

Behind Streeting's smears against resident doctors: Cuts and ramped-up privatisation of the British National Health Service

Tony Robson
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Labour Health Secretary Wes Streeting has launched a vile smear campaign against National Health Service (NHS) resident doctors in England fighting for a 29 percent pay rise to reverse the real-terms wage cuts since 2008.

The first phase of five days of strike action July 25–30 by around 50,000 resident doctors represented by the British Medical Association (BMA) was met with an extraordinary outburst by Streeting. He denounced the action as “unreasonable” and “reckless,” accusing resident doctors of “using the suffering of patients as leverage.” His diatribe, published in the *Guardian* July 30, contained a direct threat: doctors, he warned, would “lose a war against this government.”

Streeting's denunciation was laced with hypocrisy as he presented himself as the trusted steward of NHS recovery, declaring “waiting lists are at their lowest levels in two years” and that “the NHS is finally moving in the right direction.”

This propaganda effort has already unravelled. New data highlights an unprecedented crisis in NHS patient waiting lists and sheds light on how the Starmer government is exploiting the backlog to carve up the NHS for outsourcing to profit-hungry private providers.

On August 1, the *Guardian* reported information gathered by health data specialists MBI Health in an article titled “*Three million on NHS England waiting lists have had no care since GP referral.*” It revealed that of 6.23 million patients on England's NHS waiting list, nearly half—2.99 million—had not even received an initial consultation or diagnostic test since referral. One million had waited over 18 weeks without treatment.

It noted: “The data raises doubts about Keir Starmer's repeated pledge that 92% of patients will be treated within 18 weeks of referral by 2029—his key promise to voters on health. The target has not been hit since 2015, and in May just 61% were treated on time.”

Rachel Power, Chief Executive of the Patients

Association, described the situation bluntly: “That's not a healthcare service; that's a breakdown.” Dr. Tim Cooksley, former president of the Society for Acute Medicine, warned that prolonged waits would overwhelm emergency departments and leave more patients “experiencing the appalling indignity of corridor care.”

The Department of Health and Social Care responded with a generic statement claiming it was “delivering the fundamental reform needed to turn around our NHS.” “Reform” is code for further cuts packaged as “efficiencies,” along with expanding outsourcing to the private sector.

Under the NHS Long Term Plan, the Labour government is shifting care from hospitals to “the community,” from analogue to digital, and from treatment to prevention. This “modernisation” masks deep cuts. With a projected £6.6 billion deficit, NHS Trusts are gutting clinical services and shedding staff. Nearly half are cutting services, over a third are eliminating clinical roles, and more than a quarter are shutting entire departments.

This offensive is being carried out in alliance with the private sector. In May, the Labour government formalised partnerships with 15 major corporations by designating them “Strategic Suppliers” under the Strategic Supplier Relationship Management (SSRM) programme. These include private hospital chains Spire Healthcare and Circle Health, outsourcing giants Sodexo and ISS, and pharmaceutical multinationals Pfizer, AstraZeneca, and GSK.

These giant corporations now enjoy privileged access to NHS planning, funding, and service delivery—embedding profiteers at the heart of public healthcare. Far from temporary outsourcing, this institutionalises privatisation: public funds flow to private firms while NHS services face cuts and closures.

In January, the Labour government announced a £2.5 billion plan to outsource a million NHS treatments per year

to the private sector—extending the agenda pioneered by the Conservatives. Already, 10 percent of all elective procedures in England were outsourced by 2023.

The *Health Service Journal* reported on August 4 that Spire Healthcare’s NHS revenue surged 16 percent in the first half of 2025, driven by increased orthopaedic work. Spire—the UK’s largest private hospital group by turnover—has aggressively expanded its NHS footprint, treating over 500,000 NHS patients since 2021. Its public sector income rose to £420–£450 million in 2024, up from £262 million in 2015, and now accounts for nearly a third of total revenue.

Across its 39 hospitals and 50 clinics, NHS-funded procedures—especially hip and knee replacements—form a core part of Spire’s business. Taxpayers foot the bill while Spire pockets profits, cherry-picking straightforward procedures.

A 2024 BBC documentary, *“NHS patients going private: What are the risks?”* exposed how Spire had systematically neglected patient care. It reported fatal incidents linked to the absence of critical care at its hospitals. One case involved Nafisa Khan, a 58 year-old mother of five who died at Spire East London in 2021 after a gallbladder operation. With no intensive care unit on site, she waited almost 12 hours for an NHS hospital transfer. Three other patients died at Spire Norwich between 2021-2 after routine procedures, also due to delayed transfers to emergency care.

Spire has just five critical care units at its hospitals. It only updated its websites following the documentary to notify its patients they may require NHS transfers following any complications with procedures. The BBC investigation found some doctors contracted by Spire were working up to 168 hours a week, raising serious concerns over safety and burnout.

These are not isolated incidents but the logical result of a profit-driven system that cuts corners, exploits staff, and endangers lives—enabled by a Labour government fully committed to market-based “reforms.”

While Streeter lectures striking doctors to “do no harm” and accuses them of violating the Hippocratic Oath, he is carving up the NHS for private providers. Labour’s NHS “recovery plan” is a smokescreen for a two-tier system: one where the wealthy enjoy speedy treatment in gleaming private hospitals subsidised by the state, while the majority endure delays, substandard care, and rationed treatment. The cost is borne not only by patients, but by doctors, nurses, and all NHS workers subjected to burnout, stagnant pay, and scapegoating.

Striking doctors have emphasised that their fight is to defend the right to a decent, universal healthcare system and prevent a further exodus of medics devoted to the NHS’s

founding principles without which their frontline role would be a dead letter.

But their fight cannot be left to the BMA’s Resident Doctors Committee. Its leaders, Dr. Ross Nieuwoudt and Dr. Melissa Ryan, make no appeal to the working class. In a July 30 press release, they called for further talks and stated they wanted the strike “to be the last,” appealing to Streeter to “leave the political rhetoric behind and put the future of the NHS first.”

Streeter has made clear that the 5.4 percent award this year is non-negotiable, refuting the claim that the settlement rammed through by the then BMA Junior Doctors Committee last year with the incoming Labour government was “journey to pay restoration.” The 22 percent for two years was well below the 35 percent demanded, demobilised the 44 days of strike action between 2023-4 and has been used to lock in further pay erosion.

Streeter and Labour depend on the partnership forged with the trade union bureaucracy of other health unions, who are blocking strike action by other NHS workers against an even more derisory offer for 3.6 percent for nurses, paramedics and other staff which has been roundly rejected by the rank and file membership.

The Royal College of Nursing (RCN) recorded a 91 percent rejection last week in the ballot, and the GMB and Unite 67 and 89 percent respectively of their NHS members. But these have been confined to non-binding consultative ballots, winning the praise of Streeter. This is the other side of the authoritarian threats against resident doctors, the suppression of action by hundred of thousands of NHS workers by the bureaucratic allies of the Starmer government.

A new path must be taken—building rank-and-file committees to coordinate a unified fightback. These committees must challenge the Starmer government’s “unaffordability” mantra and demand decent pay for all NHS staff providing lifesaving services, opposing the billions diverted to private vultures circling the NHS and ramped up military spending by a government of warmongers.

We urge all those seeking an alternative to get in contact with NHS FightBack.



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