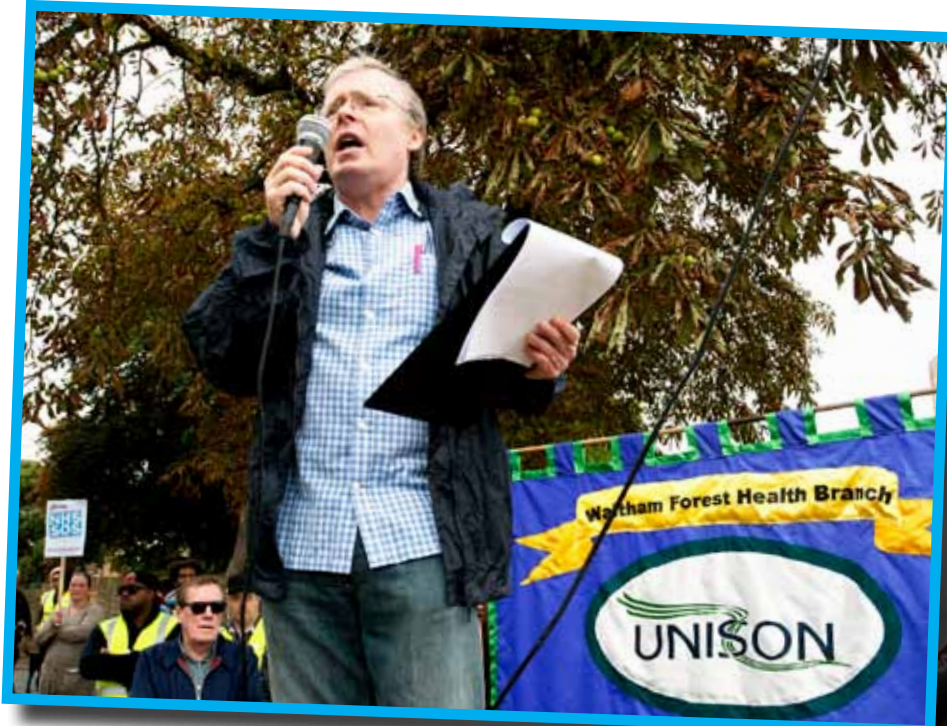


# FIGHT TO SAVE OUR NHS



On the march in Waltham Forest (see below and report inside) photos Paul Mattsson

photo Suzanne Beishon

Paula Mitchell

The establishment of the NHS in 1948 utterly transformed the lives of working class people. Unsurprisingly the NHS holds a uniquely special place in the consciousness of working class people. But for over 30 years it has faced underinvestment and privatisation.

Now the Con-Dems' Health and Social Care Act (HSCA) aims to end the NHS as we know it, turning it over to multinational companies to make enormous profits. As well as private companies taking over services, NHS hospitals - with their publicly-funded facilities and staff - can now turn half their capacity to private provision. Gradually the principle of 'free at the point of use' will be eroded with creeping charges.

## Attacks

Alongside this historic change, the NHS faces unprecedented cuts. The so-called 'ring-fencing' of NHS funding disguises a cut in real terms of £20 billion. Under the guise of reorganisation, establishing such things as 'centres of excellence' (and who could oppose excellence?), district general hospitals are hacked, A&Es and maternity units closed, or hospitals shut entirely. And all of this is on top of the scandal of PFI.

To try to break the deep allegiance of working class people to the NHS, a barrage of horror stories fills the press on an almost daily basis. Of course no one defends poor care, but years of cuts and damaging changes inevitably have their effects.

The best way to ensure good standards of care, with decent wages and conditions for the staff that provide it and protection for 'whistle-blowers', is strong trade union organisation. But even the semblance of democratic control in the form of health authorities and Community Health Councils were abolished by Tory and Labour governments.

People have not taken these attacks mildly. Massive community campaigns have sprung up and some have achieved temporary success, such as in Lewisham.

Unison is by far the biggest union in the NHS but unfortunately around the country many Unison health branches are under the control of the right wing in the union and do not put up a fight. In these circumstances community campaigns have been especially important.

However, this does not mean trade unionists are unimportant, and even where local leaderships refuse to fight, community campaigns should appeal directly to the workers to get active.

A new example is at Whipps Cross in East London, where there is one of the more militant union organisations in the NHS. Of course community campaigning will still be a vital part of the battle to save Whipps, bringing the community and users of the NHS together with the workforce.

