

UK: NHS official suggests GP surgeries “be allowed to fail and wither”

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A leaked letter from a senior official of National Health Service (NHS) England exposes plans that could result in the closure of up to 800 “vulnerable” General Practices (doctor’s surgeries).

Over the last six years, Conservative-led governments have been demanding GP surgeries merge into partnerships. This has forced the closure of hundreds of practices, displacing many patients and jeopardising their care and safety.

Many GPs struggle to provide services due to a rising demand, cuts to social care, workforce shortages and increases in workload. These have all been exacerbated by years of austerity and budget cuts that are central to the NHS privatisation agenda of the Tories.

However, the latest NHS England leak indicates far wider and unprecedented attacks on General Practices. The closure of more surgeries will result in patients in many areas being left without any access to local GP services.

The NHS England leak was revealed by the BBC. It cited sections of a letter by Paul Twomey, medical director of the Yorkshire and Humber area team, sent to NHS managers and GP leaders in the region. Twomey demands: “vulnerable practices must either transform and deliver a quality service or be allowed to fail and wither by the system. We are no longer in a position to continue supporting practices irrespective of their willingness or ability as a provider to transform appropriately.”

While preparing a massive assault on GP services across the country behind closed doors, NHS England and the secretary of state of health, Jeremy Hunt, claim that struggling practices are being resourced in order to improve them. NHS England says it will invest half a billion pounds on struggling practices, along with an action plan to reverse the underfunding over the past.

But the amount of money being proposed is minuscule. Last year, Hunt promised to spend just £10 million on practices considered vulnerable, but even this has not materialised according to the medical magazine *Pulse*.

The Royal College of General Practitioners (RCGP) states: “General practice is at risk of losing £33m in 2016/17, through underspending by Clinical Commissioning Groups (CCGs), and up to £760m in 2020, through the roll out of regional NHS plans [Sustainability and Transformation Plans (STPs)].”

The promised funds are a drop in the ocean given that the last six years have seen the lowest-ever funding increase in the NHS, due to the government’s policy for a further £22 billion in “efficiency savings” by 2021. To achieve these drastic cuts, England has been carved up into 44 STPs.

Recently, Chris Hopson, chief executive of NHS providers, an umbrella association for hospital trusts, said, “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.” He called for a debate over which services have to be sacrificed.

According to NHS England’s own estimates, around 800 GP practices out of nearly 8,000 are struggling. Many of the surgeries that are struggling are small practices in rural areas. The financial year saw the closure of 201 practices, many due to mergers. Many others have been forced into cost-cutting measures, as they are struggling financially.

In July, an Oxfordshire doctor’s surgery announced it would close because it claimed changes to the national GP contract made it “financially unviable.”

The groundwork for closures is being laid by the Care Quality Commission regulator. It has rated many practices as “inadequate,” with the instruction,

“requires improvement.” Any faults identified are blamed on individual practices, ignoring the sustained attacks on public health service provision by successive governments.

The BBC reported that in September, 2,000 patients were left without a GP after a surgery was closed in Nottingham following an “inadequate” regulatory rating.

Many patients are waiting weeks to get non-urgent appointments. RCGP points out that over the last seven years, the workload of family doctors “has risen by 16%, yet the number of GPs has risen nowhere near in step.”

There is a general increase in demand for NHS services. General practices see around 1.3 million patients a day. Compared with 2004-2005, hospitals are treating 4 million (32 percent) more patients today. The number of GP consultations has increased by an estimated 25 percent, and community care activity has increased by 14 percent over that period.

The government claims that GP numbers will increase by 5,000 by 2021. But official data released last year showed a 2 percent decline in GP numbers while there was only 0.3 percent (108 GPs) increase over the last six months. British Medical Association (BMA) GP Committee Deputy Chairman Dr. Richard Vautrey said, “These figures show that there has been woefully inadequate progress towards recruiting more GPs to cope with rising patient demand. The government is simply not on course to recruit the extra 5,000 GPs it promised at the last election.”

General practices in Scotland, Northern Ireland and Wales face the same problems as those in England.

In Northern Ireland, 75 percent of practices are struggling due to staff shortages and funding. Dr. Tom Black, chair of the Northern Ireland BMA General Practitioner Committee, said, “For now I would say that I would be concerned that we could lose 20 practices through closure in Northern Ireland this year out of a total of 349.”

More than 20 practices have been closed in Wales over the last two years.

Earlier this year, Royal College of General Practitioners Scotland said that the “funding for general practice in Scotland has faced cuts of £1.6 billion over the last 10 years.”

Denouncing the government’s attacks on GP

surgeries, Dr. Peter Swinyard, chair of the Family Doctor Association, said, “Starve the practices of resources. Micromanage them into the ground. Over inspect and over criticise. Then stamp on them. It is hard to be transformative when you cannot recruit doctors or nurses and are under the cosh of all the stresses we know, then have your income and resources reduced making it even more likely that you cannot manage change and adapt.”

At the heart of these attacks is the acceleration of the privatisation process within the NHS.

Last month, 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.

The central aim of the policy that GP practices “be allowed to fail and wither” is nothing but creating the most favourable conditions for these private companies to profit from patient care services.



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