

# The gradual destruction of the NHS

## Disclaimer

It is important for my reader to understand that I do not write this paper from any political bias. I am not an anarchist, a capitalist, a socialist or a Communist. I am a Bible-believing Christian. I do not support any political party and my politics are neither left nor right wing. I support principles that would be considered both Labour and Conservative, but I am not a centrist either. I have written papers criticising both Labour and Tory governments.

Regarding government and social infrastructure maintenance I am centred on legal and social justice, Biblical ethics and the law of God. Government should be based upon absolute principles and conscientiousness, and not party loyalty, opportunity, political necessity, whim or pressure from external sources. In fact party politics are the bane of conscientious representation.

I write as someone who has lived in Britain for over 60 years and has contributed to the NHS through National Insurance and now receives the benefits of the NHS through medical care.

The Labour Party, the Lib Dems and the Tory Party have promoted privatisation in the NHS.<sup>1</sup> The Lib Dems colluded in this as part of the Coalition government, therefore all major parties are guilty of damaging the NHS. However, the current Tory government is hell-bent on destroying the NHS completely, and this must be pointed out.

Since survey after survey has shown that the NHS is the darling of the populace, and often the central factor in elections, the people should realise that politicians have been slowly destroying this central edifice of Britain; but today the pace of destruction is rapidly accelerating.

## Introduction

I have written several times about the diminishing of the NHS through the policies of the current Tory government, and the previous Tory-led Coalition government. I have given multiple facts and statistics about how damaging these policies have been and what their effects are. Here, however, I want to give a broader and more thorough evaluation of what is going on and why. It is far more serious than the public realise.

It is the opinion of many medical care workers that the NHS will not exist within a few years and many that I have spoken to are considering leaving the country to work elsewhere.<sup>2</sup> We are looking at a potential health disaster in Britain if this continues.

Christians need to be aware of the facts and act as their conscience dictates. I am not advocating public protests, petitions and civil disobedience, but I am expecting people to act responsibly as citizens. They can do this by voting with wisdom (if at all); by writing to

---

<sup>1</sup> The Labour initiated PFI (Private Financing Initiative) schemes were, and are still, a complete disaster and massively expensive, as well as outsourcing to private firms such as ATOS. PFI was used to build hospitals at a cost of £12.2bn but the NHS must pay back £70.5bn. It would have only cost £17.4bn if the government borrowed the money. [NHS for sale, Prof. Allyson Pollock, 'The great PFI swindle'.] By 2014 the loan cost rose to over £90bn.

<sup>2</sup> As a result of my medical condition, I have spoken about this to large numbers of consultant specialists, doctors, leading nurses, nurses, and other health practitioners.

their MP to express concern at local problems; by telling their friends and family the truth to open their eyes and by supporting their local medical practitioners.

One way to keep abreast of the situation is to follow the website of NHA, the National Health Action party, which consists of medical staff acting to put pressure on government and raise awareness of health issues. Its leadership includes very intelligent and conscientious doctors, surgeons and GPs.

I have adapted some data from an earlier paper, 'The election 2015: things to consider', in this paper.

Much of the data quoted is from analyses and studies during the time of the Tory-led Coalition government. These show the great damage that occurred within five years up to late 2014 - early 2015. However, the actual situation today is undoubtedly even worse but annual figures for the Tory majority government are not fully available yet. I will endeavour to get the best current data possible.

## A potted history of the NHS

The National Health Service was a pioneering venture by a principled government in the wake of World War II and initiated in a time of severe economic weakness and food rationing. The huge national debt did not stop the Clement Attlee Labour government launching free medical care for all, as well as a massive house building programme. The success of both led to the relatively prosperous times of the 1960s.<sup>3</sup>

This shows that a huge national debt does not necessitate austerity. In fact, as we are experiencing today, austerity measures worsen the economy and often lead to war.<sup>4</sup> What benefits the economy is raising the tax base, which in turn requires a healthy population in full-time work.<sup>5</sup> The election win for the Tories in 2015 was based on a heavily promoted lie.<sup>6</sup>

The economic effect of the NHS has been valued as a cost-benefit to the GDP in various studies (see later); healthy workers in full-time employment are a boon to a good economy just as a sick nation will reduce GDP. The NHS is also an industry that feeds benefit into the private sector while being the largest UK employer.

---

<sup>3</sup> Before 1960 most working class people did not own a car, a fridge, a washing machine or a telephone. In fact most working class people still bathed in a tin bath in front of the fire or went to a local bathhouse. Many people (including me) still had an outside toilet in 1960. Food was simple and very limited. Central heating did not exist. Most Brits had never heard of pasta or pizza while curry was only beginning to catch on. Vegetables were seasonal and limited in number; long-distance transportation of food goods had not really begun. Most working class people had meat and two veg, or fish and chips, every day for their whole life.

<sup>4</sup> E.g. the American Colonial revolution or the rise of Hitler in 1930s Germany.

<sup>5</sup> The policies of the current Tory government has made the nation more sick, with every measure showing an increase, (e.g. of suicides, mental health and multiple health issues) and has produced large numbers of people on short-term, zero-hours, part-time jobs. Along with massive reduction of the state, creating unemployment, all this has reduced the tax base and doubled the national debt in 5 years. The Coalition borrowed more money in five years than Labour did in 13 years.

<sup>6</sup> The 2015 election was won by the millions of pounds promotional campaign of Lynton Crosby filling the nation's ears with lies that only the Tories could run the economy well, when their record was dire. For his success in fooling the nation, Crosby was recently made a knight in the 2016 New Year honours list.

### **Health care before the NHS**

Although there were charitable hospices and hospitals, most people only had access to paid-for services. This meant that all aspects of health care cost money: doctors, hospitals (if you had one locally, many did not), optical work, dental work and so on, all had to be paid for treatment by treatment. Of course, the poor could not afford this and many suffered and died as a result. Even the lower middle classes could often not afford expensive treatment, which was private and unregulated.

In 1911 Chancellor Lloyd George established a system of National Health insurance. This offered benefits below a certain level of income and did not include dependants. Contributions were not graduated according to income but were a flat rate. In return individuals received cash benefits for sickness or accidents, paid at a flat rate by insurance companies. There was also some limited access to a local doctor but only hospital treatment for Tuberculosis sufferers.

For the very poor who could not afford this limited insurance, the Poor Law offered some relief while workhouses had their own primitive infirmaries. In addition there were voluntary hospitals that survived on donations, but by 1930 these were in financial crisis.

The problems of the pre-NHS system can be summarised as:

- People had to pay for any health treatment; the poor had none.
- Treatment was by a patchwork of various unrelated, mostly private, unregulated institutions.
- These were not accessible according to need.
- There was a lack of access to hospital care.
- There was a lack of healthcare for the dependants of workers.

Thus illness in a poor family could cause major financial problems and debts, which often were never resolved until death. Relatively minor ailments could easily lead to death if you had no money for treatment; consequently infant mortality was very high. A minor cut could easily lead to infection and death before the age of antibiotics. Many people in history, including kings, have died from being pricked by a thorn.<sup>7</sup>

### **The Beveridge model used for the NHS**

This is named after the social reformer William Beveridge who designed the NHS model. The system is based upon health care, provided and supervised by the government but paid for out of taxation in the same way as the police force. This system is called the 'single payer national health service' in America.<sup>8</sup>

As the government controls most hospitals and doctors, such a system tends to have low costs because the government, as sole employer, controls what doctors can do and charge.

This model has been adopted by Britain, Spain, Scandinavia,<sup>9</sup> Hong Kong, Cuba and New Zealand.

Other models include

---

<sup>7</sup> This can still happen today. In May 2008 an ex-nurse pricked her finger on a Japonica bush and died of septicaemia (blood poisoning) a few days later because she did not go to hospital immediately. Daily Record, Shirley Bartynek, 'Ex-nurse dies after thorn pricks her finger', 1 May 2008.

<sup>8</sup> TR Reid, 'We're Number 37', Penguin Press (2009).

<sup>9</sup> Sweden has aspects of the British NHS but also private doctors.

- *The Bismarck Model* (a non-profit insurance system through payroll deduction). Examples: Germany, France, Belgium, The Netherlands, Japan, Switzerland, Latin America.
- *The National Health Insurance Model* (a combination of the Beveridge and Bismarck models). Also called the ‘social insurance model’. It uses private providers, which are paid for by a government-run insurance programme. There is no profit, thus no need for marketing and thus is cheaper than the American profit model. The single-payer can negotiate considerably lower prices. Examples: Canada, South Korea and Taiwan.
- *The Out-of-Pocket Model*. Also called, ‘Market-Driven Health Care’. In this pay-for-treatment modal the rich get treatment and the poor get sick and die. This is the case in most poor countries that cannot afford or organise a national health service.
- *The American Model* is a conflation of all the above. Treatment of veterans is the Beveridge model. For Americans over 65 on Medicare it is the Canadian system. For working Americans it is the German system. For the 15% of people with no health insurance it is the out-of-pocket system as found in Cambodia.

### **The struggle for the creation of the NHS**

The crusade for the NHS, chiefly led by Aneurin Bevan, arose from the idea that good healthcare should be available to all for free, regardless of personal wealth. The three core principles were:

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

#### *Aneurin Bevan*

The person most associated with the NHS is the Welsh Labour MP Aneurin Bevan, the minister for health (which then included housing) in the Clement Attlee government from 1945-1951. He would later become Deputy Leader of the Labour Party (1959-1960) and was an MP for 31 years.

As the son of a Baptist coal miner and a Methodist mother, he had a great sense of social justice and campaigned for the rights of workers. Thus it was natural for him to be the focus of the project to bring to birth the NHS. He later resigned as minister for health when the government decided to transfer funds from the National Insurance fund to pay for rearmament, and became the leader of the left-wing group of the party (‘Bevanites’) opposed to the right-wing Hugh Gaitskell.

The two standout achievements of the Attlee government were the institution of the NHS and the massive plan for building new houses; Bevan was the minister in charge of both projects at the same time. This was done when Bevan was the youngest person in Attlee’s Cabinet and during his first ministerial role. In 1946 alone Bevan oversaw the building of 55,600 new homes, rising to 139,600 in 1947 and 227,600 in 1948.<sup>10</sup> In a period of a skills shortage and severe restrictions on raw materials this was no small feat.

Bevan implemented the National Health Service Act (1946) despite opposition from all sides: from within his own party, from the British Medical Association and vehement opposition from the Tories. In the end Bevan managed to gain the support of most medical practitioners; it was said that to broker the deal Bevan had stuffed their mouths with gold.

---

<sup>10</sup> To be fair to the Tories, Harold Macmillan, as Housing Minister, built 300,000 homes a year in the 50s. However, Macmillan only had one job to do; Bevan also brought in the NHS; also the quality of Macmillan’s homes was poor, such as high-rise tower blocks.

The 2,688 voluntary and municipal hospitals were then nationalised, coming under the control of the health secretary, and the NHS was born.

The collective principle asserts that ... no society can legitimately call itself civilised if a sick person is denied medical aid because of a lack of means.<sup>11</sup>

Bevan was so beloved in Wales that in 2004 he was voted first in a list of Welsh heroes.

### **The birth of the NHS**

The NHS was born on 5 July 1948 when health secretary Aneurin Bevan opened Park Hospital in Manchester. This was *'the climax of a hugely ambitious plan to bring good healthcare to all. For the first time, hospitals, doctors, nurses, pharmacists, opticians and dentists are brought together under one umbrella organisation to provide services that are free for all at the point of delivery'*.<sup>12</sup>

This was the first health system to offer free medical care to the entire population at the point of need, paid out of taxation and not based upon insurance companies.

### **What the NHS promised**

The NHS system promised free health care from the cradle to the grave to all living in Britain. It would be funded by the government and managed by the Secretary of State for Health. This was associated with the building of a number of new hospitals and the establishment of local doctor's surgeries where people were registered via a medical card with a unique National Health number.

A fleet of ambulances was stationed in various ambulance centres that would respond to calls to a 999 emergency operator service. Most large towns also had dedicated hospitals, such as a children's hospital, a maternity hospital, an ENT<sup>13</sup> hospital or an orthopaedic centre; however, the chief focus of attention was on accident and emergency services in the main hospital.

As a result of all this, people that would normally have died were saved to live longer and infant mortality was greatly reduced. The benefit to the economy is seen in the rising prosperity of Britain in the 50s and 60s (*'Most of our people have never had it so good'*<sup>14</sup>). Increased production (due to a healthy populace) occurred in steel, coal and the motor industries, which led to a rise in wages, export earnings and investment.

### **It's not really free**

Through the creation of the NHS the government contracted with the public that all health care should be free at the point of delivery (your GP, therapist, dentist or hospital). However, this does not mean that the NHS is a free ride. All employees pay an insurance premium in their National Insurance contributions [NIC] that are actually quite hefty in comparison to other countries.

