

Keep Our NHS Public
PRESS RELEASE

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Private units could trigger collapse of Brighton NHS Trust

As Health Secretary Patricia Hewitt gets to her feet to give her speech to Labour conference delegates today, her policies are causing havoc in hospital services just down the road from the conference hall.

A controversial scheme to buy in operations from new private sector Treatment Centres is due to slice off 85% of the orthopaedic caseload from the Brighton & Sussex Hospital, and instead purchase £18m of NHS treatment a year from a newly-created private unit. This will leave the NHS with only the most costly and complex cases and emergency work.

Brighton is not the only victim of new policies which are switching NHS funds and caseload to the private sector, leaving Trusts to wrestle with a cash gap. In east London, a new private treatment centre is poised to scoop a contract to operate on over 9,200 patients a year, leaving a major financial headache for the local Barking Havering and Redbridge hospitals Trust, which loses out.

New figures published today confirm fears that the government's controversial programme of transferring elective hospital contracts from NHS to new, private sector "Treatment Centres" could have serious consequences for many struggling local NHS Trusts.

According to Dr John Lister, Information Director of London Health Emergency, one of the organisations supporting the new campaign to **Keep Our NHS Public**, current plans for a massive £1.5 billion yearly NHS spend on operations private treatment centres are equivalent to more than 5 percent of the total hospital budget (estimated at £28 billion in the latest DH Departmental Report, 2005). However the same sum is closer to 15 percent of the current NHS spend on *elective* treatment – since 45% of NHS admissions are emergencies, mostly costing more, and staying longer in hospitals, while a large proportion of elective operations take place only as day cases. Loss of income on this scale will cause big problems.

To make matters worse, private sector bids have focused only on the simplest routine operations, leaving NHS hospitals to shoulder the burden of providing all emergency treatment, and supporting patients requiring complex and long-term care. The loss of routine work will also jeopardise the training of junior doctors, and question the viability of the remaining services.

And as the examples in Brighton and Barking Havering & Redbridge show, the impact of diverting millions in funding out of the NHS into the private sector is not spread evenly, but lands heavily on particular NHS Trusts. Many of these, as in the case of Brighton, are already facing deficits and cash pressures running into tens of millions: the additional loss of income could be sufficient to force them into far-reaching closures.

Commenting, John Lister said:

"If Patricia Hewitt can't see the dangers in the policies she is putting forward she should jump in a taxi and visit the Trust up the road, where a front-line NHS orthopaedic unit faces a major crisis. The allocation of ring-fenced funds to private Treatment Centres is not only leading to the privatisation of existing NHS facilities: it also threatens to push Trusts around the country over the brink, into a cash crisis that could mean patients lose vital local services."

NOTE TO EDITORS

■ **Keep Our NHS Public** launched this week, with a statement signed by hundreds of campaigners, health professionals, trade unionists, academics and **former Health Secretary Frank Dobson MP**. It calls for a campaign to protect the NHS from further privatisation and fragmentation, and to keep our NHS public. Full details can be found at www.keepournhspublic.com

CONTACTS: **John Lister** 07774 264112: **Frank Dobson MP** Mobile - 07867782964.