

Life (and death) under Lansley's NHS

From NHS to a national health market

Never mind the b*****t about empowering patients and GPs: in recent events and policies taking shape we can already see the foreshadowing of Andrew Lansley's new free-market NHS to be ushered in by his sweeping Health and Social Care Bill.

It's a grim picture, a nightmare scenario of chaos in public sector services, growing power and influence of private, profit-seeking providers – with even non-profit social enterprises forced to act like for-profit businesses in order to survive in a new harsh competitive market.

Just think ahead, and imagine that the Tory and LibDem ranks hold firm behind David Cameron and nod through Lansley's enormous Bill. What would life be like for Mr and Mrs Patient of Middle England?



Your call is important to us ...

To make a GP appointment you will no longer ring a receptionist at your local GP practice or health centre, but instead be switched through to a call centre, hundreds – or thousands – of miles away, where nobody knows you, your family, your town or your doctor.

After twenty minutes of muzak, and being told how important your call is, you may be given an appointment with a GP.

This type of system, backed by Mr Lansley, is already being piloted by (privately-run) GP practices in England.

Call centres are seen by almost everyone as an indication of contempt for the customer. Now it seems the NHS will use them as a way to show how little ministers value patients.



GPs under pressure

Your GP when you visit them will be under extreme financial pressure, having to restrict spending to the limits set by a local "Clinical Commissioning Group" (CCG), itself overseen by a remote national NHS Commissioning Board.

This may mean – as now in Redbridge in NE London – that they can only refer a handful of patients a week to hospital care, regardless of their needs.

Remember the NHS faces three successive years of cuts in real terms funding, and an unprecedented £20 billion target for "efficiency savings".



Private sector in control

However the Clinical Commissioning Groups are most unlikely to do much of the work of commissioning themselves – if they did, the doctors would have no time to see you as a patient.

They will hire in management teams, either from redundant PCT staff, or from private management consultancies.

So despite Mr Lansley's rhetoric, it will NOT be GPs, but this new backroom management team that will be drawing up most if not all of the unsavoury options for cutting and rationing your care.

Who will really choose your care?

Giving you a choice of hospital or provider does not mean you will get your choice, since referrals will go first to "referral management teams" – some of them already being run by private companies.

That means a clerical worker or accountant who knows nothing and cares less about you will decide whether you should get the treatment you and your GP agreed – or whether instead to send the referral back to your GP, demanding they prescribe some cheaper alternative treatment instead.



Mental health care lottery

If you have a mental health problem, your choices of treatment and the resources available to help you will vary even more drastically, depending on which GP consortium has decided on what services to buy.

Mr Lansley has ignored mental health charities – and the vast majority of GPs, who have time and again made clear they do not really understand mental health and do not want to be in charge of commissioning mental health care. Meanwhile some of the biggest cuts are already hitting mental health Trusts, putting crucial services at risk.



Who would prefer 'any qualified provider' to NHS care?

If you are referred for hospital treatment, your GP will be required by Competition Law to offer you a "choice" of providers, and will not be allowed to steer you to the reliable local NHS hospital.

Your GP will have no say over what companies and charities appear on the list: this will be decided nationally by unaccountable bureaucrats in Monitor, the financial regulator (which will have the task of maximising competition in health services), and the Care Quality Commission.

They will draw up a list of "any willing provider" – companies and social enterprises who are thought to meet minimal standards.

For-profit private companies, including American and other multinationals with far-from savoury reputations, some of them the villains exposed in

Michael Moore's film "Sicko", will be free to bid for registration and offer any health services they see as profitable.

Mr Lansley was belatedly forced to retreat from plans to open up price-based "competition" between all these private providers and existing NHS hospitals and services – which every health professional knows is a sure-fire way to undermine the quality of care.

It's almost guaranteed to result in cheap and nasty services: remember what happened to hospital hygiene when Margaret Thatcher opened up hospital cleaning services to competitive tender, with the cheapest bid winning? The grim legacy of MRSA is still with us 30 years later.

Mr Lansley wanted to do the same to clinical services. But even without price competition the squeeze will still be on, since GPs and consortia will be focused on the cash limits and seeking every way to force down the price they pay for care.



Everything about you without you

Despite Lansley amending the Bill to require Clinical Commissioning Groups to meet in public and publish their Board papers, you won't be involved in any actual decisions on local services.

Nor in fact will many GPs – as some are already starting to point out in Buckinghamshire and Berkshire, where GP consortia have been launched with no clear mandate even from local GPs themselves.