Thus the NHS is not free but it is paid for by taxing workers. This meant that people paid into the system according to their means. Thus poor people could now get high quality treatment previously only obtained by the rich.

---

<sup>11</sup> Bevan, 'In Place of Fear', (1951), p100. Current edition: Kessinger Publishing (2010).

<sup>12</sup> NHS UK, 'The history of the NHS in England'.

<sup>13</sup> Ear, nose and throat.

<sup>14</sup> PM Harold Macmillan. BBC 20 July 1957; speaking at a rally in Bedford.

The costs of items have varied. In 1952 prescription charges of one-shilling (5p) were introduced. These were abolished in 1965 and remained free until 1968 when the charge was reintroduced. Over successive governments, mostly Tory, prescription charges increased, rising to the current charge of £8.05.

### Value for money?

I wanted to see the ratio between the revenue received from National Insurance and the expenditure on the NHS. Would it be like car tax where most of the revenue goes to the exchequer and not on the roads? This is not as easy as it sounds as HMRC uses inclusive figures that hide NIC.

In 2011 the NHS cost £160 billion, or 8% of GDP that year. In comparison the USA spent 17.6% of GDP on healthcare but produced a far worse service. In 2012-13 spending was 6.5% while in 2015-16 it is planned to reduce to 6.2%.<sup>15</sup> The chief economist for the Nuffield Trust said that this drop was '*not sustainable*'. This is why the NHS is deteriorating under the Tories.

However, as well as providing health care for taxpayers, the NHS is an industry which generates spending that feeds through to the private sector; someone has to manufacture stethoscopes and scanners and then maintain equipment. This benefit must be considered in any analysis.

According to a 2014 paper by the Institute for Fiscal Studies, public contributions in National Insurance have, '*substantially exceed[ed] outlays (as they have every year since the mid-1990s), the fund builds up a surplus, largely invested in gilts*'.<sup>16</sup> One previous surplus was spent on the military. However, changes made by the Coalition led to increased costs.

In 2014-15 NICs were forecasted to raise £110 billion while the NHS cost was £113 billion. However, the actual deficit in the end was only £471 million,<sup>17</sup> hardly earth shattering. The government wasted many times that on a reorganisation of the NHS,<sup>18</sup> which has been damaging. Planned expenditure for 2015-16 is £116.5 billion.

This means that all the rhetoric about needing to curtail spending and make savings, which so far have resulted in £30 billion cuts since 2010, are unnecessary. The NHS usually (not always) pays for itself. However, even in those years when the government has to top up the budget of the NHS it still amounts to good value for money since getting people healthy quickly adds benefit to the GDP; poor healthcare has hidden costs and represents loss of tax.<sup>19</sup>

All in all, the NHS, despite its rising annual costs (usually about 4%), still represents a huge benefit to the nation that is cost effective. The rhetoric of Tory politicians has been based upon lies, fabrication, obfuscation and deliberately misleading figures. Just as in the

---

<sup>15</sup> PULSE, 'Proportion of GDP spent on NHS falls', 7 April 2014.

<sup>16</sup> IFS, Thomas Pope & Barra Roantree, 'A survey of the UK tax system', IFS Briefing Note BNO9, Page 16, November 2014.

<sup>17</sup> NHS Confederation, 'Key statistics on the NHS', 15.12.15.

<sup>18</sup> £3 billion.

<sup>19</sup> For example: when austerity measures sanction benefit claimants and they starve, just to save £60 per week, they end up in hospital where a bed costs £5,000 per night. The same applies to the massive closure of care homes forcing elderly people to remain in hospitals, as they have nowhere else to go. A care home costs far, far less than £5,000 a night. Thus having people sick in hospital is very expensive. Also, self-employed people also get a remuneration while they are sick and cannot earn. Keeping people healthy is advantageous to the economy and keeps them paying tax.

last election the Tory party machine paid millions to inculcate the lie that they were controlling the budget and bringing down debt (when in fact they doubled it and spent more than Labour) the Tory spin about the NHS is based upon an ideological hatred and not factual economics. The NHS is excellent value for money.

## The Tory ethos

It is important to understand the foundational principles of the Conservative Party today. I believe that many Tory voters have no clue about what the current Tory leadership is trying to do, which is more radical than Margaret Thatcher.

### **Tories hate the poor and big government**

In short and shocking terms, Tories hate poor people. Now put that bluntly many Tories would deny the statement, but in fact that is actually what they believe.<sup>20</sup> Individual Tories may engage in philanthropic acts towards the poor but the ideology of the party is against them. This is why the gap between the rich and the poor always widens under a Tory government; the gap in recent years has widened enormously.

The fact that Tories pledged to cut £12 billion, before the election in 2015, from the already collapsed welfare budget and after election tried very hard to cut Tax Credits, despite promising that they would not, reveals a hearty dislike for the poor.

Tories hate government intervention in social issues and a large central organisation. They believe that people should be determined to work hard and make a success of their lives without any government assistance. It is the outworking of a Darwinian evolutionary ethos that people should sink or swim by themselves and the strong survive while the weak just die off. It is a 'survival of the fittest' philosophy. It is the application of free-market economics to social problems, something that cannot deliver a free, equitable society.

The problem with this superficial idea is that some people (such as Tory businessmen with Eton contacts) can make a huge amount of money by doing very little actual work. However, poor and working class people can work very hard in some dead-end job and make very little money at all. Working hard is not the key factor in making money. The notion of the 'Trickle-down' effect<sup>21</sup> has now been categorically disproved; Tory policies lead to a trickle-up effect as the rich get richer.

Social mobility is curtailed when you are too poor to make any significant changes, such as moving house. Recent surveys of social mobility<sup>22</sup> show a significant decrease in the last few decades; social mobility today is low in Britain and falling. It began to diminish when Thatcher was elected in 1979 so that today the bottom half of society is worse off than it was in 1983.<sup>23</sup> *'Britain now has the lowest social mobility in the developed world'*, said David

---

<sup>20</sup> The policies of this government prove it statistically.

<sup>21</sup> The Tory idea that if you reduce taxes and assist the rich entrepreneurs then as the top 1% get richer there is a trickling down of benefits to the whole society. The trouble is that this has never happened, but the reverse does. If you squeeze the wages of the poor, cut the welfare state, reduce taxes for the rich, and invest in a property bubble then the top 1% get richer while the poor get poorer and cannot even afford to rent a house let alone buy one.

<sup>22</sup> Social mobility is the movement from one social stratum to a higher one; in other words, social improvement. There is more social mobility in more equal societies.

<sup>23</sup> New Statesman, Danny Dorling, 'How social mobility got stuck', 16 May 2013.

Cameron to the Tory Party Conference in October 2015, without any irony that this was caused by Tory policies.<sup>24</sup>

In addition, poor people do not have access to situations where they can make cheaper purchases. If you have money you can find bargains. For example, if you have a car you can travel to an out-of-town hypermarket and get cheap food bargains. If you do not have a car you have to buy from local shops that charge more. If you can afford a computer and broadband you can get cheaper products delivered to your door, but if you are struggling to pay for food and rent you can't afford either.

Tory policies always lead to greater social imbalance: the poor always get poorer and the rich get richer. For example note that Margaret Thatcher abolished free NHS eye and dental care in 1989, raised prescription charges significantly and caused a measurable deterioration in social mobility. In the last six years the middle class have been squeezed, the rich have got richer and the poor poorer, but on a bigger scale than previously.

Christians that have voted for the Tories need to consider that God demands social justice and provision for the poor, needy, disadvantaged, sick and vulnerable people in society.<sup>25</sup> As Jesus explained, there are always poor people with us and there is always going to be a need for governmental plans to alleviate the problems of the disadvantaged. The parable of the Good Samaritan alone proves that Christians must support action to help the needy. This means that any government abandoning or diminishing care for the genuine sick, frail and poor, cannot be supported or voted for.

### **Tories really hate the NHS**

*They strongly opposed the creation of the NHS*

The NHS is the archetypical symbol of the state working to help the poor; as such it is a system that is hated by the Tory political class.<sup>26</sup> Detesting it as classic Socialism, the Tories vehemently opposed the work of Aneurin Bevan and tried to derail the National Health Act. They voted against it on the second and third reading, as noted by Bevan.

*They have a history of selling off the family silver*

After successfully selling off council houses, selling off the utility companies, selling off airports, and selling off the railway system under Thatcher,<sup>27</sup> they now want to privatise the NHS out of sheer ideological reasons, just as Cameron sold off Royal Mail for a pittance (something Thatcher refused to do).<sup>28</sup>

---

<sup>24</sup> The Telegraph, James Kirkup, 'Well done, David Cameron: social mobility and equal opportunities are Conservative ideas again', 7 October 2015. By 'Tory policies' I include the continuation of Thatcherism under Tony Blair.

<sup>25</sup> For example from just one Biblical book: Prov 14:31, 'He who oppresses the poor reproaches his Maker, but he who honours Him has mercy on the needy'. Prov 19:17, 'He who has pity on the poor lends to the LORD'. Prov 21:13, 'Whoever shuts his ears to the cry of the poor will also cry himself and not be heard'. Prov 22:16, 'He who oppresses the poor to increase his riches, and he who gives to the rich, will surely come to poverty'. Prov 28:15, 'Like a roaring lion and a charging bear is a wicked ruler over poor people'. Prov 29:7, 'The righteous considers the cause of the poor, but the wicked does not understand such knowledge'. Prov 31:9, 'judge righteously, and plead the cause of the poor and needy'.

<sup>26</sup> While Tory politicians have publicly spoken of their hatred for the NHS as a Socialist monolith, many grass roots Conservatives in the Shires support it (see later).

<sup>27</sup> All of which has contributed to the weakening of society. All have led to massive price increases and often poorer service. In the case of the water and energy supplies, billions of profits annually go to overseas businessmen, which could have gone to the exchequer.

<sup>28</sup> This was a disaster. Apart from the rich and hedge funds buying the asset at a knockdown price, the new firm has embarked on a policy of making experienced (i.e. more expensive) staff redundant replacing them with zero-hours contract, part-time workers. The result of this has been a collapse of quality service all over

### *Is 'hate' too strong a word?*

Some biased media commentators affirm that such terms are scaremongering and untrue; however, there are many plain statements by senior Tories that state exactly this. The Tories, supported by the Lib Dems, have wrecked the NHS just as they said they would in writing and orally prior to the 2010 election.

The current Secretary of State for Health (Jeremy Hunt) co-wrote a book when in opposition calling for the destruction of the NHS. His appointment as guardian of the NHS is, therefore, highly cynical. This book written with Tory MEP Daniel Hannan, and 23 other Tory contributors including Michael Gove, is *'Direct Democracy: An agenda for a new model party'* (2005);<sup>29</sup> the book states:

- *'We should fund patients ... by way of universal insurance'* [i.e. the American system] (page 78).
- *'Our ambition [is] in effect denationalising the provision of health care in Britain'* (page 78).
- *'Our ambition should be to break down the barriers between private and public provision'* [i.e. denationalising the NHS] (page 78).
- *'Update the model'* (page 80).
- [The NHS is a] *'Fundamentally broken machine'* (page 80).

Other Tory MPs listed as co-authors include Greg Clark (then a shadow cabinet minister) and frontbencher Robert Goodwill.

After this Hunt and Cameron supported another book by Douglas Carswell and Hannan called *'The Plan: Twelve months to renew Britain'* (2008).<sup>30</sup> In this book it derided the NHS as the *'National Sickness Service'* (page 98).

Separately Hannan called the NHS a *'60-year mistake'*.<sup>31</sup>

Furthermore, in 2004 Tory MP Oliver Letwin (currently Cameron's most senior advisor) bragged to a private meeting that the Tories would destroy the NHS *'within five years'* of getting back into power'.<sup>32</sup>

There is absolutely no doubt that it is mainstream Tory politics that the NHS is a state monopoly to be destroyed as quickly as possible; this is even affirmed in mainstream media outlets.<sup>33</sup> Voters should not be in the dark about this; Tories hate the NHS and want to abolish it in favour of an American insurance system which costs more and does not work, but it lines their pockets as many Tory MPs are on the boards of private health care providers (see later).

the country. In time, delivery to the door will be a thing of the past in all areas apart from those adjacent to the main sorting office (this is being actively discussed right now).

<sup>29</sup> Published by Direct Democracy, ISBN-10 0955059801.

<sup>30</sup> Published by Douglas Carswell, ISBN-10 0955979900.

<sup>31</sup> Stated in an interview on US Fox News. For media coverage of Tory animosity to the NHS see: The Guardian, Toby Helm & Rajeev Syal, 'Key Tory MPs backed call to dismantle NHS', 16 August 2009. Daily Mirror, '3 top Tories call for NHS to be dismantled', 17 August 2009.

<sup>32</sup> The Independent; Andy McSmith, 19 March 2014.

<sup>33</sup> New Statesman, 'Daniel Hannan's opinions on our health service are completely in keeping with the Tory mainstream', 20 August 2009.

