

enduring values

UNISON's vision for the future of the NHS



“Where there is no vision the people perish”

Proverbs 29:18



Christopher Thomond/reportdigital

Introduction

The NHS is Britain's most popular institution. For more than 60 years it has looked after us all, rich and poor, from the cradle to the grave.

Even Mrs Thatcher didn't try to privatise it, though she and the Conservative ministers who followed her, left it woefully under-funded. Over the past 10 years, the funding was put right. The NHS budget more than doubled and healthcare services in Britain now get a share of national resources that is close to the European average.

People have noticed the difference. The annual British Social Attitudes survey reported in December 2010 that satisfaction with the NHS had climbed to its highest level ever. When Labour entered office in 1997, only 34% of people were satisfied with the NHS, but by 2009 this had risen to 64%. The biggest increases in support came from sections of the population that had not previously been the biggest fans – young people and the better off. So as a nation, we can have huge pride in the NHS. It is a universal service with almost universal support, more popular than the Royal Family.

And the NHS has consistently been most loved by those who know it best – patients with recent experience of NHS treatment. As maximum waiting times shrank – from 18 months in 1997 to 18 weeks in 2009 – patients had fewer reasons to criticise the free service they were given. The Care Quality Commission's latest inpatient survey showed 92% of patients rated care as excellent, very good or good.

From that triumph of public sector efficiency and compassion we can draw a simple conclusion. The NHS is thriving. It isn't broken. So why is the coalition government now trying to fix it? The pages that follow concentrate initially on the changes that are in prospect in England. Our NHS values apply just as much in Scotland, Wales and Northern Ireland. The risks and opportunities faced by the NHS in those countries are explored on page 18.

Radical reform of the NHS was not included in the 2010 general election manifestos of the Conservatives or Liberal Democrats. They were at pains to reassure the voters that the NHS would be safe in their hands. Sir David

My NHS story

"The NHS saved my life, just like it's saved the lives of millions of people since it was created more than 60 years ago. The dedication, professionalism and caring of the staff involved in my care was outstanding, not only for me but for my family and friends as well.

My personal experience has made me even prouder to lead the largest union in the NHS, the union that represents the whole healthcare team, from nurses and midwives, to secretaries, clerks, cleaners, porters, technicians and scientists, paramedics and drivers. All these dedicated staff play their part in saving lives and keeping people healthy.

From the cradle to the grave, the NHS is there for you and your families, the way it was for me and mine. As UNISON general secretary I am determined to defend and protect the NHS from the damaging changes planned by the government. It's our NHS and our future – we'll fight for it."

Dave Prentis



Paul Hermann/reportdigital

The Care Quality Commission's latest inpatient survey showed 92% of patients rated care as excellent, very good or good.

Cameron, the Conservative leader, said in November 2009 in a speech on his party's health priorities: "With the Conservatives there will be no more of the tiresome, meddlesome, top-down restructures that have dominated the last decade of the NHS ... the disruption is terrible, the demoralisation is worse, and the waste of money inexcusable."

But in spite of this assurance, the government has embarked on the most fundamental change of the NHS in England since 1948. Sir David Nicholson, the NHS chief executive, said the reforms amount to the biggest overhaul that has been attempted in any organisation anywhere in the world. He told the Healthcare Financial Management Association: "It is the only change management system you can actually see from outer space – it is that large."

Andrew Lansley, health secretary and architect of the change programme, set about sweeping away the well-established system for managing the NHS and making sure people were treated quickly, effectively and fairly.

Under his plans, £80bn will be handed over to GPs. As well as doing their day jobs looking after the patients on their lists, they will be asked to decide what goes on in hospitals and other parts of the NHS.

Some GPs are looking forward to the extra responsibilities. Others think they are being set up to take the blame for service cuts and rationing of drugs and treatment.

Dr Clare Gerada, leader of the Royal College of GPs, told the Guardian: "I think it is the end of the NHS as we currently know it, which is a national, unified health service, with central policies and central planning, in the way that [Aneurin] Bevan imagined ... I don't understand why he [Lansley] is putting in a system that will mean in Scunthorpe you can get a different service to Scarborough, when we've spent the last 60 years working against that."

Hospital consultants are even more concerned that the reforms may cause us to lose the fundamental characteristics of the NHS that we cherish.

A poll of 1,800 GPs conducted for the College found over 50% disagreed with the government's view that GP commissioning would create a patient-led NHS. More than 70% said they disagreed with the view that more competition among hospitals would either achieve a patient-led NHS, or improve healthcare outcomes.

