

Britain's National Health Service “fraying at the edges”

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In a June 30 interview with the *Guardian*, British Medical Association (BMA) chairman Mark Porter criticised the Conservative/Liberal Democrat government for its attacks on the National Health Service (NHS).

Porter told the newspaper, “You have a service that’s suffering from a lack of proper investment, constant resource restrictions and cost control, and is demonstrably and noticeably in a number of places starting to fray at the edges.”

“The NHS is very much under strain,” Porter explained. “Waiting times for elective [planned] care are going up, the four-hour target for A&E [Accident and Emergency] is deteriorating and hospitals’ ability to get patients through properly is being affected.”

His remarks came as research published in the July 2014 edition of the *British Journal of General Practice* shows that the annual number of unplanned attendances at accident and emergency service (A&E) departments in England increased by 11 percent (2.2 million attendances) between 2008–2009 and 2012–2013. The research concluded that “a large number of A&E attendances are likely to be preceded by unsuccessful attempts to obtain convenient general practice (GP) appointments in England each year.”

In 2012–2013, one in four A&E visits (nearly 6 million) took place after patients had been unable to get an appointment with a GP. Previous research has shown that the reasons include the change to GP contracts in 2004 allowing them to opt out of providing night and weekend cover, leaving it to other agencies to provide care, and the implementation of the NHS 111 non-emergency phone call system. It proved to be a disastrous failure, with GPs complaining that calls were not answered, poor advice was given and their own workloads had actually increased.

The share of NHS funding going to GPs has fallen from 11 percent to 8.4 percent, even though they account for 90 percent of the contact patients have with the NHS and are under increasing pressure to take on more responsibilities.

Dr. Clare Gerada, chair of the Royal College of General Practitioners, told a parliamentary inquiry last year, “I am getting e-mails from colleagues across the country to say that their surgeries are now fully booked by 8:30 in the morning, which is disgraceful. How can we run an NHS where, unless it is an emergency—and by that I mean a dire emergency—you cannot get an appointment with your GP on the day and appointments are fully booked by 8:30? This is not because GPs are going to play golf in the afternoon; it is because they are trying to respond by working 15-hour days.”

Other factors putting pressure on A&E units include cuts to frontline jobs, producing a shortage in both middle-grade and senior doctors and a big reduction in vacant beds in wards because of difficulties in discharging patients due to cuts in social care provision.

Above all, it is the government’s slashing of NHS funding that has caused the crisis. It has imposed £20 billion of “efficiency savings” to the £108 billion NHS budget. These cuts, first proposed and begun under the previous Labour government, are resulting in the closing of dozens of NHS hospitals and A&E units across the country, ignoring the massive opposition from the working people living in the surrounding areas and health workers who work in those hospitals.

Last month, it was revealed that NHS England faces a funding gap of up to £2 billion, about 2 percent of its budget, for the next financial year. The NHS in Wales is facing a £2.5 billion funding gap over the next decade.

The former Liberal Democrat health minister, Paul

Burstow, told last Sunday's *Observer* that the NHS needs an extra £15 billion in the five years from April 2015 "if you don't want the system to collapse during the course of the next parliament".

It is only because the NHS is run as a public service and relies on the hard work, long hours and dedication of NHS workers and professionals that it has been declared the world's best health care system by an international panel of experts at the US Commonwealth Fund think tank. The UK, spending £2,008 per head, was judged first place scoring highest on quality, access and efficiency.

Although the same report also denounced health care provision in the US, where £5,017 (\$8,508) is spent per head, as the worst globally, it is to the US that the government is looking to as a model for its "reforms" of the NHS. It appointed Simon Stevens, a former top executive of the largest US health care organisation, UnitedHealth Group, to take over as chief executive of NHS England in April 2014. Health Secretary Jeremy Hunt heralded him a "great reformer".

Some indication of what is in store is indicated by Stevens' suggestion last year that the Obama administration could slash \$500 billion in Medicare funding over the next 10 years by utilising aggressive measures in the provision of medical care for the elderly and impoverished. One of Stevens' first acts in the UK was to call for the "opening up" of the NHS and "reshaping our care system."

Stevens' appointment was seen as vital in order to spearhead the changes arising out of the enactment of the Health and Social Care Act 2012. This Act set the stage for the buying up of major NHS assets by private companies and increasing the private sector's market share of health care, including 12 major US insurance companies, among those UnitedHealth.

The Act paved the way for the creation of 211 new Clinical Commissioning Groups (CCGs) and Urgent Care Boards (UCBs) to take control of £65 billion of health spending, two-thirds of the NHS budget. It was an unprecedented step towards privatisation of the NHS, allowing CCGs to buy care either from the NHS or private sector.

A study earlier this year showed that in the seven months since the Act came into effect, nearly 70 percent of the £1.5 billion worth of contracts for NHS services have been awarded by CCGs to private

companies.

Whilst the government has, for the time being, said it does not support proposals to charge patients to see a doctor, the mouthpieces of the ruling elite are openly calling for such measures and the end of free health care.

A June 18 *Times* editorial headlined "Health Costs" stated, "There is no such thing as free health care, and sooner or later NHS patients may have to accept that this means charging for doctors' appointments".

It opined that "the time has come to think what has for too long been considered the unthinkable", complaining that over the last seven decades, "Health care has been transformed, but the assumption that it must be free at the point of delivery has been immovable."

Giving examples of proposed NHS patient payment schemes, it continued, "Earlier this year the King's Fund, an influential think tank, argued for charges from £10 to £25 for doctors' appointments and to attend A&E department. Lord Warner, a health minister under [former Labour Party prime minister] Tony Blair, has backed a £10-a-month NHS 'membership' fee." The *Times* concluded that the NHS needs an "honest debate in which no solution is off limits..."



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