## Tories lie and pretend to like the NHS to get elected

Ex Tory minister, and now TV presenter Michael Portillo, commented in 2011 that the Tories hid their hatred for the NHS and their desire to remove it from the public in order to win elections.<sup>34</sup>

### Some examples

- The Tory manifesto of 2010 said, *'We will stop the forced closure of A&E and maternity wards'* (page 47). They then closed many maternity wards and repeatedly tried to close the Lewisham A&E ward until they were defeated in the courts.
- Before the 2010 election David Cameron pledged *'no more top-down reorganisations of the NHS'*. This was reiterated in the Coalition Agreement.<sup>35</sup> Immediately on being elected the Tories planned exactly that<sup>36</sup> and then introduced an unwanted reorganisation within two years.
- The Tory manifesto of 2010 stated, *'we will make patient's choices meaningful by putting patients in charge of making decisions about their care including control of their health records'*; (page 47). In 2014 the Tories tabled new legislation to allow private health care firms to buy access to people's private health records without their consent. A public outcry forced a postponement of this plan; however, by then 47 million private medical records had already been sold to a private insurance company.
- David Cameron said, *'Change will be driven by the wishes and needs of NHS professionals and patients.'*<sup>37</sup> He then introduced the NHS reorganisation against the wishes of everybody. Of all the health professional bodies, only one did not reject the bill outright, and even that one affirmed that it would damage the NHS.
- Cameron, *'There's only one party you can trust on the NHS, and it's the one that I lead.'*<sup>38</sup> This paper proves that this was a barefaced lie.
- Lansley claimed that NHS productivity had fallen 15% in 2013 to support his plan for reorganisation. However, studies published in the Lancet demonstrated that NHS productivity had risen, with taxpayers getting more out of the health service for every penny spent.<sup>39</sup>

These are just examples; the number of lies uttered by Tories is beyond counting. I no longer watch the BBC's Question Time because I just get dismayed by politicians telling barefaced lies, even about statistics, when I know that they are untrue. Sometimes the level of audacity in telling these lies is staggering. For example, I watched Sajid Javid state (with a wry smile) that the Tories had increased the number of doctors and nurses by 'x-thousand amount when I knew the figures that both had actually decreased significantly.

## Free markets don't work in vital state run utilities

The problem is that free-market capitalism may work for certain businesses but it does not work for national infrastructures. While we can affirm *laissez-faire*, free market capitalism for enterprise we must safeguard national infrastructure for two reasons.

---

<sup>34</sup> Portillo: 'they did not believe they could win if they told you what they were going to do because people are so wedded to the NHS'. BBC News, 'NHS reforms were potential vote loser – Portillo', 21 January 2011.

<sup>35</sup> Andrew Lansley Conservative Party press release (11 July 2007), David Cameron, speech at the Royal College of Pathologists (2 November 2009). The Coalition: our programme for government (20 May 2010, p24).

<sup>36</sup> July 2010 White Paper, 'Equity and Excellence: liberating the NHS'.

<sup>37</sup> BBC News, 'NHS safe in my hands says Cameron', 4 October 2006.

<sup>38</sup> Politics.co.uk, Alex Stevenson, 'Cameron: only Tories can be trusted with NHS', 11 May 2011.

<sup>39</sup> The Guardian, Randeep Ramesh, 'NHS productivity has risen in 10 years undermining Lansley's case, says study', 13 February 2012.

Firstly, capitalism does not work when applied to social infrastructure (just look at the massive increases in energy and water costs since they were privatised).<sup>40</sup> You cannot apply free-market principles to something that is a vital service that has constant demand. Entrepreneurs will also function on the basis of profit rather than service standards. Apply this to health care and you have real problems; money becomes the driver rather than health care. See what happened to the American model to understand the appalling consequences of this. So, free-market principles work with items in a 'supply versus demand chain', but not when the item is in constant and necessary societal demand.

Secondly, it is unwise to put the basics of national security in the hands of private entrepreneurs or potential enemies of the state. Putting vital infrastructure in the hands of overseas businessmen is the greatest folly. Should we ever go to war with any of these, they have the keys to our survival; such as controlling the water supply or energy resources.

### **Interim conclusion**

The Tories fundamentally hate big government, state monopolies, the poor and especially the NHS. In the past Tory grandees had the common sense to safeguard the NHS since it was, '*the closest thing the English have to a national religion*' (Ex-Chancellor Nigel Lawson).<sup>41</sup> Today, however, things have changed and the radical, far-right Tories under Cameron and Osborne have far exceeded what even Margaret Thatcher dared to implement. As a result the NHS is in freefall.

## **The American Health Care model**

The Tories have made it clear that they would like to see implemented an American type health care system based upon insurance payments.

This shows that the Tories hate the poor because only the poor get free health care services. Employed people in Britain already pay a National Insurance premium and it is very expensive. The cost of National Insurance for a professional individual is more in the UK than the private insurance premium of a whole family in South Africa.<sup>42</sup>

This desire to privatise the NHS is extremely foolish because the facts speak for themselves. The American health care system was ranked 37<sup>th</sup> in the world<sup>43</sup> but it costs the most money; yet the cheaper NHS second in one international survey and came top in another.<sup>44</sup> The American system also shuts out of care all those who cannot afford insurance (45 million people). Why would any government seek to implement such a failed system? The only reasons are: 1) ideology; 2) personal profit.

But, of course, most Tory politicians have paid for, or wangled, private health care already and they would not be affected. Furthermore, many Tory MPs stand to profit from

---

<sup>40</sup> As I concluded this paper a Public Accounts Committee report came out stating that millions were paying too much for their water due to poor oversight by the government watchdog Ofwat. It affirmed that the water companies had made over a £1 billion of windfall gains. BBC News, 'Millions paying too much for water', 13 January 2016.

<sup>41</sup> Polly Toynbee & David Walker, 'Cameron's Coup: How the Tories took Britain to the brink', Guardian Faber Pub. (2015).

<sup>42</sup> According to my ENT specialist in Brighton (one of the best in the world). He was originally from South Africa so he should know.

<sup>43</sup> World Health Organisation, 2000 World Health Report.

<sup>44</sup> Study by Commonwealth Fund in Washington.

privatising the NHS as they are on the boards of the firms that are gaining NHS contracts (see later).

Furthermore, the American system is a profit based model and in this case the costs of treatment and doctors has no ceiling; it is market driven for something with a constantly growing demand. Thus a free routine operation in Britain today would cost an individual or insurance company tens of thousands of dollars in the USA. Of course, people who get repeatedly sick will ultimately be refused insurance and will simply suffer.

This is the worst kind of healthcare system. It is worst because it pretends to be a modern health service but provides nothing for the disenfranchised poor. At least poor, undeveloped countries that only have pay-for-treatment doctors do not pretend to have any system.

## The Tory promises in 2010

The Tory Manifesto of 2010 promised, *'We are stopping the top-down reconfiguration of NHS services imposed from Whitehall'*. Two months after their election the new health secretary, Andrew Lansley, announced plans for such a top-down reconfiguration of the NHS imposed from Whitehall.

David Cameron personally promised no top-down reform of the NHS<sup>45</sup> and then introduced one within two years,<sup>46</sup> a reformation that has proved to be a vast waste of money and which has created chaos in the management of patients. Indeed, it was the biggest reform ever seen in the NHS. The King's Fund stated that the reforms were, *'hugely damaging and distracting'*, *'disastrous'* and *'if the government hadn't pursued misguided reforms ... the NHS would be in better shape'*.<sup>47</sup> The Tories then had to wipe out the previous pledges on websites.<sup>48</sup>

The Tories also promised to ring-fence the NHS budget but then imposed £20 billion of cuts<sup>49</sup> and a further £10 billion of a lack of investment. Subsequent claims of additional spending were less than inflation at the time and were effectively a cut (see later). This is why the NHS is broke and collapsing; it was starved of over £30 billion in five years by the Tory-led Coalition.

## The current Tory attack on the NHS: finances

### Introduction

Healthcare inflation is not like national inflation and runs constantly at about 3-4% per year; that is just a fact of life. Thus any increase of the NHS budget by less than 4% is actually a cut. If the government does not increase the NHS budget by 4% then the NHS will suffer loss.

---

<sup>45</sup> 'There will be no more of the tiresome, meddlesome, top-down re-structures that have dominated the last decade of the NHS.' David Cameron, at the Royal College of Pathologists, 2 November 2009.

<sup>46</sup> Health and Social Care Act 2012. See Legislation.gov.uk.

<sup>47</sup> BBC News, 'NHS reorganisation was disastrous, says King's Fund', James Gallagher, 6 Feb 2015.

<sup>48</sup> New Statesman, 'The pre-election pledges that the Tories are trying to wipe from the internet', George Eaton, 13 Nov 2013.

<sup>49</sup> The Guardian, '£20bn NHS cuts are hitting patients', Denis Campbell & James Meikle, 17 Oct 2011.

However, we must remember that the NHS is adequately funded by NIC and, if managed well, there should not be serious problems with funding since for many years NIC provided a surplus.

### **Effective cuts**

During the period of the Tory-led Coalition government (2010-2015), in simple terms, the NHS lost over £20 billion through what the Tories called, 'efficiency savings'; in reality these were inefficiency costs. Every department of the NHS found that it was facing actual cuts in budgets, and these resulted in front-line job losses.

For example, I once needed to speak to my local ENT specialist in Worthing and I telephoned over and over again. I 'phoned about forty times and never managed to get through to anyone; nor could I leave a message. A few days later I saw my kidney specialist and told him this. He immediately tried to 'phone a private internal ENT consultant number and failed to get through despite several attempts. Eventually I did get a letter offering an appointment. When I saw the registrar and explained what had happened, he said that this was an everyday occurrence because hospital cuts had taken away some of their receptionists at a time when the patient numbers increased. This means that the receptionists in place are doing the work of two or more people and cannot cope. How long before they quit?

I have since found out, first hand in hospitals, that this is happening in every department. Once efficient departments are now inefficient because so many clerical errors are occurring; all of which impact on patient care.

The new Tory majority government of 2015 demanded a further £22 billion more efficiency savings by 2020. Despite chronic underfunding leading to the gradual collapse of the NHS, the Tories want further savings of more than £20 bn. You cannot make this up!

The current NHS funding deal for 2010-2020 will average only 0.9% increase in budget, which is the worst funding deal in the history of the NHS. While private sector wages have increased, public sector wages have flatlined for over five years. This is why many doctors are leaving the country – each one of which cost the country tens of thousands of pounds in training costs, only for them to benefit a foreign nation.

The 2015 election pledge by Cameron of £10 billion increased funding up to 2020 and £3.8 billion frontloaded, basically means (over the whole Parliament) an average real term increase of less than 1%; in other words a 3% cut. Promising billions sounds impressive to ignorant voters but Cameron knew that this meant an effective cut when he announced it.

The current funding of the NHS is now falling as a proportion of GDP and England is now below the OECD and EU average.<sup>50</sup> The only way for trusts to balance their budgets is to treat fewer patients. Yet the austerity measures in British infrastructure ensure that the number of patients will increase (as we have seen in six years). Due to the falling investment, even Portugal (a bankrupt country) spends a higher proportion of GDP on healthcare.

---

<sup>50</sup> NHA, 'The public deserve to know the full extent of the clinical consequences of the NHS financial crisis', Dr Clive Peedell, 21 December 2015.

## Budgets

Note: the NHS is the cheapest health service of all G7 countries. The UK spends less on health care than most nations.<sup>51</sup>

Tories claim to have increased NHS spending by £12.7bn but spending has only increased by 0.8%; i.e. because they did not factor in inflation, as originally promised, the increase was only £5bn since 2010. Add to this the rising immigration levels plus 30% cuts to local councils and you have the NHS crisis.<sup>52</sup>

Over half of £10.8bn savings was made by underpaying staff (£1.7bn) or ‘tariff efficiency’ (£4.8bn) which amounts to staffing cuts since staffing comprises 70% of hospital costs.<sup>53</sup>

Proposed NHS hospital funding changes may lead to avoidable deaths.<sup>54</sup>

Spending on cancer care has reduced since 2009-10.<sup>55</sup> Even by 2013 spending on cancer had declined from £5.9bn in 2009-10 to £5.7bn in 2012-13.

All (25) NHS Acute Trusts were in the red, apart from four, by 2014.<sup>56</sup>

Funding for GPs is down by £943 million, breaking a former government pledge.<sup>57</sup>

The cause of rising costs is not increasing demand but massive spending on temporary staff (see later).

## A waste of money

The Tory-led Coalition government presided over losses in the NHS of at least £5 billion due to the unnecessary NHS internal market;<sup>58</sup> £3 billion due to the cost of the Lansley reorganisation; plus millions spent on staff redundancies then re-hiring them<sup>59</sup> and paying for agency staff,<sup>60</sup> millions wasted everyday on PFI loans,<sup>61</sup> and millions lost to private suppliers. The Secretary of State should be prosecuted for dereliction of duty.

