Eastern eye

UNISON

UNISON Eastern Region Health Committee ● Spring 2012

FREE to members

INSIDE:

Courtesy Essex Echo and Gazette

Nov 30: Eastern Region's show of solidarity

UNISON members in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Suffolk and Norfolk joined with thousands more around the UK in the biggest day of action for a generation demanding the government reconsider the demand for public service workers to pay more, and work longer to receive less in their pension.

Many were taking industrial action for the first time, and joined with other public service workers to man picket lines and enjoy the solidarity of collective action outside council offices, schools,hospitals and refuge depots.

Many of the pickets were shown support by a majority of the public with honking car horns, and cheers and applause at the many marches, rallies and demonstrations across the region.

On January 10 more than 250 key elected national, regional, rank and file UNISON activists voted to give the union's negotiators the green light to continue discussions with government ministers on changes to public sector pensions.

The decisions were taken by the six relevant service group executives made up of elected lay members. General secretary Dave Prentis said:

"Our health members gave their support to talks on the NHS scheme entering a final phase, due to end in late January. When we have a final offer, we will take it back to members in a full ballot.

"Our action on 30 November got ministers back to the table. Since then we have made some real progress.

"The overwhelming majority of NHS scheme members won't face contribution rate rises in 2012."

***INSIDE:** pictures from Nov 30*

No wheels on his wagon …

But Lansley's Bill is still rolling along

Almost nobody support's Andrew Lansley's Health and Social Care Bill. Since the end of last year this has been made very clear.

With the Bill due back in the Lords in February, bodies representing almost the entire medical profession and the RCN have one by one demanded the Bill be dropped – and now they are even joined by Tory cabinet ministers behind the scenes (one calling for Lansley to be "taken out and shot").

They have joined UNISON, senior NHS managers from Managers in Partnership, other TUC health unions, most genuinely independent think tanks and most leading academics:

Labour leaders, too, have now turned up the heat, with Ed Miliband warning that we now have just "three months to save the NHS" from a Bill that would swiftly reduce it to little more than a fund to buy services from private providers.

Shadow Health Secretary Andy Burnham has challenged Lansley to drop the Bill in exchange for Labour's support to ensure greater powers for GPs to shape local services – but the Tories have been unwilling to listen, and have their eyes set on very different goals.

In fact the Bill has never been about putting more power into the hands of GPs, or any clinicians: they are simply being set up to take the blame for unpopular decisions which they will rubber-stamp in token board meetings.

Breaking the heart of the NHS: 'Cameron', 'Clegg' and 'Lansley' on Valentine's Day

Everybody but Lansley and the Tories agrees that the Bill would fragment the NHS, open up an ever larger share of the £100 billion budget for privatisation.

That is what it's meant to do.

But in the process it will also create new layers of bureaucracy (five layers of management in place of three, and a profusion of quangos), and jeopardise access to care for many groups of patients.

UNISON has also highlighted the danger of a 2-tier service if Lansley is allowed to raise the limit on the income Foundation Trusts can make from private patients from the present 2% average to a massive 49%.

With NHS budgets frozen and Trust revenues falling, there is no doubt that many prestigious Foundation Trusts will prioritise wealthy paying customers from home and abroad, while NHS patients are seen as second class citizens.

GPs lead the opposition

Leading the opposition to the Bill have been the very GPs who Lansley claims would be put in the driving seat by the Bill: throughout the debates since Lansley's White Paper discarded the Conservative pledge of "no more top-down reorganisation" of the NHS a majority of GPs have opposed his proposals.

By the end of 2011 this reached 98% voting for it to be withdrawn in a poll by the Royal College of General Practitioners.

The handful of self-interested GPs who have been pressing ahead with local commissioning groups are a tiny and unrepresentative minority: a survey at the end of last year by Pulse magazine showed that just 7% of GPs had any wish to get involved with commissioning.

GPs will not even remain in charge of their own clinical decisions.

