STRUGGLE FOR HEALTH PAMPHLET No 3

DEFEND THE NHS

Smash Private Practice NOW!

BEHIND THE CONSULTANTS DISPUTE

The past two years has seen a dramatic change within the NHS. The image of health workers as passive acceptors of their increasing exploitation has been shattered. In two years, ancillary workers, ambulance drivers, nurses, radiographers and technicians have launched often bitter struggles to improve their miserable pay and conditions of work. These struggles have been the result of the growing crisis of social expenditure, affecting all sections of the so-called welfare state.

As the economic crisis of British capitalism has become ever more, acute, capital has attempted many ways to solve its crisis in its own favour. All these attempts have meant attacks on the working class, from the Tory Pay Laws to entry into the Common Market, from the Industrial Relations Act to the Social Contract. In this, the Welfare services have not been left out. As the costs of the NHS have escalated, successive governments have attempted to cut-back health expenditure. The burden of this inability of capitalism to even maintain the existing health services has fallen on health workers, in the form of low wages, often atrocious working conditions and on the whole working class in terms of the declining standards of care given by an NHS in acute crisis. In struggling for better pay and conditions, health workers have been opposing these attacks on the NHS. Improved pay is a step towards solving one of the major problems facing the health service, chronic staff shortages. For this reason, the struggles of health workers, such as nurses and ancillary workers have been struggles in the interests of all the workin class.

The beginning of 1975 has witnessed a struggle in the NHS of quite a different character, that of the hospital consultants. During the past two years, consultants have been very fond of labelling the struggles of other health workers as 'holding the NHS to ransom'. Such a phrase exactly describes the nature of the consultants' own actions in opposing the Labour Government's proposals for a new consultants contract. In this pamphlet we will show that the consultants actions are a direct attack on the NHS and the health care of the working class in order to defend and expand their own material privileges, i.e. Private Practice.

A NEW CONSULTANTS' CONTRACT

A look at the history of the present dispute over the consultants NHS contracts reveals what the consultants are really arguing about.

It was originally the consultants' professional associations, the British Medical Association (BMA), and the Hospital Consultants and Specialists Association (HCSA), which began renegotiations of their contracts. What they were after was what they called an 'item of service' contract. This would have meant the complete end to any commitment, whether full-time or part-time, by consultants to the NHS. Instead they proposed that each consultant would become an individual contractor charging fees to the NHS for each item of treatment, examination, operation etc. given. This would have meant a return to the conditions of pre-1948, and in fact, of befor the second world war. It would have involved a vast increase in the costs of medical treatment for the NHS with no guarantee that consultants would not spend more and more of their time on the more lucrative realms of private medicine. For the consultants such an 'item of service' contract would have filled their pockets with gold.

Such is the abject nature of this present Labour government that Dr David Owen, Labour Under Secretary of State for Health was prepared to allow a pilot item-of-service scheme to be set up.

That Barbara Castle put an end to such a scheme was not because she is a more resolute champion of working class interests. The reason was that the cosy negotiations in the DHSS had been interupted by the direct action of hospital workers, in the North East, North West,

Wessex area and parts of London, famously at the Charing Cross hospital. Such action had pointed the way forward on how to get rid of the parasite of private medicine. Typically the image of such organised mass action by workers to achieve their demands scared Labour as much as it infuriated the consultants. Instead of backing the action of hospital workers, Castle, to maintain the credibility of parliamentary rule and patch up the holes in the banner of the Social Contract, was forced to conciliate between the consultants and hospital workers. As David Owen put it 'the demands of militant health workers . . may be restrained if abuses are seen to be curbed'.

To do this Castle had to take a harder line with the consultants. The proposals were that private practice would be 'phased out' of the NHS and that a new contract should be drawn up for consultants which would entice more of them to commit themselves full-time to the NHS.

