

UK: Oppose rationing of vital health services!

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The Socialist Equality Party and its initiative NHS Fightback call on hospital workers, patients and working people to build action committees to fight the proposed rationing of vital health services in Devon.

It is a grave mistake to expect any of the official parties or the National Health Service (NHS) unions to defend the right to decent health care.

Last month, the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG), the largest in the country, announced 24 “urgent and necessary” measures and more planned for the future to meet a £14.5 million deficit for 2013-14 and a predicted £430 million by 2019. Up to £159 million will be slashed from health service provision over the next five years.

Included in the new measures are:

- Restricting hearing aids to one ear, and cataract operations to one eye.
- An end to some varicose vein treatments, shoulder surgery and earwax removal.
- Stopping shockwave therapy for tendinopathies (tendon injuries)
- Rationing of investigations like MRI scanning and professional referrals
- Closure of the Sidwell Street NHS walk-in centre in Exeter

The CCG had also originally planned to deny operations to smokers if they did not quit, and hip and knee operations to those who are morbidly obese (a Body Mass Index of more than 35) unless they lost weight. However, the proposals were suspended following an outcry from the public and a number of charities and professional bodies including the Royal College of Surgeons (RCS). An estimated 11,000 patients a year would have been affected in Devon by the new obesity rules.

The RCS declared that “patients’ access to treatment must be based on clinical assessment and patient

decision” and insisted that “it is unacceptable if organisations are rationing on the basis of financial considerations.” “Restricting access,” the RCS added, “can impact on a patient’s quality of life and eventual outcome of the surgery.”

Denying access to treatment not only breaches the NHS constitution but increases further the health inequalities in society and place patients’ safety in jeopardy. The main aim is to coerce people to seek private health care.

This is a deliberate strategy on the part of the Conservative and Liberal Democrat coalition government. Despite claims the NHS has been ring-fenced from sweeping austerity cuts in other public services, the coalition has not only carried out the previous Labour government’s plan to implement £20 billion in cuts to the NHS budget by 2015, but demanded a further £10 billion by 2021.

Parallel with this has been the passage of the Health and Social Health Care Act in 2012 aimed at dismantling the NHS and to expedite the privatisation process. CCGs were formed and told to consider both public and private sector suppliers when tendering new contracts. According to the *British Medical Journal*, between April 2013 and August 2014, non-NHS providers—mainly from the private and voluntary sectors—have secured 45 percent of new CCG contracts. One of the most recent is the £235 million contract for local orthopaedic services the Coastal West Sussex CCG has handed over to private provider Bupa CSH Ltd. This threatens the closure of long-established orthopaedic units at St Richard’s Hospital in Chichester and Worthing Hospital.

The government has given the green light to rationing, with Simon Steven, Chief Executive of NHS England, declaring, “There is a real need to ensure that the NHS in Devon can live within its means.” This statement completely disregards how much funding the

government slashes from CCG budgets and how much money is swallowed up in payments to the private sector via Private Finance Initiatives.

What is happening in Devon is a warning to the entire working class. The NHS is facing death by a thousand cuts as part of a series of reactionary measures aimed at reversing the previous hard-won social gains of the working class. The government and their apologists say that there is no money to run the NHS and to maintain the other social benefits upon which millions of people depend while offering magnificent conditions for the corporate elite to enrich their pockets.

With the support of the unions, Labour Party MPs in the Devon area are trying to posture as defenders of the NHS. Exeter MP Ben Bradshaw has declared that the Devon CCG proposals “go even further than originally planned” and “will also create the worst post-code lottery the NHS has seen, with people in Devon being denied basic treatments and operations that we would get if we lived in Somerset or Dorset.”

However, as health minister in the last Labour government, Bradshaw bears particular responsibility for what is happening in Devon. Most notoriously, he is remembered for introducing private management into some NHS trusts, which the British Medical Association labelled “a step towards privatising the NHS.”

Bradshaw was not alone. The Labour government had a 13-year track record of undermining the founding principles of the NHS, i.e., that it meet the needs of everyone, that it be free at the point of delivery and that it be based on clinical need, not ability to pay. Labour’s claims that it will repeal the Social and Health Care Act if it wins the office in the next election should be taken with a pinch of salt. Even if it abolishes the CCGs, their replacements will still be driven by the requirements of the market.

Today, the defence of health care and every other basic social right can only be taken forward through a break from the unions and the Labour Party and the creation of independent action committees. The problem is not a lack of funds or resources but the monopoly of wealth by the super-rich. This monopoly can only be broken by a mass movement of the working class to bring down the coalition government and replace it with a workers’ government based on socialist policies.

Such a government would carry through a radical redistribution of wealth in favour of working people, which would include ending the obscenity of medicine-for-profit and create a free, high quality, well-funded, and publicly-owned health service.



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