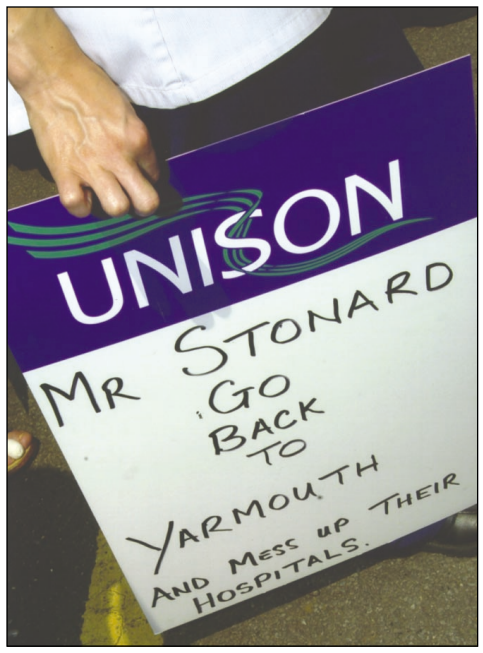
UNISON
Eastern eye

A special campaign broadsheet published by UNISON Eastern Region health committee, November 2005 ● Free to members



Hewitt's £200m headache for Eastern England

The government is proposing changes including the establishment of a new Strategic Health Authority to cover the whole of Eastern England.

This will bring together NHS Trusts and Primary Care Trusts (PCTs) which currently face projected deficits totalling over £200 million, and are embroiled in cuts and closures affecting hundreds of hospital beds, a swathe of community hospitals, vital services for mental health and older patients, and upwards of 800 health workers' jobs.

The changes flow from the ridiculously titled policy of "Commissioning a Patient-led NHS" – a policy that was only unveiled in a circular to health service managers from NHS Chief Executive Nigel Crisp on July 28.

Crisp required proposals to be drawn up and submitted by mid-October -- and so health chiefs have been drawing up plans to merge the existing Strategic Health Authorities for Norfolk, Suffolk, Cambridgeshire, Essex, Bedfordshire and Hertfordshire into a single new "Eastern England" SHA.

In doing so, they have been listening neither to patients nor to the general public, and the proposals have come under widespread criticism.

As part of the same process, each county would also face a round of mergers and reconfigurations of Primary Care Trusts.

In the six counties of Eastern England several PCTs are deep in debt, and at least 18 PCTs out of the present 41 currently face deficits in excess of £1 million by the end of this financial year, with a combined cash gap of over £100 million. Several of the region's largest hospital Trusts also face hefty deficits which are forcing through cuts in beds and services, and job losses.

As commissioners of the broad range of NHS services, and providers of many services to the most vulnerable sections of the population, PCTs have little scope to cut spending without having an impact on patient care.

They are also under pressure to ensure that certain government targets are met, and most of these targets revolve around the most visible acute hospital services (waiting times, time to be treated in A&E, outpatient appointment waiting times, etc): this seems to be why many of the cutbacks that have been announced have focused on less politically sensitive areas – often affecting more vulnerable and less vocal groups of patients, such as care of the elderly, and mental health.

Nevertheless there have been angry meetings, marches and protests against a number of the cutbacks that have been proposed, most notably against the cuts and closures in community hospitals in Suffolk (Newmarket, Felixstowe, Sudbury, Hartismere, Aldeburgh, and in Stamford (which is just over the border in Lincolnshire, but the hospital is run by the cash-strapped Peterborough Hospitals Foundation Trust).

In Cambridge campaigners have protested at the heavy-handed cuts in mental health care; in other areas the full impact of the cash squeeze has not yet been revealed.

INSIDE

caption here

Regional view

GEOFF REASON, UNISON Eastern Region

Do you have a picture?

This special newspaper is published by UNISON Eastern Region, which covers all of the six counties of Eastern England.

It looks at the underlying pressures on NHS budgets that are driving the mergers, cuts and job losses, and then look in more detail at the issues arising in each of the counties, as they affect health care staff, patients, carers, and the wider public.

Removing directly-provided services – and the management budget that goes with them – from PCTs will generate only the illusion of savings and efficiencies.

In practice a new range of private, voluntary or devolved NHS providers would need to emerge, each of which would need to be managed, monitored and resourced – while there is a real danger that some current PCT services will slip through the cracks of the reorganisation and cease to be available to local people who need them.

A look at the extra resources that have been made available to Trusts and PCTs, and the additional targets, cost pressures and responsibilities that have gone with them, shows that the root cause of the cash crises in Eastern England and many other parts of the NHS is not waste or incompetence but insufficient funding to cover all of the ambitious targets they have been set.

The government has willed the ends – a modernised, improved NHS – but not sufficiently provided the means for local Trusts and PCTs to deliver.

In many cases today's cash problems are recurrent deficits that are the product of years of underfunding, and could be resolved with a one-off cash injection to balance the books and lay a solid basis for future services.

We urge local councillors, MPs and NHS organisations to join with us and the campaigners already fighting for this policy, and to press Patricia Hewitt for a change of direction to preserve and improve our local services rather than undermine them.

UNISON's response

UNISON is opposed to the government's requirement that the huge deficits that have arisen must be paid back in two years: cutbacks on this scale would devastate services and lead to massive loss of jobs across the board.

Nor do we accept the short-sighted, largely cash-driven proposals to close the community hospitals that have been a key feature of health care in much of Suffolk: the strong and popular local campaigns in defence of these hospitals show that these policies are not patient-led, while it is clear that the PCTs involved have no serious plans, and little in the way of tangible resources to replace the services they are proposing to close.

Our starting point is that we need to ensure that front-line services are maintained.

All the evidence to date shows that these are most efficiently, effectively and fairly provided by the NHS itself – as a public service, and as the only organisation with the expertise and proven ability to deliver the full range of services to local communities.

The NHS workforce is therefore an asset in securing the long-term future of health care services, and not an overhead expense to be cut back in the quest for short-term savings.

We are especially concerned that even those plans for cost efficiencies which have avoided making staff redundant have often deleted posts, creating the contradiction of newly-qualified nursing, medical and professional staff left without jobs to go to, while Trust managers scour the world on expensive expeditions seeking to recruit overseas doctors and nurses.

And UNISON is very strongly opposed to the notion that PCT services – or any other health care services – could be in any way 'improved' through privatisation or outsourcing to the voluntary sector.

UNISON does not believe that either the private or voluntary sector has sufficient expertise or resources to deliver this type of services to all who need them, let alone on the scale required.

At a time when PCT budgets are already stretched to breaking point, it is clear that any policy which slices off an additional share of NHS funding to finance the profits of external providers will simply serve further to undermine patient care, and leave more vulnerable people without the support they need.

Where has all the money gone?

A recent report, *Money in the NHS: the facts* by the NHS Confederation, the body representing NHS Trusts and PCTs, investigated how the additional money invested in the NHS budget since 2002 has been spent.

It noted:

■ average annual increases of 7.4 percent in real terms each year since 2002, which are due to continue until 2007/8, equivalent to a 43 percent total increase in real terms.

■ In 2004/5 almost three quarters (73 percent) of the additional money was allocated to services that had been "chronically underfunded".

This included "30 percent spent on employing new staff and 20 percent spent on increasing pay".

This includes the costs of new contracts for consultants and GPs, as well as the costs of the restructuring of pay more generally under Agenda for Change: the NHS has also faced big increases in medical staff costs as a result of the Working Time Directive.

Other costs in this category included drugs, building repairs and improvements and new technology: inflation in all of these areas has run at a much higher level than inflation in the wider economy.

■ 20 percent of the extra money was spent on providing additional services.

■ The remainder, a massive 7 percent of the "new money", was not actually paid out in money at all, but assumed to be generated through efficiency improvements.

