IT’S ALL TOO EASY to de-
scribe as the relentless pace of
“reform” and the apparently
inflexible NHS management
bodies trying to convince us
that there is no alternative.
But some local resistance has
proved remarkably effective in
slowing and even halting the
juggernaut – whether by for-
cing back unpopular curbs and
closures, as has happened
in many parts of the country
over the last six months, or by
pressing management to hold
back on job losses and seek
ways of cutting costs through
“natural wastage” rather than
compulsory redundancies.
In Manchester the coura-
geous two days of strike action
staged by UNISON mental
health nursing staff in January
and February – following a 9-
1 vote in favour of resistance
– served to force a major retreat
by management, lifting the
threat of job losses and down-
grading, and preserving serv-
ices for patients.
In Preston, there has been a
mobilisation of hundreds of
angry protesters against plans
to establish a new system of
Clinical Assessment and Treat-
ment Support centres (CATS),
to be run by in Lancashire by
South-African multi-national
private company Nexcure.
The proposals would effec-
tively channel large numbers
of NHS outpatients to private
sector-run clinics, which would
then be free to refer those with
the least serious conditions to
a new private sector treatment
centre – run by the same com-
pany – for their operations. The
NHS would face a massive
loss of revenue, but remain re-
sponsible for the most complex
and costly cases.
Local doctors warned that the
result could be a rapid worsen-
ing of the financial situa-
tion of NHS and Foundation
Trusts, and the closure of local
NHS services.
Hundreds of local people
responded: they turned out to
swarm a consultation meeting
and force through a vote con-
demning the proposals, and
hundreds more backed a rival
consultation process run by
campaigners with the back-
ing of health unions UNISON
and Amicus, and a new Pres-
ton branch of Keep Our NHS
Public.
Such was the public outcry
that Central Lancashire Pri-
mary Care Trust reluctantly
agreed that the CATS service
in Chorley would not be hand-
ed over to Nexcure after all, but
be run by a local Foundation
Trust: campaigners are press-
ing for the same guarantee to
be extended to Preston itself.
Also in the North West,
in the aftermath of high-pro-
file opposition from Labour
Party chair Hazel Blears in
her Salford parish and junior
health minister Ivan Lewis in
his Birkenhead constituency,
Patricia Hewitt has bottled out of
a decision on whether or not to
rubber-stamp a controversial
rationisation of maternity
services and hospital care in
Greater Manchester.
Instead she has kicked it
into the long grass … by refer-
ing it to the little-known and
seldom-used “Independent
Reconfiguration Panel” for a
decision – preferably no sooner
than June, when this year’s lo-
cal elections are over.
Hospital closures in North
East London have also been
deferred, and the closure of the
Emergency Clinic for mental
health patients at the Mauds-
ley Hospital has also been put
back as a result of sustained
campaigning.
However there is anoth-
er target which campaigners
might like to keep in mind: if
cuts, closures and “reconfigu-
rating” of hospital services can
be delayed and pushed back to
government level for another
3-4 months, they will land up
on the ministerial agenda as
Gordon Brown takes over from
Tony Blair.
While only the most naive
would imagine Brown to be a
white knight riding to rescue
an NHS that has largely been
endangered by his policies of
PFI, privatisation and “mod-
ernisation”, it is at least open
to doubt whether he wants to
start his career in Number Ten
as the executioner in chief of
popular local hospitals.
The campaigns and resis-
tance that have forced back the
closures in Surrey, Sussex and
many other areas that should
have been nodded through at
the end of last year, and are now
forcing their postponement to
some date after the polls close
in May, could therefore prove
more effective than anyone had
imagined.
It is especially important to
ensure that local council scruc-
tiny committees, which have
the statutory right to refer all
controversial cuts and closures
back to Hewitt for a final de-
cision should do so wherever
plans are challenged.
We can’t be certain that a
strong campaign will neces-
sarily stop threatened hospital
services closing or force health
chiefs to scrap plans for privati-
sation: but we can be sure that
without a campaign to change
their minds it is almost certain
that their plans will go ahead.
Ministers want to transform the NHS from a comprehensive health service into a fund which will predominantly concentrate on the provision of services to a range of providers – mainly not for profit “social enterprises” and profit-making firms or for-profit private companies running Treatment Centres, hospitals, outpatient and diagnostic services, and primary care.

