

## **Abstract**

The Health and Social Care Act (HSCA) (2012) was recent legislation that entrusted £80bn of UK health commissioning budget to newly formed Clinical Commissioning Groups (CCGs). During and following the passing into statute of the HSCA in 2012, a number of dimensions of this manoeuvre emerged concerning what this legislation meant for the delivery of healthcare nationally and locally. Thereafter the Brighton Citizens' Health Services Survey (BCHSS) sought to capture unmeasured and excluded forms of knowledge representing the voices of the people of Brighton and Hove on important topical health issues like funding cuts, privatisation and the broader tensions between local commissioning and national funding policy directives. This contribution explores the way that research straddling the boundary between academic inquiry and political activism speaks to the many issues that are prevalent in the changing health sector, particularly the NHS privatisation, health commissioning and public sector cuts.

**Keywords:** NHS, healthcare privatisation, Community Psychology, Liberation Psychology

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## ***Community Well-Being in the Era of Health Care Privatisation***

### ***Introduction***

Through the Health and Social Care Act (HSCA) £80bn of UK health commissioning budget was entrusted to newly formed Clinical Commissioning Groups (CCGs) (Department of Health, 2013). During its passage through UK parliament and after its successful enactment a number of dimensions of controversy emerged concerning what this legislation meant for the delivery of healthcare nationally and locally. CCGs are formally accountable to NHS England (NHSE) and the Secretary of State for Health, and they are under a duty to break even financially (ref 21, para 5.3 NHSE model constitution framework). As a result, CCGs are at centre of a complex web of accountability relationships as they are in charge of taking over responsibility of commissioning health services for local populations following the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities by 2013. There was a creation and establishment of new bodies, such as: NHS Commissioning Board, Healthwatch and local Health and Wellbeing Boards to increase accountability for patients and the public, Public Health England to improve the health of the population, and Commissioning Support Services.

However, studies show complex accountability ends with confusion (Checkland et al 2013). Firstly, the public seems unaware of the reasons behind transforming such a basic institution like the NHS, which became emblematic of welfare state, into a private profit making enterprise. Secondly, there is no clarity around what indicators support the new commissioning practices and how they will be put into practice. Thirdly, there is (founded) suspicion around the implications of adopting such a radically new framework for the health care service, moving from the idea of “patients needing assistance” to “users consuming performances”. What does the new approach to health care delivery tell us about citizens as service users?

This is relevant if we consider that Healthwatch website claims as a mission to be “the consumer champion for health and social care” (Healthwatch, 2017), while the literature holds that “there is strong evidence that patient participation is linked to better treatment results, higher patient satisfaction and more responsive services” (Barker, 2015, p. 70). The current and new idea of service users is that of a public who consumes healthcare services, and is measured as such via the engagement practices of Healthwatch and CCGs consultations. Current engagement mechanisms articulate a statutory space which enables a very specific version of the public to be made visible and salient (Lury and Gross, 2014).

In such a controversial context, researchers from the University of Brighton deemed important to give voice to the citizens who felt this process was undertaken “behind the curtains”, “without proper information of the public”, and with the not so subtle intent to “dismantle a common resource”. Therefore, a survey was assembled and made available online for people to share their concerns and comment on national healthcare policies. The following section will explain how this process was undertaken, what results it brought, and how they can be employed in order to transform state-citizens communication and progress towards more public-informed policies.

## ***Methodology***

“Knowledge controversies act as force fields where what is at issue is sufficiently important that people want to participate in collectively mapping it into knowledge and hence social ordering” (Whatmore, 2009, p. 587). Therefore, Community Psychology inquiry can offer a unique insight into the values and attitudes of those who are marginalised by new coercive practices. Within such theoretical framework, the Brighton Citizens’ Health Survey (BCHSS) was designed with the aim to: facilitate public education and deliberation on health service commissioning, promote public engagement on controversial healthcare commissioning topics in order to extend and enrich the public engagement space for health service commissioning, explore and improve commissioning accountability mechanisms. The project developed two surveys that were designed to move beyond the post-Health and Social Care Act (2012) accountability dominance of recording consumer experience with the health services they used. Rather they sought to capture unmeasured and excluded forms of knowledge representing the voices of the people of Brighton and Hove on important topical health issues like funding cuts, privatisation and the broader tensions between local commissioning and national funding policy directives.

The first Brighton Citizens’ Health Services Survey (BCHSS) was conceived by academics and students at the University of Brighton, and informed by Fischer’s (2009) premise that, while citizens may have incomplete understandings of many of the problematic health policy issues, once these issues are re-described in a jargon-free way, most people understand them well. A convenience sampling was adopted in order to reach out as many participants as possible in the city, residents associations, church groups, all political parties, university students, and social media. The survey contained a small number of closed questions enquiring about: core values on health commissioning, current commissioning issues, and future commissioning plans (Brighton Citizens’ Health Services Survey team, 2016), and it was filled in by 1,300 residents.