Gerada said: "Our members are telling us that they are worried about the pace at which these reforms are being implemented, the danger of fragmentation of services, and the emphasis on competition, and they are not sure whether the proposals really will have the positive impact on patient care that is intended ... They worry about the financial pressures, and the competition culture ... and they fear that these reforms could cause irreparable and irreversible damage to the NHS."

Hospital consultants are even more concerned that the reforms may cause us to lose the fundamental characteristics of the NHS that we cherish. Had the NHS stayed exactly as it was in 1948, the service would not be as good as it is. Over the years it has been a triumph of innovation, modernisation and flexibility.

Patients and healthcare workers alike do not want to resist all change. But how do we tell when a change oversteps the mark and becomes a threat to the NHS values that we want to preserve?

We think the answer is to set out the principles that make the NHS what it is – the enduring values that we want to see upheld. Then we intend to keep an eagle eye on the government to spot when those principles are in danger. To do that, we need help from patients and the public. This document forms the basis for a discussion among us all about what we value in the NHS and why that may now be under threat.



Paul Box /reportdigital.co.uk

My NHS story

"My friend fell on an icy pavement. She went to the local A&E department where she was seen by professional and caring staff who X-rayed her and treated her broken ankle with care and expertise, most importantly for free. She will need to return for aftercare and possibly an operation before the long road to recovery.

At a time when she is at her most vulnerable, she is safe in the knowledge that, whatever her medical and rehabilitation needs, the NHS will be there for her. It would be unthinkable to lose this service... accessible to all regardless of class, status or financial means."

Michelle Meikle

The threat: what the experts say

You may think it is refreshing to find a politician who is an intellectual, willing to test ideas to destruction. The problem with Andrew Lansley, the health secretary, is that he is testing his ideas to our destruction.

It is not just union members or politicians on the left who are anxious about Mr Lansley's reforms.

The plan to transfer control of up to £80bn of healthcare spending into the hands of GP consortia has not yet been tried out anywhere, but it has to be completed everywhere in England by 2013.

Nicholas Timmins, the highly respected public policy editor of the Financial Times, described Andrew Lansley's radical plans for the NHS in England as "the biggest shift in power and accountability in the institution's 62-year history." His article on 14 December 2010 was headlined: "NHS reforms run full speed into the unknown." His comment on the NHS and Social Care Bill on 19 January was: "In refurbishing the temple, Mr Lansley runs the risk of pulling it down around his head."

This biggest ever revolution in the way the NHS is run is supposed to happen at the same time as its biggest ever cut in spending. NHS trusts are being told to save £20bn over four years. Ministers say they want "efficiency savings",

but doctors, nurses and other frontline healthcare staff know that cuts of this magnitude cannot be delivered without affecting the quality of patient care. The NHS is set to lose thousands of hospital beds and tens of thousands of staff.

Stephen Dorrell, the Conservative chairman of the House of Commons health select committee and a former health secretary, said: "There is no precedent for efficiency gains on this scale in the history of the NHS. Nor has any precedent yet been found of any healthcare system anywhere in the world doing anything similar."

Applications under the Freedom of Information Act revealed that tens of thousands of job cuts were being planned by NHS trusts across the UK. Brendan Barber, the TUC general secretary, said: "[This] gives the lie to government claims that the NHS was safe in their hands. Not only are they reorganising the NHS in a way that strips out many of its founding principles, but also insisting on immediate cuts that will certainly harm frontline services."

The British Medical Association (BMA), commented: "Cutting staff or services is not the only, nor the best, way to save money in the NHS. There needs to be a much greater focus on reducing waste,

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Jess Hurd/reportdigital.co.uk



such as that created by the bureaucracy of the internal market and the expensive folly of the Private Finance Initiative.”

A Number 10 adviser quoted in the Financial Times said: “Andrew [Lansley] has all the answers when he is asked the questions about how the implementation of all this will work. We are just not sure they are the right ones.”

Dr Sarah Wollaston, a GP who became Tory MP for Totnes at the last election, said the reforms amounted to “throwing a hand grenade into the NHS.” Wollaston, who had 23 years experience in medicine, was a rising star in the Conservative Party after she became one of the first to win an open selection contest to become a parliamentary candidate. But after her “hand grenade” comment she was refused the right to sit on the committee examining the Health and Social Care Bill. She was told “to say nothing and vote with the government.”

Shirley Williams, the Liberal Democrat peer, said she had a “moral duty” to Lib Dem voters to challenge the health secretary on his intentions. Writing in the Times, she added: “Why we should dismember this remarkably successful public service for an untried and disruptive reorganisation amazes me. I remain unconvinced.” This led to the Liberal Democrat 2011 spring conference rejecting - almost unanimously - the Bill’s focus on markets and competition over care.

