

The Great NHS Heist

Ross [00:00:28] Welcome to Renegade Inc. If you want a lesson in how not to deliver health care, look at the broken American health care system. But since Brexit and talk of a US trade deal, American corporates and insurance companies have had their eye on one of the greatest British social achievements, the NHS.

Ross [00:00:53] Joining me to discuss his new film, The Great NHS Heist, is the NHS doctor, producer and campaigner, Dr Bob Gill. Bob, welcome. Thank you very much for swinging by. The Great NHS Heist, it's a film that you shouldn't really have had to make. It's an amazing piece of work. One of the most shocking clips is this that we're about to play. And it's the Remote Area Medical charity. And this is their work.

Video clip (Stan Brock) [00:01:27] When I came to this country, I found that, gosh, there's millions of people here that don't have access or can't afford the care that they need. And so that's when I formed Remote Area Medical.

Video clip (RAM volunteer) [00:01:44] Yesterday morning we were out at 2:30. There was already over 100 people waiting to come in. People with kids, grandparents.

Video clip (RAM patient) [00:01:52] They opened the parking lot at midnight. I was pleasantly surprised to give you a number for your car when you come in. You wait until 3:00 in the morning and at 3:00 o'clock in the morning, they begin handing out numbers to the individuals in the car that designates what order you get in the door.

Video clip (Stan Brock) [00:02:09] We don't ask questions about do you have a job? Are you from this country or are you here legally or illegally? We don't ask any of those questions. And the patients really appreciate that. We just ask where does it hurt? This morning, one lady came up to me. She was in the line. She said, I need to have my teeth fixed. I said, well, very glad to have you here. We'll see what we can do. She said, I've got insurance, but it doesn't cover dental. And also, I can't afford to go to the doctor anyway because the deductible is like nine hundred dollars.

Video clip (RAM patient & volunteer) [00:02:44] Most of the folks that I'm talking to you today agreed that health care is pretty broken? We have a lot of folks here. There's a large age range from very small children to very elderly people, conservative liberal people in the middle. Pretty much everyone I've talked to has had a very similar situation in mind where they are insured, but the insurance doesn't cover certain services or they happen to be underinsured or in between something or taking care of family members. They don't have enough money to pay for non co-pays.

Video clip (Dr. Richard Conard) [00:03:13] Last year there was a single mom who lived in the state of Texas who had very serious dental problems and was told that until the infection of her dental problems went either to her heart or her brain, she couldn't be cared for. Another one last year was just a great little young guy who is a sixth grader in school, and he got a pair of glasses and he was just jubilant. He went around just wanting to show everybody his glasses and somebody to let me see those. And they were rather thick glasses. He said, well,

how long has it been since you had a new pair of glasses? He says, I haven't been able to read for the last three years. So here's a sixth grader who hasn't been able to read for three years. And I made the determination that, you know, we're better than there were, just better than that.

Ross [00:04:07] Watching that, it's harrowing. And I can understand from a filmmaker's point of view why you'd include it, because what you're trying to say is this is a cautionary tale. But the NHS in the UK, if you introduce the insurance market and the privatization that is hanging over our organisation at the moment, this is where we could end up.

Bob Gill [00:04:26] Exactly that. That was the main mission that we set out to show people - myself and Drew McFadyen, who I made the film with - is the public in this country do not understand the direction of travel that government reforms are taking us. And it is to replicate the US system, which is twice as expensive, very dysfunctional, and a system that avoids looking after the sick. And going to Ram Remote Area Medical, we saw hundreds of people who were victims of that system, not only the people without insurance, but the key thing is people with insurance were being denied care. And that leads to them not getting treatment in time and letting conditions develop and become more serious. And it has a devastating knock on effect, not only on them, but on their families.

Ross [00:05:15] We spoke to Tim Coles, the writer. And he talked about free trade and it being an absolute camouflage for the ability for corporates to go in and privatise large swathes of any organization, because by law, those free trade deals mean that privatisation has to be a feature. Where are we now on that trajectory when it comes to the National Health Service in Britain?

