

Reforms threat to alcohol services

TWO alcohol units, Pinel House in Croydon and the Elmdene Unit in Bexley, are facing the prospect of closure as the contract health care system takes its toll.

Both units depend heavily on referrals from outside Districts but have found that contracts are being withdrawn as alcohol services slip to the bottom of the purchaser's priorities.

Pinel House has been threatened with closure in the past but now faces its toughest battle for survival. The January report of the Croydon Health Authority put it in blunt terms:

"There is a resistance from other Districts to pay for their patients admitted to Pinel House because, they claim, they are not true emergencies and therefore do not qualify for Extra Contractual Referral money. To date, only two Districts have indicated that they wish to place a contract for this service next year."

The Elmdene Unit in Bexley faces similar pressures. Referrals are being withdrawn by a number of purchasers – and the neighbouring Ashdown Drugs Unit is also under threat.

Pinel House and the Elmdene Unit both represent a lifeline for alcoholics who could never afford expensive "Betty Ford" style private clinics.

But as the internal market is allowed to let rip, more and more low-profile, under-valued "Cinderella" services will face the same fate as Pinel House and the Elmdene Unit.



Victim of earlier closures: bulldozers have demolished Wandsworth's once-thriving St James's Hospital

Hard cash for shadow posts

THE DISMAY of would-be directors of London's suspended teaching hospital Trusts has been mitigated by a generous £175,000 hand-out from Health Secretary Waldegrave.

With carefree extravagance, Waldegrave agreed that though the four Trusts will not be passing 'GO', their four chairs designate should nevertheless collect rather more than £200.

They will pick up fees of £17,000-£19,000 a year, while 20 non-executive directors will pocket a cool £5,000 apiece for doing nothing. The four chairs hand-picked by Waldegrave include a Tory peer, a former British Rail chairman, a former boss of Wellcome pharmaceuticals and a one-time commander of British forces in Hong Kong. Trust board membership is also a nice little earner for Waldegrave's little coterie of chosen stooges – not least the spouses of his top party colleagues.

Among the beneficiaries pocketing the difference are Ann Parkinson, wife of former cabinet minister Cecil; Sheila Taylor, wife of Tory MP Sir Teddy Taylor; and Tom Shephard, husband of Tory Party deputy chair Gillian Shephard.

Secret plan for post-election closures

Inquiry sharpens hospital axe

By John Lister

BEHIND closed doors, a top-level inquiry is sitting in judgement on London's health services, deciding which hospitals to close after the election.

It is chaired by Sir Bernard Tomlinson, a hand-picked political appointee of Health Secretary William Waldegrave, and a former chair of the Northern Regional Health Authority.

Sir Bernard's inquiry does not start from a clean sheet: he has been selected for the job precisely because he shares the government view – often stated by Waldegrave and his junior ministers – that London's NHS is "over-bedded".

In a rare interview on GLR, Sir Bernard himself admitted that his verdict was fixed before the inquiry even started, since he will begin from the assumption that London is "over-provided".

With the verdict decided, all Tomlinson's inquiry needs to debate is the sentence. His task is to draw up a hit list for closures.



Riverside could lose Charing Cross Hospital

Likely victims include Charing Cross Hospital, St Thomas's, and Hounslow's struggling West Middlesex Hospital. But others could also be singled out for cuts or closures.

2,000 beds

Department of Health advisors have consistently warned that the implications for London of the government's NHS reforms could be the closure of at least one teaching hospital and up to 2,000 acute hospital beds in the capital. This follows 7,000 acute bed closures since 1982.



"I think we can confidently recommend a 20% cutback"

So why has William Waldegrave set up the Tomlinson inquiry rather than simply allowing the competitive pressures of the new internal market take their toll in hospital closures?

The answer lies in the timing of the forthcoming general election. By announcing the Tomlinson inquiry last October, Waldegrave put a temporary halt to any major changes in London's hospital services, protecting electorally-sensitive marginal constituencies in the South East until after the votes are safely counted.

Alongside the Tomlinson inquiry, the government has taken other crisis measures to prevent headline-grabbing changes in London by holding back the workings of their own internal market system:

- Every health authority holding contracts with London hospitals

will have its plans for 1992-3 scrutinised by the DoH to ensure they do not trigger a closure.

- Plans to introduce *capitation-based funding* which will drain millions from London have been postponed to 1993-4.

- The imposition of *capital charges* has also been postponed by a year.

- An extra £200m is being pumped in to subsidise loss-making provider units, with the four Thames regions under instruction to prop up London hospitals until next year.

All this is no more than a temporary stop-gap. The Tomlinson inquiry is intended to provide Waldegrave or his successor with a fig-leaf of academic respectability for massive cutbacks in hospital services.

The government has laid the basis for a high-speed process of cuts and closures to re-shape London's NHS in line with their new internal market as soon as the election is over,

New plans to hive off Berkshire elderly

By Tracey Lambert

PLANS for the wholesale privatisation of care for the elderly in West Berkshire have run into a hail of opposition from all sides.

The local council, the Community Health Council, GPs, consultants, pressure groups for the elderly and mentally ill, community organisations and health unions have all slammed the health authority's original plan - and forced a significant retreat.

In revised proposals, management no longer call for the modern Hungerford House unit, purpose-built to care for Elderly Mentally Infirm (EMI) patients, to be hived off to a profit-seeking private firm. Instead it will remain under NHS

management, and open an additional 8 beds.

The DHA now propose that only three rather than four new private nursing homes be developed, two of them in Reading and one on the site of Wokingham Hospital. Plans for a fourth on the site of Henley's Townlands Hospital have been scrapped.

Under the new plan each private home would contain 60 beds of which 40 would be jointly supported by the DHA and social services.

However the DHA is sticking to its proposal that among the patients to be hived off to private care would be 60 people designated as EMI.

Not only do the companies to build these homes have no experience of providing EMI care, but a recent ruling by Health Minister Stephen Dorrell raises serious doubts on whether the scheme would win Department of Health approval - and government cash.

Dorrell has vetoed plans by Newcastle health authority to transfer highly dependent frail

elderly patients from Lemington and Ponteland hospitals into private homes, on the grounds that the provision of such continuous care is properly the duty of the NHS. EMI patients must by definition fit that same category.

There appears to be no parallel elsewhere in the country to West Berkshire's plans to close down and privatise almost its entire EMI provision.

Under the revised scheme, a total of 153 long stay NHS beds are to close, and the net loss of publicly-funded local beds for care of the elderly is 184, even as the elderly population goes up.

A new hybrid formula for funding the new £400 a week nursing

home places involves the DHA and social services, each contributing £145 per week, while relying upon social security cash from central government to underwrite the difference.

A new consultation period ends in February. Already health union COHSE, which has produced a detailed document opposing the original scheme, is pledged to fight the revamped proposals.

COHSE will restate its challenge to the legality of the funding arrangements, and oppose the threat to NHS provision and to Wokingham Hospital. It will argue the need for all EMI patients to be cared for by qualified psychiatric staff.



John Harris

Should all long-stay care of elderly be contracted out to profit-seeking homes?

Heseltine threat to community care

CAUGHT in a tangled web of contradictory policies, Environment Secretary Michael Heseltine has come blundering into the debate on community care for the mentally ill.

In ominous words threatening a return to the bad old days in which people with mental illness were dumped into remote asylums, Heseltine declared:

"We are coming to the conclusion that we have a hard core of people who won't accept any of the offers [of accommodation]. ... We have all got to tackle this problem. All of us are affronted and feel a deep concern for the conditions of these people."

Embarrassed

Clearly embarrassed by the rising tide of homeless mental illness sufferers visible on the streets of London, Heseltine chose the unlikely platform of the *Mail on Sunday* newspaper - scarcely the best-known defender of community care or the mentally ill - to unveil a new policy under the headline "U-Turn on Homeless".