■ Drug costs increased both because more prescriptions were issued (up almost 6 percent in 12 months) and because the cost of the items rose even faster (spending on prescription medicines has increased by 46 percent since 2000 to £8 billion nationally), creating many pressures on local prescribing budgets and on hospital pharmacies.

■ A massive 29 percent of the additional funding in 2004/5 was spent on pensions, because the Treasury had passed over the cost of inflation-proofing the NHS pension to the Department of Health.

■ And across the country around 60 NHS Trusts are now forking out inflated payments for new buildings funded through the Private Finance Initiative, which are soaking up 11 percent or more of their income.

The soaring cost of meeting waiting list and other targets

Government targets to improve performance and reduce waiting times, most of which have been successfully delivered, have all come at a cost of increased spending.

Numbers of NHS staff have increased – with substantially more nursing staff, doctors and other clinical staff in post.

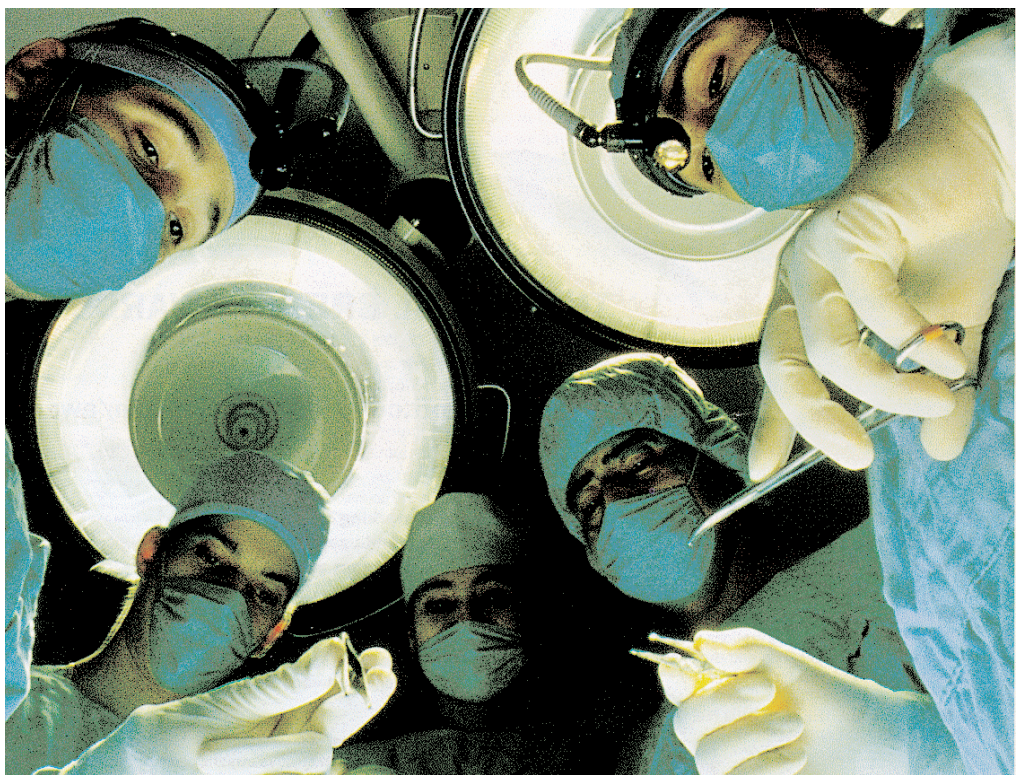
Even acute bed numbers have increased, after ministers recognised that the cutbacks of the 1980s and 1990s had gone too far to allow hospitals to cope with peaks of demand.

To make matters worse, the constant reorganisation – the current shake-up is the fifth major change since 1997 – consumes management time and resources, and confuses and demoralises staff.

The preparation for the new, competitive system of "payment by results" next April will further increase administrative costs for Trusts, and leave some sections of NHS departments under-used and less efficient.

The NHS Confederation points out that the years running up to Labour's big investment in the NHS had seen "very tight financial settlements" through much of the 1980s and 1990s, with Gordon Brown also continuing to apply Tory cash limits on the NHS until 2001. It concludes that:

"The cumulative under-spend between 1972 and 1998 has been calculated as £220 billion in 1998 prices. Relative to EU average spending on an income-weighted basis, the cumulative under-spend is £267 billion."



This goes a long way to explaining the shortage of many types of staff, the poor condition of many buildings and the low level of investment in equipment.

A culture developed in which NHS organisations were expected to report that they had 'broken even' without any enquiry into whether the methods used were sustainable."

This same culture led for many years to a practice of using money taken from capital budgets, supposed to be used to maintain and improve buildings and equipment, to bail out deficits in Trust's revenue accounts – another short-term fix that fails to offer sustainable services.

Last year Gordon Brown and the Treasury stepped in to stop this happening, and the level of Trust deficits rose sharply.

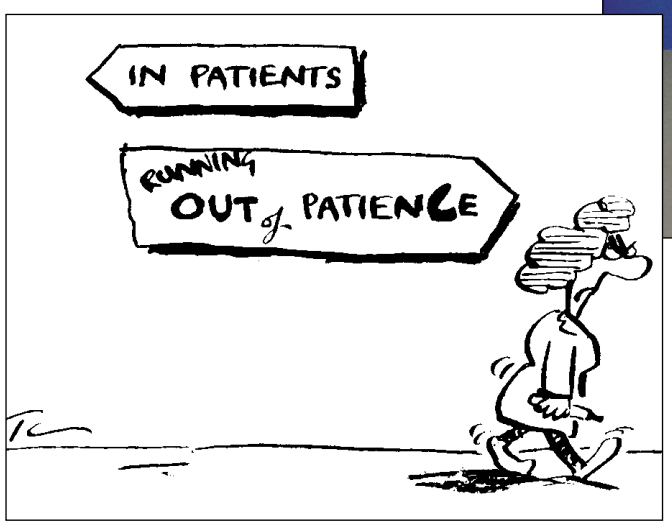
Some of these were concealed by the operation of the NHS Bank, which uses the surpluses from some of the better-resourced NHS Trusts and PCTs to lend money on a short-term basis to those in deficit: it has to be repaid the following year, leaving the borrowing Trust with a much larger financial problem to resolve.

From this year all such borrowing will carry a penalty in the form of a 10 percent interest payment – as part of the effort to persuade the best resourced Trusts and PCTs to live within their means – and actually spend *less* than their allocation, delivering less care for their own patients.

Primary Care Trusts

Fattened up by mergers, carved up by private sector?

Campaigners in Oxfordshire are battling against plans to privatise the commissioning role of a new merged Oxfordshire PCT, handing a budget of £575m a year to a private company, which would take charge of purchasing health care for a county-wide population of 625,000



The government set up Primary Care Trusts (PCTs) in England in 2001 to bring together all the NHS 'departments' that provided care outside hospitals.

PCTs are responsible for GPs, dentists, opticians, local pharmacies, district and school nurses, health visitors, other community services – and as "commissioners" of care, they are also responsible for payments for all hospital services used by their residents.

However in a dramatic, sudden and unexpected announcement in July this year PCTs are to be enlarged and stripped of their role in providing health care: they are to become commissioners of care only: in Oxfordshire the proposals go even further, with plans to privatise the commissioning function of the PCT – potentially handing control of budgets totalling £575 million to a private company.

Government policy has for a while been to transfer as much work as possible from hospitals into GP surgeries and 'the community'.

This is thought to be what patients want, will help to reduce the demand in hospitals and A&E departments, and be 'cost efficient' – i.e. cheaper.

But as services are transferred from hospitals to the community it is rarely possible to identify the shift of resources to pay for the service in its new setting.

In spite of the increase in NHS funding, many hospitals and PCTs are short of cash and desperately trying to save money.