Bob Gill [00:05:42] Well, the 2012 act was 500 pages of competition law. And for a public service to be open to international trade deals, they have to be already having some degree of private involvement. For them to be protected they need to be fully nationalised. So the governments over the years have opened up the NHS to be subject to trade law. And, you know, we're seeing bigger corporations moving in and exerting a powerful influence on the NHS, for example, United Health, America's biggest private insurer. They have their man at the top of the NHS, Simon Stevens. And he's shaping and restructuring the NHS to replicate the American model. And you know, as we fear that Donald Trump and Boris Johnson want to trap the NHS in a trade deal, which will ratchet up the amount of NHS that is exposed to profiteering.

Ross [00:06:42] You mentioned Simon Stevens, actually, Sir Simon Stevens, now. And one of the points that you're asking about him is the fact he's had a decade at America's largest private health insurance corporation. How does that equip him to run the NHS, because what you're saying is that they're chalk and cheese?

Bob Gill [00:07:01] Well, it does not equip him to run a publicly funded, publicly delivered health service. What it does equip him to do is to prepare the transition to the American system. And that's why he was recruited. In fact, while he was still at United Health, he was head of their global expansion division. And he went to Davos to speak at the World Economic Forum in 2012 to advocate the replication of the American model across the developed world. So his intentions are clear. The legislative changes that have taken place are

clear to people who understand them. And what he has done since coming to office has further taken us down that disastrous path.

Ross [00:07:42] If this continues - and we'll come to the historical context of this - but if this continues, how long do you think it will take before we start to see the kind of scenes that we saw at Remote Area Medical in this country?

Bob Gill [00:07:58] Well, we've already seen the decimation of NHS dentistry. So there are people now who are going without vital dental care. We are seeing the number and extent of services provided within the NHS shrink already. So, for example, if you have two cataracts and you need an operation on both eyes in some parts of the NHS, you will only be offered one surgery. Other conditions, such as hip replacements, will if your body mass index is under over some arbitrary limit, let's say 30, well, certain areas will deem you ineligible for NHS services. So where do people go? They either put up with their condition or they tuck into life savings or they hear these stories and start to make provision. And that's when you start to get this Middle-Class Drift towards the private health insurers.

Ross [00:08:46] And is that sort of slow boiling of the frog strategy? Is that an active government strategy because they don't want a big bang, they don't want the bad press and the public outrage of the big bang?

Bob Gill [00:08:56] Well, it was made clear in Conservative Party documents going back to 1977 that with certain privatisations, they have to proceed by stealth. If they were open and above board and did this in a big bang privatisation, there would be civil unrest and a revolution in this country. So they have to boil the frog alive very slowly. And unfortunately, most of the profession and people within the NHS do not quite see or don't want to believe the final destination.

Video clip [00:09:25] Conservative Party documents from 1977, two years before he took office, reveal plans to privatise the utilities. Key elements were to proceed by stealth, fragmenting public monopolies, allowing the sale of assets and the creation of separate profit centres.

Video clip (Lucy Reynolds) [00:09:43] Sir Keith Joseph started a think tank called the Centre for Policy Studies, and that commissioned John Redwood and Oliver Letwin, both at the time involved with a N M. Rothschild's investment banks privatization unit. It commissioned the pair of them to produce a prescription for what should happen to the NHS. So along the lines of Oliver Letwin's book the same year, *Privatising The World*, in the CPS pamphlet, *Britain's Biggest Enterprise*, Letwin and Redwood, laid out how the NHS could be transformed into a privatized model, which would be much, much more profitable for the private sector.

Ross [00:10:29] Our viewers are generally very knowledge hungry and very time poor. Just give us a very succinct version of why introducing an insurance based system into a public health delivery mechanism is a total disaster.

Bob Gill [00:10:46] Insurance is about making profit and the way you make profit is through the denial of care or introducing barriers to accessing your insurance policy. So having an

high out-of-pocket expenses, for example, whereas a public health system is there to deliver the best health outcome for the patients without the additional bureaucracy of an insurance based system. So if you compare the pre privatised NHS to the American system, well, our administrative costs were less than 5 percent. In America the administrative costs are in excess of 30 percent. So it makes absolutely no sense from an economic point of view, to replicate a hugely costly and expensive system like the Americans. And the other problem with the insurance based system is perverse incentives for doctors to deny the care to their patients and that will fundamentally break the relationship between the doctor and the patient.

