New Labour's reconstruction of the "internal market" has already gone even further than Thatcher ever dreamed: indeed it is increasingly clear that the ambition is to create not an internal but a free market in health care, in which the NHS is now only one among many varying providers of services. The National Health Service is set to become little more than a "brand name", a centralised fund that commissions and pays for patient care, while NHS hospitals compete on ever less favourable terms with private sector companies for a share of the budget and for the staff they need to sustain basic services.

**Beds axed**

As billions are being funnelled into contracts with private hospitals and health providers, NHS hospital Trusts and PCTs across the country are facing massive deficits, closing beds and cutting jobs as they struggle to balance the books. Ministers have made it clear that they want at least 10 per cent of elective (i.e. non-urgent, waiting list) operations to be carried out by the private sector next year, rising to 15 per cent by 2008. By the end of 2005 Primary Care Trusts will now be obliged to offer almost all patients a "choice" of providers from the time they are first referred – including at least one private hospital.

**GP Fundholding**

As the new GP contract allows family doctors to opt-out of on-call work and 24-hour responsibility for patient care, private companies are striking deals to fill the gaps, some working in liaison with ambulance trusts. But ministers have also encouraged the private sector to develop chains of primary care outlets, which could begin to squeeze NHS primary care.

**Nursing homes**

Already much continuing care of older people has been privatised, with the mass closure of NHS geriatric beds, and an increasing reliance upon private domiciliary services to deliver care to frail elderly patients. The drive towards increased private provision of all forms of NHS-funded treatment has been reinforced by the introduction of a new "payment by results" system, under which from next April hospitals will begin to receive only a fixed price payment per item of treatment delivered, rather than the previous block contracts with local Primary Care Trusts. This scheme was designed to open space for Foundation Trusts to win extra income in competition with other NHS hospitals.

**Payment by results**

Ironically the payment by results system seems set to have its most serious consequences for new hospitals funded under the Private Finance Initiative (PFI) – which are saddled with high fixed overhead costs, while lacking spare beds and capacity to take on additional patients. In 1997 Blair warned we had "Ten days to save the NHS". But as he prepares to do battle for a third term in office, who will protect this most popular public service from a further round of privatisation and wasteful market-style reforms?
**2 HEALTH EMERGENCY**

Pension threat draws trade union anger

The CIVIL Servants led the way in fighting government moves to slash public sector pensions, with a strong national strike by the PCS in November, and plans for renewed action in the New Year. But news that NHS staff and local government employees could also face a reduction in their pension entitlements has brought an angry response from UNISON.

UNISON’s Dave Prentis said: “What really riles me is the breathtaking hypocrisy of MPs who recently voted themselves the best pension scheme in Europe, but say they can’t afford it for anyone else.

“This is a position that UNISON cannot accept and will oppose. It will lead to conflict between UNISON and the government, if not this year then next.”

UNISON officer Michael Walker has already warned staff that the Bolingbroke Hospital could be next on the hit list. Battersea and Wandsworth TUC are working with unions at hospitals across South West London to make sure that the full extent of the local health carve-up is brought to public attention. That publicity campaign will run through Christmas and into the New Year.

Geoff Martin, from Battersea and Wandsworth TUC, said today: “There is no way on earth that St George’s can slash £20 million from their budget without having a devastating impact on patient care.

“That means longer queues in accident and emergency and growing NHS waiting lists right across our area. “Our demand is that the government step in to bridge the financial gap and give George’s the money it needs to run services at a level that meets patient demand.”

**Wishing Health Emergency a Very Merry Christmas and a Prosperous New Year**

UNISON North West London Hospitals Trust

SECRETARY Pat McManus

Northwick Park Hospital

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TITLE
NEW STEWARD
NEW STEWARD
INTERNATIONAL OFFICER
CHAIRMAN
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
NEW STEWARD
WELFARE/WOMEN’S OFFICER
NEW STEWARD
BRANCH SECRETARY
EQUALITIES OFFICER
LDR OF BLACK MEMBERS
TREASURER
MEMBERSHIP SECRETARY/EDUCATION OFFICER

**How to contact stewards, officers and reps in UNISON NW London Hospitals branch**
Manchester’s Mental Health and Social Care Trust, set up to bridge the divide between NHS and social service budgets, was officially declared a basket case over the summer.

