

## Coming together

From the shires to the cities, Britain's streets and parks are seeing protests about the health service that are drawing comparisons with opposition to the poll-tax. Furious at cuts, closures and further restructuring, local concern that services are in jeopardy is building pressure at a national level.

Under the banner NHS Together an unprecedented alliance of 16 health unions is organising a national day of protest on Saturday 3 March inviting the public to join NHS staff in events all around the country. Save hospital campaigns and local branches of the Keep Our NHS Public campaign have sprung up in 50 areas across the country and will help to organise this next step in the campaign to get the government to change its tack on the NHS.

Faced with impassioned dissent from all corners of the country - the Department of Health has remained upbeat, quoting statistics about falling waiting lists and increased staff numbers, while emphasising the need for financial checks on health service spending in the face of advancing technology.

Meanwhile doctors, nurses, cleaners and other support staff are telling a different story, that the round of seemingly random cost-cutting taking place is not about reconfiguring services in a rational process based on staff and public consultation.

In November a lobby of Parliament attracted three thousand health workers and protesters, but failed to persuade the government to re-think the market-based strategy that requires each local NHS to bring their accounts into balance by the end of this financial year.

Dr Jacky Davis, a consultant radiologist and member of the British Medical Association, said: "The problem is that the policies are being driven by ideology. There is no evidence that increasing the use of the private sector and scaling back on staff and hospitals will be beneficial. No-one



**On the march: local campaigners take their protest to central London**

**"Patricia Hewitt's crowning glory as Health Secretary seems to be uniting the public and the NHS against her reforms."**

**Dr Jacky Davis**

outside Number 10 believes it will, and so far they have refused to properly consult with us, so it is not surprising the government have not got staff on board."

Public criticism is coming from all sides of the health service. Frontline staff and union leaders are talking openly about "creeping privatisation" and "fragmentation" of the health service. The use of PFI hospital build schemes and privately-run NHS treatment centres are routinely blamed for adding significantly to financial pressures.

For the surgeons and laboratory workers, health visitors and care assistants, senior midwives and young nurses not yet out of training, marching to Parliament was perhaps the first step in making their opposition public.

## Anger grows over NHS cuts

When 7,000 marchers in Sussex set out to raise the profile of their campaign to save A&E and maternity services at the Conquest hospital in Hastings. And protests attracted thousands more at Hayle in Cornwall, at Worthing, Oxford, Eastbourne, Nottingham, Banbury, Huntingdon, Stroud, Ludlow and the

Forest of Dean. Petitions calling for NHS services to be protected have been signed by 40,000 in Huddersfield and 29,000 in Nuneaton.

The Health Secretary's raised guillotine on budget deficits is the driving force behind all these protests, as health trusts are being pushed into arbitrary and desperate measures in order to meet financial targets. Now the many thousands out defending their local services are starting to ask why the pressure is being applied so hard?

There is no evidence that inefficient, unnecessary or excessive practices are

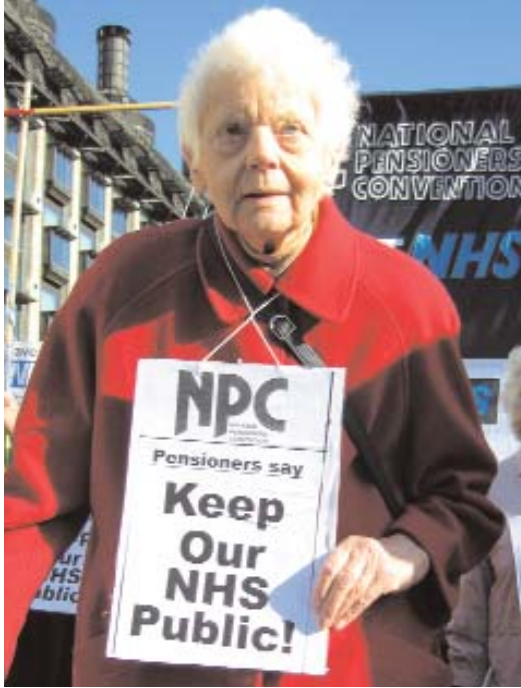
being shed in this process. All the signs indicate that this new approach is about replacing the health service with a health market. The benefits of local services, geared to the needs of local people and built up through long years of experience and dedication are being lost in the rush to achieve this change.