Even as he imposes stringent new restrictions on social service and other local government budgets by clamping down on poll tax capping, Heseltine has declared the intention to sweep the homeless off the streets - whether or not they want to go.

Watford faces relegation

LURKING near the bottom of many of the waiting list league tables compiled by the *Sunday Times* was the name of Watford General Hospital.

Watford's parent health authority, South West Herts, is also near the bottom of the table on its cash management, projecting a massive £2.7 million deficit on the financial year, even after axing vacant posts, restricting agency and bank staff, and making other spending cuts.

A NW Thames region summary of the problem says that the prospective deficit can be attributed almost equally to income shortfall (£1.3m) and overspending (£1.4m). It goes on quaintly to explain this in the modern language of today's NHS:

"The income shortfall is the result of downsizing by purchasers and reduction in income from GP Fundholders...."

With local health authorities and GPs reluctant to add new patients to Watford General's lengthy queues, we could well find that this hospital proves an early casualty of market forces.



Health workers outside Charing Cross Hospital were unsuccessful in demanding the dismissal of Riverside DHA's operations manager Gregory Lauder-Frost, for his alleged racist comments.

However Mr Frost, director of the foreign affairs committee of the right wing Monday Club, has since been summarily sacked following financial irregularities to the tune of £100,000.

Top rat deserts Riverside

HARD TIMES are dogging Riverside health authority, summed up by the cut-and-run tactics of District General Manager David Knowles.

He has abandoned the sinking ship long before fulfilling his promise to open the new £215m Westminster and Chelsea Hospital - and with dozens of other promises discarded.

The district is facing a catastrophic shortfall in income from extra contractual referrals and an overall shortfall in activity levels, leading to yet another cash squeeze.

Riverside also faces a massive £8 million reduction in its revenue budget in 1993-4 as it shoulders almost the whole cost of NW Thames region's 'redistribution' of revenue out of London under the

government's new funding formula.

Even before NW Thames regional chiefs dropped that bombshell, gloomy Riverside bosses had been talking of closing another 200 beds at Charing Cross Hospital to help finance the opening of the new Westminster and Chelsea.

This was tantamount to announcing the closure of Charing Cross, and this must now be the only possible conclusion to be drawn from the latest £8m cutback.

Meanwhile the District has resorted to desperate measures, such as importing orthopaedic patients from Exeter to jump local queues for orthopaedic treatment, an effort to bring in vital cash.

As a result, Riverside continues to show disastrous waiting lists,

with Charing Cross and Westminster Hospitals ranked 218th out of 220 hospitals in a *Sunday Times* survey.

Figures released by Riverside Community Health Council show that on November 1991 figures:

- Orthopaedic waiting lists mean an average wait for treatment of 16.8 months for adult patients.

- Ear Nose and Throat patients wait an average of 11.6 months.

- Average delays have grown much longer for outpatient treatment.

- Patients waiting for the pain relief clinic are waiting 57% longer; for the breast diseases clinic the delay has grown by 50%.

- 21 of the hospitals' 29 acute specialties have seen increases in waiting times since September 1991.



Bosses grab for club cash

MANAGEMENT at Goodmayes Hospital in Redbridge have latched on to a neat new income generation scheme as the district bids for third wave Trust status.

They plan to shut down the district Social Club, sack the staff, and then reopen it under their own control or under privatised management - clearly hoping for a share of bar takings.

Unit manager Paul Gokhe has admitted that the short term cost to the DHA if they succeed in obtaining a bankruptcy order to close the Club would be up to £17,000 which the Club is currently paying back, plus the legal fees of a court hearing which the DHA has chosen to request in distant Liverpool.

Staff are confident that their counter-offensive will defeat the legal attack and strengthen the Club and union organisation in the district.

NEW

STOP HOSPITALS OPTING OUT!

HANDS OFF OUR HEALTH SERVICES

ANTI-OPT-OUT stickers, red and black on yellow. £5 per 100, £40 per 1,000 from LHE, 446, Uxbridge Rd London W12 0NS

Second round Trusts waive the rules

THE ANNOUNCEMENT of the second wave of hospital opt-outs has again shown a remarkably high 'strike rate' in getting bids withdrawn, rejected or deferred for campaigns involving London Health Emergency.

In Oxford regional health authority, where a Joint Trade Union Committee campaign commissioned a detailed report from LHE on eight opt-out bids, no less than three failed to win William Waldegrave's rubber stamp.

Management at Banbury's Horton General hospital bowed to local pressure and the laws of economics and "deferred" their



Waldegrave

bid, while strong local activity stirring deep into the stockbroker belt ensured that the plans of Wycombe health authority to opt out were given the thumbs down.

Also rejected was the financialy incompetent bid from the West Berkshire mental health unit.

In London there were red faces when Bromley district management had their bid to opt out acute services slung out for a second time. Another obviously ridiculous London bid - that of the Royal Homeopathic Hospital - was also rejected.

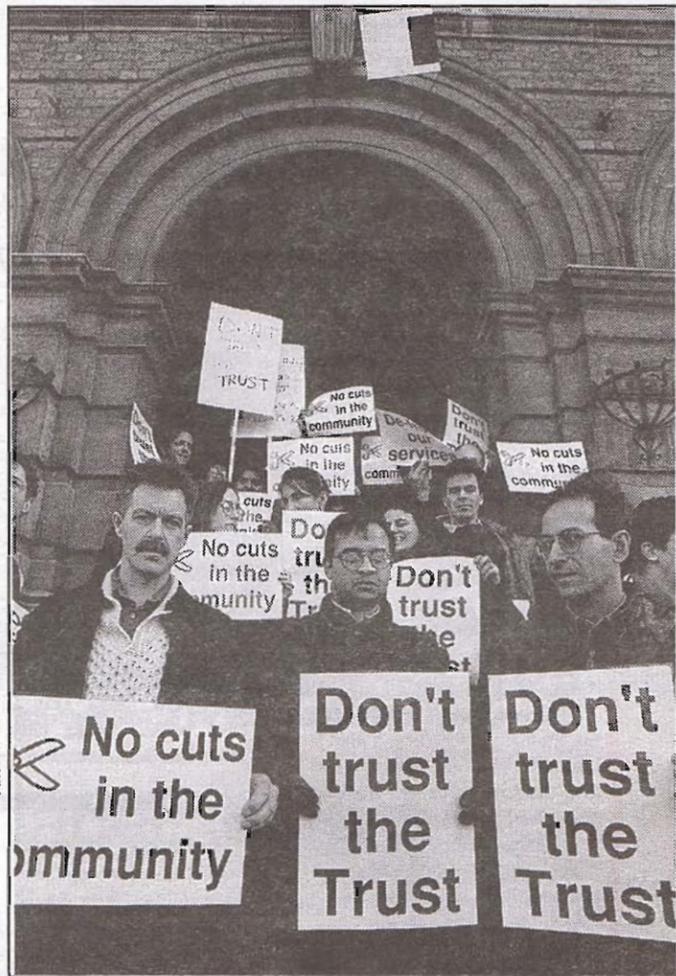
Management at St Thomas's Hospital and City & Hackney

health authority were each spared the possible embarrassment of having a second bid hit the bin when Waldegrave decided to freeze all four second wave bids from London teaching hospitals pending the Tomlinson inquiry.

The noise of goalposts being moved rang out long and loud as the government breached all its own guidelines to rubber-stamp an opt-out by one of Britain's tiniest and most remote health authorities - Pembrokeshire.

Most striking is the Welsh Office decision to block the merger of Pembrokeshire and East Dyfed health authorities into a West Wales purchasing authority.