But it is important here that the workers in the hospital have taken the lead. It is they who ultimately have the power to take decisive action, including strike action, which, with the community behind them, could beat these cuts back.

Even so, gains at a local level always run the risk of being overturned if they remain isolated cases. To defeat the government altogether will require a powerful mass movement.

The Socialist Party has called for a national trade union demo to defend the NHS - including at June's Unison health conference, where the right-wing leadership rebuffed the idea - and welcomes the TUC's demonstration at Tory party conference.

This demo should be a platform to call for national strike action. One and a half million people work in the NHS. If the power of workers in the health service was brought together with patients and communities, a movement would develop which could force the government into significant retreat.

When linked up with other workers in strike action against cuts, in the form of a 24-hour general strike, it could cause this government to collapse.

## Working class

It was the power of the working class that won the NHS in the first place. After World War Two, mass movements of workers, determined not to go back to the deprivations of the 1930s, swept across Europe. The capitalists feared for their system. An election victory for the Labour Party allowed the introduction of the NHS.

Thus a crucial factor in winning the NHS originally was the formation of a political party by the trade unions which could fight for that demand, and when in power, implement it. The Labour Party has long since ceased to be that party. While Labour has opposed the HSCA, in power they were the architects of most of the PFI disasters and paved the way for the Tories' latest steps. It is important that the campaign to save the NHS includes the demand for a new mass workers' party. We appeal to health workers to stand as TUSC candidates in May 2014.

The Socialist Party stands for a fully funded, democratically controlled public national health service.

To start with, this means stopping the cuts and cancelling PFI contracts.

It would mean ending all other forms of privatisation, foundation hospitals, private polyclinics and GP consortiums, and ending 'payment by results'. It would mean ending the 'internal market', and bringing

back cleaning, catering and other vital ancillary services into public ownership, properly resourced and with workers on decent pay - no more zero-hour contracts or band one jobs!

All charges for healthcare, including dentistry, eye tests and prescriptions, should be abolished.

A socialist government would nationalise the pharmaceutical industry, immediately ending the vast waste on inflated profiteering prices, and the waste of competitive and secretive research. Compensation would be paid only on the basis of proven need.

This measure alone would release funds for rebuilding the NHS (the drugs industry was worth over \$400 billion worldwide in 2002). But a socialist society would also mean the nationalisation of the banking system and other major sections of the economy.

This way, the wealth in society could be democratically planned for the benefit of everyone. Investment in a public health programme and an end to the domination of the big multinationals in the food, drink and

tobacco industries, would enable people to live more healthily, with assistance to help people improve their health and fitness.

## Democracy

A socialist government would also ensure decent pay and pensions, good quality housing, and shorter working hours. The impact of a decent standard of living for all cannot be overestimated. New figures show that London's rich live 18 more healthy years than the poor.

Real democratic controls could be introduced with elected committees of health workers, trade unions, community representatives, and representatives of local and national government. These would feed into a national plan, enabling better integration and a reorganisation that genuinely gives people the best possible service.

Around 5,000 nursing places have been axed since the coalition took power in 2010. There are plans for a further 4% cut between 2014 and 2016

Rich shareholders in Circle Health - the first private firm to take over an NHS hospital, at Hichingbrooke, Cambridgeshire - have donated £1.4 million to the Tories' coffers

## Patients and staff support campaign to defend Whipps Cross hospital

I am in a bed in the Sage ward in Whipps Cross hospital. After watching a story on London BBC News describing the staff here as rude and inattentive I was wondering if they are talking about the same hospital.

Every single member of staff has been extremely polite, patient and super attentive! This is even though they are responsible for so many patients, have so many tasks and

are on such long shifts.

I've been here since 16 September when I spent my afternoon outside the hospital at the protest organised by Waltham Forest Unison health branch to defend the hospital's services and staff.

After leaving I was violently pushed to the ground by someone running away from the police. The officers called for an ambulance but an hour passed and none ever

came because of shortages. In the end I had to go to the hospital in a friend's car.

Sometimes there are only two nurses in the morning, when all the patients on this ward need help with going to the toilet and cleaning ourselves.

They are fed-up with the long shifts and the low pay - one told me she can no longer afford school meals for her child. All the staff

know about the two protests organised by the Unison branch. They are all pleased that I'm involved in the campaign.