### Survival of the fittest

In trying to save a cottage hospital or an A&E department or the maternity services at the heart of their communities, campaigners are beginning

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## Campaigns working



### Cuts overturned in Gloucestershire

Campaigners in the Forest of Dean won their fight to save two community hospitals. There was an outcry when West Gloucestershire Primary Care Trust put forward proposals to close the Dilke Memorial and Lydney Community hospitals six months ago, as part of a package of cuts to save £40m. After hundreds of residents marched to save both hospitals, doctors from nine of the 11 GP surgeries in the Forest put forward alternative proposals that matched the savings needed

### Council steps in to help save health services

Surrey county council has ordered the brake to be put on local NHS staff and bed cuts. Epsom and St Helier University Hospitals Trust needs to save £24m over the next 18 months, but the council's health scrutiny committee has said the scale of the cuts is unacceptable. It is using its powers to ask that the public be consulted about these changes, which include the closure of maternity units.

### Patient power

When more than 1,200 patients signed a petition demanding that their GPs should not be forced to compete for their jobs against private companies, a chain reaction led to the Appeal Court. Patients in Derbyshire who saw a once dilapidated practice turned into an officially recognised training surgery, now feel they have the power to put the brakes on primary care privatisation. The Appeal Court told North Eastern Derbyshire PCT that it would have to re-tender its alternative provider medical services contract for the practice.

Pam Smith, a pensioner and former hosiery worker, was ecstatic that her appeal to stop United-Health Europe (the US's biggest healthcare corporation) from running her local GP surgery in Langwith, a village near Creswell, had succeeded. "This is a big step for patients everywhere," she said. "Patricia Hewitt said we have a choice over our health, but we were never given that choice when they were deciding to give our GP practice away to a big multinational American company."

The judge agreed that section 11 of the 2001 Health and Safety Act legally requires NHS bodies

# Playing politics with healthcare



The government has a vision for the health service, based on a belief in market forces. In a throw-back to pre-NHS times, a variety of providers, some based on commercial principles, some based on charity, will offer services to a market of health care consumers.

The set-up costs of replicating facilities and building through PFI initiatives are enormous. Shareholders in private concerns demand returns on their investments and the market players will all be competing for staff and driving costs down in an effort to win the 'business' of healthcare consumers.

This vision of a patient-as-consumer market is being forced onto the NHS by ministers as a way of justifying privatisation. While suggesting that patients benefit from more choice, what these reforms are really about is opening up a healthcare market to the private sector.

Having sweetened the path with contracts that guarantee income, premium rates and additional revenue

streams, the government is now insisting that PCTs favour private treatment centres over National Health hospitals. This has led to accusations that the government's reforms are actually about making sure that the new wave of privately run treatment centres get enough customers.

Patient choice is being limited, not expanded, as this pressure bites into health budgets and undermines clinical decision making.

An NHS hospital is not allowed to cut waiting lists even though it has the capacity to do so. Having taken out a block contract with a private treatment centre to do the same orthopaedic work, the Western Cheshire PCT is now putting pressure on patients to go there. At the same time, the Countess of Chester NHS hospital has been told that it can't cut waiting lists further and treat patients sooner.

A clinician who prefers not to be named says: The PCT is very keen to influence patients away from the NHS. "They try to persuade patients to go to the treatment centre in part by telling

to involve patients in the planning, development and operation of services. This means that the judge recognised that PCTs are legally required not just to inform patients of what they're doing but to build local concerns and wishes into the tendering process.

This decision sends a clear message to campaigners about the importance of consultation as a method of changing policy direction.

### Judge rules in favour of public consultation

Closing two hospital wards at an Altrincham hospital is arguably unlawful because of a lack of public consultation, according to Mr Justice Collins. Health in Trafford, led by a former nurse, Pat

Morris, challenged Trafford Healthcare's decision to close two wards in order to save money and won.

### Health victory in East London

Pressure from Waltham Forest Keep Our NHS Public on the local council's health scrutiny committee has forced the primary care trust to cancel public over plans to cut 22% from district nurses and 45% from school nurses.

"Some 50 health workers and members of the public lobbied the health scrutiny committee. Waltham Forest council in east London unanimously opposed the proposals" Mr Dudley Health Visitor and amicus rep.