## Foolish delegation leading to increased management costs

Government, since its members have rarely performed a normal job, have no clue when it comes to implementing projects to save money and reduce budgets.

<sup>51</sup> BMJ, ‘UK spending on healthcare lowest of G7 countries’, 2014:348:g3063.

<sup>52</sup> The Guardian, ‘The NHS needs more money’, Polly Toynbee, 26 Mar 2015. The Independent, ‘David Cameron’s numbers problem ... the Tories can’t get their figures straight’, Adam Withnall, 31 Mar 2015.

<sup>53</sup> The Independent, ‘Government’s reorganisation of the NHS was its biggest mistake’, Ian Johnston, 13 Oct 2014.

<sup>54</sup> BBC News, ‘Proposed NHS hospital funding changes may lead to avoidable deaths’, 24 Dec 2014.

<sup>55</sup> The Guardian, ‘Cancer services weakened by coalition’s NHS shake up’, Denis Campbell, 8 Sep 2014.

<sup>56</sup> The Independent, ‘Government’s reorganisation of the NHS was its biggest mistake’, Ian Johnston, 13 Oct 2014.

<sup>57</sup> The Guardian, ‘Doctors accuse Coalition of huge cut in spending on surgeries’, Denis Campbell, 3 Oct 2013.

<sup>58</sup> The Health Select Committee noted that the internal market increased administration costs from 5% to 14% of total NHS budget. The Lib Dems put the waste at £30 bn; the NHAP at £10 bn a year. The Centre of Health & the Public Interest put it at £4.5 bn.

<sup>59</sup> Nearly 4,000 staff were made redundant by the Lansley reforms and given payouts of av. £43,000, but were then re-hired.

<sup>60</sup> Since 2010 this has cost £5.5bn. [Mirror, ‘NHS blows £5.5billion on private agency workers’, Vincent Moss, 1 Nov 2014.]

<sup>61</sup> NHS hospitals owe £80bn loan unitary charges. [New Statesman, ‘To save the NHS, Labour must face the ugly truth of PFI debts’, Benedict Cooper, 10 July 2014.]

There is no doubt that the NHS is a top-heavy, over managed, fiefdom full of little competing empires; but this was largely caused by the increased internal management and free market systems under Tory and particularly the Blair Labour (Thatcher-lite) governments. The numbers of managers and bureaucrats soared in the last 20 years; many of whom do little but get in the way of clinicians.

It would be distracting to evaluate this<sup>62</sup> so I will just agree with the government's publicised desire to thin out management and make the NHS more efficient. However, the worst way to do this is to set a target of a certain percentage of budgetary savings and then task the NHS trust boards to find the way to achieve this.

What always happens in any organisation is that the managers at the top (who should be first to be culled) ensure that their departments (empires) are protected and then cuts are passed down the chain to the lowest officer. This means that the dead wood in the organisation gets saved and vital operators and services are cut.

In the case of the NHS this has meant that management has not really been reduced; bureaucracy has not been removed, but nurses, doctors, receptionists and clerks have been made redundant. Every NHS department is now functioning with fewer staff than it needs to get the clinical job done; however, the fat cats chiefs and CEOs remain. The stupid government has done the worst thing possible.

#### *Increased management costs*

As a result of the poor delegation, NHS spending on management consultants has doubled to £640 million a year under the Tories.<sup>63</sup> So much for their claim to reduce management costs. The number of NHS managers being paid the equivalent of more than £300,000 a year has doubled during 2014. Some managers are paid £620,000 pa.<sup>64</sup>

#### **Interim conclusion**

The NHS is not unaffordable, it is simply underfunded as a result of Tory ideological cuts.<sup>65</sup> NHS funding is the lowest of G7 countries and is not a drag on the economy, but boosts it.<sup>66</sup>

## **The current Tory attack on the NHS: top-down reorganisation**

### **The basic principles**

Andrew Lansley was not exaggerating when he called his plans for reorganisation 'revolutionary'. It gave all the power to GPs in new autonomous groups (CCGs)<sup>67</sup> replacing primary care trusts. The services of hospitals, clinics and ambulance services would only exist if the local CCG commissioned them. This commissioning was essentially a free market; thus opening the door to increasing privatisation of health care. Section 75 confirms that every element of the NHS had to be competitively tendered locally, thus

---

<sup>62</sup> For a discussion of this by a consultant, see, John Riddington Young et. al., 'The Hospital Revolution: Doctors reveal the crisis engulfing Britain's health service', Metro (2008).

<sup>63</sup> The Guardian, 'NHS bill for management advisers doubles', Denis Campbell, 9 Dec 2014.

<sup>64</sup> The Telegraph, 'The rise of the £300,000 NHS fatcats', Laura Donnelly, 27 Dec 2014.

<sup>65</sup> BMJ, Data Briefing, 2011:343.

<sup>66</sup> Globalisation and Health, Research, 'Does investment in the health service sector promote or inhibit economic growth?', Aaron Reeves et. al.

<sup>67</sup> Clinical Commissioning Groups. The boundaries of these did not match postcodes, council areas or health trusts, causing unnecessary confusion of organisation.

creating additional bureaucracy and not ensuring value for money.<sup>68</sup> This meant that the NHS fell under competition laws and companies could sue a CCG if its tender had been refused. Inevitably, private hospitals sued CCGs that had referred patients to the NHS. In fact, international experience had already demonstrated that introducing free market competition into health care worsened patient outcomes.<sup>69</sup>

The plan had 212 CCGs replacing 152 primary care trusts, hence it was more complicated, with 40% more administration. This was despotically introduced without any pilot schemes, national clinical agreement or prior testing.

The really weird methodology is that it placed administration and management of the NHS in the hands of clinicians who had not trained to be a manager, nor wanted to become one. Thus the management of the NHS was placed in the hands of people untrained and inexperienced in managing. What could possibly go wrong? It was almost as if a plan had been drawn up deliberately intending that the NHS should fall apart; but I am just an old cynic.

It also placed huge power in the hands of the central regulator, the chief of Monitor, whose remit was to enforce competition. The heads of all the top regulatory positions were Tory politicians, such as Baroness Hanham (chair of Monitor) or David Prior (head of Care Quality Commission, who called for American companies to take over hospitals). One Downing Street advisor, Mark Britnell, called upon American investors to pounce on the NHS saying, *'The NHS will be shown no mercy ... In future the NHS will be a state insurance provider not a state deliverer'*.<sup>70</sup> In the first year of implementation private companies took £8 billion of NHS work.

As the bill struggled in Parliament, some changes were made on the fringes, which made the content even more complex and the outcomes more fractious as councils were given the oversight of public health, which led to a waste of money.<sup>71</sup> With patients excluded from CCGs, a new body was set up called Healthwatch to raise issues of concern.

The opportunities for a conflict of interest, lack of focus on patient care and fraud was limitless. Soon after implementation one GP was found to have got rid of scores of patients because they were unprofitable. The very heart of the NHS (focus upon the sick not money) was ripped out.

Another factor was the separation of an 'NHS condition'; (where continuing treatment is free) and 'social care' (such as dementia, where treatment is provided by the council and charged for unless you have no money). Many people that would have previously been treated for free found themselves facing large bills or not being treated at all.

Experts warned that various aspects of the NHS would perform worse under this reorganisation; in fact this proved to be the case. For example: the National Audit Office claimed that the NHS wasted over £500 million due to fragmented purchasing,<sup>72</sup> meaning that higher prices were paid in some areas for the same things. Despite this, the

---

<sup>68</sup> The best way for the NHS to purchase anything is to use the weight of its giant organisation and gain discounted costs. Tendering has now actually led to some costs going up.

<sup>69</sup> As Bill McCarthy (policy director of NHS England) told his board, which was widely reported. Health Service Journal, 16 September 2013.

<sup>70</sup> Toynbee & Walker, 'Cameron's Coup'.

<sup>71</sup> This was a Tory sop to the Lib Dems in the Coalition. It just made things worse.

<sup>72</sup> NAO, Amyas Morse, 'The procurement of consumables by NHS acute and foundation trusts', 2 February 2011.

government's own register of risk stated that fragmentation under the new system would be worse and that this will lead to a loss of cost-control.<sup>73</sup>

### **It was unwanted**

It is true that a few entrepreneurial GPs viewed this positively as they saw the opportunity for power and profit from clinics they sent patients to. Nevertheless, the vast majority of GPs were opposed to this unwanted restructuring and said so.

### **The cost**

In short, £3 billion of unnecessary expense to make things worse.

### **Its effects**

- The Health and Social Care Act removed the government's responsibility to provide comprehensive health care. Most people are completely unaware of this. The Secretary of State for Health is no longer responsible for the health care of the nation.
- It also opened up the NHS to competition<sup>74</sup> (this was the way an earlier Tory government opened up the way for Royal Mail to be eventually privatised). This Act, which is actually about destroying the public NHS and selling it off in parcels, has cost the taxpayer £3 billion.
- It was unwanted by almost everyone in the NHS.
- It has worsened the running of the NHS and increased costs, such as by internal markets and unnecessary tendering.
- It reduced patient choices. If Serco or Circle won a tendering process then the patient could not choose to be treated in an NHS hospital.
- Contracts were given to private firms that had donated to the Tory party, even when the better bidder was a world class NHS provider (such as the University College Hospital losing the contract for brain tumour treatment to an American company).
- It gave unnecessarily great power to managerially untrained GPs running CCGs.

## **The current Tory attack on the NHS: privatisation**

In case you were not sure, a 2013 YouGov poll showed that 84% of the public preferred a not-for-profit NHS, whilst only 7% favoured privatisation.<sup>75</sup> There is no mandate for destroying the current NHS. Furthermore, the Tories only gained 24% of the public vote at the 2015 election. Over three-quarters of the population voted against them. There is no majority numerical support for the Tories, let alone privatising health care. Interestingly, even 77% of Tory voters, want the NHS run by the public sector.<sup>76</sup>

A handful of Tory MPs and ministers in power want to destroy the NHS when nearly the whole country wants it protected as originally planned. Tory radicals are even opposed to

---

<sup>73</sup> The government's forced release under Freedom of Information rules, shows their own Health Dept. risk analysis of the then proposed reorganisation. Extract 1, 'This leads to ... increased cost and poor performance'; Extract 2 'Financial control is lost due to the restructuring of budgets'; Extract 3, 'result in deterioration in relations, lower productivity ... delays in programme'. Despite their own negative risk analysis, the Tories went ahead. The only explanation is that they didn't care about worsening productivity, then acted ideologically without care about the sick.

<sup>74</sup> 38 Degrees, 'NHS expert legal advice'.

<sup>75</sup> YouGov, Will Dahlgren, 'Nationalise energy and rail companies, say public', 4 November 2013.

<sup>76</sup> YouGov Class Survey; 28 Oct 2013.

their own Conservative grass roots that want the NHS safeguarded. The current government policy is thus undemocratic and despotic.

### **Privatisation under the Coalition**

Despite government lies, privatisation is well under way. This was begun by Labour and has accelerated under the Coalition. All three major parties have acted in opposition to the will of the people and cannot be trusted. Francis Maude even openly stated that hospitals and fire services were to be run '*outside the public sector*'.<sup>77</sup>

The Tories sold off the NHS blood supply unit to a disreputable company. This was sold off on 18 July 2013 with no coverage in the media. The recipient of Plasma Resources UK was Bain Capital, an American private equity fund that had received criticism in the US for shady practices.<sup>78</sup>

A third of NHS contracts have gone to the private sector since the reorganisation took effect in 2014.<sup>79</sup>

An Oxford Economics study shows that outsourcing has almost doubled between 2010 to 2013 from £6.9bn to £12.2bn.<sup>80</sup> This shows the lie of the Tory claim that privatisation has only risen a few per cent.

The Tories signed the largest privatisation deal in history worth £780 million with half of the work going to firms linked with the Tories and three of which have been previously criticised for providing poor care.<sup>81</sup>

Private firms are on course to get £9bn of NHS contracts.<sup>82</sup>

A contract worth £5bn is being advertised by NHS England to provide commissioning support services (administration and purchasing). Bidders include an arms dealer, an Indian call centre company, and disgraced companies G4S and Serco.<sup>83</sup>

### **The cynical ideology, problems and corruption of privatisation of the NHS**

The point here is that the privatisation of the NHS to make it like the American system is an ideological fad of the Tories that hate it, despite it being vastly cheaper than the American system and far better. The American hospital system ranks 37<sup>th</sup> in the world but is the most expensive. Privatisation does not work, costs more and is open to corruption.

One NHS contract<sup>84</sup> was awarded to a private firm (Alliance Medical), that had a Tory MP on their board, despite a rival NHS consortium bid being £7 million cheaper.<sup>85</sup>

---

<sup>77</sup> The Telegraph, article now removed.