In addition, the BMA called a special representative meeting - their first for 20 years - at which doctors voted to move away from a position of “critical engagement” with the government’s plans to one of much greater opposition.

Even some of the strongest advocates of NHS reform are concerned. Alan Milburn, the architect of Tony Blair’s NHS shake-up, said: “I’m characterised as pro-market

... But I was for a managed market with rules, standards and strategic authorities to plan provision. ‘Any willing provider’ [the new policy to promote competition in the NHS] means anyone can set up shop and steal easy patients: the result will be anarchy.”

Although the government has now abandoned its plans to introduce price competition in the Bill, its Operating Framework for the NHS would still allow public and private hospitals to attract more business by cutting their prices for treating NHS patients. Carol Propper, a professor of economics at Imperial College London and a strong supporter of competition in healthcare, said this “will potentially endanger patients’ lives.” She pointed out that hitherto all hospitals have been paid the same for each type of operation. They could compete by offering earlier treatment at higher quality. Allowing price competition “raises the prospect of two-for-one deals on surgery and cut-price consultations for certain specialties ... to provide services at these prices, quality suffers.”

The proposals attracted stern criticism from eight leading health charities, representing millions of patients, the Alzheimer’s Society, Asthma UK, Breakthrough Breast Cancer, Diabetes UK, National Voices, Rethink, the British Heart Foundation and the Stroke Association. In a letter to the Times, they said: “The reforms will place £80 billion of the NHS budget in the hands of GPs, but plans to make GP consortia accountable to the public are far too weak.” They called for amendments to establish strong independent scrutiny of consortia, led by democratically elected councillors.

My NHS story

“The NHS has been constantly changing for over a decade. If further massive changes are undertaken now, at the same time as the NHS is expected to increase working efficiencies, patient care will inevitably suffer significantly. This will affect the poor and the vulnerable the most, because they are unable to seek alternative private healthcare options.”

Dick Middleton



NHS values

Some healthcare staff work in private or voluntary sector organisations, such as care homes, private hospitals and family planning clinics. That doesn't mean they are less caring than those whose wages are paid by the state. We know the public sector cannot claim a monopoly of goodness and compassion. But we also know the NHS will lose something of fundamental value if it moves too far down the privatisation road.

We fear that the good name of the NHS may be used to give a badge of respectability to some pretty shady operators.

We believe the core objective of our healthcare system should not be to create profit for shareholders. It should be to use taxpayers' money wisely to deliver a comprehensive service that is of the highest standard of excellence and freely available to everyone, based on clinical need, not an individual's ability to pay.

The NHS must not become a nameplate attached to the door of commercial enterprises that are more concerned with making money than providing a universal service. We fear that the good name of the NHS may be used to give a badge of respectability to some pretty shady operators. It would not be acceptable if the NHS were to be reduced to a purchasing organisation buying services from private companies – perhaps the same companies that seek contracts to advise on the purchasing decisions.

Fortunately we have a thorough statement of NHS values around which its supporters can rally. We do not need to dust down the speeches of Aneurin Bevan, inspiring as they still are. The NHS Constitution was prepared during the service's 60th anniversary year and published in January 2009. It was modern, forward thinking and supported by all the main political parties.

The Constitution was not some here-today-gone-tomorrow piece of rhetoric. The Health Act 2009 placed a legal duty on the NHS and its providers to have regard to it. As Andy Burnham, then health secretary, said on 12 November 2009: "The Act will help us to lock in the

improvements we have already made for future generations, by ensuring that all NHS bodies must take account of the NHS Constitution, which protects the rights and responsibilities of patients and staff." The Constitution applied to the NHS in England, but all four UK health ministers agreed a statement of common principles, recognising the core values of the NHS.

David Cameron quoted the Constitution when the Health and Social Care Bill was published in January 2011, setting out the government's health service reforms. He surprised a lot of us when he promised to uphold the Constitution's pledge on maximum waiting times. We'll see whether or not he honours that commitment. But keeping a check on waiting times is not enough. We want the whole Constitution upheld and we are concerned that many aspects of the government's programme are at odds with it.

The Constitution began: "Seven key principles guide the NHS in all it does. They are underpinned by core NHS values, which have been derived from extensive discussions with staff, patients and the public." Let's look at these principles in turn to see how well Mr Cameron and his health ministers understand them.

