

Unite guide to
Privatisation
of the NHS
England

SAVE  NHS





Contents

Contents	2
Introduction	3
Privatisation of the NHS	4
The Health and Social Care Act 2012	5
The impact of privatisation on patients	7
The impact of privatisation on staff	9
Finding your way around the New NHS	11
Where you can get involved	14
Campaigning to stop privatisation	16



SAVE NHS



Introduction

The Tory-led government is implementing the biggest restructure of the National Health Service (NHS) in England, in its history. The Health and Social Care Act is pushing an agenda of privatisation, fragmentation and market competition of health care provision supposedly to cut costs and improve the efficiency of the health service.

Unite opposes the privatisation of our NHS because:

- 1. It costs more**
- 2. Service quality decreases and patients suffer**
- 3. It creates health inequalities**
- 4. It fragments services**
- 5. It leads to a race to the bottom in staff terms and conditions**

What follows is a guide for Unite workplace representatives, members and activists to help them understand what is happening to the NHS in England. It looks at what is happening to services, how the new system is structured and areas where we can influence and defend the service that we are so proud of.

The NHS is structured differently in Northern Ireland, Wales and Scotland where many of these changes do not apply. This guide should be read as a Guide to Privatisation of the NHS in England. Unite will be producing specific materials and guidance for members in the other UK countries.

Privatisation of the NHS

The NHS was set up in 1948 to be a free and universally accessible system of health care, publicly owned and publicly funded through general taxation.

Over the past few decades, however, the NHS has been under a steady, and concerted attack, which is gradually undermining the world class health system that we cherish.

In 2012 the Conservative and Liberal Democrat coalition government implemented the Health and Social Care Act. This is the most serious challenge to the NHS in its 65 year history. Unless it is successfully challenged it will redefine our relationship with our Health Service; radically limiting the quality and quantity of care we can expect to receive, how we access that care, who is delivering it and even how it is paid for. The result will be poorer, fragmented services, with larger differences in quality and access. Services/treatments will cost more and the public will increasingly have to pay for aspects of their care that used to be free at the time of treatment.

Traditionally privatisation has been through the sale of public assets and services to private owners through the mass sale of shares, e.g. the sale of telecoms, railways, energy or water services. These companies then own the services and are able to make profits from them like any other private business. In the NHS until now, this model of privatisation has been unthinkable.

Over the last few decades, however, a much more subtle and slow process of privatisation has taken place, covering a vast range of developments that have sought to slowly introduce markets and private profit into health provision.

NHS privatisation is taking place through a combination of the following:

- The reduction of the role of government in regulating health provision
- The transfer of services to the private sector through “commissioning” from “Any Qualified Providers” such as Independent Sector Treatment Centres, Circle, Serco or Virgin Care.
- Outsourcing of parts of services to the private sector (e.g. IT, cleaning, pharmacy, pathology, security).
- The creation of market mechanisms for the distribution of funding within the NHS (e.g. commissioning, payment by results mechanisms, the purchaser-provider split and so called patient choice policies)
- The use of Private Finance Initiatives (PFIs) that use private money to build new buildings and infrastructure and then the state has to pay
- The creation of Foundation Trusts that are run much more like private businesses and have the ability to raise funding through private patients that pay for services
- Allowing services to become “not for profit” organisations such as social enterprises, cooperatives or mutuals and thus leave public ownership
- Limiting access to certain services previously provided by the NHS

The Health and Social Care Act 2012

The Health and Social Care Act 2012 can be seen as the consolidation of all of these policies. The government denies that it is privatising the NHS and claims that the health service will officially remain free at the point of use, funded from taxation, but already this does not stand up to scrutiny.

The Act leads to privatisation in two main ways:

1. Abolition of the democratic and legal basis of the NHS in England –

The Act ended the Secretary of State's duty to secure or provide health services throughout the country. It transfers and waters down many of these duties to various different bodies, including Clinical Commissioning Groups (CCGs), the NHS Commissioning Board (NHS CB) now known as NHS England, and regional Commissioning Support Units and Monitor. In practice these organisations will be deciding what services are delivered, who will deliver them, which service will be freely available and who will receive them.

2. Foundation Trusts – The Act makes it obligatory for all NHS hospitals to become Foundation Trusts by 2014.

Foundation Trusts are hospitals set up more like businesses with particular governance structures that grant them greater levels of autonomy over the use and disposal of NHS assets. They are able to raise private finance and enter into agreements with the private sector. This has already led to hospital departments being outsourced to private providers, such as cleaning, estates and maintenance, pathology and pharmacy.

Foundation Trusts (FTs) can also raise funds by treating private patients, which could lead to richer patients paying to jump the queue to access care more quickly. There is still a cap on the amount of money that Foundation Trusts can make from private patients, but the Act has dramatically increased this to 49% of Trust income.

3. Commissioning – Under the new system the NHS budget will be managed by a whole range of new organisations. Three of the main players are the Clinical Commissioning Groups, the NHS England and its regional Commissioning Support Units. These organisations are forced by the Act to give private companies and charities the chance to compete for contracts to supply care to NHS patients. In fact the vast majority of the Act is dedicated to setting up the system to deliver this new and extended market to run services and it now covers virtually everything the NHS does.

While commissioning is not new, it is expected to accelerate dramatically under the new Act. This will mean that large swathes of NHS staff will be outsourced from the public sector into private sector employment. It is also expected to lead to a "race to the bottom" in service quality and staff terms and conditions as different organisations bid against each other to win contracts.

Polls show that GPs do not want this new budgetary responsibility – they are therefore likely to outsource the commissioning process itself to expensive private sector consultants such as McKinsey, Deloitte or PricewaterhouseCoopers. Such organisations are already getting involved in the regional Commissioning Support Units, such as in Norfolk and Waveney CSU.