<sup>78</sup> Hostile take-overs, leveraged buyouts (borrowing to buy a company then putting the debt on that company), asset stripping, tax-dodging and giving American jobs to China.

<sup>79</sup> BBC News, 'A third of NHS contracts awarded to private firms – report', Michelle Roberts, 10 Dec 2014.

<sup>80</sup> The BMJ, 'Health services outsourced to private sector', 10 Feb 2015.

<sup>81</sup> Mirror, 'Half of private firms behind NHS privatisation have links to Tories', Andrew Gregory, 17 March 2015.

<sup>82</sup> The Guardian, 'Private firms on course to net £9bn of NHS contracts', Denis Campbell, 19 Nov 2014.

<sup>83</sup> Mirror, 'Revealed: the 21 private firms from India, Japan and America targeting £1bn NHS contract to manage patient medical reports', Andrew Gregory, 20 Nov 2014.

<sup>84</sup> Cancer scans in the North West.

<sup>85</sup> BuzzFeed News, 'NHS contract awarded to private firm', Solomon Hughes, 27 Jan 2015.

A private health company (Circle) abandoned running Hinchingsbrooke Hospital only three years into a ten-year contract as it wasn't making enough money and it received a damning Care Quality Commission report; the first ever hospital to be rated inadequate in patient care.<sup>86</sup>

BUPA pulled out of a £235 million orthopaedic contract in Worthing after an impact assessment showed that it could put vital hospital services at risk.<sup>87</sup>

In Nottingham NHS services were cut after doctors quit their jobs rather than work for the private firm in control.<sup>88</sup>

It is a myth that private healthcare is superior to the NHS. Between October 2010 and April 2014, 802 patients died unexpectedly in private hospitals and there were 921 serious injuries.<sup>89</sup> In 2012-13, 6000 patients were admitted to NHS hospitals for complications that occurred in a private hospital, half were emergencies.<sup>90</sup>

The private company Vanguard Health carried out botched eye operations at the NHS Musgrove Park hospital in Taunton. 30 of the 60 operations led to complications, including blindness. After four days the NHS hospital terminated the contract but the NHS is liable for compensation to the victims.<sup>91</sup>

The Lister Surgicentre in Stevenage was run by the private company Clinicenta until the contract was terminated due to poor standards of care. In order to do this the taxpayer had to pay £53 million in compensation to Clinicenta.<sup>92</sup>

Services provided by Serco overcharged the NHS by millions.<sup>93</sup>

In Cambridgeshire nearly a million pounds was wasted on a contract tendering process since it went to the NHS in the end.<sup>94</sup>

Hospital bosses waste £62 million a year bidding against each other for NHS contracts.<sup>95</sup>

Thousands of patients are at risk from NHS outsourcing after a damning report on private cataract operations.<sup>96</sup>

We could add so much more; such as the '*failed experiment*' of a private company running Cornwall's cottage hospitals or the collapse caused by private firm Concordia Health pulling out of running Kent GP practices leaving thousands of patients in the lurch.

---

<sup>86</sup> The Guardian, 'Inadequate Hinchingsbrooke hospital to be put in special measures', Denis Campbell, 9 Jan 2015.

<sup>87</sup> The Argus, 'BUPA CSH pulls out of West Sussex MSK contract negotiations', Siobhan Ryan, 26 Jan 2015.

<sup>88</sup> The Independent, 'NHS services cut in Nottingham', Charlie Cooper, 17 December 2014.

<sup>89</sup> Centre for Health and the Public Interest, 'New report highlights patient safety risks in private hospitals', 20 Aug 2014.

<sup>90</sup> The Telegraph, article removed.

<sup>91</sup> Thomas G Clark, Another Angry Voice, '12 things you should know about Tory NHS reforms', 19 August 2014.

<sup>92</sup> Thomas G Clark, Another Angry Voice, '12 things you should know about Tory NHS reforms', 19 August 2014.

<sup>93</sup> The Independent, 'Exclusive: Services provider established by outsourcing giant Serco overcharged NHS by millions', Richard Whittell & Emily Dugan, 27 Aug 2014.

<sup>94</sup> BBC News, 'Cambridgeshire's £800 NHS bid process unnecessary', 1 Oct 2014.

<sup>95</sup> Mirror, 'Hospital bosses waste almost £62 million a year', Vincent Moss, 26 Oct 2014.

<sup>96</sup> The Independent, 'Thousands of patients at risk from NHS outsourcing', Charlie Cooper, 17 Oct 2014.

### **Links between MPs and private healthcare**

Half of the private firms involved in NHS privatisation have links to Tories, as well as other parties.<sup>97</sup> A full list is available in *The Mirror*, 17 November 2014.<sup>98</sup> Among these are David Cameron, Andrew Lansley, David Davis, Iain Duncan Smith, Michael Fallon, Liam Fox, William Hague, Philip Hammond, Sajid Javid, Oliver Letwin, Peter Lilley, Francis Maude, Andrew Mitchell, George Osborne, John Redwood, Malcolm Rifkind, David Willetts, Simon Hughes, Maria Miller, Jeremy Hunt, Nick Clegg and Vince Cable.

The more the NHS is privatised, the more Tory and Lib Dem MPs make money on 'providing firm' boards. One in five Coalition MPs had links with private firms who could profit from the NHS reforms.<sup>99</sup> All-in-all 62 Tory MPs and 63 Tory Lords have links to companies involved in the provision of private healthcare.<sup>100</sup>

By October 2014 £1.5bn had left the NHS and gone to private companies linked to 23 Tory MPs and Lords who voted in the Health and Social Care Act.<sup>101</sup>

The architect of the NHS reorganisation, Andrew Lansley, was one of 25 former ministers named by the *Daily Mirror* for joining the 'gravy train' since leaving office, working for companies in the industries they used to regulate. These people are 'raking in' over £1 million by earning £600 per hour. Lansley now acts as an advisor on healthcare to three different firms.<sup>102</sup>

### **Private providers and the Tory party**

In essence, the Tories have been carving up pieces of the NHS by stealth and giving them away to Tory donors.

Circle Health has gained numerous NHS contracts. It is 29.2% owned by a hedge fund run by a major Tory donor called Paul Ruddock. By August 2014 Circle had gained more than £1.36 bn of NHS contracts. Other Tory donors in Circle include Martyn Arbib, Crispin Odey and Michael Platt. Several of Circle's investors together gave the Tories £1.5 million.

Care UK has received £102.6 million in NHS contracts. Their chairman is John Nash who gave £247,250 of donations to the Tory Party. He was also given a seat in the House of Lords.<sup>103</sup>

## **The effects in the NHS**

### **Crisis in budgets**

NHS trusts in England were £930 million in deficit during the first three months of the financial year in 2015.<sup>104</sup> That is more than the entire overspend of 2014 (£822m). This

---

<sup>97</sup> *Mirror*, 'Half of private firms behind NHS privatisation have links to Tories', Andrew Gregory, 17 March 2015.

<sup>98</sup> *Mirror*, 'Selling off NHS for profit: full list of MPs', Jack Blanchard, 17 Nov 2014.

<sup>99</sup> *Mirror*, 'Selling off NHS for profit', Jack Blanchard, 17 Nov 2014.

<sup>100</sup> The list from Parliamentary records can be found at Social Investigations, 'Compilation of Parliamentary financial links to private healthcare, 2 March 2014.

<sup>101</sup> *The Guardian*, 'Companies with links to Tories have won £1.5bn worth of NHS contracts', Matthew Taylor, 3 October 2014.

<sup>102</sup> *BBC News*, 11.1.16.

<sup>103</sup> *Mirror*, James Lyons, 'Fury as Tory party donors are handed NHS contracts worth £1.5 bn under health reforms', 8 February 2014.

<sup>104</sup> *BBC News*, Nick Triggle, 'NHS deficits hit massive £930m', 9 October 2015.

means that 80% of trusts are in debt. The previous overspend was balanced by a cash injection from the Treasury taking money from planned capital building projects. It is estimated that the overspend for the current financial year will be £2 billion.

None of this should be a surprise since the government has starved the NHS of funds for six years effectively cutting £30+ billion off its budget.

## **Crisis in hospital staffing**

### *Recruitment crisis*

As a result of the atrophy caused by the Tories, by December 2015 there were official reports that nine out of ten NHS trusts were struggling to recruit nurses.<sup>105</sup> Chronic underfunding has now led to major staffing problems. 92% of the 225 acute hospital trusts in England did not manage to run wards with their planned number of nurses in August 2015.

### *Targets missed*

As a result 90% of hospitals were missing their targets.<sup>106</sup> Everything is beginning to fall apart, (which was the original Tory objective). A+E waiting targets have been missed. There is a crisis in General practice. There is a major crisis in mental health services. There is a crisis in ongoing social care resulting in hospital bed blocking (social care has seen real term cuts of 20% over six years).

### *An example*

I will give an subjective example of the effects of this in a ward. Recently I had a major operation and was in a high dependency unit in Brighton for several days. In my ward were very seriously ill patients, some of which were dying. The nature of their illness meant that they needed constant monitoring and had continual breathing problems. The five patients in this bay were so serious that the staffing template was for two senior nurses. In the week I was there, there was only one senior nurse able to manage breathing crises for 75% of the time. This put unfair pressure on the nurse on duty, who was sometimes run ragged. However, it had massive consequences for the patients. When one patient was having deep suction to breathe, an exercise that took several minutes, the nurse could not come to the aid of a second patient that needed deep suction at the same time, and was left gasping for breath until the first patient's breathing was normalised. This is shocking.

### *Additional costs*

The first knock-on effect of this is additional costs (yes Tory savings measures lead to additional costs). By 2015 the NHS was spending £3.3 billion every year on agency staff to cover shortages.

In fact, hospital admissions have fallen since 2010 but the number of temps increased by 16% in 2013/14 and spending on temps rose by 27%.<sup>107</sup> One reason that the NHS is now dependent upon foreign temp nurses, at great cost, is due to the fact that the Coalition cut nursing training places. British people wanted to get into nursing training but were unable, forcing the NHS to employ foreign temporary staff.

The worst thing is that the NHS is losing its most experienced and valuable nurses. This will only be made worse by the current plan to remove nursing bursaries to save money (see later).

---

<sup>105</sup> E.g. BBC News, 'NHS England hospitals missing nurse number targets', 21 December 2015, [bbc.co.uk/news/health-35150014](http://bbc.co.uk/news/health-35150014)

<sup>106</sup> BBC News, 'NHS nursing levels: nine in 10 hospitals missing targets', 21 December 2015.

<sup>107</sup> The Health Foundation, 'A mountain to climb for NHS finances', Anita Charlesworth, 7 April 2015.

### *Staffing levels*

Despite claims that the number of nursing posts increased, the facts are that they fell from 317,370 in May 2010 to 315,525 in December 2014.<sup>108</sup> Under the Tory-led Coalition the NHS has axed 4,000 senior nurses<sup>109</sup> and cut training posts.<sup>110</sup> Training places were cut from 20,829 in 2010 to 17,219 in 2013 to save money; this was despite 226,400 people applying in 2013-14 (over 10 per place).<sup>111</sup> This forces payment of temp staff at up to four times the cost – what insanity is this?

Thus the NHS has to recruit one in four nurses from abroad.<sup>112</sup> The NHS now spends £1,200 a minute on nurses because of government cuts.<sup>113</sup> The chaos and stress has led to nurses being at breaking point as the number of those off work with stress has soared.<sup>114</sup> Nearly two thirds of nurses are now considering quitting.<sup>115</sup>

The shortage of nurses, due to government cuts, is putting lives at risk.<sup>116</sup> The Royal College of Nursing estimates that the NHS needs 20,000 more nurses. Some hospitals have up to 16% of their nursing posts vacant.<sup>117</sup>

### *Matrons*

In January 2016 it was revealed that the staffing cuts continued. Since the Tories came to power the NHS has lost 1205 senior nurses, which has a serious effect on patient safety.<sup>118</sup> The number of matrons in hospitals fell from 4802 in 2010 to 3919 in 2015. Community matrons who organise care outside hospitals fell from 1536 to 1214. In total the number of matrons falls from 6338 in August 2010 to 5133 in August 2015. When Cameron and other Tories say that the NHS has more nurses now, they are deliberately lying.

### *Summary*

You must get this straight.

- The government cut nursing training posts, despite a high demand for nursing jobs.
- It then placed remaining nurses under terrible additional pressure by cutting staff levels to save money.
- This led to many nurses being off-sick from stress, nurses quitting the profession, relocating to the private sector or going overseas. In short, it led to severe shortages of nurses.
- This forced hospitals to employ agency temp nurses costing four times more than a trained full-time nurse.
- This led to budget overspends. In short it cost the NHS more money at levels that are unsustainable.

<sup>108</sup> BBC News, 'Next government should take immediate action to boost nurse numbers', 12 April 2015.

