

Do You Trust The American's To Run The British NHS?

Ross: Welcome to Renegade Inc. It has long been the plan to dismantle the NHS and sell great swathes of it into private hands. The profits that can be made from health care are staggering. Just ask the Americans. So have British politicians, lobbyists and corporate interests used the pandemic to speed up the steady creep towards a US style pay to play health care system that puts profits above patients' interests?

Ross: Dr. Bob Gill, always great to have you - friend of the show. Now, for years, we've been sitting here and talking about the slow and steady creeping of privatisation of the NHS. Where are we at the moment on that journey?

Bob Gill: We're entering the final straight, I'm afraid. If you compare it to a marathon, the athletes run the 26 miles and are now entering the stadium. And we're on that final 200 metres, I'm afraid.

Ross: And what does that look like?

Bob Gill: Well, it's manifest itself in one of a series of legislations. The latest, the Health and Social Care Bill, which is before Parliament, due to go to the Lords early part of next year, that will complete the corporate power grab. What remains to be done is the handing over control of the budgets. The rest has been done. The assets have been liberated for the private sector. The workforce contracts have been eroded. So this final stage is the transfer of budgetary control.

Ross: What does that mean to the man or woman on the street? Because the problem with this issue is it's so complicated. You're a filmmaker. You've made films about this. You've spoken about it incessantly. But people hit it and they go, it's just too complex. I don't get it.

Bob Gill: Well, I think the simple way to think about it is, look at America. You have private insurance companies dominating, not only the private sector there, but increasingly taking control of what is publicly funded. You have a system called Medicare Advantage, which is controlled by UnitedHealth, funnily enough, that's the same company who is in prime position to take control of public funding here.

Ross: Must be a coincidence, right?

Bob Gill: Possibly. Or, you know, well, we do share personnel in the form of Simon Stevens, and their business model is to prevent spending money on patients.

Ross: Just explain that because if I sign up for medical insurance, it's not in the insurance companies interest, is it, to provide that cover for me because it's expensive?

Bob Gill: Yeah, there are two main mechanisms. One is to have an out of pocket expense before your policy actually kicks in. So there's a financial threshold before the insurance works for you. That in itself can be a barrier to, you know, accessing primary care, for example. The second process is whereby most routine, relatively cheap services will be paid

for. But soon, as you become expensive, they look for reasons to deny you care. And that's when they employ expensive doctors to look through your medical records, see what you maybe didn't disclose on your policy and say, well, this is a reason for denying your care, or you've run up a bill which reaches your threshold. Let's say for cancer care, you've already cost a million dollars, your policy stops.

Ross: But that's the American model, isn't it? And we've said this many times on this programme and of course, is happening certainly after Brexit, is that they're trying to import that model. So ultimately, the big four accountancy firms and some of the service providers of the government absolutely coin money in here and open the door to those American health care companies, which are all run for shareholder profit.

Bob Gill: Absolutely. So, you know, they keep telling us about efficiency of the market. The model we are replicating is twice as expensive, endemically fraudulent, has massive overheads in terms of cost of administration, extracting shareholder value and paying CEOs. So we'll end up paying twice, either through taxation or individually through top-up insurance.

Ross: It was always going to be the case wasn't it, that a pandemic comes along and to use a Buffett expression, you only know who's naked when the tide goes out. The tide's gone out, and it's shown that the American health care system simply couldn't cope with that pandemic. It handled it appallingly. Is that another aspect of this privatised system that it can't respond to a pandemic or a national health crisis, such as the one we've had?

Bob Gill: It's not designed to. It's designed to make money. So if you want to invest in preventative care, you need surplus capacity. What have we been doing? We've been cutting capacity. If you want not to make a profit, if profit isn't your primary goal, you do things that might stop the spread of the infection. You may support people to isolate. You may have an effective test and trace system. You may fund the public services that are already existing. What has our government been doing for the last few decades? Exactly the opposite. The 2012 Act undermined public health in this country. They sold off the public health labs. They made redundant the very organisational memory that we need. Experienced epidemiologists, public health experts, they all went. Even the government's own exercise 2016, exercise Cygnus and exercise Alice in terms of pandemic preparedness, they were ignored because that would require investment in the public service that doesn't fit the political agenda, which is to shrink the state, to shrink public provision and to force people into the private sector. Now, you do not do that by providing a good service. You have to undermine the service. And I think the problem we have is getting across to the public that our government is willfully making their health service worse, willfully causing preventable harm and death in order to get a political agenda across.