This would create a full-scale “market” in health care even more chaotic and wasteful than the “internal market” system hatched up under the Thatcher reforms 18 years ago. The key features of this market are also the key issues on the government’s “reform” agenda, and key challenges to UNISON and the health unions.

Primary Care Trusts and commissioning

Primary Care Trusts provide a large amount of services to patients but also control budgets adding up to a massive £64 billion in England.

Since 2005 they have been proposing to hove off their directly-provided services to private or non-profit organisations and hand over to the market. Of the £64 billion in spending, most likely to be handed over to the commercial sector, are large managed care organisations that range from the US such as United Health.

This privatisation has been done in another form of commissioning “market” to privatisate £25 billion in hospital services. The government has proposed to privatise 90% of incoming “trouble shooter” beds in hospitals, which are mainly NHS beds but which does not exclude non-NHS beds.

The majority of hospital treating services have been handed over to over 500 or more independent contractors from the US such as United Health, including an every growing share of hospital services or whole floors unoccupied in big hospitals.

Privatisation

More clinical services are being handed over to private providers including dialysis services and increased numbers of diagnostic and imaging procedures – although again the private sector insists on taking only the less complex cases.

GP services too are facing a continuous stream of privatisation and the threat of brutal changes to the NHS from the government’s “reform” agenda, and key challenges to UNISON and the health unions.

Foundation Trusts

The policy that just squashed the Commons with the backing of Welsh and Scottish MPs who knew the policy would not affect their constituencies has led to over 50 hospitals now operating outside the control of the NHS, accountable only to the “independent regulator”, Monitor, which in turn is largely run by private sector management consultants from McKinsey’s.

The government has been shown to deliver neither the freedom to borrow which many had expected nor the financial stability which others had hoped for. Foundations are still dependent upon the purchasing decisions of PCTs, and several have resorted to bed closures, job losses and service cuts.

The first mental health Foundation Trust, South London & Maudsley, has been facing a continuous stream of service cuts since in launch, as a result of Lambeth & Southwark PCTs.

Ministers have said they want all Trusts to become Foundations by 2008: but to achieve this a number of indebted Trusts will have to break all the rules on requiring financial viability.

Social Enterprises

This so-called “third sector” alternative is a soft privatisation of the NHS financed by private companies or in some cases have been scrapped altogether.

There has been talk of ISTCs as a possible solution for the NHS. These are small private firms which purchases services from the NHS and have guaranteed for 3-5 years ahead.

Foundation Trusts and commissioning

The key features of this “market” system are also the key issues on the government’s “reform” agenda, and key challenges to UNISON and the health unions.

Hewitt’s cynical maternity con

Patricia Hewitt grabbed the headlines with what appeared to be a bold promise at the beginning of April – pledging that “better care closer to home”patients were expected to go home by 2009.

Patricia Hewitt recently defended that there should be an end to the process that has seen mental health and other services for vulnerable groups again privatised to save money towards budget deficits elsewhere in the NHS.

Even more chaotic and wasteful than the “internal market” system hatched up from the Thatcher reforms 18 years ago. The key features of this market are also the key issues on the government’s “reform” agenda, and key challenges to UNISON and the health unions.

The long list of ‘reforms’ that are plunging our NHS into chaos

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In fact midwife shortages are driving a relentless process of centralisation and rationalisation that mean women are forced to travel further and further to have their babies in large factory-style units, while popular midwife-led units are among those under threat, with over 40 smaller units facing closure.
LHE research and publicity services …

What we can do to help your branch

WE KNOW that UNISON branch officers and stewards are busy people. Your time is limited, and so is your scope to take on any additional tasks.

The workload over the last few years, with Agenda for Change and consequences coming on top of routine grievances and disciplinary cases, and all the challenges arising from almost constant local and national NHS reorganisation, makes it difficult to keep your head above water.