LABOUR'S PROPOSALS

1. The full-time contract would consist of ten 4 hour sessions (previous eleven 3½ hour sessions). All full-time consultants would be debarred from practicing privately (as at present).
2. The contract would be 'closed' (i.e. overtime would be paid for work outside the contracted hours). Previously the contract was 'open'; there were no payments for extra hours. Overtime was to be offered only to full-time working.
3. The present 'merit award' scheme would be scrapped and replaced by extra-payments for full-timers only based on 'experience and service'.
4. There would be an 18 – 20% bonus for full-time consultants.

These proposals were for new consultants. Those already with contracts could continue as before.

Faced with the anger and threats of the BMA and HCSA, for whom even these mild proposals were threatening to their ability to cash in on their status, Castle gave concession after concession.

LABOUR'S CONCESSIONS

1. Originally the new contracts were to be non-renegotiable, but now Labour propose that full-time consultants can opt for part-time status, after a number of years. This means that after 'having made their name', and boosted their earning power, consultants can leave full-time NHS work and cash in on their positions. It also allows part-timers to opt for full-time commitments at the end of their careers to safeguard their state pensions.

2. On overtime payments, Castle retreated making overtime available to part-time consultants as well, although full-timers will receive priority.

3. On the merit award scheme, Labour has made a further concession. This scheme, dear to the leaders of the medical profession, has cost the tax-payer £10.3 millions a year. In this racket, reminiscent of the dealings of a bureaucracy the consultants claim to fear, has meant consultants have been able to help themselves to between over £1.500 to nearly £8.000 a year. These awards are for 'outstanding work and contributions', so outstanding in fact that the names of consultants to get awards is kept top secret.

Labour backed down on scrapping this system, allowing part-timers as well as full-time consultants to recieve bonuses for 'experience and service'.

4. In order to reassure the BMA and the HCSA the 'bold' commitment of Labour's manifesto

To remove private practice from the NHS has become a five year 'phasing-out' of pay beds. The first steps are mild indeed. From January 1 only 20% of private beds in hospitals with more than six will be turned over to the NHS. This is providing that the occupancy rate of the beds is less than 60 percent. In the centres of private practice, such as London, and provincial teaching hospitals (national average 8.8 private beds per 1000; London teaching hospital 48.5 per 1000; provincial teaching hospitals 37.3 per 1000) the occupancy rate is well over 60%. As yet Labour has no further proposals.

BEHIND THE CONSULTANTS' FURY

Judging by the anger and outrage with which the self-appointed leaders of the medical profession have greeted the proposals one would imagine that they were a great threat to their privileges. In fact, as we have seen they are timid indeed. No present consultant need accept any of the new proposals for the contract itself and can go on working as before.

However, if one looks even briefly behind such accusations as the new contract will'destroy the independence of doctors in the profession' (BMA), 'put in jeopardy the whole feedom of medicine in this country' (Brownlow Martin of HCSA), it will be seen that the consultants 'do not escape the charge . . . of resolute defenders of self interest' as the '*Lancet*' politely puts it.

From the inception of the NHS the consultants have resolutely defended their interests at great damage to the development of NHS. By threats of complete non-co-operation the BMA and the Royal Colleges forced the Labour government to abandon any idea of a free fully comprehensive health service, with no private practice and a full-time salaried medical staff. Instead the sonsultants won the 'freedom' to practise privately and majority representation on hospital bodies and semi-autonomy for the powerful London teaching hospitals.

To maintain their privileges consultants have:
distorted hospital building (e.g. refusing to allow a large London teaching hospital to be rebuilt in an area of need away from Harley Street);
controlled and restricted the intake of medical students on grounds of class and sex;
kept a firm grip on the nature of medical education and junior doctors' career prospects, to suppress any potential opposition;
restricted the number of consultant posts available (to reduce competition);
and used their preciously guarded monopoly of medical knowledge not only to maintain their status in society, but to pedal reactionary anti-working class ideas such as no abortion on demand and the 'medical' treatment of gays.

The 'resolution' with which consultants have defended and continue to defend their 'professional freedom' becomes clear when it is known how much consultants can earn through private practice. A surgeon, using top BUPA scales can earn over £10,000 a year by doing no more than performing one operation a week plus five consultations. Consultants in non-surgical specialities can easily gross more than an extra £7,000 a year above their normal NHS income (from £5,500 to nearly £8,000). 'In London . . . the rewards of private medicine for a maximum part-timer can be considerably more than this' ('*Pulse*').

