ALARM AT NHS “REFORMS”
April Fool’s Day changes ConDem the NHS

This July we should be celebrating the NHS’s 65th anniversary with confidence that it will always be there for us. Instead this national treasure is facing a battle for survival in an accelerating process of privatisation.

In Stockport, as in the rest of England, April 1, 2013 saw an ominous change in the way local health services are controlled. Out went the Stockport Primary Care Trust, the local link in a national chain of responsibility for our health; in came the Stockport Clinical Commissioning Group (or CCG), a semi-independent organisation of GPs buying services for patients in a healthcare market place.

Local people in Stockport who care about the threat to our health services set up Stockport NHS Watch to resist privatisation and track what the CCG is doing. We publish the Stockport Watch. Our first action was to present a petition of 1,100 signatures to the CCG opposing services going to private companies. The CCG has told Stockport NHS Watch that it does not want a big move towards competitive tendering, which is expensive to run. But the ground has shifted under its feet with the recent approval by Parliament of a set of regulations requiring CCGs to put many of their contracts out to competitive tender. The meaning of the regulations is disputed but to play safe CCGs may feel compelled to offer to the market any services where they might otherwise face an expensive court challenge.

CCGs are operating against very tight budgets from the Government, a situation encouraging cut-price solutions. Private healthcare companies like Virgin, Harmoni and Care UK are able to put in low tenders, in the knowledge that NHS organisations disappear after losing a bid and are unable to compete again. In later bidding rounds, companies are then able to raise their prices and profits, and drop standards.

Further undermining public provision, the Government is loading the dice against hospitals. Trusts like Stepping Hill are independent entities which can go bankrupt – a fate that becomes more possible because the Government is ordering CCGs to pay hospitals less for treatments. At the same time there is a plan to shift resources out into GP surgeries and clinics.

The financial squeeze puts hospitals under another form of pressure. With inadequate resources, they are struggling to maintain standards. Low quality care could be used as an excuse for privatising some of their work.

With so much at stake, the GPs running the CCGs need to be impartial, but this is practically impossibly. GPs benefit from CCG decisions. Stockport NHS Watch has already seen the CCG voting money to GP surgeries without adequate supporting information. We hope more people will get involved in the campaign to stop our NHS being privatised or ripped off.

Demonstration at Media City

Early on Tuesday, April 2nd, staff arriving at the Media City piazza in Salford encountered around 30 people, many dressed as patients and doctors, who were there to protest against the recent changes to the NHS.

The protestors included people from Stockport NHS Watch (38 Degrees), Keep Our NHS Public, Salford NHS Support Group and various Unions.

The protesters combined song, theatre and banners to communicate their concern that the ability of the new clinical commissioning groups to give lucrative contracts to private companies may result in the back door privatisation of the NHS. The government’s figures for cost savings made by commissioning services from private companies were also challenged. The protest ended with the NHS having its heart ripped out of it by a profiteering surgeon (who was asked to remove her face mask by security staff). She called for “the Clinical Commissioning Groups to purchase services from the NHS to keep a holistic free service in the NHS” and the protesters challenged the government’s figures for cost savings made by commissioning services from private companies.

The demonstration attracted the BBC’s local news team and made the lunchtime and evening television news programmes.

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Welcome to the first edition of The Stockport Watch, the newsletter from the Stockport NHS Watch group in Adobe Acrobat PDF format. In the 65th year of the NHS, our volunteers are committed to supporting NHS services in the Stockport area and to publicising all plans of the privatisation, or the reduction of NHS services.

A Black Day for the NHS

On the 24th April 2013, the House of Lords debated the most controversial element in the highly controversial Health and Social Care Act of 2012.

The topic of the debate – the rules for commissioning and providing services for patients (so-called Section 75) – sounds highly technical and of interest only to lawyers and anoraks. Nothing could be further from the truth. The fact that these regulations passed into law, despite a passionate, articulate, and well-reasoned challenge from Labour peers such as Lord Hunt, means that many citizens of this country will die unnecessarily; many more will suffer unnecessarily; and yet more will be financially ruined.

Surely I am exaggerating. I am not. For Section 75 opens the NHS to private profit, in the form of a 70 minute video or a 10 minute précis. The Academy of Medical Royal Colleges, The British Medical Association, the 12 OECD countries in a 2012 study. 1, 2

In short, we shall head in the direction of US-care where an 18% expenditure on health (roughly twice that in the UK) leads to the worst health outcomes of 12 OECD countries in a 2012 study. 1, 2

The interpretation of the malign effects of Section 75 is supported by much expert opinion. This includes: The recent scrutiny in the House of Lords (33rd Report of Session 2012–13) David Lock QC – an expert on public interest law The British Medical Association The Royal College of General Practitioners The Academy of Medical Royal Colleges A brilliant, but measured and detailed, analysis of the meaning of Section 75, is given by Dr. Lucy Reynolds in the form of a 70 minute video or a 10 minute précis. (The links to some of these documents are below).