Eastern England counties currently have 41 PCTs

- **17** in Norfolk, Suffolk and Cambridgeshire,
- **13** in Essex and
- **11** in Bedfordshire & Hertfordshire,

This could fall to as few as 7, or a maximum of 11

- **3** in NSC,
- **2** in Essex
- and **2-6** in B&H

Already care for asthma, blood pressure and diabetes takes place mainly within general practice, and the aim is to provide care in hospital only for patients who must receive this 'specialist' level of care.

In other words the services that PCTs now provide are to be further increased at the same time as PCTs are to be forbidden to provide them themselves after 2008.

The nature and status of the new providing bodies is currently (end October 2005) a mystery.

The assumption is that this is a huge opportunity for the private sector to take a big bite into the NHS outside of hospitals, and the policy has been opposed by this year's TUC, Labour Party Conference, and almost all organisations representing health workers, including UNISON.

While the mergers are argued to represent a reduction in overhead costs and management expenses, and in some cases reunite services that were controversially split up a few years ago, it seems that one underlying factor in the mergers is to "fatten up" the PCTs' directly provided services, to make them large enough to interest potential private companies.

The six Eastern England counties face a reduction from 41 PCTs (17 in Norfolk, Suffolk and Cambridgeshire, 13 in Essex and 11 in Bedfordshire & Hertfordshire, to as few as 7 or a maximum of 11 (3 in NSC, 2 in Essex and 2-6 in B&H).

Among the losers are the PCTs covering the new unitary authorities of Peterborough and Luton, which face being rolled back into a county-wide structure that was long seen as failing to address the specific needs of these centres of population.

Critics of the mergers and reorganisation point out that it will break up local links and networks that have just been established, and break any elementary development of accountability to local populations as PCTs become remote, country-wide structures.

The SHAs too will become even more remote regional-type organisations with little if any link with the various communities and populations they are supposed to serve.

Ignoring crisis did not make it go away

Throughout much of the last financial year it was clear that Trusts and PCTs were running up large and unbridgeable deficits.

But this was the run-in towards the 2005 General Election, and there was clearly an indication that Trust bosses should avoid making large scale cuts and closures to balance their books in this sensitive period.

Much larger debts than usual were rolled over into the current financial year, and this is the background to the cash crisis we have identified in Eastern Region.

Sometimes local Trusts and PCTs explain the impact of the situation openly: more often they revert to the traditional culture of pretending they have broken even – or are about to do so.

We can see some of the results of 'hoping for the best' in the Norfolk Suffolk and Cambridgeshire SHA (NSC), which last year projected an overall net deficit of £43 million, only to discover after external auditors came in that the real deficit was £68m – the largest discrepancy of its kind of any SHA.

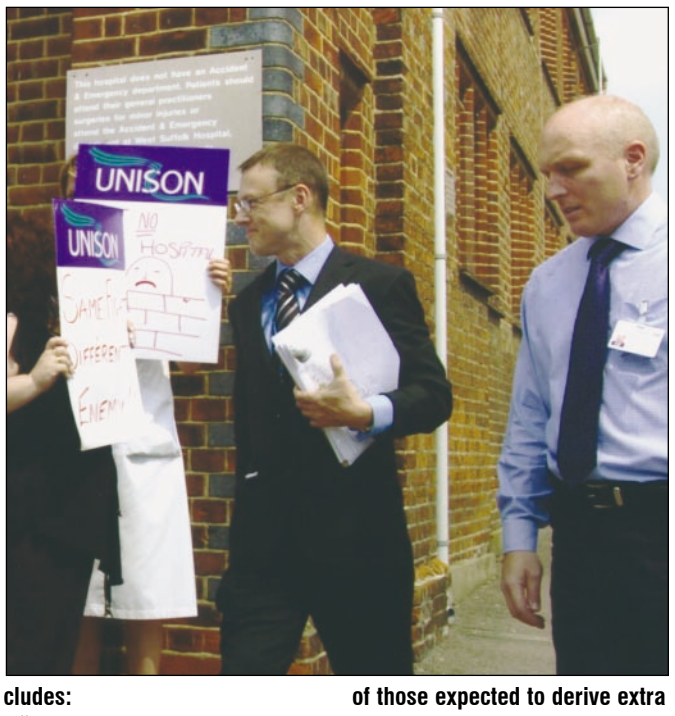
By August this year the situation in NSC had deteriorated even further, with a forecast overspend across the SHA rising to £92 million – almost £50m above the target figure set with individual Trusts and PCTs by the Department of Health, and £16m worse than forecast in the Local Development Plan.

Even then, the projected savings, many of which had not begun to show any success, fell way short of the target figure.

Now in Suffolk, the Ipswich Hospital Trust, despite operating costs running at 9 percent below the national average (putting it in the top 15 percent of efficient hospitals) – and despite hitting all the key national targets for performance – faces a rising tide of emergency admissions (which outnumber waiting list admissions more than three to one) and a deficit which has remained unresolved since 2003/4.

Among the factors that compounded the Trust's financial problems last year have been the soaring costs of Information Technology, the implementation of Agenda for Change, "unfunded activity" and "reduced access to community services", resulting in patients staying longer than medically necessary in front-line hospital beds.

But measures to reduce the use of emergency beds have not delivered the promised results, either. Ipswich's most recent Annual Report (2004/5) concludes:



"It is imperative that we continue to work with our local Primary Care Trusts to address the underlying financial problem, and in seeking to minimise the increase in emergency activity as far as possible."

The Trust notes that because of its low operating costs it is one of those expected to derive extra income from the Payment by Results system when it is introduced next year. However the difficulty is that the Trust's potential increased income depends upon the PCTs' ability to pay, and even the most optimistic view shows the Suffolk PCTs facing deficits of £36m.

Suffo punc

West Suffolk counts the cost of latest cuts

There are fears that the struggling West Suffolk Hospital in Bury St Edmunds, facing a £20m deficit, could be merged with Addenbrooke's Hospital in Cambridge, 37 miles away (*Cambridge Evening News* 13 August). The Trust is expecting to overshoot its target of a £7 million overspend, notching up another deficit projected at £11.3m by the end of the year.

Plans to axe hospital services with the closure of all 16 beds and a day hospital at Newmarket Hospital to save £1m have been met with protests (*Cambridge Evening News* 3 August).

There have also been marches and campaigns to prevent the closure of Walnuttree Hospital in Sudbury, which is once again under the axe in the quest for savings, as is St Leonard's in Sudbury.

The strategy of the Suffolk West PCTs is mapped out in a consultation document Modernising Healthcare in West Suffolk, which is replete with references to the phrase "care closer to people's own homes" – which in practice appears to mean care IN people's own homes, preferably provided – if at all – and paid for by organisations other than the NHS.

The PCTs point the finger of blame for part of the current financial squeeze at the £10m deficit inherited from the former Suffolk Health Authority when PCTs were first established in 2001.

But as in east Suffolk, PCTs are also very keen to "reduce the number of people who are inappropriately cared for in hospital", even while noting the fact that numbers of emergency admissions to hospital have continued to increase despite previous promises and plans to the contrary.

Modernising Health Care proposes:

■ Closing 55 beds at West Suffolk Hospital "30 of which are designated for rehabilitation, care of older people and people with medical conditions" – almost 50 percent of these beds in the Trust.

This follows the closure of 33 rehabilitation beds in 2004, and comes in the context of emergency admissions increasing by 8.2 percent over the last two years.

■ Closing 48 community hospital beds at Newmarket and Sudbury

West Suffolk Hospital Trust, which has also had to close two theatres and axe 220 jobs in its efforts to break even, now faces a penalty charge of 10 percent – £1m – on the borrowing it will need to pay bills and survive to the end of the financial year.

