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# UNISON

Eastern Region

## Public information sheet

# What are they doing to our NHS?

In a crazy experiment, which could go horribly wrong, local health chiefs are under pressure from the Strategic Health Authority to split up many of the services they provide.

A new policy called "Transforming Community Services" threatens to fragment these services, privatise many of them, and replace the planned provision of care with a competitive "market" that could weaken NHS services.

The services at stake include primary care, care of the elderly, community services for mental health, and learning disabilities, and in some cases overlap with social care and social work.

These vital NHS services support millions of vulnerable people in England, consume around 10% of the NHS budget (£11 billion a year) and employ a quarter of the NHS workforce.

UNISON, as Britain's biggest health union, is campaigning to draw attention to these proposals and stop them before real damage is done to the NHS.

### Who works in these services?

They employ nursing staff, health visitors, occupational therapists and other health professionals as well as non-clinical support staff. They are vital

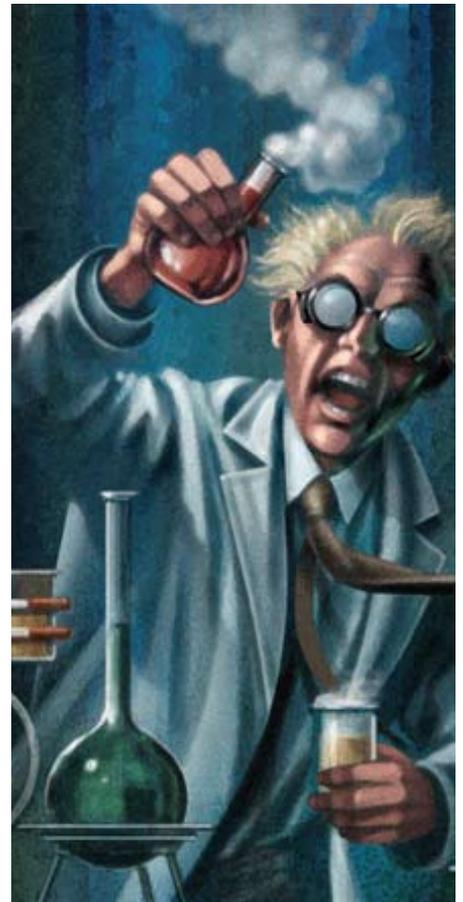


to ensure the efficient operation of hospitals and support for vulnerable people in their own homes.

However the NHS could soon cease to be a provider of these services in many areas, with contracts handed over instead to profit seeking private companies and untested non-profit "social enterprises". Staff face the long-term loss of their NHS terms, conditions and pensions.

### Why should I worry who employs my district nurse?

The NHS has never been a top payer, but it provides staff with a career



*It's new, but is it right? Privatising primary and community services is the latest stage in a mad experimental market in health care.*

structure, training, and attractive pension and other benefits: this improves recruitment and retention of staff and means that dedicated health workers feel part of a public service, and can work cooperatively with colleagues in hospitals and other services within the NHS.

By contrast the for-profit private sector trains no nursing or professional staff, and is run for the benefit of shareholders, in competition with other rival providers.

Private providers of primary care (GP services) have already shown their eagerness to cut costs by employing fewer experienced and qualified staff – and reducing the quality of services to patients.

And some companies which fail to rake in sufficient profit have already begun to withdraw from some services, leaving gaps in care.

### What about "not for profit" services?

The new so-called "social enterprises" which ministers have been keen to see take over primary care services are said to be "non-profit" – but will have to deliver surpluses each year, and run as a competitive business. Where these organisations win the contract to deliver services, NHS staff will be transferred to



*Markets can offer some bargains for those with the cash to pay: but the health care market has been created at the expense of the NHS. Do you really want the likes of Delboy and Rodney bidding for the contract on your health care?*

a new employer.

Most of these experimental organisations have been set up despite the opposition of their staff, some of whom may well vote with their feet and seek alternative jobs elsewhere in the NHS, again leaving gaps in care, and inadequate staffing levels, resulting in poorer services.