There is, therefore, no doubt that Section 75 of the Health and Social Care Act will open the NHS to universal marketization. The private sector will, over time, share out between them the taster bits of this publicly-funded, universally available, service. There will be disastrous effects on the healthcare available to the ordinary citizens in this country. The majority will suffer in order that a minority – many of whom had a key role in shaping that Act and getting it through parliament - may be enriched.

At the end of the debate in the Lords, Lord Owen, one of the most outspoken and articulate opponents of Section 75 ended his speech as follows: ‘I warn this house…Do not feel that this is a minor step. Tonight I feel only one feeling: overwhelming sadness’.

So, on 24th April, 2013, the day after St George’s Day, the people of England suffered a terrible defeat. Perhaps we could in future call that date Dragon’s Day, except that the dragon who fought with St George threatened the health only of individuals, not of whole populations. The 24th April 2013 was truly a black day. Nevertheless, there is still a chance to repeal the most toxic parts of the Lansley Act, including the clausule of Section 75, join us at Stockport NHS Healthwatch and find out how.

Ray Tallis is a retired hospital doctor.

Ray Tallis comments on the NHS today

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2 The Commonwealth Fund is a New York based independent health policy unit that has carried out comparative studies of models of provision of healthcare. The findings of the study are summarised and analysed in “How the NHS measures up to other health systems” David Ingledy, Martin McKee, Philippa Mladovsky, and Bernd Rechel British Medical Journal 2012 324 1079 22nd February 2012. Note: This article in based in part on a letter sent to Mark Hunter MP – deputy Chief whip of Liberal Democrats and a supporter of Section 73. The letter included the following links kindly supplied by Ian Barker, a fellow member of Stockport NHS Healthwatch.

Scrutiny in the House of Lords (33rd Report, Section C, paragraphs 1-33) http://www.publications.parliament.uk/pa/ld201213/ldelect/ldsdec13/15315303.htm

The analysis by David Lock QC on expert on public interest law https://s3.amazonaws.com/38degrees.3cdn.net/c9621f17e1890aa0e4_9qm6iy4ut.pdf


Lucy Reynolds - Researcher into healthcare system structures, London School of Hygiene & Tropical Medicine. 70 minute interview & 10 min precis & text http://www.youtube.com/watch?v=OnKtCtg_Omk and http://www.youtube.com/watch?v=f4V5lEgSs and http://www.opendemocracy.net/lucy-reynolds/nhms-is-being-dismantled-for-transnational-corporations

Sometime in the summer of 1954, I was part of a family visit to a National Health hospital for the first time. We were visiting the Sanatorium at Market Drayton, in Shropshire, where my cousin Albert was recovering from TB.

After finishing school, Albert had worked as an upholsterer in Stockport and his dusty work environment had been identified as at least one cause of his illness.

Quite why the experience remains so vivid is difficult to say. Perhaps, it was because the trip from Stockport was made in a relatively plush Bluebird Coach with wonderful streamlining and a terrific bluebird logo. All so different from the utilitarian red and cream buses taking us to visit relatives in Hyde or to shop in Stockport.

It may have remained one of my strongest early memories because the patients actually slept in beds, outdoors! How exciting, with rows of immaculate metal framed beds in wards with french windows, that were always opened up to the well planted flower beds and the landscaped grounds.

At Market Drayton, Albert recovered, safe in the hands of our new National Health Service. Maybe, hospital wasn’t that bad after all?

Many years later, Albert’s family photographs were passed on to me and his collection included many images that he had taken during his stay at Market Drayton. Looking at these images, the above memories came flooding back. Obviously, what I didn’t remember in his photographs, were the other patients and the nurses encountered during his stay. I can only hope that these patients recovered to live a full and happy life, as indeed Albert did.

Market Drayton has been described as a “golden age” of care, but today, we are told that TB is making a comeback and that cases are on the increase. Can today’s sufferers expect equivalent state of the art treatment in such pleasant surroundings?

Let’s hope so and continue to oppose any cut-backs to the NHS that would condemn them to a return to a pre-NHS lower life expectancy.

Jack Wrigley is a member of Stockport NHS Watch
US threat to NHS comes closer

The upcoming start of formal negotiations for a US-EU trade deal is causing increasing concern among opponents of NHS privatisation. The former doctor and Foreign Secretary Lord Owen has recently warned of an “alarming prospect” for the English health service.