- 4. Any Qualified Provider (AQP)** – Under this policy the Act extends the “choice” of providers that patients are offered by their GPs. When patients are referred on for further treatment, such as speech and language therapy, they will frequently have to choose from a list of licensed providers, many of whom will be profit motivated companies. The idea is that for many kinds of care the NHS will be forced to compete with other providers and each will only be paid according to the patients that choose their service.

The policy will create instability of funding for NHS services, poor coordination and confusion for patients. Despite promises from government it is likely to result in competition based on price as well as quality,. Commissioners may look to drive down local tariffs forcing providers to cut costs at the expense of quality. In some cases large companies will operate services as loss-leaders (operating at below cost price to gain a greater market share), to drive tariffs down further and put pressure on non profit-driven organisations, so the effects will be the same as under price competition.

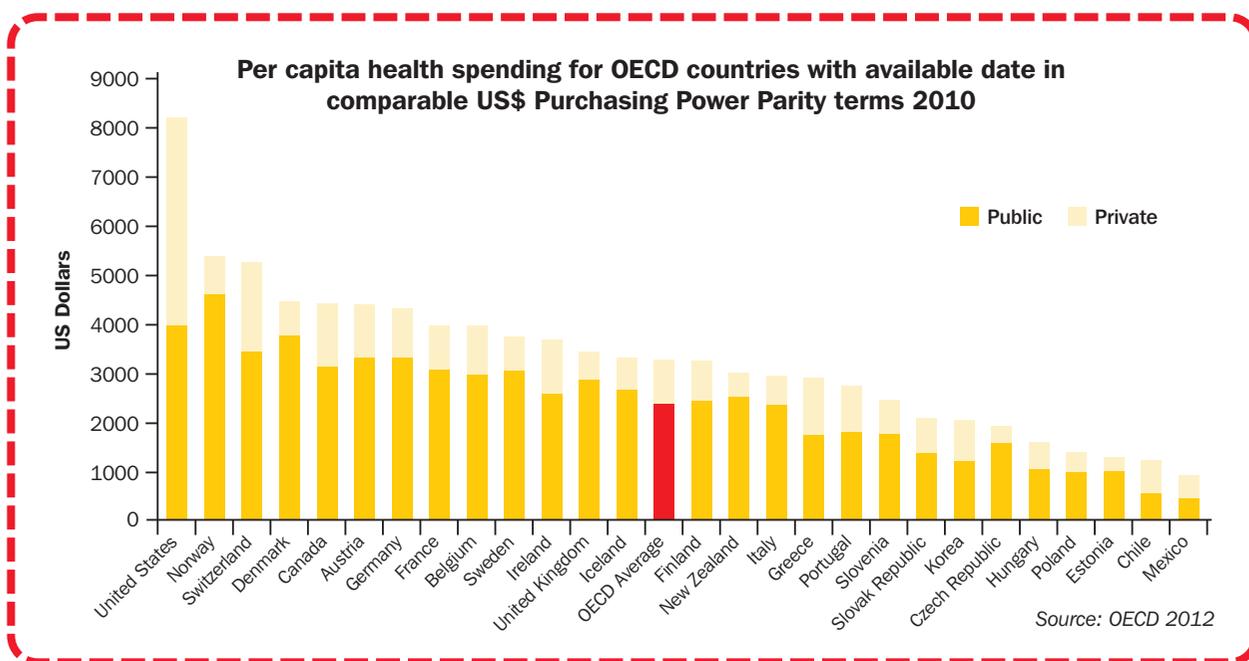
Lastly AQP will leave patients vulnerable to heavy marketing pressure from private companies keen to win their business. The bigger healthcare providers – the Virgin Cares and Sercos – will be able to fund glossy print and television adverts, leaving the squeezed NHS providers unable to compete.

- 5. The Privatisation of all NHS Property** – The Act transfers all NHS land and property to a new publicly owned company called NHS Property Services (often referred to as Propco). While still currently owned by the government the company is able to sell off NHS buildings and land. This is likely to happen once the new system is consolidated.

The impact of privatisation on patients

Cost

Privatised healthcare tends to cost more. It requires a large bureaucracy to operate, with huge transaction costs that come with contracts, billing and litigation. The chart below shows that in general, as the proportion of private spending on healthcare rises, so does the overall cost. The US has the highest proportion of private provision and its total healthcare costs are off the chart – even many Americans have no healthcare insurance, compared to the universal system for the NHS. For 2007 (latest data) the US spent 16% of GDP on healthcare, whereas Britain spent 8.4% (OECD, 2009). Yet there is the same ratio of health workers in the workforce and life expectancy at birth is higher in Britain.



Quality and quantity of services

The creation of a lucrative healthcare market can also impact upon the continuity of care people receive. There is always the threat that the private sector or other providers who take on a service that does not secure the expected financial returns may cut their losses and withdraw from the provision of that service.

The profit motive also encourages 'cherry-picking', where the private sector takes on the lucrative work, leaving the rest to the NHS under increasing financial pressure. For example, surgery like hip and knee replacements cross subsidise more expensive areas of care like A&E, ITU and renal units. Cherry-picking results in the loss of training opportunities for junior doctors and other health professionals as ever-larger shares of routine surgery and medical procedures are diverted away from the NHS. Centres for research and medical innovation are also threatened. This can ultimately lead to services being cut. Already there are fears that some services will be dropped and fees will creep in. For example this is happening now in sexual health and services and facilities for pregnant women.

NHS hospitals will therefore fail financially and be pushed into greater debt. This could lead to hospital mergers, closure or the private sector coming in to run the service on profit making contracts like Circle has at Hinchingsbrooke

Standards of care have already been shown to be at risk from private providers trying to keep costs down. The Guardian newspaper reported that “six people are feared to have suffered irreversible sight loss because of the failings of a privately run provider”, permanent damage may have been inflicted on patients with serious eye conditions due to the lack of follow up care after treatment.

