

IN SICKNESS AND IN WEALTH



A SHORT, polite letter arrived in my post this week. It came from Tony Blair, asking if I would support his candidature for Leader of the Labour Party. With so much of this election being fought out in (and by) the Press, I thought you might not mind if my reply was equally public.

"Dear Tony, thank you for taking the trouble to write to me about your bid for the Labour leadership and your request for my support. I've now had the chance to read some of the interviews that you have given, and to watch the TV debate between the three main contenders.

What troubles me most are the important questions which appear to pass by, both unanswered and unaddressed. My misgivings are not about personalities but about politics... about what the Labour Party

WHAT would you do if you took your child (or grandchild) to school one day and found yourself offered an unusual set of choices beyond the normal 'menu' of school life? Of course, the usual class was still there, but if you were willing to pay a little extra your child could go into a smaller class, have a more experienced teacher, be given a wider choice of books and materials, or even be educated in a separate wing of the same school?

My gut feeling is that even to suggest this would make people's blood boil. There would be rows at the school gate, uproar at County Hall, civil war in the staff room and that the letters column in this paper would blister with indignation.

If people want to send their children to private schools they are welcome to, but they are wholly separate from the state provided education service. It would be outrageous for children to walk through the school gates and immediately be separated into a first class/second class divide according to whether you could pay extra or not. Education is supposed to be available to all, working with a child's potential, not their bank balance.

And if this is right (which I believe it is) why are we letting it happen in the NHS?

Dawn Primarolo, Labour's shadow health minister, has just published details of the growth of private health care treatment within the NHS. It makes disturbing reading, mainly because you suddenly realise how central this is to the Government's plans for the slow, steady privatisation of the NHS. And the anger that it generates ought not to be aimed at the patients, but at the underlying processes at work. The conventional way of by-passing NHS waiting lists was to pay to see an NHS consultant privately and then find that they could transfer you across for treatment on their NHS list. It was a scam, and one which consultants could make a tidy little nest egg out of. People in considerable pain, and facing extensive waiting time, were often faced with this as their only alternative. Those who, were able, somehow, to find the money, obtained the treatment. Others, without the money, simply did a longer share of the

waiting. But it is the essence of a culture of queue-jumping... and one which the public ultimately pays for.

Private medicine has never paid the full cost of the NHS facilities it draws on; not for the training of nursing staff it uses, nor the whole cost of theatre use, hospital administration, cleaning, car-parking for visitors, reception, ambulances etc. But the health gap is now being pushed even wider.

Dawn Primarolo's study of NHS trusts makes it clear that extra payments, at the doors of NHS hospitals, can secure all sorts of goodies that come as extras. You can 'buy' an amenity bed, which is often not simply one which is separate, but has its own telephone, TV, a different menu, and even its own bathroom. In at least one instance, we found the example of a woman who was able to receive quicker emergency treatment by making a private payment. Last year alone, the number of private beds in NHS hospitals went up by 84%.

No one should be surprised at this. NHS trusts were set up with an instruction to increase the amount of money that they raised themselves. It's all part of the 're-balancing' of NHS funding. In Nottingham, it has resulted in the City Hospital and QMC earning over £600,000 last year from private treatment within the NHS. Next year it will rise to over £1 million. And GPs are being invited to support this little money spinner.

A report, recently produced by one of the country's leading 'private health care' consultancies, proclaimed: "GP fund holders have a financial incentive to encourage their patients to make use of any private health insurance they have. Trust hospitals also have an incentive to generate revenue by directing or transferring insured patients to private beds when admitted for conditions for which, previously, similar patients would not have used their private medical insurance."

Uh! Oh! This sounds perilously like America, perilously unlike civilisation.

But it's the money side that makes the interesting reading.

Last year the NHS made £157 million from private health care. Out of this, the taxpayer paid at least £85 million in tax relief given to private health insurance. The schemes on offer to people vary in price from between £42 and £109 per month for a couple (in their late 30s) with two children. For single people under 30, the range would be from £15 to £33 per month...

But one penny on income tax would make the same provision possible for everyone, and would cost the man or woman on average earnings only £11 per month!

It is the greed and stupidity which 'makes our current health care policies a feast of fools, and makes it more urgent than ever to go back to a different set of 'first principles' which

- Deliver health care on a basis of clinical need, not insurance status
- Funds the NHS from taxation rather than touting for private work, and
- Requires private health care to pay its full cost (without subsidy) for the NHS resources it draws on.

But for this, you will have to wait until a new Dawn takes over from Virginia's creeper. That is when the den will grow again.

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