As a result, Pembrokeshire with a population of just 108,000 (but containing the seat of a Welsh Office minister) is carefully protected from the operation of the 'internal market', even while huge mega-districts are being formed by the forced merger of much larger health authorities in London and elsewhere.



Andrew Wiliard

Tower Hamlets GPs rally in protest against cuts in community services imposed by the Royal London Trust

Royal London cuts row

Up to their ears in crisis are the bosses at the Royal London Hospital Trust, now planning a deficit of up to £1.5 million on acute services alone.

Among the panic measures adopted are moves to rip off money under-spent by the so-called 'community and priority services' - to help pay for the acute services deficit. The community unit has imposed a freeze on vacancies, a ban on agency staff and cuts in training.

Numbers of health visitors will be hit by the cutbacks, and GPs have protested at the potential effects. The Trust is running 4% above its target levels for fixed-price block contracts, and faces severe extra pressures next year.

Cash cuts in first wave opt-outs

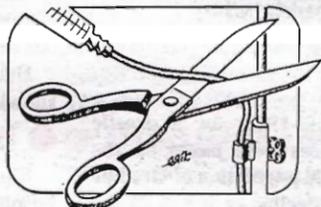
AS 99 new English Trusts line up on the starting blocks for the second wave of opting out on April 1, many of the 'successful' first wave Trusts are deep in the financial doldrums.

Oxford's Nuffield Orthopaedic Centre, which gamely targeted a wafer-thin £20,000 first-year surplus on its £20m budget is currently on course for a £400,000 overspend.

Attempts to bridge the gap by bussing in patients from as far afield as the West Country to leap over the local queue of 1,200 Oxfordshire patients awaiting orthopaedic treatment have not succeeded.

Even a management approach to private health giant BUPA, seeking to lure them into a joint venture on the Nuffield site got nowhere.

Now Nuffield staff are bearing the brunt of desperate economy measures which include freezing vacancies, as the Trust's management team of accountants take the helm.



In Central Manchester, an early cuts package involving 20 nurse redundancies, a vacancy freeze, a ban on agency and bank staff and cuts in nurse training has failed to stem the crisis.

The Trust now faces a deficit of £500,000, and is looking for new cuts to slash a massive £3 million a year from spending.

A major weakness has again been the reliance on income from private medicine, with the Trust's Manchester Clinic reduced to as little as 25% bed occupancy and falling far below its profit target.

Additional cuts will hit psychiatric services, but capital projects totalling £1.6 million have also been shelved, and the vacancy freeze will remain in force while

unions fear more redundancies could be in the offing.

The biggest hospital to opt out, St James's in Leeds, was already floundering with a projected £1m deficit last autumn, having treated 8% more patients than it had budgeted for under fixed price block contracts. Its contracts with the local health authority had created an £800,000 overspend.

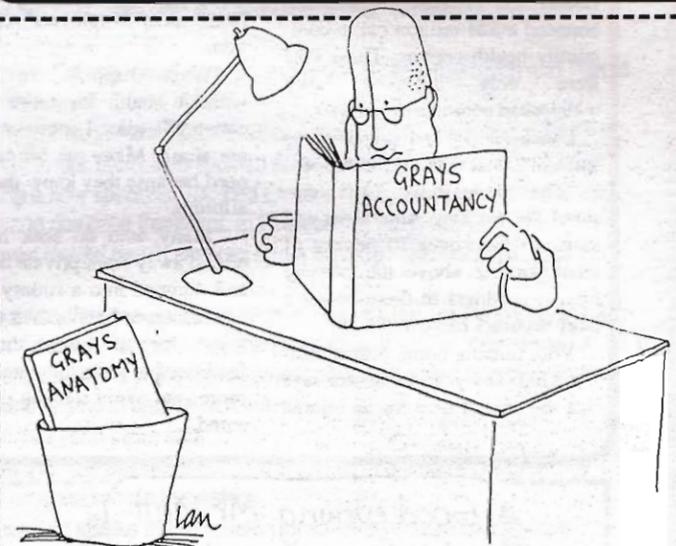
Trust bosses claimed that they would not close beds or cut jobs.

However no public documents have been produced to spell out the position of St James's or the Leeds General Infirmary Trust.

A first takeover bid could be coming up as heavy clouds hang over the future viability of one of the smaller Trusts, the Royal National Hospital for Rheumatic Diseases (RNHRD) in Bath. It stands to lose vital contracts with Bristol health authority - which refers 13% of the Trust's patients.

Bath health authority, which presently sends 38% of the Trust's referrals, has said that it intends to reduce this number by more than half. As a result the RNHRD could find itself swallowed up by Bath's Royal United Hospital Trust.

In leafy Guildford the desperate Royal Surrey hospital Trust has revealed that it has been treating 10% above the target caseload in its fixed-price block contracts. Management are now trying to plug the financial gap by luring in extra funded patients. They are offering a two-tier service giving preferential treatment to patients sent by fund-holding GPs.



Trusts already bust

Several of the second-wave bids which obtained the go-ahead have since run into serious financial problems.

Barnet's acute unit has frozen several budgets, while its community unit has imposed draconian cuts including:

- The closure of St Stephen's Hospital;
- A total freeze on 217 vacancies;
- A 'review' of nurse grading and skill mix designed to slash £400,000 from spending;
- A cut of 5,000 chiropody patients;
- High-speed privatisation of domestic services, with similar threats to the laundry service.

Harrow's acute unit has resorted to ward closures to cut back an overspend of £712,000 by November, while Hounslow & Spelthorne's opting out Ashford Hospital is also headed into the red.

In Parkside health authority, St Mary's Hospital, whose opting out has been frozen, was almost £600,000 in the red by October, with management blaming a massive 12% shortfall on target income from extra contractual referrals.



Nasty taste of US private medicine

By Alastair Duncan

AS THE BRITISH government moves ever closer to an American-style privatised system of health care, across the Atlantic millions of Americans are calling for an end to commercial health care and for their own national health service.

Under fire from the Democrats, even President Bush has been forced to offer a token scheme to cover the uninsured.

Before a stroke robbed him of his mobility, Hollywood star Burt Lancaster was an active voice in the campaign for an alternative plan known as 'Health America'.

Testifying before a US House of Representatives Select Committee last year, he spoke out on the state of the present US system:

"As we sit here, more than 50 million of our fellow citizens are either uninsured or underinsured - 50 million men, women and children who have little or no access to the health care system. 37 million have no health insurance."

In July 1991 the US *Guardian* reported that the USA was experiencing the worst measles epidemic since 1977. At the same time the federal health care budget was being cut.

Infant mortality

A report on infant mortality called for an extra \$480 million to reduce the 40,000 infant deaths that take place in the USA each year: instead the Department of Health and Human Services announced a \$24 million cut to community health centres. These cuts were only reversed after widespread community protests.

Lancaster pointed out of those suffering most without insurance

"The vast majority of the uninsured are working Americans and their children, over 70 percent of them earning above the poverty line. Any illness in these people's lives becomes catastrophic."

With nursing home places costing \$20,000 a year, Lancaster says that the cost of care for an injured

relative can be a crushing blow to those families.

The US magazine *Consumer Reports* says that the privately funded and provided US system spends 171% more per person on health care than the British NHS. Over the past five years the cost of providing health care in the US has risen by 42 percent.

In 1990 the American medical bill was nearly \$1,340 billion. Yet despite the vast sums involved the USA now ranks 12th in health care, behind Japan, Italy, France and all of Scandinavia.

Trade unions

For many US workers health care is a key reason for joining a trade union. Under the US system, health care and pension plans are often seen as being as important as actual wages and conditions.

But now the growing cost of health plans is causing some employers to drop the provisions from their contracts. Car manufacturers recently estimated that medical insurance cover for their employees added over \$1,500 to the cost of each car they produced.