Ross: So it's all ideologically based?

Bob Gill: Ideologically and also very profitable for those politicians that have their snouts nets in the trough.

Ross: So it's no surprise to you that the Royal College of Emergency Medicine, that report, was it four and a half thousand preventable deaths?

Bob Gill: Yeah. So they they looked at the effect of overcrowding. Why do we have overcrowding in hospitals? Because we don't have enough beds.

Ross: Why don't we have enough beds?

Bob Gill: We've lost 20000 beds since 2010, so the austerity programme of cuts has led to overcrowding. Sick people don't have a bed to go to. So people are waiting in the backs of ambulances, not getting the care and supervision they need. That means they are preventably harmed or dying while the ambulance is waiting to drop off patients. There are people waiting at home seriously sick, not getting transported to hospital, where acute care, important care, life saving care, can be provided. So what happens in those circumstances? People die.

Ross: It's not willful ignorance, is it? It's ideological. This is a very deliberate drive. No one can be this incompetent.

Bob Gill: Yeah, well, you know, ideological to me means that they believe their reforms might improve outcomes for the people.

Ross: But don't they look across the pond and see how the American system is the least efficient, the most corrupt. Let's have a clip.

Video clip: The American health insurers are already here. Since 2003, UnitedHealth Group and through its subsidiary Optum, has been awarded NHS contracts across England to provide prescribing decision support software, management of GP referrals to hospitals and, crucially, to implement policy to redesign the NHS. UnitedHealth Optum is ideally positioned to capture control of NHS budgets allocated to GP's via their registered patient lists. Most doctors remain unaware of the privatisation plan for the NHS, which remarkably is fully endorsed by the British Medical Association. Steven's NHS long term plan will complete the transition to the American system, introducing financial incentives to deny patients care through a shared savings scheme, copying United Health's own shared savings programme.

Video clip (Simon Stevens): Many of the changes that this plan sets out are already happening somewhere in the NHS and now that need to happen everywhere across the NHS.

Video clip (Ehrichman): All of the incentives are for less medical care because the less care they give them, the more money they make.

Rosie Cooper MP: What work have you done to ensure that that work is continued to really be done by the NHS. Or is the NHS just going to become a badge?

Simon Stevens: No. We are suggesting that the integrated care should be public providers.

Matt Hancock MP: I am just going to be much more concrete, right? There's no privatisation of the NHS on my watch, and the integrated care contracts will go to public sector bodies to deliver the NHS in public hands.

Donald Trump: Look, I think everything with a trade deal is on the table. When you're dealing in trade, everything's on the table, so NHS or anything else, there's a lot more than that. But everything will be on the table. Absolutely.

Ross: So everything's on the table and at least, I mean, that's a politician being honest. President Trump there saying the NHS is on the table. It's all on the table. Were you shocked at his honesty?

Bob Gill: I thought it was very helpful. You know, it's very rare to get that level of honesty. And he's done that on several occasions. He laid bare what the whole Iraq project was about, which was, you know, getting hold of the oil. But, you know, people have a psychological block. We are trusting of our leaders. You know, there's an evolutionary advantage to trust what our leaders say. When our leaders do say something as honest as that, then it's up to us to use that as ammunition to expose what's going on behind our backs.

Ross: Right. And when you hear that truth, what then does the man or woman on the street do? Do you start to organise? Because it is very clear - and it's been described by Mary Wrenn, an economist on this programme, the American health care system is barbaric. That's not over-exaggeration, is it?

Bob Gill: No, it's not an overstatement. People who are seriously sick very quickly become in financial difficulty. Once they can't pay their premiums, they lose their job, they're on the streets and they're facing destitution. The number one cause of household bankruptcy is medical bills, and the vast majority of them have insurance, you know. When you're partway through your cancer treatment and you find the money's run out. What do you do? You face having the prospect of selling your house or, you know, spending your life savings or raising a go fund me page to pay for your treatment. It is barbaric. And we know that for every million people without insurance, 1000 people die preventably every year.

