

# What is happening to our NHS?

*The NHS is undergoing massive change. Since 1948 it has been a publicly funded, publicly provided health service, free to all at the point of need. But now it's being broken up and privatised. If you are an NHS patient, you won't feel the full effects yet but, over time, you could find that:*



This leaflet has been written by **patients4nhs**. We are members of the public, unaligned to any political party, who are alarmed at the speed and direction of change to our NHS.

- The quality of your care is affected by staff shortages or poor morale because of budget cuts and uncertainty about the future.
- The quality of your care is affected because it's provided by a private company that must put profit before everything else.
- You have to travel further for essential services, including maternity and A & E.
- You have to wait longer for treatment or a hospital bed.
- Some treatments are rationed or no longer available on the NHS, so your choices are to go privately, pay a top up fee, take out medical insurance or go without.
- You won't have the choice of hospital or specialist that the government has promised.
- If your health problem is complex, your treatment could be provided by a patchwork of NHS and privately run services. The risk is that your care is poorly co-ordinated, or disrupted because a contract is not renewed.

## *Why: what is going on?*

**The NHS is under threat because of decisions of successive governments, including:**

- 1. The use of PFI.** Many hospitals were encouraged to borrow private money to rebuild and maintain their premises (the Private Finance Initiative). High interest rates mean the cost of these loans is soaring and repayments are eating up money that should fund patient services. Some hospitals face bankruptcy.
- 2. Cuts.** As part of its 'austerity measures' the Coalition government ordered the NHS to make savings of at least £20 billion over 4 years, leading to staff cuts, and rationing of treatments.
- 3. NHS 'reforms'.** The Health and Social Care Act (2012) introduced massive and expensive top-down reorganisation of the NHS in England. Supposedly, this was to put GPs in charge of planning and buying health services. In practice, it gave a non-government, unaccountable

organisation, *NHS England*, responsibility for running the NHS. At the same time, the Act removes the government's duty to provide a universal, comprehensive health service. And it opens almost all NHS services to competition, allowing private companies (often using the NHS logo) to make profits from NHS funding.

In addition, this government has started negotiations on **EU/US Free Trade Agreements (FTAs)**. If passed, these will allow huge transnational companies unregulated access to the NHS 'market' and ensure nothing can limit their ability to profit (the HSC Act being a necessary step towards this). These companies are not based in any particular country and their activities are beyond the reach of UK law. If these FTAs go through, NHS services could become 'businesses' to be traded, and their privatisation would become virtually impossible to reverse.

## *What does this mean in practice?*

The HSC Act 'reforms' will do nothing to solve the main problems facing the NHS, which include changing disease patterns and health needs, population changes (such as increasing numbers of old people with complex problems), and the spiralling range and costs of new treatments. Instead they create new problems. For example:

- New GP-led Clinical Commissioning Groups (CCGs) now plan and procure (or buy) healthcare services for patients in their area. Each CCG has a fixed budget to do this and if it doesn't cover all their patients' needs, an increasing number of 'non-urgent' services (such as hip replacement or cataract treatment) will be rationed or no longer available on the NHS to patients in that CCG's area.
- Because each CCG is free to use its budget as it thinks best, the services available on the NHS will vary from one area to another (the 'post code lottery').

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local groups or events*

- Under the HSC Act, CCGs will not have a free hand to buy services from the local NHS providers they already know and trust. Instead, for most services there will have to be an expensive tendering process that lets private health companies bid against existing local NHS providers or charities.
- Some of these companies have no track record in healthcare but have the commercial skills and backup to outbid existing NHS service providers, which may then face closure.
- Because most GPs aren't trained to procure health services, many CCGs will have to buy in expensive help to do this work. This may well come from private firms that have links to healthcare businesses that are competing for NHS contracts.
- Some GP members of CCGs are also known to have connections with private health care companies that may bid for contracts from their CCG. In addition, some members of non-governmental bodies now regulating CCGs are known to have links with private health firms.
- Some CCGs have offered GPs incentives to refer fewer patients for tests and treatments.
- Until now NHS hospitals could subsidise the cost of essential but expensive-to-run services (such as A&E) with income from less costly, routine work (like planned surgery). But now private companies can cherry pick the less complex and more profitable work, leaving NHS hospitals with a smaller budget to ensure the provision of essential but expensive services.

### *What's to be done?*

Our NHS has been the envy of the world for 65 years. It's not without problems, but the government's 'reforms' do nothing to tackle these. Instead, the focus is on privatising services. If you want to support the future of the NHS as a publicly funded and provided service, you can:

- **Join a campaign group** such as *Keep Our NHS Public* (KONP) 19 Vincent Terrace, London N1 8HN. ([www.keepournhspublic.com](http://www.keepournhspublic.com)) or *Health Emergency BCM* London Health Emergency, London WC1 N3XX. ([www.healthemergency.org.uk](http://www.healthemergency.org.uk)).
- **Push the media**, like the BBC, to provide more, and unbiased, reports on what is happening to the NHS; also write to local and national papers about specific NHS problems.
- Find out more about **exempting the NHS from European/US Free Trade Agreements** at [www.opendemocracy.net](http://www.opendemocracy.net) (enter Free Trade Agreements in the search box).
- **Report cuts in your NHS services** to the *NHS Support Federation*, 113 Queens Road, Brighton BN1 3XG. ([www.nhscampaign.org](http://www.nhscampaign.org))
- **Raise specific concerns at your CCG's public meetings** (get details from your GP practice.)
- **Join the Patient Participation Group (PPG) at your GP practice.** Ask them to set up meetings with patients to explain how the practice and local CCG are working and how local patient services are being affected.
- **Contact your local branch of Healthwatch** ([www.healthwatch.co.uk](http://www.healthwatch.co.uk)) **and your local NHS Foundation Trust** to find out what is happening to services and how to get elected to the committee or Board.
- **Tell your MP about local problems with NHS services.** Get your MP's name at [www.theyworkforyou.com](http://www.theyworkforyou.com) and write to them at The House of Commons, London, SW1A 0AA - or go to their constituency surgery (see local paper for details).
- If you want your healthcare to be provided where possible by genuine NHS services (not private companies), **ask your GP to mark your medical notes "No Private Provider"**.

### *What will it mean for patients if private companies run NHS services?*

- Until now, there has been no profit motive influencing the NHS. However, the first duty of a private health care business is to make money for its shareholders. This profit has to come from the NHS funds the company is paid for patient care.
- Unlike NHS providers, private healthcare companies are protected by rules on 'commercial confidentiality'. This makes it difficult to monitor how these companies are doing business and whether patients are getting the best deal.
- For years, i.e. even before the last election, the Conservative Party has been consulting with insurance companies on plans to change the NHS. This suggests that the long-term plan is for the NHS to become an insurance-based system where those who cannot afford insurance face poor care, no care or massive debt.
- NHS hospitals - many in trouble because of PFI debts - are now allowed to earn almost 50% of their income from non-NHS work. This may lead to a two-tier system, with private patients taking priority and NHS patients waiting longer for a hospital bed or treatment.

This leaflet describes NHS changes in England only and is based on information available at the time of writing. For updates and more detailed information see [www.patients4nhs.org.uk](http://www.patients4nhs.org.uk)