

NHS IN DANGER

SIX MYTHS ABOUT THE NHS 'REFORMS' EXPOSED

What does the government's Health and Social Care Bill mean for the future of the NHS?

The NHS is not safe in coalition hands. The government's Health and Social Care Bill is the biggest upheaval of the NHS in England since its birth in 1948, coming at the same time as £20bn 'efficiency savings' over the next four years – a double whammy.

We were told there would be no more 'top-down' re-organisations, less bureaucratic 'red tape', greater choice, a better service. Yet, the NHS which we pay for and depend upon, faces being privatised big time.

The aim is to create an open market in the NHS with GPs at the hub – a massive change. Private multi-national healthcare companies and charities will compete to provide healthcare services. In fact, 'any willing provider' can bid for lucrative and 'cherry picked' NHS contracts.

Don't be taken in by the myths!

Myth 1: NHS care will be free at the point of use; based on need, not ability to pay

The bill's 'reforms', coupled with unprecedented cuts of £20bn, will erode this founding principle. In England, the 'efficiency savings' equate to a 25 per cent cut of the NHS budget, leading to a huge reduction in NHS services and tens of thousands of staff losing their jobs.

The current level of care won't/can't be maintained – some treatments, such as hernia operations, may no longer be free on the NHS, or the delays for treatment will be so long that opting to 'go private' may be your best and/or only chance of treatment.

The 'reforms' will create a two-tier health service. All hospitals will be forced to become Foundation Trusts, while the current income cap will be removed – this is the amount of money that a hospital can generate from private paying patients.

As Foundation Trusts find themselves increasingly strapped for cash, they will plug the funding gap by providing even more services to private patients.

This will mean fewer services for you, the NHS patient. Waiting times are already on the rise and are getting worse. Private patients will have priority over NHS patients.

Myth 2: There will be no privatisation of the NHS

There will be no great 'fire sale' overnight, but the bill paves the way for the creeping privatisation of the NHS for the financial benefit of the private healthcare companies. The new GP consortia, without the necessary business/financial skills, will be forced to 'buy in' these services from the private sector.

One of David Cameron's most senior health advisors, Mark Britnell, told a conference of health executives that the NHS will be privatised. He said:

'In future, the NHS will be a state insurance provider not a state deliverer.'

The debate will then hinge on whether the GP will do the best for their patient or their budget – the bond of trust between doctor and patient will be broken forever.

The drive to maximise profits will lead private companies to 'cherry pick' the easiest and most profitable services, leaving the NHS to deal with the more complex, long-term and expensive cases.

The coalition's laissez-faire approach means that hospitals will be allowed 'to go bust' and your local MP, under the terms of the bill, will no longer be able to exert political pressure to stop its closure.

Myth 3: Pressure on the NHS budget is growing- this means the status quo is not an option

Pressure on the NHS budget is certainly mounting, as the population ages and the price of drugs soar.

However, the Health Service Journal calculates that the new system as outlined in the bill could cost £1.2bn more than the current one. York University has estimated that the internal market has increased administrative and management costs to 14 per cent of the NHS budget. It is also estimated that the act of restructuring itself will cost up to £3bn. So how is this easing pressure on the NHS budget?

All health professionals understand that there needs to be changes – but the vast majority do not believe the changes in the government's bill are going to improve the NHS.

Myth 4: The NHS is failing to perform at world-class levels – if it were, the NHS could save 5,000 more lives from cancer and 2,000 more lives from respiratory diseases each year.

Labour's continuous investment in the NHS since 1997 was paying off – our cancer survival rates are improving significantly for most cancers, and for cancer overall. The number of patients waiting more than six months for operations in hospital was down from more than 250,000 in 1997 to just 28 in February 2010. The 'reforms' and the coalition's self-inflicted 'efficiency savings' will turn the clock back and already is as recent figures show. Department of Health statistics reveal that waiting times of over six weeks have rocketed from 3,800 in March 2010 to 10,800 in March 2011. That is a whopping 7,000 jump. So much for not affecting the frontline.

Don't be taken in by the myths – the government has no mandate for these 'reforms'. Urge your MP to vote 'No' to the bill.

Myth 5: The reforms will be better for patients

The reforms will see a return of the postcode lottery. With 250 GP consortia all free to set their own priorities, huge variations will emerge across the country, including what drugs and treatments are available and where. Patients may be forced to change GP or move house to access the care they need.

Dr Charles Alessi – one of the architects and cheerleaders for the 'reforms', said that it was a good thing that different services would be available in different areas of the country and that patients would have to move house to get particular treatments

This is the same situation as trying to get your child into a good school. Inequalities will rocket. The financial success of your consortia will also affect the service you receive.

We have already seen people in some areas having treatment delayed until the new financial year – this will worsen as the cuts bite and GP consortia scramble to keep within budget.

Myth 6: The NHS is safe in the coalition's hands

No it's not! The Tory-led coalition is gambling. Untested capitalist principles will ride rough-shod over the NHS's founding ethos; **free at the point of use; based on need, not ability to pay** will no longer be guaranteed. The effects of competition on the NHS are definitely unknown, but probably frightening.

The NHS is already under huge strain because of £20 billion in cuts and the fact that the government has not ensured that funding keeps up with inflation. With this background, these reforms are simply reckless.