My NHS story

"In the last 10 years the NHS has saved my life twice. First, I was given a double bypass to cure angina and blocked arteries. This gave me my life back and I was able to get back to playing football and all the other energetic pastimes I enjoyed. Five years later I was diagnosed with a very severe form of lung cancer and because it was diagnosed early the NHS was able to aggressively attack and eventually stop the growth through a mixture of radio and chemotherapy. I would not be here today if it was not for the NHS."

Danny Gillespie



Jess Hurd/reportdigital

The NHS Constitution has seven key principles to guide the NHS in all it does.

What the NHS Constitution promised

Principle 1:
The NHS provides a comprehensive service, available to all ...

What the government is planning

The government wants the NHS to become a purchasing organisation buying healthcare services from “any willing provider.” That might be an NHS foundation trust or it might be a private hospital chain. Ministers don’t care which. They want a failure regime for hospitals that can’t compete successfully; services such as maternity or paediatrics that are not designated as “essential” could be axed. When this happens the NHS will no longer “provide a comprehensive service, available to all.” What’s more, this change will be irreversible. The entire NHS will be subject to EU competition law and the GATT free trade agreement, which will prohibit any return to an organised, collaborative system. This is a one-way ticket to privatisation.



Christopher Thomond/reportdigital

What the NHS Constitution promised

Principle 2:

Access to NHS services is based on clinical need, not an individual's ability to pay...



Paul Box / reportdigital

What the government is planning

The government wants to remove the cap that limited the income foundation trusts could make from private patients – the paying customers. The foundation trusts can charge more for a private patient and so we can expect more of their wards to be designated part of the private wing. In there, of course, access to NHS services will be based on ability to pay, not clinical need.



Christopher Thomond/reportdigital

What the NHS Constitution promised

Principle 3:

The NHS aspires to the highest standards of excellence and professionalism

What the government is planning

Government guidance would permit hospitals and others to compete by cutting the price they charge for treating patients. Until now hospitals could compete by offering superior quality, but they all had to charge the same amount. There was a complex national price list for every type of treatment. When hospitals start offering cut-price deals to an NHS that is strapped for cash, standards of excellence and professionalism are bound to suffer.

What the NHS Constitution promised

Principle 4

NHS services must reflect the needs and preferences of patients, their families and their carers.

What the government is planning

The government wants to give control of four-fifths of the NHS budget to consortia of GPs, who will decide what local services to commission. If the GPs who are consortium bosses still have time for any medical work, they may know the needs and views of a few individual patients. But there will not be rules telling them how to systematically reflect the preferences of patients, families and carers when they take the key decisions about which NHS services will be available. If the private sector cherry-picks the most profitable work, local NHS hospitals may not survive.



John Harris/reportdigital



What the NHS Constitution promised

Principle 5:
The NHS works across organisational boundaries ...
[It] is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution.

What the government is planning

The government wants to turn the NHS into a commercial marketplace. NHS hospitals will have to slug it out with the private sector and voluntary providers, such as charities. This is the antithesis of what patients want and it will cause disintegration, not integration. The Bill establishes that the first duty of Monitor, the foundation hospitals' regulator, will be to "promote competition." The government is turning organisations that should be partners into commercial enemies. The NHS will no longer be an integrated system.



What the NHS Constitution promised

Principle 6:

The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.

What the government is planning

The government is sacrificing best value for taxpayers by espousing a more commercial system. The cost of administration in the NHS is about 12%, compared with more than 30% in the US. Transaction costs in the NHS will rocket when competition between hospitals intensifies. GPs will require an army of clerks to keep track of the changing discounts and two-for-one deals. Aren't we all supposed to be working together to treat patients for free?

Timm Sonnenschein/reportdigital



What the NHS Constitution promised

Principle 7:

The NHS is a national service ... The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.

What the government is planning

The government is heading towards taking the National out of the National Health Service. In future there will be no national body deciding which drugs and treatments should be available on the NHS. It will be up to GP consortia to impose rationing to avoid overspending an increasingly inadequate NHS budget. Instead of national decisions being taken transparently by the National Institute for Health and Clinical Excellence (NICE), different consortia will make different decisions. It will be a massive postcode lottery. Power will be given to consortia that are not elected, not transparent, answerable only to a National Commissioning Board that will apparently be outside political control.



socialstock



An ocean apart: the perspective from America

Patty Eakin is a senior nurse with 35 years experience of the US healthcare system. She works in the emergency department at a leading university hospital in a poor neighbourhood of Philadelphia. They call it the Emergency Room – ER for short.

Patty knows at first hand what happens to people who are denied the free healthcare that is available in Britain from the GP practice. And the consequences can be devastating, financially and physically for those who are left disabled as a result of not getting timely medical attention.