In a second worrying example dangerous delays affected the patients of a privatised out-of-hours GP service in Cornwall. Serco, the company involved was found to be failing to meet legal requirements on staffing, and guilty of manipulating computer records to meet targets. The National Audit Office (NAO) was highly critical of the PCT’s failure to monitor the contract.

A competitive market system inevitably leads to greater rationing and gradually drives patients to take on more responsibility for funding their own care. We have seen this already in the privatisation of long-term care and dentistry. Patients may soon have to top-up the cost of their hospital care in the same way that many already do for community health services, like podiatry or physiotherapy. The concern is that the NHS will provide a less comprehensive range of treatments.

Accountability

Accountability suffers when private involvement increases. ‘Commercial confidentiality’ makes it impossible to scrutinise public spending because the information is not available. Companies negotiate complicated contracts that create a new layer of bureaucracy and legal costs – money that should be used on front line services.

For the private sector, the aim is to make a profit from every contract, which is not the same as providing the best service. Private companies are first and foremost accountable to their shareholders – just look at recent examples like Southern Cross, where the need to make profit led to the rapid closure of care homes, leaving old and vulnerable people with no home. In the case of Winterbourne View hospital people with learning disabilities and challenging behaviour were subject to horrendous physical and psychological abuse.

Fragmentation

Privatisation and commissioning will lead to fragmentation of the health service. This has gone hand in hand with a process of commercialisation – putting public bodies on a commercial footing (as with Foundation Hospitals) and redesigning the system along market lines. Having organisations and services competing against each other undermines collaborative working practices and good communication across services.

With different organisations delivering different service in different locations it is also likely that universal standards of services will end. This is likely to lead to a new health “postcode lottery”

with some areas receiving much better care than others. Such lotteries usually hit the poorest hardest, leading to greater health inequalities.

Fragmentation of services leads to worse clinical outcomes as staff have less opportunity to work in a fully integrated dynamic multi-disciplinary team. Patients with complex needs can be particularly vulnerable.

The impact of privatisation on staff

Current NHS staff

- Staff that are transferred from NHS employment to non NHS organisations would be 'TUPE transferred', i.e. they would retain their Agenda for Change terms and conditions at the time of transfer. These terms and conditions could be changed at some time in the future.
- Staff would no longer be covered by the national negotiating arrangements in the NHS, meaning they would not be entitled to any future pay uplifts or agreed changes to the Agenda for Change Terms and Conditions of Service.
- If staff moved from this employer to another outsourced community service they would lose their entitlement to access the NHS pension scheme and would be treated as 'new staff' rather than former NHS staff.
- The new service provider could argue that the service they will be providing is so radically different that they will not be requiring staff to transfer. Those staff will then be made redundant.

For more information on 'TUPE' visit the Unite website and download our legal guide TUPE - Transfer of Undertakings (Protection of Employment) Regulations 2006.

New staff

- New staff would not be entitled to Agenda for Change terms and conditions or access to the NHS pension scheme.
- The government has recently abolished the statutory guidance on a two-tier workforce across the public sector and public contracts. Unite continues to try to agree a deal that means that new starters will be entitled to overall no less favourable terms and conditions to transferred employees. The alternative is the creation of an unfair, two-tier workforce where employees carrying out similar roles receive different pay, terms and conditions. This often leads to a renegotiation of everyone's terms and conditions leading to harmonisation down for all staff.

Trade unions

- To negotiate pay, terms and conditions on behalf of staff, trade unions need to be recognised by employers. Currently there are national negotiations between the trade unions, the Department of Health and devolved administrations and the NHS employers nationally. This national strength places the trade unions in the best possible position to argue for improvements in pay, terms and conditions for staff and for action on issues such as workload, violence at work, equality and tackling discrimination.
- There is nothing to compel the myriad of different health service providers entering NHS provision to recognise trade unions. Recognition would need to be sought separately with each employer which can often be a lengthy process. With the fragmentation of health services between a large number of providers across the country it may become impossible to sustain a national agreement. While some employees may be able to secure higher wages Unite believes the splintering of trade union strength will leave most worse off.

Professional Standards

- Members are already experiencing major pressure on their professional standards due to increased workloads, cuts to staffing numbers and skill mix changes that replace professional staff with under qualified employees doing task work.
- Private companies will be far less accountable on their professional standards, putting the profit motive before the protection of patients and the public.