In other words, in the complete opposite of Andrew Lansley's promises, everything about you will be decided without you, and you will first hear about most of the changes only after they have been agreed.



From statutory rights to DIY health care?

Lansley also plans to scrap the Primary Care Trusts and Strategic Health Authorities.

But even though "Clinical Commissioning Groups" will be obliged to meet in public, the NHS Commissioning Board which will oversee them with extensive powers to intervene in local decisions, will not.

PCTs and SHAs also carry statutory responsibilities for allocating resources and for efforts to tackle inequalities and deprived populations.

Mr Lansley has said that many of these statutory obligations will be scrapped, although he has not yet said which ones. We will lose the protection they give.

How long will it be before the NHS follows the grisly

example of social care in Oxfordshire, where budget cuts mean hundreds of the existing council staff delivering local services will lose their jobs, and clients will be given an inadequate lump sum of cash to fend for themselves, and take their chances in buying in services from a variety of more and less dodgy private providers?

Could we see NHS patients being given a voucher and sent off to choose their health provider without the pretence of "commissioning" – health care reduced to a straightforward marketplace open to "any willing provider", but leaving the least and worst "choices" to the poor, the vulnerable and the frail?



Postcode lottery = growing inequality

Whether you can access many forms of treatment at all on the NHS will depend not on your health needs, but where you live.

Different Clinical Commissioning Groups will come to different conclusions on whether to implement the recommendations of NICE, the body which was set up to eliminate this type of postcode lottery, but has had its powers cut by Mr Lansley.

And Clinical Commissioning Groups are NOT even obliged to work with their neighbouring CCGs: this will create even more inequality from one area to the next.

Among the common services already being rationed or excluded in some areas but not others are IVF treatment and hip and knee replacements; but in some areas even budgets for life-saving AIDS drugs are being cut to save money. Patients there will have the "choice" of paying privately for costly treatment, or dying.

Primary Care Trusts are already declaring that a growing list of treatments and services will no longer be routinely covered by the NHS: GP consortiums will have to do more of the same as they are compelled to carry through the biggest-ever cuts in the National Health Service to "save" £20 billion by 2014.



PFI profits left intact

One area of shocking waste in the NHS is deliberately ignored by Lansley's NHS Bill: the billions to be shelled out to private sector banks and shareholders in payments for new hospitals funded through the Private Finance Initiative will not be touched.

Instead, PFI hospitals face inflated and rising overhead costs in legally binding payments for decades ahead, while their income is squeezed by reduced tariff payments for treatment, limits on hospital referrals, and the slice of NHS budgets to be snatched by private providers.

Already hugely expensive PFI hospitals are running with wards and whole floors closed for lack of cash: how long until the first one goes bankrupt?



Forcing Trusts into closures

It's very likely these and other cuts being imposed are already forcing your local hospital Trust to reconsider which services it should provide.

Monitor has told Foundation Trusts only to deliver those services that make a surplus, and to close down any that make a loss. Mr Lansley wants all NHS Trusts to be Foundations, run as businesses seeking surpluses – and no longer as public services seeking to meet local health needs.

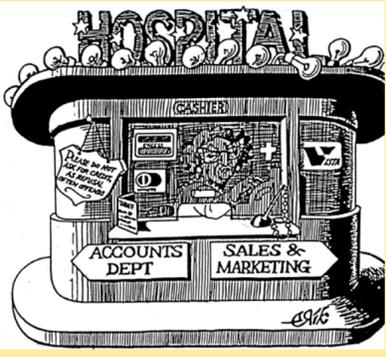
Services that are not closed altogether may be "centralised" into fewer, bigger units: this may mean you making long, awkward journeys, often with no viable public transport available,

to get the treatment you need. Or it may mean your local service becomes even more over-crowded with patients diverted many miles from other closed units.

Of course you would have the "choice" to go without.

Already we can see this type of 'centralisation' happening with a new round of A&E closures – including some of those Andrew Lansley and his Tory colleagues promised to rescue if they got elected. A&E services at Queen Mary's in Sidcup were among the early casualties, with more to follow across England, along with maternity units and specialist services.

Who would willingly choose that?



