

The end of free health care?

By [Jacob Miller](#), Comment Editor (2014/15)

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Image: [Sven Loach](#)

The NHS is predicted to face a £30 billion shortfall by the end of the decade. A particularly controversial solution is charges for care. However, the introduction and expansion of fees would undermine the very concept of care, transforming it instead into an economic transaction. In order to suggest further solutions the causes of the current problems must be examined.

The NHS does face pressure from an ageing population. There are currently more than 10 million people aged over 65 in the UK, and this is estimated to rise to 19 million by 2050. The population is also rising; with the prediction that it will increase by three and a half million by 2018.

However, increased private sector involvement due to the current government's Health and Social Care Act 2012 is another important factor. The act's effect has been adverse, with 65 per cent of CCG's claiming that commissioning has incurred extra costs.

On 9th January 2015, Circle, the private operator of Hinchingbrooke Hospital in Cambridgeshire, pulled out of a 10 year contract after 3 years. They acted hours before the publication of a report by health service inspectors which called for the hospital to be taken into special measures. Chief Inspector of Hospitals, Professor Sir Mike Richards, said inspectors found, "risks to patient safety..." He added that it was, "the first time the CQC [Care Quality Commission] has rated a trust inadequate for caring".

Many would characterise the NHS as a lumbering, inefficient beast; arguing that privatisation and austerity streamlines the service. However, privatisation and austerity have created a Frankenstein's monster of inefficiency and profit-fuelled care. In 2001, 40 NHS hospitals failed the hygiene and cleanliness inspections. Four of the five trusts which run the ten hospitals described as the "filthiest" employed private contractors for cleaning services who made cuts to maximise profits. At the annual meeting of the British Medical Association, Dr Andrew Collier explained that the 9 per cent cut to beds in mental health services had resulted in one mental health trust spending, "£345,000 to put patients in bed and breakfast services". The failure of austerity and private involvement draws the conclusion that the solution is increased funding.

However, neo-liberal policies erode the tax revenue upon which the NHS depends for funding. Nations entice multinational companies to base themselves in their country, by offering lower corporation tax. For example, George Osborne is aiming for a corporation tax cut to 20% in April 2015- the third consecutive reduction by the Chancellor. However, capitalism's reliance on exponential growth means that companies avoid tax to increase profits, such as Starbucks; who failed to pay any corporation tax from 2010-2013. The result is that the expected extra funding from the increased presence of multinationals fails to materialise.

The profit-driven, free market ideology is incompatible with a free health service. It will not deliver a health service which cares for the poor and the vulnerable. Instead it creates inefficiencies, increases costs and leaves the basic necessity of health unaffordable to the poorest. We are familiar with the common stories which existed before the creation of the NHS; families living in abject poverty, unable to call a doctor for fear of a bill. Charges are not the answer, to do so would be to take a backwards step from Aneurin Bevan's vision that a sick person should not be denied treatment "because of lack of means". Flaws in the fabric of the system, such as tax evasion must be addressed. Ultimately, if capitalism is unable to fulfil our most basic needs, then it is imperative to seek alternatives.



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