

# Health and Care Bill drives another nail in the coffin of the UK National Health Service

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The Health and Care Bill, currently going through Parliament, is a devastating attack on the National Health Service (NHS) and what remains of the “universal, comprehensive, publicly funded and provided free at the point of delivery health service” in England.

As shown over the course of the pandemic, the British ruling class has thrown out any pretence of protecting the health and wellbeing of the working class and embarked on a criminal herd immunity policy which has led to over 180,000 deaths. Extracting the maximum financial gain out of the health and social care system is a part of this murderous profits before lives strategy.

Millions will be compelled to pay for treatment out of their own pockets as some elective and investigation services are going to be rationed or removed from a “duty to arrange” services list, for example, ophthalmic (eye) services.

The government’s statutory duty to provide hospital medical services was scrapped under the 2010-2015 Conservative-Liberal Democrat coalition. This obligation was passed to the Clinical Commissioning Groups (CCGs) established under legislation introduced in 2012 by then Health Secretary Andrew Lansley.

In the present bill, the duty to provide for key services, such as nursing and ambulance services, will be passed to newly established “Integrated Care Boards” (ICB), which can also include representatives of private health companies.

A fundamental attack on public health care is the fact that an ICB will not be required to arrange provision of emergency services for everybody present in its area—unlike a CCG.

According to public health experts Professor Allyson Pollock and Peter Roderick at Newcastle University, the way the responsibilities of the ICBs are to be legislated, “evokes the US definition of a health maintenance organisation which provides ‘basic and supplemental

health services to its members”’. This will further open the door to for-profit health companies to enter the NHS.

Writing in the *Guardian*, they point out that “despite the focus on ICBs, much of the real power and decision-making will lie with four groups that already exist but are not mentioned in the bill: provider collaboratives, place-based partnerships, primary care networks, and companies accredited to the Health System Support Framework.”

Such collaboratives include companies such as Cygnet, Priory and Elysium. Many companies are already involved in pandemic profiteering are part of the Health System Support Framework, including Atos, Capita, Centene (Operose), Deloitte, Ernst & Young, McKinsey, PWC, Serco and Optum Health (United Health). US private health companies, including Centene and United Health, are becoming key players in the NHS with the former running dozens of GP surgeries and the latter benefiting from numerous NHS contracts.

“The private sector will be present at every level of the health service,” Pollock and Roderick conclude.

These private companies are allowed to be members of the ICBs, their committees and sub-committees, which will plan and commission services, deciding how the NHS budget is spent. For them, the NHS budget of £146 billion a year is a goldmine waiting to be plundered.

Another major assault contained in the Bill is the attack on social care. This will ensure that poorer pensioners bear a greater financial share of their care costs than the better off.

Additional funding for health and social care is to be raised through an across-the-board increase in National Insurance Contributions (NIC) of 1.25 percent. The NIC system already disproportionately hits the lower paid, whereby the poorest can pay 12 percent on most of their income, while the richest only pay 2 percent on a major part of theirs.

In 2019, Theresa May’s Tory government introduced

the 10-year Long Term Plan with then NHS England's Chief Executive Simon Stevens—former vice president of US private provider United Health. A network of 44 Sustainability and Transformation Partnerships (STPs) created by May government was turned into the more centralized “Integrated Care Systems” (ICSs). These organisations act as a vehicle for further privatisation. Stevens wrote to the government suggesting the legislative repeal of significant key sections of the Health and Social Care Act 2012 that he deemed barriers to wholesale privatisation.

The government has heeded his call. The new bill will repeal section 75 of the Health and Social Care Act 2012, and revoke the NHS (Procurement, Patient Choice and Competition) Regulations 2013, which required compulsory advertising of contracts of more than £600,000 for health care services. Private companies will be able to extend their contracts without any obstacles and win new lucrative contracts with only minimal oversight.

Private companies already enjoy a large share of the NHS budget. In 2018/19, NHS commissioners spent almost £10 billion on private sector services—7.3 percent of the Department of Health and Social Care budget. According to the Kings Fund healthcare thinktank, if spending on primary care services such as GPs, opticians, dentists, and pharmacies is included, approximately 25 percent of NHS spending already goes to the private sector.

During the pandemic billions of pounds were transferred to private companies, with some granted VIP access thanks to their Tory cronies. One example is the dysfunctional “NHS test and trace system,” run by 22 private companies who collectively have received billions. A further billion was spent on Personal Protective Equipment (PPE), enriching private companies, who supplied substandard equipment to key workers exposed to a deadly disease, with terrible consequences.

The Centre for Health and the Public Interest (CHPI) noted that the government spent an estimated £2-5 billion buying treatment services from private hospitals during the pandemic although “in total, private hospitals delivered 0.08 percent of COVID care.”

The largest union in the NHS, Unison, portrays the health and social care bill in a positive light. Unison claims that the legislation will even reverse the sweeping privatisations pioneered by Lansley's Act in 2012, saying it represents a plan “to change the law away from Lansley's market madness.”

The opposite is the case. The legislation will further

enshrine the ability of the private sector to cherry-pick the most profitable parts, while those that produce no “shareholder value” will be left to a cash-strapped NHS.

The opposition Labour Party and their trade union partners are accomplices in the destruction of the NHS. Their “campaign” to defend the NHS consists of futile parliamentary debates demanding its “renationalisation.” Unison is backing a “day of action” to defend the NHS with other unions including Unite on February 26. There is no national demonstration; instead Unison says it will include “stalls in target constituency high streets and outside hospitals, to highlight the tsunami of attacks the NHS is facing.” This agenda is directed at trying to persuade a few dozen Tory MPs who won seats in previously Labour constituencies to change course.

Workers should draw necessary conclusions. When the final draft of the government's white paper “Integration and Innovation: working together to improve health and social care for all” was leaked in February 2021, the WSWS warned, “The ruling class intend to shatter the NHS and have the private sector pick up the pieces for profit. The working class requires, and must fight for, the massive redistribution of wealth out of the hands of a tiny super-rich elite to meet social need, including a free, high quality, universal healthcare system.”

This means building independent rank-and-file committees to oppose NHS privatisation, reverse the billions in cuts, and defending the pay and conditions of health and care workers.

**The WSWS urges all NHS and social care workers to contact us to discuss the fight for this programme. For more information, visit NHS FightBack and share your experiences of the pandemic and conditions at work.**



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