

# Unite the Union Nottinghamshire Health

WINTER 2015/16



Dear COLLEAGUES

## Welcome to your Unite the Union Newsletter

Unite the Union aims to build a fuller and more influential workplace organisation, including recruiting and training more Unite Reps within Unite's Nottinghamshire Health Branch.

### Public Debate – 'NHS: the next 5 years'

Unite Nottinghamshire Health Branch hosted a public debate about the future of the NHS. A capacity audience attended a keynote presentation delivered by consultant surgeon Anna Athow on October 14<sup>th</sup> at Nottingham's New Art Exchange, focusing on Simon Stevens (head of NHS England) 'Five Year Forward View of Health Care in the UK'.



Anna Athow's keynote speech delivered to a capacity audience

In her assessment, Anna analysed the impact that Stevens' proposal will have on NHS services, staff and patients evidenced by recent government-led actions and proposals. Attendees reacted with incredulity and concern as the pieces of evidence interlocked to reveal a clear vision that the **NHS is being dismantled ready for wholesale privatisation**. Yet at the same time the Five Year Forward View executive summary acknowledges dramatic and continuous NHS improvements due to protected funding and commitment of NHS staff.

The Five Year View is written in innocuous and vague terms; it requires expert translation to uncloak its intended objective and means by which it will be achieved. And if you think this is about the future, think again, because legislation (Health and Social Care Bill, 2012) is in place to facilitate the transition from a publicly-owned and nationally administered health service to a fragmented unaccountable privately owned service run for profit, at huge cost to patients and the

tax payer.

### New US-modelled Care Models on the way

According to the Five Year View it plans to impose 'radical' new care models (NCM) based on US health systems that are governed by strict budget targets with a key objective being to return a surplus (profit) and **keep patients out of hospital**. There will be a greater dependency on voluntary organisations. New models being proposed include:

**Multispeciality Community Providers (MCP):** out of hospital providers of primary, secondary, mental health and social care. This will involve developing new staff roles

**Primary and Acute Care Systems (PACS):** these could model the American accountable care organisation (ACO) with the aim of combining GP and hospital care for

selected (registered) patients

**Urgent and Emergency Care Networks:** these will require strengthened triage – ambulance staff trained to treat patients on the spot or refer to out-of-hours care centres. This will be accompanied by a drastic reduction in comprehensive A&E

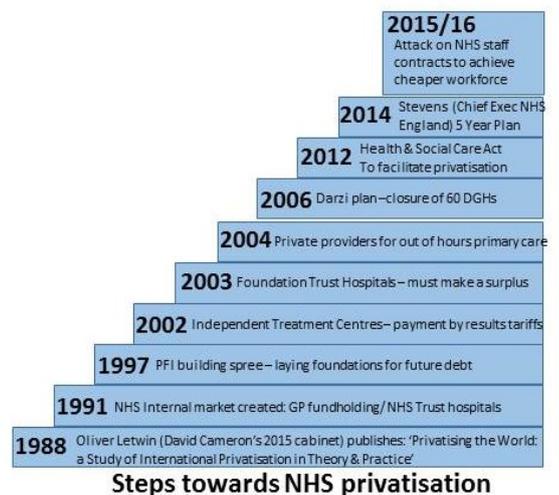


Departments. Sir Bruce Keogh (medical director, NHS England) proposes only 40-70 'major emergency' (full service) A&E departments from more than 140 currently.

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### 'Five Year Forward View...'

### dismantling the NHS for privatisation'



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## NHS: the next 5 years — Commentary

### Risks associated with the 5 Year Forward View

Devolving health care in England through the introduction of new US health care models is risky.

The National Health Service will undergo progressive fragmentation and consequently this will introduce greater regional variability in service standards and treatment received by patients. The government wants to shed accountability and economic responsibility and in their place, generate a revenue stream, by using private companies and volunteer organisations. With a halving of hospitals hosting major A&E departments, many patients will incur increased journey times being transported to hospitals with the appropriate specialist emergency services; time in receiving medical intervention is a critical factor in determining clinical outcome.

Added to these concerns, recent evidence of private health company failures (Circle: Dermatology services – Nottingham, 2014; pull-out of Hinchingbrooke Hospital, 2015) are characterised by poor employer/employee staff relations, and poor care according to the Care Quality Commission—the body responsible for policing standards. Staff can expect to see removal of nationally agreed terms and conditions, pay, and career grades as salary budgets are increasingly squeezed and productivity forced up to meet efficiency demands required for increasing commercial profit margins. This is already happening: this government broke the link with the NHS Pay Review Body by rejecting its recommendation for a pay increase. On the contrary Scotland and Wales honoured it adding to a two-tiered health system. Currently, the NHS has been available as a safety net for ‘rescuing’ patients from failing private sector health care providers. **The new 5 Year Forward View risks removing this safeguard in England.**