**Protesters raise the link between hospital cuts and market reform.**

## The games people play

- Over one third of primary care trusts are now using “referral management centres”. Patients’ groups and doctors’ leaders have said that the centres are adding another level of bureaucracy that prevents patients from seeing the doctor of their choice and, in some cases, prolonging waiting times in order to save cash. Some referrals have been sent back on the grounds that the patient is not sick enough to warrant hospital consultation.
- Evidence from almost 100 PCTs has found that 10 percent have specific targets for cutting down GP referrals. ‘Referral management’ is most often used in orthopaedic, dermatological and physiotherapy cases, to cut down on the use of consultants in the NHS.

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- The government is out of step with public opinion, as a recent YouGov survey revealed, in believing that people want more choice in their health provision. Patients prefer quality of treatment over choice every time. And there is no public appetite for privatising the Health Service after other privatisations failed to add value or choice to services, but accelerated costs and profits.
- Tony Blair has said that by 2008, 40 percent of the work carried out by private hospitals will be paid for by the NHS. Despite this massive switch from public to private health care, the government still denies that the health service is being privatised.

them they’ll have to wait longer if they go to the hospital.”

When patients in Milton Keynes started complaining of long delays, their GPs discovered a backlog of more than 2,000 letters locked in the cupboard of a referral centre secretary until just short of the 13-week waiting target for appointments. Dr Peter Birkin, one of the doctors who investigated the delays said: “There were cases that could have been very serious and needed to see a consultant quickly. We were horrified. The decisions were taken by secretarial staff, not doctors.”

In another case of clinical choices being overridden, a patient with an urgent referral for rheumatoid arthritis was triaged to a physiotherapist who then, six months later, referred to the rheumatology clinic. The GP, Dr Eithne Macrae, said: ‘I am not knocking the value of physiotherapy, but I do not believe that I overrefer to consultants. When I feel that a consultant opinion is warranted, I am frustrated that my opinion counts for nothing.’

## Survival of the fittest, continued

to understand where the government’s new approach is inevitably leading. If a hospital is saved in one town, then it will be at the expense of a different hospital in another town or part of the region.

Pitching cities and villages against each other to compete for centrally controlled resources, the government’s market based reforms point to a permanent revolution in health care, which may see the destruction of loved and trusted health services being replicated all over the country.

Pressure is now growing to challenge a system that puts budgets before patient care and expects hospitals to fight for survival in competition with each other.

# How to find other health campaigners

The NHS Support Federation has compiled a list of health campaigns across the country. Go to our website [www.nhscampaign.org](http://www.nhscampaign.org) and click on the map to find those near you. Or add details of your own group so that other people can find and support your campaign. You will also find a campaigning guide full of suggestions and information about getting active in support of your health service.

**Sign up to the open letter to Tony Blair** - Don’t waste the NHS on market reform [www.nhscampaign.org](http://www.nhscampaign.org)

**A private company is taking over the running of an NHS hospital** which includes its emergency care for the first time. The Lymington New Forest Hospital in Hampshire - a £36 million PFI (private finance initiative) hospital was purpose-built to be run by a subsidiary of Care UK. The huge expense of building the hospital has been met by the taxpayer to enable a private company to make profit. Local patients will have little choice but to use the private facility.

**Private companies take a billion pounds in profit** and interest from the NHS according to figures published by the Keep Our NHS Public campaign. This sum is double the current £500million deficit that is creating cutbacks, redundancies and delayed treatment across the country. The extent of private sector involvement is revealed in a new report *The Patchwork Privatisation in our NHS* also published by the campaign and available from the NHS Support Federation.

**Keep Our NHS Public** is a coalition of health groups, unions, NHS staff and individuals who are working together to campaign against the privatisation and marketisation of the NHS. By working together these groups have helped to raise public awareness and involvement, in responding to the direction of our health service.

**The NHS Support Federation** is one of the groups, along with the **NHSCA and Health Emergency** that started the KONP campaign. It has been campaigning around the health service since 1989, is independent of any political party and works to promote and protect the idea of comprehensive healthcare that is freely and fairly available to all. It provides staff and its office and resources to the KONP campaign. It is funded by a membership of NHS staff and supporters, who share its commitment to the NHS. If you would like to offer your support please fill in the form overleaf.