Auditors warned that its deficit and its historic debts of £8.3m raised the prospect of the Trust being the subject of a “public interest report”, tantamount to a first move to wards bankruptcy. A £27m cuts package included

vacancy freezes, a renegotiation of ser-

vice agreements, and an attempt to

squeeze down soaring costs for sup-

ported accommodation.

But even while managers scoured the

service in a hunt for further savings of

£27m, the Trust has been compelled to

inject extra resources to tackle staff

shortages and mental health wards. So
dire is its financial plight that

Greater Manchester Strategic Health

Authority has intervened with an injec-
tion of £11m in capital to bail it out of its

involvement in the PFfI-funded rebuild of

Manchester Royal Infirmary, to avoid fur-

ther debts building up.

With deficits projected to reach unprecedented levels across the country as Trusts grapple with ever-more ambitious government tar-

gets, the brakes are now being slammed on in a last-
ditch and generally doomed – effort to balance the

books.

The scope of the cuts that are now

being contemplated is indicated by a Daily Mail tele-

phone survey of 72 NHS Trusts in late November,

which showed that two thirds were in deficit, and some were

implementing major cutbacks.

Leeds Teaching Hospitals Trust, facing a £16m shortfall had closed 8 wards (250 beds) and four operating theatres.

Southampton University Hospitals Trust, £11m in the red, and sore from its rejected bid for foundation status, had axed 85 beds, merged wards, cut out 400 mainly vacant, jobs and imposed 100 redundancies.

Hammersmith Hospitals, £6m in the red, had closed 90 beds and limited staff recruitment.

Oxford Radcliffe Hospitals Trust, seeking to address an underlying £43m deficit, has made specialist nursing staff redundant – while spend-
ing £20m a year on agency staff. Mail room porters have taken strike action over cuts in their overtime.

Bradford Teaching Hospi-

tals Trust, the Foundation Trust whose deficit has rock-
eted from a projected £4m to £11.3m, has axed five wards and four operating theatres (see page 7).

St George’s Hospital, South London, facing a deficit of between £20m and £35m, had barely scratched the sur-

tace with the closures of 24 beds

and axing of 100 mainly vacant posts.

As Trusts contemplate their options to save money with just four months of the finan-
cial year to go, an extra pressure compelling them into action has been the new rules that prevent them spending money from their capital funds to bail out the revenue account.

The stock response from the Department of Health is that Trusts can “borrow their way out of trouble by approaching the NHS bank for a loan.”

Whether some of the most indebted Trusts would be seen as a secure risk for a loan, and how they could hope to pay it back while their finances are so massively in deficit is not so glibly explained.

No bail-out

Indeed Health Secretary John Reid has insisted that ministers will not bail out

Trusts in financial crisis.

Replying to the Commons

Health Committee in Novem-

ber 2004, he argued that pumping

extra cash into Trusts facing deficits “just means that some-

where else a patient has to wait longer in pain”.

“Our approach is that we

must not undermine or distract from the responsibility taken by local management.”

If necessary Trusts facing financial problems should change their management, suggested Dr Reid.

This will come as no great comfort to the Trusts facing an impossible combination of tar-
gers and cash pressures in the next few months.

Nor will it delight many New Labour candidates who seem likely to face a fight for re-

election amid a barrage of hos-
tile press headlines on cuts and chaos in the NHS.

Manchester mental health mayhem

Mid Yorks

fingered over £40m shortfall

AT THE END OF September financial watchdog body the Audit Commission issued a dramatic “public interest report” confirming UNISON’s warnings that the Mid York-
shire Hospitals Trust finances had been going from bad to worse.

The report, produced for the Commission by firm of auditors appointed to monitor the Trust, pointed to an already accumu-
lated deficit of £20.8 million and projected a shortfall of up to £40m by the end of the cur-
rent financial year.