Whipps Cross has a special place in the heart of our community. We must not, and we will not, let it go down in the name of anyone's filthy profits. Together, community and staff, we must defend our hospital.

**Amalia Loizidou**

This is not just about Whipps Cross - it's about the whole community coming together to fight for its survival. They're saying go to Whitechapel. We don't want that - we have a very good local hospital here. I work in the emergency department. They'll get band five nurses to take on the work we specialised workers do. We have to all be part of this fight against privatisation.

**Roderick, Whipps Cross nurse**

# Lessons from the Mid Yorkshire NHS strike

**Adrian O'Malley**  
Unison branch secretary Mid Yorkshire Health (personal capacity)

Last May Mid Yorkshire Hospitals NHS Trust announced cuts in its staff budget of up to £8 million. Most of the 100 redundancies and 300 downbandings (pay cuts) were to fall on its admin and clerical staff. The Trust clearly thought this group of mainly female low-paid staff would not put up any resistance to their plans. How wrong they were!

Mass meetings of the staff who were facing pay cuts of up to £2,700 a year were organised at Dewsbury, Pinderfields and Pontefract hospitals which unanimously agreed to ballot for strike action. Despite the continuous management bullying and threats of dismissal over 90% voted for strike action which started with a one-day strike on 1 November 2012. It was a tremendous success with over 400 striking including many staff who were not facing pay cuts. Over 100 workers joined Unison.

A three-day strike took place 20-22 November followed by a five-day strike 28 January to 1 February 2013. 30 members of Unite also joined the action. Over 100 pickets were outside the hospitals on every day of the strike. They

were interviewed by the local TV and radio and newspapers and received fantastic support from the community and the trade union movement. Over £40,000 was raised for the strike fund.

In a ballot of Unison's 2,600 members across the Trust, 75% vote in favour of strike action. Unfortunately the turnout of just under 20% was not sufficient to take forward the strike action and the branch committee decided to enter into talks with the Trust.

The resulting agreement saw improved pay protection for three years and a commitment to jointly agree new job descriptions for all the downbanded staff with six months. There were also no compulsory redundancies within the admin group.

The first lesson of our dispute is that low-paid workers are prepared to fight if a lead is given. The second is that trade unions become more relevant to workers when they are seen to be fighting for their members - this was shown by our tremendous recruitment during the strike and the eight new stewards we now have. The third lesson is that working class people will support us when we are forced to take industrial action because they know we're fighting for the future of the NHS.

The fourth and most important lesson is that taking strike action gets results. Although we did not stop the downbandings, there were no compulsory redundancies, we increased the protection period and we live to fight another day for a return to the original pay bands.

The final lesson is relevant for every trade unionist in the public sector. Our members were involved in a bitter dispute for nearly a year. During that time they were threatened with redundancy and dismissal and bullied into signing new contracts.

The longer the dispute went on the more the strikers felt isolated and asked why other branches weren't striking with us. That isolation was the reason we failed to persuade the rest of our members to vote in the branch-wide ballot.

The task of every trade unionist in the NHS is to build the confidence of our members to fight the many attacks taking place. There are enough reasons for the trade unions to lodge individual disputes in every NHS Trust. This should be done immediately as part of the TUC decision to work towards a 24-hour general strike.

**Mid Yorkshire showed we are prepared to fight for the NHS - and win.**

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A recent BBC survey of A&E staffing levels reveals an overall 10% shortfall, causing "significant impact" on the safety and care of patients

Since 2001, David Cameron's party has received more than £10 million from companies linked to private health

# Shut down the town to save Stafford Hospital services

**Andy Bentley**  
Staffordshire Socialist Party

Unelected administrators plan to slash key services at Stafford Hospital and facilities in surrounding towns. It would mean people traveling 20 miles to the hospitals in Wolverhampton or to the new University Hospital of North Staffs (UHNS) which has 300 fewer beds than the old one.

Many thousands of angry people have turned up to eight administrators' 'consultation' meetings since early August. But despite hospital staff and others being cheered to the rafters when they challenged the administrators, their demands to save services will be ignored by these hatchet men.

As we predicted this 'consultation' has been a sham and a waste of money. The only consultation that matters was the 50,000 of us who marched on 20 April against any plans to dismantle Stafford/Cannock hospital!

