

Labour's Darzi report details National Health Service crisis, but sets stage for more attacks

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The Labour government-commissioned report into the state of Britain's National Health Service (NHS) was published Thursday, laying the basis for its further privatisation and break-up.

The report by Lord Darzi, a retired surgeon and peer in the House of Lords, is titled "Independent investigation of the NHS in England". The NHS in England is run by the government in Westminster, while responsibility in Wales and Scotland falls to devolved administrations.

Despite its name, there is nothing "independent" about Darzi's report. He is a trusted man of the state and long-time Labourite, serving as a parliamentary under-secretary in the health ministry for two years in Gordon Brown's Labour government (2007-10). In that role Darzi led a national review to plan the course of the NHS over a decade. It was Brown's government that launched the first austerity measures in Britain following his £1 trillion bailouts of the banks amid the global financial crash. The measures included forcing the NHS to find £15-20 billion in "efficiency savings".

In June 2009, Darzi was appointed to the Privy Council, the committee which advises the monarch of the day. The following month he was elevated to the Lords, sitting on the Labour benches until 2019. At that point he became an Independent, on the basis of backing the fraudulent claims of the Labour right-wing and Tories that Labour's nominally left leader Jeremy Corbyn was enabling antisemitism.

Darzi's remit was set by incoming Health Secretary Wes Streeting, who announced on taking office that Labour's policy was that "the NHS is broken". A July 11 press report by the Department of Health and Social Care, NHS England and Streeting announced that Darzi's "Findings will feed into government's 10-year plan to radically reform the nation's health service."

Darzi's 142-page review confirms that the NHS, starved of funds, and under resourced for decades, can no longer provide a reliable medical service for the population. He notes that, since 2010, "NHS funding has increased by just over 1 per cent in real terms each year. This compares to the

long run average annual increase of around 3.4 per cent, and a per person increase of 5.8 per cent a year in the first decade of this century. The 2010s, in the run up to the pandemic, were the most austere decade since the NHS was founded in 1948."

Two paragraphs deal with the "staggering capital gap" that "opened up between the UK and other countries" in the 2010s. "There would have been £27 billion more capital investment, had we matched the EU15, £35 billion more had we matched the Nordic countries, and £46 billion more had we matched the investment levels of predominantly English-speaking countries. Had we matched the average of all peers, this would have amounted to an additional £37 billion.

"This could have eliminated all backlog maintenance (now standing at £11.6 billion in 2022) and have already funded the 40 new hospitals announced in 2019 before the pandemic hit. The £37 billion to match the all-peers' average alternatively amounts to some £4.9 million for every GP practice, so it could have paid for every community in the country to have a purpose-built, modern GP practice complete with diagnostics, space for specialist input, and a base for mental health and community services."

The disastrous state of the NHS is described. By "June 2024, the total waiting list stood at 7.6 million people. More than 300,000 people had waited for over a year, and some 1.75 million people had waited for between 6 and 12 months. More than 10,000 people are still waiting longer than 18 months (although this has fallen sharply from its peak of 123,000 people waiting that long in September 2021). By far the largest group waiting were working age adults—some 4.2 million people."

The report notes that more than 100,000 babies were left waiting in A&E for more than six hours, and more than 100,000 children and young people were waiting more than a year for mental health support.

Accident and Emergency provision is in an "awful state", with the report citing, "According to the Royal College of Emergency Medicine, these long waits are likely to be causing an additional 14,000 more deaths a year—more than

double all British armed forces' combat deaths since the health service was founded in 1948."

By every metric, the forced collapse of the NHS had resulted in a devastating decline in healthcare provision. Darzi states that "Cancer care still lags behind other countries", noting how "The UK has appreciably higher cancer mortality rates than other countries. No progress whatsoever was made in diagnosing cancer at stage I and II between 2013 and 2021."

His reports also states that "People living with serious mental illnesses have significantly lower life expectancy than the rest of the population, typically dying 15 to 20 years earlier. Moreover, "excess mortality for those with serious mental illnesses has been going in the wrong direction".

Over 230,000 died from COVID in Britain. Darzi's report explains, "The combination of austerity and capital starvation helped define the NHS's response to the pandemic..."

"The decade of austerity preceding COVID-19, along with the prolonged capital drought, saw the NHS enter the pandemic with higher bed occupancy rates and fewer doctors, nurses, beds and capital assets than most other high-income health systems..."

"The impact... less widely known, is that the NHS delayed, cancelled or postponed far more routine care during the pandemic than any comparable health system."

Many NHS staff are "disengaged", adds Darzi. Without pointing out the terrible impact of Long COVID on healthcare workers, he adds that there are "distressingly high levels of sickness absence".

Yet Darzi concludes that, "Despite the massive gap in capital investment, the NHS has more resources than ever before." The major problem is that the NHS budget "is not being spent where it should be" and too great a share is being "spent in hospitals, too little in the community, and productivity is too low". In fact, the word "productivity" is used 62 times in the report, linked to the need for a "fundamental reform" of spending.

The report makes no calls for a vast increase in resources to revive the starved health service, with Darzi writing instead that the question is "really about ... how much healthcare value can be created with the resources available."

All this is handmade for a Labour government ready to wield the knife, under the cover of "reform". For Prime Minister Sir Keir Starmer and Health Secretary Streeting, the word means a further huge expansion of the private sector in the NHS, justified by the need to reduce waiting lists; and increases in workloads with no pay increases. The pair welcomed Darzi's report, each delivering a major speech.

At the King's Fund health and social care think tank,

Starmer said that Labour would launch a 10-year NHS plan next spring, telling those present, "Hear me when I say this... No more money without reform... Reform does not mean just putting more money in." He went on, "I'm prepared to be bold even in the face of loud opposition ... some of our changes won't be universally popular. We know that."

Streeting commented in similar terms in an op-ed in the right-wing *Sun* tabloid, railing against any idea that "we can keep ducking reform, if we just spend more money." This wasn't possible as "we inherited a £22 billion black hole and a stagnant economy."

Speaking to the BBC, Streeting said the "status quo of managed decline is not an option, nor is simply pouring ever increasing amounts of taxpayers' money into a broken model". He would "bring down ballooning costs on the day-to-day spending and improve the productivity of the system." He did not want to "end up with an NHS with a country attached."

The Labour health secretary has insisted for years that "resistance" within the 1.4 million strong NHS workforce must be combatted to end the NHS's "begging bowl culture". He said Thursday that workers should "stop sabre-rattling" and abandon any "unnecessary threat of collective action".

The *Sun's* editorial backed Streeting, saying, "Among many mountainous obstacles are unions who will kick, scream and strike over any changes to their conditions or extra demands on staff."

But Darzi's review was largely welcomed by the health union bureaucracy, whom Streeting is reliant on to help impose the further onslaught on the NHS. His first act on taking office was to meet with the BMA's Junior Doctor's Committee and finalise a sellout deal they hope will end a two-year dispute.

The Darzi report and Labour's response must serve as a warning to NHS workers and the entire working class. In order to prevent the final destruction of the NHS, workers must reject that lie that there is no money available—when billions are hauled in by the super rich and military every year. Health workers must build a new rank-and-file leadership, independent of the trade unions, which puts health, education, housing and every other necessity of life above the profits of the ruling class. We urge workers to join and support NHS FightBack, initiated by the Socialist Equality Party, to take this fight forward.



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