style health maintenance organisation model – dominated by corporations [...]

[T]he government's determination to press on with privatisation and marketisation might seem baffling. Why insist on heading off in the direction of a health system with the highest per capita cost and inequalities while courting its main beneficiaries? [...]

The risk is now that with a continuing patchwork privatisation and cash squeeze, public support for the principles of the NHS could erode, opening the way to charges, top-up fees and private insurance.'

– 'Only dogma and corporate capture can explain this', *The Guardian*, 18 October 2007 (<https://www.theguardian.com/commentisfree/2007/oct/18/comment.publicservices>).

'Last week doctors and nurses demonstrated in London against what they say is the creeping privatisation of the NHS. UnitedHealth, which [...] now runs its own GP services in Britain, is one of its targets.'

– 'He was the architect of Labour's health service reforms. Now he is at the centre of a storm over NHS "privatisation"', *The Guardian*, 11 November 2007 (<https://www.theguardian.com/politics/2007/nov/11/uk.publicservices>).

## **2008**

'Union leaders accuse the government of privatisation by stealth and are planning to fight the moves.'

– 'The GP revolution', *The Independent*, 20 April 2008.

'GPs will confront Gordon Brown this week [...] They are set to pass a vote of no confidence in proposed health reforms which they claim will result in NHS privatisation. [...]

The British Medical Association will deliver a "save our surgery" petition, with tens of thousands of names, to Downing Street.'

– 'GPs pledge to fight "unfair" health reforms', *The Independent*, 8 June 2008.

'Lord Darzi, the unelected health minister, has signalled that Labour will continue to dismantle and privatise the NHS delivery system, its staff and services – handing taxpayers' funds to multinational companies, and remodelling the service along the lines of US healthcare. [...]

Darzi provides the clearest sign yet that Labour is planning to introduce charges for healthcare, crossing the final rubicon of NHS privatisation'

– 'Farewell to a free NHS', *The Guardian*, 1 July 2008 (<https://www.theguardian.com/commentisfree/2008/jul/01/nhs.health1>).

'[G]iven its continued popularity [...], the difficulty of privatising the NHS might be expected to be extreme. Yet successive ministers of health in the "New Labour" governments [...] have pressed ahead forcefully with this policy [...]

[A] notable failing of the existing service was seized on as a justification – in this case, long waiting-times for elective (i.e. planned) surgery [...] But the ulterior aim was to create a niche in healthcare provision into which new private providers could be attracted, and to establish an all-important precedent. [...]

[T]he so-called independent sector [...] consists of an active, politically potent set of increasingly global corporations with a clear agenda: to push as deeply as they can into the provision of state-funded [...] health care and other public services. Every advance the private health industry makes into the provision of health care represents an important increase in its market power [...] and its political power'

– Player, S. and Leys, C. (2008) Commodifying health care: The UK's national health service and the independent sector treatment centre. *Work Organisation, Labour & Globalisation* 2(Autumn): 9–22.

## **2010**

'Plans put forward by the Conservative Secretary of State for Health, Andrew Lansley [...] will undermine the structure and principles of the NHS [...]

The idea is to hand over the NHS budget to GPs, who will then commission services on behalf of individual patients. [...] Will they subcontract the commissioning process to private companies involved in health care and so bring privatisation to the NHS by stealth? [...]

It could be a poisoned chalice. Doctors could be made to take the blame if the plan collapses, leading the way to the wholesale privatisation of the NHS.'

– 'The Tory stealth attack on the NHS', *New Statesman*, 2 July 2010.

## 2011

‘Today’s plans [...] [open] the door to widespread privatisation.’

– Brendan Barber, General Secretary of the TUC. Cited in ‘What does Cameron’s “massive gamble” with the NHS mean for us?’, *The Independent*, 20 January 2011.

‘This titanic health bill threatens to sink our NHS. The only survivors will be the private health companies that are circling like sharks

– Karen Jennings, Head of Health at Unison. Cited in ‘What does Cameron’s “massive gamble” with the NHS mean for us?’, *The Independent*, 20 January 2011.

‘More than 100 GPs wrote an open letter to the leadership of British Medical Association, urging them to take a tougher line on opposing the HSCA, on the grounds that these damaging reforms [...] will not only destroy the NHS but also profoundly affect the social fabric of the nation.’

