

Britain: Government's general practitioner surgeries plan paves way for further privatisation

Ben Trent**30 October 2015**

The Conservative government is pushing ahead with plans to keep general practitioner (GP) surgeries open seven days a week between 8 a.m. and 8 p.m.

The proposals are part of a new GP contract the government wants to bring in by April 2017 to replace the Labour government's 2004 contract.

Prime Minister David Cameron, who made the announcement at the Conservative Party conference in early October, claimed it will get rid of the "box-ticking and the form-filling" associated with the Quality Outcomes Framework, the "incentive and reward" system introduced in the 2004 contract.

Details of the new contract are vague, but the main aim is to create networks and federations of GP practices which currently have over 30,000 patients. These new "super-practices" will be given more autonomy and financial viability, making them more attractive for prospective private companies that have already made substantial inroads into the provision of GP services.

Since the 2004 contract came into effect, there has been rapid privatisation of a service that had up until then not been affected to the extent of other areas of the National Health Service (NHS) such as elderly care provision and dentistry. Companies including Virgin Healthcare and Care UK, as well as voluntary organisations and social enterprises, have been able to win contracts to provide GP services.

By April of this year, 347 of the 8,300 general practices in England had been taken over by "alternative provider medical service" (APMS) contracts. The UK's largest outsourcing company, Capita, has recently become the sole provider for the £1 billion GP back-office support contract.

Since the Health and Social Care Act came into effect in 2013, the total amount of NHS care being outsourced through competitive tendering has mushroomed from £1.2 billion to £9.6 billion.

The new GP contract presents a "real and immediate threat" to the NHS, according to leaders of the medical profession. In a letter to Health Secretary Jeremy Hunt, the presidents of 14 medical colleges declared, "As currently proposed, the new contracts would regard most evening and weekend work as normal time."

"This would act as a disincentive to recruitment in posts that involve substantial evening and weekend shifts, as well as diminishing the morale of those doctors already working in challenging conditions," the letter added.

In an additional statement, the Royal College of Physicians said, "We are extremely concerned that this new contract will jeopardise services already at breaking point, compromising patient safety" and warned that more doctors would quit the profession, which is already suffering a crisis in recruitment.

The shortage of GPs led the chair of the General Practice Committee of the British Medical Association (BMA), Dr Chaand Nagpaul, to describe as "entirely flawed" the government's pledge to recruit an extra 5,000 GPs to operate the longer opening hours. "It's absolutely pointless promising 5,000 extra GPs within this parliament if we lost 10,000 GPs retiring in the same period," Nagpaul pointed out.

GP recruitment agency, ManpowerGroup Solutions, has also warned that the government's plans are in disarray. The company's UK managing director, James Hick, said, "As a major recruiter of GPs, we see that there are not enough home-grown new clinicians.

There's no simple fix: even if we were to double the number of medical school graduates from British universities, it still wouldn't solve the problem."

Hick's warning came as the Migration Advisory Committee again blocked GPs from the jobs included on its list for which permits for migrant workers can be granted.

The situation is at a critical juncture, with one in three GPs considering leaving the profession due to excessive workloads and bureaucracy. A recent poll revealed that while half of GPs agreed that practices should stay open longer, nearly all of them (94 percent) did not have the resources to extend their own opening hours. GPs have seen the lion-share in the increase in patient numbers over recent years—up to 66 times more than Accident and Emergency services in the same period—while receiving a diminishing proportion of the NHS budget.

There has been widespread opposition to NHS cuts and privatisation from the public and NHS workers. The previous Conservative-Liberal Democrat coalition imposed savage "efficiency savings" of £20 billion and the present government wishes to make even larger cuts of £22 billion. Estimates suggest that overspending by NHS trusts, largely as a result of interest payments on hospitals built under the Private Finance Initiative, could reach £2 billion by April 2016.

Every closure of a hospital as well as children's heart, maternity and A&E units has been met with protests and rallies. Earlier this month, unprecedented demonstrations were held in London, Nottingham and Belfast involving 20,000 junior hospital doctors opposed to alterations to their work contracts.

However, this opposition to the attack on the NHS has been dissipated by the unions and professional bodies. They have not only avoided any generalised mobilisation of working people against the dismantling of NHS, but wherever struggles erupt they have kept them fragmented.

Despite the Labour Party's record of attacking public health care when last in office, the unions maintained that only the election of another Labour government last May could reverse the attacks on the NHS. With the election of the Conservatives, they are now counselling workers to wait for the possibility of a Jeremy Corbyn-led Labour government in 2020.

The British Medical Association (BMA), the

professional body for GPs, has acted in the most cynical and surreptitious means possible. Back in August, Nagpaul claimed that he was "not entertaining" the methods by which the government was trying to implement seven day services, although he was prepared to discuss "some level of appropriate extended opening hours." When Cameron made his announcement about the new GP contracts, Nagpaul let it be known how distressed the BMA's General Practitioners Committee was that "this announcement was not discussed with us."

Within days, the BMA announced a GP networks conference, to be held in November, which, according to Nagpaul, "will be of value to everyday GPs looking for ways in which to work with neighbouring practices, through to established networks wishing to develop further." In other words, it will seek to put flesh on the bones of the government's vague proposals.



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