<sup>109</sup> Mirror, 'Shock new figures reveal NHS has axed 4,000 senior nurses', Andrew Gregory, 11 Mar 2014.

<sup>110</sup> The Telegraph, article removed.

<sup>111</sup> The Guardian, 'The strike is a symptom of an NHS in intensive care', Polly Toynbee, 13 Oct 2014.

<sup>112</sup> The Guardian, 'NHS has to recruit one in four nurses from abroad', Daniel Boffey, 4 April 2015.

<sup>113</sup> Mirror, 'Crisis-hit hospitals MUST hire more nurses warns the head of the NHS', Andrew Gregory, 18 Feb 2015.

<sup>114</sup> The Guardian, 'Nurses at breaking point as number off work with stress soars', Ashley Kirk, 17 Jan 2015.

<sup>115</sup> Mirror, 'NHS crisis: nurse morale hits rock bottom', Danny Buckland, 6 Sept 2014.

<sup>116</sup> The Guardian, 'Hospitals need thousands of extra nurses or patients safety will be at risk', Denis Campbell & Nicholas Watt, 9 May 2014.

<sup>117</sup> The Guardian, 'Hospitals need thousands of extra nurses or patients safety will be at risk', Denis Campbell & Nicholas Watt, 9 May 2014.

<sup>118</sup> Daily Mirror, Andrew Gregory, 'NHS has lost 1200 senior nurses since Tories came to power', 31 December 2015.

- The government then criticised NHS trust managers for budget deficits.
- For patients, life became more difficult with unnecessary suffering and potentially death.

Someone should be sacked for gross incompetence and waste of public finances. That person would be Jeremy Hunt; but Andrew Lansley should also be held accountable for the same reasons as the previous incumbent.

### **Crisis in pay**

Like GPs, nurses are emigrating to better jobs overseas.<sup>119</sup>

One in five health workers have taken a second job because they cannot survive on their NHS salary and half of staff are overdrawn every month.<sup>120</sup>

Claims by the Daily Mail that 50,000 NHS staff earn more than £100,000 are false, at least when it comes to doctors. Starting pay for doctors is £22,636. Due to below inflation wage rises today's First Year doctors are £6,300 worse off compared to their situation in 2010. Free on site hospital accommodation was removed in 2010 without any compensatory pay increase.

By annual stages a junior doctor rises, after about ten years to the level of a Registrar / ST9, which attracts a wage of £45,304. Considering the level of responsibility, this is a low wage. In addition, doctors used to gain a supplement for working unsociable hours but these are seldom applied now. Many receive nothing and work a 36-hour week. Others work up to 56-hours a week and get overtime. Not one junior doctor earns £100,000.<sup>121</sup> However, as we see elsewhere, there are NHS managers and CEOs that receive six-figure sums and these have increased under the Tories.

As well as a pay freeze, student nurses and midwives are facing a government decision to scrap their means-tested bursaries and replace them with loans.<sup>122</sup> This was announced in the Chancellor's Spending Review in November 2015. The government, as usual, lied by saying that it will allow more nurses to be trained (when it has cut training posts) and give them more financial support (when it is removing bursaries). Nurses now fear being in debt after training. This will, of course, put potential nurses off, as the Royal College of Nursing made clear. It also explained that as student nurses spend a lot of their time on placements in hospitals doing clinical work, they do not have the time to earn money in the way that other students can. The head of the Royal College of Midwives, Carmel Lloyd, described these plans as '*appalling*', saying that they would '*deter many committed and talented people from considering a career in midwifery*'. She added, '*The RCM is extremely disappointed that the government did not seek advice or consult with us prior to making this decision. This is a change that has huge implications for both students midwife members and an already understaffed maternity service*'.<sup>123</sup>

Demonstrations against this by nurses have occurred in London, Manchester and Newcastle, to little media attention. This government has managed to spark off massive protests by NHS junior doctors, nurses and midwives at the same time. Furthermore, an

---

<sup>119</sup> The Guardian, 'The strike is a symptom of an NHS in intensive care', Polly Toynbee, 13 Oct 2014.

<sup>120</sup> Mirror, 'Health workers forced to take second jobs', Alan Jones, 11 Oct 2014.

<sup>121</sup> NHAP, Dr Alex Ashman, 'Junior Doctors' pay – the facts', 10 November 2015.

<sup>122</sup> Currently student nurses receive an annual bursary while they study, which they do not have to pay back, as well as having free tuition.

<sup>123</sup> BBC News, 'Student nurses and midwives protest over grant cut', 9 January 2016.

online petition calling for the government to retain the bursaries has been signed by 150,000 people, requiring a parliamentary debate.

## **Crisis in treatment**

### *Operations*

By early 2014 routine operations had the worst waiting times since 2008.<sup>124</sup>

### *Cancer treatment*

Cancer waiting times have been missed throughout 2014.<sup>125</sup>

In 2015 the 62-day target for treatment to start was missed with 20% of patients waiting longer.<sup>126</sup>

### *Non emergency operations*

Many operations (such as hip, knees and cataracts, varicose veins, tonsils) are being rationed and are no longer available for free in certain parts of the country.<sup>127</sup> Elderly people have to go without and live in pain.

By October 2015 the number of people waiting for non-emergency operations (such as hips and knee replacements) hit 3.3 million; the highest level since 2008.<sup>128</sup>

## **Crisis in bed availability**

English hospitals have lost 5 beds for every day the Coalition was in power.<sup>129</sup>

Over 25 years successive governments have closed over 50% of NHS beds. In 2013 there were 135,000 but in 1987 there were 297,000.<sup>130</sup> England now has one of the lowest numbers of beds in Europe and the highest bed occupancy. Some hospitals are at over 100%, which means that patients are being placed into specialist wards or surgical wards, leading to cancelled surgery, increased waiting times and greater risk of infections.<sup>131</sup>

More than 300 patients a day are having operations cancelled due to increasing pressure on beds.<sup>132</sup>

Cuts to social care have led to unsustainable levels of bed-blocking with thousands of patients taking up hospital beds because they have nowhere else to go.<sup>133</sup>

## **Crisis in social care**

Under the Coalition government 250,000 people lost their state-funded help with carrying out everyday activities, such as bathing, dressing and eating as council budgets have been slashed.<sup>134</sup> 40% government cuts to local councils left one million elderly people without

<sup>124</sup> BBC News, 'GP workload harming care', Nick Triggle, 9 April 2015.

<sup>125</sup> The Independent, 'NHS missed cancer waiting times targets throughout 2014', Charlie Cooper, 18 Feb 2015.

<sup>126</sup> BBC News, BBC News, Nick Triggle, 'NHS pressure worsens as key targets missed', 12 November 2015.

<sup>127</sup> The Green Benches, Dr Eoin Clarke, '21 NHS treatments that are no longer free ... in 100+ parts of England', 27 Sept 2013. BBC News, 'Key NHS operations being rationed', Nick Triggle, 6 Dec 2013.

<sup>128</sup> BBC News, Nick Triggle, 'NHS deficits hit massive £930m', 9 October 2015.

<sup>129</sup> Mirror, article lost.

<sup>130</sup> The Guardian, 'Why A&E departments are fighting for their life', Allyson Pollock, 14 Jan 2014.

<sup>131</sup> The Guardian, 'Why A&E departments are fighting for their life', Allyson Pollock, 14 Jan 2014.

<sup>132</sup> Politics Homes, 'Rise in shelved NHS operations', Matt Fraser, 20 Jan 2015.

<sup>133</sup> The Independent, 'English A&Es reach breaking point', Charlie Cooper, 19 Dec 2014.

<sup>134</sup> The Guardian, 'Cuts have left 25,000 older people without state care', Patrick Butler, 26 Mar 2014.

basic social care.<sup>135</sup> Adult Social Care has faced a cut of 12% while demand for services has risen by 14%.<sup>136</sup>

Social Care is facing a shortfall of £4.3bn a year by 2020.<sup>137</sup>

Two-thirds of frontline care workers receive less than the living wage. 10% are paid less than the minimum wage illegally.<sup>138</sup>

Thousands of older chronically ill people lost out on publicly funded social care under new eligibility rules after May 2014.<sup>139</sup>

Nine out of ten care homes and hospitals in England were failing people with dementia in 2014.<sup>140</sup> By 2015 there were 850,000 people with dementia.<sup>141</sup>

### **Crisis for children**

The UK has one of the highest rates of death for children under five in Western Europe.<sup>142</sup>

A leading obstetrician warned that there is a possible link between high baby mortality rate in England and a shortage of staff in maternity care and labour wards.<sup>143</sup>

The effect of austerity measures in Britain have become so serious, with provable links to worse health and suicides, that the UN has initiated a public investigation into the impact of welfare cuts.<sup>144</sup> The UN's Committee on the Covenant on Economic, Social and Cultural Rights (CESCR) asked the Cameron government how it has '*ensured austerity measures ... do not disproportionately affect, in particular, disadvantaged and marginalised individuals and groups*'. Consider this; one of the richest nations in the world is being interrogated by the United Nations because its policies are killing vulnerable people (single parents, ethnic minorities and children). The disgrace of this is beyond words. Other nations being investigated include Angola, Burkina Faso, Honduras, Kenya and Namibia.

This enquiry is separate to a confidential human rights enquiry by the UN into alleged violations of disability rights following welfare reforms. Representatives from Just Fair, a consortium of 70 UK charities and NGOs met the CESCR to express concern about the erosion of rights to food and housing and the economic and social rights of disabled people.<sup>145</sup>

Separately another UN committee on the rights of persons with disabilities is holding confidential hearings in the UK as part of an investigation into the effects of welfare cuts. It

<sup>135</sup> The Independent, 'A million elderly people lack basic social care', Charlie Cooper, & Hannah Fearn 12 Apr 2015.

<sup>136</sup> The Guardian, 'Adult care services at breaking point', David Brindle, 2 July 2014.

<sup>137</sup> Association of Adult Social Services. Local Govt. Assoc. 'Adult social care funding: 2014 state of the nation report'.

<sup>138</sup> The Guardian, 'Wealth creators are robbing our most productive people', George Monbiot, 31 Mar 2015.

<sup>139</sup> The Guardian, 'Cuts have left 25,000 older people without state care', Patrick Butler, 26 Mar 2014.

<sup>140</sup> The Guardian, 'Patchy dementia care puts patients at risk', Haroon Siddique, 13 Oct 2014.

<sup>141</sup> Alzheimer's Society, 'Dementia UK: update'.

<sup>142</sup> BBC News, 'Under fives death rate high in UK', 2 May 2014.

<sup>143</sup> The Guardian, 'NHS understaffing may have an effect on baby mortality rate', Denis Campbell, 27 Apr 2014.

<sup>144</sup> The Guardian, Jessica Elgot, 'UN to investigate impact of welfare cuts on vulnerable UK groups', 29 October 2015.

<sup>145</sup> The Guardian, Jessica Elgot, 'UN to investigate impact of welfare cuts on vulnerable UK groups', 29 October 2015.

is the first times a country has been investigated by the committee over claims of human rights breaches and was initiated by the group Disabled People Against Cuts.

Prior to this in 2014 the UN special reporter on housing, Raquel Rolnik, advocated the abolition of the bedroom tax.

The cause of a crisis for children is the effects of austerity measures, a government-led housing bubble increasing rents, and benefit sanctions which lead to children starving. Stories of children fainting from hunger in school are now widespread. Almost half of teachers and heads are bringing in food to feed children with no lunch. As welfare cuts developed, so did the number of vital food banks to fill in the gap caused by government policies. That one of the richest nations in the world even has one food bank is a national shame. In fact there are hundreds with the Trussell Trust alone supplying over a million meals so far in its short history.

Malnourished children become sick and an increasing number of unnecessarily sick children puts great strain on the NHS.

For more details on the effects of austerity measures and welfare cuts see my papers: *'Austerity Politics: Why they are wrong'*, *'What God thinks of measures that affect the poor'*.

### **Crisis in mental health**

The Coalition cut mental health budgets by 8%, which is what caused the current crisis.<sup>146</sup> By November 2014 there were 3,640 fewer nurses and 213 fewer doctors working in mental health compared with 2012.<sup>147</sup>

75% of people with mental health problems get no help at all.<sup>148</sup>

Due to the lack of mental health beds available in some areas, people (including teenagers) have been sent hundreds of miles away – which adds to their distress.<sup>149</sup> Some teenagers have been kept in police cells, as there were no beds locally.<sup>150</sup> The loss of mental health beds under the Coalition has been linked to eight deaths.<sup>151</sup> GPs have stated that the cuts to these services have left mental health care unable to cope.<sup>152</sup> However, more recently the crisis has meant that there are no NHS beds available at all, anywhere. The slack has been taken up by paying for private beds but these are also running out, especially in London.

Mental illness usually accounts for over a fifth of NHS disease;<sup>153</sup> however, the severity of other austerity measures is increasing the number of people getting mentally sick, as well as increasing the number of suicides. The current lack of beds, accompanied by growing need, means that there is about to be an explosion of problems in this area.