– ‘Doctors threaten to strike as anger grows over NHS reforms’, *The Independent*, 3 February 2011.

‘It is 19 years since the British Medical Association last thought it necessary to call a crisis meeting of its members in response to upheaval in the NHS. [...] On Tuesday a special representative meeting will take place again – this time to consider its position in relation to Andrew Lansley’s plan to [...] prepare the NHS for privatisation. [...]

[T]he commercialisation of the health service [...] is an affront to the public service ethos that glues the NHS together. The traditional role of doctors as the true advocates of patients will soon become history, just as it has in the US. [...]

The BMA must [...] unmask Lansley’s reform agenda for what it is – the final step in the privatisation of the service’

– ‘No market for Britain’s NHS’, *The Guardian*, 13 March 2011 (<https://www.theguardian.com/commentisfree/2011/mar/13/market-nhs-privatisation-andrew-lansley-gps>).

'LibDems were particularly aggrieved [...] about [...] fears it will open the door to privatisation "by the back door". [...] Andrew George, MP for St Ives, said that [...] the LibDems risked becoming "architects of the NHS's demise."

– 'LibDem delegates bring their leaders to heel over coalition's NHS reforms', *The Independent*, 13 March 2011.

'David Cameron and Nick Clegg [...] have been laying the ground for wholesale privatisation of the NHS, the destruction [...] of one of Britain's most cherished [...] institutions [...]

The Department of Health created a commercial directorate to oversee the plan to privatise the NHS. A group of passionate market advocates were hired to transform a public sector institution into a target for private sector takeover'

– 'The Plot Against the NHS by Colin Leys and Stewart Player – review', *The Guardian*, 22 May 2011 (<https://www.theguardian.com/society/2011/may/22/plot-against-nhs-leys-review>).

'The NHS reforms remain driven by pure market ideology [...] [I]f you create an American-style healthcare system the result will be denial of care and huge costs [...] If the bill is passed, coming generations will not forgive us for taking the "National" out of the NHS. [...]

A profit driven model will undermine all that is precious about the NHS. Furthermore, it will produce an underclass of patients with chronic, debilitating illness [...]

These reforms are based on the privatised US system: the most expensive and highly inequitable healthcare system. If they go ahead, privatisation and poor patient care will plague the NHS. Few will forgive the Lib Dems for assisting the Tories in handing over the most precious public service to market forces.'

– 'The NHS reforms still amount to privatization', *The Guardian*, 6 September 2011 (<https://www.theguardian.com/society/joepublic/2011/sep/06/nhs-reforms-still-privatisation>).



## 2012

‘Andy Burnham [...] attacked the Coalition’s “forced” and “secret privatisation”, saying that the NHS “won’t last another term of Cameron.”’

– ‘Ex-minister Andy Burnham admits mistakes over NHS’, *The Evening Standard*, 3 October 2012 (<https://www.standard.co.uk/news/health/exminister-andy-burnham-admits-mistakes-over-nhs-8195825.html>).

‘Following the passage of the Health and Social Care Act this year, many people fear that the NHS is in real danger. Aneurin Bevan’s three founding principles [...] are all under threat. [...] The NHS seems destined to become a logo, a brand [...]

Out of this perfect storm of broken promises, cuts, closures and privatisation, Thursday sees the birth of the National Health Action party’

– ‘Our mission? Save the NHS’, *The Guardian*, 14 November 2012 (<https://www.theguardian.com/commentisfree/2012/nov/14/the-nha-party-mission-save-nhs>).

## 2013

‘This is an irrevocable change, [...] making it prohibitive to remove these “business opportunities” for private companies. [...] It will be a US-style market in health, [...] a two-tier service, with a proper service for those who can afford top-up private insurance, and a basic service for the rest of us. [...] This is a last chance to save the NHS we celebrated in the Olympics ceremony.’

– ‘The government is trying to privatise the NHS through back door regulations’, *The Guardian*, 5 March 2013 (<https://www.theguardian.com/healthcare-network/2013/mar/05/nhs-reforms-government-privatise>).

