

CONDITION CRITICAL



Health care, marketising reforms and the media

A CONFERENCE called by the International Association of Health Policy in Europe (IAHPE) with the support of Coventry University's School of Art and Design and Faculty of Health and Life Sciences.

Also supported by the People's Health Movement, the International Journal of Health Services, the Politics of Health Group, the NHS Consultants Association, and Keep Our NHS Public



Coventry University

Wednesday - Saturday
June 17-20, 2009
Coventry University, UK

Invited speakers include

- Professor DAVID HUNTER, University of Durham
- Professor ALLYSON POLLOCK, Centre for International Public Health Policy, University of Edinburgh
- Dr JULIAN TUDOR HART (author of *The political economy of health care*)
- Professor HANS ULRICH DEPPE, Frankfurt
- Professor ALEXIS BENOS, Aristotle University, Thessaloniki (IAHPE President)
- Dr JOHN LISTER, Coventry University
- Physicians for a National Health Program (USA)

Conference Invitation and Call for Papers

It's our pleasure to invite you to submit a paper and attend the XVth conference of the International Association of Health Policy in Europe (IAHPE), to be held in Coventry University, June 17-20 2009.

We welcome abstracts for research papers case studies and posters relating the current situation and policy reforms in the health care sector, and the way these are reported in the print and broadcast media. The conference will address six main themes.

- THE IMPACT OF THE CREDIT CRUNCH
- PRIMARY CARE
- ACUTE HOSPITAL CARE
- PUBLIC HEALTH
- MEDIA COVERAGE OF HEALTH AND HEALTH POLICY, AND THE PUBLIC RIGHT TO KNOW
- ELDERLY CARE & MENTAL HEALTH: MARKETS v EQUITY



Conference context

The last twelve months has seen an escalating crisis of capitalism, with major banks and corporations reduced to seeking colossal subsidies from governments to secure their survival: and even the most unlikely governments are resorting to nationalisation to prop up banks and businesses.

With the “market system” having effectively collapsed in many sectors, who now can really argue that markets provide a rational or equitable framework to deliver and allocate health care?

The economic crisis and the “credit crunch” are already triggering a squeeze on public sector spending: but the policies being rolled out in health care systems in Europe and around the world are not economy measures to cut costs, but much more expensive, wasteful and bureaucratic than the systems they replace.

Throughout Europe, governments are pressing ahead with so-called “reforms” which threaten to undo decades of progress towards universal health care, and return health services to the status of commodities in a competitive market place.

A new, parasitic, private sector which could not survive, let alone flourish on the basis of genuine competition and market forces, is taking shape and growing – as a result of huge government patronage and public funding.

The new health care “market” which is increasingly replacing any form of planning is not centred on equity or universal access to care: its bottom line is grabbing a larger share of the public sector and social insurance budgets, to deliver larger profits to shareholders. *Can this type of system benefit patients, or develop a service that can attract and retain the dedicated workforce that is needed to meet health needs in the 21st century?*

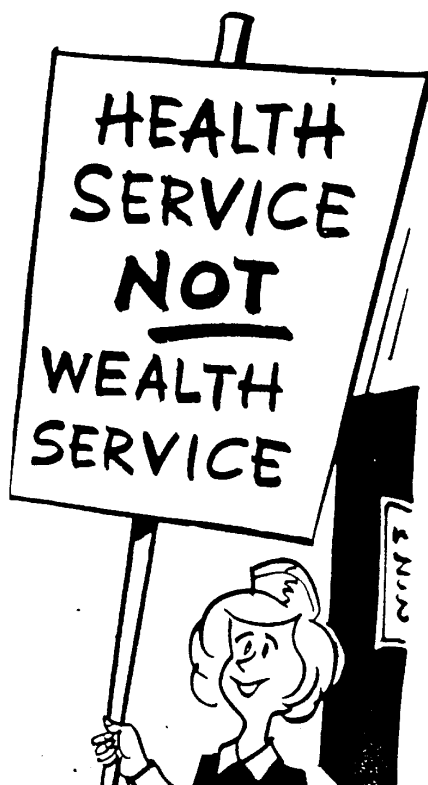
And as governments push through policies and develop new health care systems which are more expensive, less efficient and far less popular than the previous systems, they seek to do so covertly, without explaining their proposals or their long-term plans to the electorate. *How effectively are the print and broadcast*

media revealing and explaining these policies? How far are newspaper, radio and TV bosses willing to resource serious news coverage or open debate, and how far do they share the hidden agenda of privatisation and marketisation of health care?

This conference aims to bring together academics and students, campaigners, health professionals and journalists from across Europe to discuss the state our health services are in, the trajectory of present policies, the implicit threat of privatisation which hangs over our health service – and the extent to which these issues are known and understood by journalists and their audience.