**Stay in touch with the NHS and health stories.** Health Watch is a quarterly summary of health sector stories and developments. It is written for those who want to keep in touch with health issues, but without wading through a mountain of papers and journals. With jargon free writing it puts the most important stories in one place. For your free trial subscription email [oilvia@nhscampaign.org](mailto:oilvia@nhscampaign.org) or ring 01273 234822.

# Market forces replace health planning

Where cuts are being applied seemingly without regard to public need or a coherent strategy, one significant impact of the government's reforms is the loss of health planning. This is no longer possible because of the political drive to a new way of working being imposed on the NHS.

If we continue down this road, the dynamics of the market place will replace strategic provision based on treating all patients according to local needs and medical priorities. The arrival of giant foreign health corporations in the UK reveals what a lucrative business ministers are encouraging. To see how effective this kind of system is in terms of patient care, we only have to look at the US, where the healthcare market has its winners and its losers.

## Government prefers the private path

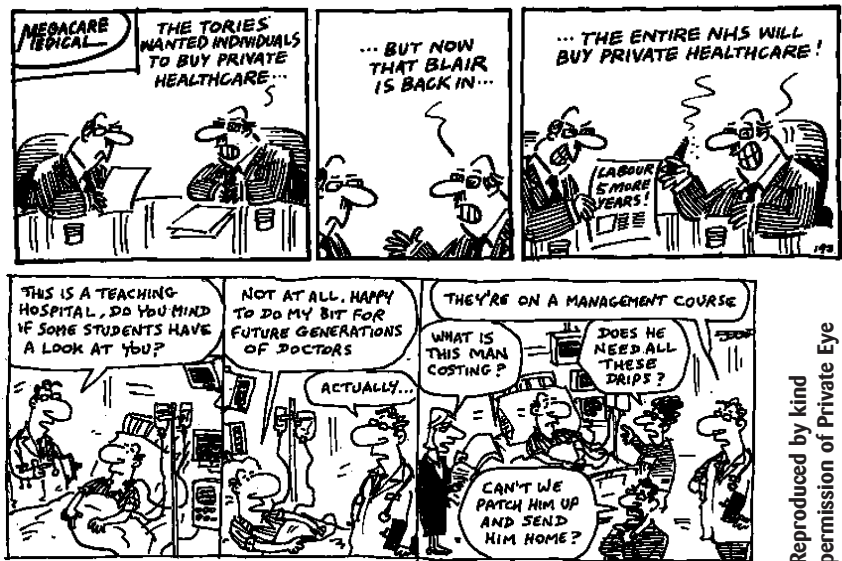
In the emerging market of different providers, the government is handing major advantages to private sector treatment centres, who are paid whether they perform operations or not. They also cherry-pick straightforward and inexpensive cases and pass after-care costs back to the NHS.

All of this adds to the huge financial pressure on the health service.

Lord Warner has granted an increase in funding to PCTs which is well below inflation for the next financial year – 2.5%. By contrast, the contractors running privately run treatment centres (ISTCs) are receiving up to 27% above the NHS tariff for procedures.

## Private centres: publicly unaccountable

The Commons Health Select Committee



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carried out an investigation into the use of privately-run independent sector treatment centres (ISTCs) which found no evidence that they increase capacity or provide value for money. Concerned that the private sector is competing with rather than complementing the NHS, the Committee asked to see the Department of Health's report on the impact ISTCs are having on NHS facilities. They were denied access to the report on grounds of 'commercial confidentiality' – an aspect of privatisation of great concern to patient groups and politicians alike.

## Public health or private wealth? PFI: The story so far

A parliamentary question has revealed the cost to the NHS of the private finance initiative building programme. Under the

scheme, the NHS will pay private companies £53bn for hospitals worth only £8bn. Under PFI, a private company builds a hospital and then collects "rent" from the NHS for around 30 years.

Of the 50 PFI hospitals already open, 27 are already running well over the original estimated cost, by a total of £21million per year.

In the case of the Norfolk and Norwich hospital, the Octagon consortium has made gains of £95million through re-financing deals.

Figures given by the Government show that a hospital commissioned by Cornwall Partnership NHS Trust had a capital value of £10 million, but the payments under PFI will total £113.4 million – a return of more than 1,000 percent.

## Yes, I would like to support the campaign for a comprehensive NHS

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