‘Nothing is more gut-wrenching than watching a close friend dying in front of you. And I mean beyond close: a friend who brought you into the world, helped raise you, and was there whenever you were most desperately in need. So, spare a moment for our National Health Service. Time of death: midnight, 1st April 2013. Cause of death: murder. [...]

The great sell-off of our NHS is already well under way. [...]

The NHS has been killed, murdered, assassinated by a Tory government'

– 'Farewell to the NHS, 1948–2013: A dear and trusted friend finally murdered by Tory ideologues', *The Independent*, 1 April 2013 (<https://www.independent.co.uk/voices/farewell-nhs-1948-2013-dear-and-trusted-friend-finally-murdered-tory-ideologues-8555503.html>).

## **2014**

'The roadmap of their policies is leading to the complete privatisation of the NHS, a process that has deep roots in Thatcherite ideology. [...]

I believe it will be a completely different healthcare system in five years' time [...] [T]he whole service can be taken over by private companies [...] The NHS will just be a logo; a most cherished institution reduced [...] to a US-style insurance scheme'

– 'The NHS is on the brink of extinction – we need to shout about it', *The Guardian*, 8 January 2014 (<https://www.theguardian.com/healthcare-network/2014/jan/08/nhs-extinct-government-policy-privatisation>).

'The National Health Service is facing a "unique risk" of having its services privatised if a secretive major EU-US trade deal goes through, trade unions have warned. [...]

Unite claimed that the deal [...] is the result of "secret" negotiations between US officials and the European Commission.

Unite general secretary Len McCluskey said: [...] "Unless the Prime Minister acts, bureaucrats in Brussels and Washington will make the sell-off of our NHS irreversible"

– 'TTIP Could Make NHS Privatisation "Irreversible", Warns Unite Union', *Huffington Post*, 3 July 2014 ([https://www.huffingtonpost.co.uk/2014/07/03/ttip-eu-us-trade-deal-unite-union\\_n\\_5554227.html](https://www.huffingtonpost.co.uk/2014/07/03/ttip-eu-us-trade-deal-unite-union_n_5554227.html)).

'British trade unions are this week expected to lend their support to a growing campaign opposed to a new international trade deal which critics claim threatens to make the privatisation of the health service irreversible.

Three of the UK's biggest unions have tabled motions at the Trade Union Congress in Liverpool outlining their opposition to the transatlantic trade and investment partnership (TTIP) [...]

Critics say the TTIP threatens to make the outsourcing of health services in Britain permanent [...]

Andy Burnham, the shadow health secretary, said the NHS must be exempted from a deal which he said threatened the fabric of a publicly run, free-at-the-point-of-use NHS'

– 'Unions say planned international trade deal poses threat to NHS', *The Guardian*, 7 September 2014 (<https://www.theguardian.com/business/2014/sep/07/trade-unions-trade-deal-threat-to-nhs>).

'This insidious slide towards outsourcing health care is [...] potentially highly damaging to the provision of health care in the UK.

Private-sector incursion into the NHS is not new [...] [b]ut now the momentum for privatisation is increasing to an unsustainable level. [...] These measures will erode the NHS.'

– Editorial. (2014) NHS privatisation: A step too far. *The Lancet* 15(9): 905 ([https://doi.org/10.1016/S1470-2045\(14\)70350-X](https://doi.org/10.1016/S1470-2045(14)70350-X)).

## 2015

'I wrote this book because I fear there will not be an NHS as our generation grows old and certainly not for our children. Yet the British public remains largely unawares of this [...]

[T]he NHS has been insidiously converted into a market-based healthcare system over the past 25 years. This process is accelerating under the Coalition government and the very existence of the NHS is in danger. [...]

We are on the eve of an epoch-defining general election in 2015. Put simply, this election is likely to define whether the NHS continues to exist as a cherished institution or whether it is gradually dismantled into a privatised, insurance-based system. [...]

The National Health Service was created [...] on 5 July 1948. [...] 1 April 2013 – the day the Health and Social Care Act came into effect – represents the reversal of that process’

– El-Gingihy, Youssef. (2015) *How to Dismantle the NHS in 10 Easy Steps*. London: Zero Books.

‘[M]inisters have to proceed by stealth. But proceed they are determined to do. [...]