Prime Minister David Cameron has been heavily promoting the start of negotiations – due to coincide with the G8 summit which he is hosting in Northern Ireland on June 17. Opening up European services to American corporations is high on the negotiators’ agenda.

Writing on the Our NHS website, Lord Owen warned of “the alarming prospect of investment protection being extended to the whole raft of private health contracts in the UK that American health care companies and consultancies expect to be awarded to them in the next few years.

“Such protection could have the effect of health contracts being virtually retained in perpetuity with no democratic right for an incoming government to discontinue the contracts once their term had expired without being able to prove gross negligence and risking very heavy compensation payments.”

A US-EU deal has been the aim of trade officials for several years as a way of bypassing the deadlocked Doha round of global trade talks. Researcher Linda Kaucher reports being present at a meeting in Brussels in 2010 in which staff of the EU’s trade commission were talking up a deal.

Kaucher says the officials put health at the top of the list of sectors that Europe would have to “harmonise” with the American market system in order for the talks to proceed. Plans to turn the English NHS into a fully market-based system quickly followed from the Coalition Government.

Cameron leads the way

Health is likely to be excluded from parallel discussions of a Canada-EU trade deal, but David Cameron emphasised this month during his visit to Washington that there would be “no exceptions” in the EU-US talks. The insistence on “no exceptions” could stall the negotiations because France is anxious that the European film industry should be protected from US rivals.

US trade officials are hoping that the deal will be wrapped up by 2015, but there is plenty of opportunity for it to founder, right up to a final vote by the European Parliament. With European issues in the spotlight in the UK, the role of EU trade negotiators in privatising the NHS deserves to be publicised.

In the recent Lords debate over new NHS regulations, Lib Dems were regretfully emphasising that competitive tendering was required because European procurement law demanded this. How strange, that the Coalition is at the same time actively promoting a far more draconian international regime for the health service.

It is hard to imagine why MPs or peers would want the English system to get closer to the American model – where people get sick and die without medical treatment if they lack a way of paying for it. One explanation of politicians’ motives comes from the Social Investigations research team, who say: “Over 200 parliamentarians have recent past or present financial links to companies involved in healthcare.”

One One One News
The market fails helpline patients

Claims that markets are good for patients have been put to the test over the last two months, and failed spectacularly in the case of the new healthcare phone line One One One.

Competitive tendering took place to decide which companies should run the service in 44 areas of England as an upgrade on the previous NHS Direct 0845 service and local GP out-of-hours lines. Ministers insisted the new helplines went live on April 1 despite warnings that they were not ready.

Manchester including Stockport was among the worst hit areas in the ensuing chaos, with One One One crashing completely. As a temporary fix the previous 0845 service had to be rapidly reintroduced into the locality, including the use of staff who had been sacked before the changeover.

In total seven of the 44 areas, including Manchester, were considered unable to run any new service. The Department of Health has earmarked £8.7 million to keep old NHS Direct operations running until the end of June, but it is now feared that in some areas the One One One restart will be later.

Meanwhile reports have continued to come in of tragic incidents in areas where One One One providers were allowed to continue operating. According to Pulse magazine, three patients may have died as a result of the system’s failings. Nineteen other serious cases were said to be under investigation by the first week of May. But many other patients are known to have been affected by jammed phone lines, long waits for call-backs and poor advice to those who got through.

Squeezing staff costs

Users of One One One have had to contend with both understaffing and poorly trained staff with no previous medical knowledge. In the initial weeks of the services there were also technological glitches.

One of the rationales for upgrading the NHS helpline was that it would ease the pressure on over-stretched hospital A&E departments. But there are suggestions that sometimes it had the opposite effect, with inexperienced staff passing calls to the ambulance service on a safety-first principle.

The tendering process for One One One was won by a mixture of providers. Manchester and Birmingham were among services going to bids put together by NHS Direct, which is in the public sector. Around a quarter of services were won by the private company Harmoni.

Some defenders of NHS privatisation have claimed that NHS Direct’s shambolic work in key One One One contracts was a failure of the traditional public sector. But the reality of competitive tendering is that in order for both public and private organisations to win bids, they must squeeze staffing to the minimum.

NHS Direct intended to close 24 of its 30 call centres and to slash the pay of remaining staff with no previous medical knowledge. In the initial weeks of the services there were also technological glitches.

The last resort

For the most up to date information about our group, please view our website at: www.stockportnhswatch.co.uk

Email us at: info@stockportnhswatch.co.uk

Email the news editor at: editor@stockportnhswatch.co.uk

Our meetings are held on Tuesdays at The Ladybrook Hotel in Bramhall. Check the website for the next date.