

Why Scotland is in danger of going the English Route

It could never happen to Scotland, 'Scotland is different' – so we are all told. After all, in 2003, the Health Minister Malcolm Chisholm enacted legislation to get rid of the internal market, bringing services and hospitals back under health boards' control and saving millions of pounds in billing and invoicing. Crucially the move reintegrated services, facilitating proper planning of health services.

But the current health minister Andy Kerr supports the use of the private sector in the provision of clinical services.

Here are five examples showing how the Scottish Executive is catching the commercialisation bug, and five good reasons why you should care.

Five examples of commercialisation

1. PFI for hospitals - leading to cuts, closures, debts and deficits

Scotland has more PFI (private finance initiative) per capita than anywhere else. The Scottish NHS has signed almost a billion pounds of PFI deals with the private sector. PFI means debt, and debt means charges. Take Lothian and Lanarkshire health boards, which must find more than £80 million in PFI charges between them. Lothian has a deficit of £11 million and Lanarkshire £21 million in 2005-6. The result is that both boards are embarked on a programme of service cuts and closures.

But the high costs of PFI mean nothing to the Scottish Executive, it seems. It remains committed to PFI and is planning to sign off another £1.75 billion of schemes. If this happens NHS Scotland will have to find more than £500 million pounds a year, money that will inevitably have to come out of spending on services. The Scottish Executive plans to pay for PFI by a programme of service closures dressed up as bringing services closer to the local community under the Kerr report. All across Scotland there will be fewer beds and fewer services; every town and city will be affected. But public debate and consultation is lacking and the details of the costs are never made public.

2. PFI and HUB in primary care

The Scottish Executive plans to extend PFI to primary care using HUB, a Scottish version of the English model known as LIFT. This is often referred to as the primary care version of PFI, used to build non-hospital facilities. But there are differences. The rate of profit flowing out of the NHS to private shareholders is just as high, despite the much lower risk of building a GP surgery compared to building a hospital. In England LIFT projects are costing up to eight times more than traditional ways of building.

3. Putting primary care and GP services out to tender

Not content with privatising the buildings and the premises the Scottish NHS is now putting GP services out to tender. All across the country people have lost access to out of hours GP care but much worse is to come. Commercial

companies are going to be able to bid to take over GP surgeries. The first Scottish example of this is already happening at the Harthill surgery, which has been put out to tender by Lanarkshire Health Board, Serco is bidding. Privately run GP services mean that doctors will be accountable to corporate bosses, who in turn will be answerable to shareholders whose only interest is profit.

4. Independent sector treatment centres

Independent sector treatment centres (ISTCs) are private sector clinics that do a limited range of straightforward operations, paid for out of the NHS budget. They are destroying the NHS in England, so why has the Scottish executive allowed NHS Tayside to sign a secret £15 million deal with a large South African company for an ISTC in Stracathro? The company is Amicus Healthcare – not to be confused with the union of the same name, it is actually owned by Netcare. Netcare has a terrible reputation in England for being paid too much for too little care and is facing several legal cases over bungled operations. The Scottish people were not informed about the Stracathro deal and the Minister refused to consult the public, claiming it was a special pilot project. The centre will employ NHS staff, although it seems with different terms and conditions.

5. Public accountability is being abolished

The Scottish Executive is refusing to publish details of contracts and the level of secrecy is even greater than in England. It is doing this by claiming that it is exempt from the Freedom of Information Act. For example, despite all the public money that is being spent, the contracts for the Stracathro ISTC are not yet available to the public and “commercial confidentiality” is being used to prevent the publications of contracts in Glasgow with the private sector for elective care. Wherever the private sector enters the NHS, a mist of confidentiality descends, preventing members of the public from scrutinising how their money is being spent.

Five good reasons why patients do give a jot

- 1. The private sector always costs more**
- 2. Its quality is lower**
- 3. It ‘cherry-picks’ profitable patients and services, which reduces access for the many**
- 4. It reduces public accountability**
- 5. The end result will be a fragmented and inequitable NHS offering fewer services free at the point of delivery**

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