Training and development

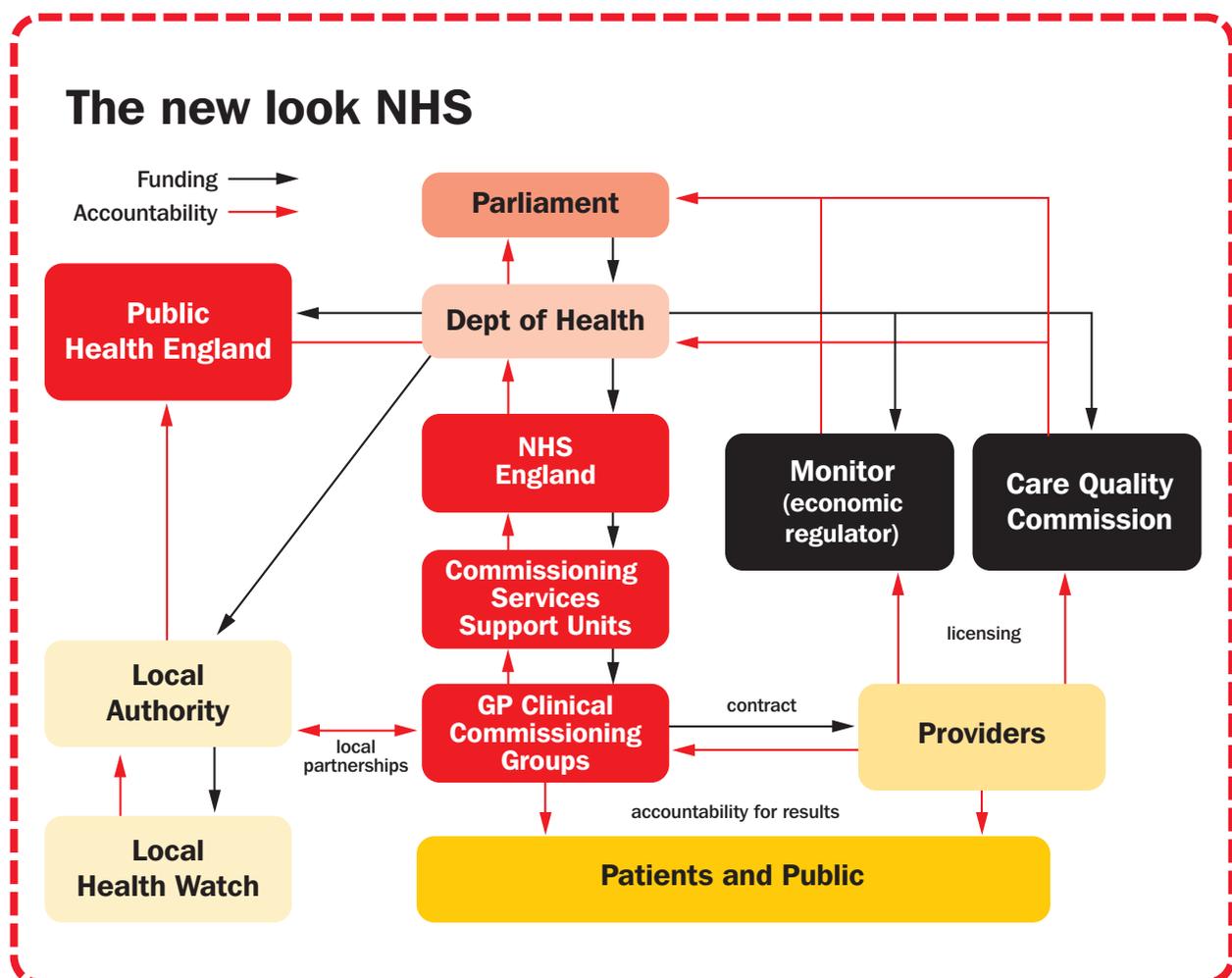
- Private health companies are already subsidised by the NHS since there is no obligation for them to contribute to the training of NHS staff. This means that the private sector is at a financial advantage to public sector providers. This could seriously reduce opportunities for trainee and new staff to attain the necessary training to qualify.
- Unite is worried that under the new system private providers working on short term contracts will simply buy in expertise, including from abroad, rather than investing in developing current and new staff.

Finding your way around the New NHS

While the Health and Social Care Act is now law there are still many parts of the new NHS structure under construction. The Act of Parliament outlines the basic policy that will underpin the NHS, but it does not give the detail. The detail of the policy will be determined through secondary legislation and how these regulations will be carried out will in many cases be determined locally.

On 1 April 2013 the main provisions of the Health and Social Care Act came into effect, bringing with it major changes to the core structures within the NHS. Despite the coalition's claims that the reorganisation would simplify NHS bureaucracy, the new system introduces a vast array of new tiers of bureaucracy and quangos – increasing the number of NHS organisations from 175 to more than 400.