It warned that this would mean the Trust would be in breach of its statutory duty to break even, and has referred it to the Secretary of State.

Previous warnings by the auditor early this year that the Trust had to draw up and implement a “Recovery Plan” had produced no tangible progress.

Indeed the report is no sur-
prise. If anything it is slightly more optimistic than the report to the previous meeting of the West Yorkshire Strategic Health Authority, which projected a shortfall of £28m by next March, comprising £30m of debts carried forward from last year and an underlying £20m deficit this year of £16m.

In the event, a potential deficit as high as £53m was revealed in the Wakefield

Express alongside proposals to freeze vacancies and spending on new developments.

Senior finance chiefs in the Trust and at SHA level seem to be living in denial, with plans for financial balance “next year”.

The Mid Yorkshire Trust’s chronic financial crisis is a major factor in its relegation to no-star status.

But as UNISON has warned, savings that in local parlance can only mean a wholesale axing of ser-

vices and of jobs.

“Whenever you look at this, there is more pain in store for the future patient and NHS staff,” says Branch Chair Adrian O’Malley.

“This is no real alternative to injecting more money: our MPs should be fighting for more money to fund NHS services in Wakefield.”

Bigger budgets, bigger deficits

Beds and jobs

axed as Trusts cut back

Trade Union Office, Fenderfields Hospital, Wakefield WF1 4DG

Mid Yor

iks

£40m

shortfall

Wakefield and Pontefract Hospitals branch

Fighting against PFfI and cuts in jobs and services

Health Service not Welfare Service!
GOVERNMENT determination to forge ahead regardless of a chain of privately-run ‘Independ-ent Treatment Centres’ to poach elective surgery from existing NHS providers remains undiminished, despite the mounting evi-
dence that the private sector are not needed nor wel-
come.

The case of the private treat-
ment centre specialising in cataract operations, to be
foisted upon Oxfordshire’s Primary Care Trusts despite
the evidence that it will cut the ground from below the
well-established Oxford Eye Hospital has achieved national
notoriety.

A report into the affair has
now vindicated (but not rein-
statement) the chair and a non-
executive of SW Oxfordshire PCT who both resigned rather
than rubber stamp the White-
hall-driven scheme: because
few few PCT members have
been prepared to take such a
strong stand in defence of the
NHS or PCT’s own local autonomy.

Spotting the weakness, min-
isters have been cajoling
away the pressure to divert an ever-
larger share of NHS elective surgery towards private providers.

In January the government
will invite tenders to deliver
a further 250,000 operations a
year, worth an estimated £500
million annually; in addition another £400m worth of X-
rays, scans, blood tests and pathology tests will be hived
off to the private sector.

These moves will almost
double the number of private sector operations to be pur-
chased by the NHS, pushing the government’s total spend in the ‘independent sector’ up towards £1.5 billion – two thirds of the total £2.8 billion turnover of the private med-
cal industry in 2003.

These latest moves come
despite signs during the sum-
mer that a ready-made pretext for
the government’s fixation with extending the private hospital sector could lead them to ban Foundation
Trusts from bidding for the provision of the next round of
treatment centres in the Jan-
uary tendering process.

Alternatively foundations
may be encouraged to strike
deals with private health
providers, in which the Trust
would only have a minority
stake, to submit tenders for
treatment centres.

All this is designed to
ensure that private firms are given no
rooms to question the govern-
ment’s commitment to pri-
vatising an ever-increasing
share of clinical care.

Meanwhile many frustrated
NHS staff seem to be the ones
that need reassurance that the
government is not backing out
on its promise to keep the private sector.

The back-room bullying by
ex-Health Secretary Andrew
Sutton to the private sector
has been allowed to charge
their business
...

The new flagship £420m PFI-funded UCLH is not yet open, but already the Trust is facing losses on its NHS Treatment Centre...
Private choices that could bankrupt local NHS Trusts

By the end of next year Private Sector Providers will be encouraged to offer patients a choice of treatment by private sector providers as well as alternative NHS hospitals.