What can’t seriously be doubted is that if Cameron returns to Downing Street in May the NHS will be dismembered as a national service. [...] Far from scaremongering, that’s the choice we face.’

– ‘Corporate feasting will devour the NHS’, *The Guardian*, 8 January 2015 (<https://www.theguardian.com/commentisfree/2015/jan/08/nhs-emergency-crisis-corporate-feasting-cameron-privatisation>).

## **2016**

‘Parts of the NHS might have to be privatised if the controversial TTIP trade deal between the European Union and the United States is signed [...]

Gail Cartmail, Unite’s assistant general secretary, told the Guardian: [...] “David Cameron [...] must act and prevent the irreversible sale of our NHS”

– ‘NHS could be part-privatised if UK and EU agree controversial TTIP trade deal, expert warns’, *The Independent*, 22 February 2016 (<https://www.independent.co.uk/news/uk/politics/nhs-could-be-part-privatised-if-uk-and-eu-agree-controversial-ttip-trade-deal-expert-warns-a6888516.html>).

‘Gove had wanted to privatise the NHS, Johnson wished to charge people for health services and Duncan Smith advocated moving to a social insurance system.

“The NHS is about as safe with them as a pet hamster would be with a hungry python,” [former Prime Minister John] Major said.’

– ‘John Major: NHS at risk from Brexit “pythons” Johnson and Gove’, *The Guardian*, 5 June 2016 (<https://www.theguardian.com/politics/2016/jun/05/john-major-nhs-risk-brexit-pythons-johnson-and-gove>).

## 2017

‘Doctors leaders have accused the Government of a conspiracy to create a crisis in hospitals in order to usher in the back-door privatisation of the NHS.

The British Medical Association passed a motion claiming ministers are using plans launched last year, ostensibly as a means to reform over-spending facilities, as a front for selling off the health service.’

– ‘Government is deliberately creating a health crisis to privatise the NHS, doctors claim’, *The Telegraph*, 27 June 2017 (<https://www.telegraph.co.uk/news/2017/06/27/government-deliberately-creating-health-crisis-privatise-nhs/>).

## 2019

‘[T]he entire UK economy would be up for grabs in talks about a trade deal with Donald Trump’s America. That would have to include the NHS [...]

The fact is if a post-Brexit Britain wants a trade deal with Donald Trump then the NHS is up for grabs, and sod the interests of patients. [...]

Once the NHS becomes part of a Tory trade deal, the inevitable privatisation of its services that would be a part of it would be all but irreversible’

– ‘Trump is here to help carve up the NHS in a post-Brexit trade deal – that’s the real story behind his visit’, *The Independent*, 3 June 2019 (<https://www.independent.co.uk/voices/trump-uk-visit-nhs-privatisation-post-brexit-trade-deal-a8941751.html>).

‘[T]he threat of privatisation and the scale at which it is increasing is very real. [...]

We cannot trust a government who have underfunded and understaffed the NHS [...] not to use the NHS, this jewel in our crown, as a cheap bargaining chip in order to curry favour with Donald Trump; just as we clearly cannot trust them to be straight with us about the true extent of privatisation happening right now in our own back yard. [...]

Trump’s American corporations pose a threat we should rally against, but they aren’t the only ones who want to get their hands on our NHS. There are real and increasing threats closer to home, ones that pass by under the radar.’

– ‘Yes, we should be terrified of US healthcare firms – But wait till you see what’s happening to the NHS already’, *The Independent*, 6 June 2019 (<https://www.independent.co.uk/voices/donald-trump-uk-us-trade-deal-nhs-privatisation-american-healthcare-providers-a8945881.html>).

‘Trump may have already let the mask slip on his state visit last summer when he blurted out that the NHS would be “on the table” as part of a US-UK trade deal. In fact, as I have outlined in the new edition of my book *How to Dismantle the NHS in 10 Easy Steps*, the health service has been on sale for a long time. [...]

[A] US-UK trade deal would most likely see the NHS transformed by “deregulation max”, with public services liberalised or opened up to transnational investors and corporations’

– ‘This election is our chance to save the NHS from a catastrophic Trump–Johnson trade deal’, *The Independent*, 31 October 2019 (<https://www.independent.co.uk/voices/general-election-brexiteer-boris-johnson-trump-us-trade-deal-a9179571.html>).