The new NHS

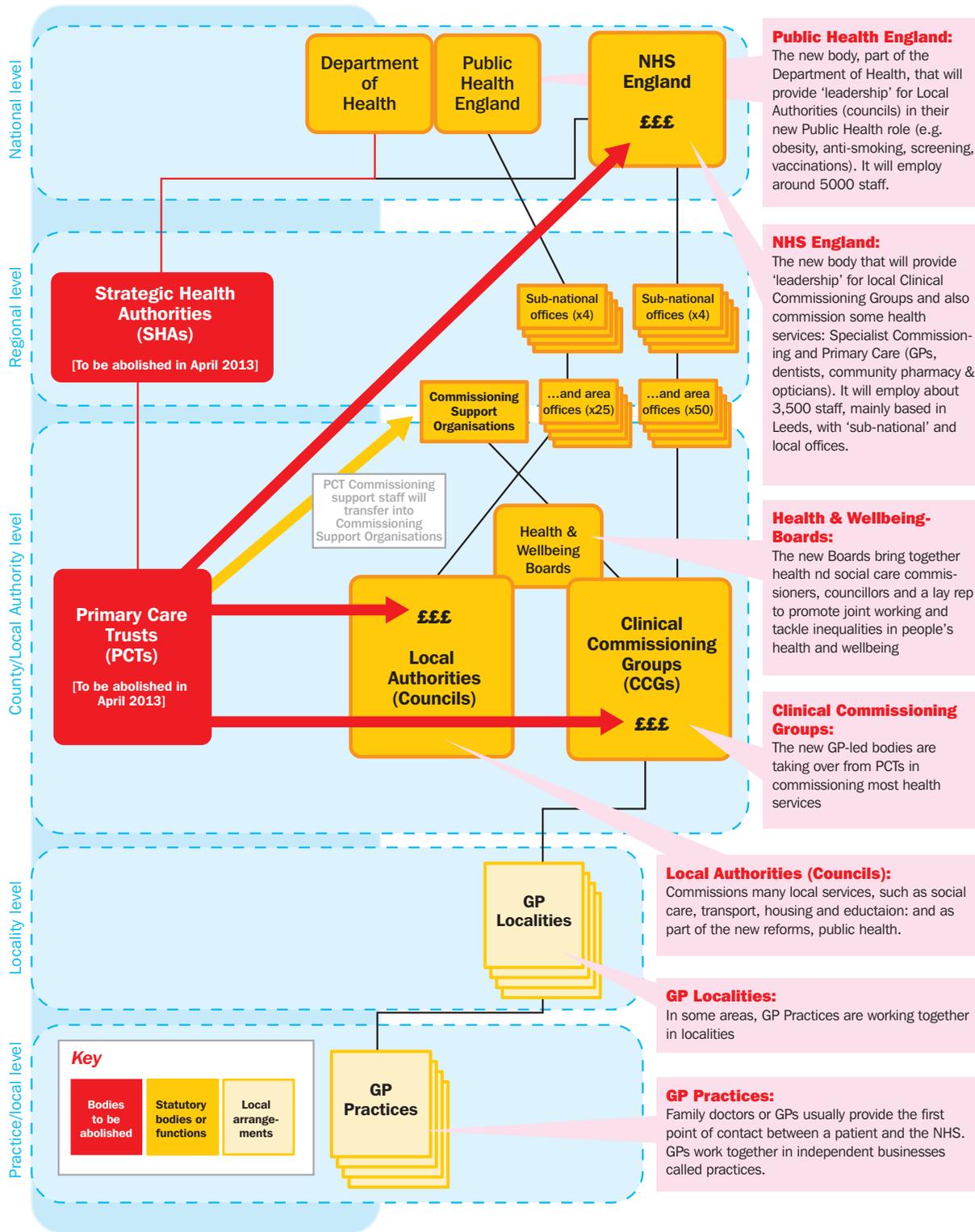




The NHS Reforms: The old and the new

The old...

... and the new...





Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) were abolished in April 2013. All NHS funding is now distributed by a new organisation called the NHS England, which distributes finances through local Clinical Commissioning Groups (CCGs) and Clinical Commissioning Clusters of various sizes. These organisations can commission services for local communities from health care providers which will include NHS hospitals and other NHS organisations as well as new private sector providers. This new commissioning market will be regulated by Monitor in an extension of its already existing role, while care and service standards will continue to be monitored by the Care Quality Commission (CQC) which will licence all health providers. There will also be regional Commissioning Support Units (CSUs) to support CCGs, operating at arms length from the NHS England.

In addition on 1 April 2013, the public health workforce was transferred into local government. A new organisation called Public Health England has been created to coordinate the public health activities which will remain in the health service and this includes the transfer of staff and functions from the Health Protection Agency. NHS LINKs will be replaced with NHS Healthwatch organisations.

Lastly there are separate organisations being set up to look at workforce planning (Health Education England and Local Education and Training Boards) and an organisation to manage NHS property (NHS Property Services Limited).



Where you can get involved

You are able to get directly involved in many of the organisations that are being set up and volunteer your time to make the NHS work for our benefit and not for the benefit of big business.

Foundation Trust Members and Governors

All NHS acute and mental hospital trusts will have to be a Foundation Trust (FT) by April 2014.

Anyone over the age of 16 and living in the catchment area of an FT can become a member. Membership costs nothing, it confers no privileges and it imposes no obligations, but it does allow you to stand to be elected as governor and helps provide you with information. Your local trust will define what “catchment” means: some are local, but others have national, or sub-national, memberships. The Socialist Health Association has collated a list of Foundation Trusts that have a national membership (www.sochealth.co.uk/national-health-service/foundation-hospitals/foundation-trust-membership). As a member you will be able to speak at members meetings and attend trust board meetings.

A FT governing body will have some appointed governors, but the majority will be elected. Governors approve the trust strategy and they appoint the non-executive directors (NEDs, including the Chair of the trust) who sit on the trust board. NEDs are accountable to governors. Governors can also change the FT’s constitution, and the board of directors have to abide by these changes.

Health and Wellbeing Boards

If you are a councillor then you can stand to be a member of the local Health and Wellbeing Board (HWB). There will be one lay position appointed through Health Watch. The HWB will be able to challenge local commissioners (Clinical Commissioning Groups, CCGs) on their commissioning decisions, including those that involve transferring NHS services to private companies. If you are candidate in local government elections, then in your election leaflets indicate that if elected you will protect local NHS services. Make the NHS a local election issue and use the local authority to protect local services.

Overview and Scrutiny Committee

Similarly each council will continue to have an Overview and Scrutiny Committee (OSC), although this can now be differently organised in each council. Health and Wellbeing boards (HWB) will ultimately be accountable to the council’s Overview and Scrutiny structures. The roles of OSCs have been changing due to the introduction of new legislation like the Localism Act and in some cases this function may have been split up into separate committees (if in doubt contact the council). These bodies are still supposed to consider the development of the local health service, policy implementation and the effects it may have on NHS partners, public health matters and reducing health inequalities. They can still have leverage over decisions taking place in your area. Overview and Scrutiny Committees are made up of councillors who are not on the Executive Committee of the council so either by getting elected to the council or contacting sympathetic councillors you can use these to protect services.

HealthWatch

In April 2013 Local HealthWatch organisations replaced NHS LINKs. Local HealthWatch (HW) has a mandate to inspect local health and social care services. HealthWatch will be hosted by local councils and will be largely toothless. However, HW will report on local services, and their concerns can be escalated to the national HealthWatch and Care Quality Commission (CQC). A HW member will also sit on the local HWB and can challenge commissioning decisions. The toothless nature of HW is disappointing but the local knowledge it collates makes HW influential when advising local authorities about services.

Patient Involvement

The Act says that there has to be patient involvement in commissioning. **Your local GP will have a patient participation group and this will enable you to be involved in the delivery of care at your GP surgery.** Commissioning decisions will be carried out by the CCG, and you may find that the GP group will give you access to the CCG patient involvement group.