Patty says: “Lots of people in the US don’t see a doctor on any regular basis. They don’t get check-ups because they can’t afford them.

“Many people come into the ER without realising that they have hypertension. It’s a disease that doesn’t make you feel sick until it’s too late. By then your heart or kidney is damaged. Your blood pressure may have been chronically high for a long time, but you didn’t know. So now you have a big, expensive disease and your life is changed. You could be disabled by the time you know you are sick.

“We treat you here in the emergency room and perhaps we say you need medication that you can’t afford.

“Or perhaps you come in because you have a pain in your stomach. We do a CAT scan of your abdomen and find you

“There are 50 million people in the US with no health insurance and that number is increasing. A lot of middle class people who would have had access to health insurance 15 years ago became unemployed and lost their insurance.”

Patty Eakin

Roy Peters/Report Digital

My NHS story

“The NHS is one of the greatest treasures this country has, full of hard-working, committed people like my midwife sister. I am really fearful that we will lose it and end up with a system like the USA.”

Kiri Tunks

may have a tumour starting to grow. It doesn't count as an emergency and so we discharge you and recommend that you follow this up with your doctor. But you are 40 and don't have medical insurance. Now you have a tumour you didn't know about before. The hospital will still want to be paid for the attention you got in the emergency room and maybe you can't afford the follow-up care.”

Patty is proud of the Temple University Hospital where she works. It handles the most complex trauma cases and is one of two major burns units in the area. Temple has a highly advanced neurology and neurosurgery department, as well as a good reputation for heart, lung, liver and kidney surgery and transplantation. But Patty is less proud of the healthcare system within which Temple has to work.

She says: “The ER is not allowed by federal law to turn anyone away. So, as a patient, you do get care, at least up to a point. They let you in and start the treatment and take care of the emergency situation. The problem would come if you did not have health insurance. Many institutions would try to get the money from you afterwards, either through bill collecting agencies or court action.

“If you are extremely poor, the hospital could be stuck absorbing the cost. But you may be eligible for Medicare or Medicaid and hospitals have people to help the patient with the paperwork to get government assistance to reimburse them.

“The hospital's registration people are there in the emergency room with me when the patient arrives. While I am trying to find out about the medical condition, they are there asking questions. Who are you insured with? Where are your papers? How do you spell your name?

“Don't get me wrong. These are people we know and like. They have a job to do, but they are careful not to interfere with patient

care. They are nice people. Everyone just accepts it.”

But the problem Patty and her colleagues find hard to accept is that so many people require emergency treatment because they have not been able to afford routine attention.

“What I see are the consequences of people not having access to timely care. People delay care, or they don't get the medication they need, or don't have a regular doctor. When they do come into the hospital, they are very, very sick because they waited too long. They put off routine care that could have prevented them getting sick in the first place.

As for proper dental care, forget it. People often have dental problems treated by extraction. We have so many who come in having lost many or all of their teeth. It's terrible.”

In addition to her job at the hospital Patty is president of the Pennsylvania Association of Staff Nurses and Allied Professionals. That gives her a system-wide perspective on US healthcare.

She says: “There are 50 million people in the US with no health insurance and that number is increasing. A lot of middle class people who would have had access to health insurance 15 years ago became unemployed and lost their insurance.

“I get health insurance from my employer. But if I had to go out and buy cover for my husband and myself, it would cost \$15,000 a year. The average income is \$40,000. That's how hard it is to afford.

“I have health insurance because of my job, but I can lose it along with my job. My employer would have to let me buy into the same health insurance scheme, but how would I afford the cost?”

Hopefully, President Obama's healthcare reforms may improve matters. But Patty notes: “I don't see any difference yet.”

The NHS: one vision across four nations -

This document has so far concentrated on how the Coalition government's health reforms are threatening the NHS in England. But David Cameron and Nick Clegg do not control health policy in the devolved administrations of Scotland, Wales and Northern Ireland. It's time to turn our attention to the NHS in these other nations.



Wales

Wales has a progressive left government with health policies that absolutely reject the values of the competitive market.

The Welsh Assembly government is a coalition of Labour and Plaid Cymru. Their coalition deal in 2007 was based on a document that set out what to expect from the public sector in Wales. The health chapter promised no competitive tendering, no marketisation or privatisation, no outsourcing and no more private finance initiatives (PFIs).

There was an internal market in the NHS in Wales in the 1990s, introduced alongside NHS reforms in England. But that was abandoned in stages following the election of the first Welsh Assembly government in 1999. Now seven health boards and three health trusts commission services from the hospitals within the health board communities.