More and more of their referrals of patients for hospital treatment – arrived at giving patients their "choice" of hospital – will be overturned by unaccountable 'referral management centres' (many run by private companies) looking first and foremost to cut spending, regardless of patients' wishes and needs.

Nor is the Bill about "local" control or "patient power": the new Clinical Commissioning Groups (CCGs) will cover increasingly large populations – reducing any local input or opportunity to flag up needs of particular communities.

Patients will be even more powerless to stop their popular local hospitals closing down than they have been up to now.

Most GPs know Lansley's promises are worthless. They know that just as they would be outraged by a manager picking up a white coat and stethoscope and pretending to be a doctor, as doctors they are not qualified to manage a budget of tens or hundreds of millions, or plan services for a wide population with varying needs.

Nor do they have the time or energy to do so – and the government knows it.

That's why Department of Health guidance makes clear CCGs are expected to tender for private companies to carry out the management role –and the private sector is rubbing its hands at a market that could be worth £1.3 billion a year.

So Lansley's Bill is not about "Liberating the NHS" – it's about unleashing the private sector to pick whatever services they see as profitable, and dump the rest onto what remains of the public sector.

But with Monitor telling Foundation Trusts that they should behave like private businesses –and pull out of delivering services that do not make a surplus – whole areas of care, especially in mental health, community health and care of older people could be left to collapse: and the Secretary of State, under Lansley's Bill, would no longer be accountable for any gaps in care.

The only way to stop this damage being done is to kill the Bill before it kills our NHS.

What you can do

- Talk to your colleagues, family and friends about the NHS reforms
- Write to your MP outlining your concerns about the NHS reforms and cuts, model letters at: ***unison.org.uk/ournhs***
- Join the UNISON facebook group at www.***facebook.com/ournhsourfuture***

Worried about your future in a free market health system? Join UNISON – form on back page

Soaring PFI bills drag local Trusts deeper into the red

Peterborough health bosses are wrestling with a projected £100m deficit by 2015, and scraping the barrel for cuts.

Plans put forward so far include cuts in maternity and in GP surgeries: but the underlying problem is the soaraway cost of 'unitary charge' payments on the £289m PFI-funded City Hospital and the £25m City Care Centre which came with it.

Payments kick off at £28m a year, but are scheduled to rise each year until the final payment of £60m in 2043.

So desperate is the situation facing the Trust that ministers have offered a lifeline – a subsidy towards the cost, with rigorous strings attached.

To qualify for the cash Trusts have to pass four tests on their debts, services and productivity savings.

Hopes of balancing the books hinge on attracting in more patients from outside Peterborough to boost the revenues: but this may be no more than wishful thinking.

■ **Peterborough** is the only Foundation Trust on the rescue list of financial basket case hospital trusts weighed down by PFI payments. The list was drawn up by Andrew Lansley's department in a bid to buy the government's way out of problems on PFI while leaving PFI schemes (and the hefty profits they offer to shareholders) still intact.

Far from unpicking PFI, Lansley, following the lead of Chancellor George Osborne, has been busily signing new PFI deals in the 18 months since taking office, compounding the financial problems of more and more Trusts.

■ **No PFI bail-out** is on offer for the cash-strapped Norfolk & Norwich Hospital, one of the early large PFI projects, and notorious for the huge windfall profits scooped up by investors in the first few years after the hospital opened. The PFI investment is now mostly owned by companies based in tax havens.

The Trust has already paid £460m for a hospital valued at £158m – but has to keep on paying a rising amount each year to 2031 – almost £1.2 billion more in total over the next 19 years.

■ **Across Eastern Region**, PFI is funding hospital schemes in the NHS worth £850m: a total of £592m has already been shelled out in payments, but another £4.1 billion is yet to be paid over the next 21 years, according to the latest figures on the Treasury website.

Community health: the great carve-up

Despite staff opposition, and with a cynical disregard for any serious consultation with staff, patients or public, community services in three areas in our region have been hived off to so-called "social enterprise".

