

# Cuts plunge UK National Health Service further into deficit

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Signalling a further decimation of patient care services, the UK's National Health Service (NHS) Trusts revealed the largest spending deficit in its entire history. At £2.45 billion, the NHS spending deficits were almost triple the preceding financial year and almost double the proscribed allowance.

The deficit—which according to financial experts is even worse than the official figure—highlights the growing disparity between what the government is spending and the resources required for the population to remain in good health.

Britain already spends less of its GDP on health than many other European countries, including France, Germany, Sweden and even austerity-ridden Greece. Estimates suggest the continued pace of cuts in funding will reduce health provision to a mere 7 percent of GDP by 2020.

In an article on the deficit, the *Guardian* noted that NHS trusts had made so-called efficiency savings of £2.9 billion during the year in an attempt to control supposed overspending.

There are increasing numbers of cases whereby the NHS is unable to continue adequate levels of provision, especially since the budget cuts imposed by the 2010-2015 Conservative-Liberal Democrat coalition and the subsequent Conservative government.

Even two years ago, the Royal College of Surgeons (RCS) filed a report, “Is Access to Surgery a Post Lottery?” It established that, of 52 clinical commissioning groups (CCGs) that submitted to Freedom of Information requests:

- 44 percent of CCGs “required patients to be in various degrees of pain and immobility...or to lose weight before [hip replacement] surgery.”

- 15 percent of CCGs expected patients, even with the potential of debilitating pain, to have suitable evidence of a hernia increasing in size (or at least not able to return to the abdominal cavity) before referral to surgery.

- Two CCGs required patients to potentially wait up to a year and a half before a tonsillectomy, established as a “watchful waiting period.”

While the RCS report stated that in relation to the potential cost-cutting exercises, “The government has been clear that restricting clinically necessary treatment is unacceptable”, it warned, “the NHS faces a financial challenge of around £30 billion by 2020-2021, necessitating the need for healthcare commissioners and providers to adopt radical solutions to deal with increasing demand and tightening healthcare budgets.”

In July of last year, the Coeliac UK charity challenged North Norfolk CCG over plans to stop all gluten-free food available on prescription, highlighting the price differential between gluten-free and their gluten-containing counterparts and the lack of access to such foods in the majority of smaller food retailers.

In April of this year, the RCS accused six Birmingham-region CCGs of contravening guidance in the creation of proposals for surgery referrals. The CCGs had released a document, “Policy for Procedures of Lower Clinical Value”, stipulating proscriptive restrictions on, for example, the eligibility of those seeking knee and hip surgery, by expecting patients to have a body-mass index (BMI) lower than 35. The RCS accused the CCGs of misconstruing the organisation's own guidance documents.

In an article, dated April 5, the *Telegraph* referred to a policy document distributed to doctors by the

Birmingham regional CCGs, which stated, “CCGs have limited budgets; these are used to commission healthcare that meets the reasonable requirements of its patients, subject to the CCG staying within the budget it has been allocated.”

While this cross-section of such cases highlights the impact budget cuts are having, things would be much worse if NHS Trusts were to reduce their spending deficit by almost half, in line with the government’s demands.

In January 2015, the *World Socialist Web Site* wrote on the case of a Devon-based CCG that under budget constraints planned to implement regressive measures, including the reduction of MRI scans, ending shockwave therapy for tendinopathies, and halting certain varicose vein treatments, shoulder surgery and earwax removal, among others.

We stated, “This is a deliberate strategy on the part of the...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.”

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Simon Steven, the chief executive of NHS England, intervened on the basis of claims that the Devon CCG could operate within its means. This was farcical, as it disregarded the allocated budget available.

The article continued, “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.”

Since these warnings, cuts have continued unabated, sparking opposition nationally. The junior doctors in England been involved in a prolonged bitter dispute with the government protesting draconian attacks on their pay, terms and conditions being rammed through by Tory health secretary Jeremy Hunt. The British Medical Association, representing the 40,000 doctors,

is colluding with the government to sell out their struggle.

The NHS is now the political plaything of both the Leave and Remain camps in the UK referendum on European Union membership, as both wings of the ruling elite attempt to portray themselves as protectors of public health care. This is cynical posturing aimed at utilising widespread concern among the population about the future of the finance-starved NHS, after years of cuts to health budgets imposed by these very same politicians.

The NHS is being deprived of vital resources to allow for its eventual dismemberment by numerous private firms, who want to cream a profit out of an organisation that was designed at its inception to offer free health care for the entire population.

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