

# Britain's National Health Service being prepared for privatisation

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Brutal cuts to services built up over decades are being prepared by UK National Health Service (NHS) management under new Sustainability and Transformation Plans (STP).

STPs marks a significant step in the dismantling of the NHS. Their aim is to exacerbate the crisis in health-care to the point of collapse in order to justify wholesale privatisation.

Billions of pounds in cuts are to be made which will involve the closure of hospitals and slashing of services. A further £22 billion of cuts in NHS funding are to be made by 2020 under the guise of “efficiency savings,” using plans drawn up by the STPs and the health managers in every region of England.

According to the King's Fund health think-tank, which has seen some of the STP plans produced so far, in southwest London one of five hospitals—St George's, Kingston, Croydon, St Helier or Epsom—will close. In North Central London, a consolidation of services on fewer sites could result in Whittington Hospital losing its Accident and Emergency (A&E) services.

In the Merseyside and Cheshire region, a merger of four hospitals—the Royal Liverpool, Broadgreen, Aintree and Liverpool Women's—and a threat to existing services are being mooted in order to deal with a £1 billion funding shortfall.

The *Liverpool Echo* noted, “The trust that runs the Royal Liverpool and Broadgreen hospitals must make £42.8 million of savings between now and 2021—more than £8 million a year, the document reveals. Mental health trust Mersey Care will also be hammered with £25.4 million to be slashed from its books, followed by Aintree hospital with £21.6 million. Liverpool Women's hospital, which previously warned it could become ‘financially unviable’ due to massive funding issues, is expected to find £6 million.”

In Birmingham and Solihull maternity services could be reorganised, leading to fewer units remaining.

At the North Tees, in the North East, it is proposed to centralise specialist services, including A&E, on two sites. This will result in a downgrade of services at one of the three major local hospitals.

In the county of Devon in the south of England, some A&E, maternity and stroke services at hospitals may close under the guise of centralised services at larger sites.

In 2015, the government drew up proposals on how the NHS would allocate funds and services across England. The country was divided up into 44 geographical areas or “footprints”, each covering an average population of around 1.2 million people with the largest having a population of 2.8 million and the smallest 0.3 million. Each area was charged with creating an STP, outlining how the money allocated for health provision would be spent and how the services offered would be delivered. The area leader does not have to be a member of a clinical commissioning group or hospital trust, but could be from local government.

A major task of the STP was to outline the spending allocation for the next five years up to 2021, even though these are statutory bodies. Nigel Edwards, chief executive of the health think-tank the Nuffield Trust, described them thus: “They're not organisations. They're ‘footprints’—lines on maps. There's no building with a name on the door.”

NHS England, the body that holds budgetary responsibility for commissioning health service provision, states the STPs will be responsible for “how local services will evolve and become sustainable over the next five years—ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.”

But behind the official gloss and verbiage put forward by the NHS is the reality that the STPs are part of the sustained attack on health provision by the current Conservative government, its preceding coalition with the Liberal Democrats and the 1997-2010 Labour government.

The Kings Fund alludes to this in its December 2 paper explaining the origins and role of STPs. Under the heading, “What do STPs mean for the NHS?” It wrote: “It also recognises the growing financial problems in different parts of the NHS can’t be addressed in isolation... providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population. In some cases this may lead to ‘system control totals’—in other words, financial targets—being applied to local areas...”

In plain words, rationing service provision.

The British Medical Association (BMA) representing doctors in the UK issued a statement on November 21 headed, “STPs risk ‘starving services of resources’.” They were to slash “£26 billion from health and social care costs in five years,” the article stated quoting BMA council chair, Dr Mark Porter, that “There is a real risk that these transformation plans will be used as a cover for delivering cuts, starving services of resources and patients of vital care.”

A blog posted on the *Huffington Post* by GP David Wrigley, BMA Council deputy chair, noted it would be “an impossible task to make such ‘savings’ when hospitals are already bursting at the seams, general practice is on its knees with GP surgeries closing each week and social care is in tatters across the country due to huge cuts to local authority funding... We have an ageing population with more complex health and social care needs and they rightly deserve high quality health and social care. However there are serious concerns about whether STPs can deliver this.”

Health professionals warn the implementation of the STPs can only accelerate the ongoing loss of beds and closures of A&E departments now taking place. A *Daily Telegraph* article of November 21 noted, “Almost half of NHS authorities are drawing up plans to cut hospital beds and one third intend to close Accident and Emergency departments, research suggests.”

The plans have been drawn up by a small number of

participants with many in the health service having little knowledge of the process. It is reported that between 75 percent and 90 percent of doctors have not been consulted. According to the *Telegraph*, “NHS England had told local health leaders not to reveal the plans until they were finalized and had been approved by their own officials. The national body even told local managers to refuse applications from the media or public wanting to see the proposals under the Freedom of Information Act.”

By the middle of December, all the STPs had been drawn up and the plans published. Concerned health professionals had leaked some early.

Under the 2012 Health and Social Care Act, the government’s duty to provide health care was reduced to that of merely commissioning care. This has opened up the health service to further privatization. The introduction of STPs will accelerate this process.

In November, it was announced that Richard Branson’s Virgin Care group had won a £700 million, seven-year contract to provide adult social care, continuing healthcare and children’s community health services for the Bath and North East Somerset NHS Clinical Commissioning Group. Said to be the largest privatization yet carried out in the NHS and Virgin Care’s largest deal to date, it will oversee 200 social service and health care facilities. The group was awarded a £126 million contract to run hospitals in Kent earlier this year.

Branson is helping to fund a new group headed by Labour politician Alan Milburn that will campaign to reverse the 52 percent vote in favour of Leave in the referendum on the UK’s membership of the European Union (EU). According to the *Independent*, he has also offered office space to help the new group set up.

There is a direct connection between the billionaire’s support for the EU and his role in helping the privatisation of the NHS. EU policy is strongly in favour of the “liberalization” of health provision across its member states, as with all other areas of social welfare.



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