Ross [00:11:41] When you say all that, the privatization lobby will come back hard and say, well, efficiency. The private sector is way more efficient and it can deliver way better outcomes because of that efficiency and the savings drive.

Bob Gill [00:11:55] There is no privatized health service in the world that delivers universal health care. In fact, in America, because of market failure, you have Medicare and Medicaid, which looks after the poor and the elderly. So the market is not interested in the sickest patients. The market actively avoids expensive patients to maximise profit.

Video clip (Yanis Varoufakis) [00:12:16] It proves beyond reasonable doubt that public health, public health provided freely at the point of delivery is far more efficient than anything the private sector can produce. If you compare the percentage of national income that goes to national health, to health generally here in Britain with what goes on in other countries like the United States, you can see that even if you only care about efficiency, the National Health Service should be preserved like a jewel.

Ross [00:12:48] So the double think is that actually commercial privatized good, public socialist bad. What you're saying is that is double thing and people have got it totally the wrong way round?

Bob Gill [00:12:59] Healthcare is a natural monopoly. When you are sick and in desperate need, you are not in a state to be hunting around for the best doctor to go and see. Neither are you equipped with the knowledge to make those judgments. It's not like buying a new kettle where you can look at a comparison site and look at customer testimonies. When you're seriously sick, you need to go to a trusted, well-funded and reliable service. And that's what the NHS was for everybody in this country.

Ross [00:13:26] How much do the insurance company use what's called information asymmetry to drive their profits? Just explain that dynamic.

Bob Gill [00:13:35] Well, information asymmetry is the realization that when you go and seek health care, the deliverer, the provider of their health care has the knowledge and understanding that you have to rely upon. You are not equipped with the experience or the knowledge to make an informed decision about what you're hearing. So when the insurance companies get involved, well, they will increase the pressure on the provider not to provide that service, particularly when they tie up into health maintenance organizations where they almost collude between the insurer and the provider to act against the interests of the patient. So that will fundamentally break the trust.

Ross [00:14:24] Welcome back to Renegade Inc. Before we talk more about the great NHS Heist with Dr. Bob Gill, let's have a look at what you've been tweeting about in this week's Renegade Inc. Index. First up, we have a tweet from Red Robin, 'Watching TV today at a friend's. Every ad break, an advert for benenden healthcare - beat the NHS queues for just 11:50 a month. Bevan would turn in his grave. So, in other words, if you can afford it, make those who cannot wait even longer for their operations. That gets the absolute crux of what you're talking about, isn't it? And is this the two tier system?

Bob Gill [00:14:58] Well, yes. So, you know, as people wait longer, as their experience of the NHS gets worse, they will naturally want to make other arrangements. And what benenden are offering seems quite attractive. But what they don't realise is the more people who move out of the NHS, the more they destabilise the NHS. And when you are really sick, really need help in critical need, then there are no private facilities who would look after you in intensive care, for example. There are no private accident and emergency departments. So as you destabilise the NHS, you wreck those emergency services.

Ross [00:15:35] Next from Prem Sikka. 'Short term fixes leave parts of NHS financially unstable. Such fixes threaten patient safety. Hospitals can't plan ahead. Resource denial is deliberate government strategy, more NHS privatization will follow and profits for Tory friendly corporations'. Is Prem being a little conspiratorial there, or is he on the money, literally?

Bob Gill [00:16:00] Well, this is a standard procedure for privatization. You de-fund a service, you make it fail, and then you present privatization as an improvement.

Ross [00:16:08] Whilst demoralising the staff.

Bob Gill [00:16:09] Demoralizing the staff, making them feel hopeless and not in a state to put up a fight. And that's what we saw with British Rail classically.

Ross [00:16:17] Next, we got a tweet from a guy called Dr. Bob Gill. 'Stage managed and carefully controlled NHS visit by Matt Hancock. Pre-selected vetted staff and patients to ensure no surprises'. And then Matt Hancock obviously tweets terrific visit to Hillingdon NHS Foundation Trust this morning to meet, and all Guff that comes with it. How do you know that was planned, pre-planned?

