

Britain: Opposition grows to Labour's plans to sell off National Health Service

Paul Stuart**8 June 2001**

The Labour Party's election pledge to deepen the penetration of private capital into the National Health Service has come under sustained attack from family doctors, nurses, health professionals, patients' groups and the general public.

Earlier this year in a poll of working class neighbourhoods, a three-to-one majority of those questioned did not believe government claims that the NHS was improving. This figure rose to five-to-one in a poll of NHS patients and the relatives and friends of recent patients.

Labour has already presided over a major growth in private health care. Recent figures reveal that for the first time in six years the number of people taking out private medical insurance subscriptions has increased sharply. As NHS waiting lists have grown, the number of patients receiving treatment in the private sector has risen from 700,000 in 1997 to more than 1 million this year.

Those who cannot afford to pay, have to wait, with the risk that their condition may worsen, leading to serious disability or even death in some cases. Health experts have described the Labour Party's Health and Care Act (which passed through parliament earlier this year without any conflict) as a "Trojan horse" for the "large scale privatisation" of the NHS. Labour's manifesto boasts that they will create a, "new type of hospital—specially built surgical units, managed by the NHS or the private sector."

Labour is also drawing up a list of hospitals it defines as "failing," which will be dealt with in a similar way to the so-called "sink" schools. A "hit squad" from the private sector would be sent in to overhaul these hospitals and prepare them for an eventual takeover by the private sector. Health Minister Alan Milburn is said to be "mulling over" whether or not to hand "sink" hospitals over to the private sector outright.

Reflecting the growing anger amongst health workers, 36,000 GPs (General Practitioners) have voted to hand over undated letters of resignation from the NHS to their professional body, the British Medical Association (BMA). The Chairman of the BMA's consultants' committee stated that "frustration and anger" was growing among over-stretched hospital staff because they could not offer a proper service.

The BMA has produced a pamphlet, *Crisis in care; A GP's Dossier*, cataloguing doctors' views on the enormity of the

crisis they face.

One example cites the experience of Dr Jenny Wasson, who "called on an elderly patient and found her struggling to breathe. She had a history of obstructive airway disease and needed urgent help". Dr Wasson was convinced that her patients' life was in danger and called the emergency services to take her to hospital. "The doctor was shocked when told by the hospital that they would be unable to admit the patient for six hours due to a lack of beds and was advised to ring back in two hours. When Dr Wasson called back, she was told there were still no beds. Dr Wasson insisted that her patient be admitted within the next 30 minutes even if it meant taking her to casualty.

"She received a call back from ambulance control to say that this was impossible as there were no free ambulances available. Dr Wasson finally called ambulance control to say that she was updating her request to a 999 call which they were required to respond to immediately."

The pamphlet describes the daily workload of Dr Graham Davenport: "Just 12 percent of GP practices in the UK are run single-handedly and Dr Davenport's rural practice in the small village of Wrenbury is one of them. His average working week is around 80 hours often involving 14-hour days that might begin with a morning surgery at 08.30am and end with a home visit to a patient in the early evening. He often arrives home at 10pm, sometimes too exhausted to eat.

"He believes the NHS is desperately 'under-doctored' and each GP should be dealing with half the numbers of patients they currently look after. 'Patients arrive with large agendas and often want advice on a number of different issues. You can't do all that within the confines of a 10-minute appointment. We have very informed customers now who have complex demands, yet we're being asked to satisfy them with a 1950's service.'"

The pamphlet also explains what happened to a patient after Dr Philip McCarthy of Bristol referred him to a memory clinic at the local hospital. "He received a letter from the hospital consultant saying the service had been withdrawn from patients who lived in that part of Bristol due to lack of funding. Dr McCarthy says: 'There was no warning, no consultation, nothing. I have never known the NHS to be so bad, but long

trolley waits or waiting lists have become so routine that we simply accept that this is the way things are."

Despite certain criticisms of government policy, sections of the BMA leadership support the further introduction of the private sector into health care. The BMA consultants' committee has said it is considering a plan to set groups of its members in "chambers", like barristers, and charge the NHS a fee for their services. The consultants' committee said its proposal was in opposition to the government's plan to prevent newly qualified specialists—who are trained within the NHS—taking up private practice for seven years.

At present, full-time NHS consultants are contracted to work in the public health system for 35 hours a week, although many put in much longer hours. By no means all consultants, who constitute the most highly paid section of health professionals earning on average about £60,000 (\$83,500) a year for their NHS work, support further privatisation. The BMA's own discussion document states that discontent among consultants stems from increasing acceptance by government that the private sector should play a greater role in the finance, delivery and management of the NHS. But the BMA's consultant committee is seeking to channel discontent amongst its members with the NHS into new and more lucrative arrangements with the private sector and the unprecedented step of charging NHS patients for their services. Those who work exclusively in private practice can easily earn up to £1 million (\$1.39m) a year.

It is clear that government health policies are creating enormous discontent among doctors' and other NHS staff. Moreover, some of the sharpest exchanges between members of the public and government ministers during the election campaign have centred on the state of the NHS. Prime Minister Tony Blair was reduced to silence during a visit to a local hospital, when confronted by the wife of a cancer patient complaining about her husband's poor treatment.

Eight leading healthcare academics, including Douglas Black, former head of the Royal College of Physicians, have signed a letter of protest to the *Independent* newspaper about the run down of the public health system. The letter opens by saying, "We are writing to express our grave concern that current government policies and proposals will increase the very inequalities which the government is committed to reducing. New Labour's election manifesto, and other recent proposals suggesting that private contractors could manage clinical NHS primary and secondary health care, are merely the latest in a series of policy changes effectively preparing the NHS for large-scale privatisation. We are keenly aware of the inequalities which inevitably result when private profits join health gain as the major goal of health services."

The letter goes on to say that the government's "Private Finance Initiative" (PFI) has seriously eroded barriers to private sector control of the NHS. Large amounts of money have been taken from patient care budgets and have ended up in the

"coffers of business." The letter states, "New Labour claims to have abolished the inequitable 'internal market' [brought into the NHS by the previous Conservative government]. Our concern is that, in its place it has substituted the real market. The NHS was founded to provide equitable, universal health care... These policies and proposals constitute a direct challenge to this widely supported goal."

In her final speech to the Royal College of Nursing, outgoing president Christine Hancock said, "We have seen what happened when long term care of our patients was moved from the NHS to the private sector. Yes, the facilities were often much nicer for patients and their families, and initially everything seemed great. Then the pressures of cost control began: pressure to admit people to residential homes and not nursing homes for the care they needed; inadequate staffing levels; and means-testing. I do not apologise for saying that the issue of elderly people lying on trolleys in corridors overnight, in a country with the fourth largest economy in the world, is nothing short of a Third World service."

Earlier this year, human reproduction and fertility expert professor Robert Winston—who was made a Labour peer—spoke out against the government's attacks on the NHS, after a bitter personal experience with the hospital treatment given to his 87-year-old diabetic mother. "She waited 13 hours in casualty before getting a bed in a mixed sex ward, a place we said we would abolish. None of her drugs were given on time, she missed meals, and she was found lying on the floor when the morning staff came on." Winston described his mother's experience in the NHS as "normal", adding, "The terrifying thing is that we accept it... We haven't told the truth [about the NHS], and I'm afraid there will come a time when it will be impossible to disguise the inequality of the health service from the general population."



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