

Are there any substantive aspects of the guidance documents (such as economic or legal analysis) which could be improved and if so, how?

I am sure you must be aware of all the literature suggesting that a marketised NHS will not reduce health inequalities or reduce costs and that 'patient choice' will not bring about the benefits suggested (eg, Rice, 2003, *The Economics of Health Reconsidered*). There are many costs associated with marketisation and any savings may simply come from reducing salaries of lower paid health care workers, who are predominantly women.

Competition to deliver public services does not necessarily improve innovation, quality or responsiveness (eg, Ogus, 2004, *Regulation: Legal Form and Economic Theory*). One of many examples being that the government subsidy to rail companies has increased by an order of 700% since privatisation, serious failures in safety have taken place and, of concern to public health, the gap in pay between the highest and lowest paid has increased and there has been a deterioration in the terms and conditions of new staff.

"The UK National Health Service ... [has been] one of the cheapest to run in the developed world." Walshe, 2003, *Regulating Health Care*. Health outcomes in the UK, compared to the US, with its marketised system, are well documented as being better.

"There is little evidence in the literature that providing greater choice will in itself improve efficiency or quality of care" Fotaki et al (2008) *What benefits will choice bring to patients? Literature review and assessment of implications*.

There is a large body of academic literature that suggests constant NHS reorganisation has been damaging. A 'self improving', laissez faire, system will mean that organisational turbulence is increased.

However, I assume that you must be aware of all the above debates (therefore, I have not added more, or full, references). My key point is that it is incorrect to say, in 3.14, that the public hold the Government to account on this issue. All opinion polls show that the majority of the public do not want health services provided by private providers (eg, see British Social Attitudes Survey, 2008). The proportion against private providers of NHS-funded services increases among lower income groups. The policy of marketisation is taking political control and choice away. It is unclear how the public, and lower income groups, whose health tends to be worse, might influence these decisions. The panel does not represent public interest.

Given the value the public place on the NHS and the opportunity for devolution that voters in Wales and Scotland have had, electoral competition in England, the form of a referendum on NHS-funded services being delivered by for-profit providers, should be promoted by the competition commission.

27.4.09

Submission ref: CCSNB09

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