

Studying Experience and Marginalisation in post-Brexit health governance

<http://nmmh.org.uk/call-for-papers-3rd-congress-of-the-nnmhr-university-of-sheffield-23-24-january-2020/>

The iconic Brexit 'battle bus' promised more money for the NHS once the UK leaves the EU. Expert analysis however suggests overwhelmingly that Brexit will be bad for health and the NHS. This suggests that, post-Brexit, it will be extremely difficult to design an approach to health governance that will be seen as legitimate by leavers and remainers alike. Our project seeks to study the ways in which different experiences are understood as translating into hopes, fears, dreams and aspirations for post-Brexit health governance across different parts of the UK, especially Northern Ireland and the north of England. Both experts and 'ordinary people' have been conceptualised as marginalised by the Brexit process: experts because the country, infamously, has 'had enough' of them; and ordinary people who voted leave and who feel they are being disenfranchised. We are combining data from semi-structured interviews with ethnographic methods involving 'hit and run' street conversations, looking for the metaphors which express how people feel about Brexit, health and the NHS, and its future governance. The project is revealing surprising insights into who is marginalised and how, and which experience gets 'heard' in which contexts.

#### Elite interviews

All understand how deeply interwoven EU membership is with the way the NHS operates and the broader health contexts.

Almost no one – and no one we interviewed – sees opportunities – everyone sees threats/challenges.

The health policy actors we interviewed are also deeply frustrated at being excluded / powerless in the Brexit decision-making processes.

#### Street conversations

Bullshit and bollocks are the commonest responses to the bus – people know that it was a lie. But even though they know it was a lie, they are drawn in by it.

Interviewer: Did that message [on the bus] have an effect in your community?

Shep: I think so, yeah. Cos of the damage what's been done to the NHS, it does affect a lot of the people and you see how the NHS is struggling more and more and more all the time, and, yeah, it'd be lovely if that money would go back into [the] NHS, a lot of people believed that, but in reality that's not how it will be, we know that, but at the time, it's one of the easiest targets to play with, because he [Johnson] knows that that is one of the biggest passions for people.'

There's a deep strand of disaffection with all politicians, and politics – which feeds into narratives of political disempowerment. No sense that 'the people' can vote for a government that will achieve what they want. (Neither from Leavers nor Remainers, when we did our conversations.)

Very few people connect the NHS with Brexit and politics – which underlines how disempowered they feel to achieve what they would like to achieve (for the NHS) via political means. People are happy – very happy – to talk about the NHS. They tell us stories – sometimes heartbreaking stories – about their NHS experiences. But many are much less happy to talk about Brexit or politics in general.

The ways that people think of the NHS are strikingly different. Only a minority think of it as a Beveridge-model archetype, funded by taxes, responsibility of the state, something we all pay for as a country so that those who need it can use it, so truly progressively redistributive. Many use language suggesting that the NHS is or should be thought of as a business – they talk of 'investment'. And many suggest that they think of the NHS as a charity – crowdfunding is mentioned often. Many suggest that responsibility for health does not lie with government, or local government, but with individuals themselves. There is a common trope to the effect that 'we can't afford the NHS as it stands' so 'therefore', we 'have to' privatise it.

There are many which characterise how the Brexit bus message is a tool for legitimisation - people knew the figure was false, knew Johnson was responsible and should be blamed,

But then they go on – drawing on their personal experience often – to say how the NHS needs to change, and, sometimes, even that leaving the EU would help. So the knowledge that the figure was false and a lie didn't actually matter when people came on to talk about the NHS.

Often there is an undertone of (or explicit) racism - we need to reduce immigration - which offers another angle on how the Brexit bus was legitimating - highlighted the issue and linked it to the EU, but signalled in people's minds this trope about immigrants and 'we should be training our own'. Massive contrast here with the elite data where people are very clear that migration is essential for NHS staffing (not just from the EU, but very much from the EU).

Some insight here perhaps into the kind of patterns of thinking going on that lead to Labour losing so many of its heartlands - metaphors of sabotage and betrayal by Labour not wholeheartedly getting behind delivering Brexit.

NHS resonance with a lost past especially in Northern England – that has been 'taken away' by the EU – the EU constructed and imagined as a wholly other to the UK, not as something that the UK is part of and woven into.