HEALTH EMERGENCY

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Whoever wins on May 6 – fight every cutback!

Gordon Brown has fired the starting gun for the race that was already in full flow, and in 4 weeks we will know who has won the 2010 General Election.

Many angry activists, frustrated at New Labour's adherence to Thatcher's anti-union laws and continuation of her privatisation offensive have argued that there is "no choice" between the main parties: but one area this is clearly not true is the NHS.

While 18 years of Tory rule saw the NHS face cuts, the privatisation of hospital support services, Thatcher's mad, costly and wasteful "internal market" reforms, more cuts, and soaring waiting lists 13 years of Labour rule has brought a real transformation.

Huge new resources have been pumped in to the NHS: spending has risen at the fastest rate in 60 years, with the health budget almost trebled since 1997 with generous above inflation year on year increases since 2001, and the share of national wealth spent on health has increased towards the European average. Waiting times are down, and with the 18-week maximum wait are now among the best in Europe: staff numbers are up – even if far too many of these are managers.

There are new hospitals, too – although almost all of these have been funded through the controversial Private Finance Initiative, the most expensive and riduculous possible way to secure the money. PFI is just one of many weaknesses in Labour's record, of which we are all aware.

Another fundamental problem is that instead of sticking to their promise to sweep away Thatcher's costly and wasteful market system, Blair (and now Brown) have hung on to it, made it more complex and bureaucratic, and brought in far more private sector involvement than the Tories ever dreamed of. Overhead costs have mushroomed, while the talk of "efficiency" has never

been louder.

With the market has come today's indecipherable jargon of "World Class Commissioning", the swarming of private sector management consultants; the relentless drive to draw in private providers to deliver clinical services and even community and mental health services through the "Transforming Community Services" policy; the positioning of Richard Branson's Virgin group and Care UK to exploit the current fad for expensive new "polyclinics" and privatisation of primary care; the expensive irrelevance of "Independent Sector Treatment Centres"; the "patient's choice" initiative encouraging NHS patients to seek simple elective treatment in private hospitals, leaving their local NHS hospitals facing financial losses: and of course the costly folly of the billions squandered on a complex computer system that still doesn't work … and much more.

But while Labour could obviously have spent much of the extra money more wisely, and even now could save billions painlessly by changing course on some of these policies, we know from their previous 18 years in office that the Tories wouldn't have spent the extra money at all.

Left to them, the waiting list would still be with us, with hundreds of thousands of people still waiting 18 months or more for treatment in crumbling and poorly-cleaned hospitals. And while Labour has stupidly rolled out the red carpet for private providers, the Tories would be even more eager to please any of their big business friends who fancy a slice of the NHS budget.

So let's use the election period to keep the pressure on the main parties to halt the £20 billion of cuts in the next few years, which threaten to devastate many local services, close hospitals, axe tens of thousands of beds and NHS jobs, and throw more qualified staff on the dole queue.

Both parties threaten that, and these cuts must be fought, no matter what the result of the election. But let's not forget that in 62 years of the NHS only one ruling party has had the courage to pump much-needed resources into health care and create a service that gives us so much to defend.

Ignore that difference and we could have years to regret a Cameron government.

Cuts keep coming . . . with even more to come after May 7

- **Leicestershire Hospitals £58m and 700 jobs to go in 12 months**
- **Southampton Hospitals £100m cut and 1,400 jobs to go in 4 years**
- **Salford Royal Hospital 750 jobs to go in 3 years, budget cut by 15%**
- **Oxfordshire Hospitals: £45m cut in 12 months**
- **Cambridge University Hospitals £35-£40m to cut over 3 years, all sections of staff urged to consider taking redundancy**
- **Gloucestershire Hospitals £27-£30m cuts, 200 beds**
- **Nottingham University Hospitals £28.8m cuts over 12 months**
- **Gateshead Hospitals 100 beds face closure**
- **Arrowe Park Hospital, Wirral: £13m cuts per year for 3 years**

Best chance yet to stop NHS cuts

In the run-up to the election, campaigners fighting the closure of A&E (and almost all inpatient services) at King George's Hospital, Ilford, won an important concession. Health Minister Mike O'Brien, visiting the tightly-balanced constituency, announced that the closure would be referred to the "Reconfiguration Panel".