Ross: British people hearing that and knowing that it's coming to these shores would recoil because it's just not us, is it? I mean, the NHS is one of the great inventions and the rest of the world looked on in envy, thinking, that's what we want.

Bob Gill: And this is exactly why our politicians have been very stealthy about what they're doing. They've been very secretive and our mainstream media unfortunately haven't done their job, haven't exposed what they're up to, certainly haven't held them to account. So we have a fundamental problem with our democracy, our politicians acting against the interests of the vast majority of the public.

Ross: Welcome back, Renegade Inc. I'm joined by Dr Bob Gill talking all things NHS and pandemic. That first half really has given us a real insight into the horror show that is coming down the track if we let it, which is privatisation of the National Health Service. And we know that the plunder is going to be for the benefit of the corporates and man, woman on the

street is going to be left with the bill. Before we get into solutions on all that, I want to talk to you about the pandemic. How much of the pandemic could have been prevented if we weren't already heading down this route towards a privatised health system. If the NHS was more robust, resilient, funded, how much of the pandemic could have been prevented?

Bob Gill: I think we need to take a step back and look at what the government failed to do. It failed to follow basic public health. Now, if you follow basic public health, you identify sick people, you support them to isolate, you financially support them so they can afford to stay away from other people and stop spreading it. You look for early intervention. You use the facilities available at your disposal to get, for example, doctors to screen people before they get seriously ill, before they're dependent on the hospital, before they need a ventilator.

Ross: Prevention?

Bob Gill: Yeah, prevention. We never did any of that. We had a herd immunity policy at the beginning. The pandemic spread across the country. We didn't have a test and trace system to start off with. The government chose to put that in at great expense - thirty seven billion over to private corporations, Deloitte and Serco and a multitude of subcontractors. Even the Parliamentary Public Accounts Committee found that despite the enormous cost, it failed to affect the spread of the pandemic. So the government in fact doubled down on the disastrous privatisation, didn't invest in public health measures, didn't invest in the GP network that exists, didn't invest in councils to do what they are already trained to do, which is contact tracing and supporting people at home. So we did everything wrong in the pandemic. And as a consequence, Sir David King, the former chief scientific officer for the country, estimated 100000 preventable deaths as a result of this government's catastrophic handling.

Ross: So and of course, people say, well, Bob, hindsight's a great thing. But as the government were going through and making error after error, were you stood there thinking, again, this is doubling down on something which is entirely preventable?

Bob Gill: Yeah, absolutely. We were getting warnings from other countries. When the pandemic struck Italy, I was in touch with colleagues who work in hospital who were saying, look, we need to take this seriously, only to hear that the government then abandoned the inadequate test and trace system they were having in place. So it was clear that this was coming our way. And then when they told the GP's to stand down and hand the whole response over to 1-1-1, which is a school leaver on the end of a phone looking at an algorithm, effectively, that workforce, which would have been able to help screen and triage patients, was stood down. Now that was catastrophic.

Ross: What was the thinking there?

Bob Gill: I don't know. We hear the the account from Boris Johnson's adviser, Dominic Cummings, that he was supposedly to have said, let the bodies pile high. Well, what better way of doing that, you know? And then we had in the summer of 2020, a diktat from NHS England to discharge potentially sick patients, potentially infectious patients, into nursing homes, and that caused another wave of 20000 deaths. It's unbelievable what this government has got away with in the last year and a half.

Ross: So what do you say to that government now who are still making pretty poor decisions? Where do they go and where? And where do they start to look to get inspiration, to start doing the right thing?

Bob Gill: I don't think this government is capable of doing the right thing, as you say, you know, they are ideologically wedded to throwing everything open to the market. We are ending up in a country where the public subsidise corporate profits through taxation. It's an easy income stream for these corporations. We're deregulating. We have less scrutiny over what they're doing. We have politicians with financial interests in these companies. So they are not interested in doing the right thing for the population. As the austerity programme showed, we bailed out the banks at huge cost, but we didn't bail out the population. So they are not going to be stopped through some internal mechanism, some crisis of conscience. That is not going to happen. What we need to build is an overwhelming momentum of public opinion and push back against this because unless they fear popular unrest, I'm afraid they're going to carry on.