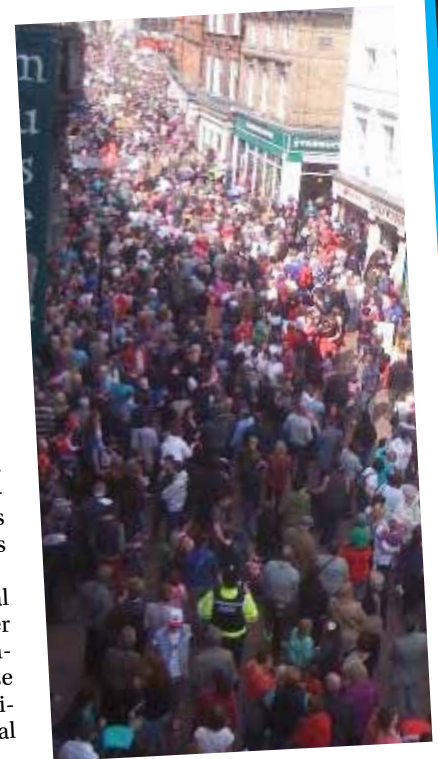
This helped to stop the administrators going for a full closure. But the

powers-that-be still want to get rid of maternity, paediatrics and intensive care and downgrade A&E. We need to step up the fight to defend Stafford and Cannock! Decisive action is necessary.

The Socialist Party says if we are to make them listen to us and keep our services then we must close down the town for a huge protest! Every business should close, with every worker stopping work for a day or half a day to build a giant weekday rally that can make crystal clear we will not accept the loss of any of our services.

Support Stafford Hospital, the group which organised the 20 April march, should name the date for a shutdown. This would receive massive support locally and nationally. In particular appeals should be made to surrounding hospitals like UHNS to support this action.

Health unions at Stafford hospital should build support for it and other trade unions should join in by organising workplace meetings to mobilise support. Community groups and residents associations could organise local public meetings.



# Hundreds march to defend Whipps Cross

**Waltham Forest Socialist Party**

"PFI, no way - not our debt, we won't pay!" was one of the favourite chants as 700 people marched through Waltham Forest on 21 September in defence of Whipps Cross hospital.

Hospital workers and local people raged against downbanding, privatisation, cuts to services and attacks on trade unions. We were protesting in defence of our local hospital, and the other five hospitals in Barts Health Trust, but also in defence of the NHS as a whole and against the Con-Dem government that threatens to destroy it.

£77.5 million of cuts are planned across Barts Trust because of a huge financial crisis, largely caused by a rip-off PFI deal on the new London Hospital building.

When introducing the rally, Len Hockey, branch secretary of the local Unison Health branch which called the demonstration, pointed out the importance of the fact that the hospital workforce have proven themselves willing to take action to defend their jobs and public services.

A recent meeting Len called was attended by 100 workers and voted unanimously for no confidence in Trust management and 98% in favour of industrial action if necessary.

Speaker after speaker at the demo put to rest the lie being repeated in the press over the last few weeks that

Whipps Cross is somehow a failing or substandard hospital. Trust bosses are trying to weaken public support for the hospital in anticipation of announcing details of where the planned cuts across Barts Trust is going to come from.

But the march, which was led by hundreds of nurses and other Whipps workers, and joined by many members of the public, showed that this is not going to be successful.

People want good local hospitals and know that cuts and privatisation aren't the way to get them.

There were speakers bringing support from several other local and national trade unions. A number of hospital workers, many who joined the march with their young families, spoke about the effect of cuts to their pay and conditions.

Nancy Taaffe, who spoke from Waltham Forest Anti-Cuts Union, got a huge cheer when she said that PFI debts should be written off. The rally also heard from Charlotte Monro, victimised chair of the Unison Health branch.

Reflecting support for the ideas of working class struggle, two people joined the Socialist Party and another 26 expressed an interest in joining. Over 100 copies of the Socialist were sold.

The next stage in the campaign, side by side with an indicative ballot of the workforce, is to build for a public meeting which the Unison branch has called on 23 October at 7pm in Leytonstone School, James Lane.