Managers who are leading the establishment of social enterprises talk a lot about “empowering” staff and service users, but the way they are forcing through these changes without any proper consultation shows who is really in charge: many of them will be looking to exploit new “freedoms” to increase their own salaries.

Recruiting new staff to these social enterprises will also be more difficult, since they are not obliged to offer new recruits NHS terms or conditions, and cannot offer career structures, training or benefits equivalent to the NHS.

## Has this policy been tried anywhere else?

No: privatisation of services on this level is a unique experiment being carried out in England.

No other country in the world has gone to such extreme lengths to break up existing public services and bring private sector providers into a publicly-funded health service.

Scotland and Wales, whose health policies are controlled by more democratic means, through the Scottish Parliament and Welsh Assembly, are going in very different directions, towards more integrated care, and rejecting the notion of a competitive “market” in health care.

## So what’s the evidence these changes can improve services?

There isn’t any. The fragmentation and privatisation of health services brings extra costs, in the form of even more expensive bureaucracy, and means that more and more services will be provided by secretive private sector organisations with no accountability to local people.

But there is no evidence that health care is better provided in a competitive health care market, or by private companies.

## Doesn’t the private sector have better expertise at making things work?

Not in health care. The private sector has shown no interest in providing many of the most important types of health services: private shareholders are interested only in guaranteed profits and minimising risk.

That’s why private hospitals are always so much smaller than NHS

general hospitals, and only accept the most simple waiting list (elective) cases – leaving all the expensive emergencies, complex cases, long-term care and risky treatments to the NHS.

To make profits out of labour-intensive services in primary care and community services, the private sector must either reduce the staffing levels and reduce the use of more highly skilled staff (do less work), charge increased costs – at the expense of reduced resources for other health services – or find ways to shuffle off some of the responsibilities on to the NHS. None of these results in better care for patients.

Private sector managers may be able to run burger bars and supermarkets, but their track record in running services for the NHS is poor: look at the disaster of hospital hygiene after private contractors were brought in to clean NHS hospitals in the 1980s.

Private sector treatment centres charge an average of almost 12% more for operations than NHS providers.

Private hospitals charge up to 40% above NHS prices for any patients they treat on contract with the NHS. Private sector management consultants are commonly picking up £1,000 per day plus expenses – charging through the nose for advice of dubious quality and work which highly-paid NHS managers should be doing themselves.

## So who DOES think these changes are a good idea?

This is hard to tell. The original ideas were put forward back in 2005, but eventually scaled down by ministers and delayed the next year after a public outcry.

Now ministers are again putting forward the policies that nobody wanted in 2005, but doing so without public consultation or anything that might encourage any public awareness or debate on the proposals – suggesting that they know the policies are still unpopular.

The former Health Secretary Alan Johnson assured UNISON’s health conference in April that there was no firm blueprint or agenda to privatise services, and that retaining services in the NHS must



be an option.

Other health ministers have said the same thing, and the NHS chief executive David Nicholson has just scrapped the October deadline for Primary Care Trusts to decide how to reorganise their services.

But Mr Nicholson has handed over responsibility for overseeing the changes to Strategic Health Authorities, the giant quangos that control local Primary Care Trusts – and in East of England and elsewhere the SHAs have been the most energetic proponents of the changes.

Since NHS managers are all on short term contracts and their generous pay packets depend upon implementing government policy, nobody really knows how many of them actually support the policies.

But they will push the policies through anyway – if we let them.

### **Why can't I understand my local PCT's leaflets on World Class Commissioning?**

You're not meant to.

The proposal for "World Class Commissioning" is part of the fragmentation of the NHS – separating the provision of health care from the "commissioning" (or purchase) of services.

This opens up the scope for private companies to bid to provide services, and for private management consultancies to "advise" Primary Care Trusts on how to spend their large local budgets.

Nobody has ever campaigned or petitioned in favour of this separation, or demanded the privatisation of NHS services. There is not the slightest shred of evidence that the public would support this policy if they knew about it.

So the response of NHS chiefs has been to ensure that their policies are written in a language that nobody but them can understand.