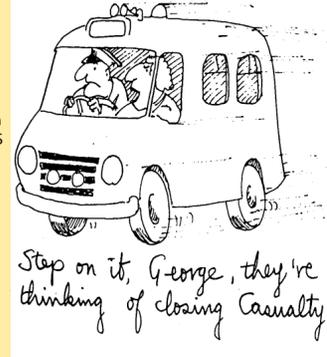
Foundations of a 2-tier service

The £20 billion squeeze will bring a year-by-year reduction in the amount Foundation Trusts get paid for treating each NHS patient, and make them less and less interested in treating local NHS patients.

Instead many can opt to attract wealthy private customers from home and abroad.

Andrew Lansley's Bill would end all of the present restrictions on how much Foundation Trusts can earn from private medicine, while new EU regulations also encourage 'health tourism', opening up a new European market.

NHS patients would become second class citizens – in hospitals built with taxpayers' money.



Mind the gaps!

Monitor will continue urging Foundation Trusts to work at a profit – but at the same time maximising the number of private competitors seeking a slice of the funding that keeps the Foundation Trusts afloat.

Monitor has no responsibility to ensure universal access to care or comprehensive care, opening the possibility of widening gaps in care where a hospital or community health service is forced to close, and no Foundation or private provider can be found willing to offer services they see as unprofitable.

This is called "market failure": it means no care for those who need it, no choice for local patients.

A plan for privatisation nobody wants, promoted by a government nobody elected

SALTs shake up cuts plans

Southwark speech and language therapists became the first group of frontline clinicians to strike against the Coalition Government's cuts on February 3.

A third of the SALT department in Southwark – 11 people – had been put on notice of redundancy because the local authority funding ring-fenced for Sure Start is no longer protected. Southwark PCT, their employer, said it was nothing to do with them – and just assumed the remaining therapists would work harder and fill the gaps.

It's currently the Year of Speech, Language and Communication. Colin Firth has just won an Oscar for his performance as a man conquering speech difficulties. So the profession of speech and language therapy has been in the news.

SALT staff don't just offer therapy to help support people with speech difficulties, they work with other professionals in identifying problems and supporting parents.

The therapists had been told that if 11 people went, including managers and admin staff, they wouldn't have to do extra work. But they knew it wasn't true. Those jobs had been created to free up more specialist clinical time to see service users.

So the SALT staff voted overwhelmingly for strike action not just to keep those particular jobs, but also because they care about the quality of service that they offer to children and families across the borough.

Unite backed the one-day strike, organising leaflets and placards – on the basis of instructions from the SALTs. The therapists asked for a rally



the night before the strike – Unite booked a hall, sorted the speakers (including General Secretary Len McCluskey) and publicised it. And the strike, on 3rd February, was solid.

The outcome is an important partial victory. Three therapists and three assistants have lost their jobs – still disgraceful, but less damaging than it might have been. All of them have found other work. The gains were won as a direct result of strike action. The campaign to defend every job in the local service goes on.

The courage and determination of the Southwark SALTs struck a real chord with people. Local parents understood that this was a strike in defence of services – and threw their weight behind it. Local teachers supported the dispute. Southwark anti-cuts campaigners gave solid and active support.

And the Southwark therapists did the leg work – it's their sheer hard work and determination more than anything else that pushed

bosses into a climb down.

A one-day strike by a couple of dozen people could be seen as small beer. That would be a huge mistake. Southwark speech and language therapists showed that it's possible to fight back and win. If they can do it in Southwark, health workers anywhere can do it.

Many of the Southwark therapists joined the 'Day X for the NHS' protest from the Royal London Hospital to Barts, by way of the City on 9th March. This was good – large, lively, noisy, and full of health workers.

There's a sense of things really starting to shift in London now. There are still problems of weak organisation, and some lack of confidence – but the scale of the attack is so great, that the need for a fightback is beginning to overcome those obstacles.

If a group of ordinary clinicians in a quiet corner of London can go on strike, it shows it's possible for others to do the same – and win.

PFI rip-off challenged

Healthworkers demonstrated outside the Royal Liverpool Hospital on 10 March against cuts and the use of PFI finance to rebuild the hospital.

The Joint Staff-side demo was strongly supported by UNISON, UNITE, Society of Radiographers, GMB, Keep Our NHS Public and the public.

The Trust has to impose £60m worth of cuts this year, while ploughing on with a PFI set to cost £1.24 billion over 34 years.

The Joint Staffs are pursuing both issues with management.

Money drained out of the local health economy by PFI will cause a health crisis in future.