The West Suffolk PCTs go further than most other cuts packages in trying to argue that the changes – which have triggered angry protests – are somehow responding to the demands of patients and the wider public:

"The public tell us that we need to coordinate our services better with Social Care so people do not need to spend unnecessary time in hospital.

"Statistics tell us that many older people find themselves in a hospital bed because alternative provision in the community is not readily available." (p6)

The proposal that has won so little public support is to close hospital beds and "replace them" with "better intermediate care services" – on the assumption that this will be sufficient to avert a large proportion of hospital admissions: the community hospitals would then be "modernised" … by closing them down and selling them off, to deliver "an overall saving of £2.7m in a full year".

A new "health and social care centre", effectively a health centre with a nursing home attached, and containing no NHS beds, is promised for Sudbury – although this is still at the planning stage and would be built – if at all – well after the closure and sale of Walnuttree and St Leonards Hospitals.

The PCT has still not even worked out how some vital services such as phlebotomy would be provided in Sudbury during the limbo period in which the hospitals have gone but their replacement has not opened.

Maybe, like specialist clinics currently delivered in Sudbury by teams from West Suffolk Hospital, they would simply be scrapped – obliging patients to travel themselves to Bury St Edmunds to get the services they need, with round trip journeys taking as much as six hours.

Newmarket, too, would see a "redesign" of its Community Hospital to exclude any in-patient services, again scaling it down to a health centre: 62 staff have been issued with official notification that they could be made redundant, and up to 90 jobs could be at risk from the various closures in Newmarket.

Thetford Cottage Hospital has also seen its outpatient clinics cancelled by the West Suffolk Hospital Trust as it moves to recentralise services, leaving patients longer journeys for treatment.

PCT chiefs have complained at the poor turnout at their roadshow 'consultation' meetings seeking to sell the cuts package to local people: but this is hostility and cynicism towards the charade of consultation rather than apathy.

In Newmarket for example, over 200 angry people packed the town's Memorial Hall to back the campaign against the closure – while just nine had turned up to the PCT's "consultation" in the same hall.

In Sudbury over 400 people turned out to link arms around Walnuttree Hospital in September, and local GPs have vocally joined the campaign to resist the PCT proposals, warning that terminally ill patients, stroke victims, the elderly and the very young would be the main victims if the Hospital were to close.

The repeated angry campaigns that have continued to resist these proposals make it very clear that they are neither popular nor patient-led.

As if to underline the lack of public confidence that the promised "intermediate care" would be able to deliver adequate support to patients in their own homes, the PCTs are also proposing to reduce out of hours GP services to little more than a 'call centre' phone line.

And other aspects of the community health services are also to face cuts and "modernisation", including:

■ The wheelchair service
■ School nursing
■ Health visiting
■ Podiatry
■ Speech and Language Therapy
■ Counselling
■ Reproductive Health

Suffolk West PCT is also looking to make cuts in out of area referrals, force down the prices they pay hospitals outside the area, and cut back on non-clinical support services.

Mental health care under threat

West Suffolk PCTs argue the need for a £6.85 million cut in spending on mental health and learning disability services across the county as a whole, and explain that longer-term plans that were to have been undertaken over a number of years are being rushed through now in order to meet these financial targets (p11).

The consultation document therefore proposes a series of straightforward cuts with little pretence that any serious replacement services will be offered to service users:

■ Close the Sage Day Hospital for Older People's Mental Health in Newmarket

■ Close the Talbot Unit, a small day centre for dementia sufferers in Sudbury, which is currently part of the doomed Walnuttree hospital.

■ Close the Heathfields adult respite and day care centre in Newmarket, which offers 23 places for people with complex needs.

Over 200 beds in Suffolk face closure, including 55 at West Suffolk Hospital. Health Secretary Patricia Hewitt has brushed off appeals from local campaigners for her to intervene and halt the round of cuts and closures that threaten services across the county. Yet even the most optimistic figures show Trusts and PCTs in Suffolk facing projected deficits of £53m this year.

Trust and PCT managers have been issued with directives from the Department of Health that financial balance must now be among their top seven priorities: as the Suffolk East PCTs Strategic Board was told in July:

"All organisations must deliver the top 7 national priorities on time in full whilst achieving financial balance.

The top priorities are:

● Achieve A and E performance targets
● Achieve patient access / waiting times
● Achieve cancer access targets
● Implement Choose and Book
● Deliver on cleaner hospitals and MRSA
● Implement Agenda for Change
● Achieve financial balance"

The East Suffolk PCTs concluded, as they drew up a list of cuts, that:

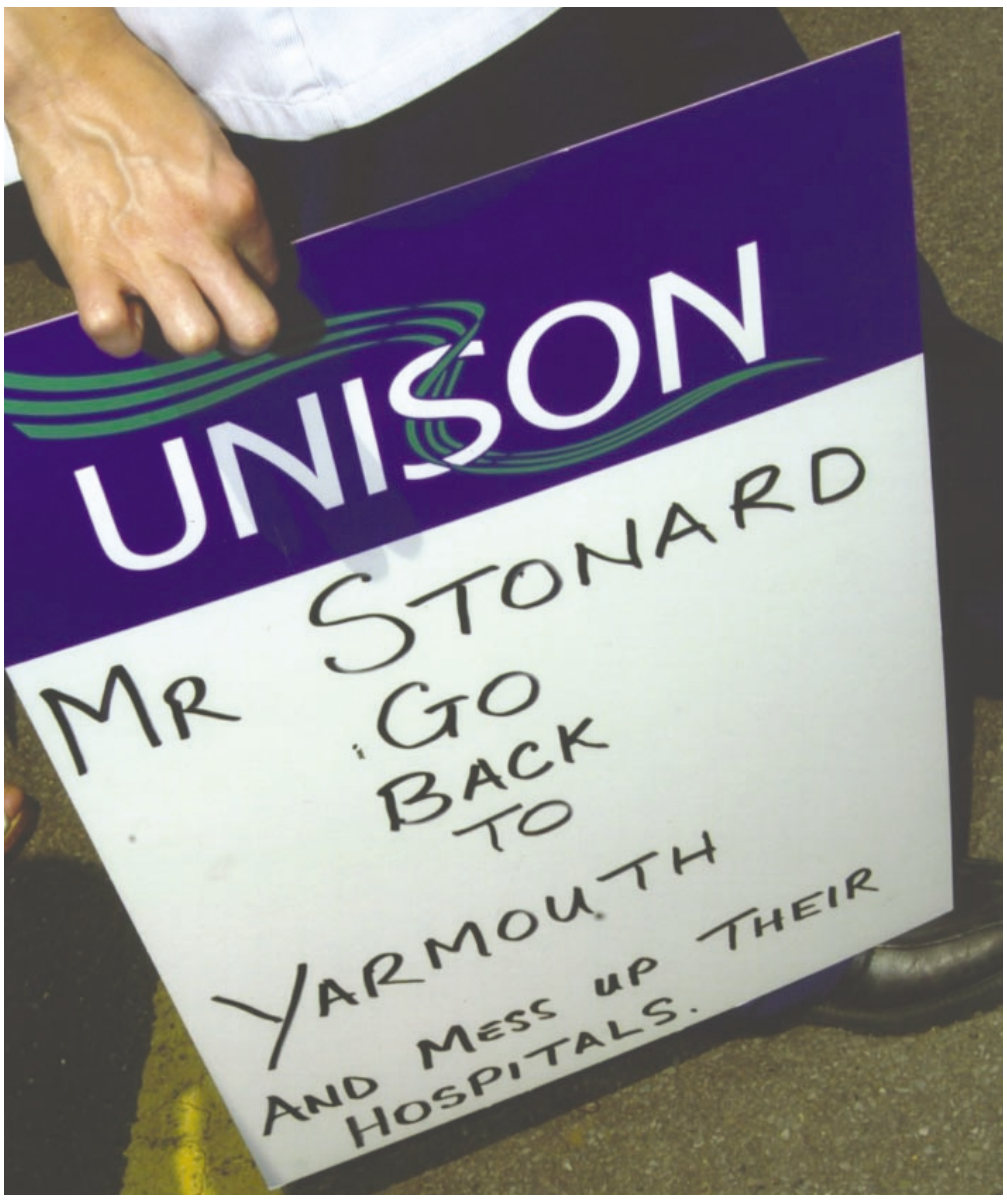
"Over 75% of the PCTs expenditure is outside of its direct control and is principally spent through commissioned activity either through GPs, acute providers or other third party/ voluntary providers.

