

# Waiting-list for hospital treatment in Britain reaches record level

Robert Stevens  
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Department of Health figures announced on May 21 show that the number of people on National Health Service waiting-lists has risen by 37,500 in the first three months of this year. The overall number waiting for hospital treatment is just under 1.3 million people, the highest ever.

Last year, the new Labour government pledged to cut the NHS waiting-list by 100,000 and reverse the decay of public health that had taken place under the Conservatives. Since then, 140,000 people have been added to the waiting-list. Those waiting over a year for treatment number 68,020. In the London regions of North and South Thames over 400,000 people are on the list.

NHS funding is now below the average allocated by the Conservatives. In Parliament, Prime Minister Blair insisted that any spending on health had to be “consistent with a strong control on public finances.” The financing that is being made available is being dispersed on the basis of eroding the previous ethos of co-operation and sharing resources within the health service.

On April 9, Labour announced a new system of competition between hospitals based on “tough targets” to reduce waiting figures by 167,000 before March 1999. According to Frank Dobson, the Secretary of State for Health, the purpose of the scheme will be to identify those hospitals deemed to be failing, and cut their funding! “There will be rewards for those who hit their targets and sanctions for those who do not,” said Dobson. “Performance will be closely monitored ... a performance fund of £32m will be used to reward Health Authorities who are in line to hit their waiting-list targets. This money will be used as a carrot and stick.”

Health Authorities who are on target to cut their

waiting-lists will receive up to a further 10 percent of their initial funding allocation, but will be expected to do even more operations in return. Those who fail to meet the target reductions will have up to 10 percent of their funds diverted to a regional “Waiting-list Task Force”. Task forces of managers and clinicians could be despatched into Health Authorities to ensure lists are cut. “We will not tolerate below par performance,” warned Dobson, “we are talking about money for results.”

This policy of rewards and sanctions goes much further than the Tories in establishing a fierce competition over financial resources in the so-called “internal-NHS market”.

Stephen Thornton, chief executive of the NHS confederation, warned that imposing targets to cut waiting-lists would put intense pressure on staff. It means “using theatres on evenings and weekends, persuading doctors, nurses and technicians to work extra hours and finding enough hospital beds and community nurses to care for people at home after an operation. The intense focus on waiting-lists risks skewing clinical priorities and draining resources from other areas of the NHS, like high quality cancer and mental health services, that people also care deeply about.”

In an attempt to reduce waiting-lists, the Department of Health announced that £65m is to be spent on providing non-hospital-based convalescent services for medical and psychiatric patients. The degrading euphemism for these mainly elderly patients is “bed-blockers”.

Labour’s assault on the health service is based on the creation of “Primary Care Groups” (PCGs). Under the PCG system, health areas will be divided up into populations of 100,000. The commissioning of health

provision will be shifted away from hospitals to these locally-based PCGs, consisting of doctors and nurses who are obligated to manage their own budgets. They are to be piloted alongside 11 newly created Health Action Zones, with more to be set up in 1999. These zones, located in the most deprived, inner-city areas, will be the test areas for the new system of localised health treatment.

The composition of the PCGs will be finalised by the end of July and will be operational in April next year. A recent survey of 3,000 health workers, “Primary Care Groups—Policy into Practice”, highlights fears that the changes proposed are being carried out so rapidly that the structure of the NHS is being undermined.

Such fears have been given added confirmation by the extraordinary revelation that Perth Royal Infirmary had employed a 15-year-old schoolgirl for three hours each weekend to take heart readings in its cardiovascular unit. One of the nurses who previously carried out this function was laid off last year. Student nurses and nursing assistants are not allowed to practice under the age of 17 and a half in recognition of the emotional maturity required for work on a hospital ward. The girl, the daughter of a consultant’s secretary at the hospital, was dismissed in the face of public outrage.



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