Anna Athow

### Anti Trade Union law: attack on employees' rights and democracy

The government's Trade Union Bill has been widely condemned as the most aggressive attack on trade unions in 30 years with bodies including Amnesty International, Liberty and even the CIPD (HR professional body) joining Trade Unions in opposing this needless and bad piece of law. The driving force behind the vindictive attack is ideological, evidenced by contradictory reasons given for its need. On the one hand the government cynically state that they want to modernise trade union law but at the same time will not permit unions to use online secure balloting (used in government elections) or work based secret ballots. The government's position is clear: they want to frustrate and deny trade unions the ability of exercising a fundamental democratic right to protest through industrial action. Employees will find it significantly harder to resist imposed changes to their terms and conditions and pay restraints.

This is a needless piece of legislation. The Office for National Statistics (ONS) indicate a decline in days lost to strike action; they have shrunken by approximately 90% since the 1980s. The new law is 'almost certainly a breach of international legal obligations' according to Keith Ewing and John Hendy QC of the Institute of Employment Rights.

Industrial action can take different forms and **strike action is used as a last resort** when informal and formal processes have failed. It involves personal sacrifice by employees due to lost earnings and can ultimately overcome a deadlock in negotiation and bring two sides together, sometimes involving arbitration.

Frances O'Grady, TUC General Secretary, concurs with this view: 'If an employer believed we [employees] couldn't strike, they wouldn't bother to bargain'. The government's new anti-trade union bill is an attempt at making industrial action illegal and will involve additional costs to not only trade unions and their members, but to public accounts because the new law requires processing by an already over-stretched and under-resourced police force.



NUH staff raising public awareness about the Trade Union bill, Nottingham, November 2015

### Trade Union Bill—Proposed changes

<b>New ballot thresholds</b> 50% turnout for industrial action	<b>Postal ballot only</b> Electronic (online) or workplace ballots not allowed
<b>Widening definition of 'important services'</b> To include ancillary medical roles - technicians, hospital domestic staff	
<b>Redefining votes against industrial action</b> Currently only returned votes are counted. Under the new proposal non-returned votes will register as 'no' votes	

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## Support the Junior Doctors!

To attract and recruit private companies into the health service the government will attempt to make healthcare more profitable. Considerable cost savings can be made by reducing the staffing budget: to achieve this the government needs to tear up existing staff contracts. The commitment and dedication of NHS staff is historic; staff appreciate the consequences of industrial action and for this reason always struggle to exercise this right, despite provocation. In the last few years the Tory government have imposed harsh sub-inflation pay restraints on NHS staff with Agenda for Change contracts. Their next phase is to attack junior doctors: they thought they would be a pushover. They expected a new contract would be easily imposed. How wrong they were!

Junior doctors have shown in huge numbers that they will fight the Tory attacks. Patients need a safe and fair doctors' contract.

**If the government removed unsocial hours premium from nights and Saturdays for junior doctors it wouldn't be long before they attack terms and conditions of staff with Agenda for Change contracts.**

The NHS already is a 24/7 service. Statistics showing higher death rates of patients admitted at weekends have been manipulated to try to mislead the public. *The problem is lack of staff throughout the week and round the clock.* The strain on all health workers in maintaining a good service for patients is reaching breaking point.

Tory Health Minister, Jeremy Hunt, said in 2005 that the NHS should be privatised. He's the richest minister in the Cabinet! Removing unsocial hours premium for all NHS workers would make the service much more profitable for the huge corporations now biting off chunks of the NHS.

## Their fight is our fight!



Unite the Union's Health National Industrial Sector Committee has given it's full support. Unite Nottinghamshire Health Service branch supports the junior doctors and all health workers fighting to defend their pay, conditions and to defend our NHS from profiteering vultures.

The Tories' anti-trade union bill aims to make it much harder for workers to take effective action. A government elected by 24% of all electors has no mandate to destroy hard-won trade union rights. These rights defend our NHS.

**Junior doctors, supported by all health workers and trade unionists in action to defend our NHS, can kill this bill!**



Protestors in Nottingham's Market Square, October 15

## Doctors and medical students – Join Unite!

All doctors and medical students are invited to join **Doctors in Unite** – whether BMA members or not.

**Doctors in Unite** comes from the Medical Practitioners Union, a section of Unite, the UK's largest union. Join our campaign to defend a comprehensive NHS free at the point of need.

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@DoctorsInUnite

### Junior doctor contracts — proposed changes

**Definition of 'unsociable' hours** — reduction in unsociable hours leading to a pay cut

**Scrapping of guaranteed pay increases linked to time in the job** — makes it harder for career progression for some, including doctors taking time out to have a baby

**Doctors will have to work more weekends without extra pay**

**Last minute decision to increase basic pay by 11%** - approximately 75% doctors will see a small pay increase; others will lose out



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