

HEALTH EMERGENCY

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- What London Health Emergency can do for your branch
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Campaigning CAN WORK!

IT'S ALL TOO EASY to despair at 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 forcing back unpopular cutbacks 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 courageous 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 downgrading, and preserving services for patients.

In Preston, there has been a mobilisation of hundreds of angry protestors against plans to establish a new system of Clinical Assessment and Treatment Support centres (CATS), to be run by in Lancashire by South-African multi-national private company Netcare.

The proposals would effectively 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 company – for their operations. The NHS would face a massive loss of revenue, but remain responsible for the most complex and costly cases.

Local doctors warned that the result could be a rapid worsening of the financial situation of NHS and Foundation Trusts, and the closure of local NHS services.

Hundreds of local people



responded: they turned out to swamp a consultation meeting and force through a vote condemning the proposals, and hundreds more backed a rival consultation process run by campaigners with the backing of health unions UNISON and Amicus, and a new Preston branch of Keep Our NHS Public.

Such was the public outcry that Central Lancashire Primary Care Trust reluctantly agreed that the CATS service in Chorley would not be handed over to Netcare after all, but be run by a local Foundation Trust: campaigners are pressing for the same guarantee to be extended to Preston itself.

Also in the North West, in the aftermath of high-profile opposition from Labour Party chair Hazel Blears in her Salford patch and junior health minister Ivan Lewis in his Bury constituency, Patricia Hewitt has bottled out of a decision on whether or not to rubber-stamp a controversial rationalisation of maternity services and hospital care in Greater Manchester.

Instead she has kicked it into the long grass ... by referring 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 Maudsley Hospital has also been put back as a result of sustained campaigning.

However there is another target which campaigners might like to keep in mind: if cuts, closures and "reconfiguration" 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 naïve 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 "modernisation", 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 resistance 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 scrutiny committees, which have the statutory right to refer all controversial cuts and closures back to Hewitt for a final decision should do so wherever plans are challenged.

We can't be certain that a strong campaign will necessarily stop threatened hospital services closing or force health chiefs to scrap plans for privatisation: but we can be sure that without a campaign to change their minds it is almost certain that their plans will go ahead.



Campaigning to defend mental health and other services under threat in SE London

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

Ministers want to transform the NHS from a comprehensive health service into a fund which purchases services from a range of providers – mainly not for profit “social enterprises” and Foundation Trusts, 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 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.

Primary Care Trusts and commissioning

Primary Care Trusts provide an important range of services themselves, but also control budgets adding up to a massive £64 billion in England.

Since 2005 there have been proposals for them to hive off their directly-provided services to private or non-profit organisations ... and to hand over some or all of their “commissioning” to private companies, most likely to large health insurance companies from the US such as United Health.

In Hillingdon, where PCT deficits hit a crazy £57 million, incoming “trouble shooter” Chief Exec Anthony Sumara has proposed to privatise 90% of the PCT’s work, including the commissioning.

Payment by results (PBR)

The majority of hospital treatment is now financed through this system which pays a fixed, standardised fee for each item of treatment delivered by NHS hospitals, but which does not apply to contracts with private hospitals and Treatment Centres.

PBR replaced a system of block contracts, and it is a device to siphon a growing share of NHS budgets out of the public sector and into private providers.

Every patient who opts – or is compelled – to seek treatment in the private sector takes the money with them out of the NHS, leaving NHS Trusts struggling to balance their books and uncertain on any longer-term plans.

Independent Sector Treatment Centres (ISTCs)

These new units are now scooping an every growing share of NHS budgets, with new centres due to come on stream, despite concerns over the clinical



(Top) March 3 national day of action on NHS, UNISON banners prominent on protest through Bristol. (Above) Young protestors among the thousands who have turned out to defend Epsom & St Helier hospitals



quality of their work. ISTCs deal only with the most minor cases, leaving all the more complex and costly cases to the NHS: but they receive more than the NHS tariff price for

treatment and have guaranteed income and guaranteed profits for 3-5 years ahead.

There has been talk of ISTCs standing as “competition” for the NHS, but NHS trusts are still barred from bidding for Treatment Centre contracts. And far from increasing overall capacity, the second wave of ISTCs are seen as transferring work from the NHS – with the possibility of using NHS facilities and even seconded NHS staff.

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 least complex caseload.

GP services too are facing increased pressure, as PCTs invite for-profit private companies to bid for contracts in “hard to doctor” areas.

PFI

Despite a succession of reports and revelations exposing the lack of any evidence that

it represents value for money, the Private Finance Initiative remains the principal source of funding for new hospitals, with another string of schemes recently rubber-stamped amid concerns over affordability.

