

HEALTH EMERGENCY

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Profits From Illness

DESPITE repeated fanfares, no contracts have yet been signed for new hospital developments financed by consortia of private developers, banks and service providers under the government's controversial Private Finance Initiative (PFI).

Since it was introduced, compelling the NHS to seek private tenders for any scheme costing over £5m, dozens of new NHS building projects across the country have ground to a halt.

Two major PFI schemes have now been given Treasury approval to proceed, the new £170m Norfolk and Norwich Hospital and a

new £90m hospital for Swindon and Marlborough Trust. But still the Trusts have not yet signed on the dotted line, and already health chiefs have admitted that the Swindon scheme will not produce the promised savings.

"Originally we were looking to get savings from the scheme. But we have now accepted a revenue-neutral position," said Wiltshire health authority's boss.

The vanishing – and always illusory – prospect of cost cutting is not the only disadvantage of PFI for the NHS. Many of the projects have been scaled down and altered to suit the companies involved.

The planned Norfolk and Nor-

wich Hospital for example would have only 700 beds – little more than half the 1200 currently available at the hospitals it is to replace.

Other PFI schemes involve NHS Trusts handing over tracts of prime development land at knock-down prices.

And all of them wind up with private firms owning key facilities or whole hospitals, which would be 'leased back' to the NHS for profit.

As an extra bonus the consortia will also secure long-term contracts to provide a range of support services: as monopoly suppliers they can be expected to force prices steadily upwards.

The initials PFI can better trans-



Andrew Ward

Now bankers and builders hope to grow fat on profits from the NHS

late as Profits From Illness. While conducting their lengthy, secret discussions with Trusts behind firmly locked doors, the consortia have held out to secure guaranteed hefty profits at minimal risk. In the longer term, they may also look to manage and provide clinical services.

To force through these changes the government has repeatedly had to move the goalposts, cutting government capital allocations to the NHS, tearing up its original stipulation that PFI schemes demonstrate value for money, and pushing through panic legislation that would compel a future government to underwrite debts run up by Trusts – ensuring that PFI firms get their

profits regardless of what happens to health care.

Health unions and shadow ministers have been fighting to expose the dangers of PFI, which drives a new, deadly wedge of privatisation into the NHS.

Harriet Harman has correctly demanded that details of any PFI contracts be published.

UNISON has launched a new campaign against PFI, which will include a conference in June.

The union wants to persuade opposition parties to state publicly, prior to the next election, their intention to repossess any assets and services transferred under these rip-off deals.

Asylum Bill raises new health risk

THE HEALTH of thousands of refugees could be put at risk if the government's racist Asylum and Immigration Bill becomes law later this year.

Of the estimated 3600 people who arrive in Britain each month as refugees seeking asylum, about 2700 are likely to find themselves denied social security, housing benefit, child benefit and access to local authority housing.

The new legislation is likely to split up families and increase the stress and deprivation of already desperate

people, many of whom have already been traumatised by events in their own country before fleeing here.

These pressures coupled with the lack of cash for food or clothing can have disastrous consequences for their physical and mental health.

Health care

Although the new legislation does not specifically end asylum seekers' entitlement to free healthcare, it minimises their chances of getting it.

Refugee organisations point out that people will not know

that they can use the NHS. Being homeless, many will find it hard to register with a GP, especially fund-holders who are especially reluctant to take on homeless people.

Some may fear to report illness, worried that they might be deported on health grounds.

If they do become ill, refugees are more likely to wind up in over-stretched inner city casualty units, which do not have the time or resources to carry out the health screening that many refugees need.

The NHS should be seeking contact with refugees, offering

proper screening and child immunisation. If not, infectious diseases could spread within and beyond the refugee groups themselves.

But instead of giving the NHS the resources to tackle the real health needs of refugees, the new legislation simply makes the problem worse.

That's why all of the health unions have backed the campaign to stop the Asylum and Immigration Bill, before any more damage is done. The fight goes on.