Guidance from the Department of Health instructs the PCTs to explore their local circumstances or of patients’ wishes – they must include at least one private provider out of a “menu” of four or five alternatives for five of the ten most common elective procedures.

Among the companies hoping to cash in on this new bias in favour of privatisation are Swedish private health firms Capio and Nuffield hospitals.

PCT choices will be restricted to one of the ten most common procedures where patients are encouraged to opt for a private hospital.

Minister threatens closures

Health Minister John Hutton has insisted that the government will not "bottle out" of tough decisions to close hospitals which "fail" as a result of patient choice.

While claiming that this did not mean hospitals would be closed at the first sign of difficulty, and that efforts would be made to revise and support the stragglers, he made clear that the ultimate sanction could and would be used, and that failing hospitals could be sacrificed to force through New Labour’s vision of a market system in health.

"We are going to be tough about it. A lot of people think we will bottle it at the last minute. We won’t. It will be a very different NHS," he told a fringe meeting at Labour Conference.

Pre-election pressure forces retreat on closures

CONTROVERSY plans to rationalise and cut maternity services in North London have been put on the back burner until after the General Election.

Under the proposals, backed by local Primary Care Trusts over the summer, paediatric, neonatal and maternity services were to be moved from the Royal Free Hospital in Hampstead to the Whittington Hospital in Tottenham: but the plan was immediately denounced by consultants at the Royal Free, who went public with their protests.

As the boat rocked dangerously in full public view the project director was forced to warn that negative publicity prior to the election could incur the wrath of the Department of Health.

But in December the Health Service Journal reported that consultation on the entire scheme had been put back until the summer of 2005.

Consultants at the Royal Free argue that this leaves them and their services in limbo, and that the postponement means more like a story of execution than a reprieve.

Meanwhile a similar delay has been adopted in consultation on reorganisation in the cash-strapped Barnet and Chase Farm Trust.

The pace for electorally-conscious retreats was set during the summer with the Hartfordon by-election, in which New Labour was challenged by campaigners fighting to save the local hospital. John Reid promptly ruled that the hospital should remain open – presumably at least until after the votes are counted.

The recent report on Public Sector Productivity issued by the Office of National Statistics on October 18 has been widely reported as revealing a "slump" in productivity in the National Health Service.

The Financial Times (October 19) headlined its front page "NHS faces two tests of improved efficiencies"; the article was based on a press release from the ONS, and it has subsequently emerged that some journalists seeking the full report on which this press release was based were told it was not available.

For those looking to stick the boot in as the NHS staff seemed too good a story to miss, Tory Shadow Chancellor Oliver Letwin claimed that the figures were "damning", and that they pointed to "health inflation, waste and inefficiency", with spending on hospitals rising five times as fast as the number of hospital treatments.

Although Health Secretary John Reid branded the figures "absurd" and pointed out (as the ONS specifically admit) that they have excluded any measurement of quality of care, he did not challenge the assertion that somehow NHS staff – even while working under more pressure than ever before – have somehow fallen back in productivity.

But a closer look at the ONS report reveals that the underlying cause of the "health inflation" is not NHS staff, but the many and various private sector suppliers of goods, services and even some elective health care: they now make up a majority and a steadily rising share of NHS spending.

Page 13 of the ONS Report shows (in Table 2) a breakdown of NHS spending between Labour, "Intermediate consumption" (i.e. procurement of goods and services from the private sector, including services from private health providers), and "capital consumption".

"Bureaucracy"

And the shock finding for those seeking to prove "bureaucracy" or flagging productivity among NHS staff is that while in 1995 labour costs amounted to 57% of NHS spending, and "Intermediate consumption" just 40%, by 2003 this picture had completely changed: then only 46% was spent on labour and 52% on "Intermediate consumption".

