

UK: Rising mortality rates and rationing across the National Health Service

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The slashing of funding over decades to the National Health Service (NHS) and social care by Labour and Conservative governments has led to increasing rationing of treatment.

Cuts and rationing of treatments are thought to be linked to thousands of preventable deaths across England and Wales, according to a joint study by Researchers from the London School of Hygiene & Tropical Medicine and Oxford University and Blackburn with Darwen Borough Council.

The report examined statistics from January 2006 up to December 2015 and found that during that period increases in mortality clearly coincided with financial cuts to the NHS and social care. The report found there were 30,000 excess deaths in 2015 in England and Wales and that these were likely associated with NHS and social care cuts.

The study found that the overall mortality rate increased during the period 2014 to 2015 and the huge increase in preventable deaths during 2015 was the highest since 2008. “The rise in deaths from 2014 to 529,655 in 2015 was the biggest in percentage terms in almost 50 years and the mortality rate was the highest since 2008.” The report notes that those most dependent on social care, mostly elderly people, had the highest numbers of excess mortality rates.

The authors warned that far from improving, increasing mortality rates were set to become the norm, as figures from October 2016 to January 2017 showed mortality rates increasing by 7 percent compared to the average over a five-year period.

Years of savage cuts to funding, privatisation of health services and profiteering by the pharmaceutical industry have had major repercussions for patient care. Many seriously ill patients are being denied drugs and treatments due to increased drives for cost efficiency.

Clinical Commissioning Groups (CCGs) are reducing funding for surgical procedures such as cataracts, hip and knee replacements. Patients needing hip and knee procedures are being refused surgery on the basis they are not completely immobile.

In the West Midlands area of England, three CCGs proposed reducing the number of hip replacements by 12 percent and knee replacements by 19 percent. Only those patients who are suffering constant excruciating pain—which prevents sleep and have extremely limited mobility—will be eligible for surgery under the proposals to cut the numbers of surgical procedures.

The rationing of treatment cuts across all age groups, with child health also affected. A 2014 study by the Royal College of Surgeons (RCS), “Is Access to Surgery A Postcode Lottery?” found that some CCGs issued guidelines—which made patients including children wait 18 months under the “watchful waiting period”—for a tonsillectomy. The report found that patients had to provide documented evidence that tonsillitis had caused them time off school or work before being considered for surgery.

Clare Marx, president of the RCS, said, “This report seems to show that local commissioners are imposing arbitrary rules governing access to some routine surgery. The motivation may not be financial but it is clear that some CCGs do not commission services using clinically accepted evidence-based guidance.”

As more cuts are implemented, access to NHS treatment is being rationed under ever more stringent guidelines—based not on clinical need but on issues around weight and lifestyle.

An investigation into health care rationing by the General Practitioners magazine, GPOne, found that CCGs ration treatments for varicose veins, infertility, and male and female breast reduction, based on

inflexible Body Mass Index [BMI] indices of the patient.

One GP commenting on the rationing wrote, “If it’s purely down to cost saving, it’s not ethical. There are clearly cases where certain people’s body size may make it difficult to safely do a certain procedure, but they’re exceptional. I think what’s happening here is overt rationing to save money.”

For those patients who need lifesaving anti-cancer drugs the situation is dire. Cost-cutting rationing is forcing increasing numbers of seriously ill patients, denied access to life saving treatments, to resort to crowd-funding to pay for treatments now unavailable to them on the NHS.

Figures released by GoFundMe said the numbers of campaigns for money to help pay for lifesaving treatment had increased over the past year. Nearly £8 million was raised last year in GoFundMe campaigns, compared to just under £5 million in 2015.

The lack of funding and the rationing of treatments are having an impact on patients in the community. The Vale of York CCG told GPs to “deliver £1 million savings on prescription costs” as part of the drive for additional savings and efficiencies, due to a predicted £8 million deficit at the York Foundation Trust.

The situation is set to worsen as figures released by the government revealed that NHS spending per head of population would decline by 0.6 percent in the years 2018/19. The figures and predictions of low growth for 2019/20 fly in the face of Conservative Prime Minister Theresa May’s claims that an “extra £10 billion is being invested in the NHS.”

Jon Ashworth, Labour Shadow Secretary for Health, responded to the figures saying, “Social care cuts were compounding the health service’s woes. Ministers have now finally admitted what I’ve been warning for some time—that head for head, NHS spending will actually be cut next year.” He called on May to “use the Budget this March to give the NHS and social care the funding our constituents expect.”

Ashworth’s words ring hollow. Before being elected an MP in 2011, he was a special adviser to the Treasury under then Labour Chancellor Gordon Brown. When Brown took over as prime minister from Tony Blair in 2007, he initiated the devastating austerity measures, which have been continued by successive Tory governments since 2010. These include the ongoing

imposition of more than £40 billion in NHS “efficiency savings”—read cuts—and the escalation of profiteering from public health provision by the private sector.

The introduction of “Sustainability and Transformation Plans” (STPs) to impose these cuts via health trusts nationally is the final nail in the coffin of the NHS. Some £26 billion worth of cuts are set to be implemented under the STPs by 2020, with plans being drawn up for the mass closure of hospitals, wards, accident and emergency departments and staff cuts.

In response to the introduction of the STPs, the main complaint of the largest public sector union, Unison, is that they are being implemented too hastily and that the union has not been consulted regarding the process. It stated, “Unison, along with other NHS trade unions, has written to the Secretary of State to request that he slow down the STP process to give patients, staff and the public greater confidence that local decisions are being made for the right reasons, rather than as part of a rush to save money.”

Unison, with over 500,000 members in the health service, along with the other unions with members employed in the NHS, have not led a single struggle against the ongoing destruction of a vital gain won by the working class—the right to free and universal health care. The unions have accepted every cut, every closure and every job loss and actively worked to prevent any form of independent action by the working class to defend itself against a relentless assault on its living standards by the ruling elite.



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