Great Yarmouth and Waveney (now East Coast Community Healthcare CIC) has now joined North East Essex (now rebranded as "Anglia Community Services" or ACE) and Mid Essex (now "Central Essex Community Services" – CECS) as a non-profit business, with its staff no longer NHS employees.

Suffolk's services are to be split up and hived off in lots, with private companies in the running, including Assura Medical, 75% owned by Virgin.

But contrary to the claims of dictatorial managers riding roughshod over the views and interests of their staff to force home their "social enterprise" ambition (and open the way to fat salary increases for themselves) other options were always on the table.

In West and South West Essex community services were taken over by NHS bodies, although in the case of SW Essex it is a 2-year deal with NE Essex Mental Health Trust. Luton Community Services, already merged with Luton, are in negotiation with Peterborough with the aim of jointly forming a trail-blazing community foundation Trust.

ACE chair Richard Kearton, told a completely uncritical *Financial Times* reporter that staff were effectively 'all in it together' after they "decided to leave the NHS":

The reporter failed to interview anyone other than management figures from ACE.

The reality is that the establishment of these non-profit companies is simply a stepping stone to outright privatisation by a for-profit company such as Assura when the contracts next come up for tender.

UNISON will continue to represent its members in social enterprises insofar as these new bodies can be persuaded to recognise and negotiate with trade unions.

But it is still firmly opposed the establishment of social enterprises: the claims that workers would be in any real control were always spurious, while the threat to terms and conditions, NHS pensions, and long term security were all too real.

Jobs axed in cash squeeze

Foundation Trusts in Eastern Region are seeking some of the country's biggest cuts in jobs as they battle to reduce their pay bills over the next two years.

Biggest of all, according to figures released by Monitor to the HSJ under Freedom of Information Act, is Cambridge University Hospitals FT, with 7000 staff, which is aiming to cut a massive 14% from its pay bill – almost £45m.

423 staff posts are already set to go, mainly in admin and clerical , non-clinical support and scientific and technical staff, while overall numbers of nursing and medical staff are set to rise slightly.

But with so many fewer support staff around, front line professionals will wind up having to cover that work themselves, diverting from patient care, and dragging down staff morale.

Fifth largest in its targets for pay bill cuts was **Basildon and Thurrock University Hospitals**, aiming to cut 11.5% – equivalent to £18.8m

■ **Colchester Hospital** has announced plans to cut its workforce by 370 (10 percent) this year and next – with a third of these to be from clinical posts.

■ **Addenbrooke's Hospital** is among the hospitals most eager to cash in on the chance to generate more income from private medicine, if Andrew Lansley's Bill raises the limit from an average 2% of Foundation Trust income to a massive 49%.

Challenged on this by local Labour Party activists, chief executive Gareth Goodier claimed he was unable to say what increase in private patients the FT would be looking to achieve.

Never mind the patients . . . Suffolk's community services split up and flogged off

East of England NHS up for sale

Like a kid in a sweetshop, NHS East of England is gleefully privatising a growing list of services, leading the race to hive off as much as possible.

While the privatisation of the management of Hinchingbrooke Hospital has grabbed the headlines, plans are also forging ahead to split up and hive off of most of Suffolk's community health services.

Great Yarmouth is the latest to have community services hijacked by a management-dictated "social enterprise" last October, despite the opposition of the staff unions.

Other services out to tender include Anglia Support Partnership and even complete 'care pathways' for services: according to Pulse magazine:

"Private companies are poised to bid to run huge chunks of NHS care across the country, as a host of PCTs follow NHS East of England's controversial lead in placing entire care pathways out to tender.

"NHS East of England plans to auction off £300m of services to GPs, private companies or a combination of the two, in pathways including respiratory and musculoskeletal medicine."

NHS East of England has established a "unique Commercial Advisory Board" to drive privatisation, coordinated by a "Strategic Projects Team".

One common factor in every case is the complete lack of consultation – either with the staff delivering the services that are being parcelled up and offered up for tender, or with the local people who depend upon these services.

Why the big sell-off?