The ONS Report skews NHS productivity statistics

Private sector cost inflation exposed as NHS staff work harder than ever

Private sector cost inflation exposed as NHS staff work harder than ever

The NHS was challenged by campaign groups in the run-up to the election to curb spending on staff, and that efforts would be made to reverse the situation by closing hospitals which “fail” as a result of patient choice.

But the figures do suggest that any search for efficiencies should begin with a more rigorous scrutiny of the costs and profit margins of NHS suppliers, and that the inflated sums being paid to purchase treatment from private sector providers.

Over this same period capital consumption as a share of NHS spending fell back from 2.8% to 2.2%, but NHS output (ignoring factors which might be argued as improving the quality of care) increased by 28% according to the ONS.

Significantly these aspects of the figures are ignored by the ONS document, its press release and its conclusions, and few, if any, of the journalists who have covered the story have had the wit or curiosity to check further.

Perhaps we should be calling for an independent audit of the ONS, its agenda and its methods.

The full report is available on the ONS website, at http://www.statistics.gov.uk/pdfdir/healthpr1004.pdf
Rocketing cost as Reid agrees more PFI projects

PF1 Hospital projects worth £4 billion were given the green light by Health Secretary John Reid during the summer, many of them reflecting the massive cost inflation of PFI schemes since the first wave was rubber-stamped back in 1998.

The new projects include:

- Bedfordshire and Hertfordshire (£880m) – A major acute service reconfiguration in the Hertfordshire area, including plans for redevelopment and expansion at Watford and a new hospital at Hatfield, incorporating a new cancer centre for Bedfordshire & Hertfordshire.
- North Bristol and South Gloucestershire (£310m) – Options include the relocation of specialist acute services onto a single site in North Bristol / South Gloucestershire, complemented by a network of new community facilities and community hospitals.
- Papworth Hospital NHS Trust (£148m) Options include redeveloping the existing Papworth site or co-locating

Addenbrookes on the “Cambridge Biomedical Campus.”

- Sandwell and West Birmingham Acute Trust (£591m) - New acute sector facilities including development of community based alternatives to hospital care.
- Maternity and Children’s Hospital in Leeds (£204m) - Key to the Trust’s strategy of locating acute services onto a single main hospital site.
- Hillingdon Hospital redevelopment (£271m)
- North Mersey Future Healthcare Project (£1008m) - The North Mersey Future Healthcare Project involves:
  - the redevelopment of facilities at the Royal Liverpool Children’s Hospital, incorporating the concept of a ‘Children’s Health Park’,
  - the redevelopment of the Royal Liverpool University Hospital (at a cost of £499pm).

- Northwich Park and St Marks (£85m) - The project involves breaking up of the site to create ‘a state-of-the-art’ 600 bed acute hospital.

- Carlisle: Why PFI design a cock-up

CARLISLE’s troubled Cumberland Infirmary was “too small” when it was built, and will need to be redesigned – its Trust Chief Executive has now admitted.

Unions and campaigners argued long and loud that the project would cause chaos for lack of beds and would make it impossible to fund expanded ser- vices in the community.

But the £87m project forged ahead regardless, and opened in 2001 as the first PFI hospital in England.

It is not the first in which management have been forced to admit their predecessors got it wrong. Durham’s Dryburn Hospita- l has also been admitted as a planning blunder, and Bishop Auckland’s PFI hospital has since been subject of repeated debates on how it can be down- graded to play a role in the local health service.

Despite the fact that it stands next to a former hospital block which could be refurbished relatively cheaply to supply the miss- ing 100 or so beds that should have been included from the start, the already hospital is now seems likely to be supplemented by a new hospital in Whitehaven, which will deliver the services that were in the site.

Carlie’s Health Park, Children’s Health Park, Health Emergency

The crux of the problem has always been the lack of space on the Paddington site to accommodate not only St Mary’s, but also the Royal Brompton and Harefield Hospitals. Gracefully, the breaking up of the western Eye Hospital, part of St Mary’s, is still being considered as one way to ease the space problems on the selected site.

While chasing the fantasy of a huge hospital complex, NHS management ignored the fact that Harefield Hospital could not and would not be moved into London.

