Martin Holborn looks at whether the health service is experiencing the usual winter pressures, or caught up in a privatisation plot

The apparent crises in the NHS and the social care system have been heavily featured in the recent news. On 9 February 2017, the BBC reported leaked information which suggested that in the previous month, waiting times in accident-and-emergency (A&E) departments were the worst ever recorded, with 82% of patients in England being transferred, admitted or discharged from A&E within 4 hours (Kirkland and Roxby, 2017). The target is 95%. Furthermore, in the same month, over 60,000 people waited between 4 and 12 hours on trolleys for a hospital bed. Nearly 800 waited even longer.

Evidence of a struggling service
This was just one story among many revealing a wider pattern of an NHS and social care system struggling to cope with demand. NHS statistics showed 3.9 million people on waiting lists for non-urgent care with more than 8% waiting longer than the target of 18 weeks (Campbell, 2016). Evidence suggested an increasing number of urgent procedures, including potentially life-saving operations for cancer, were being delayed through last-minute cancellations (Campbell and Marsh, 2017). In addition, a special meeting of GPs took place in January 2017 to discuss a ‘crisis’ in general practice, with patients in some parts of the country facing long waits for appointments and typical consultation times in surgeries of just 10 minutes. Other evidence suggests a crisis in recruitment and low morale (with one in three GPs telling the BMA that they were considering early retirement) (Chand 2017).

Causes of the crisis
The difficulties in the NHS have a number of causes of which the following are seen as significant. Most of these are underlying issues that go well beyond the temporary peak in demand which often occurs in winter months.
The blog of the influential health sociologist Graham Scambler provides a useful overview of the health policies of recent years: www.tinyurl.com/j9rmy27

The government refuses to increase spending on the NHS any further than already planned

- Substantial cuts in the social care budgets of local authorities. The Institute for Fiscal Studies calculates that money spent on social care fell by 6.4% between 2009 and 2017 (although the population rose by 16%). This has meant that more people have been unable to leave hospital even when medically fit to do so because of a lack of care available to them (so-called ‘bed-blocking’).
- Increases in the proportion of elderly people in the population, who tend to make greater demands on health budgets than younger people.
- The introduction of expensive new treatments and new drugs, with pharmaceutical companies charging the NHS exorbitant prices for some drugs.
- The reorganisation of the NHS following the Health and Social Care Act of 2012, which introduced greater competition into the service and more opportunities for profit-making private firms to tender for contracts.
- The £2 billion annual cost to health trusts of servicing debts under the Private Finance Initiative (used during the Blair and Brown Labour governments to pay for hospital building).
- Low total expenditure on healthcare in the UK as a proportion of GDP. The latest OECD figures show the UK spending 9.8% of GDP on health compared with over 16% in the USA and over 11% in France, Germany and Japan.

No end in sight?

There seems little prospect of the situation being resolved soon with Theresa May’s government refusing to increase social care funding or NHS spending any further than already planned. Those increases are unlikely to keep pace with inflation and population growth (Chu, 2017). This has led some commentators, such as the sociologist Graham Scambler, to argue that the underlying plan is to run down the health service to the point that privatisation seems the only way forward, with the NHS becoming a subcontracting organisation buying the services of private companies. If this happens, the private companies’ need to generate profits may further add to NHS costs and threaten standards of care, perhaps leading to more of the well-off paying for private care, thereby increasing health inequality.

Questions and activities

Search the BBC website for stories about the NHS in the last week.

1. What problems do these stories suggest the NHS is facing?
2. Does the evidence suggest these are short-term or long-term problems?
3. Do the stories suggest that the NHS will be increasingly privatised?

Weblinks

The blog of the influential health sociologist Graham Scambler provides a useful overview of the health policies of recent years: www.tinyurl.com/j9rmy27

The BBC website offers a clear explanation of why the NHS is having problems: www.tinyurl.com/hy8tru7

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