The decision to hive off community health services in Suffolk is motivated purely by ideology and a determination to introduce competition. Answering the 'Frequently asked Question' "Why is divestment necessary?" the SPT admits:

"Staff within Suffolk Community Healthcare (SCH)provide an excellent service of which the PCT is very proud".

Of course nobody could provide a service that is better than "excellent". But the SPT says it wants to "allow PCTs to "focus energies on commissioning" – whatever that means.

Far from being "involved throughout the process", all but a tiny and senior handful of SCH's 1,404 staff, along with the public, the County Council and almost all healthcare professionals have been left on the sidelines, as the process of opening up Suffolk's £58m community health budget is driven through by a hit squad of regional health bosses.

Even the Department of Health observers were shocked by the blatant lack of any involvement by staff and the wider public.

The bidders

Suffolk's community mental health services were carved up into four separate "lots" to facilitate privatisation. Nine potential bids from as far afield as Nottingham, 140 miles away, were shortlisted, only four of them public sector.

Two were large private companies:

Serco Health (the all-purpose multinational company that does everything from transport to prisons, driving licenses, education, hospital ancillary services and speed cameras) – the only company to bid for all four "lots":

Assura Medical (owned by Virgin, which won a GP contract in Essex, a £450-£500m contract for community services in Surrey) bidding for just one lot;

The only local NHS bid was from West Suffolk Hospital NHS Trust for specialist paediatric services – but managers were convinced this would go to a private company.

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Failures in this key area of the NHS could have devastating consequences for some of the county's most vulnerable people and their families, but also bring knock-on problems to GPs and expensive new pressures on hospital services.

So there are good reasons why Suffolk residents as well as health workers should be concerned at the implications of these changes, and should have been consulted fully from the start on the implications of a change.

But NHS East of England and NHS Suffolk have been consistently determined to ensure that they are excluded from the process.

The nine shortlisted bidders were given until December to submit their responses to the ITT (Invitation to tender) documents, and there is to be a further selection process for "recommended bidders" in the new year.

Anglia Support Partnership

Serco is the preferred bidder lined up to take over Anglia Support Partnership (ASP) – a provider of back office services with 80 contracts in 49 NHS and public sector bodies, stretching geographically from Eastern England to Northern Ireland.

It has a turnover of £36m and employs 600 staff. The contract is worth £400m.

All four shortlisted bids were from large for-profit corporations: **Capita Business Services**; **MITIE Group**; the ubiquitous **Serco**; and **Sodexo**.

The handover to the new 'strategic partner' is set for the next few months – all without any actual consultation process with ASP's 600 staff.

"Commercial secrecy" is the excuse for keeping staff in the dark, making a nonsense of the trite platitude that "we should remember that the value of ASP resides in its people, their knowledge, experience, and relationships with customers".

In NHS East of England, staff are seen as a part of the office furniture, and treated with rather less respect than livestock when a farmer sells up his business.

Auctioning off whole Pathways

Despite the rhetoric in Lansley's Health Bill, which claims to be about putting the control into the hands of GPs, the commissioning process is too complex for most GPs to manage.

So in East of England big companies from private medicine at home and abroad are being encouraged to bid for whole "pathways of care" offering everything in one neat private sector bundle for GPs.

The winners, according to the SHA's Dr Steve Laitner, will be "both providing and contracting" [i.e. commissioning].

Isn't that just what the PCTs used to do – before the Department of Health decided it was unacceptable?

So why is it OK for a private sector contractor to combine both commissioning and providing services, but ruled out for PCTs and the public sector?

A Pulse report last March was clear on the outcome:

"These plans – signed off by NHS East of England – will hand private firms, NHS providers or acute trusts a fixed amount of money, creating an 'incentive' to increase profit margins by delivering cheaper care out of hospital for frail and elderly patients and those with respiratory and musculoskeletal problems."

However local GPs have been kept in the dark. Dr Brian Balmer, chief executive of Essex LMCs and a GP in Chelmsford, said:

"A lot of our GP commissioners don't know anything about these plans. The SHA's commercial wing these days is very, very ambitious.