‘...a serious and direct threat to the NHS that we all know and love – so I’m calling on our government to guarantee that our health service will never form part of ANY trade deal, never mind one with Donald Trump. Our NHS is a vital public service, it must remain protected from commercial exploitation. [...]

Opening up the NHS to US corporations would mean that the profit motive invades our NHS [...] [W]e would be staring at a system, as in the USA, where if you can’t pay you don’t get care.

Decent healthcare is a human right and should never be a commodity to be bought and sold. Let’s send a message to Donald Trump to keep his hands off our NHS’

– ‘Keep our NHS out of US Trade deals’, *Change.org* (petition set up by Dr Sonia Adesara of Keep Our NHS Public, which received over 1.4 million signatures. Available at <https://www.change.org/p/keep-our-nhs-out-of-us-trade-deals>).

‘We’ve now got evidence that under Boris Johnson the NHS is on the table and will be up for sale. [...] We are talking here about secret talks for a deal with Donald Trump [...] These reports pull back the curtain on the secrecy that’s being plotted for us all, behind closed doors [...] That’s a green light for breaking open Britain’s public services so corporations can profit from. So now we know, direct from the secret reports that they never wanted you to see. The US is demanding that our NHS is on the table in negotiations for a toxic deal – it’s already being talked about in secret. That could lead to runaway privatisation of our health service. Mega-corporations see Johnson’s alliance with Trump as a chance to make billions from the illness and sickness of people in this country.’

– ‘Jeremy Corbyn reveals unredacted documents about secret US-UK trade talks’, *Labour*, 27 November 2019 (<https://labour.org.uk/press/jeremy-corbyn-reveals-unredacted-documents-about-secret-us-uk-trade-talks/>).

‘[A] potential trade deal with the United States could put vital parts of the NHS at risk of privatisation. [...] Don’t let Trump and his cronies carve up the NHS. [...] [F]ight as if your life depends on it – because it does.’

– British voters are terrified of US companies privatizing the NHS. They should be’, *The Guardian*, 11 December 2019

## **2020**

‘The NHS has endured, albeit in a tired, beaten state. Now the greatest battle is yet to come. The final battle. [...] By selling the NHS, we’re selling our nation’s soul. [...] I, for one, refuse to see the NHS being fragmented and destroyed by an insidious US trade deal.’

– ‘This is the final battle to keep our beloved NHS out of the grubby hands of profiteers’, *The Independent*, 4 August 2020 (<https://www.independent.co.uk/voices/nhs-privatisation-boris-johnson-trump-trade-deal-money-drugs-a9651976.html>).

**2021**

‘Boris Johnson’s government has been accused of [...] privatising the NHS by stealth [...] by Sir David King, a former government chief scientist. [...]

“People say it’s a crisis – I say the government is using a crisis to privatise sections of the healthcare system in a way that is completely wrong,” he said. [...]

He accused the government of acting deliberately to carry out ideological aims of privatising the NHS. “It is slipping this through in the name of a pandemic – effectively, to privatise the NHS by stealth,” he said. “I’m quite sure this has not been an accident, I’m quite sure this has been the plan, there has been clarity in this process. The audacity has been amazing.’

– Tories accused of corruption and NHS privatisation by former chief scientist’, *The Guardian*, 13 April 2021

‘Far from being an aberration, the government’s pandemic response reflects its commitment to embedding private interests at the heart of the state and stealthily chipping away at our most valued national institution. [...] Though ministers have sought to justify their decisions with reference to the exceptional circumstances of Covid-19, many of these decisions instead seem part of a longer-term plan to embed political appointees and private providers at the heart of the state. Rather than selling off the NHS outright – a decision politicians know would be unpopular – they are instead doing this through the backdoor, by stealth.’

– ‘The NHS is being privatised by stealth under the cover of a pandemic’, *The Guardian*, 3 May 2021

‘The Conservatives have never liked the idea of an NHS, truly free from the corrosive influence of private profit. They want to break it up, piece-by-piece, privatising it by stealth. That’s what their new NHS Bill is all about.’

– Zarah Sultana, *Twitter*, 14 July 2021 (<https://twitter.com/zarahsultana/status/1415397018256781313>).



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