The soaring costs of PFI mean that many of the most recently approved schemes had been drastically scaled down, and others face big cutbacks or in some cases have been scrapped altogether.

Many of the operational PFIs have faced financial crisis, with a number of them including Coventry’s new Wallsgrave Hospital running with beds, services or whole floors unoccupied to save money.

Foundation Trusts

The policy that just squeaked through the Commons with the backing of Welsh and Scottish MPs who knew the policy would not affect their constituents 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.

Foundation status 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 its launch, as a result of Lambeth & South-

wark 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, creating an organisation that runs like a private company and must deliver surpluses but is forbidden to distribute this to shareholders.

There is no basis to believe that social enterprises would in practice be any more accountable or accessible either to service users and the wider public, or to staff: the largest social enterprise so far in the NHS, Central Surrey health, was established in the teeth of a ballot which showed 84% of staff opposed to the switch.

NHS staff transferred to a social enterprise would almost certainly lose their right to belong to the NHS pension scheme, and while some terms and conditions would be retained under TUPE regulations, the new employer could simply give notice and revise all or any of the more benefi-

cial conditions such as NHS sickness benefit.

Reconfiguration

In trying to sell unpopular plans to downsize and downgrade local hospital services and centralise in fewer units, ministers and health chiefs have relied heavily on superficial reports.

These include one from the NHS Confederation (which used outdated figures and ignored current trends) and the Blairite Institute of Public Policy Research (which proposed closing over 50 A&E units, including FIVE in NW London, without addressing the question of where the displaced patients were expected to go instead).

Hoary old clichés such as “better care closer to home” and “fit for the future” have been wheeled out to cover up the unpalatable truth of fewer hospitals further from most people who need them, and little if any plan for adequate investment in alternative community-based services.

Mental health

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

But even as she spoke Camden & Islington Mental Health Trust was unveiling a new devastating package of cuts driven by PCT decisions to cut spending.

Strategic Health Authorities

These new mega-quangos have just been merged and their powers expanded to give them control over the allocation of ISTC contracts.

The new SHAs are even less democratic and less accountable than the previous bodies they replaced, but control vast budgets and services for millions of people.

In London a new high-powered “nightmare team” of pro-market fanatics with private sector links has been established in the top hierarchy of the new SHA bringing the threat of brutal changes to come with the publication of a “review” later in the year.

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 every woman who wanted to do so could have her baby at home by 2009.

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 panels and processes coming on top of routine grievances and disciplinarys, and new 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, ever-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 changes they face: that's why London Health Emergency has for years offered branches a regions a responsive and high quality consultancy service, to assist with the research and publicity issues that may otherwise be left undone.

Responses

How many times has your branch been asked to respond to proposals involving major reorganisation and rationalisation of services but not felt able to set out a sufficiently detailed answer?

If this has happened in the past, you will know that UNISON's silence is taken for acquiescence, and it is much harder to complain about changes after they are imposed if you have not expressed opposition before hand.

LHE has two decades of experience in working with UNISON branches all over England and Wales to draft hard-hitting, clear and constructive responses which set out the concerns of health staff and service users – and a wealth of experience of differ-

ent reorganisations and the arguments wheeled out by Trusts and PCTs 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 cam-

paigning edge to reinforce the union's defence of public services.

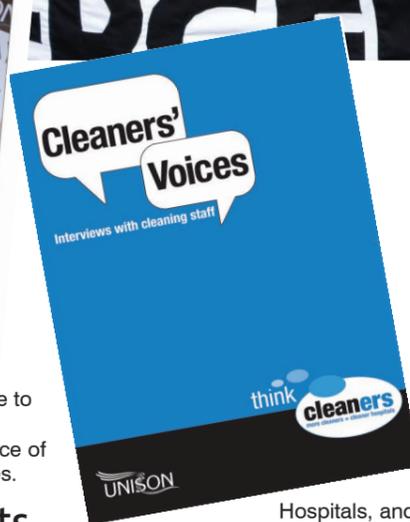
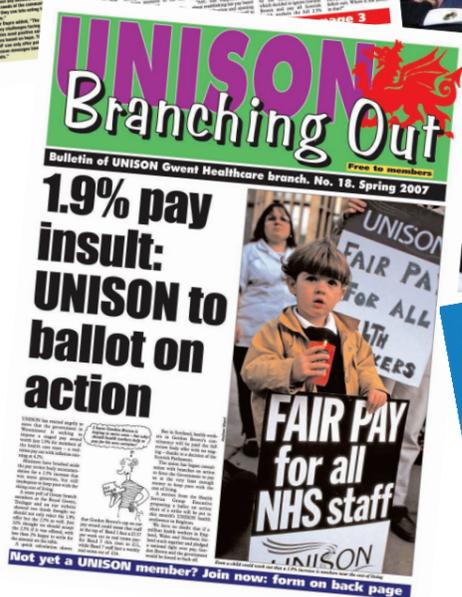
Reports

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



London & Maudsley and Wakefield. 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!