"They are keen to be the first to do these dramatic things that could see us turn into an American-style health service that we can't afford and that will harm patients.'

"Meltdown" looms at Ipswich

UNISON has echoed the concerns of an anonymous whistleblower at Ipswich Hospital who has publicly warned of possible "meltdown" as spending cuts force severe and chronic staff shortages and put patient safety and quality of care at risk.

Speaking in confidence to the East Anglian Daily Times, she also warned that experienced staff with a wealth of specialist knowledge could be lost from the hospital.

Last May the hospital was criticised by the Care Quality Commission over its care of older patients.

UNISON's Regional Organiser Tim Roberts said:

"Our members are so worried about the level of care. Apparently there were instances of managers feeding patients and pushing beds.

"The hospital's finances are a millstone around the hospital's neck and they are taking gambles – trying to save money.

"The situation is set to get much worse – it is starting to melt down."

Ipswich Hospital Trust has been battling to achieve a £16.7m cost improvement target in the harsh conditions of NHS finances, and has opened up consultations on redundancies as it tries cut a further 150 jobs on top of the 100 axed last year . Morale has predictably slumped, with just over a third of staff saying they would recommend the Trust as a place to work in the latest staff survey.

This year the Hospital has suffered a further double setback: its bid for foundation trust status has been put on hold due to its financial problems, while it is losing a specialist service, with major vascular surgery to be "centralised" at a new regional centre at Colchester Hospital, obliging patients to travel there rather than be treated locally.

The bid for Foundation status has foundered on the Trust's rocky finances: by the end of December the Trust was £7m in deficit, more than £6m worse than the target, with income from clinical services £2.8m below the planned level. It is carrying £3.7m of historic debt.

The Trust is saddled with the ongoing costs of the £36m Garrett Anderson treatment centre, which has already cost £15.6m and will cost another £112m as annual payments rise each year to £5.9m in 2036.

It is also being squeezed by NHS Suffolk's efforts to reduce the numbers of patients treated in hospital, which is set to continue.

One scheme involves sending one patient in ten back to the GPs who referred them to hospital – making a nonsense of GP clinical decisions and patient choice.

Charges soar in social care cuts

The task of caring for older people and safely discharging them from hospital is being made much harder by constant cuts in budgets for social care, which is commissioned by local authority social service departments.

Services vital to support frail older people have come under the hammer as massive 28% cuts on council budgets have led to yet another round of social care cutbacks.

There have been big hikes in the cost of community meals services in Luton (4.6%) Thurrock (17%) and Suffolk (up by over 40% from £3.55 to £5). Suffolk has scrapped overnight respite care.

Peterborough has closed a residential home and bumped up the cost of short break services, while Cambridgeshire has closed one of its short break homes.


"It's a breakthrough in care for the elderly"

Home care services in Bedfordshire have now increased in cost to a massive £17.45 an hour, and costs have also been raised in Luton.

Expect more cuts to come as the new financial year starts: the squeeze goes on at least until 2014 – with NHS staff forced to shoulder the extra burden.

Hinchingbrooke: Hedge funds the real power behind Circle's takeover

The government's decision to sign a 10-year contract worth £1 billion for an untested private profit-seeking company to manage the heavily indebted Hinchingbrooke Hospital really is the triumph of hype over experience.

The hype has come thick and fast from Circle's smooth talking boss, former Goldman Sachs banker Ali Parsa who has tried to create the impression in acres of tame media coverage that Circle is some kind of benevolent workers' cooperative, while in fact it is controlled by hard-nosed private equity and hedge funds.

Far from being a new type of company handing control to the workers, Circle is hostile to trade unions, and will have to resort to old-fashioned cuts in the workforce if it is to generate the "efficiency savings" it needs to put the hospital into surplus.

