

# National Health Service facing deep cuts across Scotland

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25 October 2012

In line with the moves by the UK government to implement wholesale privatisation and end the universal provision of healthcare, the regional administration in Edinburgh and local authorities are imposing deep budget cuts and reducing staff numbers across Scotland.

The Scottish National Party (SNP) administration announced in its recent budget for 2013 that spending on the NHS (National Health Service) would fall by £190 million annually by 2014-15. This is equivalent to nearly 2 percent of the overall budget of £11 billion. These cuts are part of a broader austerity drive, undertaken by the regional administration in Edinburgh to pay for the bailout of the banks in 2008-09 by the UK government.

The SNP government has imposed a Council Tax freeze for a number of years, which has the effect of passing on decisions over which services must be cut to the local authorities. Because health care in Scotland is still organised at the level of local health boards in collaboration with councils, this has a direct impact on the NHS and means that in reality the cuts being implemented are much deeper than the 2 percent acknowledged.

The local authorities, whether controlled by the SNP, Labour, the Liberal Democrats or the Conservatives, have willingly implemented this strategy. A report presented to the Scottish parliament earlier this year estimated that in the next year alone, health boards were preparing over £220 million in cuts. This figure includes £58 million in Glasgow, £27 million in the Lothians (including Edinburgh), £24 million in Tayside and £23.8 million in the Highlands.

These cuts will fall above all on staff numbers. At least 1,000 jobs are expected to be eliminated in the NHS this year, around half of these in Glasgow. The

*Herald* reported that 480 of these posts would be nurses and midwives.

These latest measures are exacerbating the crisis in the health service, which is dealing with the lowest staffing levels since 2005. Over the past three years, a total of 4,800 jobs have been lost, including 2,000 nurses and midwives.

The SNP is intensifying the assault on healthcare, by following proposals similar to those pursued in the rest of the UK under the previous Labour government and current Conservative-Liberal coalition. A health and social care bill is currently at the consultation stage in the Scottish Parliament, containing proposals to increase the privatisation of health services by breaking up council-run provision, as well as integrating health and social care services. Whilst health care is organised under local health boards, much of the social care provision is under the control of local councils. By merging the two, the SNP intends to impose further budget cutting.

In the consultation on these proposals, the SNP is quite explicit in identifying the expansion of private provision as a key policy goal. A section from the first chapter reads, "The fundamental purpose of our proposals for integration is to improve people's wellbeing; we will not succeed if, in bringing health and social care together, we overlook the need to build upon the progress that has been made in bringing third and independent sector partners to the table when planning delivery of services. The contribution of the third and independent sectors in enabling delivery of better outcomes is also a crucial factor in our wider public service reform plans."

Behind the rhetoric about improving standards of care and service provision, there have been extensive discussions in policy-making circles on how best to

slash the costs of healthcare. A leading role has been taken by the accountancy firm KPMG, which recently released a lengthy report containing key recommendations on NHS “reform.” Giving an indication of its content, the report’s release was accompanied by an opinion piece in the *Scotsman* by KPMG Scotland Public Sector head Jenny Stewart entitled “Scotland’s NHS: a suitable case for treatment.”

KPMG criticised the level of public spending on healthcare, and put forward a six-point plan for reform. The redesigning of “delivery models” to “lower dependence on institutional care” was combined with the call for “empowering patients to take more responsibility for their own wellbeing” and the demand to clamp down on “corruption and fraud.” Stripping away the management double-talk, these proposals are aimed at eliminating hospitals and other healthcare facilities, leaving broad sections of the population to fend for themselves.

The trade unions have done nothing to challenge such proposals. The latest announcement of 1,000 job cuts in 2012-13 was merely noted with “concern” by the Royal College of Nursing (RCN), and no proposals for strikes or other action have been made.

Unison’s response to the consultation on the integration of health and social care services provided a damning indictment of their own role. After noting that Unison members had been involved in the NHS “reform” process since the late 1990s, they went on to describe the implementation of measures that are leading to widespread privatisation, and wage cutting for health workers. Unison hailed the existence of a pledge of no compulsory redundancies, before lending its full support to the integration strategies.

As the response noted, its only minor disagreement with the SNP proposals was the demand for “local” involvement, i.e., more engagement with the union bureaucracy in carrying through the measures. Unison wrote, “All the evidence shows that top down reorganisation does not achieve integration and these plans are much more prescriptive than they claim to be. A more constructive approach would be to focus on joint outcomes, with local partners agreeing operational arrangements relevant to their local circumstances.”

Calls for “local” control are entirely compatible with the moves to break up public services and replace them

with private or charitable organisations. This strategy has been pursued by Conservative leader David Cameron and his coalition government, who have insisted on the need to dismantle national structures and hand decision-making powers to hospital trusts. Presented as a freeing of health professionals from government regulations, it is in reality a means to destroy what remains of the public provision of health care in the UK. The attacks currently taking place on the wages and working conditions of health workers by a consortium of hospital trusts in the south west of England should act as a warning in this regard.

Free and full access to high quality health care is a social right to which all should be entitled. This can only be achieved through the political mobilisation of health workers, in alliance with the working class as a whole, against the plans of the political establishment to eliminate public healthcare. A precondition for any successful struggle is a decisive break from the trade union bureaucracy, which has collaborated in the implementation of this agenda.

Nurses, doctors and other health care workers must build independent action committees at hospitals and health centres. These committees must become the starting point for a political struggle against the destruction of public health care, by reaching out to patients and broader sections of the working class.



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