

New offensive against National Health Service after cancellation of junior doctors' strike

Ajanta Silva, Paul Mitchell
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The threatened five-day strike against a new contract by junior doctors beginning Monday September 12 was cancelled by the British Medical Association (BMA) within days of it being announced in late August.

Junior Doctors Committee chair, Dr. Ellen McCourt, used warnings from NHS England—which oversees day to day running of the National Health Service—to justify the BMA's capitulation. "NHS England have told us that a service under such pressure cannot cope with the notice period for industrial action given. ... Our hospitals are chronically under staffed. Our NHS is desperately underfunded," she stated, pleading for Health Minister Jeremy Hunt to take part in further negotiations. No further action is planned until after the contract is imposed from next month.

The *World Socialist Web Site* warned that the BMA's actions would further embolden the Conservative government in its offensive against the NHS. Its ultimate aim is to complete the privatisation of the NHS, which is hated by the ruling class as a symbol of everything it was forced to grant the working class in Britain in the post-war period.

The warning has proved correct.

Over the weekend of September 10-11, Chris Hopson, CEO of NHS Providers, an umbrella association for hospital trusts responsible for most of the NHS budget and nearly 1 million employees, appeared in the media calling for a "debate" on what had "to give" in the NHS.

Hopson said the service was under the "greatest pressure for a generation," with 94 percent of hospitals missing the Accident and Emergency standard (seeing 95 percent of patients within four hours) and being 80 percent in financial deficit. While demand and costs increase 4 percent a year, the funding increase will be cut to 1.4 percent next year, to 0.3 percent in 2018 and 0.7 percent in 2019. Hopson explained that services and staff were already being cut and that the NHS "can't deliver"

the government's seven-day working plan.

Hopson declared, "The NHS must make some quick, clear choices on what gives, however unpalatable these choices may be. The logical areas to examine would be more draconian rationing of access to care; formally relaxing performance targets; shutting services; extending and increasing charges; cutting the number of priorities the NHS is trying to deliver; or more explicitly controlling the size of the NHS workforce."

Hopson and the highly paid chiefs of NHS providers have ruthlessly carried out government demands for "efficiency savings" in many hospitals, severely jeopardising patient safety and care.

In 2013, Hopson, as chief of the then Foundation Trust Network (FTN), welcomed that year's rotten deal with unions that saw cuts to pay, terms and conditions, while arguing the savings involved were a drop in the ocean. He declared that there was "a pressing need for the NHS to start discussing the different ways we could set pay, terms and conditions including looking at whether we should set pay nationally, regionally or trust by trust—exactly the same debate as the education service is now having."

On Wednesday, September 14, the House of Commons rejected a mealy-mouthed Labour Party motion calling for greater transparency and "adequate" time for consultation over the government's sustainability and transformation plans (STPs). Aimed at slashing NHS spending by a massive £22 billion, they have been drawn up behind closed doors since December. The plans are due to be published in October and start coming into effect early next year.

Little is known about the plans, other than that England has been carved up into 44 "local health and care systems." In one case, leaked STPs show that in north-west London 500 hospital beds are to be cut. During the debate on the motion, Health Minister Philip Dunne would only say that the plans involved "difficult

decisions” and “tough choices about the future of some services,” including the “reconfiguration of existing hospital services.”

On Friday, September 16, it was reported that a new private GP company, Doctaly, aims to roll out its pilot Uber-style GP appointments service across England by 2018. Currently, patients in two London boroughs can book a 15-minute appointment, costing up to £70 depending on the time and day of the week. Doctaly will, of course, not provide emergency treatment or deal with mental health problems and long-term illnesses that cost money and time.

Doctaly is able to get a foothold into privatising GP (general practitioner) access because of the escalating crisis in GP services. Reports last week showed that more GP practices are planning to hand back their contracts to NHS England because of financial problems, or what the Royal College of General Practitioners more accurately calls the “chronic shortage” of doctors. In Essex almost one third of practices have considered this possibility and 41 percent of GPs in the north east were “probably or definitely” leaving the profession within the next three years, mainly due to stress and long hours.

The crisis facing hospitals and GPs is also being experienced by the Clinical Commissioning Groups (CCGs), which commission their services. Around a quarter of CCGs, twice as many as last year, are predicting deficits for 2016-17. Nine CCGs—Coventry and Rugby, Croydon, East Surrey, Enfield, North Somerset, North Tyneside, South Gloucestershire, Vale of York and Walsall—are in “special measures” and under threat of being disbanded. Another 26 CCGs are deemed “inadequate.”

These developments are a stark warning to NHS workers and the entire working class that the government is determined to pursue its austerity agenda. The further decimation of services is inevitable and privatisation will intensify to fill the gaps.

There has been no lack of opposition to these plans, as shown in the determined struggle of the junior doctors and other health workers and the numerous campaigns against services closures and downsizing. The government’s “success” has rested on the treacherous role played by the unions and the Labour Party in isolating, fragmenting and dissipating one struggle after another and avoiding a unified offensive.

No action whatsoever, let alone a sympathy strike, has been organised in defence of the junior doctors. The Parliamentary Labour Party has refused to officially

support the strike, confining itself to criticisms of the government for prolonging the dispute. Labour leader Jeremy Corbyn is little different, urging Hunt to negotiate “collaboratively and constructively.” Not once has he called for solidarity action by other health unions, which have stood by even as their own members have suffered years of wage freezes and worsening work conditions and confront the threat of massive reorganisation, further cuts and privatisation.

Health workers must wage a political struggle against the government, the media and the state apparatus. Against a ruthless government organically hostile to the principle of public provision of health care, it is fatal to hope that a militant action can be waged through the BMA or the Labour Party. Time and again, they have made it clear they are opposed to such efforts.

The Socialist Equality Party has initiated the NHS FightBack campaign, based upon the independent political mobilisation of the working class. It insists:

“The defence of health care and every other basic social right can be taken forward only through a break from the unions and the Labour Party. Action committees must be formed by patients, hospital staff and the workers and youth whose lives and health are being jeopardised. The problem is not a lack of funds or resources, but the monopoly of wealth by the super-rich. This monopoly can be broken only by a mass movement of the working class to bring down the government and replace it by 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 restoring the health service as a free, high quality state-run facility for all.”



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