Privatisation of UK's National Health Service escalates

By Ben Trent
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Starting this month, general practitioners in the National Health Service (NHS) have been banned from advertising private services. The ban is being implemented through a new contract agreed by NHS England, the umbrella organisation for NHS trusts.

The contract stipulates that "from 2019 it will no longer be possible for any GP provider either directly or via proxy to advertise or host private, paid-for GP services that fall within the scope of NHS-funded primary medical services."

NHS England ratified the contract with the British Medical Association (BMA), one of the biggest associations for healthcare workers, which hailed it as the "biggest overhaul of services for 15 years" and one that would stop the "increasing blurring in recent years between NHS and private GP services offered to patients."

The reality is the contract doesn't offer anything to bridge the increasing gulf between the resources allocated to services and the resources required to provide adequate care. GPOnline points out that the deal "could strip hundreds of thousands of pounds in funding from some GP practices that operate private patient lists alongside their standard NHS list."

The paltry £20 million set aside for three years to offset this income loss is hardly sufficient.

The ban does nothing to stem the growth of private healthcare providers in direct competition with the NHS. An internet search for private GP services finds that Spire Healthcare advertises GP appointments for 30 minutes at £90, with 39 hospitals providing appointments nationwide. If a patient wishes to book an appointment in Oxford, he or she can easily spend £70 for 15 minutes at a BUPA hospital.

In a telling article entitled "Should I go private, doctor?" which was published last month in the medical journal *The BMJ*, GP Helen Salisbury discussions with patients who are interested in "going private." Patients are compelled to seek private treatment because the NHS Clinical Commissioning Groups (CCGs) "no longer funds—surgical treatment of troublesome varicose veins, removal of unsightly but non-malignant skin lesions, or other 'low priority' complaints."

Another factor pushing patients to private treatment, Salisbury reports, is that the "NHS—which is meant to provide timely investigation, treatment, and relief of suffering—is failing patients as waiting times increase." She explains that most of her patients support the NHS and don't want to be "queue jumpers," but that the conundrum faced by such patients is, "How bad will these symptoms get if I hang on for NHS treatment?" She makes clear, however, that this quandary is faced by only a handful of patients. As for the general populace, there is no spare money for private healthcare.

There remain an increasing number of avenues that can lead to GP privatisations. GPOnline reported the intended move of "at least five" practices in the borough of Tower Hamlets looking to leave their GMS (General Medical Services) contracts to ICP (Integrated Care Providers) contracts.

ICPs, still in a consultative stage, were developed by NHS England to allow NHS trusts a chance to better integrate with private care providers, offering "greater flexibility to achieve full integration of care."

Dr. Richard Vautrey, General Practitioners Committee chair, described moves by GPs to enter ICPs as a "one-way street to loss of independence, direct management control and potential wholesale privatisation."

NHS FightBack warned in our February article, "

NHS 10-year plan: Recipe for further attacks on services and privatisation in UK":

"[N]othing is more destructive in the LTP [Long Term Plan] than its commitment to continue privatization with vigour. The current network of 44 Sustainability and Transformation Partnerships (STPs) are to be turned into more centralized "Integrated Care Systems (ICSs) by April 2019. Every ICS will work towards an "Integrated Provider Contract" and these contracts will no doubt be awarded to or sub-contracted to the private sector."

We noted that NHS England head "Simon Stevens has already written to the government suggesting legislative repeal of significant key sections of the Health and Social Care Act 2012 that he deems as barriers to wholesale privatization and NHS provider mergers." The LTP wants to "remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care" and "cut delays and costs of the NHS automatically having to go through procurement processes" and to give powers for the ICS commissioners to decide what is "best value" and to award contracts."

The Long Term Plan is the latest cornerstone in the systematic assault on nationally provided healthcare services.

An investigation last year by the Pulse website found that over a million patients were forced to move surgeries in the preceding five years, due to the closure of nearly 450 GP surgeries. Of these, 134 closed in 2017, displacing 450,000 patients. This was in contrast to the closure of 18 surgeries in 2013, impacting 37,000 patients.

In 2016, NHS FightBack noted the contents of a leaked letter in which a senior official in NHS England official stated that "vulnerable [general] practices must either transform and deliver a quality service or be allowed to fail and wither by the system." In conclusion, we warned, "The central aim of the policy that GP practices "be allowed to fail and wither" is nothing but creating the most favourable conditions for … private companies to profit from patient care services." This is the situation three years hence.

The fact that overall NHS privatisation continues unabated puts paid that the shift to for-profit healthcare is being curtailed. Vast portions of the NHS are already in the hands of private sector profiteers. In 2017–18, £8.8 billion of the health service budget went to "independent sector" providers—a 50 percent increase compared with 2009-10.

According to a House of Commons Library analysis undertaken for the Labour Party, 21 NHS contracts worth £127 million are currently out to tender. One of these contracts is worth £91 million and will result in a private firm running an NHS 111/Clinical Assessment Service in the south east of England. Some £36 million worth of NHS contracts were put out to tender in just the last six weeks.

The ban on mixing of paid for and free services at GP surgeries is a calculated manoeuvre. Cognisant of the anger among broad sections of the population at the unabated attacks on the NHS—coupled with the increasing militancy of health workers in Britain and internationally—the government is seeking to find ways of rebranding their attacks and heading off opposition.

In this they are relying on the BMA and other unions to sell the new GP contract as a great barrier in stopping the privatisation of the NHS, whilst using the new lever—the LTP—to integrate private and public healthcare providers.

It was only three years ago that the BMA, via its Junior Doctors Committee, carried out a despicable sellout of the national strike by 40,000 junior doctors. This led to the imposition of a contract that was even inferior to one previously overwhelmingly rejected by its membership.

The only way to prevent the complete breakup of the NHS into private healthcare units is by the building of rank-and-file committees, independent of the trade union bureaucracy, in unity with all public and private sector workers to defend jobs, wages and essential services.

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