Bob Gill [00:16:38] Well, they will never make an impromptu visit. They certainly won't go to an overstretched A&E which is struggling to cope. And if you look at the pictures that are put out, everybody smiling, everybody greets the minister, you know, with a warm welcome. But that's not the reality. Most people I speak to within the NHS would like to give them a piece of their mind.

Ross [00:16:58] And finally, Liane Gomersall. 'Department of Health and Social Care has been selling the medical data of millions of NHS patients to American and other international drug companies, having misled the public into believing that the information would be anonymous'.

Bob Gill [00:17:16] This is just one of many major data breaches that the public aren't really aware of. And we feature in the film that the sale and giving away of patient data is a massive commodity for these big tech companies and it's going on without our consent.

Video clip (Lucy Reynolds) [00:17:32] Round about the turn of the 19th century we had an insurance system, a national insurance system put in place to pay for health care, but that was really not very satisfactory. Lots of bureaucracy, lots of people were left out of the system. But by the end of the Second World War, there was a possibility, opened politically, for a claim for the people of this country to have a proper health system that covered everybody.

Video clip (Danny Dorling) [00:17:55] It didn't exist. It was announced it was going to exist. It didn't come into being until 1948. But the most telling thing is the absolute collapse of the suicide rate of elderly people in the years before the NHS began because you no longer have to kill yourself. So you were not a burden on your children because you knew it was coming.

Video clip (public announcement) [00:18:28] This leaflet is coming through your letterbox one day soon, or maybe you've already had your copy. Read it carefully. It tells you what the new National Health Service is.

Ross [00:18:42] That's the historical context. Insofar as British achievements, the NHS has to be up there with the best. From personal experience it saved my life when a private provider couldn't. What now do you say to people who are not aware of that historical context and think that what we've got at the moment is the best that it can be and are fooled when they hear politicians, you know, saying that privatisation is the way forward?

Bob Gill [00:19:08] People have grown used to the NHS always being there for them, but you know, they're being set up. The NHS they're experiencing now is not the NHS as it should and could be. If we weren't wasting money lining the pockets of people like Richard Branson through outsourcing to Virgin Care, that money would go into the delivery of care. If we weren't wasting money on PFI and the cost to the bureaucracy, we could deliver the best health service in the world. But the patients are being denied that very deliberately so that their confidence and trust in the model is broken.

Ross [00:19:42] Is Branson a canary in the mine here? He's not living in this country, he is very tax efficient. He recently sued the NHS, I think successfully. Is that a sign of things to come - that kind of predatory, rent seeking interest to come in and take profit out of this system?

Bob Gill [00:19:59] That's exactly what's going on. What's happening to the NHS is a crime against the nation. We have our government liberating our national assets for raiding by international corporations so that our wealth will be siphoned away from the country and the wealthy that will avoid paying taxes. So it's a complete leaching of the system.

Ross [00:20:20] The PFI scandal, if you like, just give us a snapshot into how that works. Because when people hear that acronym they say it's too complicated, I don't wanna get involved in it. Why is PFI been so detrimental to the NHS?

Bob Gill [00:20:34] PFI has been the tool by which the real estate of the NHS could be liberated for the private sector. So you saddle the NHS with debt. You use that debt burden to justify the sale of assets that the public already own without debt, and then you already transfer the ownership of that new PFI hospital into the private sector. So you've achieved privatisation and you've enriched the bankers.

Video clip (Lucy Reynolds) [00:20:59] The income schedules for those PFI debts were set to rise inexorably until finally they pull the hospital into bankruptcy, where it will be allowed to be sold under the 2006 law about unsustainable providers.

Video clip [00:21:15] The popular local maternity unit at Queen Mary's Hospital, publicly owned and debt-free was closed and demolished to pay for South London Healthcare Trusts PFI debts. In its place now stand private apartments, returning profits for their developers while pregnant mothers are forced to travel further for care - a pattern replicated across the country.

Ross [00:21:38] Famously, a prime minister of this country said that we live in a property owning democracy. Really this is a Thatcherite legacy, is it not? And when you see something which is a productive asset like that, then flogged for apartments because of the British obsession with property - and again, back to the bankers. This is a very natural progression of Thatcherism, isn't it?

