

An unhealthy alliance

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The NHS junior doctors' strike on 12 January was a timely reminder of the productivity agenda having an impact on working practices. The unprecedented dispute between the Department of Health (DH) and the British Medical Association (BMA) concerns, among other things, pay progression, relaxing rules on rest, working a Saturday for the same pay as a weekday, and what constitutes a night duty (BMA, 2016). If the contractual demands are accepted then the likely effect would be the same pay for working a Sunday, and night duties being extended to nursing and throughout the NHS.

Why the Department of Health was thinking along these lines may be explained by the reported close working relationship between policy makers, the Department of Health, global management consultancies and think tanks advocating free market economics. Tallis and Davis (2013) suggested the close alliance could be explained by the DH's focus on increased productivity, value for money and improved data-collection methods being natural when considering key researchers from management consultancies have been employed by the Department of Health and vice versa. Why this is of concern to nursing was evident when the Department of Health commissioned a feasibility study by McKinsey and Co to review how commissioners could improve NHS productivity (DH, 2010). The recommendations to stop what were considered low-value, unquantifiable clinical interventions (DH, 2010) had a detrimental effect on public health, community nurses and health visitors, adversely affecting the timely assessment of families' health needs (DH, 2011). The pressure for nursing to do 'more for less' was also clear in the findings of the Francis report (2013) and the criticism of a lack of time and compassion for nurses to care and finance/productivity being prioritised by the Trust. The commissioning agenda that McKinsey reported on culminated in the Health and Social Care Act 2012 and the effects so far remain in dispute (Ham et al, 2015). However, NHS market reforms promoting productivity have led to evidence of more service rationing, health inequalities, reduced democratic accountability and comprehensive preventive services

(Krachler and Greer, 2015).

Of more concern are the recent secret negotiations to harmonise UK/US trade relations with the Transatlantic Trade and Investment Partnership (TTIP), including health care. These are of concern because of the close alliance and market reforms positioning the NHS alongside the US managed care model, with service models removed from hospitals integrated into a new primary care model (Ley and Player, 2011). TTIP ensures that the needs of transnational companies have priority over the UK's interests, and a right to sue if profits are threatened to become a trade issue (Khan et al, 2015). For example, TTIP requires the NHS to be more competitive and open to the private sector and a 'ratchet clause' prevents privatised health care returning to public ownership (Khan et al, 2015, section 1.4.4). Even the minister in charge of negotiations has stated the NHS would benefit from further liberalisation of the markets (Khan et al, 2015). The impact of the 30-year NHS market reforms so far for nursing and working practices may become more significant in light of market liberalisation and TTIP.

Nurses need to be informed about market liberalisation and anti-democratic processes that promote them even further. NHS market liberalisation and TTIP depend on a passive workforce, one divided by the management narrative of productivity and value for money. Being aware of the dominant narrative can help to inform the nursing argument. Nurses need to use professional bodies and their political influence to shape the NHS away from market liberalisation. **BJN**

- British Medical Association (2016) *British Medical Association summary of position as at 4 January 2016. Executive summary.* [Junior doctor contract negotiations] <http://tinyurl.com/h8euzx6>
- Department of Health (2010) *Achieving world class productivity in the NHS 2009/10—2013/14.* McKinsey and Co report to DH. <http://tinyurl.com/no69scu> (accessed 12 April 2016)
- Department of Health (2011) *Health Visitor Implementation Plan 2011-15: A call to action.* <http://tinyurl.com/pwwerxk> (accessed 12 April 2016)
- Francis R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive summary.* <http://tinyurl.com/lcsocyg> (accessed 12 April 2016)
- Ham C, Baird B, Gregory S, Jabbal J, Alderwick H for The King's Fund (2015) *The NHS under the coalition government. Part one: NHS reform.* tinyurl.com/opwgavc (accessed 12 April 2016)
- Khan U, Pallot R, Taylor D, Kanavos P (2015) *The transatlantic trade*



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and investment partnership: International trade, law, health systems and public health. <http://tinyurl.com/hnpq32t> (accessed 12 April 2016)
Krachler N, Greer I (2015). When does marketisation lead to privatisation? *Profit-making in English health services after the 2012 Health and Social Care Act.* *Soc Sci Med* **124**:215-23
Leys C, Player S (2011) *The plot against the NHS.* Merlin Press, London
Tallis R, Davis J (2013) *NHS SOS: How the NHS was betrayed – and how we can save it.* One World Publications, London