

Con-Dem health plans ignore patients and staff

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Chair Bracknell Unite (personal capacity)

The Socialist's coverage of the Con-Dems' destructive Health and Social Care Bill has exposed the government's privatising agenda. Alongside £20 billion worth of cuts to services and jobs, we see the start of the fragmentation of the NHS as pieces are hived off to the private sector.

The NHS is the centrepiece of the post-war Labour government's reforms and the working class will not easily let this ideologically driven government destroy it.

We must also vigorously challenge the total lack of democratic accountability of the proposals by patients and staff. The plan to dismantle Primary Care Trusts (PCTs) and replace them with GP consortiums has not gone through parliament, yet the process has already begun. Many PCTs are being run down and in many areas 'pioneer' GP consortiums are in place.

The PCTs themselves were far from democratic, but there was an element of democratic accountability with the involvement of councillors and patient groups.

But the rapidly growing GP consortiums appear to have no checks on their activities. Such GP consortiums will be responsible for spending £80 billion of our money and at present they are virtually unchecked.

The government plans to create or adapt bodies to monitor the consortiums' activities. These



photo Paul Mattsson

include Health and Wellbeing Boards, Healthwatch, the misnamed Monitor as well as the Care Quality Commission (CQC). At present only CQC appears to be in place and, judging by their pathetic role in regulating private care homes, we can have little confidence in their effectiveness.

Despite David Cameron's recent protestations that Monitor's main role was "promoting the interests of patients" its major role will still be to 'encourage' more competition in the NHS, in other words privatisation. Health and Wellbeing Boards and Healthwatch have yet to be established in most areas and where they have been, they are at an embryo stage.

In my area the GP consortium refuses to talk to the democratically elected LINKs (local health watchdog) and ploughs on with no control over its activities.

Most people have no idea what's going on in their name. Except for a few Patient Participation Groups there is no accountability to the local community.

The health unions and local anti-cuts groups must take up these questions of democratic accountability and demand that no decisions are taken in our names without accountability to patients and health employees.

- No to privatisation of any part of the NHS.
- Reject the Health and Social Care Bill.

NHS listening events Flip chart 'democracy'

NHS Unite rep

About 120 people gathered at the Manchester City stadium for the NHS "Listening Event" - we seemed to be a mixture of NHS managers, health workers, voluntary sector and community activists.

The chief executive of NHS North West spoke about making progress on getting Trusts to Foundation status and getting GPs into consortiums. He handed over to the chief exec of Yorkshire and Humber strategic health authority who has a place on the 'Future Forum' (the Listening Panel). He assured us the event was genuine and that the panel is completely independent.

When they asked for questions, mine was: "If the government set up the panel, set its terms of reference, picked the members, and can decide which recommendations to accept or ignore, is it really independent?" They answered that there are no terms of reference and the panel has a wide range of people involved, not just managers.

Plenty of other people then came in with questions. One asked: What about Mark Britnell, now head of health at management consultants KPMG and former NHS adviser who had said: "No mercy for the NHS"?

Questioners said these changes were not in the manifesto, why is this even happening, no one

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even said the problem was the structure of the NHS, - we pensioners have not been consulted. The reply was: "Good points, put it all in the process."

We then broke up into tables to discuss one of either "Choice and competition", "Education and training", "Clinical advice and leadership to improve patient care" and "Public accountability and patient involvement", although you were invited to comment on any other issues if you wanted.

When the tables reported back there was universal and harsh criticism, except for one table which seemed to have some high-ups from the voluntary sector.

The many points made included: Why chase "choice" not quality? Private medicine will pick the easy cases. The changes are disruptive and will cost a lot of money. Patients cannot really choose based on quality, they just want a good service locally. Services will lose integration. Staff will be trained, but there could be no jobs to go to and PFI is a huge

waste and ultimately unsustainable.

So the comments were overwhelmingly critical, honest and well-informed. But then 'mine host' came in with the four 'high level themes' that he said had come out of the meeting:

- The communication of the need for so much change so quickly has been poor.
- Trust is the key to the NHS, and the Bill risks damaging that trust eg in GPs.
- Danger of fragmentation, concern at role of Monitor if it is to promote competition.
- And the loudest message - we all share a passion for the NHS. The views coming are "not political", they are sincerely held and based on experience.

This was not an accurate reflection of the tone of the event. It was an exercise in the "flip chart democracy" so familiar in the modern workplace. Everyone says what they want, but the person at the flip chart decides what to write down, and when they take the chart away they can edit it as they want, all the time claiming "You were all there, you all had a say."

Fortunately, just as we were being thanked for our trouble Paul Foley, North-West head of health for Unison, stood up and stated the obvious fact that the summing up did not capture the views expressed: "The message is - these proposals need to be changed in a very fundamental way."

Winterbourne View - fight privatisation, end abuses

The multiple accounts of abuse being investigated at Winterbourne View private hospital near Bristol are sickening and upsetting. They show the reality of privatised health and social care services.

Privatisation is dangerous. It mainly benefits the rich tycoons who profit from the so-called 'care' of vulnerable people. The organisation that runs the private hospital, Castlebeck, can charge over £4,500 a week for some patients.

I work in public services and have been involved with Winterbourne View. Yes, those responsible for abuse must accept responsibility for their own actions. But when a hospital is run to make a profit the workers suffer low pay, inadequate or non-existent training, no support or supervision. Such conditions often allow abuse like this to thrive.

The government claims its investigation into these abuses

comes from concern for the vulnerable abused people. But, the revelations come at a time when the Con-Dem government's health reforms are taking a battering.

Winterbourne is not the only high profile example of the reality of private health and social care services. Top care provider Southern Cross also faces economic crisis which puts thousands of vulnerable older people and staff under threat of job losses and homelessness.

In a capitalist society vulnerable, disabled and older people are not valued as equal citizens, they are increasingly targeted by profiteering companies as a route to a quick buck. Vulnerable people pay not only with their money but also through the violation of their most basic human rights. We must fight back to stop the privatisation of our public services and end these abuses.

Care worker, Bristol



photo Paul Mattsson

FT has doubts about private homes

The Financial Times (13 June) claims that NHS Information Centre data show that over 10,000 vulnerable adults living in England, many of them with profound learning and physical disabilities, were abused in the six months up to March 2010. The suspected abuse was either in their own homes or in residential accommodation - either by relatives or poorly trained care staff.

The FT comments about "growing concern that care for elderly and disabled adults in England is of poor quality, underfunded, too lightly regulated and over-dependent on private providers. An investigation [by the FT] last month found one in seven private homes was rated either 'poor' or

adequate by the regulator."

When the FT, the biggest defender of the capitalist market in the public sector, starts criticising the defects of private homes, shouldn't the trade unions be asking questions?

Why on earth should there be a commercial market in 'care' for defenceless old and disabled people? Who runs these homes? Who decides on priorities for the vulnerable residents? Private care homes should be taken into public ownership, either within the NHS or as part of a fully financed local authority social services department. Then problems such as poor training can be addressed, rather than concentrating on maintaining private profits.