

UK health reforms will be the end of free care for all, warn experts

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Entitlement to free health services will be curtailed by the Health and Social Care Bill currently before parliament, warn experts today.

In a paper published in the [British Medical Journal](#), Professor Allyson Pollock and David Price from Queen Mary, University of London analyse the key legal reforms in the bill and conclude that it provides a legal basis for charging and for providing fewer health services to fewer people in England.

"Taken together, the measures would facilitate the transition from tax-financed health care to the mixed financing model of the USA," they warn.

Essentially, the bill will transfer the decision-making powers from the Secretary of State to new clinical commissioning groups (CCGs), [local authorities](#) and commercial companies. It would abolish the primary care trusts (PCT's) duty to secure health services for everyone living in a defined [geographical area](#) and allow CCGs to provide fewer government-funded health services and to determine the scope of these services.

CCGs will also have the power to decide what services are "appropriate as part of the health service" and to delegate the decision to commercial companies.

"Where a CCG or its commercial company decides that services are no longer appropriate as part of the government-funded health service they

may fall out of the health service altogether and be charged for," the authors show.

Under the bill, public health functions, such as vaccination, screening services and promotion of healthy lifestyles, would also be delegated to local authorities and may be chargeable.

"The government acknowledges that responsibilities will overlap as a result but does not make clear which services must be provided by which body as part of the centrally funded government health service and which may be chargeable," say the authors.

Furthermore, the government has indicated that "a wide range of services may not be mandated in future," they add.

"Legal analysis shows that the bill would allow reductions in government-funded health services as a consequence of decisions made independently of the Secretary of State by a range of bodies," conclude the authors. "The bill also fails to make clear who is ultimately responsible for people's [health services](#) and it creates new powers for charging."

They add: "The reform signals the basis for a shift from a mainly tax-financed health service to one in which patients may have to pay for services currently free at point of delivery. The government has been unable to show, as it has argued, that these changes are 'vital'. It does not have a mandate for this radical alteration of health care financing and it has avoided informed debate of the principle."

Provided by British Medical Journal

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