That's why all the leaflets and publicity that have been produced on "World Class Commissioning" by local Primary Care Trusts are written in unreadable jargon – to minimise the danger that the local public might find out what they are doing and campaign to stop them.

For those who really want to work out what World Class Commissioning is all about, the key is in "competency 7" – which calls on PCTs to "stimulate a local market" in health care – and thus bring in the private sector wherever possible.



## Why are ministers doing this to the NHS?

The government has lost the plot on how to improve our most popular public service.

Too many of its so-called "reforms" to the NHS have focused on bringing in private sector providers – reshaping the entire system to enable them to divert cash from the NHS budget into the coffers of private health care providers.

Health ministers have surrounded themselves with highly-paid "advisors" with extensive links with the private sector, set up a massive "commercial directorate" in the Department of Health, and wasted tens of millions on expensive management consultants, all of whom have a vested interest in building up the private sector.

Many of the advisors and potential providers come from the disastrous US health care system, which costs one dollar in six of the US national income, squanders up to 25% of total spending

on bureaucracy and administration, and leaves up to 50 million Americans (one in six) without health insurance and unable to afford basic treatment.

What expertise have they got in developing public services open to everyone and delivered to meet patient need, not private greed?

But while ministers may have been converted to the idea that the private sector is somehow superior to public sector health care, the British public is not convinced.

Ministers and civil servants clearly recognise this. That's why NONE of the planned privatisation is being put out for public consultation. Rather than give you a chance to say no, they are simply not asking what you think.

## What can we do about these changes?

UNISON is campaigning to stop these damaging changes to our NHS. There are many other ways in which innovation can be introduced, and many better ways in which NHS staff can be

genuinely empowered to help improve the services they deliver.

We are also concerned that Labour's policies on the NHS have already led to the party falling behind David Cameron's Conservatives, some of whom have only this month made it clear that they prefer the free-market chaos and inequality of the US health care system to the NHS.

The longer ministers allow the current policy to prevail, the greater the danger of a return to the bad old days of Tory rule, which kicked off the privatisation of the NHS under Margaret Thatcher.

Ministers have already made clear that they wish to ease the pace of privatisation, but Strategic Health Authorities and hard-line PCTs are still forging ahead regardless. They can and must be stopped.

UNISON wants ministers to step in and halt any further privatisation of local health services.

If you agree with this, why not write to your local MP or to Health Secretary Andy Burnham, and work with any trade union or other organisation of which you are a member to help us keep the NHS a public service.



# Join UNISON's campaign to defend our public health service

If you want to work with UNISON to try to stop this vandalism that is threatening vital services for some of the most vulnerable NHS patients, there are things you can do:

- If you are a health worker, and not yet a member of a trade union, make sure you join UNISON, the biggest health union – and link up with our local branches and Eastern Region. To join, ring UNISON Direct on 0845 355 0845.

- If you are already a UNISON member, make sure you distribute copies of this information sheet to colleagues at work and to friends and neighbours. Make sure your branch gives regular updates, and seeks to work with local campaigners to defend NHS services and challenge privatisation and social enterprises. You can get more copies of this information sheet from UNISON's Regional Office on **01245 608904/ 01245 608932**.

- Why not become a UNISON rep or shop steward? Call **01245 608904/ 01245 608932**.

- If you are a member of a community organisation, contact us for extra copies of this information sheet to help spread the word on what is happening, and make sure your organisation discusses the threat to health services and writes to local councillors and MPs urging them to take action.

- MPs can lobby Health Secretary Andy Burnham and other health ministers, and can put down Parliamentary questions to draw this issue into debates in the House of Commons. Councillors can press for local Scrutiny Committees to call in PCT bosses and challenge their plans and their refusal to consult with local people on such fundamental changes to the NHS. But they are not likely to do so unless they feel the pressure of an angry public behind them.

***We still have some time to stop these dangerous experiments being carried out: UNISON wants our services kept intact and kept firmly in the public sector – for the good of our members, our patients and the wider public interest.***

