

# HEALTH EMERGENCY

SPRING 2011 ● HEALTH & SOCIAL CARE BILL SPECIAL ISSUE



All unions together against ConDem cuts and privatisation on March 26: we must keep up the same level of fight against Lansley's Health & Social Care Bill

## Deadly mix of cuts and privatisation Kill Lansley's Bill – before it kills NHS

Andrew Lansley's vicious Health and Social Care Bill is nearing the end of its committee stage in the House of Commons: if the Bill is passed into law it will spell the end of the NHS as we know it, and open up the biggest-ever privatisation of health care anywhere in the world.

How has it got to this point with so little resistance?

One key reason is that the ConDem government and the Tories in particular have brazenly lied through their teeth about their intentions – and most of the press has swallowed the lies.

Lansley and Cameron promised to “cut the deficit, not the NHS”, and real terms increases in NHS spending every year – yet George Osborne's budget means that this next financial year will see a £1 billion CUT in real terms NHS spending, with more cuts to follow year after year.

And this is on top of the £20 billion target for “efficiency savings” by 2014: already the tide of job losses is mounting.

Lansley cynically promised to stop closures of A&E and maternity units: yet many of those he promised to save

and many more will be among the services axed as the cuts take shape.

Lansley and his LibDem bagmen promised to cut management costs in the NHS: but all that is happening is the privatisation of NHS management and “back office” functions, with other admin and management tasks being dumped onto over-stressed front line staff.

Lansley's White Paper last summer and Health and Social Care Bill – too complex and lengthy for many journalists to study or analyse in detail – claimed to be about putting GPs in the driving seat of the NHS: yet GPs are being set up to fail.

They will be hog-tied by brutal cash limits, and forced to implement rationing and cutbacks, with their local consortiums under the thumb of a remote and bureaucratic NHS Commissioning Board – which is accountable to nobody by the Health Secretary.

Lansley also claimed that patients would have more control: “nothing about me without me”.

But patients will have less choice than ever, as their local hospitals are forced to cut staff and services, and

dozens of treatments are excluded from NHS provision by GPs desperate to cut spending.

**For more and more treatments from varicose veins and cataracts through to hip replacements, patients will have a choice alright: pay privately – or go without.**

Lansley says it's about “efficiency” and “modernisation” but already waiting times for operations are rising, and BMA consultants' spokesman Mark Porter has pointed out that the reforms threaten to drag the NHS back to the 1930s rather than forward into the 21<sup>st</sup> century.

In fact the Bill is purely and simply about maximising the slice of the public NHS budget that can be grabbed by private sector providers. David Cameron has admitted this is government policy for the whole private sector: anything else the ConDems say is simply hogwash.

Lansley's insistence on “competition” in the NHS coupled with the demand from Monitor, the NHS regulator that Foundation Trusts should only deliver services that make a surplus, threaten to wipe out many NHS services which the private

sector sees as unprofitable – leaving terrible gaps in care for the old, the chronic sick, and those with mental illness.

**These policies are not based on evidence – but on Thatcherite ideology, the vision of the minimal public sector and a largely privatised state.**

The private managers, providers and organisations that would replace the existing NHS structures would lack any local accountability, and have no obligation to consult patients, the public or health workers before forcing through massive changes.

It's Lansley's dream. Few share it, but depressingly few have yet recognised the nightmare his Bill would create.

In the aftermath of the magnificent 500,000-strong march against the full range of ConDem cuts, it's vital that the health unions and wider labour movement carry on and raise the tempo of the fight to stop the Bill which could be on the statute books by the summer.

Kill Lansley's Bill before it kills off our NHS: once it's gone, it's gone.

## WHAT YOU CAN DO TO DEFEND OUR NHS

● Keep up to date: you can get information on the Health Bill from union websites and Keep Our NHS Public ([www.keepournhspublic.com](http://www.keepournhspublic.com)) and Health Emergency ([www.healthemergency.org.uk](http://www.healthemergency.org.uk)), and about cuts from the TUC's False Economy website ([www.falseeconomy.org.uk](http://www.falseeconomy.org.uk))

● Videos are also available via [www.keepournhspublic.com](http://www.keepournhspublic.com):

**Wake Up Call** – John Lister, Health Emergency, provides a witty insight into the true intent of the government's plans for the NHS.

**The Health Industry lobbying tour** – by Spinwatch: Tamasin Cave, Alliance for Lobbying Transparency, exposes how the private health care industry has its tentacles in the heart of government.

● Write articles / letters for local papers to draw attention to what the Health Bill will mean, and how the cuts are affecting local services.

● Write to and Lobby your MP and councillors

- ask Lib-Dems what they are doing to follow up their recent critical party policy

- demand Labour vote and campaign against the Bill and NHS cuts.