THE MATERIAL BASIS FOR PRIVATE PRACTICE

The attraction of private medicine is based not on any significant superiority of the treatment provided, but on non-medical benefits including selection of time of admission, choice of consultant, greater privacy, unrestricted visiting, choice of food etc.

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Private Patients Plan Co. advert.:
"Your little girl has to go to hospital. You are worried. You have been told to wait. This can be avoided . . . If you were a subscriber your little girl would be admitted immediately."

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However the key attraction is the ability to jump the long NHS waiting-lists for non-emergency operations at a time when NHS waiting lists number over 526,000.

EXAMPLES OF WAITING TIMES:

	PRIVATE	NHS
Cataract operation	2 weeks	over 1 month
Tonsillectomy	2 weeks	18 months
Gynaecological operations	1 week	12 months
Hysterectomy	2 weeks	4 months
Vasectomy	2 weeks	2 years

(from House of Commons Expenditure Sub-Committee Report March 1972)

In this way private practice has fed off the growing inadequacies of the NHS and has flourished with the crisis in the NHS. Because queue-jumping is the major basis for private practice, the proposals for joint NHS and private waiting lists by Castle infuriates the consultants.

PRIVATE PRACTICE IN NHS

The number of private beds within the NHS is nearly 5,000, approximately 2% of NHS beds (excluding beds in long-stay hospitals where virtually no private beds exist). However there are about seven times more private beds outside the NHS, and although the existence of private beds in the NHS contrasts sharply the exploitative relationship between the private sector and the NHS, this relationship is not dependant on the existance of private practice *within the NHS as such . ..* It is the very existence and growth of private medicine inside or outside the NHS which is the threat to the health services. While consultants are allowed to practice privately and maintain their influence within the hospital structure, distortions and abuses of the NHS will continue.

EFFECTS ON THE NHS

1. WAITING LISTS: It is in the interests of doctors with private practices to maintain and deliberately prolong the waiting time of patients. The Expenditure Committee on NHS facilities for Private Practice provided evidence of this cynical manipulation of patients. In evidence a medical secretary of an Eye Unit reported that patients were kept waiting 3 to 4 years when there was no need for them to wait any longer than six months. When she questioned the consultant, the reply was 'If we keep them waiting long enough they get fed up with being unable to see and agree to become private patients.'

2. Admission for private patients to NHS beds for treatment without payment to the NHS.

3. Use of hospital facilities and staff to see and treat private patients as outpatients without payment.

4. Use ofsNHS equipment in private nursing homes.

5. Failure of some consultants to do their ward rounds, out-patient clinics, operating sessions although paid for such work. This work is left to Junior medical staff (80% of emergencies are treated by junior staff)

6. Manipulation of operating lists to give priority to private patients.

PRIVATE PRACTICE OUTSIDE THE NHS

"Why not own a private hospital close to Harley Street? The annual gross income from beds alone is almost £2,500,000 plus all the extras - and no advertising costs."

Before Labour introduced any plans to phase out private practice from the NHS over 35000 private beds existed outside the state service. Since the threat to pay beds in the NHS has arisen private medicine has become one of the few growth areas for British capitalism.

The British United Provident Association(BUPA), Britain's largest private health firm (founded in 1947), which also owns 25 hospitals through its Nuffield Nursing Homes Trust, has been the prime mover in forming an association of private hospital owners and health insurance groups. The aim of this association is to develop a private health scheme as an alternative to the NHS and to 'prevent private practice getting a profiteering image (*'Medical Week' 15-11-74).*

NEW PRIVATE HOSPITALS

One member of this association, who sees rich pickings to be had out of the crisis in the NHS is American Medical International (AMI) owners of a Harley Street Clinic. It is already in the process of building a 130 bed hospital in Nottingham Place, Marylebone and is planning a 150 bed hospital in Windsor and 180 bed one in Manchester, virtually next door to M R.I . (Manchester Royal Infirmary). It has also just taken over St Anthony's Hospital, cheam. *"Private beds should have been phased out of the NHS long ago. They are an anomaly".* The head of AMI in Europe Dr Balfour-Lynn knows clearly where the interests of private medicine lie. The three hospitals are likely to cost £80 million, but this has been readily supplied by 'City financial institutions' which have been promised 25% return on their investment. AMI are of course taking their cut. Balfour-Lynn reckons between 20 — 30 private hospitals will be needed and 'there will be plenty of money to finance them'.