---

<sup>146</sup> BBC News, 'Mental health service budgets cut by 8%', Michael Buchanan, 20 Mar 2015.

<sup>147</sup> The Guardian, 'UK's mentally ill people more likely to be found in jail than hospital, Randeep Ramesh, 13 Nov 2014.

<sup>148</sup> BBC News, 'Mental health service budgets cut by 8%', Michael Buchanan, 20 Mar 2015.

<sup>149</sup> The Guardian, 'NHS mental health care pushed to breaking point by lack of beds', Haroon Siddique & James Meikle, 1 Feb 2015,

<sup>150</sup> The Independent, 'Girl, 16, with mental health problems held in police cells', Lamiat Sabin, 29 Nov 2014.

<sup>151</sup> Express, 'Exclusive: loss of mental health beds is linked to eight deaths', Danny Buckland, 30 Nov 2014.

<sup>152</sup> The Independent, 'Sharp cuts leave NHS mental health services unable to cope', Charlie Cooper, 30 July 2014.

<sup>153</sup> The Guardian, Editorial, 12 August 2014.

A quarter of the prison population has mental health issues. Some of these have killed people because they did not get necessary medication.<sup>154</sup> Keeping a person in prison costs about £40,000 a year; a third of the cost of a private health care bed.<sup>155</sup>

Self-harm by mental health patients in the NHS rose by 56% in 2014.<sup>156</sup>

The cost for gaps in mental health care for new mothers is over £8bn a year.<sup>157</sup>

### **Crisis in equipment**

If you visit various aspects of the NHS (as unfortunately I have very often) you find that there is a real problem with lack of vital equipment or with broken equipment that doesn't function. Here are some examples:

- Patients have to suffer without simple equipment, such as trolley stands to hold drip bags, blood drains or catheters.
- Blood pressure monitors are frequently broken.
- Vital equipment has to be borrowed from another department due to equipment being broken. In a life-threatening crisis for me at 2 am a nurse had to run from the ENT wing in Brighton Royal Sussex hospital to the neurology department to get a working ultrasound scanner.
- Patients are being told that they will only get one hearing aid when they need two.<sup>158</sup>

### **Crisis in A & E**

Waiting times were at their worst in a decade by the end of the Coalition government.<sup>159</sup> The only reason that A&E has not collapsed completely is down to the amazing commitment and self-sacrifice of nurses and doctors who constantly cover the gaps in their own time. In the end constant pressure causes even these people to retire, transfer to the private sector or leave the country.

I personally know an experienced, highly trained, A&E emergency nurse who could not afford rent in southern England and relocated to Abu Dhabi where he can earn much more money and work in better conditions. This situation is becoming commonplace. In fact, there are now agencies that solely concentrate on supplying foreign countries with British trained nurses so the move is easier to manage.

By December 2014 A&E waiting times were at the highest levels since records began.<sup>160</sup> 35,373 people waited more than four hours for treatment; 66% more than the previous year. 7,760 patients waited between four and 12 hours on a trolley.

By November of 2015 A&E waiting times had got even worse.<sup>161</sup> Data collected by the Royal College of Emergency Medicine showed 88% of A&E patients were treated or admitted

<sup>154</sup> The Guardian, 'UK's mentally ill people more likely to be found in jail than hospital', Randeep Ramesh, 13 Nov 2014.

<sup>155</sup> The Guardian, 'UK's mentally ill people more likely to be found in jail than hospital', Randeep Ramesh, 13 Nov 2014.

<sup>156</sup> The Guardian, 'Self-harm by mental health patients in the NHS has risen by 56%', Denis Campbell, 27 Aug 2014.

<sup>157</sup> The Guardian, 'Gaps in mental health care for new mothers costs £8bn a year', Peter Walker, 20 October 2014.

<sup>158</sup> Daily Mail, 'Now hearing aids are rationed by our crisis-stricken NHS', Jenny Hope, 10 Feb 2015.

<sup>159</sup> BBC News, 'A&E waiting in England hits new worst level', Nick Triggle, 7 April 2015.

<sup>160</sup> Sky News, 'NHS in crisis as A&E waiting times soar', 12 December 2014.

<sup>161</sup> BBC News, Nick Triggle, 'A&E times getting worse', 27 November 2015.

within four hours, way below the 95% target. A&E units missed their 4-hour target for the 12<sup>th</sup> time in 13 months where performance dropped below the 95% target.

### **Crisis in discharging patients**

Bed-blocking is now a widely-publicised issue. This is where patients have been treated but cannot be discharged because there is nowhere safe for them to go. It usually applies to elderly patients who cannot be left on their own. The problem, which has put enormous stress on hospital bed management, has been caused by the heavy government cuts on council spending which has led to the closure of many care homes and the lack of home carers. In some areas a fifth of hospital beds are occupied by patients who should have been discharged from hospital but community services cannot care for them at home or elsewhere. This is despite hospitals increasing their bed stock and before the winter pressure.

### **Crisis in maternity wards**

Dozens of maternity and A&E units have been closed or downgraded.<sup>162</sup>

### **Crisis in diagnostic tests**

By the end of September 2015 1.9% of patients had been waiting over six weeks for diagnostic tests – nearly twice the proportion that should be suffering such delay.<sup>163</sup>

### **Crisis in ambulance services**

Ambulances are repeatedly unable to drop off patients due to a logjam in emergency departments.<sup>164</sup>

The shortage of ambulances has meant that the police are regularly having to take people to hospital.<sup>165</sup> In one case the police took a dying three-year old girl to hospital after the ambulance failed to arrive.<sup>166</sup> In the case of my own father, despite a call by his GP for an immediate ambulance, West Midlands Ambulance Service took 12 hours to get to him. He died in hospital.

There are not enough ambulances to cope and many paramedics are quitting their jobs.<sup>167</sup>

Hospitals now frequently rely upon paying private ambulances to do work. NHS spending on this has doubled regarding 999 calls alone.<sup>168</sup> London spending on private ambulances has risen tenfold.<sup>169</sup>

Some patients have been left stranded in an ambulance for 8 hours.<sup>170</sup>

As a result of a lack of ambulances, people are dying unnecessarily.<sup>171</sup>

---

<sup>162</sup> Telegraph, 'The list of 66 A&E and maternity units being hit by cuts', Laura Donnelly, 26 Oct 2014.

<sup>163</sup> BBC News, BBC News, Nick Triggle, 'NHS pressure worsens as key targets missed', 12 November 2015.

<sup>164</sup> Mirror, 'A&E is creaking under pressure admits NHS boss', Andrew Gregory, 16 Dec 2014.

<sup>165</sup> BBC News, 'Police covering for East Midlands ambulance service paramedics', 22 Dec 2014.

<sup>166</sup> Telegraph, 'Police took dying girl aged three to hospital', Patrick Sawyer, 30 Nov 2014.

<sup>167</sup> BBC News, 'More paramedics quitting NHS jobs', James Melley, 9 Oct 2014.

<sup>168</sup> Telegraph, 'NHS spending doubles on private ambulances', Laura Donnelly, 9 April 2014.

<sup>169</sup> BBC News, 'London spending on private ambulances grows tenfold', 22 October 2014.

<sup>170</sup> Telegraph, 'Patients left stranded in ambulances for 8 hours', Laura Donnelly, 9 Aug 2014.

<sup>171</sup> Mirror, 'Pensioner dies after ambulance takes two hours to arrive despite seven 999 calls', Paul Byrne et. al., 22 April 2014.

By the end of 2015 the situation continued to worsen. In one Care Quality Commission inspection, the London Ambulance Service was rated as ‘inadequate’ and was placed in special measures.<sup>172</sup> The cause of this was slow response times (only 25% of target) plus a high number of unfilled vacancies. This trust used to be the best-ranked service in the country.

This shows the integration of austerity measures causing infrastructure decline. Staff on low wages (squeezed by government policies) cannot afford the high rents in London, which have increased dramatically as a result of government policies neglecting social house building and creating a property boom for buy-to-let developers. As a result of lack of investment, NHS staff are placed under greater and greater pressure until they vote with their feet. Inability to recruit new staff (because the wage and conditions are so poor) creates inability to perform the service.

#### *Recent data*

Ambulances missed their target to answer 75% of the most serious 999 calls within 8 minutes for the fourth month in a row.<sup>173</sup>

#### **Crisis in winter deaths**

There was an estimated 43,900 excess deaths in England and Wales during the winter of 2014-2015. This was the highest number since 1999. Considering that this winter was relatively warm this is of great concern. Most of the deaths were of people aged over 75.<sup>174</sup> All these deaths were unnecessary.

#### **Hospital closures**

The Tories have closed many clinics, maternity wards and hospital departments but came unstuck when they tried to close the Lewisham A&E to make savings after they were defeated in the courts.<sup>175</sup> The Tories then changed the law, passing new legislation to make it easier to close hospitals within 40 days without any public or staff consultation. The depths of this depravity are hard to believe. This was voted for by Tories and Lib Dems on 11 March 2014.

#### **Crisis in dentistry**

In January 2016 something extraordinary was revealed. The BBC reported that dentistry in the UK had become effectively Third World in quality.<sup>176</sup>

It seems that standards and availability of dental work have become so reduced that an International charity called Dentaaid (established to provide care in the Third World) was now offering emergency dental care for vulnerable patients in West Yorkshire.

Dentists stated that dental care in Britain was already ‘*unfit for purpose*’, but was now growing worse and worse, as affirmed in a letter signed by 400 dentists. As well as a lack of provision of NHS dentists, the levels of tooth decay in children is a ‘*national disgrace*’. Statistics published by the Health and Social Care Information Centre revealed that 50% of eight-year-olds and 33% of five-year-olds had tooth decay.

---

<sup>172</sup> BBC News, ‘London Ambulance Service rated ‘inadequate’ by inspectors’, 27 November 2015.

<sup>173</sup> BBC News, Nick Triggle, ‘NHS pressure worsens as key targets missed’, 12 November 2015.

<sup>174</sup> Data by Office for National Statistics, reported by BBC News, Smitha Mundasad, ‘Winter deaths highest since 1999’, 25 November 2015.

<sup>175</sup> A High Court ruling in October 2013. This declared that Jeremy Hunt had exceeded his powers. So the Tories changed the law to give Hunt new powers.

<sup>176</sup> BBC News, ‘Dental care in England “Third World”’, 4 January 2016.

The problems began when Thatcher's government changed the regulations about dental care forcing most people into private provision or using insurance companies like Denplan. Free eye and dental check-ups were abolished in 1989 despite a pre-election pledge that the NHS was safe in her hands. The number of NHS dentists was immediately reduced and many people in the UK could no longer get free dental care in their locality. This situation has gradually worsened as dentists have retired, costs have risen and the population has expanded.

Many people in the country on low wages face a Dickensian situation regarding dental care. Things are so bad that people are doing their own dentistry with DIY tools and even making wooden teeth to fill gaps. The previous benefits of the NHS providing free dental care have been long destroyed by the Tories, but suffering is increasing as things get worse. This is what happens when you replace the NHS with private care; the poor suffer.

### **Crisis in General Practice**

In 2014 the British Medical Association revealed that 57% of GPs were then considering taking early retirement due to their intolerable workload.<sup>177</sup> This year the BMA surveyed over 15,000 GPs and found the following:

- 34% are considering retiring within the next five years.
- 28% were considering reducing their hours to part-time.
- 9% are considering moving abroad.
- 7% are considering quitting medicine.

The reasons for this were given as:

- Excessive workload – 71%.
- Un-resourced work being moved into general practice – 54%.
- Not enough time with patients – 43%

The BMA stated that this shows the reality of an immediate crisis facing surgeries in the UK. GPs are overworked and frustrated that they do not have enough time with their patients. It also affirmed that the promises being made by political parties were cloud cuckoo land (such as seven-day availability). Nearly half of UK GPs (14,000) are over 50 while there are only 9,000 doctors in training.

Since it takes up to eight years to train a GP it is not possible to even replace these GPs let alone bring in thousands of new ones; therefore, all promises of additional doctors and late opening surgeries are false.

Nearly 600 surgeries are facing closure in the UK with up to 100 nearing imminent collapse. Already some areas (e.g. East Anglia) are seeing patients have to travel 30 miles to see a doctor. This is why more people are turning up at A and E departments. Large parts of the UK are now without any doctor at all.

So, even without the promises of more GPs and surgeries open all week and at night, Britain faces a crisis of GP numbers. In fact, some parts of the country are already in crisis now and many people cannot get to see a doctor within 14 days and can never get a visit out of hours.

During 2013-14, 34 million people failed to be able to book a GP appointment.<sup>178</sup> In July 2014 the Royal College of GPs stated that in 2015 50 million patients would be turned away

---

<sup>177</sup> ITV News; '57% of GPs thinking about early retirement', 24 March 2014.

from surgeries.<sup>179</sup> Patients in London and Birmingham would face the most problems due to lack of investment.

