

UK government accelerates plans to ration and privatise National Health Service

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A board meeting of NHS England (NHSE) held at the end of November made clear that a further erosion of services, missing waiting time targets and rationing of vital care across the country is inevitable over the coming years.

This followed Conservative Chancellor Philip Hammond's autumn budget, which rejected granting an above-inflation funding increase to the NHS that would allow it to manage rising demand for services and to settle a funding crisis created by years of underfunding.

Hammond allocated a derisory rise of £2.8 billion for the NHS over the next three years, under conditions in which the combined deficit of NHS trusts alone stood at £770 million last financial year.

Before the budget, NHSE chief executive Simon Stevens stated that £4 billion extra funding was necessary to maintain the services next year. This sum had been recognized by several health think tanks. Nonetheless, the government will give only £1.6 billion of the allocated £2.8 billion this year, with a meagre £350 million to get through the massive additional pressures brought on by the winter.

A recent report by Oxford and Cambridge Universities and the University of London (UCL)—which revealed the link between savage cuts to the NHS and Social Care provision and tens of thousands of “excess” deaths over the period of austerity—recommends far more funding is required just to stand still. To close the mortality gap, the report concludes that the NHS budget needs to be increased by £6.3 billion each year to 2021.

While the demand for health care is growing rapidly year on year, government increases under current plans amount to 1.1 percent—far below the inflation rate—until 2021. The last seven years have seen the lowest ever

funding increase in the history of the NHS. Government is also demanding £26 billion in “efficiency savings” by 2021 from the NHS which is “at the breaking point” according to many clinicians and experts.

Moreover, companies involved in Private Finance Initiatives (PFIs), suck life-blood out of the NHS. Over the last six years they have made a record £831 million pre-tax profit which otherwise would have been spent on patient care.

NHSE board papers declared, “Our current forecast is that—without offsetting reductions in other areas of care—NHS constitution waiting-time standards, in the round, will not be fully funded and met next year.”

This means the target of 92 percent of elective surgeries like hip, knee and cataract to be performed within 18 weeks and the Accident and Emergency (A&E) target of 95 percent patients to be assessed and treated within four hours will go from bad to worse from next year. Currently, only 90 percent of patients are assessed and treated in A&Es within four hours and one in 10 patients wait more than 18 weeks to have their elective operations done. This year Stevens watered down elective surgery targets saying that he was allowing the hospitals to “concentrate on more urgent priorities.”

Health Secretary Jeremy Hunt, who is leading the decimation and privatisation of the NHS, tries to appear as the champion defender of it. However, even as Hunt goes on record that waiting time targets should be upheld, he approves the pitiful budget allocation for the NHS.

The difference of tone between Stevens of NHSE and Hunt is not a case of them being at loggerheads as is generally portrayed. Stevens was appointed as NHS England chief by the Tories not with the intention of

improving it but to dismantle and privatize it and to introduce a US-style insurance-based health care system.

Millions of working class patients will have to wait longer to be seen and be treated in Accident and Emergency (A&E) departments, wait longer to have GP appointments, wait months for elective surgery or go without treatment as rationing has become the order of the day. The aim of depriving vital care for patients is to force them to seek treatment in the already thriving private sector promoted by Labour and Conservative-led governments over the last three decades.

As a result of funding cuts more people will die, with the rollout of new medicines and treatment under threat. NHSE warns that guidelines of the National Institute for Health and Care Excellence (NICE) for allowing new drugs and treatments may not be followed unless “they are accompanied by a clear and agreed affordability and workforce assessment at the time they are drawn up.” Such restrictions can only result in patients being refused new drugs for serious medical problems including heart conditions, diabetes and blindness.

Rationing is proceeding apace and to save a mere £141 million a year from the NHS’s £17.4 billion medicines bill, NHSE has decided to stop prescribing 18 medicines under the banner of taking action to “reduce inappropriate prescribing.” Thirteen treatments described as “ineffective” have already gone, with NHSE instructing doctors to further restrict the funding of medications from a list of 36 common conditions. These include treatments for coughs and colds, painkillers and indigestion pills and remedies for dandruff, athlete’s foot and cold sores.

The criminality of these decisions is clear when the NHSE states that some of these are “products which are clinically effective but due to the nature of the product are deemed a low priority for NHS funding.”

Stevens said that the mental health services, planned investment in primary care including GP surgeries and cancer services would be protected. But all these services are already struggling to deliver care safely as a result of years of slashing funds.

Responding to the budget, Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, expressed her disappointment that no money was allocated to General Practices to cope with winter pressures. She

said the Chancellor had “overlooked the increased pressures that GPs and our teams will be under, and the role general practice plays in alleviating pressures on our colleagues in secondary care.”

With people suffering long waits on hospital trolleys for treatment, people dying in corridors, and ambulances queuing to deliver patients to A&E departments, the Red Cross described the NHS as being in a “humanitarian crisis” at the start of the year. The government’s response was to downplay the crisis, and to continue slashing services and accelerate the privatization process.

Dozens of A&E units, community hospital, maternity units, GP surgeries, walk-in centres and mental health units have been closed or earmarked for closure across England under the Sustainability and Transformation Plans (STPs). These plans were produced by Clinical Commissioning Groups (CCGs) created under the 2012 Health and Social Care Act. Their aim is not to deliver “care safely,” “efficiently” and “closer to home” as they proclaim, but to balance books at the expense of patient care, services and the workforce. The STPs allow private health care providers to make severe inroads into publicly run services.

Some of the 44 STPs set up in England are now moving towards forming Accountable Care Organizations (ACOs) or Accountable Care Systems (ACS), widely associated with private health care in the US. ACS/ACO allows clinical commissioners and providers to bypass tendering and competition rules.

While starving funds for hospital trusts, the government is forcing the trusts to earn money from private care to fund public services. This has created a two-tier system in hospitals, which goes against the founding principle of the NHS to provide care depending on the “clinical need not the ability to pay.” People who have insurance or money can jump the queues to have elective surgery while the others are languishing weeks, if not months, in waiting lists.

For further details visit [NHSFightBack.org](https://www.nhsfightback.org) and like and share the NHS FightBack page on Facebook.



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