Edwina Hart, the health minister, has brought outsourced support services back in-house at Neath Port Talbot PFI hospital. She has abolished car park charges at hospitals that had responsibility for charging and she has engaged the workforce in decisions on service improvements.

The next five to 10 years will be difficult because the Welsh Assembly government depends on money from Westminster. The NHS budget in Wales will have to be cut by £450 million a year. But there has been a continuing tripartite conversation between the Welsh Assembly government, the collective trade unions and NHS Employers in Wales. They always look for an agreed approach and aim to avoid a slash-and-burn policy.

My NHS story

“In the past week my elderly father has had life saving heart surgery at my local NHS hospital, and my two-year-old son was admitted to A&E with an illness my GP could not diagnose. In both cases the ability, skill and professionalism shown by staff now means my father and son are recovering and well. Cuts to the NHS are not only avoidable—they are completely unforgivable. Let’s not allow the ConDems to do this to us.”

Amanda Rudd

Over the past 12 months the three partners have considered how to transform healthcare provision, to rely less on hospitals and provide more integrated community care. They want to avoid polarisation of staff. About half the workforce is in registered professions, including nurses, paramedics, physiotherapists and radiographers. The other half is in unregistered occupations, including healthcare assistants, cleaners, clerical staff, caterers and porters. The partnership is working on longer term plans to get the whole workforce to sign up for change. Jobs may be lost as people retire or move on, but the NHS trade unions, NHS Employers and Welsh Assembly government are committed to avoiding compulsory redundancies. The partnership has managed that for the last four or five years and it intends to continue.



Roy Peters/Report Digital

Scotland

Scotland has adopted a model of healthcare reform that is very different from the NHS in England. The two most distinctive features are:

- opposition to the use of the market in the delivery of NHS services
- strong support for a partnership approach to policy making.

In 2004 Scotland completed the process of abolishing the internal market. Legislation stopped corporations bidding to run GP services. An independent treatment centre and a privately run hospital were brought under public sector control. And the current Scottish government has determined that cleaning and catering services will not be market tested. Procurement was also improved after the NHS in Scotland established a national distribution centre. These strategies have produced annual efficiency savings worth millions of pounds. So the “public” approach to NHS reform has delivered success in terms of quality of service, patient satisfaction and cost efficiency.

Scotland has the longest established national-level NHS partnership agreement in the UK. It aims to provide for high levels of staff involvement in improving patient services. Professor Nicolas Bacon and Dr Peter Samuel of Nottingham University have described the NHS Scotland partnership model as “...arguably the most ambitious and comprehensive labour-

management partnership so far attempted in the UK public sector.”

However, NHS Scotland cannot insulate itself from the policies of the UK coalition government. Due to a shrinking grant settlement from Westminster, further structural change may be on the agenda from 2011. There is concern among trade unionists in Scotland that free personal care for the elderly, free prescriptions and other universal benefits may come under attack. The financial challenges to NHS Scotland over the next three years are the most severe since devolution. There are significant workforce reductions and redesigns, although the policy of no compulsory redundancies is being maintained currently.

The reforms in England will directly impact on health services that are delivered to the Scottish people by about 80 NHS Trusts located south of the border, as well as by the NHS Blood and Transplant service that is headquartered in England, but supervises organ donation throughout the UK.

The unions will make clear to the political parties in Holyrood that support the Bill to reform the NHS in England, that the marketisation of services will impact on Scottish taxpayers and service users. The NHS in Scotland strives to be a world-class provider, not just a commissioner of health services. This is the fundamental distinction between the two governments' health policies.

Northern Ireland

The NHS in Northern Ireland has so far escaped the worst excesses of privatisation. There is good partnership working between the trade unions, employers and the Department of Health, Social Services and Public Safety. There are as yet no plans for the private sector to treat NHS patients. And a tradition of integrating health and social care services is much appreciated by service users. That said, the NHS in Northern Ireland is in peril. For more than 30 years it has been reviewed and reorganised in the interests of political dogma rather than the needs of the people and the founding vision of the NHS. It has experienced massive under-funding, particularly in social care and mental health.

Against that backcloth of history, health and social care in Northern Ireland have been reviewed again since full power was restored to the devolved institutions in 2007. There was supposed to have been a review of all public administration, including local government and education, but nothing much happened outside health and social care. The four area boards were

subsumed into one and the number of trusts was reduced from 19 to six. About 1,700 posts were eliminated, mainly in senior and middle management, but also some administrative and clerical support. Health and social care have also delivered 9% efficiency savings over the past three years and yet they are now facing over the next four years a budget shortfall of £2.3 billion.

