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[ONLINE ONLY ARTICLE]

By Paul Regan and Elaine Ball

For half of its near 70-year history there has been an agenda to marketise the NHS through the aim of privatising some - if not all - of its services. Progress has been slow until now.

However, after steadily gaining ground the marketisation agenda is now poised for further liberalisation with the EU-negotiated Transatlantic Trade and Investment Partnership (TTIP).

The 2008 global financial crisis prompted concerns over the market-driven direction the UK government was attempting to take the NHS (Regan and Ball, 2010). Features of a more market-driven NHS were a change in transactions through price-based intensive competition and privatisation ownership being handed over to non-state providers (Krachler and Greer, 2015).

At the time it was felt the commissioning agenda was an innovation related to the funding crisis. However, Tallis and Davis (2013) suggested that market reforms had been slowly developing for 30 years. This makes sense as at the time the reforms did not have any measure of consensus or mandate. It is illuminating to recall the progress of these reforms.

In the 1980s NHS cleaning services were contracted out and other services were to follow (Tallis and Davis, 2013). Then, through the National Health Service and

Community Care Act. came the introduction of purchaser-provider contracts and expanded commissioning (Evans, 2008).

In 2000 the then health secretary Alan Milburn signed an agreement for NHS patients to receive treatment and care in the private sector (Evans, 2008), ushering in the era of using public funds for private provision. Between 2000 and 2003 more than 250,000 NHS patients took advantage of the arrangement (Evans, 2008).

Then in 2012 the *Health and Social Care Act* further developed market liberalisation of the NHS through commissioning services. It took lots of amendments before it was agreed to state clearly that the NHS would be the preferred healthcare provider (Tallis and Davis, 2013).

Nurse managers will be fully aware of the business culture that has emerged in the NHS since market reforms were introduced. But a number of high profile reports on NHS failings, such as the Francis report, would lead some critics to say that the new business culture has eroded the public's trust in nursing and the NHS being considered the preferred provider (Tallis and Davis, 2013).

As the European Union referendum on June 23 approaches, the details of the Transatlantic Trade Investment Partnership (TTIP), the controversial agreement to lower trade tariffs and boost exports between the EU and the US, may sway any dissenting voices. The covert nature of TTIP shows UK politicians' full embrace of EU negotiations on our behalf. Tallis and Davis (2013) suggest that over the past 35 years, by introducing market liberalisation, successive governments have undermined the NHS and the democratic process (Holmes, 2013).

The marketisation process has been generally accepted by an unsuspecting public, whether working in the NHS or not, and promoted by positive projections that failed to be realised (Ham et al, 2015; Tallis & Davis, 2013). Nurse managers therefore will once again be at the forefront of market reforms, but this time with a renewed globalisation agenda. The complicit behaviour of successive governments' market reforms and the Department of Health aim to move the NHS away from being publicly owned towards a United States-style version of a publicly funded private healthcare system (Tallis & Davis, 2013). With the estimate that TTIP will boost the EU and US economy by a one-off 0.3 to 1.3% of gross domestic product, even the UK minister leading the government's negotiations has stated his support for the NHS being further liberalised (Khan et al, 2015). However, due to the ratchet clause that TTIP has enshrined for US investors to protect their assets, any NHS service cannot contractually be returned to public ownership and investors profits protected (Khan et al, 2015). In other words, marketisation leading to privatisation (Krachler and Green, 2015). This should come as no surprise, but perhaps what is, is that a compliant UK public health policy even considers TTIP to be in the best interests of the British public.

When investors' rights usurp the public's rights then that must be a cause for grave concern (Khan et al, 2015) and to the nursing profession as a whole, considering its role in promoting public health. Tallis and Davis (2013) suggest market liberalisation took '30 years of preparation, during which successive administrations had undermined the values and assumptions that had made the NHS possible, while at the same time seeming to uphold them' and in the process being guilty of 'barefaced lying', 'hypocrisy' and 'contempt for democratic processes' (Tallis and Davis, 2013).

The deception Tallis and Davis see in NHS market reforms is contrary to the value the NHS has to an unsuspecting nursing profession and the paying public. What may not be fully realised in the nursing profession is that market liberalisation and TTIP demeans democracy and the value of society as a whole, because the nation's health is finally up for sale. This is of concern for nurse managers, since they will wonder, more than most, what the impact of globalisation on the NHS will mean.

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