"70% of the total healthcare spend relates to staff/workforce.

"Recovery to a sustainable level of spend must therefore mean less activity, less staff, less facilities and consequently a reduction in current levels of service or a change in current models of service."

olk
ched!

East Suffolk gets on the march against cuts



600 people backed a July protest march through Felixstowe to fight any plans for closure of the Bartlet Hospital, one of the two local hospitals.

Hartismere Hospital in Eye, which has also been supported by a substantial demonstration, is also set to close next spring after a decision by Central Suffolk PCT.

East Suffolk's PCTs had originally hoped to scoop up a £6m windfall by selling off the Bartlet and Hartismere hospital sites, in addition to the revenue savings from scrapping services there and at Aldeburgh, with "significant redundancies": but it has become clear that any capital generated by the asset-stripping sale would be funneled into a national Department of Health kitty, with only small share eventually coming back to Suffolk.

Meanwhile a thinly-populated area with poor public transport links could face the loss of existing health care but miss out on any proper community-based services to take the place of the closed hospitals.

The closures would almost inevitably precede the establishment of the promised services, even if sufficient staff could be recruited and trained.

For many vulnerable older patients left to fend for themselves at home, the logical consequence will be that they wind up being admitted as emergencies to Ipswich Hospital, compounding their problems and occupying more costly front-line beds.

In a policy for East Suffolk laughably entitled *Changing for the Better*, PCT chiefs outline plans (described as "modernisation") not only to hack back on hospital care, bringing "care closer to people's homes", but also to save up to £3.2m in staffing and other costs by reducing "avoidable admissions" to acute hospitals, which are also closing beds.

The document makes clear that a major underlying factor in the plans that are being proposed is the cash crisis:

"Most people will be aware of the financial problems in the health service across Suffolk, and of the financial deficits which have built up in recent years in most of our organisations. … [p6]

"For Suffolk East this has all added up to a very difficult financial situation. this financial year the system has a combined financial deficit of £47.9m, most of which is in the PCTs. …" [p7]

"Unless we take steps to control our current spending we will overspend across the whole system by £2,500 (£2,100 for PCTs alone) every hour of every day. Our debts will increase and add to an already heavy financial debt. This is not an acceptable or sustainable position.

"… in this financial year we must achieve recurrent balance (i.e. we must not overspend). Next financial year (2006/7) we must sustain this position and pay off all of our accumulated debt." [p8]

"We have to acknowledge that we can no longer afford to provide some of our locally developed services …" [p9]

In a misleading phrase the PCTs argue that they want to "change the way we use our community hospitals": but it swiftly becomes clear that they don't want to change this but to close them down, and that when they talk (p14) about "a shift in services away from the acute hospital setting to the community", they mean a shift from hospital care to people being left to care for themselves at home, with minimal promises of NHS support.

That's why they want to:

- Close all inpatient beds, and then close and sell Hartismere Hospital in Eye
- Close the 20 beds, and then close and sell the Bartlet Hospital in Felixstowe
- Slash the number of beds at Aldeburgh Hospital, and hive off the entire inpatient service there to an "alternative commissioner"
- Redesignate the beds in the new 28-bed Bluebird Lodge intermediate care centre to end their use as "step down beds" facilitating discharge from Ipswich Hospital.
- Close 52 beds and the Hayward Day Hospital at Ipswich Hospital
- In addition to closing the hospitals, the Financial Recovery Plan makes clear that the PCTs want to cut back spending on community services, with a "rationalisation of podiatry work", consolidation onto fewer sites (creating longer journeys for patients), "stop doing low risk work", and "service reduction to population".

Alongside these cuts in services and spending on older patients, Changing for the Better echoes the West Suffolk document Modernising Healthcare in stressing the need for a massive £6.85m cut in spending on mental health and learning disability services across the county.

The PCTs admit that:

"part of the saving s target arises out of the general financial problems confronting the NHS as a whole." [p21]

Among the cuts as a result, the PCTs propose to:

- Close The Hollies, an employment-based project in Ipswich for mental health sufferers
- Close two clubhouses, Old Fox House in Stowmarket and Bridge House in Ipswich, which provide community-based psychosocial day services for adult mental health sufferers, which have offered education and training, advocacy services and social programmes.
- Close The Pines, an occupational therapy day service for mental health outpatients.
- Close three of the four Day Hospitals for older people's mental health, currently based in Kesgrave, Minsmere, Saxmundham and Violet Hill.
- In addition to these closures, the detailed plans for East Suffolk also include slashing £800,000 from spending on out-of-area referrals for mental health patients, (plus a further £1.3m from spending on mental Health/Learning Disability, by imposing reductions in services and/or reductions in payments to local Trusts and voluntary sector).

Other cutbacks included in the more detailed Financial Recovery Plan for East Suffolk include

- slashing £1 million from spending on out-of-area referrals for children and people with physical disabilities
- Further cuts in children's services
- the transfer or Oral Surgery to GPs to save just £120,000 in a full year.
- a reduction in Orthotics outpatient appointments (Orthotics aims to re-align the foot and ankle bones to their neutral position) (£75,000)
- cuts in rheumatology and orthopaedic outpatients (£150,000)
- "Outsourcing" 60 percent of audiology services (£250,000)
- "Outsourcing" the community equipment stores and wheelchair service
- Transferring outpatient, follow-up and diagnostic tests to GPs "with special interest" – to save a massive £1.2 million in a full year
- Raising the threshold required for hospital admission to ensure "reduced but appropriate" elective activity – to save £2 million a year by treating fewer people
- "Further reduction of acute activity through review of treatment thresholds", so that "patients will continue to receive the care they need but with a reduction in certain non-critical areas" – to save another £1.2m a year.
- Extended primary care cover in out of hours to reduce A&E "attendance and admission" – to save £1.5 million a year.
- Slashing £500,000 from the patient transport contract with East Anglian Ambulance Trust.
- Work with Ipswich Hospitals Trust "to identify further savings possibly through efficiency or further activity reduction" [i.e. treat even fewer patients] – with a target of saving £1 million this year.

The combination of cuts in both community and acute services, and the severity of the cuts proposed for mental health and learning disability make it clear that the misery for Suffolk residents would not end with this spending round, but continue and grow for years to come.

Ipswich Hospital is cutting 34 beds and restricting the use of operating theatres in a bid to squeeze down spending by a massive £11.6m in the current financial year.

The Board had originally discussed closing up to 80 medical and surgical beds in 4 wards, but reduced the figure to 34 after hearing of concerns from staff (*East Anglia Daily Times* 15 August). The hospital has seen patient numbers increase by more than 6% over the last four years.

Norfolk hit by deficits

PCTs and Trusts under pressure to slash spending and services

Three of Norfolk's PCTs are facing deficits totalling £13 million, although the greatest concern is focused on the long-term implications of stripping PCTs of their role in directly delivering local services.

Hundreds of jobs of front-line primary care and community-based staff are involved: they could find themselves bundled off to another employer yet to be identified or decided.

The wholesale restructuring of PCTs has also raised fresh doubts over the future of plans for a new £25m hospital at Cromer.

