

# Private ward opened in UK National Health Service in Bournemouth Hospital

Eric Gauld  
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The Dorset Clinical Commissioning Group (DCCG) is preparing the groundwork for private companies to profit by slashing National Health Services (NHS) across the county.

How far this process has gone was confirmed at the end of last month, when the Bournemouth Private Clinic (BPC) ceremoniously opened its ward in the public Royal Bournemouth Hospital (RBH).

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) spent £800,000 of public money to turn a normal ward into a luxurious facility with a ward, two consultation rooms and a treatment room in order to attract wealthy patients and patients who have private insurance. This effectively creates a two-tier health system in the same hospital, with those who have money able to jump queues to access treatment, while ordinary people have to languish on long waiting lists produced by years of funding cuts to the NHS.

BPC is the trading subsidiary of a registered charity, the Bournemouth Healthcare Trust. It was established in 2008 with the sole aim of managing and developing private patient services within RBCH. Until this year, BPC mainly ran private patient cardiac services at RBH's cardiac suite, where consultants carried out private practice.

With the opening of the new ward, BPC is hoping to treat around 800 private in-patients a year and to run a “stand alone clinic service” six days a week. It plans to make profits from increasing the scope of the services, which includes cancer care, chest medicine, diagnostic imaging services, diagnostic vascular imaging and interventional radiology, eye surgery, gastroenterology, general surgery, urology, dermatology and orthopaedics.

RBCH, like other trusts, has become more reliant on

revenue from private treatment with hospital budgets squeezed to the hilt by government funding cuts. RBH is to allow the private sector utilisation of “spare capacity” of hospital facilities during evenings and weekends—and the use of NHS staff. It specifically calls on consultants to carry out their private practice in the hospital.

The outsourcing of NHS services to allow the private companies to profit from RBH facilities is being justified on the bogus grounds that profits generated will be used to the benefit of NHS patients. It is claimed that the health service will be improved—with greater “patient choice”—by allowing patients to choose from either a private or NHS provider.

The reality behind such lies is the decimation of the NHS, a “humanitarian crisis”, according to the British Red Cross. Far from improved choice, tens of thousands of people are systematically being denied timely treatment and health care nationwide. There are numerous reports that Clinical Commissioning Groups are rationing vital treatment and operations to patients.

The Clinical Service Review (CSR) of Dorset's Clinical Commissioning Groups is one of the governments Sustainability and Transformation Plans being rolled out nationally. The review includes downsizing two Accident and Emergency departments, shutting down child hospital units, maternity units and closing down eight out of 13 community hospitals.

Immediately after a bogus public consultation over its slashing of health services, DCCG withdrew funds for 13 council-employed community rehabilitation assistants, who work in the Bournemouth Intermediate Care Service. Health authorities disbanded the Bournemouth community palliative service this January during the public consultation. A further five workers in Bournemouth Church Housing Association based in

the RBH—who arrange care packages for patients prior to their discharges—have been told that they will be made redundant by June as a result of the withdrawal of DCCG funding.

This is not all. In its separate Primary Care Commissioning Strategy, the DCCG has devised a draconian plan to shut down two thirds of GP surgeries across the county. The slashing of these services, as with others is, according to the DCCG, to “provide care closer to home.”

The RBCH and BPC are preparing to exploit the patient care crisis that will be created from running down these services by declaring they are “supportive of the Dorset CCG’s CSR plans.”

In order to smooth the way for the profiteering that will take place at Royal Bournemouth Hospital, RBCH management boasted in a Frequently Asked Questions (FAQ) document, “In the past six years, BPC has invested more than £3m into equipment and staff resources at RBCH, including more than £1m to buy a ‘Da Vinci robot’—an advanced machine enabling surgeons to perform delicate keyhole surgery for the treatment of prostate cancer.” They also claim the BPC “has also funded more than £140,000 of radiology equipment and pays for an extra member of staff to work in the Trust’s Cardiology Department.”

But nowhere in the FAQ does it say how much money BPC has pocketed over the last six years by utilising the facilities in the hospital.

At the same time as a new private ward has been opened, RBCH has, since 2010, shut down several wards in Bournemouth and Christchurch hospitals. This was in order to meet the government “efficiency savings” targets, in which tens of billions of pounds are being cut from the NHS budget nationally, and paved the way for BPC to develop its patient care provision. Not long ago, RBCH shut down a cardiac ward and several bays in Ward 9, under conditions in which the hospital is already unable to provide beds for those desperately requiring them.

In 2014, the Care Quality Commission criticised the RBCH for poor staffing levels, an unsatisfactory mix of skills, and high bed occupancy rate with ongoing use of “escalation beds” when a ward or unit was full—even though these beds could not meet patients’ needs properly.

It noted that patient safety and care was not adequate

in certain departments. These conditions are further deteriorating for patients in ordinary wards, while the BPC ward boasts of having a private room with ensuite facilities, luxury toilets, satellite TV, radio and a bedside telephone. Private patients will also be given access to free parking and fast Wi-Fi.

What is taking place in RBH is not unique.

Many Foundation Trusts [FTs] in Dorset, surrounding areas and across the country have started to operate private patient units in hospitals. In launching the private unit, RBCH stated, “In many ways, RBH is catching up with many other Trusts.”

While slashing the funds of Trusts and demanding £22 billion more in NHS cuts by 2021, the Conservative government is exploiting the favourable conditions created by the 2012 Health and Social Care Act to carry out a scale of privatisation in the NHS without precedent.

The Foundation Trusts had a cap of 2 percent, with some variations across the country, for the income they could earn from private treatments. The Health and Social Care Act 2012 abolished this income cap.

According to the Act, FTs have to perform a majority of their work for the NHS. However, they can generate up to 49 percent of their income from treating private patients.

The Labour Party played a critical role in laying the basis for the privatisation of public health care. In 2002, the Labour government of Tony Blair introduced Foundation Trusts as semi-autonomous organisational units. FTs allowed the private sector to earn income from private patient treatments and paved the way for a two-tier system, in opposition to the founding principles of the NHS.

Labour and their partners in the trade unions have not raised a finger against the opening of private units and the threat it poses to patient care and the pay, terms and conditions of hospital workers.

*For more information visit [nhsfightback.org](http://nhsfightback.org)*



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