Bob Gill [00:21:59] Absolutely. You know, every asset that we publicly own is being made up for grabs. And we know that in terms of other asset grabs like public housing, although that was sold to individuals, as you can own your own house, the reality is 40 percent of that housing stock is now with private landlords. So the NHS is the final major public asset, which is now busily being transferred over to the private sector.

Ross [00:22:25] And is it the case that Westminster politicians have been captured by corporate interests and actually they are not fit for purpose when it comes to putting public safety, public health, public welfare, at the heart of policy?

Bob Gill [00:22:39] Absolutely. Our politicians, Westminster, has been captured by the corporate lobby. They're doing the bidding of the financial sector, the banks. There is nothing that I've seen in the NHS looking at policy over the last 30 to 40 years that has been directed to improve patient care.

Video clip [00:22:56] The first thing that any lobbyist needs is access to politicians. You need to be in the room making decisions with the decision maker. And they have realised that the easiest way of doing that is to find somebody who's just come out of the room. They are snapped up and then employed as lobbyists. And they've got the insider knowledge of how government works. And they've got the contacts. They know how that minister thinks and how best to approach that minister and all the subtleties that you can never know from the outside. It has been very prevalent. It's been very common for a health minister to leave and then it can be a matter of months later take up a job in the corporate sector.

Video clip (Frank Dobson) [00:23:34] Alan Milburn, Patricia Hewitt and also Stephen Dorell, who was my Tory predecessor, they've all been working for companies involved in benefiting from the privatization of the NHS.

Ross [00:23:52] When you see that and the public see that, they think, where on earth do we start to try and push back against this because it seems so pernicious and such a foregone conclusion now when people have that sort of access and that sort of influence. What does the average voter do to push back against?

Bob Gill [00:24:09] Well, I think you mustn't rely on voting as the only means of pushing back. To sit back and think well my public duty only comes around every once every five years is not enough. We need a critical mass of informed members of the public, choose whatever form they can to resist and push back against what's happening to the NHS..

Ross [00:24:28] And what would be your suggestions? Because I look at some of this and feel helpless. What do I begin to do?

Bob Gill [00:24:34] Well, we have to do the job that the mainstream media is completely failing to do - quite deliberately so in my view. We have to share and spread the word about what's happening to our beloved NHS. We need for even the wealthiest individuals in our society for them to realise that it's in their enlightened self-interest to protect the NHS. And the more people that understand that, we will get to the point where this cannot carry on any further and we'll have a chance of restoring the NHS to what it should be.

Ross [00:25:04] Famously, the jilets jaunes in Paris have protested everything from fuel hikes through now to pension reforms, ultimately pushing hard back against neo liberalism. Of course, that hasn't been covered by the mainstream media in this country. Could the NHS be at the centre of a jilets jaunes kind of moment in the UK?

Bob Gill [00:25:23] That's exactly the sort of movement that the NHS needs and must have sooner rather than later. We all need to discover a bit of that French spirit to fight back for the NHS because if we don't, it will just continue along the neo liberalism agenda that you point out.

Ross [00:25:40] And insofar as your hopes and fears, where are we on this trajectory for this wonderful organisation?

Bob Gill [00:25:47] We are very close to losing the NHS and having the corporate capture locked in legislation and locked in international trade law that will make it very difficult to reverse. Still, there is time for us to become active and stop the flow of our assets overseas into corporations and shareholders profits. And the sooner we get on the job collectively, the better.

Ross [00:26:12] Congratulations on the film. Huge undertaking as well as keeping the day job as a doctor and getting people well. How can we watch it?

Bob Gill [00:26:20] The film is available on demand at vimeo.com/ondemand/thegreatnhsheist



Ross [00:26:27] Perfect. Well, listen, congratulations to you. And also to Drew McFadyen, epic epic effort.

Bob Gill [00:26:33] Thank you.

Ross [00:26:33] That's it from Renegade Inc. this week. You can drop the team a mail - studio@renegadeinc.com where you can tweet us at Renegade Inc. Join us next week for more insight from those people who are thinking differently. But until then, stay curious.