The main focus of financial problems in the county has been the centred on the north of the county, most notably the ongoing cuts at the crisis-hit Queen Elizabeth Hospital Trust in King's Lynn (QEH), wrestling with a substantial overspend and recurrent financial deficit; by month 3 of the current financial year the Trust was facing a deficit of £1.7m in place of the planned surplus of £6.7m – a gap of £8.5m for the year, suggesting that they will not be able to repay any of the deficit of £8.5m brought forward from last year.

Almost the whole QEH Board has been replaced, including a temporary Chief Executive.

The problem is not one of staff, but inflation of non-pay costs and a failure to collect in the full funding for treatment of NHS patients. In the July Board meeting members were told that

"Underspends on staffing budgets are covering overspends on non-pay budgets and under-recovery of income. This position is neither satisfactory nor sustainable …"

Three wards at QEH have closed, with the loss of 60 of the 508 adult and elderly care beds. Theatre lists have been reduced, with some jobs lost and staff redeployed, avoiding compulsory redundancies. However there is a total freeze on recruitment to vacant posts, and management have talked of privatising all 'hotel' services.

The Trust has embarked on an aggressive programme of income generation and asset-stripping, selling off nurses' accommodation, exploring extra retail outlets, and imposing car parking charges on staff and public.

Indeed plans to save money by cutting the number of out-patient follow-up appointments have been complicated by the knock on impact on the likely reduction in numbers using the hospital's car parks and catering services.

Planned economies also call for more rapid discharge of in-patients from hospital, pushing the responsibility onto community health, primary care, nursing homes and social services.

One difficulty underlying this is "the lack of alternative care options" that exist locally, which also drives a relatively high level of hospitalisation in West Norfolk.

With little flexibility in the wider system, and with local PCTs having failed to deliver any genuine way to support patients outside the hospital, QEH has resorted to plans which assume a very high 95 percent average occupancy of a reduced number of beds, which the Trust describes as "extremely challenging": but although the reconfiguration of wards will allow "a number of posts" to be disestablished, the existing staff will be redeployed to other work within the Trust, and we are not told how this high intensity use of beds makes any serious contribution to cuts in spending.

The Trust is investigating "new models of intermediate or other care models" to facilitate the earlier discharge of patients with more complex conditions such as stroke or dementia, but by the August Trust Board this was still "not quantified yet".

> The irony is that in these proposed new models the QEH in Norfolk is hankering after an expansion of community hospitals and intermediate beds which would allow them to hand over responsibility (and costs) to PCTs – the very model of care that is being demolished in Suffolk with the planned closure of community beds and hospitals!

The Board is also investigating ways in which non-operative fractures could be treated in community hospitals (Wisbech or Swaffham) rather than using front-line acute beds.

The irony is that in these proposed new models the QEH in Norfolk is hankering after an expansion of community hospitals and intermediate beds which would allow them to hand over responsibility (and costs) to PCTs – the very model of care that is being demolished in Suffolk with the planned closure of community beds and hospitals!

The Trust is also establishing a Rapid Assessment Team (RAT) which aims to avoid up to 200 admissions a year out of the 1,000 patients sent to QEH from nursing homes.

While the Trust claims that "20 percent of these patients could continue to be managed in their home care setting", they fail to explain who would manage them, where the staff would be found, and who would pick up the bill.

The Trust concedes that:

"Some concern has been expressed by clinical staff and members of the public that insufficient intermediate care places of appropriate quality can be found in a short space of time and/or that throughput of patients in community care may slow down.

Since this seems definitely to be the case, QEH has now agreed an arrangement through which the Trust would be compensated by West Norfolk PCT for any patients who cannot be discharged for lack of appropriate alternative care in the community.

However financial pressures are also beginning to emerge at the Norfolk & Norwich Hospital Trust, where the Board has been warned in October that unless action is taken a £2m deficit could rise to almost £4m by the end of the year. A higher overspend of £5m has been reported to UNISON.

Options to reduce costs and spending are limited at the £229m PFI-funded hospital, where most non-clinical support services are included as part of a legally-binding contract with the PFI consortium.

The £38m unitary charge the Trust pays to the consortium each year for 35 years is equivalent to a hefty 14 percent of the Trust's revenue, and is adjusted every six months, with increased fees payable if more patients are treated. £25.5m of the charge is effectively "rent" for the privately-owned hospital, which sits on NHS land.

Now, as financial pressures are mounting, the squeeze is inevitably being felt by clinical services.

One ward has closed, although under the guise of redesignating it as a 'decanting' ward for other wards to use into while they are being 'refurbished' (the obvious question is why a brand spanking new flagship PFI hospital should already need all its wards 'refurbished). According to the *Eastern Daily Press*:

"While managers are promising that cutbacks will not include job losses and will have no immediate effects on patient care, all divisions within the hospital have been asked to identify potential savings." (October 20 2005)

The *EDP* goes on to quote the Trust chair David Prior insisting that:

"We will do everything possible to break even.

"We cannot offer any guarantees but we are absolutely determined. … We are going to have to stop doing lots of things we would like to do such as recruiting new staff and offering overtime.

"From Board level down we will be keeping a tight rein on all outgoings and will come down like a ton of bricks on anyone who does not keep within those constraints."

Cutbacks are likely to centre on cutting bills for agency and locum staff, after previous attempts to clamp down on this have failed to meet targets. All vacant posts will be reviewed and "non-vital" posts frozen.

Strong restrictions on the use of bank and agency staff are also in force at the James Paget Hospital, a first-wave Foundation Trust, which is reporting a £360,000 deficit as it attempts to claw back a £4.1m shortfall from last year. £3.75m of savings have already been identified, to project coming even. These include cuts at JPH and knock-on effects at other local hospitals:

- closure of one ward at JPH,
- at Lowestoft Hospital one ward is transferring to JPH and the other two are merging into one 'area' (with fewer overall beds) but supposedly retaining separate identities
- at Northgate Hospital in Great Yarmouth one ward is closing, with transfer of service to JPH.

There are no compulsory redundancies, but a freeze on recruitment and loss of night duty and weekend canteen services, and the Foundation Trust has started charging staff for car parking.

As the Primary Care Trusts seek to balance their books, four of them – Norwich, North Norfolk, South Norfolk and Broadland – are contemplating a revamp of their existing catering services, switching to a cook chill system, with the potential loss of 30 – 40 jobs. However no final decision has been made.

Essex

NHS Trusts stand to lose £20m a year to private treatment centre

This SHA has escaped reasonably lightly from the financial chaos of its neighbours to the north and west, and has been singled out by the Department of Health as one of the SHAs that is required to deliver a net surplus (under-spending the resources available to treat local people) in order to lend cash to over-spending Trusts and PCTs.

In fact the SHA recorded a net deficit of £7m in 2004/5 and was initially projecting a £39m shortfall for the current financial year, over and above the outstanding debts which are already due to be repaid by Essex Rivers and Princess Alexandra Trusts. the July SHA meeting heard that:

"When the return of underspends and brokerage are factored in, the overall financial problem facing the economy is in excess of £40m".

However the Department of Health refused to accept the Essex plan and insisted that it revisit its plans and deliver a balance this year.

However the projected deficits at Princess Alexandra Hospital and Mid Essex Hospitals were recorded at £3.6m and £3.7m respectively in July, while Chelmsford PCT was projecting a shortfall of £14m and Witham Braintree and Halstead Care Trust was facing a deficit of just under £8m.

By the time of the September SHA Board meeting, heads of Trust and PCT bosses had clearly been banged together, but no explicit package of spending cuts had been revealed: however the Mid Essex Hospitals deficit had been miraculously eradicated, to show a projected surplus of £1m – a turnaround of £4.7m, while the Princess Alex gap had dropped to £2.8m.

Chelmsford PCT had managed to squeeze the gap down to £11m, while Witham and Braintree had come down to £5.4m.