It was always better that resources should be focused on the priority of rebuilding St Mary’s, the district general hospital for Paddington.

Until there is any accountability in the NHS, public money will continue to be squandered on projects like the Paddington Cam- pus, from the outset lack viability.

Even the independent report clearly lacks any teeth to force a change, leaving the much-criti- cised management intent upon the same path, rather than learn- ing from past blunders.

The tragedy with the Paddington project is that it raises such serious questions over the calibre of the most senior NHS manage- ment who have been involved in the last four years.

- Contact Heart of Harefield Campaign c/o 12 High St, Harefield, UB9 6BU. Phone 01895 246899.

- The must-read book for all NHS campaigners

NHS plc, The Privatisation of Our Health Care, by Allyson M Pollock, Verso £15.99. A new book by outspoken academic Allyson Pollock lifts the lid on the scale and pace of the government’s privatisation of a growing share of the NHS.

- The Inpatient’s book: a doctor in the house

Chris Hart
Published by Palgrave Macmillan October 2003
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Chris Hart

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(Valid until 21/05)

Coming soon: the searchable HE archive

The promised CD-ROM carrying a searchable back file of all 60 issues of Health Emergency – going back to 1984 – has been delayed in production, but will be available in the New Year. The price will be £25 to affiliates and supporters, and £75 to other organisations and individuals.

Has.html

LHE’s Information Director

John Lister has been awarded a PhD at Coventry University. His 125,000-word thesis on market-style reforms in health care systems around the world was written over 5 years in collaboration with LHE.

Readers will be relieved to know that Health Emergency has decided NOT to serialise it in the next 25 issues.
A firm of hard-nosed New York-based business trouble-shooters has been brought in to sort out the growing financial crisis in the first failing Foundation Trust.

Bradford Teaching Hospitals NHS Foundation Trust had already run up a growing cash shortfall, and was predicting a £4 million deficit after just six months as one of the very first Foundation Trusts to get the go-ahead from the independent regulator (the office established to scrutinise the running of Foundation trusts, now known as Monitor).

Despite the fact that this level of deficit is modest compared with many NHS Trusts, Monitor decided to step in.

The company, Alvarez & Marsal (A&M), was chosen in part to ‘stimulate’ the process of reform in the Trust. It has been described as ‘a patch of luck for local monitoring and review and a warning to others who may be in the same position’.

Its role is to advise the Trust on how to improve its performance and financial position. It is also responsible for the preparation of the pre-pink sheet plan, which is a proposal to go into financial reorganisation. This plan can then be submitted to the Trust’s Board for approval.

Seeing stars? Government determination to press-gang the remaining Trusts into Foundation status is leading to a fresh volley of reforms to the already bruised NHS.

First it was announced that the NHS would be brought into the private sector by breaking it up into smaller units. Then came the plan to force the Trusts to cut their spending and become more efficient.

But then came even more drastic moves – to sweep away the star performers allowing them to flourish and bring in an even more complex framework that nobody really understands.

That way ERTV Trust can be vested on board, no matter how bad their finances are!

When the company was appointed last year, with 62 Labour MPs voting against it, it was argued that the Trust should be given more time to sort out its problems and avoid insolvency.

Among the arguments raised against Foundations was that not only would they gain additional “freedoms” denied to other Trusts, creating a two-tier NHS, but they would be encouraged to invest in other normal businesses.

In particular they would be free to pick and choose which services to provide and which to withdraw; and free to embark on asset-stripping and sales to private companies, without having to consult the public sector.

Far at least £700m worth of deals are known to have taken place, most of them in the last two years.

While straightforward refinancing schemes for PFI projects are now being actively considered to share of the proceeds with the public sector, this does not apply to the booming market in equity – hence the

Auditors to probe PFI windfall profits

MASSIVE windfall profits coined in by PFI consortia from refinancing and selling on their stake in completed projects are to be investigated by the National Audit Office.