Workers who strike to protect their contracts often lose not only their contract but also their job.

The American 'TUC', the AFL-CIO reported that a massive 70% of the 26,500 workers who struck over health care issues in 1990 found themselves sacked and 'permanently replaced' by non-union labour; meanwhile health insurance premiums rose four times faster than employers' contributions.

"What happens to people without health insurance in this country?" asks Lancaster. "They are afraid. Many put off care they need because they know they can't afford it."

"Many who do seek help are turned away from private hospitals and dumped into a county system which cannot handle their existing loads. One out of every three such facilities has closed its emergency room - to avoid treating the uninsured."



Already closed - and under redevelopment as housing: the former Prince of Wales Hospital.

The myth of London's 'surplus' hospital beds

IT HAS become trendy, especially for those outside London, to claim that the capital is "over-provided" with hospital beds and health services. In fact this is based on a number of outdated or erroneous assumptions.

POPULATION

Plans drawn up in the mid-1980s for a drastic reduction in hospital services were based on the mistaken assumption that the population of Greater London would continue to decline as it had in the 1970s.

Between 1971-1981 inner London's population fell by 18% and outer London by 5%.

But this decline has stopped. The most recent official estimates show that the capital's population fell by only 50,000 (less than 1%) in the years 1981-89.

POVERTY

Despite its image as an oasis of prosperity, and areas which enjoy extremely high living standards,

London contains some of the highest levels of deprivation in the country.

According to the Department of the Environment's own social index, Inner London contains 9 of the 15 most deprived districts.

Unemployment levels in the South East have now doubled to near the national average, and sixteen London boroughs have above average unemployment.

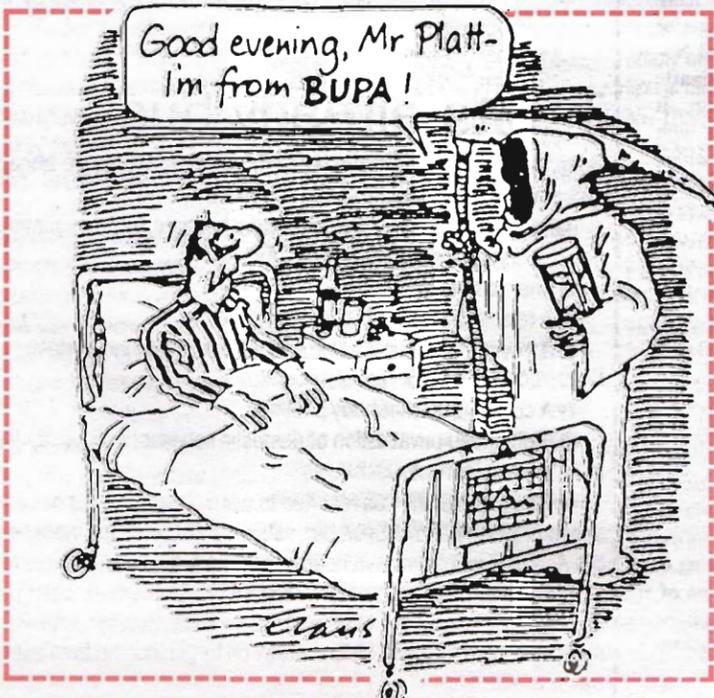
Unemployment, poverty and poor housing are acknowledged as causes of ill-health.

BEDS CUT

Since 1982 well over 6,000 acute (short stay) hospital beds have been closed in London, almost a quarter of the total. Barnet has lost 40% of its beds, Islington 44% and Haringey 49%.

By 1989 these bed closures had exceeded the planned cutback of 5,804 beds by 1993-4 - and the closures are continuing.

Almost 7,000 non-acute beds (providing services to the elderly, mentally ill and people with learning difficulties) closed in London between 1982 and 1989, 22% of the total.



Charges soar as punters quit private health

PRIVATE medical firms in Britain are facing stormy days ahead as the recession and soaring costs push them into the red.

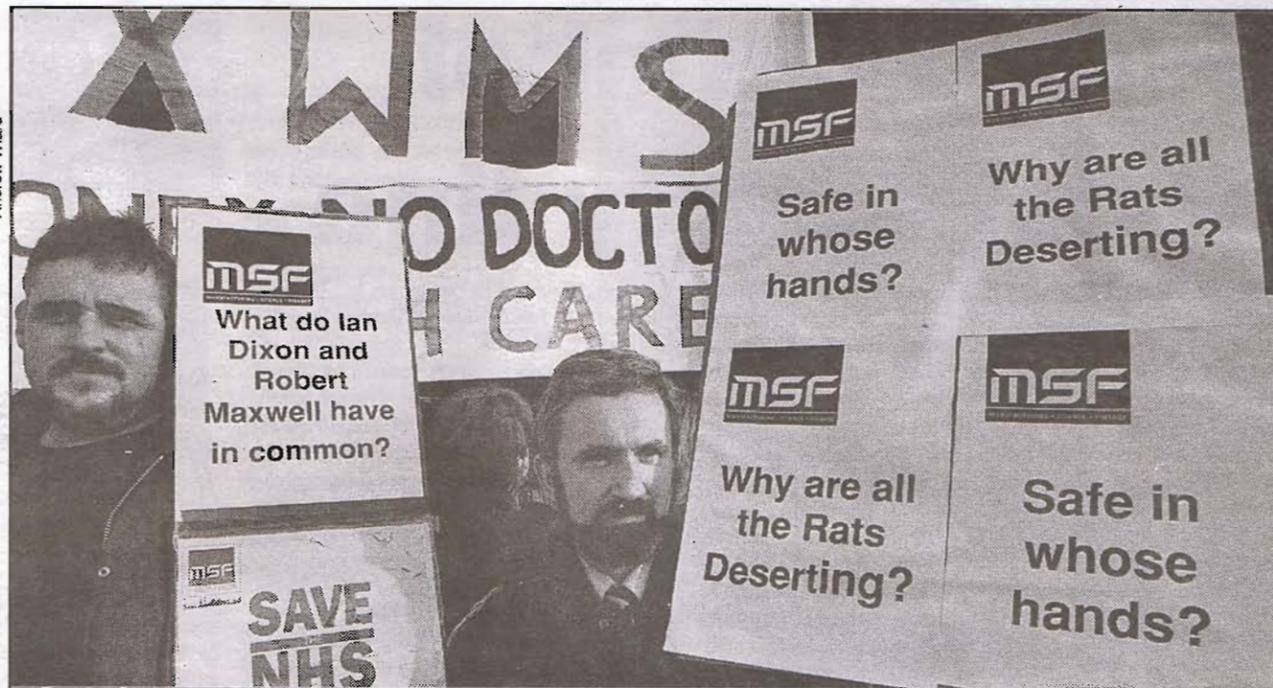
Among the more spectacular disaster stories is that of Bioplan Holdings, which blazed a trail of profit-seeking joint venture developments with health authorities in the 1980s.

The company slumped from a modest £1.5m surplus in 1990 to a thumping £5.5m loss in 1991, with its bed occupancy levels falling 20 per cent. The firm has now been forced into a hasty merger with the American-run Hospital Care International.

At the same time market leaders BUPA and Private Patients Plan have been unveiling stiff new increases of up to 35% in premiums for what is now a rapidly falling number of subscribers.

One expert claims as many as 5,000 people a week have been pulling out of costly medical schemes as they face redundancy or their firms run into financial problems.

BUPA premiums have gone up by 20%, on top of an 11% increase last summer. PPP has jacked up charges by between 10% and 35%. Coming on top of fees which last year averaged £1,000 a year for a couple in their 30s with



Angry staff picket the threatened Charing Cross Hospital, which could well be the first to fall under the Tomlinson axe

The latest available figures show a London-wide average of 44.6 cases per acute bed, a near 40% increase in productivity on the 1983 figures, and just slightly below the English average of 47.7 cases per bed.

