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Scotland the brave: collective responsiblity for personal care for the elderly and for the young disabled

The Scottish Parliament's resolve to recognise the "benefits in providing free personal care for the elderly" and "to report by August, 2001, its proposals for doing so" has been widely trumpeted as a victory for proportional representation and for the people of Scotland.[1]

The question of charging for personal and social care boils down to principle. How does a rich nation such as the UK want to treat its older and its disabled people and those with chronic disease? Should its citizens be collectively responsible or individually liable for the risks and costs of ill-health and disability?

Personal care concerns those most intimate of daily tasks: washing, feeding, toileting, and dressing. Although bound up with the individual's personal freedom and essential to health and wellbeing, these functions have been seen as commodities and are increasingly being traded as multibillion pound goods on the stock market. Since 1979, service provision by the National Health Service (NHS) for older people, convalescence, rehabilitation, and mental illness has dwindled to around a quarter of all care beds (from more than 80%), with service closures continuing at 4000 beds a year in 1999-2000.[2] Formerly provided universally free at the point of delivery, this care is increasingly being provided by an unregulated for-profit private sector and paid for by the individual until he or she is too poor to pay.

The Royal Commission on Long Term Care, established by the Labour government in 1997, concluded that no system of private funding, whether private insurance or pensions or charges, could meet the unpredictable and catastrophic costs of personal care. Its core recommendation was that the State should provide personal care through a universal element in state provision met from general taxation. By doing so the State would give "the best thing society can offer—freedom from fear and a new security in old age".[3]

The UK government went further in its endorsement of this policy. The NHS Plan (p 37) says: "Charges are inequitable in two important respects. First, new charges increase the proportion of funding from the unhealthy, old and poor compared with the healthy, young and wealthy. In particular, high charges risk worsening access to healthcare by the poor. As the World Health Organisation report —which assessed the UK as having one of the fairest systems in the world for funding healthcare—concludes: 'Fairness of financial risk protection requires the highest possible degrees of separation between contributions and utilisation'".[4]

But having made the case for abolishing charges on redistributive and economic grounds, the NHS Plan undergoes an extraordinary volte face: ". . . the Government does not believe that making personal care universally free is the best use of these resources". And the government has published a consultation document on charging for home care and social services that confirms that local authorities and primary-care trusts can charge up to 55% of an individual's income for personal care.[5] This proposal will affect particularly the younger disabled people who want to work. The Health and Social Care Bill currently in committee stage will extend the long-term care lottery with its unjust and complex system of charging and eligibility criteria to NHS bodies[6,7]

The Scottish Parliament's stance on personal care has significance beyond the UK because it rejects an internationally coordinated policy of public-sector retrenchment. Governments behind trading blocs such as the World Trade Organisation, the European Union, and the USA are competing to increase the commercial opportunities in health and personal care.[8] WTO, the Organisation of Economic Co-operation and Development, and even WHO continue to bring in reforms that promote trade in public services and undermine public provision by eroding the mechanisms for collective risk pooling and cross subsidisation.[9] The World Bank has become the global specialist in implementing health-care reforms that reduce public provision and increase punitive user charges, most obviously across the developing world.[10,11] Few countries are unaffected. The UK's capital-investment strategy facilitates the entry of corporations into public services and provides opportunities for generating new sources of public revenue from regressive user charges.[12]

To the Scottish Parliament's credit, it has withstood not only this international pressure but also the ambitions of the UK Government. The Scottish people have put Westminster on notice that the covert policy of privatising public goods such as education and health and personal care in the pursuit of trade will not go unopposed.

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