The so-called “secondary market” in PFI-built hospitals, roads, prisons, schools and other projects has expanded as the number of completed projects on come on stream. Later estimates suggest that around £32 billion worth of schemes are now operational, and the Financial Times has argued that this could open up a market of as much as £60 billion worth of equity shares (up-front investment by PFI companies), carrying guaranteed, index-linked revenue from these projects, to be bought and sold.

So far at least £700m worth of deals are known to have taken place, most of them in the last two years.

And while straightforward refinancing schemes for PFI projects are now being actively considered to share of the proceeds with the public sector, this does not apply to the booming market in equity – hence the

Plymouth anger over broken PFI promise

Trust bosses responded that since the scheme has peaked at £10m a year affordability gap, it is clear that private sector bidding will be left to the local Trusts, which will have to pay for the new private partner.

They are gambling with our lives!

ANNE HOLENS, Chair KEVIN O’BRIEN Secretary

In touch

They are

Gambling

With our lives!
LHE offices to relocate
We’re going west...
...but we’re going strong into 2005!

London Health Emergency will be uprooting from its White City offices at the end of January and heading for Heathrow.

The lease on our present
location is up and the cost of
affiliation fees and donations
will increase. Therefore, I enclose £15
for larger organisations (over 500 members). Affiliates receive bundles (35 copies)
and other mail-

20 years on: part of the LHE archive unchanged.

Meanwhile we are urging all trade union branches, organisations and individu-
als who have been affiliated to LHE and kept it alive dur-
ning the long hard years since 1983 to reaffiliate in
2005, and help us keep up the pressure.

If anyone felt that LHE has no further role to play in
keeping activists and cam-
paigners informed, just take
a look at the content of this
issue. Who else will keep you up to date on:

PFI Payment by Results
Patient Choice
Foundation Trusts
Cuts, closures and job
losses
Rationalisation
Changes in Primary Care
Campaigns and strug-
gles around the country.

What other organisation offers its affiliates:

a tabloid newspaper

PBF could KO high-cost Trusts

The controversial new sys-
tem of Payment by Results
(PBR) for Trusts will be phased in to the NHS over four years from 2009.

The slow take-off is no doubt linked to the prospect of a General Election in the spring of 2005, since it threatens
to be destabilising, and its consequences still are not clear for many Trusts and Pri-
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If you have not already done so, affiliate your organisation for
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Affiliates should not be expected to cover the full cost of affiliation fees and donations. If you are not able to afford the fee, please send a donation to help us keep up the pressure. We welcome donations of £15 or more for larger organisations, and smaller donations from smaller organisations.

Please affiliate to Health Emergency

**PLEASE AFFILIATE** our organisation to Health Emergency and enclose £15 or £25 (for extra copies of the paper, and a donation of £20). Total value of cheque: £

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ADDRESS

ORGANISATION Position held (All cheques payable to LHE)

Send to LHE at Unit 6, Iverbury Court, 325 Latimer Rd, London W10 6RA

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LHE offices to relocate
We’re going west...
...but we’re going strong into 2005!

London Health Emergency will be uprooting from its White City offices at the end of January and heading for Heathrow.

The lease on our present
location is up and the cost of
affiliation fees and donations
will increase. Therefore, I enclose £15
for larger organisations (over 500 members). Affiliates receive bundles (35 copies)
and other mail-

20 years on: part of the LHE archive unchanged.

Meanwhile we are urging all trade union branches, organisations and individu-
als who have been affiliated to LHE and kept it alive dur-
ning the long hard years since 1983 to reaffiliate in
2005, and help us keep up the pressure.

If anyone felt that LHE has no further role to play in
keeping activists and cam-
paigners informed, just take
a look at the content of this
issue. Who else will keep you up to date on:

PFI Payment by Results
Patient Choice
Foundation Trusts
Cuts, closures and job
losses
Rationalisation
Changes in Primary Care
Campaigns and strug-
gles around the country.

What other organisation offers its affiliates:

a tabloid newspaper

PBF could KO high-cost Trusts

The controversial new sys-
tem of Payment by Results
(PBR) for Trusts will be phased in to the NHS over four years from 2009.

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