CCGs have to have a policy on patient involvement. Right now, pathfinder CCGs will be formulating these policies, so approach your local CCG and ask what patient consultation they are carrying out, and ask to be involved. If you are involved in the formulation of the CCG policy you can ensure that patients are consulted at all stages, on all commissioning decisions. You should also ensure that there is a defined route for patients to raise concerns to board level.

(See also Éoin Clarke's post, <http://eoin-clarke.blogspot.co.uk/2012/04/most-practical-way-that-you-joe-bloggs.html>)

Patient Choice

The government says that it is changing the NHS to give patients choice. Hold them to their word and choose NHS providers. **If you are not offered an NHS provider then complain.** The Act says that commissioners should not give any sector – private, public or voluntary – preference. So if a CCG decides to commission a privatised service, assert your right to choose and choose the NHS. You can ask your GP to write on your notes that under patient choice you want all treatments and tests to be conducted by NHS providers.

Non-executive Directors

Foundation Trusts and CCGs will have non-executive members. FT non-executive directors will be appointed by the governors. CCG lay members of the board will be appointed by the CCG. The role of non-executives is to hold the executive board to account and to provide an independent voice on the board. In general, they will be professionals: people with experience of running a business or a large public organisation. As a NED or lay member you will be able to scrutinise the board's decisions, and challenge them over its decisions to use the private sector.

NHS staff should ensure that their profession is represented on the local Health Senate, which will advise CCGs on clinical aspects of commissioning.

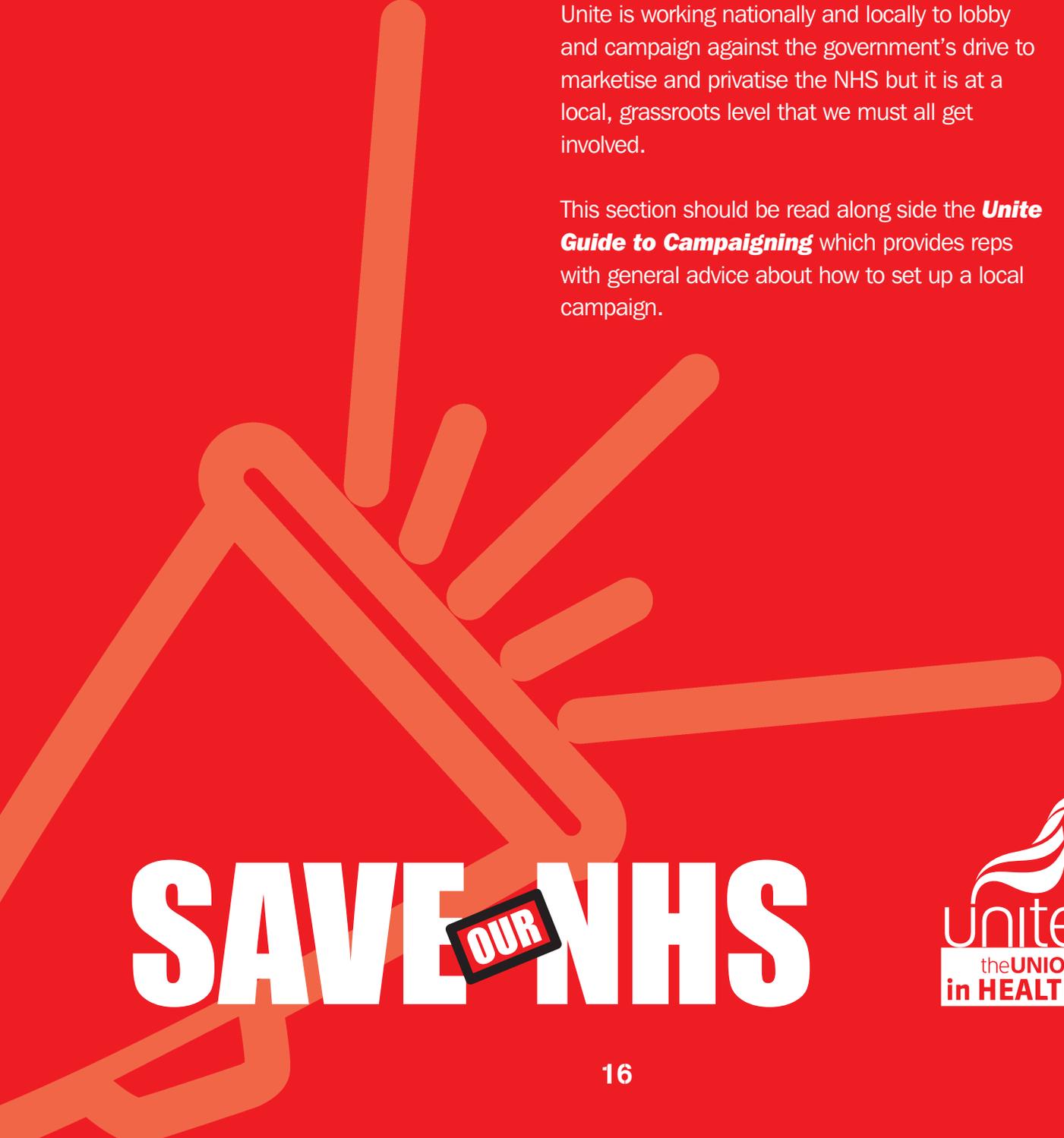
By getting involved now you can influence the direction your local health service is taking. This is the most important time in the history of the NHS to get involved.

Campaigning to stop privatisation

Joining or setting up local campaigns to defend NHS services is crucial. Local campaigning groups are springing up across England. The fight to save local NHS services and hospitals from closure is bringing communities together. Unite is backing the fight.

