

WHAT'S HAPPENING TO OUR NHS IN ENGLAND?*

*In other parts of the UK, the NHS is treated differently.



The NHS is a public service, funded from the taxes we pay. It was founded in 1948 to provide full health care for all, regardless of ability to pay. Research shows that it has been one of the most trusted and cost effective health care systems in the world. But now the NHS is struggling, with alarming cuts in services and staffing levels that adversely affect patients' care. Although the UK spends less per person on its health services than most countries with similar economies, we are told that a comprehensive NHS is no longer affordable. We are not told the real reasons why the NHS is struggling, some of which are outlined below. (For more information, see our website, www.patients4nhs.org.)

"This leaflet has been written by **patients4nhs**. We are members of the public who are alarmed that our NHS is being dismantled and privatised. We want to share information about what is happening and what can be done about this."

Underfunding. A severe cut in social care funding (20%) means that more and more people have to be admitted to hospital, or can't be discharged, because there is too little support for them at home. The number of hospital beds has also decreased by one fifth since 2006/7. NHS funding is set to increase on average by just over 0.6% in real terms each year between 2017 and 2020 (compared to 4% in the past.). This is nowhere near enough to keep pace with rising costs and although the NHS has been promised an extra £8 billion by 2020/21 (only £4.5 billion in real terms), it has to find £22 billion in 'efficiency savings' or cuts by the same date.

No direct government responsibility for the NHS: In 2012 the Health and Social Care Act (HSC Act) removed the Health Secretary's duty to provide a comprehensive NHS and instead gave responsibility to a new, un-elected body – NHS England (NHSE). New GP-led Clinical Commissioning Groups (CCGs) were created to plan and buy health services in their area, giving them the problem of deciding which services to provide from dwindling budgets. Removing the government's responsibility allows it to escape blame for poor service provision.

Constant, costly reorganisation: The HSC Act also forced huge top-down restructuring, costing at least £1.5 billion to set up. Now - at unknown cost and without consultation or legislation – NHSE is restructuring the NHS again, dividing England into 44 local systems (see 'STPs' below). Each of these must introduce new, untested ways of organising local health

services (or 'new care models'), but eventually move towards NHSE's preference, the Accountable Care Organisation (ACO). ACOs in particular will be ripe for takeover by private corporations. They may also pave the way for a US-type health service based on private insurance.

Sustainability and Transformation Partnerships (STPs): In each of the new local systems or STPs, NHS bodies (like CCGs) and local authorities must jointly provide NHS and social care services. New care models will offer a mix of services (e.g. GP and community-based care with some hospital services) for a fixed budget that, in effect, will put pressure on staff to limit patients' access to care. The main aim is to cut costs – STPs that fail to do this will face financial and other penalties. The private sector is to play an expanding role in this 'transformation' - e.g., in the design and purchase of services as well as their delivery, and through providing capital for new facilities.

Competition. Under the HSC Act, rather than simply buying existing services from local NHS Trusts, CCGs must put most services out to competitive tender, giving private companies the chance to take over NHS-funded work. Being run as a competitive market costs the NHS at least an extra £4.5 billion each year in legal, financial and administrative costs. However, in the most recent restructuring, where private companies can both buy and provide services, the legal requirement for competition is being selectively ignored.

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Privatisation: The first priority of private companies providing NHS services is not quality patient care but profits for shareholders. This means private companies 'cherry-pick' less complex, more lucrative work (like hip replacement). Unlike NHS providers though, private companies are protected by rules on 'commercial confidentiality', making it difficult to monitor whether they provide value for money or how safe their care is. Nonetheless, it's clear that some companies don't have the facilities to cope when things go wrong: as many as 6000 patients a year need admission to NHS hospitals following bungled treatment by private companies. Although the NHS is being increasingly privatised, patients may be unaware that their NHS treatment comes from a private firm because companies with NHS contracts can use the NHS logo.

Underinvesting in staff: A longstanding 1% pay cap for public sector workers means, e.g., the average nurse is £3,000 worse off in real terms than in 2010. Many cannot afford to stay in nursing, while the end of student bursaries means others cannot afford to train. There is a crisis in recruiting nurses and doctors, with some posts left vacant or filled by less qualified staff, such as physicians' assistants. For many, workload pressures are overwhelming and morale is at an all time low.

The NHS and trade deals: Because the NHS is no longer a truly public service (it's partly provided by commercial companies), its services can be included in free trade agreements. Currently, treaties negotiated on the UK's behalf by the European Union encourage foreign-based companies to profit from NHS funding and allow them to sue any UK government that brings in legislation that might affect corporate profits. This protection for investors will make it hugely difficult for any future government to reverse NHS privatisation. Unless there is strong public resistance, the UK's trade deals after Brexit will probably take a similar approach.

Use of the Private Finance Initiative (PFI): For some years governments have not funded new NHS facilities like hospitals. Instead, NHS Trusts have had to enter into expensive contracts with commercial companies for financing, building, and maintaining new NHS hospitals, and for services like catering and cleaning. These PFI contracts, similar to hire purchase agreements, may last as long as 60 years and the majority involve excessive interest rates and inflated service charges. PFI debt is one of the main reasons why many NHS Trusts are now in deficit and struggle to provide full services and adequate staffing, and why some hospitals have had to close. Nonetheless it looks like current

restructuring of the NHS will mean more 'public private partnerships' akin to PFI (e.g. to finance premises for new models of care).

Selling off NHS assets: Plans are afoot to pressurise NHS Trusts to sell their 'surplus' land and buildings to property developers. It's estimated this could raise £2 to 5 billion. Apparently the Treasury will match the money raised, provided NHS Trusts unload their property quickly. But those Trusts that don't sell assets judged to be 'surplus' will be blocked from getting financial support, such as capital funding grants or loans. Once NHS land is sold, any future government won't be able to transfer it back into state ownership, so land that until now has been available at minimal cost for new NHS facilities will have gone for good.

The effects of all these challenges to the NHS – the underfunding, the removal of government responsibility, the involvement of private companies motivated by profit, the constant re-organisation with subsequent chaos, the staff shortages and low morale – are now being felt by patients. For example, you may have found that the treatment you need is rationed or no longer available on the NHS; you may have to wait longer for an ambulance, or to see your GP; or you may be travelling further for crucial services such as A&E or maternity care.

These extensive changes, imposed by an unelected body without public consultation, are taking place at breakneck speed and without evidence that they will deal with the problems they apparently mean to address. Instead, they will ring the death knell for an NHS that provides universal health care that is publicly funded, publicly provided and publicly accountable.

WHAT CAN YOU DO?

Join a campaign group, like Keep Our NHS Public – see <http://keepournhspublic.com> to find your local branch.

Support legislation to fully restore the NHS in England – see <http://www.nhsbill2015.org/the-bill/>

Get in touch with your MP to let them know your concerns about how the NHS is being dismantled in their constituency. (To find your MP's name and address see <https://www.writetothem.com>)

Contact national and local newspapers or radio stations to report your concerns about what is being done to the NHS and how this is affecting your healthcare services.

You can find more information on everything in this leaflet and the actions you can take at www.patients4nhs.org.uk