British unions open door to charges for doctor visits

Ajanta Silva 25 July 2014

At this year's British Medical Association's (BMA) annual General Practitioner (GP) conference, a proposal to charge patients a fee to see their GP was debated and rejected. The former chairman of the BMA's GP committee, Dr Laurence Buckman, said charging would lead to "the survival of the richest, not treatment of the sickest".

At last month's conference of the Royal College of Nursing (RCN—the national nurses' union), a member of the Inner North East London branch tabled a similar resolution, declaring, "As the NHS [National Health Service] faces one of the most significant financial challenges in its history, this is a debate that we have to have. At some point in the future, regardless of which UK country we live in, there will have to be a choice between increased taxation or paying for public services like health that we have hitherto expected by right". The resolution was defeated by 446 to 40 votes.

Articulating the concerns of the majority of nurses and working people in the country, a nurse from Manchester Central, Heather Henry, told the RCN conference, "I am absolutely shaking with horror at the thought of this resolution. It is the worst thing for health inequalities we could possibly propose. The vulnerable will suffer. What will happen with screening and immunization? The most vulnerable patients will be presenting later and sicker, or worse. A&E [Accident and Emergency Unit] attendances will rocket. The GP is one of the greatest inventions of this NHS. They don't only offer health care, they also are the listening service that signpost people to a range of other options available to them".

After the conference, and despite the overwhelming defeat of the proposals, media headlines proclaimed, "Patients should be charged £10 see GP", "Nurses to call for GP appointment charges", "Make patients pay

£10 to see a GP urge nurses".

A *Times* editorial declared, "There is no such thing as free healthcare, and sooner or later NHS patients may have to accept that this means charging for doctors' appointments" and hailed the "brave minority" of RCN delegates who had raised the issue.

The editorial bemoaned the fact that "this no-payment pledge has become integral to the service's identity and non-negotiable to a majority of its users" and endorsed "insurance-based systems" as a viable solution. These haughty statements coincided with the release of a report indicating that the NHS is cheaper and more efficient than the health services of other "advanced Western economies", largely thanks to the dedication of health workers and its operation as a public service.

Rather than torpedoing these demands for charges and taking to task the headline writers, the leaders of the RCN, Royal College of General Practitioners, Royal College of Physicians, Royal College of Anaesthetists, five other professional bodies and the boss of the Foundation Trust Network wrote to the *Times* with a miserable plea for a "national conversation" on health and social care.

After warning that the NHS was "creaking at the seams" and an additional £30 billion [\$US 51 billion] was needed by 2020 to maintain current services, the various leaders then raised the issue that their conferences had decisively rejected and declared that the NHS would have to start charging patients unless taxes were increased or major cuts were made to services.

The letter to the *Times* made no mention of who had created the crisis by massive cuts to funding or the ruling elite's aim of turning the NHS over to profitmaking business.

Advocates of charging for services argue that a

comprehensive system of free health care for all is no longer sustainable due to financial constraints produced by the economic crisis. They blame the rising older population and further increases in the number of people with long-term conditions for the funding crisis in the NHS, instead of pointing out the systematic under-funding and attacks on the NHS by successive governments.

They choose to ignore the reality that the previous Labour government bailed out the banks by more than a trillion pounds that would have funded the NHS for a decade. Nor do they raise a finger of protest against the ruling elite who have enriched their wealth massively during the crisis years or question the billions of pounds spent on criminal wars.

It is not surprising, however, that such a spiteful resolution on charging was even debated at the RCN conference. The RCN and other NHS unions have long ceased any fight against the NHS being dismantled and privatised and have complied with the government in imposing one attack after another on health workers.

In 2010, when the Conservative and Liberal Democrat government announced they would carry out the Labour Party plan to cut £20 billion from the NHS budget, the RCN wholeheartedly supported the proposals. They sowed the illusion that by agreeing to the so-called efficiency savings job losses would be avoided and even created a Front Line First campaign, urging nurses to identify areas that could be cut.

Dr. Peter Carter, RCN chief executive and general secretary, wrote at the time, "It's no secret that the NHS needs to save billions of pounds across all four countries of the UK, including at least £20 billion in England alone by 2014—that's one fifth of its entire annual budget". Stressing that these cuts were inevitable, he declared, "We want to make sure these savings are achieved in the best possible way".

Geraldine Cunningham, RCN head of learning and development, added, "When the government has confirmed that large efficiencies need to be made, it will be down to us to show where money can be saved and spending protected".

What is the balance sheet after this compliance with the governments' attacks on the NHS? On the one hand, thousands of nursing posts, including front line jobs, have been eliminated, pension contributions have increased with less benefits, the real value of wages have declined by 15 to 20 percent and working conditions have deteriorated. On the other, patient care has severely suffered.



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