The beds are kept busy because more people in the South East are requiring hospital treatment: the four Thames regions have seen a 16% increase in the proportion of people admitted to hospitals from 122 per 1,000 in 1981 to 144 in 1989.

MORE PATIENTS THAN PLANNED

As a result of this intensification of work, and the unexpected increase in demand for health care, London's hospitals are treating far more patients than planned.

Ten-year plans drawn up in the mid 1980s had envisaged a 7% decline in caseload by 1993-4, requiring fewer beds and hospitals. These have been proven completely wrong.

Instead of the 559,000 in-patients expected in London's hospitals by 1993-4, the capital in 1990-91 saw 833,609 admissions – an increase of 49% over target, with two years to go.

London is not alone: the same phenomenon has affected the surrounding shire counties and every region of the country. In 1990-91 the four Thames regions treated 1.85 million in-patients and day cases, some 47% above the 1993-4 target.

QUEUING UP FOR CARE

With fewer beds to meet increased demand, waiting lists have grown in London – by over 40% since the last NHS reorganisation in 1982.

20 of the capital's 28 health authorities have more people waiting than they did ten years ago, with the biggest increases including Bromley (94%), Hampstead (113%), Waltham Forest (120%), Harrow (167%), and Bexley (219%).

The four Thames regions, which in 1981 were all comfortably below the national average for patients waiting over a year for treatment, had become the four worst regions by 1989-90. 38% of all people in England waiting over a year for NHS treatment in September 1991 were in the Thames regions.

LESS CASH PER HEAD

According to conventional wisdom, London's NHS is over-endowed and wildly expensive compared with that in other regions. Yet the facts show otherwise.

The Department of Health's own figures show that despite the costs of London weighting and higher overheads in the South East, and despite the extra costs of a dozen teaching hospitals, NHS spending per head in the four Thames regions was £342 in 1989-90.

This is almost the same as per capita spending in Wales (£337) and just 11% above the English average of £312. By contrast, per capita spending in Scotland for the same year was over 20% higher, at £423.

These cuts have been heavier in London than elsewhere: while hospital beds nationally were cut by 25% (91,000) between 1979 and 1989, the South East saw cuts of 30%.

37% of all the beds closed in England in that period were in the four Thames regions.

Between 1979-1986 over 30 London hospitals closed as a result of these cutbacks, and more have closed since.

LESS BEDS PER HEAD

As a result of these cuts, the four Thames regions have slumped from above average to below the national average provision of hospital beds per 1,000 population.

In 1981 all four Thames regions were above the English average of 7.5 beds per 1,000. By 1988-9 the four regions together averaged below the reduced national figure of 5.7 per 1,000 – despite the presence of a dozen teaching hospitals.

BUSY BEDS

Far from being 'surplus', each London bed is treating as many patients as a bed elsewhere in the country.

In 1983, London's hospital beds were slightly less productive than the national norm, treating an average 31.79 patients per year in Inner London and 31.66 in Outer London, compared to a national figure of 33.2.

Two children, such percentages represent a tidy sum.

The BUPA increases, affecting up to 3 million subscribers followed a disastrous £63m loss on insurance activities last year, and alongside the imposition of rigorous new restrictions on the cover BUPA now offers for psychiatric treatment.

In their cost-cutting package, BUPA will now insist that:

- No psychiatric cover will be provided for the first two years of any new policy;

- Any claim for psychiatric inpatient care will need to be authorised by BUPA before treatment is given;

- BUPA will not pay for re-admission of psychiatric patients who have already claimed for one episode of hospital care.

Up to 60% of cases admitted to private psychiatric care are readmissions. The director of the country's biggest private psychiatric hospital has described the cutbacks as 'draconian'.

With its own market looking increasingly unstable, the best hope for the private sector is that the NHS will help bail it out.

In the panic measures to cut waiting lists in advance of the April 1 Patients Charter requirements, some health authorities are sending increased numbers of NHS patients for private operations.

Cheaper, Bigger, Better!

Alternative plan combats closures

TWO London boroughs and the local Community Health Council have joined forces to commission and promote an alternative plan for health services in the giant Barking Havering and Brentwood health district.

The result is a plan that is over 30% cheaper than the management scheme, while providing more beds in more accessible sites for the district's giant 450,000 catchment population.

The plan, *Keeping it Local*, was drawn up by London Health Emergency at the request of the CHC and the boroughs of Havering and Barking & Dagenham. It is costed at £88m.

It represents a positive alternative to the health authority's controversial £133 million plan to close Rush Green and Oldchurch hospitals and focus all services in a 1,000-bed single site hospital at Harold Wood near the M25.

Keeping it Local proposes:

- Retaining Accident and Emergency services at both Oldchurch and Harold Wood hospitals;
- 1,300 acute beds rather than the inadequate 1,000 proposed by the DHA;
- Building a new, integrated Women & Children unit on the Oldchurch site;
- Building a new specialist 100-bed Elective Resource Centre, offering non-emergency and day case treatment, at Rush Green Hospital;
- Improved mental health services and a thorough refurbishment of existing hospitals.

Keeping it Local follows on the publication last summer of the document *A Blueprint for Closures*, supported by the same three councils. It presented a thoroughgoing refutation of the management plan, and called upon NE Thames regional chiefs to step in and throw it out.

Report author John Lister said:

"We know that the management plan is almost unanimously opposed by all parties and organisations in the district.

"But we wanted to take the discussion forward into a more constructive framework on the kind of services local people really need.

"Already we have had positive feedback from hospital consultants and from local organisations. Hopefully this will help persuade the Region to chuck out the management's impractical proposals and open up a more useful dialogue with the community."

Copies of *Keeping it Local* are available from the CHC (0708-766412) or from Barking & Dagenham council (081-592-4500 x2108)



Get the facts!

The full facts on the run-down of London's NHS, as researched for COHSE. Under Pressure pamphlet £5: Fact Sheet 45p, 10 for £2, from LHE, 446, Uxbridge Rd, London W12 0NS



'Poodle' Nichol boosts party line

THE NHS MANAGEMENT Executive has taken on an increasingly party political role as the main promoter of the government's unpopular health reforms.

While most people still see the NHS Act as a route to privatisation of the health service, last autumn NHS Chief Executive Duncan Nichol made an astounding front-page intervention in the right wing *Daily Mail* to support the government's view.

And in January the Executive produced a completely one-sided and politically biased assessment of the first six months of the NHS Act, proclaiming it an unqualified "success".

Once again the front runner in this was Mr Nichol, who claimed controversially that:

"The report shows that the health reforms have been introduced successfully and that they are already beginning to work in the way intended. Both patients and staff are feeling the benefits."

The report was promptly slammed by the NHS management magazine *Health Service Journal*: in an editorial headlined 'The Party Line', it described Nichol's report as "a document unworthy of the NHS Management Executive."

"Its launch should have taken place at Conservative Central Office, not Richmond House, and its foreword should have been written by William Waldegrave, not Duncan Nichol."

Among the falsifications which have been highlighted in the report:

■ The claimed figure for inpatient treatment in 1991-2 comes from simply doubling the number treated in the first six months. Yet everyone knows that activity in the first half of the financial year tends to be higher, and that in the final quarter many health authorities resort to cuts and closures to balance their books.

'Balance'

■ Duncan Nichol claimed that providers and purchasers were likely to end the year in balance. In fact the National Association of Health Authorities and Trusts (NAHAT) has predicted that two thirds of hospitals expect to cut spending or numbers of patients treated this year to avoid deficits.

■ The numbers claimed by Duncan Nichol as projected inpatients (7.2 million) and outpatients (32.9 million) for 1991-2 are in fact lower than the previous estimates (7.5m and 36.3m) announced in Parliament last October by health minister Stephen Dorrell.