Drugs companies legally rob the NHS by using a legal loophole called "flipping" to push up the price of medicines in some cases by up to 2,000% - at a cost to the public purse of tens of millions a year

# PFI - Pure Financial Idiocy



cartoon Phil Hackett

**Dr John Lister**  
London Health Emergency

Peterborough's new £300 million City Hospital is to spend £2.5 million to find a 'partner' from the public or private sector to take over the top floor of the building, where offices could be stripped out and 100 beds opened up - they are even seeking a private company to take over the management of the hospital, which is running a massive £40 million a year deficit.

In South East London Healthcare Trust (SLHT) the first trust financial failure still threatens the future of neighbouring Lewisham Hospital.

Further east in London, Queen's Hospital in Romford, part of Barking, Havering & Redbridge Hospitals Trust, which has cumulative debts of over £150 million, is seeking to balance its books by closing most services at the trust's King George Hospital.

Storm clouds hang over dozens more hospital trusts. The common factor? The inflated costs of new hospitals built under the Private Finance Initiative (PFI). Scheduled payments in 2012-13 totalled £1.6 billion; this averages out at less than 2% of NHS spending, but the impact on local trusts is much greater. Payments in Peterborough add up to around 20% of the Trust's budget.

## Failure

After almost 20 years of attempts to make the notion of PFI work in England, it has resulted in inflated costs, inflexible contracts, unsuitable and inadequate, high-cost buildings, cash crises requiring government and other bailouts, cuts in services and closures of surrounding hospitals.

A growing share of the profits that have been made through PFI is being appropriated by off-shore companies which pay little, if any, tax. The private sector knows that the political cost of closing hospitals and publicly accepting that the schemes have failed is too great for politicians of the two main parties responsible for PFI, and so the consortia have been able to hang tough and force continued payment - at the expense of other services and healthcare.

PFI originated in John Major's government in the early 1990s: it was described as a means to "privatise the provision of capital". Although there were early, improbable, claims that PFI projects could be cheaper than those funded through conventional public finance - and of course the usual salesmanship seeking to promote an image of the private sector as somehow more 'innovative' - NHS trusts were only persuaded to take PFI seriously by a combination of carrot and stick.

The stick came in the form of a rapid reduction in the allocation of Treasury capital to fund new hospital development - sufficient to halt almost all new hospital schemes from 1992 through to 1997.

The carrot was the alluring (largely empty) promise that the private sector would shoulder all of the risk involved in the construction phase of the project, and that it would deliver 'on time and to budget'.

What was not said was that the NHS would be charged handsomely for handing over the risk, in the form of a 25, 30 or 35 year rigid contract, during which time the hospital building itself was the property of a private consortium and a guaranteed, index-linked profit stream for private shareholders. And the public sector still effectively wound up stuck with the bill if anything substantial went wrong.

By 1997 the Tories had failed to finalise a single hospital contract, and it was left to New Labour, which in the six months before the election had dropped its opposition and embraced PFI, to sign the first PFI deals in the NHS. Completed new hospitals began to open up from 2000. Most were significantly smaller than the hospitals they replaced, with an average 25% reduction in numbers of beds in the first wave.

The average cost of a new first-wave PFI hospital was less than £100 million. But since then the projects have become much larger and more elaborate: many of the more recent schemes are now in excess of £300 million. PFI has become a major factor undermining the financial viability of a number of Trusts, with 22 admitting in 2011 to be facing PFI-related financial problems.

Early in 2012, George Osborne set up a £1.5 billion bailout fund to help ten

of the most troubled, but payouts were subject to rigorous conditions, requiring the hospitals to already be making drastic cuts, and it is not clear how much of this money, if any, has been distributed.

In May 2012 the Commons Public Accounts Committee declared that the current model of PFI is "unsustainable". In too many cases, the Committee argued, investors appeared to be making "eye-wateringly high" profits. NHS trusts were forced to seek deeper cuts in other budgets to maintain PFI payments.

## Con-Dems

Despite George Osborne's promise in opposition that the Tories would stop using PFI, over 40 new PFI contracts were signed by the coalition government in its first two years in office.

In August 2012 'hit squads' of lawyers and accountants were sent in to seven of the most indebted hospital trusts to seek to renegotiate their PFI contracts. But ministers made clear from the outset that the government would not walk away from any of the contracts - and nothing of substance has been changed.

In December 2012 Osborne unveiled another approach, with the announcement of a new form of PFI, to be known as PF2. It would create contracts in which the public sector would become a minority shareholder, and therefore in theory share in any 'profits' that are to be made - from the public purse.

