

UK hospital mortality rates used as an argument for privatisation

Ajanta Silva
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A review into the high mortality rates in 14 National Health Service (NHS) hospitals in the UK, by Professor Sir Bruce Keogh, exposes significant failures in all three criteria used to assess quality of care—clinical excellence, patient experience and patient safety.

However, the aim of the Keogh review is to bolster the idea that privatisation is the only solution to NHS failures.

Keogh, medical director of NHS England, was asked to conduct his review in February by the Conservative/Liberal Democrat coalition in the aftermath of the Francis report into the failures at Mid Staffordshire NHS Foundation Trust. Up to 1,200 patients are estimated to have died as a result of the poor care they received between January 2005 and March 2009.

Among the key findings of the review are:

- * Staff working shifts 12 days in a row without a rest day at some hospitals.
- * Inadequate staffing levels particularly at nights and weekends.
- * Over reliance on locum (i.e., temporary) cover and agency staff.
- * Nursing staffing levels and the skills mix suboptimal.
- * Ratio of trained to untrained staff unacceptable for delivering safe care.
- * Significant weaknesses in infection control and prevention practices.
- * Inconsistencies in carrying out safety checks on equipment.
- * Poor communication between patients and staff, particularly junior doctors, many of whom felt unsupported.
- * Problems in managing high patient levels, particularly in Accident and Emergency.

* High readmission rates of patients after treatment.

* Patients subject to multiple bed moves during a stay.

Numerous other reports show that these conditions are almost endemic in NHS hospitals, whether or not they have a higher mortality rate than average. They are bound to worsen due to the massive spending cuts the government has imposed and fragmentation occurring under the new system of Clinical Commissioning Groups, in which GPs have become responsible for buying care from either the NHS or private sector.

Dr. Michael Dixon, interim president of a group representing 135 of the 211 new CCGs, recently stated that hospitals will inevitably have to shut or slim down.

Chief executive of NHS England Sir David Nicholson also called for radical changes to the service, including concentration and centralisation of services in major centres that will lead to the closure of local hospitals, General Practices and special units.

Acrimonious exchanges between Conservative health secretary Jeremy Hunt and Labour shadow health secretary Andy Burnham, in response to Keogh's review, cannot conceal the fact that both the current government and its Labour Party predecessor are responsible for the dismantling of the NHS.

Most of the 14 hospital trusts Keogh chose are products of the Labour government's Foundation Trust and Private Finance Initiative (PFI) policies, which the coalition government has adopted enthusiastically. Nine of the 14 trusts were Foundation Trusts and the rest were attempting to secure this status.

The system of Foundation Trusts was set up to give management financial "freedom" from central government control. It led to much greater attention being paid to financial outcomes to the detriment of patient care. It was above all a means to increase

outsourcing and privatisation. Six of the 14 trusts are also saddled with huge debts as a result of using the PFI to rebuild hospitals

All of the trusts have been compelled to make cost savings, first proposed by Labour, as a result of the government's £20 billion cuts to the £108 billion NHS budget in England.

According to one report, the 14 hospitals have also paid hundreds of millions in negligence settlements in the past three years, on top of the government enforced "efficiency savings."

The review indicates that there could have been excessive deaths as a result of the cuts, but it does not quantify how many. But Keogh acknowledges that "However tempting it may be, it is clinically meaningless and academically reckless to use such statistical measures to quantify actual numbers of avoidable deaths."

When Robert Francis published his report on the Mid-Staffordshire NHS Trust failings early this year, he claimed that the issue was fundamentally a problem of "culture"—letting the real culprits off the hook. Despite Francis declaring, "What has been found to be wrong here cannot be cured by finding scapegoats," the government did just that—turning its fire against NHS staff.

Likewise, Keogh has not held the government, health authorities or the chief executives of hospitals responsible. In the wake of his review, the failings he identified have been used to intensify demands for further privatisation. Writing in the *Telegraph*, Sean Worth, a special adviser on health to Prime Minister David Cameron until June, calls for the Labour Party to "agree to some simple, tough decisions about how to prevent a repetition of the scandals that occurred on their watch."

"There is a clear case for urgent action over our worst hospitals," he continued. "Of today's 14, there are at least six that cannot be turned around with their current management in place. So why not support an open competition for new providers, including private-sector ones if necessary, to take them over and turn them around on a payment-by-results basis?"

These attacks on free health provision will inevitably bring Greek-style misery, unless challenged by a massive working class movement based on socialist policies.



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