A legal challenge mounted by Sam Semoff of Keep Our NHS Public collapsed in February when legal aid was withdrawn after a local

Councillor complained to the Legal Services Commission. Semoff uncovered a string of flawed assumptions in the Outline Business Case, and exposed the scheme's full cost. Liverpool City Council leader Joe Anderson debated with Semoff on the BBC, only to admit "I know it doesn't provide Value for Money now or in the future".

Staff know that PFI schemes are poor value.

The latest example is the Queen Alexandra Hospital in Portsmouth, opened in July 2009 after a £200m PFI rebuild, which has just cut 700 jobs and closed 100 beds.



John Usher

Scotland and Northern Ireland, but rural poor areas are also going to be hit. Mental health services are also facing massive cuts.

However a significant number of these are proposals, not definite plans. The experience of Southwark Speech & Language Therapists is that it is worth challenging proposals and fighting to save jobs and services.

Unions, community groups, and service users need to run imaginative and vigorous campaigns to save local and national public services.

Blank cheque for new war for oil

There IS money for health – but it's a political decision what it is spent on. The whole Libyan operation will run into tens, if not hundreds, of millions. Suddenly the government can find:

■ £3 million a day to maintain a no-fly zone over Libya – which would pay for over 150 clinical support workers for a year.

■ Over £1 million for 4 Tornado fighter planes for an 8-hour return flight from Norfolk to Libya = 52 newly qualified midwives or 32 experienced health visitors – and that's not counting the missiles they fired – at £750,000 each.



A NALGO advert from the 1980s – still true today



Banks are costing NHS an arm and a leg

A dozen UK Uncut supporters set up a hospital inside the NatWest branch in Redhill in February to highlight the Bank's role in the economic crisis and the cuts to the NHS and other vital services.

Dressed in white coats and hospital scrubs, they treated 'patients' with bandages, medical equipment and plenty of fake blood. (see www.redhillantcuts.org.uk/?p=372)

They gave out leaflets to bank customers, staff and passers-by, who were very supportive of what they were doing.

After about 40 minutes, the police asked them to leave. They then leafleted outside.

Why NatWest?

It's owned by the Royal Bank of Scotland, bailed out with £20bn of public money in 2008.

Instead of being made to pay for the crisis it caused, RBS continues to gamble with public money and pay its executives massive bonuses. And it has been let off paying billions in tax.

The action in Redhill was just one of over 40 across the country, coordinated by UK Uncut. More information about UK Uncut's from: www.ukuncut.org.uk/targets/banks/rbs-natwest

Telegraph signals Lansley's death knell for the NHS

It was a great day to bury bad policies: as the media focused on the Murdochs squirming under fire from MPs, Andrew Lansley reeled off a list of eight services to be opened up to private sector competitive bids.

Bizarrely it read like a roll-call of the services that have been most neglected and run-down by cash-strapped PCTs looking for cuts: musculo-skeletal services for back pain, wheelchair services, adult "talking therapies" for mental health, ulcer and wound care, continence services, and others equally regarded as a soft touch for cuts.

But as Lansley unveiled the list, a group of grasping voluntary sector and charitable organisations emerged from the woodwork, eager to bid for a slice of NHS funding, and participate in the elimination of public services in these areas.

As the *Daily Telegraph's* Max Pemberton pointed out "this means that in these areas the NHS will no longer exist".

Staff delivering the services



would no longer be NHS employees, and bit by bit standards and services would be whittled down to ensure that the private sector providers can maintain their surpluses, leaving ever growing gaps in care which the private sector does not see as profitable and for which no NHS providers exist.

Of course ministers and the Department of Health continue to protest at top volume that "we will never privatise the NHS": but this is unambiguous

evidence that they are determined to do so – regardless of the opposition of a majority of GPs, and almost anyone who does not stand to profit from Lansley's plans.

As Pemberton points out to the *Telegraph's* staunchly Conservative audience Lansley's Bill "is little more than a road map for destroying the NHS, turning it into a cash cow for the corporate sector. The focus is on transforming public sector provision into an entirely market-led system, throwing open every service to private providers."

The amended Bill has "15 clauses that will allow private companies to buy and asset-

strip NHS facilities. Clause s12 specifically enables the privatisation of high-security psychiatric services."

The amendment to change the wording from "any willing provider" to "any qualified provider", says Pemberton leaves the competitive commissioning process "unchanged".

So why are MPs still defending these policies which enjoy zero public support? Because, argued Pemberton they have not even read the Bill they are nodding through.

With even the *Telegraph* sounding the alarm, now is the time for urgent action to kill this bill: our NHS is at risk!

HEALTH EMERGENCY

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