

Scotland, Wales and Northern Ireland not exempt from threat of National Health Service destruction

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The Health and Social Care Act comes into force in England next month. The act lays the framework for the National Health Service (NHS) in England to be transformed from a direct provider of health care into a body tasked merely with arranging care, the most lucrative components of which will be provided by private operations. The act is the most fundamental assault on the provision of free health care since the foundation of the NHS in 1948.

The act does not apply in Scotland, Wales and Northern Ireland, where health provision has always had regional variations. But the health policies of the devolved administrations in Edinburgh, Cardiff and Belfast are an inseparable component of the Westminster government's class war policy.

The devolution of power to regional assemblies and parliaments, from its inception under the 1997 Labour government, was part of preparations for the dismantling of social provision across Britain. By handing over administration of vital services such as the NHS to the political representatives of the regional elite, Labour, with all-party support, sought to develop and accentuate regional variations in social provision. This adapted to and encouraged the growth of nationalism and separatism in Wales, and particularly Scotland, and sought to deepen national and regional divisions in the working class.

The full import of this is clear in the aftermath of the financial meltdown of 2008 and the turn by all sections of the ruling elite to a policy of social counter-revolution. All the devolved parliaments have aggressively implemented the spending cuts required of them by Westminster.

According to Audit Scotland, NHS Scotland's

spending, at £11.7 billion or around one third of all public funding, has fallen in real terms since 2009 and is expected to keep falling for the next three years. As of 2012, 4,618 fewer workers were employed in health, including a 4 percent reduction in midwives and nurses and an 8 percent reduction in administrative workers.

Of 23 territorial and specialist health boards, 9 reported recurring deficits, with no easy subsequent cuts to make. Of the specialist boards required to make cuts, the Scottish Ambulance Service had not identified where 45 percent of its budgeted cuts were to fall, while the telephone-based diagnostic service NHS 24 had not identified 25 percent of its allocated cuts. Increased costs of drugs and fuel were reported as heavily affecting costs.

The consequences are being broadly felt. Ten of the 14 regional health boards were recently reported as not employing the minimum number of specialist heart nurses. Because of reductions to administrative staff, 40 percent of clinical letters were taking more than seven days to type in April 2012. By early 2013, this figure was 81 percent, while 24 percent of letters were taking more than two weeks.

Other reports warned of staff being bullied into massaging waiting time figures to comply with the Scottish National Party (SNP) government's waiting times targets. A list of unexpected "events" and "serious incidents" in regional health boards testified to systemic pressures affecting all areas of health provision. Some 105 deaths were involved due to fatal doses of medicine, missing equipment, accidents due to neglect and surgical mistakes.

In Wales, currently governed by the Labour Party, as early as 2010, NHS Wales predicted a shortfall of

between £1.3 and £1.9 billion by 2015 unless “corrective” action was taking. In 2012, health boards in Wales reported shortfalls of £279 million, after having made savings of £285 million in that year alone.

Although, according to official reports, there have been few job losses, savings have been made through “workforce modernisation”—a euphemism for increased productivity and lower wages. Last month, 800 people rallied in protest at the planned closure of Blaenau Ffestiniog Hospital in Gwynedd, which is facing closure along with community hospitals in Flint, Llangollen and Prestatyn.

In Northern Ireland, according to the Royal College of Nurses (RCN) trade union, between 2007 and 2011, £700 million in “efficiency savings” were imposed on Health and Social Care Services, along with a £105 million (recurrent) budget cut imposed by the Department of Finance and Personnel. A further £168 million was cut in 2012. Workers face an “Agenda for Change” productivity drive across all departments. Overall demand is expected to increase by 15.2 percent to 2015, but the budget from the Northern Ireland Executive Budget is only anticipated to increase by 1 percent.

The regional ruling parties have cynically postured as defenders of the NHS.

In Wales, the Labour Party professes to be “standing up for Wales” while implementing cuts and closures. In Scotland, the SNP, committed to leaving the UK and with a host of ex-lefts in tow, claims that free health care, as provided by the NHS, can only be defended through Scottish independence. In fact, Scottish independence would catastrophically accelerate the breakup of the NHS across Britain. It is not clear whether English or Welsh people in Scotland would be eligible for free treatment, and vice versa. Currently, English students in Scotland are subject to discrimination over financial support.

All the regional administrations are pushing ahead with policies that are in reality only one step behind those being implemented in England. Under the guise of providing “integrated care”, measures are being pushed through that lay the basis for the extraction of large areas of NHS provision to “third sector” and “independent” providers, many of whom will charge for services.

New “integrated care” administrations will take over

all aspects of care of the most vulnerable people. This will then be farmed out according to regional and local conditions and will inevitably mean a sharp increase in badly paid staff employed by charities and private companies taking over services previously run by the NHS. The proposals are packaged as an unavoidable response to the “demographic time-bomb”, otherwise known as people living longer. Integrated care is supported by both Unison and the RCN, and the other health unions.

The Socialist Equality Party’s NHS Fightback initiative calls for action committees of patients, hospital staff and all workers and youth to be formed independently of the trade unions. These should come together as part of a mass movement of the working class to bring down the Westminster government, and its regional allies, and replace them with a workers’ government committed to free health care and a radical redistribution of wealth in favour of working people.



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