Ilford Recorder
Minister halts A&E axe plan

This may not lead immediately to reversing the closure, but it gives campaigners more time to pile on the pressure. It gives a flavour of what may be possible for campaigners if – as some predict – the election leaves a hung parliament or a very narrow majority for the winners, raising the prospect of another election soon afterwards.

The cuts themselves are politically unpopular as soon as they are revealed: and with £20 billion to cut in England, they are on a scale that the general public can understand would put their services at risk. We can be certain that a shaky government will not want to alienate more support by pushing through big cuts and closures in the teeth of widespread opposition.

No local MP would relish the notion of becoming the next David Lock – the deservedly forgotten Blairite junior minister, who lost his safe Labour seat in Wyre Forest to an Independent in 2001, after foolishly endorsing the closure of his local Kidderminster Hospital.

But to put this type of pressure on, health workers and their unions need to build strong and broad campaigns reaching deep into local communities. Make no mistake: if there is no mass pressure, arrogant health bosses will push through whatever crazy plans they like.

It's up to you: everywhere hospital services are seen to be threatened, local communities have shown themselves ready to fight back.

In 2006 this type of campaigning rolled back many of the cuts being driven by Patricia Hewitt. This time, with the unions fighting also in defence of jobs and working conditions, the campaigns can be harder and stronger.

If you don't fight, you can't win. And then we all lose.

"Efficiency savings" that are not efficient and save nothing

Phony figures and quack policies

Faced with a staggering £20 billion gap between a frozen NHS budget and the likely demands and costs on health services by 2017, managers have responded with panic measures to slash back capacity. But of course they can't admit that these are "cuts", so they harp on misleadingly about the need for "efficiency savings" and "reconfiguring pathways" – and a host of other jargon phrases.

But what is the evidence that the new proposals to divert tens of millions of patients from A&E and from hospital outpatients to primary care and "lower cost settings" can actually work, or save any money?

There is none.

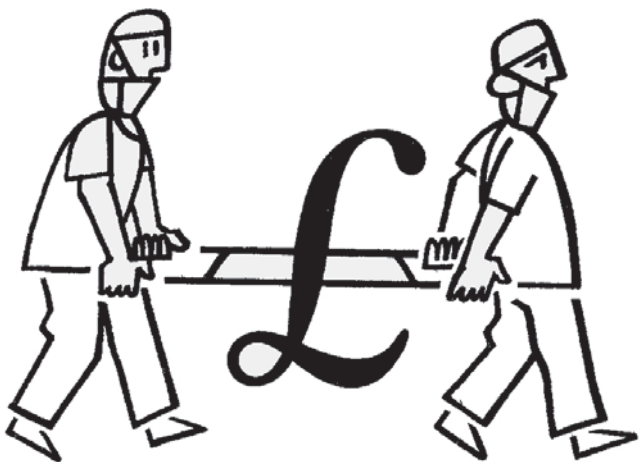
There is no experience in this country or anywhere else of shifting patient care on this level out of hospitals: indeed a recent Audit Commission report pointed out that as recently as last year, despite well over a decade of rhetoric on the need for these changes, there had been

"no shift from hospitals to care closer to home in the community, either in terms of investment or activity".

Nor have PCTs had any serious success in "demand management" reducing the use of hospital care: instead the numbers of patients referred by GPs to hospitals for inpatient care has continued to increase, leaving most hospitals "overperforming" on their contracts.

Now the NHS has tried press-gang Trusts into slamming the hospital doors in the faces of these excess patients by refusing from this year to pay the full cost of additional patients above the planned total. Trusts will receive just 30% of the tariff cost of treating any patients in excess of the 2008-9 caseload. What are Trusts supposed to do when the patients arrive seeking treatment? There is no answer.

Plans to remodel services are based on false assumptions. NHS London and other



Strategic Health Authorities are insisting that 60% or more of patients attending A&E could be properly treated b y GPs and primary care nurses: but a recent Department of Health-commissioned study which checked on actual people in real A&E departments found that as few as 10% and a maximum of 30% of patients there did not require hospital treatment.

SHAs and PCTs are also trying to shunt millions of outpatient appointments into "polyclinics" – few of which so far exist even on paper, and none of which are operating on a level large enough to deal with this caseload. They could be a very costly failure.