One justification for the inflated cost of PFI is that the private sector is taking on the various "risks" involved in constructing the hospital to a tight schedule. The process has been described by the auditor general of the UK National Audit Office as ranging from "spurious" to "utter rubbish" - "If the answer comes out wrong, you don't get your project. So the answer doesn't come out wrong very often."

Only when these often very large, imaginary 'risk payments' are added to the PSC does PFI appear even comparable in price, and it seldom even then appears to be cheaper than public funding.

Billions in taxpayer's money is paid out, signed away and put at risk with minimal scrutiny. There is ample scope for conflict of interest and even corruption, with little hope of redress.

<b>1942</b> After years of struggle by workers, the fear of revolution after the war produces the Beveridge report. This heralded the welfare state reforms.	<b>1948</b> Labour health secretary Aneurin Bevan introduces national health service, available to all free at the point of use and financed entirely by taxation.	<b>1952</b> Charges for prescriptions, agreed by Labour before 1951 election defeat, introduced.	<b>1965</b> Prescription charges abolished by Labour government, though the same government brought them back in 1968	<b>1980</b> Black Report shows that, despite medical gains and the dedication of NHS staff, class inequalities in life expectancy still haunt Britain. The findings were backed up by reports in 1987 and 1998.	<b>1982</b> Area health authorities abolished, starting a process of destroying democracy in the NHS.	<b>1990</b> NHS Community Care Act sets up NHS Trusts and introduces an internal market system within the NHS.	<b>1997</b> Blair government turns to hugely wasteful but millionaire friendly Private Finance Initiative (PFI) to build new hospitals.	<b>2003</b> Labour opens first Independent sector Treatment Centre where private firms are paid huge sums in contracts to treat NHS patients.	<b>2004</b> Foundation Trusts introduced by Labour - more competition between Foundation Hospitals for staff and resources, dependent on fulfilling targets.	<b>2013</b> Health and Social Care Act makes even more clear capitalism's intention to run a market system where profits come before social needs.
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# What can we do to defend the NHS at the ballot box?

Dave Nellist, chair of the Trade Unionist and Socialist Coalition (TUSC) argues for an electoral challenge to defend the NHS.

Hospitals, such as George Elliot in Nuneaton, are under threat of take-over from private sector companies. Channel 4 News recently found that there has been a surge in the use of private ambulances in parts of the country, crewed by staff who may have as little as five days' medical training.

The NHS is expected to receive almost £500 million this year from private patients seeking prioritisation, which even the government acknowledges could result in "a growth in waiting lists and waiting times for NHS patients". Although accelerated over the last three years, hospitals are only using the same powers to raise income from private patients originally given to them by Tony Blair.

## More of the same

And there's the problem. As even Dave Prentis, pro-Labour leader of Unison, has recognised: "Labour built the bridge that the Tories are marching over".

Huge demonstrations of tens of thousands (in Stafford, Lewisham and elsewhere) show there is no lack of willingness of people to fight to save their health service. And workers are taking action too. But what do we do at election time when all establishment parties broadly agree to the direction the NHS is travelling?

The current £20 billion 'savings' being imposed on the NHS by the coalition government actually arose from Labour plans. Former Labour ministers are even advising private firms seeking to profit from the NHS! Former Labour health secretaries Alan Milburn and Patricia Hewitt have earned tens of thousands of pounds a year advising firms which specialise in healthcare investments, run private hospitals



or provide outsourced services.

There is no evidence of winning back the Labour Party to the demand of 'renationalise the NHS'. Falkirk West showed the reaction of the Labour leadership when Unite attempted to influence the selection of just one MP.

## TUSC

Labour now seems permanently wedded to public services run either on market principles, or by big businesses themselves. There is only one organisation planning to stand widely in elections which has pledged support 100% for an NHS publicly funded, publicly delivered, and publicly accountable (by being fully publicly owned!) and that's TUSC.

TUSC was set-up in 2010 to enable trade unionists, community campaigners and socialists to stand candidates against the pro-austerity establishment parties.

TUSC candidates are pledged to:

- Stop all privatisation, including the Private Finance Initiative (PFI) and Public-Private Partnerships (PPP)
  - Bring privatised public services and utilities back into public ownership under democratic control
  - A high-quality, free National Health Service under democratic public ownership and control
- The Labour leadership is moving towards abolishing the voice of the organised trade union movement in the Labour Party. It is growing ever more

urgent that more trade unions should break the link with New Labour themselves and join with the RMT and leading trade unionists from other unions to found a new party.