Funding for general practice has fallen from its normal level of 11% of the NHS budget to 8.5%.<sup>180</sup> This is planned to reduce even more by 2017/18 to 7.29%. Research by RCGP shows that general practice faces a £1.59 billion real terms funding cut by 2017, at the same time as a predicted increase of 69 million patient consultations.

The number of GPs leaving the UK to work abroad doubled under the Coalition.<sup>181</sup>

It has been stated that GP services are under the threat of extinction due to increasing workload, dwindling budgets and lack of doctors.<sup>182</sup> The government has created a GP recruitment crisis.<sup>183</sup> Half of surgeries say that waiting time for appointments will exceed two weeks due to unprecedented workloads.<sup>184</sup> GPs account for 90% of patient contact but just 8% of the NHS budget.

Just as I finished this paper, the BBC announced<sup>185</sup> that GP surgeries were at breaking point, quoting a BMA press release. At least a hundred surgeries had stopped taking on patients in 2014-15 (information following a Freedom of Information request from NHS England), but this figure is considered an understatement. On the NHS Choices website 299 surgeries indicated that they were not taking on new patients. The BMA affirmed that the cause of this is the rise of patient numbers (no doubt fuelled by high immigration), falling resources, absence through stress, and a desperate shortage of GPs. In some local areas 75% of the surgeries have stopped taking on new patients, such as Clacton-on-Sea. Other surgeries have stated that their patient list is unsafe.

### **Interim conclusion**

In dealing with a subject like this we could go on and on. We could show similar declines of standards for cancer care, ENT treatment, diabetes and many other specialisms. There are insufficient dialysis machines in the UK so that many die unnecessarily from kidney disease.

Some ailments are Cinderella illnesses that are poorly understood, badly funded and often misdiagnosed, like Trigeminal Neuralgia, Lyme's Disease or Lupus. The current situation means that these will continue to be ignored due to lack of funding. Patients with these suffer enormously and frequently get bad, wrong or no treatment at all. For example, UK blood tests do not identify Lyme Disease properly and patients have had to get blood tests done in Germany where it is better identified. I have heard from patients who had suffered 14 years of debilitating symptoms, causing loss of jobs and worse, because Lyme's Disease was misdiagnosed. All these factors exhibit a lack of investment. They represent a failure of one of the world's richest countries to sufficiently fund health care.

<sup>178</sup> Mirror, 'NHS crisis: 34 million failed bids to book GP', Andrew Gregory, 1 April 2015.

<sup>179</sup> The Independent, Rob Williams, '50m patients will be turned away', 28 July 2014.

<sup>180</sup> GP, 'Viewpoint: Dr Kailish Chand: Increase general practice spend to 11% of NHS budget', Kailish Chand, 9 Mar 2015.

<sup>181</sup> The Guardian, 'Number of GPs seeking to leave UK...', Daniel Boffey, 23 Nov 2014.

<sup>182</sup> The Guardian, 'Family doctor service on brink of extinction says new GP leader', Denis Campbell, 22 Mar 2014.

<sup>183</sup> The Guardian, 'GP numbers tumble in England as recruitment crisis bites, Toby Helm & Denis Campbell, 14 June 2014.

<sup>184</sup> The Guardian, 'GP numbers tumble in England as recruitment crisis bites, Toby Helm & Denis Campbell, 14 June 2014.

<sup>185</sup> BBC News, Matt Precey, 'English GP surgeries reach new patient breaking point', 6 Jan 2016.

There is no doubt that the Tories have caused the worse crisis in the NHS' history and the lack of funding has damaged the economy.

Under the Tory led Coalition,

- 8,000 beds were axed.
- 8,000 specialist nurses were cut.
- 250,000 NHS staff were on zero hours contracts.
- One third of NHS walk in centres were closed or downgraded.
- 62 maternity or A&E wards were shut down
- A&E waiting times became the worst in ten years.
- £16bn of NHS contracts were offered to the private sector.
- 1.6 million admissions to private hospitals were funded by the NHS every year; the health service became the private sector's biggest customer.

Under the Tory majority government of 2015 all these aspects worsened (see main text for sources).

- 1205 senior nurses have been lost since 2010.
- A&E waiting times actually got worse.
- Treatment times, such as for cancer, got worse.
- The wait for diagnostic tests got longer.
- The backlog of non-urgent operations (e.g. hip replacement) became even longer.
- Bed provision in hospitals became the lowest in the developed world.
- Junior doctors went on strike for the first time.
- The ambulance service got worse. The London service that had previously been ranked highly was put into special measures.
- Privatisation of parts of the NHS has increased.
- Care for mental health patients became officially unfit for purpose. Zero beds were available.
- Dental care is now at Third World levels with an international poor charity offering provision in West Yorkshire for vulnerable people.
- The crisis in General Practice got worse so a serious problem with the number of GPs is now looming as dismayed GPs in droves plan to retire early, go private or leave the country.
- The NHS deficit became the biggest on record.
- More and more hospitals began to fail, putting additional stress on working hospitals to carry the slack.
- The UN initiated several investigations of the British government for abusing human rights through welfare cuts. Many of these cuts lead to increasing and unnecessary pressure on the NHS.<sup>186</sup>

---

<sup>186</sup> Such as when local care for the elderly is removed by council budget cuts or when benefit sanctions cause people to starve.

## Quotes

There's a growing gap between the government's NHS pronouncements, and statistics and the reality. ... The Stafford Hospital debacle was the result of balance sheets and financial considerations taking precedence over patient care. We're seeing the same again all over the NHS and it is driven by the austerity ideology of this government. We should have been implementing the lesson of the Francis Report and investing in staff. Instead we are repeating the mistakes that led up to it.

Dr Clive Peedell; Oncologist and co-leader of the NHAP.<sup>187</sup>

[Speaking of the Lansley reorganisation when the White Paper was published in 2010]  
I think it is the end of the NHS as we currently know it.

Dr Clare Gerada, Chair of the Royal College of GPs, The Guardian, 19 November 2010.

The fact that patients in England will be unable to see their GP when they want to on more than 50 million occasions in 2015 is a truly shocking indictment of the crisis that is enveloping general practice. ... The profession has been brought to its knees both by a chronic slump in investment and the fact that there are now simply not enough family doctors to go around.

Dr Helen Stokes-Lampard, Treasurer of the Royal College of GPs.<sup>188</sup>

Today's figures show the NHS is in the grip of an unprecedented financial meltdown. Deficits on this scale cannot be attributed to mismanagement or inefficiency. Quite simply, it is no longer possible for the vast majority of NHS providers to maintain standards of care and balance their budgets. ... If [additional funding] is not forthcoming, the government should be honest with the public that the outcome will be an accelerating decline of standards of care.

Richard Murray; director of policy at the King's Fund, The Telegraph, Laura Donnelly, 'NHS faces worst crisis in its history', 20 November 2015.

We have never seen anything on this scale before. There is a real danger that over the next year trusts will run out of cash to pay staff.

Prof. John Appleby, chief economist at the King's Fund, The Telegraph, Laura Donnelly, 'NHS faces worst crisis in its history', 20 November 2015.

---

<sup>187</sup> Daily Mirror, Andrew Gregory, 'NHS has lost 1200 senior nurses since Tories came to power', 31 December 2015.

<sup>188</sup> The Independent, Rob Williams, '50m patients will be turned away, 28 July 2014.

## Conclusion

The government has money to spend when it wants to, and does so willy-nilly without any mandate; we could mention the large foreign aid budget for example, much of which goes to unscrupulous leaders. Yet when it comes to the darling of the public, the NHS, budgets are starved so that inefficiencies arise and waste money (to say nothing of patient suffering and unnecessary deaths). It is insane. There is no mandate for the government to destroy the NHS and this current government only has support of 24% of the nation anyway.

Note that the stupid HS2 railway scheme has been proved to be without value to the economy (why would getting to Birmingham from London 20 minutes quicker boost the economy?). This will cost £50 billion.<sup>189</sup> Also the improvement / replacement to the Trident nuclear deterrent would cost nearly as much. This is something that will never be deployed, but if it were it would be pointless as the planet would already be destroyed. Trident is a tiny fraction of the world's nuclear deterrents and utterly pointless. Facing a NHS imminent collapse, I know where I would like to see that money spent.

Some basic points of information you should remember (details in the main text):

- *The best service.* The NHS is usually voted the best, or sometimes second best, healthcare system in the world by a variety of accredited studies. The American system (which the Tories want to replace the NHS with) is always ranked the worst, or near worst, system in the world.
- *NHS is good value for money.* The NHS is found to be either the best value for money, or always near the top of the table for value, in studies. Many European healthcare systems cost more than the NHS. The American system is the most expensive, despite giving the worst health care.
- *The NHS is affordable.* NI contributions usually pay for the service. For many years until the Tories came to power they produced a surplus, which the Chancellor invested in gilts or the military. In the years when the NIC did not quite cover the cost, topping up by the government still represented good value for money. There is a causal link between good healthcare and an efficient GDP. The idea that the NHS is unaffordable is a lie.
- *The Tory ethos.* The Tories in government hate the NHS with a passion and seek to destroy it as a detested Socialist nationalised industry. This view has been openly published in books and speeches by MPs and ministers. The Tory assault on the NHS is ideological and not economically necessary.
- *Massive underfunding and cuts of over £30 billion.* Under the Tories every department of the NHS is now deeply underfunded and suffering terminal decline. Many results of cuts have led to increased expenses. For example the cuts of nurse training positions and cuts to staffing levels in the name of savings have led to massive increased costs to pay for agency staff at four times the cost of full-time staff. Billions are being wasted every year.
- *Tory privatisation.* The Tories are carving up parts of the NHS and selling them off to private corporations. These have frequently led to a worse standard of care and even deaths. However, Tory MPs are making money on the privatisation by being on the boards of the firms involved or by serving as advisors to the boards. In many cases contracts went to firms that were donors to the Tory party rather than to the best service provider.

---

<sup>189</sup> BBC News, 'HS2: Government has no convincing case for £50bn rail line', Christ Johnston, 25 Mar 2015.

### **The irony: healthcare spending improves economic growth!**

Study after study has shown that proper healthcare funding leads to a healthier nation and a healthier nation leads to greater prosperity and less time off work. Underfunding the NHS is a contributory factor in damaging the economy.<sup>190</sup>

### **We are slowly losing the world's best healthcare system**

International experts affirm that the UK's NHS is the best health care system in the world. The UK is even better than other countries that invest more than the UK.<sup>191</sup> The privatised American system is ranked as the worst. Yet the Tories are determined to eradicate the NHS and replace it with an American system (so that they can profit from private health firms!).

There could be a good reason why the creator of the NHS, Aneurin Bevan, called the Tories '*Vermin*'. They seek to replace free, high quality health care for all with a privatised system that makes them and their friends rich while leaving poor people to get sick and die.

Now I personally do not condone using such derogatory terms for bad politicians. However, I can say that God's word (the Bible) shows very clearly that rulers who neglect the poor and worsen the lot of the sick and vulnerable will be condemned for eternity. God's wrath will be revealed against such people that profit personally from increasing the suffering of others. Politicians beware; you may escape public furore but you cannot escape God's judgment.

---

<sup>190</sup> Globalisation and health, Open Access Research: 'Does investment in the health sector promote or inhibit economic growth?', Aaron Reeves et.al. 2013:9:43.

<sup>191</sup> The Guardian, 'NHS comes top in healthcare survey', Denis Campbell & Nicholas Watt, 17 June 2014.

## Further study

### **British Medical Association**

Bma.org.uk

### **The British Medical Journal**

Bmj.com

### **The Health Foundation**

Health.org.uk

### **The Kings Fund**

Kingsfund.org.uk

### **The Lancet**

The lancet.com

### **The National Health Action Party**

Nhap.org

### **The National Health Service**

Nhs.uk

### **Royal College of Emergency Medicine**

Rcem.ac.uk

### **The Royal College of Midwives**

Rcm.org.uk

### **The Royal College of Nursing**

Rcn.org.uk

### **John Riddington Young et. al.**

*'The Hospital Revolution: Doctors reveal the crisis engulfing Britain's health service'*, Metro (2008). This particularly demonstrates the massive increase of unnecessary NHS managers and the creation of competing little empires, which Riddington Young (a consultant in the West Country) calls 'The Stasis' since they work against clinical excellence. Worryingly, he also shows how clinicians that speak up about management failures suffer from vindictive penalties or losing their jobs.

There are many other books demonstrating the current decline of the NHS under the Tories, but I have not read them. I have read a few pages of *'Cameron's Coup'* (Toynbee and Walker) but not enough to be able to recommend it.

Scripture quotations are from The New King James Version © Thomas Nelson 1982.

**Paul Fahy Copyright © 2016**

**Understanding Ministries**

<http://www.understanding-ministries.com>