

Defence of the National Health Service demands a new socialist strategy

Our reporter
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The Socialist Equality Party in Britain has taken the initiative to wage a campaign in defence of the National Health Service, centred on the South West NHS Fightback—a campaign calling for the formation of Action Committees to oppose a cartel of 19 NHS trusts seeking to slash wages and worsen employment conditions as a precursor to similar measures being taken nationally.

The SEP held a public meeting in Manchester on November 1 in which Tony Robson explained why this initiative must be adopted nationally. Below we publish his remarks.

The Accident & Emergency (A&E) unit at Trafford General Hospital, Manchester faces closure, along with the intensive care unit, children's services and acute surgery. Ambulance drivers have explained how lives will be put at risk by having to transfer patients to Wythenshawe Hospital over 10 miles away.

Working people are being confronted with the fact that there is no means to defeat this attack through the existing channels. The hospital's closure is supported by Labour MPs and many staff are critical of the Unison union which is seen as allowing the closure to take place unopposed.

This is part of a broader assault aimed at dismantling the NHS. Trafford General was the birthplace of the NHS. It is because of this history that the government is determined to show it will not be spared. Conservative Health Minister Simon Burns stated, "I know that Trafford is the birthplace of the NHS and where Nye Bevan famously launched the NHS. But unfortunately history is not enough."

The national list of A&E units facing closure or already closed is alarming. The *Mail on Sunday* puts it at 32. In north west London four of its nine A&E units are being axed, leaving a population of two million without a casualty department. This doesn't include recently revealed plans by NHS Greater Manchester to close an additional three A&E units—Fairfield Hospital in Bury, Tameside General and the Royal Bolton. Fairfield already takes patients diverted from Rochdale Infirmary, whose A&E unit was closed last spring.

The closures are part of the £20 billion worth of cuts demanded by the government by 2015, almost one-fifth of the NHS annual budget.

A hundred and forty senior doctors and health professionals wrote an open letter to the Prime Minister David Cameron urging him to "take seriously the concerns of the many professionals and patients over the serious risk these A&E reforms pose to people's health.

"Not only do many people in some of the country's most deprived areas face longer journeys to hospital, but those in rural areas face longer waiting times for ambulances and crowded A&E departments when they arrive."

Research by Professor Jon Nicholl into 10,000 serious emergency service 999 calls showed that patient fatalities increased by 20 percent for every extra 10 miles travelled. The most important factor in saving lives in the overwhelming majority of cases was early access to casualty departments.

The closure of A&E units has provoked protests around the country and tens of thousands have signed petitions in opposition. But such protests will not make the coalition government change course.

The economic crisis which began in 2008 has developed into the deepest slump since the Great Depression of the 1930s. The multi-trillion dollar bailout of the banks by governments around the world was the equivalent of one-quarter of world GDP. In Britain the £1 trillion of public money transferred to the banks would have been enough to fund the NHS for a decade. While profits were private, the losses have been socialised! These debts taken on by governments are now being recouped through a drive to reverse every single social gain made by the working class since World War II.

Throughout the world the watchword of every government is austerity. For the past two years Greece has been the victim of these measures dictated by the global financial elite. It is now faced with a fifth round of austerity measures demanded by the European Union and International Monetary Fund.

Health care has collapsed. Since 2008 the funding for public hospitals has been reduced by 40 percent. Operations are cancelled for want of basic equipment and medical supplies. A clinic in Thessaloniki reported that it could no longer perform heart surgery as it had run out of stents. Similar situations have arisen in hospitals in the capital, Athens.

Doctors and pharmacists are owed €230 million by the country's largest health insurance firm. Patients must pay the full price up front for medicine and try to obtain a refund afterwards. For many, this is not an option so they go without. It is estimated that 25 to 30 percent of the country's population no longer has adequate access to medical care. Children are contracting infectious diseases such as diphtheria and meningitis because their parents cannot afford to pay for their vaccination.

The latest round of cuts includes an agreement to make further cuts totalling €2 billion, in part by laying off 10 percent of doctors, nurses and other hospital staff.

In Britain cuts cannot be achieved without a similar drastic reduction in health provision. The Kings Fund think tank has outlined five scenarios of what £20 billion of cuts look like in practice: a 30 percent real pay cut for all staff; No medication; Abolish the NHS in London; Sack all consultants and general practitioners or abolish the NHS in Scotland and Wales.

The Health and Social Care Act, effective from April, overturns the government's legally enshrined "duty to provide" a comprehensive health service and replaces it with a "duty to arrange" health care. From now on the NHS is to be merely the purchaser of care from the private sector, which will cherry pick the most profitable areas. Primary Care Trusts are to be replaced by Clinical Commissioning Groups run mainly by GPs, who will take control of the bulk of NHS budget and oversee a major outsourcing process.

Public hospitals will be allowed to make available almost half their beds and theatre time to private patients. Those unable to pay will be forced to the back of the queue.

The NHS, developed and maintained by generations of health workers and funded by the tax payer, is to be hived off to private equity companies whose sole preoccupation is the accumulation of profit.

The trade unions—Unison, Unite or the GMB—have stifled and isolated all opposition to job losses, wage cutting and hospital closures.

The formation of a pay cartel by 19 NHS trusts in South West England is a blatant attack on national agreements. Some 60,000 hospital staff have been told that if they resist the 10 percent pay cut, their contracts could be terminated. This is a testing ground for a policy to be rolled out nationally.

The unions have isolated opposition on a regional basis and restricted it to token protests. Unison has stated that it is working through the national negotiating machinery on the basis of four options to achieve the pay reduction, instead of the 28 options being considered by the cartel! The unions have already policed a two-year pay freeze, which has paved the way for the government to extend it by another two years.

Unison has fallen into line with the closure of the A&E unit at Trafford General, along with the Labour MPs Kate Green and Paul Goggins. While Labour was still in office, then Health Secretary Andy Burnham supported the recommendations to close hospitals and move care to the community. It extended the privatisation process through the Private Finance Initiative and Independent Service Treatment Centres.

Unison's aim is to fully integrate itself into the new structures created by the Health and Social Care Act. A handbook has been "designed to help members and others *exert an influence over decisions to cut or privatise NHS services.*" [emphasis added]

The defence of health care as a social right can only be taken forward through a break from the unions and the Labour Party. This is why we are extending the initiative that has been taken with the South West NHS Fightback on a national level.

Committees of action must be formed by rank-and-file hospital staff and include the communities and workers whose lives and health are under threat. The problem is not a lack of funds or resources but the monopoly of wealth by the super rich. The working class must have democratic control of the decision making process over how the wealth it creates is allocated. A radical redistribution of wealth would begin by reclaiming the money handed over to the banks and pouring it back into vital social services and health provision.

The defence of the NHS must form the basis for the mobilisation of the working class to bring down the coalition government. It must be replaced by a workers' government based on socialist policies.



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