



What is happening to the NHS?

By Mary Lester, NHS Nurse.

The National Health Service was born on July 5th 1948 under the Labour Government of Clement Attlee, with Aneurin Bevan as Minister for Health. It was created on the ideal that healthcare should be available to all, regardless of their wealth and means.

The NHS was set up on three core principles

- It must meet the needs of everyone
- It must be free at the point of delivery
- It must be based on clinical need, not the ability to pay.

RESTRUCTURE AFTER RESTRUCTURE

The first major restructure was implemented in 1974, when Regional and Area Health Authorities were created. However, concerns about financial pressures arose during Margaret Thatcher's Conservative government and, in 1987, she commissioned a major review of the NHS. The resultant 'Plan' led to the creation of the 'internal market' in 1991 and was also the beginning of GP-led commissioning of healthcare budgets.

In 1997 Tony Blair's Labour government was elected on the promise that the internal market and GP-led commissioning would be abolished – a recommendation of clinicians from the start. However, this did not happen and, in 2000, the new NHS Plan continued the principles of competition and market, also expanding private finance initiative (PFI) building of hospitals and clinics. Private enterprise continued and outsourcing the provision of services to external firms increased. However, during the Labour term, hospital waiting times improved and, from personal experience as an NHS worker, I would say these were the best years of my career as far as workforce morale and patient satisfaction were concerned.

In 2010 the coalition government of David Cameron and Nick Clegg was elected, promising there would be no 'massive restructure' and that care would remain free at the point of use.

The NHS Constitution

Then, in 2011, the NHS Constitution was published. This is an interesting document as it states it is legally binding and makes several statements which are very important today.

These are:

'The NHS belongs to the people.'

Today there are private companies operating within the NHS, companies with shareholders, and it has certainly not been ruled out that overseas companies such as American healthcare firms could operate contracts.

'Any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in the Constitution will have to engage in a full and transparent debate with the public, patients and staff.'

There has never been such a debate and, in general, the public is unaware of the changes happening within the NHS until it affects them. Staff have never been engaged in this way either, consultations

have never been well publicised to the public or for staff, and there has certainly been very little discussion in the national media.

Further, there are seven principles set out in the Constitution.

1. *The NHS is a comprehensive service available to all.*
2. *Access to NHS services is based on clinical need, not ability to pay.*
3. *The NHS aspires to the highest standards of excellence and professionalism.*
4. *The patient will be at the heart of everything the NHS does.*
5. *The NHS works across organisational boundaries.*
6. *The NHS is committed to providing the best value for taxpayers' money.*
7. *The NHS is accountable to the public, communities and patients that it serves.*

The Constitution sets out that the NHS is a national service, funded through national taxation. The government sets the framework and is accountable to Parliament.

How then, with this legally binding Constitution, do we now have patients who are being refused funding for life-saving surgery and advised they would need to fund it privately? We are now seeing patients who have lived and contributed to our society for years being discriminated against for not being originally British, and charged simply because they moved to this country, not because they have failed to pay taxes.

HEALTH & SOCIAL CARE ACT 2012

This has been made possible by the Health and Social Care Act 2012. This Act met with strong opposition from clinicians and unions, as well as professional bodies such as the BMA. In fact, since the Constitution was legally binding, the legality of the Health and Social Care Act has been questioned. Effectively the framework for privatisation has been set by this Act.

Despite the promise by Cameron not to begin another restructure, the Act allows for further and more radical restructure. It also abolished the duty of the Secretary of State to actually provide a national health service – effectively removing removes our entitlement to healthcare if there is no duty to provide one by government.

Day-to-day management of what is left is now not being managed by government but has been passed to NHS England – an unaccountable, unelected body which has been given power to restructure the NHS. It is headed by Simon Stevens who previously worked for the American company, United Health, a private health insurer.

WHERE ARE WE NOW?

In fact, of course, marketisation takes funding away from patient care and is expensive. Year after year, contracts are put out to tender and people are paid to oversee this. Re-organisation inevitably takes place once a new provider takes over, also meaning rebranding of everything from posters and stationary to signage and uniforms. I have, personally, gone through this three times in three years. When you are told that the NHS is being given funding, little of it currently gets down to the front line where it needs to be.

Clinical Commissioning Groups (CCGs) have replaced Primary Care Trusts (PCTs) and are overseen by NHS England. CCGs are responsible for making financial decisions about funding for care. They are independent organisations which, unlike PCTs, cannot be bailed out by government, as government has relinquished its duty. They do have a duty to 'arrange care' for patients, but they have the power to decide what care they provide; this means the patient may no longer be at the centre of that decision as it is likely to be a financial one. Crucially, CCGs do not have any duty to provide

comprehensive, free healthcare. It is believed that CCGs have been set up to make it easier to move to their becoming competing insurers.

The government has denied repeatedly that the Act was designed to make way for privatisation, but this is exactly what we are now seeing. Competition and market forces are now the drivers of the NHS, not patient care. Further evidence of this can be seen in the lifting of the private patient income cap. Prior to the Health and Social Care Act, private income an NHS Trust was allowed to source from private patients was capped at 2%. This meant NHS patients were prioritised. The cap has now been raised to around 50%, making private patients lucrative, introducing charges, and creating a two-tier system.

AND LOCALLY...

In Bedford Hospital, we now have a private clinic operating within the grounds.

Restrictions to procedures offered on the NHS are increasingly being introduced, and funding applications now need to be made before GPs can refer for many treatments. Further, access to medication is being increasingly restricted.

We hear of 'winter pressures' and, in fact, we are facing a shortfall of nurses, doctors, GPs and other clinical staff. This is not unexpected; the government was repeatedly warned that an ageing workforce and lack of investment in training would lead to difficulties in replacing retiring staff. However, the government chose to ignore the warnings; then, against the advice of clinicians and universities, removed the nursing bursary, resulting in a further drop in applicants.

Local CCGs, with restricted budgets at hand, have also administered swingeing cuts such as closures of accident departments and maternity provision. This has increased pressure in the system. In Bedford we have repeatedly had to fight to retain A&E provision, paediatric and maternity services and, more recently, our local walk-in centre. Currently these remain but, while CCGs are required to make savings, we must stay alert to ensure services are not cut for our communities.

NHS England has brought out a new NHS Plan, and it looks as if the new target for cutbacks is out-patient services.

As a nurse who has worked in the NHS for 32 years, I am passionate to see full reinstatement of the NHS to its original core values as a public service for all, free at the point of delivery, based on clinical need not ability to pay.

We must restore the duty of government to provide this service to its citizens.