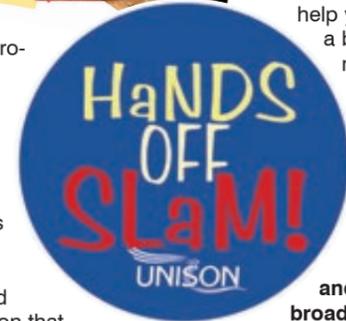
LHE is a resource that can help your branch deliver a better service to members, communicate better with members, and have far greater impact on NHS management and the wider local community. **But to do all this**

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 have been slipping by, call in some professional help. Call LHE!



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

Why LHE needs your branch support for campaigning

Across England NHS patients and local communities have been linking up with nurses, doctors and other health care workers to meet, march, protest and lobby as they fight to stop further closures and cuts in local NHS services.

Despite record levels of spending, beds, wards and even whole hospitals are closing down. 30 community hospitals are under threat. Newly qualified nurses and other health professionals are finding no jobs in the NHS, and thousands more health workers' jobs are being axed.

But 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 campaign linking the issues of cuts and privatisation – Keep Our NHS Public.

The campaign launched in September 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 research skills 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 year, 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.



The hottest hot spots involve a combination of privatisation, PFI and the threat of hospital closures: this has brought out protestors – including this lively March 3 protest through Oxford with delegations from around South Central SHA.

London hot spots for campaigners

Recent opinion polls confirm that the NHS is the number one hot political potato, and that the Blair/Brown government has achieved what seemed 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 PCTs were on the "red warning" level. A third of London PCTs were rated at the highest at 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



UNISON's Karen Jennings joins St Helier rally

tenacious fight is being waged to defend Enfield'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 campaigners have been winning council seats and mounted a massive demonstration on March 3.

In outer North 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 PFI-financed Queen's Hospital in Romford.

Since both existing A&E departments and hospitals are normally full and exceptionally 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, Whipps Cross Hospital has learned that

its long-promised PFI-funded £300m rebuild has been dropped – and services remain at risk as the Trust attempts to squeeze down spending.

Over the river in SE London a complex plan is being hatched up for a 4-way merger between four chronically indebted hospital Trusts – Lewisham, Bromley, Queen Elizabeth, Woolwich and Queen Mary's Sidcup.

Three of the four have just been handed a massive windfall in the form of a refund of a large share of their deficit – leaving Queen Mary's exposed as the only Trust without a large PFI hospital but still shouldering a £5.6m deficit.

Queen Mary's, along with St George's in Tooting has also been chosen as one of the sites for a new network of treatment centres and private clinics to be run by Clinica – which threatens to strip out millions from the budgets of NHS Trusts across south London.

And in SW London the situation is dominated by the worsening plight of the Epsom/St Helier Trust, dubbed the "meanest Trust in Britain" for its penny-pinching policies of removing lightbulbs and axing 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 hospitals under the title "Better Care Closer to Home" has effectively been ditched, with a real danger that both existing hospitals could close without replacement.

With a new heavy-hitting Strategic Health Authority covering all London's 7 million population and a budget in excess of £12 billion, the capital seems set for far more controversy as the stalled process 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.

Affiliate now to Health Emergency!

London Health Emergency, launched in 1983, works with local campaigns and health union branches and regions all over England, Wales and Scotland.

The campaigning resources of Health Emergency depend upon affiliations and donations from organisations and individuals.

■ If you have not already done so, please affiliate your organisation for 2007: the annual fee is still the same as 1983 – £25 for larger organisations (over 500 members).

■ If you have affiliated, please consider a donation.

■ Affiliates receive bundles (35 copies) of each issue of Health Emergency and other mailings.

■ Additional copies of Health Emergency are available: bundles of 75 for £20 per year, and 150 for £40.

■ Send to LHE at 213, Church Rd, Hayes, Middlesex UB3 2LG

■ You can call JOHN LISTER on 07774-264112.

■ or GEOFF MARTIN on 07831-465103

■ or email news@healthemergency.org.uk

LHE website is at www.healthemergency.org.uk

Keep Our NHS Public is at www.keepournhspublic.com

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