This seems to be true from two new schemes. Allied Investments, which through its subsidiary Allied Medical Group owns the country's largest nursing agency British Nursing Agency, has just launched an insurance plan to give patients cover for up to £10,000 a year for private treatment. With the backing of Commercial Union Assurance, Samuel Montagu, part of the Midland Bank, AMG plan £2 million 120 bed private hospital in south London not '10 minutes drive from Kings College Hospital'. Dr John Maxwell, chairman of the group said 'the plan had been suggested by hospital consultants in South London'. Other hospitals are planned in Leeds, N. London and Manchester.

A Mr d. Waller, director of another scheme, Private Health Service , which will be 'to private medicine as the AA is to motoring' claimed that they had a'fantastic reaction ' from from GP's to a recent advertisement in the *'Times'*. The advertisement invited GP's to join a private health scheme. Dr Waller claimed that PHS had 'considerable financial backing from a 'variety of sources' not excluding the pharmaceutical industry.

HOTELS TO PRIVATE HOSPITALS

Meanwhile BUPA has another card up its sleeve to protect the interests of private medicine. Their scheme is to convert hotels into 'instant hospitals'. BUPA has already approached the 640 room Cunard International Hotel in Hammersmith and the London International in Cromwell Road London. Other hoteliers, hit by the down-turn in tourism are rubbing their hands at this new profitable alternative of luxury hospitals. Kensington and Chelsea, and Westminster Councils are considering planning applications for several conversions including from the Sheriden Hotel, Paddington to change the 120 bed hotel into a 60 bed nursing home. So far even Tory controlled councils have been wary about handling such a 'hot potato'.

DOCTORS AND PRIVATE MEDICINE

The rapidity at which certain sections of capital have leapt to cash in on the prospect of the 'phasing out' of pay beds from the NHS, has posed some embarrasing problems with sect-

ions of the medical hierarchy concerned with their professional image. As the paper *'Doctor'* says, 'any apparant readiness by the profession . . . to ally themselves with commercial interests . . .would not only be politically exploited to undermine the profession's traditional statusit would strengthen demands from an increasing powerful left-wing militant minority for a compulsory service for all doctors'. There is also the problem that the financial backing for a private health service will publicly raise questions of a 'political' drift about the very availability of capital funds for such a purpose at the present time of economic crisis (when Mr Crosland for instance, is forced to suggest the return of 'pre-fabs of notorious memory as "temporary" homes'. The advice that the *'Doctor'* gives is to point 'The BMA has emphasised as its policy the divorce of access to health care from the patient's financial needs. *The BMA will, therefore have to be inordinately cautious about even appearing to speak with two tongues, after a quarter-century of a 'free' NHS'.*

THE CRISIS IN THE NHS AND PRIVATE PRACTICE

The escalating costs of the NHS have been a chronic problem for British capitalism since 1948. The result of successive governments policies whose main priority has been the defence of profits rather than meeting the welfare needs of those who work to produce those profits, is an NHS which is in a state of collapse. Thsi country's health workers are among the worst paid in any 'advanced' capitalist country, 75% of beds are in hospitals built before 1918, only 5% of GP's operate from purpose built health centres, there is a drastic lack of staff in all sections of health work (75,000 nurses and 10,000 technicians are needed now). With the deepening of the crisis of capitalism further cuts in NHS expenditure have been carried out as the priority to defend profits become more imperative. In November '73 the Tories lopped £111 millions which has not been replaced at a time when a four-fold increase has been predicted. The effects of this are easy to see. The treasurer of the South East Thames Regional Health Authority (RHA) stated 'It is a grim situation. Very shortly we will see patients suffer'. The Isle of Wight RHA reported, ' We have now reached a stage when we ahave to consider a reduction of services'. Already wards are closed for lack of staff, local hospitals serving working class communities and particularly working class women are being closed or run-down (Liverpool Road, EGA, Mothers, City of London, Samaritans to mention only those in London).

