



...then pledge to stop NHS commercialisation

Why we need to stop NHS commercialisation

THE EVIDENCE

The quality and safety of private treatment centres is in doubt

The BBC's Panorama programme uncovered shocking evidence of three men who died after gall bladder surgery and another death in North West England, all in private sector treatment centres. In one tragic case Dr John Hubley died after surgery because the private Eccleshill treatment centre in Bradford did not keep enough blood on site. In a damning comment by Michael Parker, President of the Association of Laparoscopic surgeons, he said would not want to be treated in a private treatment centre because of the lack of emergency facilities. The Care Quality Commission is now carrying out safety checks at all private treatment centres.

People having hip replacements at private treatment centres are up to 20 times more likely to need painful and expensive repair work. Many operations are having to be redone in NHS hospitals, at great cost and with serious staffing implications for the health service. A study by orthopaedic surgeons in Cardiff found that of 113 hip operations on patients sent from their NHS trust to Weston-super-Mare NHS Treatment Centre between 2004 and 2006, two thirds showed clear evidence of poor surgical technique, such as poor cementing of the hip.

http://www.timesonline.co.uk/tol/life_and_style/health/article6843637.ece

NHS market creates huge waste as funding is frozen

PFI is draining billions from frontline health services. Over one hundred hospital trusts are stuck with huge repayments after using private companies to build operate and finance their new hospitals. From 2011 to 2014 – their PFI costs will reach £4.18 billion, almost £1 billion more than current levels, according to documents sent from the Department of Health to the Treasury.

The steep increases come as the NHS prepares for its annual budget to be frozen, meaning cuts in real terms as PFI and other costs rise. As a result, hospitals have been ordered by Sir David Nicholson, the NHS chief executive, to make "efficiency savings" of at least £15 billion over the same period.

Private sector treatment centres are paid above the odds. The Department of Health admitted that across the first 20 private treatment centres the cost of work carried out is 12% more expensive than doing the same work in the NHS.

www.publications.parliament.uk/pa/cm200708/cmselect/cmhealth/1190/1190w118.htm

Research by Prof Allyson Pollock of Edinburgh University estimates that around £927m of the £1.5billion spent on contracts with private treatment centres in England could have been paid out for operations that did not take place, she said: "This is a really big issue. If the private sector is not doing the work this means the NHS gets a triple whammy - less money, more patients and dealing with complications from the private"

http://www.bmj.com/content/vol338/issue7702/press_release.dtl

PCT spending on management consultants has more than tripled in the past two years as NHS chiefs throw millions at the private sector, a Pulse investigation has revealed. Each PCT is now spending an average of £1.217m on external companies. The cost of legal and professional fees has also risen dramatically bringing the total paid to external companies to an average of £1.568m per PCT. The revelation comes a month after PCTs were ordered to cut referrals and follow-up outpatient appointments to save money.' [Pulse, 20th May 2009](#)

financial goals are coming before patient care

The priority of NHS managers should be the care of patients, but incentives and rules within the healthcare market place financial success as a competing objective. This had a direct influence of over events at Mid Staffordshire hospital where the death rate ballooned unnoticed by managers, who were according to a Health Commission report distracted by their financial goals.

[An Investigation into Mid Staffordshire NHS Foundation Trust by the Health Care Commission March 2009](#)

A number of studies have shown that competition in health care appears to be associated with lower quality (higher death rates) and that on balance the relationship between competition and quality of care appears to be negative. Commentators suggest that competition in health care too often works to the detriment of improving patient care with restrictions to the access of care, gaming, the shifting of costs on to fellow providers and the stifling of innovation. ([Propper, C., Burgess, B., Green, K. \(2002\) Does Competition Between Hospitals Improve the Quality of Care? Hospital Death Rates and the NHS Internal Market, unpublished mimeo, University of Bristol, CEPR & CMPO](#))

Increasing patient "choice" will not improve health service fairer

Introducing choice to health care is a key aim for the current government and one of the reasons behind the market reforms. But the evidence suggests that choice is likely to increase costs, is probably more likely to increase than decrease inequalities, and may or may not increase efficiency ([Fotaki et al. What benefits will choice bring to patients? Literature review and assessment of implications J Health Serv Res Policy Vol 13 No 3 July 2008](#))

NHS staff disagree with treating NHS patients in the private sector

Eight out of ten doctors are concerned about private companies profiting from the NHS, the most recent poll of NHS staff shows . www.lookafterournhs.org. Many NHS staff organisations oppose NHS commercialisation and actively campaign against it; including UNISON, UNITE, BMA, RCN, GMB, Royal College of Midwives, Society of Chiropractors and Podiatrists, Community and District Nursing Association, Chartered Society of Physiotherapy, Society of Radiographers, British Dietetic Association, Hospital Consultants & Specialists Association