Twitter Thread by Richard Murphy



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The crisis in the NHS is overwhelming this week. It has reminded me of conversations I had with my late father on how to manage within the state sector. I think they're worth sharing.

My father worked for the nationalised electricity industry from the late 1940s to late 1980s. He spent much of that time as a fairly senior engineer. He was committed to what he did. He believed electricity supply was a human right. And he sought to delver it.

He left the industry and retired when he realised that privatisation challenged what the believed in. The priority was no longer supply. It was, instead, profit. He had a clear example of the difference this made. It was about emergency management.

In his day the state electricity boards ensured that they had all the capacity they needed to manage emergencies to keep supply going as well as possible, come what may. It meant there was excess capacity. But it wasn't wasted - maintenance and training was done instead.

Privatisation saw that excess as waste, and it went. It was assumed contracts could buy in support when needed. My father believed that was dangerous - because when demand was strongest the most inexperienced people would be put to work on the job.

We can see the same logic now in the NHS. Instead of having capacity to deal with an emergency a decade of cuts have delivered a survive reduced to the most basic level possible. And what we've seen is that outsourcing cannot make up the slack. And that is dangerous.

The NHS is now being overwhelmed. Coronavirus was predictable - and predicted. What was also predictable was that an NHS with reduced beds, staff, equipment and even training because of a lack of slack to let it happen would not be able to cope. And that's happening.

People are going to die now, because of a failed management ideology - that lower cost is always best when what is at stake is the supply of essential public services. So, some questions are appropriate.

Were the tax cuts to big business and the well off worth the deaths we are now seeing from coronavirus?

Was the goal of a balanced budget worth having people die for?

Could we have done better by committing to a universally high standard of basic public services - supplied by an integrated NHS?

Will we learn the lesson now and provide a properly resourced, staffed and trained NHS in the future?

Are people still going to have to die in pursuit of an economic dogma that puts profit before people, and cutting government spending above people's lives?

This is not the time to delay asking these questions. This is the time to ask them. Now is when we have to decide. We need commitment to care, not commitment to cutting deficits, and we need it now. It's time for politicians to deliver that, now.