It is proposed that 4,000 whole-time equivalent jobs are cut, but the type and location of the lost jobs has not been specified. This combined with rigorous vacancy control that is already in place is a recipe for falls in service standards, denial of treatment and damage to local economies.

The storm clouds are not only financial. The health minister, Michael McGimpsey, has come out against any further use of the Private Finance Initiative (PFI). He has opposed privatisation of other services and brought privatised services back in-house. But other politicians are showing interest in putting domiciliary care and mental health services into the commercial sector.



Stefano Cagnoni/reportdigital

Mythbuster

NHS staff get more than their fair share of criticism from the media. Here we set out some of the suspicious questions the journalists like to ask and the honest answers they don't like to hear.



Jess Hurd/reportdigital

You say you're interested in saving services for patients. Isn't the truth of the matter that you are public sector workers trying to save your cushy jobs and your gold-plated pensions?

Cushy?

If only you could join us on a shift and tell us afterwards how cushy it felt. NHS staff work on one of life's front lines. It's not just the blood, sweat and tears that we deal with, or the toileting, soiled sheets and incontinence pads. We handle the emotional side too: the joys of childbirth, the fear of diagnosis, pain and bereavement. We feel great when our patients get better, as most of them do. Rewarding? Yes. Cushy? You must be joking.

Gold-plated pensions?

There are 670,000 retired NHS workers. According to the recent interim report of Lord Hutton's review of public sector pensions, the average annual pension they got in 2009-10 was £4,087. Not £4,087 a month: £4,087 a year. That's less than £80 a week. Perhaps after a working life on low wages they didn't expect a high

pension - more's the pity. But however well you index-link less than £80 a week, it will never buy much gold.

Hutton found that the NHS pension fund took in £8.1bn in 2009-10 in contributions from NHS employees and the employers. This was £2bn more than the amount paid out to NHS pensioners.



Jess Hurd/reportdigital

Putting staff before patients?

Our patients come first, but it's wrong to think the interest of patients and staff are at odds. Research by Aston University for the Department of Health says: "Research evidence has now established a clear relationship between staff satisfaction and patient satisfaction. Put bluntly, it is not possible to provide the highest quality of care for patients without getting the human resources policy right."

Doesn't the NHS need a good dose of private sector competition to drive down costs?

The last thing we need is hospitals competing on price, forcing down the quality of care and compromising patient safety. Price competition in New Jersey in the 1990s was associated with a worsening death rate from heart attacks.

Zach Cooper of the London School of Economics said: "Research shows that with price competition prices go down, but quality tends to fall. In simple terms price competition leads to higher death rates. With fixed prices, quality tends to rise."

Nigel Edwards, acting chief executive of the NHS Confederation, which represents health service trusts, said: "If the Americans are having difficulty with it [price competition], and spending large amounts on administration, we need to be cautious. I'd like to compete on quality not on price."

My NHS story

"I owe my life to the NHS, as I had breast cancer in 1996. I think it is one of the greatest attributes of our country, everyone is treated the same regardless of how much money we have. Without it I think our country would suffer greatly and it would just become like the health service in the USA, where if you can't pay, you can't get treatment and you die. Isn't life more precious than money? The NHS is an institution and should remain so without becoming a business."

Allison M Wilson

The NHS may be a nice idea, but why should we have to put up with a system that our Prime Minister thinks is second-rate?

David Cameron may have let slip that he thinks the NHS is "second rate", but the evidence does not back him up. International comparisons produced recently by the US-based Commonwealth Fund found the NHS is the most efficient health system – and the fairest.

Why in that case is the survival rate from killer diseases so much better in France and other developed countries?


You've been listening to the "evidence" produced by Andrew Lansley, the health secretary, to justify this costly reorganisation. Lansley said our rate of death from heart disease was double that of France. Professor John Appleby, chief economist at the King's Fund, the highly respected health think tank, put him right. He said the UK has had the largest fall in death rates of any European country. On current trends, the NHS will have a lower rate than France as soon as next year. Ben Goldacre, writer of the Bad Science column in the Guardian, said: "I have never heard one politician use the word 'evidence' so persistently, and so misleadingly, as Andrew Lansley defending his NHS reforms."

Why is the NHS always playing catch-up on innovations?