A 2010 report by the National Primary Care Research and Development Centre, which checked 119 studies on shifting services to primary care has warned that:

"Savings in cost were offset by increases in overall service volume and loss of economies of scale. … There is a risk that the quality of care may decline and costs may increase".

Health chiefs seeking to switch mental health into polyclinics are also defying evidence in the latest research from the same organisation, which warns that

"Polyclinics provide new opportunities: but with those possibilities come potential threats and risks. Of key importance is the threat that they will re-institutionalise mental healthcare after many years of breaking down these barriers."

The evidence is equally thin to support other stock plans:

● Polyclinics are likely to cost far more than existing models of primary care. Darzi-style health centres are costing 3-7 times more than conventional health centres.

● Axing tens of thousands of hospital beds without proven alternatives in place is a huge gamble.

Civil service union leader Mark Serwotka has been arguing for some time that the government does not even need to increase taxes to bridge the gap in public sector finances: they just need to collect the taxes that are owed but not paid.

The PCS estimates the "tax gap" at £120 billion, but the government (with all party backing) is cutting the numbers of tax collectors employed by HMRC, each of whom generates a net profit of £600,000 a year for the Treasury, and closing tax offices.

● Glib talk of "productivity increases" of up to 35% (nurses) and 43% (doctors) over the next five years and cutting the workforce by not filling vacancies avoids any discussion of the consequences for patient care and for the staff remaining.

If these plans misfire, the NHS loses out both ways: services can be undermined and patients put at risk. And if the assumed cash savings do not materialise, an even bigger further round of cuts would then have to follow.

Lurking in the background is the grim example of Mid Staffordshire hospitals, where the quest for just £10m of cuts resulted in the loss of 150 clinical posts and a total collapse in care, with dozens of hundreds losing their lives as a result.

Managers who fail to learn from existing evidence could be doomed to repeat this type of failure.

Want savings? Cut here!

A few simple steps could be taken that would cut the health bill by a billion or more each year.

Trust payments to Private Finance Initiative consortia are set to hit £1.3 billion in 2011, and rise year by year, despite warnings that NHS budgets will at best be frozen in real terms.

A report on the notorious PFI scheme at the Norfolk & Norwich Hospital, which yielded massive windfall profits for shareholders, showed that there could be huge savings even now from buying out the PFI deal.

Many of the PFI hospitals already up and running have been financed by banks we (the taxpayer) already own: so why not scale down or scrap the hefty unitary charge payments on these deals, and seek ways of buying out any schemes financed by other banks, especially now the Bank of England base rate of interest is at a record low 0.5%?

Or take management consultants –

please. They are everywhere – costing the NHS £500m or more a year – and deliver pitiful value for money. The Health Secretary should sack the lot, and tell NHS managers to get on with the job they are already handsomely paid for: managing services.

The third recommendation centres on unpicking some of the more expensive bureaucratic experiments, beginning with scrapping the fraudulent World Class Commissioning programme – and switching any capable staff involved to useful work elsewhere.

The Competition Panel, and all of its regional spin-offs, and the national and regional-level Commercial Directorates should also be ditched as a costly diversion that could potentially do massive structural damage to the NHS.

Other pointless bodies created to help create a market system instead of a health service also need to face the axe, beginning with the little-known but dangerously ill-conceived 'NHS Primary Care Contracting'.

There should be a full value for money audit of all senior management and directors' positions through the Strategic Health Authorities, Trusts and PCTs. Health unions and professional bodies should help scrutinise the claims of what has been achieved – leading to a cull of bosses who add nothing to patient care.

And there must be no more high-cost contracts and preferential deals with private sector providers: Independent Sector Treatment Centre contracts must be scrapped, bringing the work contracted out at higher costs back in-house to restore the viability of flagging NHS units as well as medical training and research.

This popular package of cuts could painlessly save huge sums of money – and liberate many managers and staff to do productive instead of pointless work.

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Next issue

Given the uncertainty of the election, the next full 8-page issue of Health Emergency will be produced in early June.

If you have any information, news cuttings or pictures of local events you would like included please email ***healthemergency@googlemail.com***, or post them to BCM Health Emergency, London WC1N 3XX.

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