While the full results of these cost cutting measures have yet to be seen, another threat looming in the wings for Essex acute Trusts is the Department of Health plan to commission a new Independent Sector Treatment Centre to cover Essex, with a target of delivering over 15,000 day case and inpatient operations a year, in general surgery, orthopaedics and urology.

The target of 3,100 in-patient joint replacements to be commissioned from the private sector will divert a minimum of £15 million in contract income from the county's NHS orthopaedic departments: a further 2,200 orthopaedic day cases will snatch another £1m.

Meanwhile NHS general surgery budgets will also face a loss of upwards of £5 million if 2765 inpatient and 4700 day case operations are diverted to a new private unit.

3162 urology day case operations will also result in reduced budgets for NHS hospital Trusts: in each case the private sector will accept on the least complex, most risk-free cases, leaving NHS units with reduced income but responsibility for the most costly and complex operations.

As UNISON has argued in opposing this government policy elsewhere, the total loss of more than £20 million in revenue from Essex NHS Trusts could be sufficient to undermine their desperate attempts to balance the books, and trigger a reduction in local services – resulting in LESS choice and longer journeys for local patients needing some forms of treatment.

Cambridgeshire cuts back

Cash crisis disturbs the Foundations

Addenbrooke's Hospital, a Foundation trust, faces a £5m deficit and the danger of bed cuts as a result of the cash crisis gripping its two local Primary Care Trusts, with a combined overspend of £19.5m this year.

The PCTs are reportedly overspending by £9m a year on acute services, £4m a year on mental health and £1m a year on primary care.

Addenbrooke's has been cashing in extensively on the earlier implementation of "payment by results" for Foundation Trusts, driving up levels of both emergency and non-emergency activity well above planned (and affordable) levels, and sending the bill to the PCTs.

In October the joint meeting of South Cambs and Cambridge City PCTs warned that the excess costs if Addenbrooke's activity continued at that level would be £8.6m above planned spending – while the two PCTs face a projected shortfall of £23 million for the year.

Fearing that PCT budgets would run out as early as February they called on Addenbrooke's to slow the pace of operations, suspended IVF treatment for childless couples until next April to save an estimated £230,000 by delaying help for around 70 couples – and closed the 26-bed Rupert Brooke rehabilitation ward at Cambridge's Brookfield Hospital.

Meanwhile Peterborough and Stamford NHS Foundation Trust, another first-wave Foundation Trust, has emerged deep in financial problems in the aftermath of highly-publicised failures of a pioneering Foundation Trust at Bradford.

Peterborough carried a hefty £7.7m deficit over from last year's accounts, and has now axed 70 jobs and embarked on a programme involving 106 bed closures, including three wards in Peterborough and a ward at Stamford Hospital.

Most of the jobs to be cut are nurses and health care assistants: a few admin support staff will also be affected, although vacancies within the Trust meant that no redundancies were required (Peterborough Evening Telegraph 24 August).

The Stamford Hospital bed cuts triggered an angry 3,000-strong demonstration through the town in pouring rain. The Trust has claimed that it does not intend to close the hospital altogether, but insisted that it cannot guarantee that the half-empty site will not close in the future. More than 20,000 had signed the petition against the ward closure by the end of September, demanding it be reopened.

Income generation at Peterborough's Edith Cavell Hospital has meant that hospital based charities have been turfed out of money-spinning stalls in the foyer to make way for commercial outlets.

The Greater Peterborough Primary Care Partnership, which holds the budget for providing and commissioning health services in the unitary authority, faces a £4.2m cash gap – and the possibility of extinction if the PCT reorganisation collapses down the structure to one PCT per county.

GPPCT carried over a £1.4m deficit from last year, but has faced additional pressures this year and is not in "a very fragile position" according to deputy chief executive Angela Barr. They have imposed a vacancy freeze, with some jobs to be left permanently unfilled – and, with morale at rock bottom, saved some money by scrapping this year's staff survey.

PCTs can't afford to pay by results!

The controversial new system of Payment by Results is one of the reasons why Cambridge City and South Cambridgeshire PCTs are running enormous deficits.

They have already been obliged to pay up extra millions to the Cambridge University Hospitals Foundation Trust for additional emergency and elective admissions which had not been budgeted for.

Emergency admissions in the current financial year have been running 18 percent above plan for South Cambridgeshire, and 12 percent above for Cambridge City, with elective admissions exceeding plan by 5 percent and 13 percent respectively.

An October 19 report to a Joint Board meeting of the two PCTs on their growing cash gap notes that:

"The financial position reported for Addenbrooke's is based on the costed activity plan provided by the Trust. It should be noted that this plan which applies payment by results to most of the activities within the scope of the hospital is not affordable and formal agreement has not been reached."

While Addenbrooke's has hoovered up additional patients and staked its claim to a larger share of the local commissioning budget, it has taken these patients from other Trusts: it seems that one result is that in-patient activity at Hinchingbrooke Hospital from the same two PCTs has fallen back by up to 25 percent.

The Joint Board PCTs meeting was warned that, compounded by the soaring bills at Addenbrooke's, a serious shortfall was looming up, in which some creditors – or even staff – may wind up not being paid:

"PCTs cannot draw more cash than their cash limit. Work is currently being undertaken to establish the likely year-end shortfall. An early estimate of this suggests a shortfall of £20 million.

The PCT will formulate a payments policy which restricts cash payments by the amount of the predicted cash shortfall and this will be presented to the November Board meeting for approval."

This vividly illustrates the bind facing Trusts and PCTs: whatever the combination of external factors and cost pressures that have contributed to the cash shortfall, at the end of the day there seems likely to be a decisive point at which cuts are to be made if the organisation is not to run out of money to pay staff and suppliers.

3,000 Protestors brave pouring rain to march through Stamford in opposition to ward closures and the threat that the whole hospital could close.

Cambridge targets mental health care

There has been a reduction in funding of £3 million by the Primary Care Trust, who blame it on a lack of government funding. The Cambridgeshire and Peterborough Mental Health Partnership along with the local PCT is proposing massive cuts in Mental Health provision for Cambridge which will lead to a reduction in approximately 120 full time posts.

Alongside this the local Mental Health Trust is looking at ways to reduce expenditure by a further £4 million throughout Cambridgeshire and Peterborough. This means that services throughout Cambridgeshire and Peterborough will be reduced, closed or cease. So the care provided and the associated jobs will disappear.

■ The permanent closure of No 1 The Drive and the Gatehouse (A service for people with enduring mental health problems) would axe rehabilitation services.

■ The closure of the Cedars (a facility for people with enduring mental health problems) would cut rehabilitation and also reduce any possibility respite care for community-based clients and their carers.

■ The attack on rehabilitation services continues with the planned closure of the specialist community team in Cambridge, and the adult community mental health service, including its weekend service would be collapsed into a new Crisis Resolution Home Treatment Service.

■ The needs of the Community Psychiatric Rehabilitation Services Community Mental Health Team (CPRS/CMHT) patients would be "reviewed" and patients transferred to either the Assertive Outreach Service or the CMHTs.

■ The CPRS MHT would be integrated into either existing CMHTs or the Assertive Outreach Team by September 2006.

This is a massive dislocation of an established team and care to people with enduring mental health problems.

■ The proposed closure of a 22-bed acute ward at Fulbourn or Addenbrooke's would axe over 20 percent of the Partnership Trust's adult inpatient beds.

■ A quarter of the beds for older people would also be closed down, with a limited amount of the money to be used to expand the older people's CMHTs to operate 7 days per week, but with an overall loss of jobs.

■ The Cambridge Day Centre (CDC) would close immediately after formal close of consultation. Patients will transfer to alternative day care facilities provided by the Trust.

Some remodelling of the remaining day services will be required to create capacity for current users of CDC who will continue to need day services. Older People's Day Services will also bee reduced from April 2006.