Ross: We haven't talked about Big Pharma. One of the beneficiaries of all this is Pfizer, AstraZeneca, all these companies. How much do you buy into this idea that, actually, a lot of these politicians who are making these policy choices and decisions are being wined and dined at the very least, or being financially rewarded for their efforts?

Bob Gill: Well, there's a lot of evidence for it. We know about the VIP lane in the Cabinet Office, where contracts were awarded to friends and contacts of the Conservative Party. They had a tenfold increase chance of being successful in a bid. There are numerous contracts that have been exposed, you know, which have been labelled corrupt and cronyism. So we know finance dictates a lot of this government's actions. In terms of the the vaccine rollout, well, we had a AstraZeneca Oxford vaccine, which was developed at the vast majority at public cost, and it was under the persuasion of Bill Gates, who made sure that the government did not block a patent being attached to it. So that vastly increased the cost of the vaccine and greatly increased the profits of these big pharma companies.

Ross: Which is the ultimate rent seeking, isn't it?

Bob Gill: Absolutely. So, you know, instead of spreading the vaccine, sharing it with the Third World, the developed countries have stockpiles much greater than the needs of their population. And you can understand when people start to mistrust policy. You know, we were told the vaccine would be very successful. Now we're being told we need a booster dose. You know, what's going on here? Is the booster dose being recommended on science or is it recommended to boost corporate profits?

Ross: Well, it's the ultimate subscription, isn't it? Because once you've had one, you're going to come back for four a year, aren't you?

Bob Gill: Well, that is the problem. So are we market-making for the private sector? And do we just have a government which is touting for business, for these companies?

Ross: And from a doctor's perspective, how effective is this vaccine?

Bob Gill: Well, we know that people who are vaccinated are far less likely to become seriously ill. The problem with the vaccines is it doesn't prevent them getting the virus again, doesn't prevent them getting reinfected or transmitting it to other people.

Ross: So if you're saying that the vaccine didn't guarantee that, you'd be fully behind it because that, ultimately, is a full stop?

Bob Gill: Yeah. You know, we know it's very difficult to immunise people against viruses.

Ross: Right. But that's the point, isn't it? You go to a doctor and say, diagnose a virus. How many times do you administer a vaccine for that?

Bob Gill: Hardly at all. But you know, this is the problem. So is the model of handling the pandemic primarily driven because we can do a lot of good? Or is it primarily driven because there's a lot of money to be made? And as I said earlier, you know, the medical profession were not mobilised to screen and treat people early. We were waiting far too late, waiting for our overstretched hospital services to become overwhelmed and a lot more damage was done. We weren't doing the basics. We were looking for very expensive solutions and ignoring the simple and cheaper ones.

Ross: When it comes to solutions, I know you said that, you know, it's a public information job that needs to be done now. When the public have this knowledge, then they can start by pushing their elected officials, politicians, whoever it is, into a position to say, look, we know, therefore you have to take action. Very difficult that, isn't it, especially now because people want to do the right thing, but they're time poor. There's a very fearful population out there now. They've been inundated through the pandemic and therefore are naturally cautious and head shy. How do you begin to start that conversation with the people to say, look, actually, unless you take action now, we are going to end up in five to seven years in an American barbaric healthcare system, and, actually, you need to get ahead of this? How do you do that?

Bob Gill: Well, it's not just the politicians we need to put pressure on. We need to get people to engage in civic organisations. If they're a member of a union, they need to look at what the union is doing. We need to participate on any platform we can get access to - social media and engaging with national radio debates, making sure that we counter the constant propaganda that is nudging us towards accepting this horrendous American model. And, you know, the more people become aware, then momentum will build. And I believe that's the only way forward because if we vote for one neoliberal party or the other neoliberal party, it's not going to make a lot of difference.

