

Five reasons to scrap the Bill

Changes to the Health and Social Care Bill have done nothing to address the most damaging aspects of government health plans that will break up the NHS and put profits ahead of patients.

Below are five reasons why UNISON continues to believe the Bill should be scrapped in its entirety.

1. Moves to a system of wholesale competition remain on track

Contrary to the recommendations of the government's "listening exercise", Monitor will still become an economic regulator. It will retain its powers to enforce competition law in the way that regulators do in the privatised utilities and railways – completely inappropriate for the NHS. Instead of "promoting competition", Monitor will "prevent anti-competitive behaviour" – which is likely to mean the same thing in practice. Changes to ensure services are "provided in an integrated way" lack any definition and have no powers to back them up. There is nothing to promote cooperation or collaboration, even though the "listening exercise" concluded that there should be. Despite government claims that its plans will not subject the NHS to EU competition law, health minister Simon Burns has himself stated that "as NHS providers develop and begin to compete actively with other NHS providers and private and voluntary providers, UK and EU competition laws will increasingly become applicable". The government has yet to publish changes to its plans for a commercial insolvency regime, which could mean entire hospitals being sold off or allowed to collapse.

2. The government still plans a far larger role for private providers

The government has said that new commissioning groups will be held responsible for their decisions, but "this does not in any way preclude NHS commissioners from using external agencies to provide commissioning support". This means that many will simply bring in unaccountable companies such as KPMG and United Healthcare, who are already working with a number of emerging commissioning groups. The government claims to have blocked privatisation by outlawing any deliberate policies to change the mix of private and public sector delivery of services, but it is operating a policy of Any Qualified Provider that will inevitably bring in a greater number of private providers, even if this is not its explicit aim. Other initiatives such as the Right to Provide, the Right to Challenge, and plans to create a "level playing field" will also disadvantage existing public providers. Moreover, the government has effectively put a legislative block on the NHS being the "preferred provider" of services in the future, ensuring a path to greater privatisation over time.

3. Private patients will still be able to jump the queue

The government has done nothing to address concerns around its planned abolition of the private patient income cap, meaning that hospitals can treat any amount of private patients they like, even if this is to the detriment of NHS patients. As waiting lists continue to grow – as they already are – NHS patients will find themselves pushed to the back of an ever lengthening queue by those that can afford to pay. After all, hospitals will be under a huge amount of extra pressure to up their income from whatever source possible as they struggle to make savings.

4. The Health Secretary and the NHS will still be less accountable

The government has failed to reinstate full responsibility for the NHS to the Secretary of State, who will not be responsible for securing services directly, but through bodies such as the NHS Commissioning Board. New commissioning groups, not the Secretary of State, will determine what actually constitutes the health service, potentially opening the door to “top-up” payments being charged for procedures that are outside their own definition of health services. The Bill says that a commissioning group must arrange for the provision of services “as it considers appropriate” – giving great leeway in how this is interpreted. There is still no duty to provide a comprehensive service on commissioning groups themselves. Similarly, attempts to improve openness and transparency are far too weak: get-out clauses would allow a commissioning group to avoid meeting in public if it “considers that it would not be in the public interest”, and a foundation hospital may exclude members of the public from meetings for unspecified “special reasons”.

5. Staff remain under threat

The government itself expects at least 20,000 redundancies across the NHS as a result of its planned reorganisation. The Bill includes an explicit encouragement for new commissioning groups to change the pay and terms and conditions of transferred staff. The government has completely failed to acknowledge the need to retain national workforce structures for terms and conditions, pay and bargaining – all of which are undermined by the Bill.

Take action now!

- Write to your MP. A model letter is available from the “Resources” section of UNISON’s campaign webpage at www.unison.org.uk/ournhs. Find out who your MP is and how you can meet them to discuss your concerns by going to www.theyworkforyou.com.
- Talk to the public about the Bill. Hold an event or run a stall in the community. Ask people to sign a petition or letter to their local MP. Use the Our NHS Our Future materials that include placards, posters, leaflets and model letters.
- Talk to local press about the impact the reforms could have on your local health services. Model letters are available by emailing ournhs@unison.co.uk.
- Let us know your news and how your local campaigns are going by sending an email to ournhs@unison.co.uk or by joining the Our NHS Our Future facebook page at www.facebook.com/ournhsourfuture.
- Sign up to UNISON’s Million Voices campaign at www.unison.org.uk/million and take part in targeted actions.