■ The 1.5% increase in inpatient numbers boasted by Nichol is smaller than the average yearly increase since 1978, despite the injection of an extra £380m to finance the unwanted reform package, and despite a more generous than usual cash allocation to the NHS for the pre-election year.

■ Nichol boasts of reductions in waiting times, but fails to mention that this has mainly flowed from increased spending targeted at long lists.

■ While long waits have been reduced in some regions (notably not in NW Thames, where they are going up), Nichol fails to mention that this has run alongside an increase in numbers kept waiting less than a year.

■ Under cover of Mr Nichol's eulogistic document, the government quietly revealed that an extra £200 million was having to be pumped into the NHS to prop up hospitals facing deficits as a result of the new system of block contracts. NAHAT found that 82% of hospitals are facing problems with contracts, many of them because they are treating more patients than expected on fixed-price contracts.

OF COURSE, DECISIONS ARE TAKEN ON THE BASIS OF NEED...

... OUR NEED TO GENERATE INCOME!



The explanation of the sudden lurch of the NHS Management Executive into open party politics can be found in a plan drawn up last autumn for Health Secretary William Waldegrave by PR consultants Burson-Marsteller.

The plan, leaked in the *Guardian* and believed to have cost at least £50,000 to draw up, proposed the heavy promotion of "success" stories, coupled with strong measures to control and mute the impact of bad publicity on NHS issues.

Propaganda

It suggested the formation of a new propaganda directorate, in the form of a 'communications unit' at NHS headquarters, and two 'task forces' ready to move into action to combat any bad news story that might break. These would monitor local papers and broadcasts,

protests by unions and campaigners, and other focal points of opposition.

In extreme cases, top NHS bosses would descend on a target hospital to pump out government propaganda and combat any bad publicity, while giving local management tactical 'advice' on how to put the best gloss on events.

While these plans were being adopted, health chiefs in the electorally-sensitive North West region held a special briefing for Tory MPs on ways to "keep the noise level down" on health issues until after the election.

As the *Health Service Journal* complains:

"... the present top management structure of the NHS was evolved to provide a clear separation between managers and ministers. On this showing, it looks as if the Executive has become the politicians' poodle."



SHEFFIELD Pensioners rally to the NHS, joining the Candlelit 'Hands off our NHS' Vigil at the Royal Hallamshire Hospital. The national day of action coordinated by the NHS Support Federation

Hackney left stranded

AFTER years of steadily reducing and less ambitious plans, NE Thames Region has now announced that City & Hackney DHA will be allocated just £11.4 million to build replacement facilities for the crumbling Hackney Hospital.

The original plans for a Phase 2 of Homerton Hospital, to provide beds for the elderly as well as psychiatric services were costed at £60 million.

However management energies and efforts have been concentrated elsewhere, pushing their unpopular plan to opt out of the whole of the districts' services as the "Barts Trust".

Bosses lose St Mary's debate

A DEBATE organised by the St Mary's Hospital Medical Society Debating Society at the end of January showed once again a substantial majority against the opting-out of the hospital from the 1st of April 1993.

The debate attracted an audience of more than 100 with medical students and consultant staff particularly well represented.

Lined up to argue for the opt-out of St Mary's were Martin McNichol from the neighbouring Central Middlesex Trust and Dr

Will Harris, the new St Mary's medical director.

Speaking on behalf of the 90% of the public who voted against the opt-out in a community ballot last year were Steve Hollingsworth from NUPE and consultant physician Dr Robert Elkelese. Strong support for the anti opt-out position came from the floor of the debate from Paddington GP Richard Stone.

The vote against the St Mary's Trust gives the small band of opt-out supporters another test of public opinion to ignore as they press on with their plans.

London's NHS set to lose millions

KEY London districts stand to be heavy losers when the government's new formula for capitation-based funding is introduced in 1993.

The three districts which make up the SE London Commissioning Agency (SELCA) - Camberwell, West Lambeth and Lewisham & North Southwark - have estimated that they could lose the equivalent of £22m from their revenue budget, beginning in April.

In North East Thames, a lengthy management document pin-points Newham DHA as the biggest loser - currently 15% above its target share of spending, with Bloomsbury & Islington, Waltham Forest and Haringey all set to lose between 10-12% of their budgets.



"I'm not Dr Jekyll - I'm Mr Hyde the accountant"

In NW Thames, the biggest overall loser will be the troubled Riverside DHA, where the budget will be slashed by a massive £8 million in 1993-4. By comparison North Bedfordshire will gain £6.7m, South Bedfordshire £7.4m and East Hertfordshire £6m.

All four Thames regions are under instruction to take special measures to prop up London's

hospitals until after the election is safely out of the way. The situation is most clearly spelled out by NE Thames region:

"Early indications are that there could be significant losses of income in two of our directly managed provider units and one NHS Trust, which could not be covered by efficiency savings alone but indicate closures of facilities not required by purchasing DHAs.

"Whilst this would be the eventual solution in the internal market, it would not be sensible to make these sorts of changes in the middle of the Tomlinson enquiry. The Thames regions have, therefore, been asked to ensure provider stability in London until the outcome of the enquiry is known."

Hillingdon hits rock bottom

THE OPT-OUT fanatics running Hillingdon's health services have been rocked by two bombshells during January which have exposed their inability to provide a comprehensive, quality service to the population they serve.

BOMBHELL ONE - Came in the recent *Sunday Times* survey of hospital waiting lists which showed Hillingdon languishing in the bottom ten of the national league table.

BOMBHELL TWO - An exclusive report in the *Daily Mirror* which revealed that Hillingdon Hospital had been turning away expectant mums as the cash allocated for maternity contracts had run out with more than two months of the financial year left to go.

Against this background it's worth digging out a couple of the promises made by Hillingdon Hospital in their original opt-out brochure back in July 1990.

PROMISE ONE - "To respond more effectively to patients' changing expectations in terms of speed of access". Broken by Hillingdon's miserable position in the bottom ten nationally on hospital waiting lists.

PROMISE TWO - "Recognition of the dignity of individuals". Broken by the turning away of expectant women from the maternity unit.

All of this proves the point that LHE have made over and over again. You can't believe anything you read in an opt-out Trust application document.

NEWS IN BRIEF

MID-ESSEX DHA has declared that because of cash shortages it will no longer provide non-urgent varicose vein treatment or the removal of wisdom teeth. The district's acute services are to opt out in April.

ALSO clearing the decks for opting out are WALTHAM FOREST health chiefs who have done their bit to cut numbers waiting over 2 years for treatment by writing to women waiting for varicose vein operations to tell them they are no longer available.

TORY councillors joined with consultants in an angry protest when Scottish Secretary Ian Lang rubber-stamped the opt-out of the 1,400 bed Foresterhill hospital complex in **ABERDEEN**.

There was equal anguish at the news that a brand new £31m general hospital covering **SOUTH AYRSHIRE** is to opt out in April, regardless of local opinion.

A majority of consultants at Foresterhill rejected the opt out proposal, and surgeon David Curry told the *Guardian*:

"It is a big mistake for the management of any organisation to ignore or insult the views of their staff".

MANAGEMENT of WEST BERKSHIRE'S acute services have never been averse to insulting their staff, and have now snubbed consultants who voted overwhelmingly in opposition to the proposed third wave opt-out of the Royal Berks and Battle hospitals.

On a 70% poll, over 80% of consultants gave the plan the thumbs-down. Unabashed, managers responded that this was irrelevant since it was simply the views of 'individuals'!

BOSSES in OXFORD DHA are at sixes and sevens with each other over plans to opt out on the third wave.