Conference themes will include THE IMPACT OF THE CREDIT CRUNCH

The world-wide economic crisis is forcing more and more governments to raid public



sector and public service budgets to raise funds to prop up banks and big businesses.

Across the USA, states’ spending on health is being slashed back, and even more extreme steps towards privatisation are being pressed through in a bid to cut costs. In Europe too, government spending on health care is already being cut back: in the UK surpluses painfully built up by Trusts are to be clawed back.

How will this new economic climate impact on health care services? Will the new austerity force any rethink on costly and wasteful market-style reforms?

Will the new circumstances alter the rhetoric of governments and the way health care policies are discussed in the media?

PRIMARY HEALTH CARE

30 years after the Alma Ata declaration urging governments to deal with the “causes of the causes” and to implement comprehensive primary health care, what is nowadays the setting of the dominant values and policies?

Even the fundamental provision for those with the greatest health needs to have a free of charge access to primary care services is put at risk by marketising reforms and privatisation. These can deter patients by imposing fees for each visit, break up established relationships between patient and professional, undermine quality of care by awarding contracts to profit-seeking companies, and force popular local services to merge into more remote centralised “polyclinics”.

What is the private sector agenda for primary care? Can campaigns be built to defend primary care? What are the implications for health care professionals and for patients? How much of this is being reported in the print or broadcast media? What are the limits on this coverage?

ACUTE HOSPITAL CARE

All over Europe the private sector is homing in on elective hospital treatment as a means to slice off a share of public sector budgets. But time and again it is clear that the private sector wants only the least risky and complex cases, and costs more than the public sector equivalent.

The flow of money from public to private sector limits the scope of public provision, while the profits flow out of the system and into the pockets of shareholders.

Can this lop-sided “market”, in which the public sector fills in the many gaps left by private sector cherry-picking, be viable or benefit patients? What are the implications of a fragmented system for the quality of care? What is the evidence for centralising acute hospital care? Is there any value in the consumer power of “patient choice”? How are hospital closures and quality issues covered in local and national media? Do the public see all the relevant facts?

PUBLIC HEALTH

The soaring costs of health care systems, the ageing population, and the prevalence of preventable health issues such as tobacco-related illnesses, obesity, and substance abuse have persuaded governments of all political complexions to

emphasise the need for preventive health measures and health promotion.

Nevertheless budgets remain tiny, efforts limited and localised, and the monitoring of results tokenistic. Press coverage homes in gleefully on examples of waste or failure, and attacks any apparent symptoms of a “nanny state”, while contributing little to the debate on how best to improve public health.

What are the factors undermining public health objectives? How serious are governments in seeking to develop health promotion and preventive health services? How could journalists and news coverage help to connect public health professionals and the wider public?

MEDIA COVERAGE OF HEALTH AND HEALTH POLICY AND THE PUBLIC RIGHT TO KNOW

Health care is big news: it is a massive \$5 trillion industry, employing tens of millions of people, and in most of the richest countries (except the US) delivering almost universal cover.

What happens to health care affects everybody, especially when private sector provision in almost every case is limited to elective services, leaving emergencies, chronic and complex care to public services.

But the decline in local, regional and national newspapers and the widespread dumbing down of broadcast news have squeezed resources, leaving fewer journalists with any specialist knowledge or specific focus on health services.

What the journalists don't publish, the public cannot know. And where the media unite to generate a message, right or wrong, this will influence public opinion.



ELDERLY CARE AND MENTAL HEALTH: MARKETS VERSUS EQUITY AND QUALITY

Older people are more likely to need health care than people of working age – and less likely to be able to pay a market price for their treatment. As a result they were some of the main beneficiaries of the post-war extension of universal health care, and now some of the first victims of the logic of the new NHS market: cream-skimming private providers and insurers are keen to exclude high-risk, complex and costly patients.

Providing a system of social and health care that can support frail older people requires coordination and planning. The cash squeeze on social care, and the drive

for fragmented market-style systems undermines both.

People with mental health issues are even less likely to be able to afford market prices for treatment: they too are potential victims of marketising reforms.

The huge advances that have been made in non-institutional care are being put at risk by spending constraints on community mental health services and the rapid expansion of for-profit mental health hospital beds.

Mental health and care of the elderly tend only to hit media headlines in the wake of a tragedy or a scandal: they lack the profile of emergency and acute services. *How can media coverage be improved, to allow the wider public to form a balanced view and question short-sighted policies?*

Call for papers

We invite academics, students, journalists, campaigners and health workers to submit abstracts for papers or posters on topics related to any of the six main themes. Abstracts should be not more than 200 words, identifying which theme the paper will address, and accompanied by a brief note on the author(s), and their academic or professional affiliation.

Abstracts should be submitted for peer-review online by **midnight on Monday March 2**.