■ Arts therapies would be heavily cut back with loss of jobs and staff integrated into other clinical teams.

■ The combined package is designed to save £3m – at the expense of substantial reductions in care.

■ The Young Person Services Day Programme would be scrapped, as they say it is no longer viable

■ The Dementia Drug Service would close, with the loss of the associated post.

■ Money for Child and Adolescent Services has been withdrawn already.

While many of the cuts are concentrated in South Cambridgeshire and Cambridge City, there is an unresolved pressure on East Cambridgeshire and Fenland PCT, which has been balancing its books through a succession of one-off measures, but points out that "this level of non-recurrent savings is not sustainable", faces a recurrent overspend of £10.8m this year (PCT Board May 2005).

The closure of the 28-bed Iceni Unit at Doddington Hospital will axe excellent facilities for care of older patients from the end of October, with the nearest centres being the Princess of Wales Hospital in Ely, or the North Cambs Hospital in Wisbech.

And the closure of Alan Conway Court in Doddington will bring the loss of 16 beds for older patients with mental health problems, leaving the nearest equivalent services in Wisbech.

Once again the PCT is claiming to replace hospital beds close to patients' homes with community services allegedly "closer to home".

The cutback is designed to save £300,000 towards the deficit of Peterborough Mental Health Partnership Trust.

Bedfordshire

Deep cuts bite into Heartlands

The Bedfordshire & Hertfordshire Strategic Health Authority is unusual in the region, with no organisations forecasting a surplus for surplus in 2005/6, and three hospital Trusts facing deficits in excess of £12 million. The situation, according to the June Board papers is

"not unique, with 16 other SHAs being unable to prepare financially balanced plans. However only 4 SHAs have reported a projected 2005/6 deficit in excess of £70 million."

Luton Primary Care Trust is wrestling with a £6 m overspend, although so far the response has been only the proposed loss of 8 jobs, – including 2 G.P. posts.

Bedfordshire Heartlands Primary Care Trust faces a £14.4m overspend, of which £6m is recurrent raising the possibility of a £20m gap by the end of the financial year. It has published plans to close three Day hospitals for 'Older people with organic mental health conditions'

- Farley Hill, Luton
- The Lawns, Biggleswade
- Sheridan, Bedford

The suggestion is that the services could be provided by Social Services, with support for clients from Community Mental Health Team, but the bottom line is yet another attack on mental health services in the region.

Hospitals across the SHA are reeling under pressure from a 3 percent increase in referrals from GPs, compared with a planned reduction of 3 percent.

Despite this Trusts appear to be meeting the target of a 9 percent cut in acute beds across the SHA: the associated savings on staff (initially be reducing numbers of agency and bank staff used to fill vacant posts) are only just beginning to take effect.

Bedford Hospital, facing a projected deficit of over £12m this year, has closed two wards, and cut 10 theatre sessions per week.

Luton & Dunstable Hospital in mid October imposed a freeze on all job vacancies as it showed signs of running into its first deficit for seven years.

Hertfordshire

Cash crisis forces A&E changes

Here we go again: campaigns over the years have struggled to defend Hertfordshire's hospitals against cuts and rationalisation

Watford & Three Rivers and Dacorum PCTs carried over a £9m deficit from 2004/5 and have opted to defer any attempt to clear the debts until next year. St Albans & Harpenden and Hertsmere PCTs also carried forward debts, and now face a £5m spending gap.

The performance on waiting times of Trusts in the SHA is also seriously out of line with government targets, with numbers waiting over six months running at 62 percent above the target in April 2005 in 8 of the 11 PCTs and over double government targets in West Herts Hospitals Trust.

These figures will no doubt be exploited as justification for the moves to establish two new privately-run "Surgicentres" to take over a share of the least complicated elective surgery from NHS hospitals, with a full Business Case to be signed by April 2006.

Six companies have apparently expressed an interest in bidding for the contracts, which are funded centrally by the government, but would switch up to 15,000 operations – and the funding for them – away from local NHS Trusts and funnel it instead into private companies.

The long-term impact of this could be to undermine the viability of some specialist departments in existing NHS hospitals.

So far there have been 3 ward closures (90 beds) at West Herts Hospitals Trust, which finished last year with a £13m deficit, and is projecting a shortfall of almost £24m by the end of this financial year.

50 of the beds closed are at Watford General – but no costings have been given on how much the ward closures are intended to save.

There have been repeated rumours of plans to close the birthing unit at Hemel Hempstead, and changes to emergency services, punctuated by management denials .

Watford and Three Rivers PCT has also decided to slash £900,000 from the Hospital Trust's contract and switch it to primary care services, with a suggestion that some GPs might try their hand at minor surgery.

However the Trust is currently consulting on staffing savings – i.e. freezing of posts, a halt to the use of agency and bank staff, and potential redundancies.

In mid-October major plans were unveiled to cut services at the Trust's St Albans City Hospital, cutting clinics, closing the pharmacy, transferring gynaecology to Watford General and moving radiology and imaging services to Hemel Hempstead.

The desperation to balance the Trust's finances will be increased by the drive to find a private consortium willing to put up the cash for a new PFI hospital.

Meanwhile the long-awaited plans to slash spending in the financially-challenged East & North Hertfordshire Hospitals Trust have been published in October, with the closure of maternity and major surgery at Welwyn Garden City's QE2 Hospital, with these and all emergency ambulance services being diverted to the Lister Hospital in Stevenage.

Trust bosses hope to save a massive £49 million by 2008-9 by effectively downgrading the QE2 to a treatment centre delivering most elective operations together with emergency medicine.

It would retain a paediatric department and a limited capacity A&E that would not take blue light ambulances, but it would not offer maternity services.

Jobs would be lost at the QE2, but it is expected that this could be achieved through not renewing short term contracts.

The Trust has resorted to the desperate tactic of seeking to "outsource" medical secretaries' work to India in a bid to cut costs, with the threat that it could herald redundancies among the 150 secretaries working in the Trust if the pilot study proves successful.

City whiz-kids PriceWaterhouseCooper had previously suggested a doubling of secretaries' workload, with just one secretary to support four consultants instead of the present two.

If you are not already a trade union member, then why not consider joining UNISON?

Here are TEN good reasons for doing so:

- UNISON represents nearly 1.5 million employees across Britain, making us the biggest trade union in Britain. We only recruit people who work to provide services to the public - so our size and our specialisation mean that we offer strong, professional and effective protection to all our members.
- UNISON's trained representatives provide free support and advice on any problems you might have at work.
- UNISON provides professional negotiators to sort out your pay and terms and conditions of employment both nationally and locally.
- UNISON membership brings free legal representation for accidents at work and while travelling to and from work, and free representation on other employment related issues.
- We also offer legal advice for domestic and other problems at much reduced rates. UNISON's trained health and safety representatives provide free services to make your workplace safe to be in.
- UNISON pays benefits to members, including accident and death benefits.
- UNISON looks after you. We provide convalescent facilities at reduced rates, offer financial assistance to members suffering unforeseen hardship, and give free advice on state and welfare benefits
- UNISON provides a wide range of competitive financial services. These include reduced mortgages, home, car and holiday insurance, road rescue, personal loans, credit cards and financial planning advice.
- UNISON offers great breakaway holidays through our travel club, as well as our own family holiday centre in Devon.
- UNISON offers you a range of education and training courses. These include courses leading to professional qualifications, GCSEs and vocational qualifications.

UNISON The union for all health workers

CONTACT US

Phone our enquiry line on 0845 355 0845 (local rate). Opening times are 6am-midnight Monday-Friday and 9am-4pm Sats.

UNISON Direct 0845 355 0845

Download a membership form from http://www.unison.org.uk/join/index.asp

Published by UNISON Eastern Region, Church Lane House, Church Lane, Chelmsford. Printed by Scottish County Press, Bonnyrigg, Midlothian