The NHS is often ahead of the game. The Germans envy our network of health visitors. Mothers in France would love to have the choice that exists in the UK of where and how to have your baby. Other countries are increasingly interested in copying the system for assessing the cost effectiveness of drugs that was developed here by the National Institute for Health and Clinical Excellence (NICE.) And within Britain, it is the NHS that leads and the private sector that follows. For example, treatment centres were invented by the NHS long before the so-called Independent Sector Treatment Centres came on the scene.



John Harris/reportdigital



NHS staff work on one of life's front lines. It's not just the blood, sweat and tears that we deal with, or the toileting, soiled sheets and incontinence pads. We handle the emotional side too

I accept that nurses and the other hands-on healthcare staff are wonderful, but why are my taxes being spent on so many NHS pen pushers and bureaucrats?

Yes, the front line staff are wonderful, but they couldn't do their job properly without colleagues in back room departments making sure the organisation runs smoothly. The NHS is not management heavy. In fact research by Ian Kirkpatrick, professor of work and employment relations at Leeds University Business School, has established that it is management light.

Too many bureaucrats?

Kirkpatrick found that administrative and management staff (including everyone involved in finance, human resources and IT) made up about 13% of the NHS workforce in 2009. In the UK workforce as a whole, the proportion was 16%. It is frankly offensive if everyone involved in keeping organisations running is called a pen pusher or bureaucrat. But whatever you like to call them, the NHS runs a tight ship.

A simpler system?

The government talks about radically simplifying the architecture of the health care system. But Kirkpatrick says: "Ironically the proposed changes seem to point to a far more complex system ... As taxpayers, we will need to get used to the fact that for every pound we pay towards healthcare, administrative overheads will account for a larger, not smaller cut."

UNISON's vision for the future of the NHS

A close-up photograph of a UNISON flag. The flag is primarily purple with green horizontal stripes. The word 'UNISON' is printed in large, white, sans-serif capital letters. Below it, the words 'the public service union' are written in a smaller, white, cursive script. The flag is draped and folded, creating deep shadows and bright highlights in the folds.

A battle to save the NHS is being spearheaded by UNISON, the public service union.

It is speaking up for the health service and campaigning under the banner of **'Our NHS Our Future'** to protect the NHS from the threat of being privatised and fragmented.

The union has set out the aims of the campaign, calling them its ten Vision principles. They are:

ONE

The NHS remains a free, comprehensive, public service, funded by taxation rather than health insurance or 'top-ups'.

TWO

Access to the NHS continues to depend on need, not the ability to pay.

THREE

Improvements in the quality and responsiveness of services are achieved through a continuing process of engagement in partnership with service users, staff and trade unions.

FOUR

NHS staff are valued and supported in their work.

FIVE

Determining pay, terms and conditions for NHS staff continues to be a UK-wide activity.

SIX

The NHS is accountable, both locally and to Parliament.

SEVEN

Equality is fully and effectively embedded in the delivery of healthcare provision.

EIGHT

NHS organisations will work collaboratively across geographical areas to help deliver specialist services and with social care, to ensure services are shaped around the needs of users and carers.

NINE

Patients will receive locally based high quality care that conforms to national standards.

TEN

Quality and efficiency is delivered through public health care provision rather than competition between private providers.

Amanda Kendal



If you share a belief in a quality healthcare system that is publicly owned, not driven by profit, here's what to do:

- go online to find out more about our campaign at unison.org.uk/ournhs/
- add your voice and tell us why the NHS matters to you
- find out more about the government's plans for the NHS
- discover what UNISON is doing to challenge the government
- talk to your colleagues, family and friends about the government's plans for the NHS and ask them to add their voice to our campaign
- if you work in the NHS ask your colleagues to join UNISON and get involved in our campaign.



Philip Wolmuth/reportdigital.co.uk

My NHS story

“Born (1955) in the NHS, my healthcare has been publicly delivered throughout my life. When I needed it, the NHS gave me great care. I am deeply concerned at the growing ‘marketisation’ of the NHS. A service run for private profit will always put profits - not patients - first.”

Tim Hollins



Anjona's story

"In the space of only a few months my father and mother were diagnosed with terminal cancer. My father chose not to undergo chemo or radiotherapy but received regular check-ups and expert advice to help us care for him.

A few months after her diagnosis my mother collapsed and was taken to hospital for emergency surgery and was then transferred to a hospice. My father had daily visits from specialist nurses trained to look after dying cancer patients at home. The hospice brought my mother home to say a final goodbye to my father. Four days after that he died and she died a day later.

NHS staff supported my daughters through bereavement counselling.

The NHS helped my parents see the end of their days according to their wishes, treating them with dignity, respect and humanity.



UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to unison.org.uk/million

Join UNISON online today at unison.org.uk/join or call 0845 355 0845