

Proposed UK NHS and Social Care funding increase: Less than a drop in the ocean

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The UK Conservative government announced extra funding for the National Health Service (NHS) and Social Care last week by increasing National Insurance Contribution (NIC) payments of working people by 1.25 percent—a 10 percent increase on the current 12 percent NIC rate. Not a single penny of the wealth of the financial oligarchy, who enriched themselves during the pandemic, will be touched to fund the services millions depend on.

After promising to allocate an extra £5.4 billion for the NHS over the next six months, Prime Minister Boris Johnson boasted, “We will continue to make sure our NHS has what it needs to bust the COVID backlogs and help the health service build back better from the worst pandemic in a century.”

Health and Social Care Secretary Sajid Javid declared, “Funding over the next 6 months is critical to ensuring the health service has what it needs to manage the ongoing pandemic and helping to tackle waiting lists.”

Johnson and Javid’s pledges are bare-faced lies. This meagre sum will solve none of the critical problems the overwhelmed and vastly under-resourced NHS is facing. Instead, the crisis facing NHS due to funding shortfalls, lack of beds and staff shortages will worsen due to the government’s murderous COVID-19 policies.

Only £5.3 billion of the £36 billion revenue clawed back from working people in the next three years through increased taxation is ring-fenced to go towards social care. Contrary to Johnson’s rhetoric, the amount allocated for the NHS is only a half of what is needed to maintain even the current level of services.

The NHS Confederation and the NHS Providers say that they need at least an extra £10 billion in 2022/23 to cover ongoing COVID-19 costs, recover care backlogs

and make appropriate allowance for “efficiency savings” demanded by the government. The health services bodies warned, “It is vital that the government provides this resource. If it fails to do so, it will inevitably become harder for patients to access the care they need, when they need it, and for the NHS to provide the right quality of timely care to all who require it.”

Ben Zaranko, a research economist at the Institute for Fiscal Studies (IFS), said, “The extra funding provided for the NHS in yesterday’s (September 7) announcement will result in spending growing at 3.9% a year between 2018?19 and 2024?25, exactly the same rate of growth as was planned between 2018?19 and 2023?24. That suggests little or no long-term additional costs as a result of the pandemic.”

Even before the effects of the criminal reopening of schools and winter pressures are felt, tens of thousands of COVID-19 cases are being reported across the country, with more than 8,000 people now being treated for the disease in hospitals. COVID numbers are set to rise further along with other respiratory illnesses. The Academy of Medical Sciences warned in July, “A lethal triple mix of COVID-19, influenza, and the respiratory virus Respiratory Syncytial Virus (RSV), could push an already depleted NHS to breaking point this winter unless we act now.”

Some hospitals are already buckling under the burden the pandemic has put on them. The Isle of Wight’s *County Press* newspaper reported last week that in St Marys hospital, 20 percent of their acute beds are occupied by Covid-19 patients. Debbie Fleming, the chief executive of University Hospitals Dorset NHS Foundation Trust, recently admitted that the trust was “really heaving” and “bracing for a perfect storm of pressures.”

During the past decade, the NHS has been hit with the longest and deepest financial squeeze in its history due to unrelenting austerity measures carried out by Tory-led governments. The starving of funds and lack of commitment to resolve training health professionals, including the attacks on bursaries for student nurses and allied health professions, has created a massive staffing and bed capacity crisis never seen before in the NHS. In England alone, total bed capacity was slashed from 160,254 in 2009 to 118,000 in 2020, according to NHS England figures. To avoid cross infection from COVID-19, hospitals have had to operate with a further 12 percent reduction in bed capacity.

The list of patients waiting for elective procedures is growing rapidly and has reached 5.6 million people, the highest since the records began in 2007. Under one scenario projected by the IFS, people waiting for surgeries could jump to 14 million in autumn next year. Even in their most optimistic scenario, the IFS said, “the number of people waiting for treatment would rise to over 9 million next year and would only return to pre-pandemic levels in 2025.”

But that would require the NHS “to increase capacity by 5% in 2021 and 2022 compared with 2019 and then by 10% in 2023 onward (the equivalent of treating around 1.6 million additional patients per year, relative to 2019 volumes, at a potential annual cost of at least £2 billion, before any allowance for additional infrastructure).”

The Nuffield Trust health charity fears that waiting lists could reach even higher and could top 15 million people in four years without a major increase in NHS capacity.

Although the Johnson government is trying to put the blame for the creation of a massive backlog in elective procedures solely on the pandemic, it has been years in the making. The criminal herd immunity policy which put profits of the super-rich before lives only exacerbated problems the NHS was already facing.

The dismantling and privatisation of NHS-run services has affected its world ranking as the best value for money health service among 11 developed countries. The influential Commonwealth Fund thinktank in the US recently cut the NHS’s overall ranking from first position in 2014 and 2017, to fourth place in 2021. Commenting on the move, Siva Anandaciva, the chief analyst at the King’s Fund

healthcare thinktank, told the *Guardian*, “We can’t brush this under the carpet as being solely a consequence of the impact of the pandemic on patients, staff and services. Even before Covid, waiting lists for treatment were already sizeable after a decade of stalling funding and a growing workforce crisis.”

Johnson and his cronies have already made sure, through large-scale privatisations, that an enormous swathe of any money spent on reducing the backlog or on the NHS will go directly to line the pockets of the private hospitals and health company owners, many of whom are in the Tory Party or closely connected to it.

Just as criminal is the silence or occasional lame response of the so-called “opposition,” the Labour Party and trade unions. They have done nothing to mobilise the groundswell of opposition brewing within the working class to the government’s criminal policies.

Labour and the unions refused to give official backing to a national “day of action” organised for the 73rd anniversary of the NHS in July. The WSWS commented, “Staffed by well-paid bureaucrats, either unelected or elected on tiny turnouts, these organisations did not want to cut across their bankrupt policy of holding Johnson and his fellow criminals to their poisoned declarations of love for the NHS. Their overarching fear is of any genuine opposition movement developing among workers. This would not only cut across their own lucrative relations with NHS and corporate management and the state apparatus. It would of necessity have to turn its fire on the unions themselves, whose sellouts have created the pay and privatisation crisis in the health service.”



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