But you will know that many of the new policies being forced through in the government’s incessant “reforms” have serious implications for the jobs and conditions of UNISON members, and for the shape of the local health services that we all depend on for our own health care.

And the pace of change is increasing; the next round of “modernisation” is likely to be pressed forward over the summer, and seems certain to bring the threat of more closures of local hospital services, “centralisation” of more specialist services, even increased reliance on private sector Treatment Centres and other private operators to replace NHS services – and even more threats to NHS jobs.

We know that many UNISON branches lack the time or the resources to respond to all the new policies and challenges they face; that’s why London Health Emergency has for years offered branches regional and national help in responding to major reorganisation and the arguments wheeled out by Ministers and MPs to justify them.

Recent responses include “Castles in the air” on hospital reconfiguration in Gwent, and “Too high a price to pay” opposing plans to close the Felix Post unit for older mental health patients in SE London.

Research

Some of the policy changes coming down the line are relatively new to the NHS and the health unions.

One example is the proposal in Oxfordshire to transform the old learning disabilities trust, the Ridgeway Partnership Trust, into a “social enterprise”. Oxfordshire UNISON commissioned LHE to research the implications and draft a response.

LHE has also researched for UNISON nationally – on the views of staff in PFI hospitals, and on the views of cleaning staff across the NHS – producing pamphlets with a campaigning edge to reinforce the union’s defence of public services.

Reports

In 24 years of campaigning LHE has worked with UNISON regions including London, Eastern and East and West Midlands to produce overview reports on issues such as mental health services, cash crises and cutbacks, community care eligibility criteria, and the reorganisation of Strategic Health Authorities.

Campaigning

In addition to speaking on Keep Our NHS Public and other campaign platforms LHE has continued to work with branches and regions all over the country on campaigning issues.

Most recently we have been actively assisting the Epsom/St Helier branch fighting a succession of cutbacks which threaten the future of both Epsom and St Helier Hospitals, and in SE London we continue to help the South London & Maudsley Branch mount its high profile campaign against cuts in mental health that has enlisted all party support, involved ministers and MPs as well as linking up with service user groups and local community organisations.

Publicity and newspapers

You may be doing splendid work, but do your members know how much you are doing or why progress is not as fast as they would hope?

Big branches need to work hard at communications – but health workers are not journalists, and many branches do not have the skills needed to produce their own newspapers.

LHE has long experience in producing professional quality tabloid newspapers for UNISON branches that project the news and information that YOU want your members to see.

We do the donkey work, collect the information, edit any articles you or your members supply and write up additional material, design the paper and arrange for printing – but YOU remain in control, having the decision on all editorial and policy matters.

And YOU take the credit for the finished job!

In the last few weeks we have just completed newspapers for Cardiff, Gwent, South London & Maudsley and Walsall. We also produce newspapers for a number of other branches.

And we are also working with Eastern Region on a publicity campaign defending the NHS as a public service under the slogan “A price worth paying”.

Call us!

LHE is a resource that can help your branch deliver a better service to members, communicate better with management and the wider local community.

But to do all this and maintain our broader campaign work we need your support: we need donations to underwrite our campaigning work, and we need more branches to commission work from us – newspapers, reports, responses or help with campaigning.

Our rates are reasonable, and we work fast.

You are guaranteed control at all times.

So if you want to cover some of those tasks you know you have been slipping by, call in some professional help. Call LHE!

Contact LHE: give John Lister a call on 07774 264112, or email info@healthemergency.org.uk
Why LHE needs your branch support for campaigning

Across England NHS patients and local communities have been fighting to stop cuts, march, protest and lobby as they fight to stop further closures and cuts in local NHS services. Despite record levels of spending, debts and even whole hospitals are being closed down. 30 community hospitals are under threat. Newly qualified nurses and other health professionals are facing no jobs in the NHS, and thousands more health workers' jobs are being axed.

Yet alongside the cuts, an unprecedented process of privatisation is under way: vital services and precious NHS resources are being handed over to the private sector, including companies run for profit for shareholders here and overseas. But every £1 million diverted to the private sector leaves a £1m deficit in the NHS – forcing further cuts and closures.