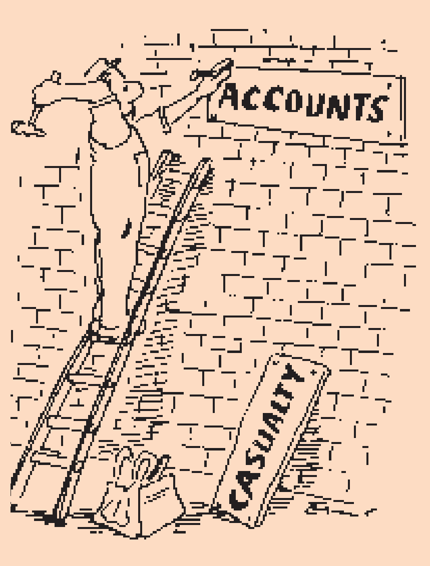
The hospital faces a £10m gap between income and costs in 2012-13. Meanwhile NHS Cambridgeshire has decided stroke patients will be treated at Addenbrooke's – further reducing the income.

The NHS workforce that Circle is attempting to manage at Hinchingbrooke is three times larger than the grand total of 568 people working for the whole Circle group.

And so far managers have set out no concrete proposals on how they plan to save money and turn around the finances when they take over in February.

Its vacuous 16-point "improvement plan" is better at spending money than saving it – promising "Michelin-quality" meals, a new "value-for money entertainment system" for patients and "fairer car parking", and even hinting at improving nurse staffing levels.

And its suggestion of raising more income for the Trust by "capturing 5,000 patients from a 30-mile radius" flies in the face of Cambridgeshire and Peterborough commissioning plans to reduce the tariff and cut referrals for hospital treatment.



The uncertainty over the Hinchingbrooke contract is even greater since Circle will only be paid a share of any surplus the hospital makes. It might not make any.

Circle itself is already heavily dependent upon the NHS: its main current income stream comes from an NHS contract.

Its business plan to expand its private hospitals is dependent upon it continuing to build a workforce by poaching consultants, nurses and other staff trained by the NHS.

Behind the hype, overall *control* of Circle is firmly in the hands of a separate for-profit company, Circle Holdings, 95% owned by a private equity and other city interests, including some of the world's biggest hedge funds. Over the last six years they have funnelled £140m into the company – so far for no return.

For all its talk, Circle has yet to make a success even of running its two extravagantly expensive and tiny (30 bed) private hospitals and has run up six years of losses so far.

The company has already lost two NHS-funded Treatment Centre contracts: its £34m a year ISTC contract in Nottingham has only one more year to run. In the last three years Circle's losses were £40m, £20m and £35m.

So the staff and services at Hinchingbrooke will be right in the firing line as Circle takes the reins.

How hard NHS staff will want to work at making surpluses for Circle is open to doubt.

How many of them will lose their jobs and how many services will be sacrificed in the bid to make surpluses we can only wait and see.

The Hinchingbrooke contract is a gamble with high stakes; yet remarkably it's already being discussed as a model for other struggling Trusts, even Peterborough.

Other theories suggest the project is set up to fail horribly.

Time will tell.

Lansley defies Commissioner to keep risks of Bill under wraps

Health Secretary Andrew Lansley has been called upon confirm or deny the truth of an alleged leak from the document that his Department of Health has been suppressing, in defiance of rulings by the Information Commissioner.

A blog post, by a pro-Labour critic who claims to have seen the document, reports that among the issues raised by the 'Risk Register' compiled by DH officials more than a year ago:

■ Warnings that Lansley's controversial top-down reorganization of the NHS could "spark a surge in health care costs"

■ The possibility that the extra costs of bringing in more private sector could make the NHS "unaffordable"

■ The fear that GPs – who are to be nominally in charge of 'commissioning' (purchasing) services worth upwards of £60 billion a year – lack experience and skills in managing costs.

These warnings echo criticisms raised ever since Lansley's proposals were first put forward.

But the Risk Register has been withheld from MPs and peers voting on each stage of the Bill, and from the so-called 'Future Forum' on the Bill, despite two rulings by the Information Commissioner – upholding Freedom of In formation Act requests – and calling for it to be published.