Authors will be notified by the Conference Review Committee whether or not their proposals have been accepted for presentation at the conference, or as a poster, by **Friday April 3**.

Acceptance of papers is contingent upon the author registering for the conference, and presenting their work in person at the conference in Coventry.

Completed papers received by June 5 will be printed in the collected conference papers.

How to register and submit an abstract

PLEASE REGISTER and SUBMIT YOUR ABSTRACT for the conference via the IAHPE website www.healthp.org/abstracts

During the submission process, in the “Authors & affiliation” section do not forget to include your e-mail address so we can contact you.

REGISTRATION: what's included

Registration fee includes conference admission and conference pack, a welcome reception, lunches on Thursday and Friday, with



refreshments morning and afternoon, and a Friday night conference dinner. Hotel accommodation is NOT included, but delegates may claim a special discounted rate at the nearby Ramada hotel (see back page).

CONFERENCE FEES:

- People from EU countries, the US and Canada: £120 (register before April 1), £150 (late registration)
- People from other countries: £60 (register before April 1), £75 (late registration)
- Postgraduate students: £50
- All Coventry University students, and all undergraduate students: £20.

Pay registration online at www.healthp.org, or by cheque (payable to Public Service Insight) posted to:

John Lister, c/o Media & Communication, Coventry University, Priory St, Coventry CV1 5FB. Don't forget to enclose full contact details if you pay by cheque.

Coventry: a modern city – with a long history

Coventry has had three Cathedrals in the past 1000 years: the 12th century Priory Church of St Mary, the Medieval Parish Church Cathedral of St Michael and the modern Coventry Cathedral, also named for St Michael.

Coventry's earliest cathedral, dedicated to St Mary, was founded as a Benedictine community by Leofric, Earl of Mercia, and his wife Godiva in 1043.

In 1539, with the dissolution of the monasteries, the See of Coventry and Lichfield was transferred to Lichfield and the former cathedral fell into decay. Only in 1918 was the modern diocese of Coventry created in its own right, and the church of St Michael designated as its cathedral.

On the night of 14 November 1940, the city of Coventry was devastated by bombs dropped by the Luftwaffe. The Cathedral burned with the city, having been hit by several incendiary devices.

The decision to rebuild the cathedral was taken the morning after its destruction. The cathedral's Ministry of Peace and Reconciliation, which has provided spiritual and practical support, in areas of conflict



Photo: CVOne



Photo: Taylor Dundee

Above right: old and new cathedrals: below and right: University buildings

throughout the world.

Much of the city centre is now dominated by buildings of the Coventry University campus.

But there has been modern redevelopment and both the University and the City Council have ambitious plans to refashion the City to meet the challenges of the 21st century.



Photos: John Lister



Photos: CVOne



Left to right: Godiva statue, Coventry skyline, Whittle Arches and Millennium Place



Travelling to Coventry

By car

Coventry is readily accessible from the M1/M69, M6 and M40 motorways. Car parking in the city centre is limited, but many hotels have car parking spaces.

By rail

Coventry is on the main intercity route. Trains from London (Euston) leave every 30 minutes throughout most of the day with journey times of approximately 80 minutes. There are also daily services from Scotland and the Northwest, from Bristol, the Southwest and South Wales.

In addition there are frequent services to Oxford, Southampton and Bournemouth, as well as Nuneaton, Rugby, Birmingham New Street and Birmingham International (for Birmingham International Airport and the National Exhibition Centre). The station is a 15 minute walk or a £4 taxi ride from the conference venue in the Ellen Terry Building.

How to find us by bus or coach

Pool Meadow bus and coach station is located ten minutes' walk from the conference venue in the Ellen Terry building. For details of local bus/coach/train times and destinations please contact the bus station enquiry line on: 024 7655 9559.

How to find us by air

Birmingham International Airport is just 20 minutes away by road or rail. It provides direct daily flights to and from Glasgow, Manchester, Dublin, Paris, Amsterdam, Dusseldorf and many other major European cities. There is also a regular bus link with Nottingham (East Midlands) airport (journey time 75 mins) and London Heathrow (2 hrs approx).

■ For links to maps of the City and main routes use google or email j.lister@coventry.ac.uk



Hotel accommodation in Coventry

There are a number of hotels at varying prices in or near the centre of Coventry.

Many can be found online (search Google for "Coventry hotels").

We recommend the Ramada Hotel (Coventry City Centre), which is conveniently located, and will offer Conference delegates a discount price of £65 per night bed and breakfast, subject to room availability.

Book soon, and quote "Coventry University Rate" in advance to secure your discount.

The Ramada is located at The Butts, Coventry CV1 3GG

info@ramadacoventry.co.uk

<http://www.ramadacoventry.co.uk/>

Reservations

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