Unite is working nationally and locally to lobby and campaign against the government's drive to marketise and privatise the NHS but it is at a local, grassroots level that we must all get involved.

This section should be read along side the **Unite Guide to Campaigning** which provides reps with general advice about how to set up a local campaign.



SAVE OUR NHS


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the UNION
in HEALTH

1. Getting started

As a first step Unite workplace representatives should:

- Get a copy of the Department of Health and NHS England guidance to CCGs, and its information to Foundation Trusts; it is useful to know what guidance trusts and CCGs are following. The documents are developing rapidly and are available on the Department of Health website: www.dh.gov.uk or the NHS England website: <http://england.nhs.uk/>
- Contact the Unite regional office and ensure they have an up-to-date membership list. Inform the regional officer that you want to organise a campaign to influence how your trust or local CCG is going to re-organise its services and ask for their support.
- Contact details for:
 - The main decision-makers including board members and directors of the Foundation Trust (FT) and Clinical Commissioning Group (CCGs) and Commissioning Support Units (CSU).
 - The name and contact details of the lead person overseeing the re-organisation of services in your trust or in the CCG.
 - The local media – press, radio and any locally focused blogs
- Local elected councillors, and if they are on your local Health and Wellbeing Board or Overview and Scrutiny Committee. (NB. in some cases these have different names, if in doubt contact the council). You should also find out if any of your local councillors are part of the Unite councillor network – your regional officer can do this
- Your local Healthwatch organisations which is supposed to involve patients, service users and local people
- Your local MP
- Your regional Social Partnership Forum staff side members
- Check out the Unite website and make sure you are familiar with what is there. You will be able to access and download materials that can help you campaign.
- A copy of the **Unite Guide to Campaigning** – this is an invaluable guide to winning campaigns in your workplace.
- Up-to-date information on the composition of the workforce – this should include a breakdown by service and gender, race, ethnicity, religion, disability and sexual orientation. If your trust is not collecting this information ensure it does as it will be important for Equality Impact Assessments further down the road.

2. Get the Facts

Review of CCG services

With the Act now in place one of the first steps the 212 CCGs will take is to review its services. This review should identify what the local population will need from a service and how best to meet those needs.

CCGs will have to meet in public and publish their agendas. This gives local activists a chance to find out about their plans, and ask questions at their meetings. If you can't get this directly from management you should be able to receive a copy of it by using the Freedom of Information Act. The easiest way to make an FOI request is via www.whatdotheyknow.org

FTs conduct internal business reviews fairly regularly, issues such as outsourcing of departmental services will be considered. Similar questions as to those listed below should be asked.

Questions for your CCG board...

...If your CCG is reviewing NHS services....

- Will the review be carried out by the CCG or will it be carried out by external consultants?
- What are the assumptions and assertions contained in the remit of the review about the performance of the current 'in-house' services? Assumptions and assertions which are not evidenced and which may steer or bias the review to conclude that the current 'in-house' service is not capable of meeting future needs must be challenged at this stage.
- Will the review be an 'efficiency review' of current services, an appraisal of the different future service delivery options, or a wider review of local public health needs? Will there be an Equality Impact Assessment?
- How are workforce issues, such as the training needs of staff, vacancy figures and workload going to be considered in the review? Will the review encompass how the current 'in-house' services can be improved through improved training, filling vacancies etc?
- How are trade unions and local public going to be involved in the review and what systems of effective communication are going to be put in place to ensure partnership working?
- What is the timeline for the review, and is it achievable for the review to be conducted properly?

...If your CCG has conducted the review already you will need to ask the questions listed above.

3. Organising

Actions for Unite workplace representatives...

- Work with other trade unions in your trust to organise a meeting of staff to explain what the review is, how it will take place and the threats of service re-organisation ahead. There are materials on the Unite website, and the support of your regional officer, that can help you explain to staff what lies ahead.
- Recruit staff that are not yet members of a union and ensure that there is effective communication with all members so they are kept up-to-date and understand what is happening. A high density of members who are well organised will place the union and its members in a stronger position.
- Make early contact with your local Healthwatch, Health and Wellbeing Board and the Overview and Scrutiny Committees, your local MP and other groups in the local community who could feed in their views to the CCG review. Discuss each other's concerns and talk about whether they are willing to echo your concerns when they feed into the CCG review of services. This should include workforce issues, but particularly how these will impact on service delivery. For example, ensure people are aware of 'frozen posts' or reductions in training. They may also not be aware that the review is the beginning of a re-organisation process that may lead to services being privatised, and you will need to explain the threat this poses to service quality. Contact local campaigning groups, other trade union members, the local Labour party, your MP, local trades councils and other community hubs, such as community centres and places of worship to build the campaign across the community.
- Check the ***Unite Guide to Campaigning*** for more details and help on these actions.

4. Providing an alternative ***Consider the options for service delivery***

Your local CCG or trust are now the main drivers of the NHS market we must continue to stress that any decisions about how it is going to organise services in the future should remain within the NHS; the most important point is to establish that **there should be no move away from NHS provision**. If there is, it shouldn't be without a rigorous, detailed, evidence based reason. This may be difficult given the wider context of changes to the NHS – again, your regional officer and Unite nationally can support you.

The consideration the CCG or trust will give to the different options of organising services will flow from the review of services.

Unite reps should ensure they...

- Have a copy of the review of services, any associated 'efficiency reviews' and Equality Impact Assessments.

Questions for Unite reps...

- What options for service delivery is the CCG considering, and for which services? It needs to be established what the scale of the threat is – the CCG may decide to take a different approach to different services. Or, is the CCG going to bundle all services together?
- How is the decision making process of the CCG going to work? Will it decide on a favoured option for future service delivery and then invite tenders if they decide to involve the private or third sector organisations or are they going to invite tenders on all options before it decides which to opt for?
- When the CCG is reviewing the different

options for service delivery will it be including analysis of the transactional costs associated with contracting with organisations outside the NHS? For example, the monitoring of the contract to ensure services are being properly provided and associated legal costs?

