Unite Briefing

Health and Care Bill

Unite is opposed to the Health and Care Bill. Health members in England have huge concerns about its impact on services, accountability, funding, professional standards, privatisation, safety, and terms and conditions.

The Covid-19 pandemic has been one of the biggest crises that the NHS has ever faced, made worse by 10 years of underfunding, understaffing and privatisation that has left the service in a critical condition.

Change is urgently needed BUT this Bill is the wrong prescription for the English NHS. Here is why:

1. Workforce strategy, safe staffing, pay, term and conditions

The Bill introduces a new duty on to the Secretary of State to report on workforce systems every five years. While welcome, this is woefully inadequate to the staffing challenges the NHS faces.

Worryingly, the Bill adds new provisions to allow the Secretary of State to deregulate professions and merge or abolish regulatory bodies; abolishes Local Education and Training Boards (LETBs) and gives local boards powers to vary local pay and terms for their staff, potentially undermining national terms and conditions.

The NHS needs a comprehensive and long-term workforce strategy that brings in legal obligations on safe staffing levels, protects professional standards, and maintains national terms and conditions of employment.

Trade unions must be central to this, including on boards, shaping workforce planning and development. Unite will fight attempts to fragment national terms and conditions and the de-professionalisation of health roles.

2. Powers without sufficient duties, accountability or responsibility

The new Bill introduces sweeping new powers of control, restructure and decision-making for the Secretary of State but does not bring back the duties on the government to provide a universal health service, or sustainably fund NHS and social care services.

The Bill restructures the architecture of the English NHS, putting the new Integrated Care Boards (ICBs) in the heart of the new system. Unite has concerns with the democratic accountability within these new bodies, with only a limited role for local authorities, increased central government powers to intervene and appoint board directors and the potential role for private providers to sit on the boards, creating major conflicts of interest.

Health policy must be evidenced based, with clinical decision-making in the heart of NHS structures, supporting an integrated and planned service. Yet there is also no obvious role for clinical leaders such as GPs, in contrast to the soon to be abolished CCG structure, nor professional staff representatives and trade unions.

All new NHS organisations must be accountable to the communities that they serve and the staff they employ. We need a greater role for local authorities, a strong role for trade unions, including full recognition of bargaining structures and introducing workers representatives on boards as in the Scottish NHS.

The Bill must also include a duty on the government to provide a universal service and there must be a duty to sustainably fund the service including public health provision. These duties should also apply to social care.

3. More privatisation not less

The new Bill introduces a new duty to integrate and collaborate; it removes Section 75 the 2012 Act and abolishes Monitor and the Trust Development Authority. While on paper these changes are welcome, Unite remains concerned about what will replace them.

Crucially it appears that the Bill maintains the wasteful internal and external NHS market, the purchaser provider split and bogus market of patient choice of provider. In other words it moves the NHS from a market regulated by EU procurement law, to one that is unregulated.

The Bill potentially opens up ICBs to representatives from private sector providers, hardwiring privatisation into the decision-making process and expanding the privatisation of NHS patient data.

Bitter experience during the pandemic has shown that this government cannot be trusted with unregulated procurement – billions wasted on crony contracts, no transparency and no repercussions for contract failure.

Unite is demanding an end to privatisation, the removal of private companies from boards and transparent social value procurement measures in place that include social and environmental conditions and union rights.
The Tories cannot be trusted with our NHS

**NHS finances**
- The NHS has been chronically underfunded over the last decade with the worst funding settlements in its history.
- While some improvements were made in the run up to the pandemic, analysis from the King’s Fund shows that 27 per cent of NHS trusts were still in deficit in 2019/20 (King’s Fund 1 March 2021).
- Following the pandemic and historic underfunding, analysis by the Nuffield Trust shows that the NHS in England is on course to spend almost £5bn more in the next financial year than was anticipated when funding levels were set. That is before the added costs of fixing the social care system are factored in (Nuffield Trust Blog, 21 August 2021).

**Staff shortages**
- The NHS is still suffering from a major shortage of nearly 84,000 full time equivalent staff including 37,000 nurses (1 in 10 of all nurse roles) (King’s Fund Feb 2021).
- This has been driven by multiple factors including under investment in training, low pay, stress and the impact of Brexit. A striking fact though is that 28 per cent of nurses and health visitors leave the NHS within the first three years of their service suggesting that recruitment is only part of the solution. (King’s Fund, February 2021).
- Skills for Care reports that there are more than 100,000 vacancies in social care employers following the pandemic (October 2021).

**Waiting times**
- NHS waiting list in England hits record 5.45m (BBC, 12 August 2021).
- The number waiting to start treatment is the highest since records began (August 2007).
- 2.16m people were treated in A&E departments in July compared with 2.15m in June
- Ambulances across England answered more than a million calls in July – and waiting times were the longest since a new way of logging calls was introduced in 2017.

**Beds shortages mean that private hospitals are filling the gap**
- NHS bed capacity has been under severe pressure over the last decade.
- Covid has made that worse, with over 5,100 hospital beds in England occupied by Covid patients. 14,000 front line general and acute beds that were occupied in 2019 are now closed or lying empty as a result of the Covid pandemic. (NHS England, September 2021).
- The result is that capacity to treat emergency and elective patients is reduced by around 19 per cent compared with the pre-pandemic equivalent.
- With no additional capital to remodel hospitals, and a rising £9bn bill for backlog maintenance (NHS Digital Jan 2021) this is not likely to change soon.
- There is a danger is that the NHS will remain hobbled by lack of capacity and chronically dependent on private hospitals and contractors. Up to £10bn of NHS funds (Independent August 2020) potentially to be allocated up to 2024 to pay for NHS patients to be treated in (mainly) private hospitals.

**NHS privatisation**
- By June 2021, the UK government had awarded £37.9 bn worth of contracts related to the coronavirus crisis to private companies. The vast majority of these contracts have been awarded without a competitive tender. (Data collected by Tussell, reported on [www.NHSforSale.info](http://www.NHSforSale.info))

**New hospitals**
- The government’s promised new hospitals are now at a standstill for lack of funds. So far no new hospitals are being built, and plans are being hacked back – while older hospitals are not prioritised for funding. (HCT Bulletin No 11 September 2021)

What you can do?