Ross: You've done an amazing job - the film, *The Great NHS Heist* - and you've been tireless in this campaigning. Where are the bits of optimism? Because let's face it, you mentioned at the end of the first half, that the mainstream media have been derelict in their duty. They haven't held politicians and policy makers to account. You've gone out there and done that independently. Where are we on that journey, if you like for public awareness?

Bob Gill: I think the way the government has handled the pandemic, the way we've seen this blatant corruption in handing our contracts....

Ross: Strangely, has that, paradoxically, been helpful?

Bob Gill: I think it has because that automatic trust in authority has been severely dented. The public are more receptive to hearing our analysis of what's really going on. They can see the pressures within the hospitals for themselves. They can see the pressures on GP services for themselves. We just have to be mindful that this will be spun as an attack against the NHS. The mainstream media, Channel Four, did a hit piece documentary calling into question the very model of the NHS, but totally failing to cover how the NHS has been set up to fail. So the media have not only let the politicians off the hook, they are actively involved in campaigning and hoodwinking us into this massive con against the public.

Ross: You kept your surgery open throughout the pandemic. What was the reason for that?

Bob Gill: Well, I didn't quite understand the logic behind the government telling, you know, primary care to shut its doors. It didn't really make any sense to me, so I took mitigation. I made sure the waiting room wasn't overcrowded, we introduced a more cleaning regime. But I also suspected in the back of my mind, how could this be in times spun against the GP's? And unfortunately, we're seeing it now.

Ross: Explain that mechanism.

Bob Gill: Yeah. Well, there is a backlog of work. You know, people have short memories. They've forgotten, you know, we went from clapping the NHS staff, to joining the media campaign, the right wing media campaign, to scapegoat GP's. Now, no doubt, services are very over-stretched, and people are waiting longer. But that's not the fault of your GP. That's the fault of the lack of resources over years gone into general practice. We have a big shortfall in terms of manpower within general practice. And you know, some of the the actions we were forced to take in terms of telemedicine, which was a planned pre-pandemic, of course, to to increase those barriers between accessing face-to-face care, well, some GP's inadvertently adopted that too wholeheartedly, and that has proved to be a problem.

Ross: And by making that leadership call and keeping your surgery open, how have your patients reacted to that? Because clearly they'll have stayed on top of their treatments, you'd have got there early, prevention is better than the cure. How is that going down?

Bob Gill: Well, it's been, you know, we we hear from patients, relatives, how difficult they are getting, you know, to access services from their GP's. So we hear second-hand problems others are having and they're very grateful. So, you know, some people make that very clear in the consultation - thanks for doing such a good job. There was a survey out that put us, in the in terms of access, very high on the league table, so it was good to know it was being appreciated. But the main reason for it was we didn't have a backlog. You know how many people are going to delay seeking help for symptoms in keeping with the potential cancer diagnosis? That was what was on my mind.

Ross: And by getting ahead of that or continuing as normal, you thought that from a leadership point of view, that this is the right thing to do?

Bob Gill: Absolutely. It made sense to me. There was no logic for us to shut down medical services and handover to one, one, one, which is not as good. It cannot do the job of general practice.

Ross: Did you get any heat?

Bob Gill: No, personally, no. You know, from patients and staff, even the staff who were reluctant to go against guidance, soon realised this was the best thing to do.

Ross: Give us one little bit of optimism before we go, because it can't all be doom and gloom. I mean, it is a pretty dark time. This government is utterly wretched. No doubt about that. No accountability. Where can we look to think, actually, that's a positive sign and we can support that and say, you know, at least we can do something to move this forward?

Bob Gill: We know, not only in this country, but abroad, there is increasing scepticism around this authoritarian drift in terms of mandating vaccine, having a vaccine passport. You know, logically speaking, these are not rational things to do on the back of the pandemic with a leaky vaccine. So the public are questioning authority more. And that's exactly the spirit we need to tap into and get across this very important message about our NHS.

Ross: And that's the moment, isn't it, to grab the nettle and say, enough's enough?

Bob Gill: Absolutely. This is a time.

Ross: Bob, always a pleasure. Thank you very much for your time.

Bob Gill: Thank you.

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