- Will the CCG be considering the associated risks with outsourcing as part of its decision making process? For example, what would happen if the services that were contracted for are not being delivered? What would happen to staff and services if the new provider collapsed? Is the NHS failure regime being used properly?
- How are staff and their trade unions going to be involved in the decision making process? Will there be proper facilities time for trade union representatives during the decision making process and the re-organisation of services?
- How will the CCG ensure that the proposed changes are 'patient led'; support integration between health and social care services; support the development of community based services; and improve public access to local services?
- How will services be maintained during the reorganisation so that patient care is not compromised and staff kept motivated?

This is an important stage – while the CCG or trust is still deciding about the direction it will take – to launch a mass campaign with public support for keeping services within the NHS. Any campaign needs to involve a broad section of society and speak out against the damage to service delivery. It is important to link the attacks to workers' terms and conditions so as to avoid attempts to paint staff as simply defending their own interests and being against any change.

5. Taking Action

Actions for Unite reps....

- Draw up a campaign strategy with the help of your regional officer to build activity in the run-up to, and during, the decision making process against the privatisation of NHS services.
 - Arrange for members to discuss and then draw up a plan about how services can be improved without privatisation. This plan may favour one of the options for retaining services in the NHS outlined above. It may also cover issues such as improved training and career and professional development for staff and the need for increased resources in targeted areas. Staff involved in the running of services will also have ideas about improving the area they work in. This can be presented to the CCG or trust management and Board.
- Any campaign strategy has to involve building a broad alliance of local people, elected representatives and local organisations as suggested above. Activities you should consider – and the list is not exhaustive – are;
- Develop campaign materials, for example, posters, leaflets and a simple factsheet about the threat of privatisation to local services and why you and others think services should remain in the NHS. You will also be able to get generic materials including stickers and leaflets, examples of which are on the Unite website.
 - Draft a model letter to circulate around your supporters and encourage them to send letters to the local MPs, local councillors and the board of the CCG or trust.
 - Take a group of staff to meet the local MPs and explain what is happening and your concerns over privatisation. Ask them to support your campaign, to contact the CCG or trust board and ask them what other actions they would be willing to take to support you.
 - Contact local councillors, the trust's local Healthwatch, trade union members, the local Labour party, your MP, local trades councils and other community hubs, such as community centres, places of worship and local campaign groups like Keep Out NHS public, the Socialist Health Association, Health Emergency, 38 Degrees or UK Uncut.
 - Contact service users. Patients and their carers who use a service have a powerful voice in arguing to maintain services in the NHS.
 - Hold a stall at a busy public place at the weekend to explain to members of the public the threats of privatisation and hand out campaign materials and model letters.
 - Arrange a public meeting and rally; be realistic about how many people will attend and book an appropriate venue. Make sure that the event is built effectively through posters in prominent places, leaflets given out and the details sent around on email with people encouraged to circulate widely.
 - Involving the local media – contact press,

radio and any local blogs to see if they are interested in covering your campaign. If you have a public meeting coming up they may let you have a comment piece before the event, or be interested in covering the event itself. Explanations of how the CCG or trust is considering options over how services will be delivered in the future – and that this includes the possibility of private sector companies taking over services – need to be brief and simple. You should also simply explain what you and the staff feel the dangers of pursuing these options would be and the impact on the local community. It would be helpful if

local patients and service users, local Councillors, MPs and others could also give quotes to the media about why they are opposed to privatisation. You should let members and supporters know when articles are appearing in local media; encourage people to write in letters to the press and leave comments underneath articles and blogs online.

*For more information on these actions and others read the **Unite Guide to Campaigning**. Again, your regional officer and Unite nationally can support you.*

6. Defending members being outsourced

If services are going to be tendered for

It is crucial that certain things are included in the CCG or trusts' criteria for evaluating bids. The CCG or trust should evaluate prospective providers to ensure their bids at least include;

- A clear and unambiguous commitment to partnership working with the recognised trade unions.
- There are good employment practices in place (NHS Agenda for Change terms and conditions or better) when contracting with the private sector and a commitment from new employers that they will not create a two-tier workforce for new starters.
- It should give details of how education and training will be delivered and funded.
- There should be concrete plans to address staff shortages.
- It should set out policies and actions to tackle institutionalised discrimination to ensure a diverse workforce at all levels of the organisation and carry out public sector equality duties.
- A commitment to consult with other local employers (including other NHS Trusts) before implementing changes that may impact on the local labour market.
- There should be a commitment to 'best practice performance' standards.

Additional questions that the CCG or trust should ask as part of its assessment of bids are;

- What impact will this transfer have on the place of work or pattern of work for affected staff?
- Will the new provider commit to Agenda for Change and the Knowledge and Skills Framework?
- Will the new provider honour future improvements to NHS pay and conditions of employment and other collective agreements for staff?
- Will the new provider play its part in taking students on placements, providing work for newly qualifying professionals and play a full role in local workforce planning?
- How will the provider access HR expertise?
- Will the provider offer full professional liability insurance?
- Will the provider have a scheme similar to the NHS Injury Benefits Scheme?
- Does the provider have a strategy for maintaining a safe working environment that encompasses health and safety structures and risk assessments?

This is an attack on the foundations of the NHS as a comprehensive, integrated health service. The great strengths of the NHS have always been cooperation and service, not competition and profit.

If you want to take action to fight privatisation in the NHS contact saveournhs@unitetheunion.org

SAVE OUR NHS

www.unitetheunion.org/saveournhs

