

Celebrate & Defend: Emerging Issues for the NHS at 60

Sixty years of security and peace of mind

The NHS celebrates sixty years of existence in July 2008 and is still overwhelmingly publicly controlled, free at the point of need and funded by direct taxation. The NHS is consistently ranked above other comparable health systems because it remains the most efficient and the fairest way to deliver services. It is largely free of the huge transaction costs and perverse incentives that blight other systems, such as the US. The NHS remains a fundamentally human service, providing peace of mind to millions, regardless of income. The NHS has improved too – partly due to the extra funding it has received since 2000, but also because of the hard work and commitment of UNISON members working in the service. The NHS is a particular source of pride for UNISON because, along with our predecessor unions, we have been organising in the NHS since day one. So now is a time to celebrate, but – as the emerging issues laid out below demonstrate – it is also a time to ensure we maintain UNISON's profile as a rigorous defender of the NHS so that future generations will also benefit from its care.

Darzi review / NHS Constitution

Lord Darzi's "Our NHS, Our Future" review is due to report shortly. Darzi's interim report, coupled with his earlier review of London's health services, has called for the development of polyclinics or GP-led health centres, designed to bring together GP practices with some hospital and community services. There are different models for polyclinics, which could mean greater centralisation of GP practices into super-surgeries, or a number of existing practices sharing a central hub that delivers treatments and minor operations, or a primary care add-on to hospitals. There may be some advantages for those living in urban areas, but more centralised structures will not be welcomed in rural parts or if they lead to patients from poor communities having to travel further. Moreover, polyclinics will potentially create far greater opportunities for the private sector to gain a foothold by winning contracts to manage polyclinics. Such fears have been exacerbated by the likes of Virgin Healthcare planning to set up clinics that will operate in a similar way to polyclinics, with Virgin also preparing to take on the employment of non-clinical staff. Related to the review, the government will shortly announce a draft NHS constitution, which could provide opportunities to highlight the essential role played by health staff and to secure certain guarantees for UNISON members.

Primary care privatisation

Polyclinics are one of the reasons why primary care is being called the new frontier of privatisation. Staff that work in GP practices may already find themselves in a vulnerable position, particularly where receiving Agenda for Change terms and conditions is concerned. But now a number of reforms and processes are coming into play which will have serious consequences for staff, patients and the NHS as a whole. More infrastructure is going to the private sector through LIFT (Local Improvement Finance Trust); Primary Care Trusts (PCTs) can now look to the private sector for support in the way they design and commission the care on offer; and PCTs are increasingly being encouraged to transfer the actual delivery of services to private companies, social enterprises, or potentially new community foundation trusts. At the same time, GP surgeries have begun to be taken over by multinationals such as United Healthcare in Derbyshire and Camden, and Atos Healthcare in East London.

Failure regime and franchising

The government recently published a document setting out new measures to identify failing hospitals, remove poor managers and bring in new management, including from other hospitals or from the private sector. However, using private sector management in the NHS has failed before, and during the deficit problems of 2006 the use of “turnaround teams” to address financial problems at hospitals led to millions of pounds bleeding out of the NHS and into the pockets of accountancy firms. Private sector managers simply do not have the experience of clinical and emergency care needed to run complex district general hospitals. Private companies do not understand the public sector ethos; they are accountable to their shareholders and are in it to make profits, not to provide the best care possible. There are further issues about foundation trusts being encouraged to swallow up “failing” hospitals, which are part of a trend in which some FTs, such as the Royal Marsden, Moorfields Eye Hospital and Great Ormond Street, are effectively setting up hospital franchises to compete in the new NHS environment. Such developments could lead to a smaller number of bigger players in the NHS, which runs contrary to the government’s desire to provide more choice for patients.

Payment by Results and “performance pay”

The developing market system in the NHS that has brought us Independent Sector Treatment Centres and other reforms is based around the Payment by Results system, in which money is paid to hospitals based on the number of procedures they carry out. The proposed NHS Reform Bill plans to introduce a new element of “performance pay” to the system which would reward hospitals based on patient satisfaction. A focus on outcomes rather than outputs may be more logical, but it does not alter the fact that the system will still greatly impact on the financial stability of hospitals, and could create more “failing” trusts ripe for private sector takeover.

Personal budgets

The government is planning to pilot social care-style personal budgets for the treatment of NHS patients with long-term conditions, which would mean asthma or diabetes patients, for example, being given a set sum of money to spend on their care in the way they choose. UNISON members working in local government have already reported concerns about the application of personal budgets in the means-tested environment of social care, but there are likely to be far more problems with its use in the NHS where care is provided for free. A number of patients are likely benefit from this innovation, but there are real questions that have yet to be addressed about boundaries and how this sort of consumerist approach to care could spread to other parts of the NHS.

Patient and public involvement / accountability

The proposed NHS Reform Bill plans to encourage PCTs to be more responsive to their local communities. It is not yet clear exactly what form this will take and such claims have been made many times before, but there is a growing consensus that something needs to be done to make PCTs more accountable to those they serve. One area to monitor carefully is the development of Local Involvement Networks (LINKs) that have now replaced patient and public involvement forums. There are question marks over how well LINKs will be able to operate given budget restrictions and a very tight timescale to become operational, but they may provide opportunities for UNISON branches and members to become more involved in the way patient engagement works. (The Democratic Health Network has produced a guide to LINKs for UNISON which is available via the union’s website, www.unison.org.uk.)