- demand Tories back the opposition from backbench Tory MPs such as Sarah Wollaston.

● Urge your union to follow up the magnificent TUC-organised march on 26th March with further co-ordinated action with other unions against every cutback and move towards privatisation in public services.

● Organise local meetings to bring campaigners together – through your union, Trades Council, anti-cuts committee; involve services users, pensioners groups and local community groups. Local Keep Our NHS Public groups can usually provide a speaker.

● Join Keep Our NHS Public nationally, and find out if there is a local branch – if not, why not set one up with friends, work colleagues, your union branch, and community groups.

● Organise lobbies, protests and demonstrations at meetings of your NHS Trust, PCT and local authority Scrutiny Committee, to collect information and to challenge cuts or privatisation.

● Inform the local media about what you are organising and the main points of your campaign.

● Sign the 38 Degrees petition: [www.38degrees.org.uk/pages/Protect\\_our\\_NHS\\_Petition#petition](http://www.38degrees.org.uk/pages/Protect_our_NHS_Petition#petition). 38 Degrees was key to forcing the government to scrap plans to sell off national forests: its next big campaign priority is to protect the NHS.

● Watch / listen to the **Andrew Lansley Rap** against the Health Care Bill by MC NxtGen. Brilliant. [www.youtube.com/watch?v=D11jPqTdNo](http://www.youtube.com/watch?v=D11jPqTdNo)



Angry Speech and Language Therapists tell Andrew Lansley what they think of him and his policies

Mark Thomas, Unite



# Life (and death) under Lansley's NHS

## From NHS to a national health market

Never mind the bullshit 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 consortium, 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 GP consortiums 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.

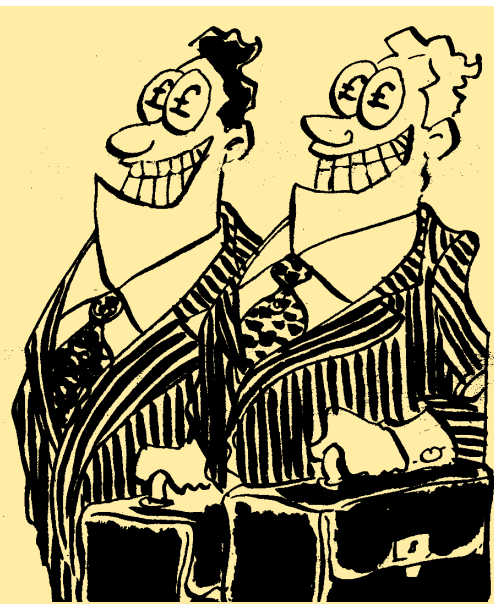
They will hire in management teams, either from redundant PCT staff, or from private management consultancies.

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.

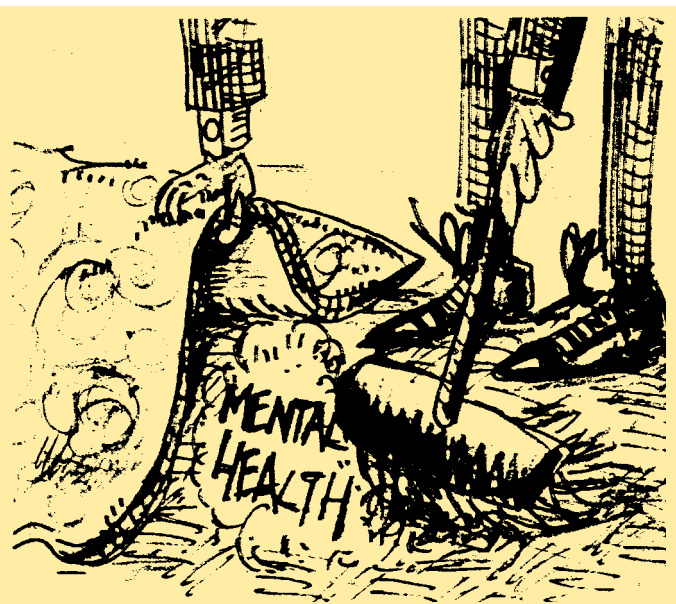
That means a clerical worker or accountant who knows nothing and cares less about you will decide whether you should get the treatment you and your GP agreed – or whether instead to send the referral back to your GP, demanding they prescribe some cheaper alternative treatment instead.



## 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 willing 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 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 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 has had 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

A GP consortium is not obliged to have a Board, or to include representatives who are not GPs, or to meet in public, or to publish any of its papers and plans or its finances.

So 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 without you being able to find out any changes until afterwards.



## From statutory rights to DIY health care?

Lansley also plans to scrap the Primary Care Trusts and Strategic Health Authorities, which are public bodies that meet in front of press and public, and are obliged to publish almost all of their agendas, Board papers and financial statements.