It is in this situation that the consultants action to defend their interests must be seen. This and the concomittant growth in private medicine outside the NHS makes the image of a two-tier health service a concrete possibility. This would mean an adequate private service for those who could afford private fees and a run-down service for the working class.

CAN LABOUR DEFEND THE NHS

Once before, in 1946, the medical profession attacked the concept of a free comprehensive health service. Then, they threatened withdrawal of all co-operation from the NHS if they were not allowed the 'freedom to practice privately'. Instead of supporting the actions of trade unions against the doctors, Nye Bevan made concessions after concession saying he 'had to stuff the medical profession mouths with gold'. Castle, now grappling with only part of the mish-mash that Bevan left behind is now falling into the same rut. On the crest of the direct action against private practice by health workers she has attempted to conciliate between the demands of health workers and consultants. Thus isolated, she will also be forced to concede to the consultants.

This is no accident. The Labour government as in the past is wedded to the interests of capitalism and to back and mobilise working class actions, would endanger Labour's usefulness to the ruling class.

After the defeat of the Tories, Labour, in trying to sell the Social Contract to the work-

ing class, made great play that in return for the wage restraint of workers they would improve the welfare services. Now from the latest statements of Healey and Wilson it is clear that not only has the working class got to accept a cut in their living standards in terms of wages, but also in terms of a rapidly declining health service.

NEED FOR A WORKERS SOLUTION

It is clear that the Labour Government has no answer to the action of the consultants, has no solution to the crisis in the NHS which is in the interests of the working class. As health workers are showing in a small way, only direct action by the working class will defeat the consultants and defend the NHS from the hammer blows of the capitalist crisis. *A long and systematic campaign must be mobilised now within the trade union and labour movement.*

UNITED WORKING CLASS ACTION NOW

The working class must have an alternative solution to that given by the Labour Government, whose only answer is to allow the private sector to develop at the expense of the NHS.

*Hospital workers should immediately set up action committees or act through existing shop stewards committees to organise to ban all services to the consultants in administration, domestic and portering services, and where possible apply bans on private patients.

*Hospital joint shop stewards committees, in association with the local labour movement, should now fight the autonomy of the consultants and exercise veto powers over the decisions of the consultants' medical executive committees with regard to the priorities of the health service, building programmes, equipment, specialised services etc. —without taking any responsibility for the lack of resources available.

*Working class organisations must insist that the local councils refuse planning permission for private hospitals, and organise pickets of existing private hospitals to demand that the beds be turned over for the use of the NHS.

*If local authorities allow planning permission, then the trade unions in the area must put an embargo on all work connected with their construction and servicing.

*Established bodies should set up a workers' enquiry into the local health services — liaising with the local joint shop stewards committees in the hospitals, working out the priorities for the area, and organising action against any closures of hospitals.

*The labour movement should demand

1. That the Labour Government abolishes private practice completely, both inside and outside the NHS, NOW. It is already *official* TUC policy as well as that of NALGO and NUPE to oppose *all* forms of private practice. The working class must ensure these policies are implemented.
2. The injection of £1500 million into the NHS simply to meet immediate needs.
3. A sliding scale of NHS expenditure —i.e. to automatically cover the effects of inflation.

Labour has proved time and time again that it cannot defend the NHS. To simply rely on the Labour Government is a recipe for disaster. Trade union members inside the NHS —united with all trade unionists outside the health service— must fight every attack on the NHS both locally and nationally. This requires the formation of broad based action committees which can unite all sections of the working class to fight for the above demands. This is the only way in which the working class can impose its own control and solutions to the present crisis.

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