That’s why much of the work of London Health Emergency in the last 18 months has centred on establishing a new broader campaigns linking the issues of cuts and privatisation – Keep Our NHS Public. The campaign launched in January 2005 and in more than 20 towns and cities local activists and campaigners have got together to build local Keep Our NHS Public branches as broad-based campaigns that can stop and roll back the juggernaut of a government policy that is wrecking our NHS. Meanwhile it is vital that we continue to resource LHE, which has provided key campaigning work and core support to Keep Our NHS Public. LHE has also stepped up its systematic work using the local and national press and media to ensure that the NHS remains high on the political agenda and that journalists looking to cover health stories can always access a hard-hitting quote defending the principles of our NHS.

Solid support from UNISON branches and other health union branches has been the key to LHE’s survival as a campaign for over 20 years since the GLC (which first funded us) was abolished. We now receive no grant funding from local government, or core support from any organisation – every pound we spend on campaigning (including the costs of this year’s stand at UNISON Health Conference) has had to be raised through commissioned work and from donations. If you have not yet done so, please make sure your branch and region affiliates to LHE for 2007 – and where possible add a donation to help the campaigning work that cannot be funded any other way.

Affiliation is just £25 per branch, with a lower rate of £15 for the smallest organisations and pensioners’ groups. Affiliates get copies of our campaign newspaper Health Emergency – and a discount rate on any LHE consultancy services, such as publicity and research work – see page 3 inside.

Recent opinion polls confirm that the NHS is the number one hot political potato, and that the Blair/Brown government has achieved what was thought to be impossible – handing David Cameron’s Tories an electoral lead on the issue of health policy. Now it is Hewitt and Labour Party chair Hazel Blears who are anxiously drawing up “heat maps” to detect the level of opposition to local health policies in sensitive Labour seats.

One of the hottest spots is London, where one in five Primary Care Trusts are rated at highest risk on their financial situation scoring the lowest rating, and more than half of all PCGs were on the “red warning” level. A third of London PCGs were rated at the highest risk level overall, taking into account governance ability and quality performance.

Meanwhile a number of potentially controversial reviews are taking shape, and likely to propose downsizing and reductions in hospital services, while new Treatment Centres threaten to further undermine NHS Trusts.

To the north of the capital, a tenacious fight is being waged to defend Einfeld’s Chase Farm Hospital against the loss of its emergency services to Barnet General Hospital, an awkward journey away across boroughs for anyone without a car.

Local campaigns have been winning council seats and mounted a massive demonstration on March 3.

In outer East London, where Patricia Hewitt opened a new Treatment Centre last month that will milk millions from local Trusts, the smart money is on a big cutback in provision of A&E and acute services at King George’s Hospital in Ilford, as the financially challenged Barking Havering and Redbridge Trust attempts to find the cash required to pay the sky-high unitary charge on the new £250m-financed Queen Hospital in Romford.

Since both existing A&E departments and hospitals are normally full and exceptional- ly busy, and Queen’s is already struggling for lack of beds, the closure of King George’s services could well mean a trip in to central London for heart attack victims.

Just up the road, Whips Cross Hospital has learned that its long-promised PFI-funded replacement has been dropped – and services remain at risk as the Trust attempts to sign deals for an alternative.

And in SW London the situation is dominated by the worsening plight of the Ep- som/St Helier Trust, dubbed the “meanest Trust in Britain” for its penny-pinching policies of removing lightbulbs and ax- ing patient meals as it wrestles with a deficit that has now grown to £41m. An ambitious plan for a new £250m PFI hospital and a network of smaller local hos- pitals under the title “Better Care Closer to Home” has ef- fectively been ditched, with a real danger that both existing hospitals could close without replacement.

With a new heavy-hitting Strategic Health Authority committed to London’s 46 mil- lion population and a budget in excess of £12 billion, the capital seems set for far more controversy as the stalled proc- ess of consultation resumes and plans are formulated to scale down A&E services without any corresponding increase in alternative health care at GP or community level.

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