As part of the process of building an independent political voice for working class people, TUSC is planning to stand over 600 candidates in next May's council elections. Around the country meetings will be held to invite active trade unionists and anti-cuts campaigners to come forward.

Unlike others, TUSC intends to root itself in the organisations and communities of the working class, unashamedly popularising socialist policies. **Could you be one of next year's candidates? Find out more at [www.tusc.org.uk](http://www.tusc.org.uk)**

## The Socialist Party fights for:

- No cuts. Axe the Act: Abolish the Health and Social Care Act which prepares the way for the further selling off of our NHS to private organisations
- A fully publicly funded NHS, free for all at the point of use
- End big business profiteering from the NHS: Abandon the Private Finance Initiative which is bleeding the NHS dry
- End NHS job losses and low pay. No downbanding.
- Nationalise the pharmaceutical and medical supply industries and all private health providers
- Democratic control and accountability of health services
- United action to defend the NHS – the TUC must name the day for a 24-hour general strike against austerity
- A new mass workers' party that fights for these demands. Support the Trade Unionist and Socialist Coalition as a step in this direction
- A socialist planned society that can genuinely meet and exceed the original aims of the NHS

# Defend NHS Wales from Tory-Labour cuts

**Claire Job**  
Swansea Socialist Party

In England the Health and Social Care Act is dismantling the NHS. In Wales even without the Act, underfunding, years of neglect, poor planning and a spineless Welsh Government are having the same effect.

"It's true the NHS is under threat... in England" is what we hear too often from union leaders in Wales who claim that the Labour Welsh Government protects the NHS in Wales. At the Wales TUC conference this year there was only one motion on the NHS - it called for a fight against all cuts, and was voted down by union leaders. This does not reflect the mood of members.

Lengthening queues for planned treatment in NHS Cymru's hospitals is a scandal that is getting worse because of cuts being made by the seven health boards in Wales to meet the Welsh Government's spending targets.

Spending targets have driven change in healthcare services in Wales - for example, we are currently awaiting news from the South Wales Programme consultation which

would cut the number of A&Es in south Wales to just five serving two million people! Which hospitals are about to get downgraded? Which local community will have significantly reduced access to emergency and critical care beds?

## Privatisation

It's true that in Wales we have been spared the naked privatisation of healthcare seen in England but the NHS in Wales is not free of market forces. The Welsh Government's Public Accounts Committee is asking for an investigation into claims that patients in Wales are able to jump lengthening queues for NHS care by paying to see the same doctor privately.

The Welsh Audit Office have alleged that cost-cutting measures are behind many of the 13,000 operations cancelled in Welsh Hospitals since 2010-11, due to either a lack of staff or lack of beds. Also that Wales will have the lowest spending per head on healthcare of any country in the UK by 2014-15.

Even all the cuts to services, beds and staff have not been enough to



make all the savings that the Labour Welsh Government has been asking for and, in each of the last three years, they have had to come up with extra funding in the last months of the financial year to ensure that health boards stayed within their targets.

For patients, however, the potential consequences of these cuts are much more serious than missed performance targets. There have been a reported 152 deaths of patients on waiting lists for cardiac surgery in Cardiff's UHW and Swansea's Morriston Hospital in the last five years, for instance.

As late as this May, at the Wales TUC, Welsh First Minister, Carwyn Jones, was claiming that savings would not be made through redundancies of NHS staff in Wales. The conference was barely over before that claim was being proved false - the Cardiff and Vale Health Board is in the final stages of a consultation over 324 redundancies.

It is not just a question of health workers and trade unionists in Wales showing solidarity and providing sympathy for our brothers and sisters in England. Whether the cuts are being implemented by the Con-Dems or Labour, we are united in the same fight to defend the NHS. The allies we can rely on in this struggle are not Labour politicians who implement NHS cuts but the millions of working class people who rely on and value their NHS.

The government is refusing to introduce minimum safe staffing levels into hospitals, despite the recommendations of the Francis report into the Mid Staffordshire Trust catastrophe in which 1,200 patients 'needlessly died'

Earlier this year drug company executives were secretly recorded boasting that they are selling regulated prescription drugs that cost "pennies" for hundreds of pounds because the government won't tighten NHS price controls