

Britain: Cash-for-beds scandal in National Health Service

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Just a few months ago the Labour government was congratulating itself for finding a panacea that would supposedly salvage Britain's ailing National Health Service—a Public Private Partnership.

At the start of 2001 it was revealed that more than one million people were waiting for hospital treatment in England alone. Of these, over 47,000 had been waiting for more than one year to go to hospital. Moreover, urgent treatments were being delayed so that hospitals could concentrate on routine operations in a bid to meet government targets for treatment waiting times.

The Blair government claimed that its initiative to extend the numbers of private patients who are treated in NHS hospitals would provide vital revenue for public hospitals, thus ending the waiting time scandal.

However, as waiting lists have grown, the number of desperate patients resorting to paying for private health care has also risen. Rather than taking pressure off the NHS, the government's scheme has exacerbated the crisis.

An investigation by the *Observer* newspaper recently exposed the fraudulent character of government claims that the NHS would remain a free universal service for the public in "partnership" with private capital. Instead, the initiative has only facilitated queue jumping, allowing private patients to be admitted immediately into NHS hospitals, where they are frequently operated on at times previously allocated to public patients and with the surgeon of their choice. Whilst fee-paying patients receive preferential treatment, NHS patients are being pushed further down the waiting lists.

This is even the case where NHS patients are awaiting vital surgery. It has always been claimed that priority treatment depends upon an assessment of clinical need, as the length of time spent waiting for an

operation can have a decisive impact on the medical outcome, making the difference between life and death in some cases. However, the *Observer* investigation makes clear that a serious medical condition is not the only criteria when deciding if a patient qualifies for priority treatment in an NHS facility—how much money they are prepared to spend can also play a role.

Income from private patients is growing at a much faster rate than state funding. According to health market analysts Lang & Buisson, private income to the NHS has increased rapidly under the Labour government. Today, the NHS is the largest provider of private healthcare in the UK, and in many towns and cities the NHS is the sole private provider. In 2000, the NHS earned £340 million from hiring its beds, operating theatres and scanners to private patients.

A significant number of NHS hospitals are now becoming increasingly dependent on such income. The more prestigious medical institutions are especially prone, as they attract far more private patients. The *Observer* reports that England's leading cancer hospital, the Royal Marsden in London, derives nearly a quarter of its yearly income—£18.1 million (\$—from treating private patients. The world-renowned Great Ormond Street children's hospital, the top heart and lung hospitals, the Royal Brompton and Harefield Hospital, are also following suit. One in five operations that take place at the Nuffield Orthopaedic Centre are for private patients.

Senior consultants and surgeons can almost double their incomes by treating private patients using NHS facilities. Such a cash incentive openly undermines considerations of objective clinical necessity, since the same senior clinicians who are responsible for assessing the priority of a case stand to benefit most from accepting private patients. In contrast, nurses and

other NHS staff involved in the care of private patients receive no additional payments.

The average NHS patient has to wait six months for a heart bypass operation. For those able to raise £15,000 (\$21,800) however, the Royal Brompton guarantees almost immediately treatment. According to the hospital's sales literature, this sum includes the use of a fully carpeted private room, complete with en-suite bathroom and satellite TV. Payment for this service can be made by MasterCard, VISA or even travellers' cheques!

The private use of extremely overstretched public facilities becomes even more obscene when the clinical priority of a patient suffering a life-threatening condition is compromised.

The UK has one of the worst records for treating cancer in Europe. One in five cases of bowel cancer that were curable at the time of diagnosis had become inoperable by the time of treatment, according to a recent study of the impact of delays in the NHS. A private patient may avoid the queues at the Royal Marsden, the UK's specialist cancer treatment centre, provided they can raise the deposit and then settle their bill promptly afterwards.

More recently, Health Secretary Alan Milburn promised that in an effort to reduce waiting lists the NHS would pay for public patients to be treated overseas. The problem was not a shortage of NHS funds, he claimed, but a shortage of beds, doctors and nurses.

The policy appears completely irrational: NHS patients are to be sent abroad for treatment at extra expense to the public purse, whilst some 5,000 private patients from overseas are treated in the UK, pushing those on NHS waiting lists even further down.

There is a certain political logic, however. Milburn's pledge is a sop, and a temporary one at that, designed to placate mounting public anger over the state of the NHS, particularly following a number of high-profile cases where operable cancers were not treated in time, leading to completely unnecessary deaths.

However, Labour refuses to end the private use of NHS resources because it is a vital component in its overall strategy to dismantle social welfare provisions. The government is cynically calculating that many more NHS patients will opt to pay for treatment, if the alternative is months of pain, or even death. By

deliberately running down public facilities, Labour is pushing forward the de facto privatisation of the NHS.

Thousands are being forced to dig deep into their own pockets to receive treatment, performed in a publicly funded service that is supposedly free and available to all. Last year, more than 100,000 people made one-off payments for such private health treatment.

On Tuesday, Health Secretary Alan Milburn announced that successful NHS hospitals would be allowed to "break free" from government control. Although such hospitals would function as "not-for-profit" foundations, they could bring in private management and vary the pay and conditions of staff, creating a two-tier NHS.

The acting chief executive of the NHS Confederation, Nigel Edwards, representing hospital managers, called on New Labour to go even further and free the entire NHS from government control.



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