Issues for the NHS during UK Trade deal Negotiations:

Executive summary Text:

Jean Hardiman Smith

Topic 1) Big Pharma:

This section explains the prices of our medication, how such price rises impact on the money the NHS has to spend on patient care and more, and why what is “good for America” isn’t good for us, nor ordinary Americans, despite the attempts to label it unfair in the USA.

The prices at which medications are being sold to the NHS are already rising. This is not a new phenomenon. There have been recent changes to the rules surrounding intellectual property, and to patent regulations. This is known as IPR (International Property Rights). This has been a central part of trade deals since 1995, when the agreement on Trade Related Aspects of Intellectual property was introduced - TRIPS. This agreement granted the original Company an exclusive licence for 20 years. It allowed companies to push up prices by stifling competition and delaying the introduction of generics. This is bad news for the NHS, and for patients. It is also detrimental to the interests of US patients and the public, and people worldwide, but of great benefit to commercial interests. The latest incarnation, Comprehensive and Progressive (TPP) extends this monopoly beyond 20 years and allows almost indefinite “get arounds”. (TPPTRIPS).

These rules are driving up costs to the point we are killing people. Worldwide, and looking at only one condition, TB, 1.1 million people died of TB in 2016 simply due to the high costs of treatment (190.000 per patient). As for the NHS, our medication spends rose by 10.9%, even though 7 out of the top 20 medications were developed with public money.

It will need expertise to alleviate the risk of exposing the Government, nation and NHS to ISDS: [https://en.wikipedia.org › wiki › Investor-state\_dispute\_settlement](https://en.wikipedia.org/wiki/Investor-state_dispute_settlement)

ISDS would involve legal costs and is run on international lines by and for large corporations and staffed by their lawyers.

These entities are not subject to UK laws and can sue for 20 years for loss of potential (so not even real) profits. No contract is needed. You can see how this would render renationalisation, as the NHS now stands, a problematic issue. A judgement against our nation would result in less money for public services. There is no appeal!!!!

Topic 2) Our health data: The trump Deal and Babylon;

An attempt by the USA to gain access to our health data was tried around the time we were considering the old TTIP – kicked into the long grass by the EU due to concerns around food safety. A deal was arranged between BT and a US company, and the Americans were publicly crowing about how liberal we are with our data. A Trump deal would involve the US being given access to our health data and it is to be held on US platforms, manipulated, mined and sold back to us for a profit. I would also worry about insurance implications for us and our families in the medium to longer term.

As for Babylon, ‘Appy ‘Ancock’s favourite “go to”, it is sucking up a huge amount of funding, partly for data capture to replace our primary care with artificial intelligence. It is not widely known that if you register with Babylon, you automatically deregister with your GP Practice.

<https://en.wikipedia.org/wiki/Babylon_Health>

The NHS workers:

I work with patients in the USA. Like the UK (or at least England) the USA is running down primary care. It is simply further down the road. In practice this means that the patients I see are travelling many miles for the equivalent of a GP appointment. This is not because they are in an isolated area, but simply because such doctors are so rare, and to find a doctor who puts patients’ welfare first is even rarer. I have heard of instances where a good doctor has been struck off the Insurance companies lists of approved doctors simply for being good at what they do, thus not maximising profits. Yes, in the so called liberal USA in practice you don’t really have choice, when it comes to choosing your doctor at least.

Why renationalisation of the NHS is urgent and crucial:

Every day it seems we are, under the Tories, getting closer to the point of no return. The Americanisation of our NHS is becoming inevitable. Generations of Americans are now all living in one overcrowded house, or are homeless, due to medical bankruptcies, and most Americans live in fear of care and health costs, even if their insurance cover is deemed as good. This has a wider impact: People are accepting of dreadful employment conditions as it is the only way to get insurances, and employees will put up with abuse and low pay rather than risk having no health cover. I know of one person who had to choose between leaving work in her dying three months, due to exhaustion and pain from cancer. and working in order to get her palliative care, and have less pain and fatigue. She had to carry on working with terminal cancer in her last few weeks on earth. What made it worse was that she was a wonderful person, who deserved so much better.

The reason I am pessimistic is that the NHS is now covered by trade deals, whether we explicitly say so or not. Public services are only excluded if they are not provided on a commercial basis, or in competition with other suppliers, but by far the most care which is covered by the NHS is available from the private sector for a fee. As UNITE discovered, we are not adequately covered, even with an exemption.

### A wider picture: A look at other Trade deals such as NAFTA the North American Free Trade Agreement shows that when this trade deal resulted in huge losses to manufacturing, less money was available for health, social and welfare services, which were decimated at a time of greater demand due to rising inequalities and poverty. Other deals have painted much the same picture.