A defiant Lansley has now

dragged the process out further by appealing against the Commissioner's ruling, with a Tribunal hearing now scheduled for March, AFTER key votes in the House of Lords, which will turn its attention back to the Bill next week.

● One risk register that has been published is the East of England report from last September, which gives the region a red rating on a number of key issues:

● GPs not engaged with the QIPP cuts programme

● Clinicians "do not have belief, confidence or ambition to embrace change"

● Loss of key personnel with an impact on quality and safety

● Lack of midwifery staff

● Existing services destabilised, and capacity inadequate to meet pressures

● CCGs not developed quickly enough to take over from PCTs

● "Mission critical" staff may leave "leading to system failure"

● Emerging CCGs may not have the right calibre of people to support them

When doubts this big are expressed by one of the most gung-ho Strategic Health Authorities covering Lansley's own constituency, it's easy to see why he wants to keep the national risk register firmly under wraps.

Far from being put in charge, GPs in Eastern England are facing a massive pressure to work harder and faster, according to a survey by GP Online. GP practices could be expected to take on up to 25% more work by 2014 – to help the NHS cut costs by moving care out of hospitals and dumping it onto primary care.

NHS Mid Essex wants GPs to refer fewer patients to hospital, work longer hours and cram in more patients to each session.

NHS Norfolk is demanding GPs deliver a 25% increase in "activity" in primary care.

NHS Peterborough is planning to slash spending on hospital care by £15m a year, and put just £6.4m of that into primary care – while demanding almost 15% more activity from GPs.

Suffolk mental health beds are full to bursting

Shocking figures at the January Board meeting of NHS Suffolk show the massive strain on the county's mental health beds.

Over the ten months to November 2011 the occupancy rate only fell below 117% for one month (August), ending at over 123% in November – more than twelve in-patients for every ten beds!

The Royal College of Psychiatrists has pointed out that while official statistics indicate bed occupancy levels among adult patients of between 85% and 92% in each of the four UK countries, independent surveys find levels ranging from 100 to 140%.

A survey by the RCP last year found average bed occupancy rates in English inpatient units were well above the 85% standard, with some wards running at 120% occupancy. More than half of all adult general wards we over 100% occupancy, while just 21% of acute wards meet the 85% target.

The RCP also found that 544 consultant posts in the UK – 14% of the total – were either unfilled or filled by a locum. In addition, 209 consultants intend to retire or resign soon, a situation exacerbated by the government's cap on immigration from outside the EU.

"This is a huge, a massive problem," said Professor Dinesh Bhugra the outgoing president of the Royal College of Psychiatrists.

"We will be left with a dangerous vacuum of help for people with mental health disorders or will be forced to get special dispensation from the government to recruit heavily from countries who can ill afford to lose their mental health professionals."

"Very high bed occupancy militates against quality and safety of inpatient care. It can result in patients becoming more distressed and unwell, and likely to need more longterm care.

■ A staggering 84% of psychiatrists think Andrew Lansley's controversial Health and Social Care Bill should be withdrawn, according to a survey of 1890 members by the Royal College of Psychiatrists.

Only 12% thought the Bill would improve the care patients receive.

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£38.48–£96.16	☐	£2,001–£5,000	£0.81	£3.50	B
£96.17–£153.84	☐	£5,001–£8,000	£1.22	£5.30	C
£153.85–£211.53	☐	£8,001–£11,000	£1.52	£6.60	D
£211.54–£269.23	☐	£11,001–£14,000	£1.81	£7.85	E
£269.24–£326.92	☐	£14,001–£17,000	£2.24	£9.70	F
£326.93–£384.61	☐	£17,001–£20,000	£2.65	£11.50	G
£384.62–£480.76	☐	£20,001–£25,000	£3.23	£14.00	H
£480.77–£576.92	☐	£25,001–£30,000	£3.98	£17.25	I
£576.93–£673.08	☐	£30,001–£35,000	£4.68	£20.30	J
£673.08+	☐	over £35,000	£5.19	£22.50	K

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