The second BCHSS developed the method of the first by seeking greater public involvement in the design of the questions on the survey. The project website was used for a call for members of the public to suggest potential questions of importance to be included in the survey. 12 closed questions were composed and selected from three main sources: from members of the public who asked the questions on our website, from topical and controversial health issues being discussed by councillors at the local Health and Wellbeing Board, and a Freedom of Information request on upcoming commissioning plans. 700 residents filled in the second survey.

Both surveys ended with one final open question: “Please add any other comments or suggestions”. This allowed us to collect 634 qualitative answers in total. Given the relevance and extension of the comments, these were used as data, and coded and analysed using Thematic Analysis (Braun & Clarke, 2006; Fereday and Muir-Cochrane, 2008). Participants were anonymous, so they are identified as P and a number in this paper. The results will be discussed in detail in the following section.

## ***Results***

BCHSS 1 revealed that when asked who they would prefer to be treated by, almost 88% of the respondents said the NHS. This compared with 9.1% who had a preference for a private healthcare company. In line with this, when asked whether people believed that “health companies should not make financial profit from people’s health problems”, 92% strongly agreed or agreed with this statement. Furthermore, over 97% of people were either very concerned or concerned about the council’s intention to cut £21.9 million over the next 4 years from the Adult Social Care budget, while it has been widely reported that this adds to the demand for NHS services, such as the work of GPs and A&E departments. Finally, 97% of people either strongly agreed or agreed with the statement: ‘The council should be actively resisting these latest cuts by evidencing their impact and sending the messages back to central government’.

BCHSS 2 showed that 96% of residents thought that local councillors and the CCG should put together an immediate strategy to guarantee no more GP surgery closures across the city. Moreover, in relation to the Sustainability and Transformation Plan (STP) 90% of people believe that large scale cuts to the NHS should be subject to wide public consultation before they are made, and 97% of residents disagree with STP cuts in principle. In terms of health service contracts that were planned between the time of the survey and 1st June 2017, 93% of residents did not know about the wellbeing service and 93% would prefer the contract go to the NHS.

Thematic Analysis allowed for further exploration of citizens’ concerns around the ongoing privatisation process. Coding prompted the identification of 9 subthemes, and 3 main themes. The theme of ‘moral concern’ sums up citizens’ perception that NHS privatisation follows ‘a wilful destruction’ plan of the existing healthcare provision. This is carried out by ‘stealth and betrayal’ under the stunned eyes of the citizens, and it seems to follow the parameters of ‘marketing, not healthcare’ services.

It's a great shame that the NHS reorganisation is so secretive and so 'smoke and mirrors'. It's marketing, not health care... the CCG is doing diabetic patients a grave disservice. And doing it dishonestly. (P31)

You've got to watch these people working in this new health care market, their interest is making money not delivering care services. The wholer ethos of caring gets contaminated. (P5)

The moral concern is accompanied by the sensation that ‘democracy is at stake’, which constitutes the second theme. The lack of information, transparency, and accountability put the foundational democratic mechanisms at risk, as citizens perceive that their basic right to correct information, to procedural and distributive justice, and to responsibility of the decisional bodies is denied and occulted.

So much privatisation is happening within the NHS that we have no knowledge of and it's very wrong. It's being done by stealth, slice by slice and we are neither told nor consulted about it.

It's not democratic and it's not morally acceptable either. The CCGs need to be much more transparent and open about their actions. (P53)

The Tory government has very quietly been selling off the NHS. The general public are totally unaware. (P175)

The perception that democracy is at stake brings back to the question of what democracy entails. Participants claim that politics should not equal the mere execution of routine bureaucracy, and the fact that it seems to do so in this geographical and historical context spurs moral indignation. In order to fulfil their duty of accountability, politicians should drop their bureaucrats' pantomime clothes and act as politicians with a moral code. If they refuse to do so, citizens reject the role of unaware spectators, and call for more moral and accountable politics.

I feel as if all these bureaucrats have taken over and democracy is gone. It's like democracy has gone and everyone leaves it to the managers. No-one listens anymore to what people want. Whoever they are, they think their job is to do what the government tell them and then go home. I don't know how they sleep at night. They think it's all above politics somewhere in the sky. Well it's not and people are getting fed up with bureaucrats making decisions as if they are somewhere separate from politics and the consequences. (P111)

If a government does not want to manage the countries services it should not be in government. (P195)

However, far from depicting a passive and powerless public, through the analysis it was observed a strong pattern of 'resistance', as several participants expressed the need and desire to be active players for social change by starting a 'call for actions', enhancing 'civic engagement', and showing how more or less directly the privatisation process 'matters to me'.