While DGM David Perry attempted to pull together a 'mega-Trust' proposal for all three directly managed acute hospitals in Oxford, unit chiefs at the Radcliffe Infirmary broke ranks with their own bid, swiftly followed by a go-it-alone bid from the Churchill.

The Radcliffe bid is perhaps unique, in that it plans to opt out a unit that management accept will simply run down and close.

The Churchill bid seems to have been triggered by Mr Perry's eagerness to see at least part of it closed down to make way for his dream of a £95m single mega-hospital at the John Radcliffe site.



Jim Varney

GRIMSBY: Over 200 nurses attended a COHSE-RCN rally in protest at cuts aimed at clearing a £22m overspend in preparation for a third-wave opt-out bid. The campaign also assembled a 10,000-signature petition against cuts including ward closures, a freeze on vacancies and reductions in training.

The biggest obstacle to this is the fact that Oxford Region does not have £95 million, and no Trust would be able to borrow this much money.

SOUTH MANCHESTER health chiefs have been criticised for neglecting maintenance of a teaching hospital which they want to close.

Controversial plans to merge the crumbling Withington psychiatric hospital with the nearby Wythenshawe district hospital have been in the air for years.

In the meantime a backlog maintenance bill of £26 million has been run up, leaving wards at Withington "desolate and dispirited", despite the efforts of staff, according to the government's Health Advisory Service.

Management are facing another overspend, and claim they do not have the extra £750,000 a year needed to make any inroads into the maintenance backlog.

LONDON AMBULANCE SERVICE is once again headed for an overspend - currently estimated at £1.4 million. Meanwhile standards have fallen, with only two thirds of London ambulances reaching the patient within the required 14 minutes.

PATIENTS suffering from incontinence have been told to control themselves - or pay extra. Cottage hospital chiefs in **NORTH BIRMINGHAM** have decided to limit the supplies of incontinence pads to each patient, and to charge for additional pads. Meanwhile charities are having to step in and supply seat padding for the severely disabled, and the cash to run the hydrotherapy pool at Good Hope Hospital.

Jobs and wages have also been under fire at Good Hope, with the privatisation of portering (45 jobs axed) and catering services. The hospital halted elective admissions in December to save money.

THE SHARP END



By GEOFF MARTIN, our man in the social club bar

FALLING STANDARDS

Recent stories in the *Evening Standard* about "foreigners" abusing the NHS by seeking treatment and then refusing to pay sit uneasily with the business plans of some of the units making the most fuss.

A classic case is Hillingdon where the opt-out supporters have often ranted on about the benefits on their location close to Heathrow when it comes to attracting foreign custom.

The harsh reality for opted-out hospital businesses in the current recession is a trail of unpaid invoices, whether it be for private UK patients, NHS Extra Contractual Referrals or the *Standard's* queue of "foreigners".

PORTERS' CHARTER

As Charter-mania continues to sweep through what's left of our crumbling public services we understand that a new clause for the Patients Charter is about to be unveiled by the Department of Health.

Sources close to the Minister have confirmed to LHE that the idea of each patient being allocated

a "named nurse" is set to be dropped in favour of a "named porter" scheme.

This dramatic policy change is based on the view that patients have a right to know who will be pushing them around on those frequent moves from ward to ward, those ever-popular 18 hour waits on a trolley in the casualty department and those hokey-cokey hot bedding trips between ward and day room.

Sharp End's editor, a fully qualified Consultant Trolleyologist (porter to those unfamiliar with medical terminology), has welcomed this belated recognition of the porter's role in the modern NHS.

POSITIVELY VETTED

Let's get one thing straight. The *Sharp End* editor is a friend of all wild life and proud owner of a ginger tom cat called F.O.B. (fat orange bastard).

However, the news that the Royal United Hospital in Bath were preparing to let local James Heriotts do the night shift in their cancer unit in order to utilise spare capacity left even yours truly feeling decidedly queezy.

We understand the vet scheme has now been scrapped after the local population objected to the possibility of waking up in the ward with Red Rum in the next bed. After all, can you imagine being hot-bedded with a Rotweiler?

Still, anything will be considered in today's NHS to make a few quid. What next, local butchers using spare theatre time?

OUT ON A LIMB

Wild goings on down in leafy Bexley where a lingering cash crisis seems to be providing the spring board for a series of bizarre incidents.

First came news that the new incinerator at Queen Mary's Hospital in Sidcup would burn amputated arms and legs to provide extra heat. All very well in re-cycling terms I suppose, but would you fancy being a patient on one of the wards when fuel was running low?

Now we find out that the bloke lined up to become Bexley's new Chief Executive has pulled out because he's worried about what would happen if a Labour Government were elected.

Management consultant John Gerry, former chief of Mecca Leisure's holiday division, told the *Health Service Journal* that he was worried about Robin Cook taking away his "independence" and possibly abolishing NHS Trusts all together!

Seems like someone's in need of a good, long holiday.

THREATENING BEHAVIOUR

Talking of paranoia amongst NHS chiefs, *Sharp End* has been alarmed to learn that a dossier compiled by the Institute of Health Service Management lists a series of threats to the future employment prospects of Trust managers by local politicians in the event of a change of Government.

This sort of behaviour must stop. After all, why shouldn't those managers who have sacked hundreds of staff, privatised the jobs of thousands of ancillary workers and promoted Government policy beyond the call of duty, be guaranteed jobs at £90,000 a year for life?

Seems fair enough to me, guv.



PROPAGANDA CORNER

A swift change of top brass down at St Thomas's Hospital has been marked by a dramatic upturn in ... the volume and cost of the hospital's propaganda.

The latest brochure from St Thomas's is ten pages of lavishly

produced modern gloss and old fashioned tosh. The embossed purple cover is matched by the embossed purple prose contained within.

Carefully posed photographs of your favourite "Shadow Trust" chiefs are scattered liberally throughout this slim volume. The soothing smiles from in front of the oak-panelled backdrop lead to you ask just one question;

Why did the Government kick back the St Thomas's opt-out bid on two occasions? I think we should be told.

INCOME DEGENERATION

News that the Government has shut down its NHS Income Generation Unit must have come as a great shock to those managers still faithfully ploughing on with crazy schemes designed to raise a few quid at great bureaucratic expense.

We understand that the Income Gen Unit's offices are now boarded up and that the closing down sale of second-hand, barmy money-spinners was a complete failure. Stacks of collecting tins, sponsored incopads and "Holsten" emblazoned uniforms are being left to gather dust in the corner.

From now on, those NHS managers who fancy themselves as second rate Arthur Daleys in search of a "little earner" will be out on their own. Please send details of any local income generation schemes that you think we should investigate straight to LHE.

New Trusts put the boot in

By JOHN LISTER

HEALTH workers have been bearing the brunt as management in the first wave of opted-out Trusts seek to exercise their new "freedoms".

Hundreds of jobs have been cut, some hitting the headlines such as the 475 axed at Guy's and those chopped at Bradford; others such as the 55 in Central Manchester, the 21 at St Helier and the dozens axed silently through 'freezing vacancies' have attracted less attention.

First in the firing line as Trust chiefs attacked wage levels have been ambulance crews. Non-emergency staff in Lincolnshire suffered a brutal 33% pay cut on the first day of the new Trust opening up, reducing them to a pitiful £6,200 a year.

In Northumbria, hard-line management have followed suit, paying non-emergency staff just £6,600 for a marathon 45-hour week.

Emergency crews have also seen their pay slashed by almost £10 per week, been forced into exhausting (and possibly illegal) 12-hour shifts, and suffered a cut of 4 days holiday.

To put the boot in, Northumbria ambulance bosses have imposed a union-busting 'single-union agreement' with the scab "union" APAP, which has just 40 members among the 670 staff. NUPE and COHSE representing 90% of staff have been derecognised.