This limited, but important level of local accountability will be completely lost under Lansley's plans.

They also carry statutory responsibilities for allocating resources and planning 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.

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 GP consortiums 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 GP consortiums are NOT even obliged to work with their neighbouring consortiums: 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.

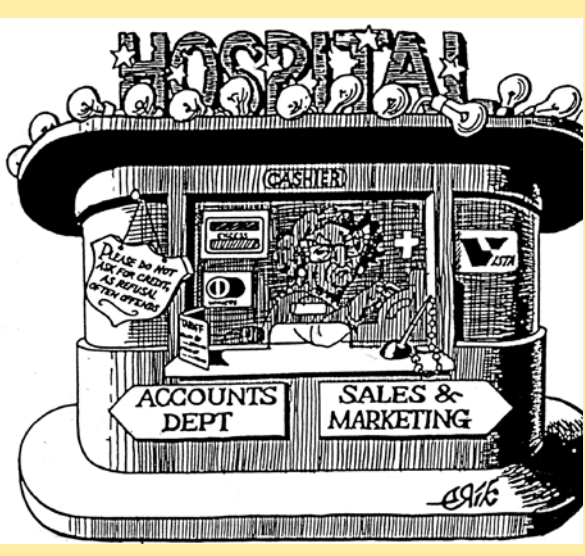
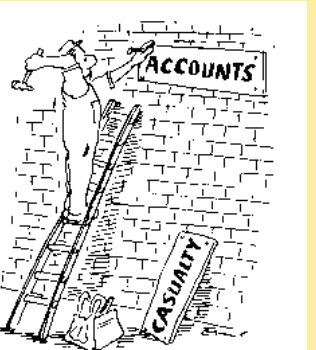
Services that are not closed altogether may be "centralised" into fewer, bigger units: this may mean you making long, awkward journeys, often with no viable public transport available,

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?



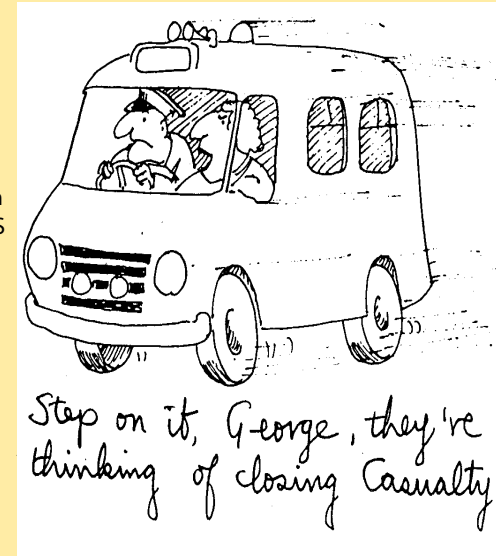
## Foundations of a 2-tier service

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.

## Organise now to stop NHS jobs massacre

Over 50,000 jobs are already set to be cut from the NHS. Information from the union-funded website 'False Economy' ([www.falseeconomy.org.uk](http://www.falseeconomy.org.uk)) exposes the lies the Con-Dem government are telling about protecting NHS services. The scale of the proposed cuts is even greater than under Thatcher.

Health workers know that whether it's so-called 'back-room' or frontline jobs, there will be a massive impact on services. It's not possible to make cuts of this size without damaging essential care and treatment.

Some of the biggest cuts are in acute hospitals serving some of the poorest people in urban areas in England,

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

## 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".



John Usher

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.



## 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.redhillanticuts.org.uk/?p=372](http://www.redhillanticuts.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](http://www.ukuncut.org.uk/targets/banks/rbs-natwest)

## Private sector vultures scent blood

Several sources including the magazine Health Service Journal have reported that the Department of Health are in talks to consider which parts of NHS Blood & Transplant could potentially be sold off to the private sector to make the service more 'commercially competitive'.

NHSBT employs 6000 and relies entirely on volunteer donors. In an attempt to keep staff calm, NHSBT management say that this is 'speculation', but they do admit that the chief executive and finance director are involved in the review.

Tory minister Anne Milton has denied privatisation, hiding behind the fact that there are no plans to outsource blood collection from donors or organ donation.

Even this government can predict the outcry from donors if they tried that. However blood storage, distribution and even behind-the-scenes testing are less secure.

NHSBT bosses have already caused real disruption



in the last 4 years by centralising blood labs and cutting hundreds of jobs nationwide.

If private companies start biting off parts of the supply chain then the result will be chaos – a decline of standards for blood products as corners are cut, and a race to the bottom for workers' wages.

UNISON, Unite, and health campaigners are holding urgent meetings to prepare to resist these disastrous

proposals once more details emerge from the review.

Ministers clearly believe that outsourcing the more 'behind the scenes' stuff will

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