It is imperative that we fight against the outsourcing of NHS services (P69)

As an NHS nurse I wish to resist all attempts at privatisation of any part of our service. (P39)

There should be regular meetings open to the public to give us more understanding and knowledge of cuts to NHS services privatisation of NHS services and who to contact if we disagree with decisions made. (P184)

Citizens call for resistance against an immoral government that puts democracy at stake by suggesting different actions such as: informative meetings open to public, campaigning against privatisation, and employing any means of resistance that can stop the advancement of policies with a high potential to harm the many and benefit the few.

### ***Discussion***

The survey revealed not only a disjunction between the wishes of the Brighton public and commissioning activity, but also the problematisation of a singular consumer public whose

engagement with health services starts and ends with individual experience of consuming services. The very considerable qualitative feedback highlighted the ways in which local identity, community and sense of place, as well as political and ethical value, are inseparable from the changing health services context. Therefore, it is interesting to discuss the role of stactivism (Bruno, Didier & Vitale, 2014) in a Critical Community Psychology framework (Kagan, Burton, Duckett, Lawthom, and Siddiquee, 2011).

Stactivism concerns the active instrumentation of the neoliberal state using forms of social accounting in order to seek to dismantle or at least roughen up hegemonic logics of quantification, and the realities they produce (Bruno, Didier & Vitale, 2014). The concept of stactivism arose with the worker movement fighting class inequalities (Desrosières, 2008), and has been applied to an increasing number of topics focusing on social disparities (Desrosières, 2014), where emerging forms of collective action used numbers, measurements, and indicators as means of denunciation and criticism (Bruno, Didier & Vitale, 2014). With a similar ethos, the BHCSS strive to highlight how numbers are far from reflecting an objective reality, but rather reflect a determined attempt to measure specific aspects of reality in order to advance specific policies. Our data show how by asking different questions, it is likely to receive very different answers even on the same issue. While respondents reiterate the importance of a moral positioning when making policies that should safeguard the wellbeing of everyone, especially the most vulnerable and marginalised, they openly disagree with the distortion of democratic-sounding words, such as ‘participation’, ‘accountability’, and ‘efficiency’. Of course citizens are in favour of participation, accountability, and an efficient social and healthcare system. However, using numbers to show that privatisation is the way forward to advance such concepts requires a manipulation of how those numbers are to be produced. Numbers ‘proving’ that privatisation entrusts further participation, accountability, and efficiency are produced by a narrow-focussed survey of customer satisfaction about individual health care performances, rather than by a survey of citizens’ satisfaction about systemic health care provision.

In order to spot such fallacies in the misuse of statistical tools to the advantage of peculiar political and economic interests, we state that universities have a pivotal role to play. This is especially true for those higher education institutions fostering values of social justice, stewardship, and community which constitute the foundational values of Critical Community Psychology discipline (Kagan, Burton, Duckett, Lawthom, and Siddiquee, 2011). Rethinking the role of universities in supporting communities becomes a priority for our discipline, particularly when they challenge speculative and oppressing power forces to their very core (Jiminez-Dominguez, 2009). Universities can act as protected spaces in which thoughts and idea of this kind can be pursued to the highest level, and should be a privileged vehicle to convey such knowledge to citizens.

### ***Conclusion***

The Brighton Citizens’ Health Services Surveys (BCHSS) were designed in order to explore some of the broader controversies pertaining to local healthcare commissioning that were not

being recorded under the current accountability regimes. In so doing this work sought to heed the Organisation for Economic Co-operation and Development (OECD) call for new ways to include citizens in policy making through citizens actively engaging in defining the process and content of policy making. Accordingly, the project developed surveys that sought to capture unmeasured and excluded forms of knowledge representing the voices of the people of Brighton and Hove on important topical health issues like funding cuts, privatisation and the broader tensions between local commissioning and national funding policy directives. This contribution explored the way that research straddling the boundary between academic inquiry and political activism speaks to the many issues that are prevalent in the changing health sector, particularly the NHS privatisation, health commissioning and public sector cuts.

This paper corroborates existing literature suggesting that creating new institutional arrangements will not necessarily result in greater inclusion, and increased engagement can simply re-legitimate the status quo (Gaventa 2006). Nonetheless, the legacy of Critical Community Psychology can assist academics with strengthening of democracy and citizenry becoming conscious of their rights (Montero & Sonn, 2009), through a praxis based on making violence and its perpetrators visible (Burton & Gomez Ordonez, 2009). In this line, we adopted a form of stactivism to overturn statistics that promote healthcare privatisation as a way towards increased participation, accountability, and efficiency. Our data showed that, on the contrary, citizens express moral concerns on how privatisation has been implemented, how this coercive mode of manipulating numbers can actually put democracy at stake, and how they plan to actively resist such course of action.

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