While ambulance Trusts set the pace, others have also been keen to worsen conditions. In Epsom, the Homewood Trust has attempted to push through a unilateral pay and conditions package that would cut sick pay, lengthen the working week and leave ancillaries and qualified nurses worse off.

Elsewhere, the very notion of negotiation has proved anathema to Trust bosses. At Oxford's Nuffield Orthopaedic Centre, management have refused to agree any recognition deal that includes a reference to "negotiation", insisting that all they will do is 'consult'.

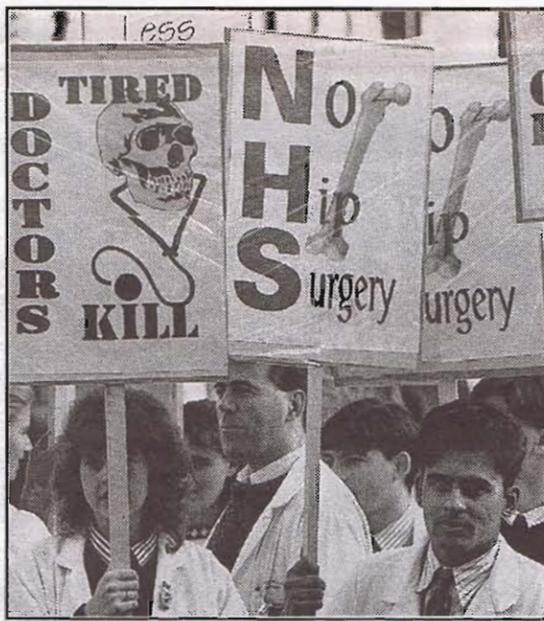
Sacking threat

In Bradford, Trust bosses broke off negotiations and threatened to sack medical laboratory staff who stood out against an ultimatum to accept a new contract which their unions had rejected.

Some of the second-wave Trusts lining up for the off on April 1 are also looking at ways to cut pay and conditions.

Enfield Health Authority had to be instructed by the Department of Health to hold back from controversial plans to casualise much of its workforce, working towards:

"A core of permanent staff with a number of flexibly contracted staff to allow it to react effectively



Junior doctors protesting over working hours: but Trusts are now seeking to increase exploitation for all

to changes in contracts with purchasers."

The Enfield plan would have meant that most future employees would have been taken on under insecure "rolling fixed term contracts".

Similar proposals have been floated by South East Staffordshire Community Trust, which hopes to retain only 'professionally trained' staff, while dumping others into a 'pool' of staff "who could be called upon at short notice".

Staffordshire chiefs hope to privatise portering, catering, laundry, transport services, and even chiropody services, which could be put out to tender.

Meanwhile, should staff fall foul of management, almost every Trust has - as predicted by London Health Emergency - now discarded the Whitley council procedures which give a right of appeal to the health authority against disciplinary action, grievances and disputes. They now insist that the final level of appeal is to the Chief Executive or a special panel of the Trust Board, with just a handful prepared to allow a reference to ACAS.

It has never been clearer that the 'freedom' of Trusts means greater freedom to attack the workforce. Health workers have never needed their unions more.

Privateers move in on services

DESPITE the pattern of contractors' failures and disasters, a new wave of privatisation is sweeping through the NHS as health chiefs try to cut corners and costs at the expense of low-paid ancillary staff.

In READING, a subsidiary of union-busting ferry operators P&O seems certain to take over the complete range of ancillary services for West Berkshire DHA, from cleaning to switchboard operators under the label of Total Facilities Management.

In WORTHING, little-known contractors Pall Mall plan to axe more than a third of the current 140 domestic cleaning jobs when they take over the contract from the in-house team in April. Unions contest the management claim that working with just 95 staff the profit-seeking firm can maintain standards while slashing £100,000 from the in-house tender price.

In BARNET, community health chiefs limbering up to opt out in April have forced through the privatisation of domestic services at the cost of 50 jobs: the claimed saving is £70,000.

At PARKSIDE'S St Mary's Hospital a total of 83 jobs face the

axe following the privatisation of portering, post-room, switchboard and security services.

In REDBRIDGE, preparing a third wave opt out, a leaked management document shows a ruthless determination to privatise at all costs. A confidential circular from Manager Paul Gokhe spells out proposals to ensure that the tendering process is rigged to ensure that the in-house tender does not win.

One way to force private contractors into line is for unions to organise and fight back, as domestic staff in CARDIFF have shown.

In a series of battles with privateers HCA involving strikes and threats of further extended stoppages, health unions have

forced an increase in staffing levels and improved supplies of cleaning materials, and secured the reinstatement of a victimised supervisor.

Now a 24-hour strike by over 40

cleaners at Ely Hospital, backed by the threat of supporting action from 100 COHSE nurses, has won the reinstatement of a victimised union member and recognition from the company.



Affiliate to LHE!

London Health Emergency has been running since 1984, and is the best-known watchdog and pressure group providing information and arguments to defend all aspects of London's health services.

We have over 250 affiliates in London and across the country, including national, regional and branch level support from COHSE and regions and branches of NALGO, NUPE, MSF and TGWU as well as many non-health trade union bodies, pensioners' groups and community organisations.

A year's affiliation is still only £15 (basic) or £25 for organisations with over 500 members. Make sure your organisation affiliates for 1992!

Please affiliate our organisation to London Health Emergency. I enclose a cheque for £... (£15 minimum, £25 for over 500 members), plus a donation of £...

Please send me ... extra copies of Health Emergency newspaper (50 copies £5 per issue, 100 copies £7.50, 200 copies £10)

Name.....

Organisation.....

Address for mailings.....

Position held..... Signature.....

Please return to London Health Emergency, 446, Uxbridge Rd, London W12 0NS. 081-749-2525

Affiliate now to Hands Off Our NHS!

The biggest campaign against opting out and the effects of the NHS Act now has over 120 affiliates all over the country. But Hands Off Our NHS still needs your support to continue the fight in 1992 - election year.

Organisations are urged to affiliate (£20 per year minimum, plus any donation you can afford) and individuals to subscribe (£10 per year, pensioners £5).

PUBLICATIONS AND CAMPAIGNING MATERIALS

By popular demand a new run of the leaflet *Ten Good Reasons Why Your Hospital Should Not Opt Out* has been produced, and updated versions will be produced as new information becomes available. Customised versions can be produced by arrangement for local campaigns. We can also supply copies of our leaflet on Trust finances (*Assessing the Finances*) (25p each, bulk rates on application).

Hands Off supporters can also get 50% reductions on two LHE surveys - on the second wave London opt-outs (*Opting for Chaos*) and on community care for the mentally ill (*Where's The Care?*). These are available for just £5 each if ordered by affiliates. Also available are 3-colour *Stop Hospitals Opting out* stickers, Hands Off Our NHS campaign badges and balloons, and shortly car stickers. *Equip your organisation for the battle to save the NHS: get affiliated, and get those orders in!*

Please **affiliate** our organisation to Hands Off Our NHS. I enclose a cheque for £... (£20 minimum).

Please add my name to the Hands Off subscribers' list. I enclose a cheque for £... (£10/£5 for OAPs)

Name.....

Organisation.....

Address for mailings.....

Position held..... Signature.....

Please send me

... Anti opt-out stickers at £5 per 100: £...

... Badges at £2.50 for 10: £...

... Balloons at £2.50 for 10: £...

... Opting for Chaos at £5 each: £...

... Where's The Care? at £5 each: £...

... Ten Good Reasons leaflets at £2.50 per 100: £...

... Assessing the Finances at 25p each: £...

Total enclosed: £.....

Make all cheques to Hands Off Our NHS

Send all orders/affiliations to Hands Off Our NHS, 446, Uxbridge Rd, London W12 0NS. 081-749-2525