



Doctors In Unite: Our Vision for the NHS



This is a working document with which we intend to stimulate debate and distil our vision. It represents the launch of a renewed process of campaigning to save our NHS and developing detailed responses to current problems.

We are clear and unambiguous in our support of the NHS and not daunted by current circumstances.

About Us

Doctors in Unite (the Medical Practitioners' Union) is a section of Unite the Union. It is the only TUC-affiliated union formally party to the representative machinery of the British Medical Association (BMA). We are a progressive voice within the BMA, and a medical policy think tank for health as a social goal.

We played a major part in the development of the concept of clinical commissioning (sadly now distorted by commercialisation, underfunding and privatisation which undermine its original goals of local planning). We advocated neighbourhood health committees in our evidence to the Short Committee in 1978. We persuaded the Labour Party in 1992 to adopt locality commissioning as its policy for the replacement of fundholding and persuaded the BMA of that same policy in the mid-1990s.

We believe in:

... we may not succeed in our goals, but if we reach for the roof, we'll only get to the roof – if we reach for the stars, we may get to the moon!

- **A society that promotes good health.**
- **NHS and social care which is publicly funded through general taxation, publicly provided, publicly accountable, free at the point of delivery and comprehensive in its scope.**
- **Addressing the social determinants that lead to poor and unequal health experiences.**
- **Healthy ageing as essential to contain health and social care demand.**
- **Welcoming migrants.**
- **Democratic control of the NHS by neighbourhood health committees,**
- **Parity of esteem and funding between mental and physical health.**

NHS and Social Care Structure and Funding

The NHS is sustainable. We are a rich country and our health service is the most cost-effective in the developed world <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>. Our vision will require greater investment but the UK can afford this, and the cost-benefits from people being in better overall health that our vision would deliver, cannot be ignored. We were able to afford a decent NHS, a welfare state and proper local services when our country was not as rich as it is today. There is therefore no reason why we cannot afford them now.

We reject the government policy of austerity. Investing in public services brings a net gain to the economy as people who are well are more likely to be employed, pay taxes and spend their wages. Fiscal multipliers (see below) prove this and show that the Government's intention with austerity is not to stabilise the economy, but to transfer public services to the private sector. Indeed, there is now considerable evidence that the fiscal multiplier for health and social care spending is well over the figure of 2.5 at which increased health and social care spending will be fiscally self-financing and economically beneficial.

... cutting spending on prevention is like 'stripping the lead off the roof to make buckets to catch the rain'.

Cuts mean that there are not enough doctors and nurses per head of population and that hospitals often operate above the safe bed occupancy rate of 85%.

The NHS needs significantly more money for demographic reasons and because of the epidemics of obesity and alcohol. This money will be most efficiently raised through general taxation and spent to provide a publicly owned and planned NHS free at the point of delivery. A less efficient system should not be adopted out of antipathy to taxation, or an ideological commitment to a smaller state.

Proper investment in public health and social care is important for health improvements across society which would in turn reduce the burden on the NHS.

Social Care, as health care, should be publicly funded, publicly provided and free at the point of delivery.

We deplore the top down re-organisation of the 2012 Health and Social Care Act, which enshrined competition into the NHS accelerating its fragmentation and privatisation. We support the NHS Reinstatement Bill, which would repeal the act, but our vision goes further than the measures contained therein.

The health service should be planned according to the needs of the local population. This could be achieved via neighbourhood health committees to which people are elected and which feed up to larger regional and national committees for over arching planning. These bodies must be accountable and their decision making structures transparent. (MPU/ASTMS "Democratisation of the NHS", 1978, and evidence to the Field Committee 1988, HC(1988-89)214-IV R93, oral evidence 20th April 1988).

Promoting a healthy society

Failure to address the wider determinants of health is socially irresponsible and financially imprudent, given the burden it imposes on the NHS.

Research by Prof Michael Marmott <http://www.bloomsbury.com/uk/the-health-gap-9781408857991/> and Wilson and Pickett: <https://www.equalitytrust.org.uk/resources/the-spirit-level> show that more equal societies almost always do better.

If Government values the good health of society then they will be prepared to pay for the public services that promote health.

Growing inequality, homelessness and poor housing, obesity, poor quality work and poor air quality add to the burden of sickness the NHS has to deal with. There has been an abject failure to make public investment in housing, public transport, and active transport such as walking and cycling, education, parks and leisure facilities whilst eroding enforcement of environmental and health and safety at work regulations.

The cost of a dependent older population arises from the difference between healthy life expectancy and life expectancy, not from age structure alone. As this gap is greatest in deprived areas, it compensates the wrong areas if we allocate resources according to age structure without taking this factor into account.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthylifeexpectancyatbirthandage65byupperlocalauthorityandareadeprivation/england2012to2014>

<http://www.bmj.com/content/349/bmj.g6814/rr/808723>

Industries that provide the basics of life, the natural monopolies, such as health, water, clean air, housing, education and transport should be owned and run by those working in them, and by the communities they serve. These are public services and not for private profit.

Work is an important contributor to health and ill health is an important barrier to people finding employment. Current approaches to moving people from benefits into work are punitive and degrading rather than supportive and stress at work is a growing problem. Provision of occupational health services has declined. We believe the time has come to create a comprehensive occupational health service organised as part of the NHS and funded by a levy on employers.

Workforce

Good morale amongst staff delivers better care for patients. Staff should have good working conditions in an environment which is free from discrimination and harassment, with due regard to work/life balance. Health facilities should be appropriately staffed to provide cover when needed, rather than understaffed resulting in excessive burden on colleagues during annual or sick leave. Basic amenities such as hot food should not only be available during the day but also at night for the benefit of those working unsociable hours.

Workforce planning must inform the number of training places necessary for health workers. Tuition fees should be abolished and training grants and bursaries re-introduced. Health workers should not have to pay for their own training courses and professional examinations.

We wish to explore views on a salaried GP service. We would oppose this if employers became large private health care providers or commercialised GPs. However in the publicly funded, publicly provided health service that we aspire to, GPs would be employed by the National Health Service, and subject to national terms and conditions in a similar way to their hospital colleagues. A salaried GP service would transfer bureaucratic burdens such as management of human resources, practice premises and recruitment from doctors to administrators, enabling doctors to focus more on their patients.

We welcome non-UK born people who are a net benefit to the economy, and without whom the NHS and other public services would not survive. Migrants are generally young, in work and pay taxes. They have usually been educated in their country of origin, meaning that we benefit from their

skills for no investment. Though of course we acknowledge that there is a moral argument against taking trained staff from low-income countries and using them to prop up the NHS.

http://budgetresponsibility.org.uk/docs/dlm_uploads/49753_OBR-Fiscal-Report-Web-Accessible.pdf

Data management can be a force for good if data is used appropriately for planning purposes. We oppose management in a general sense which disempowers health professionals and local communities.

Care

Continuity is fundamental to good and efficient care. We reject the fragmentation that has led to itemised patient “events” with many different care givers. This leads to poorer patient and staff satisfaction, and a greater strain on the hospital emergency departments

<http://www.bmj.com/content/356/bmj.j84>

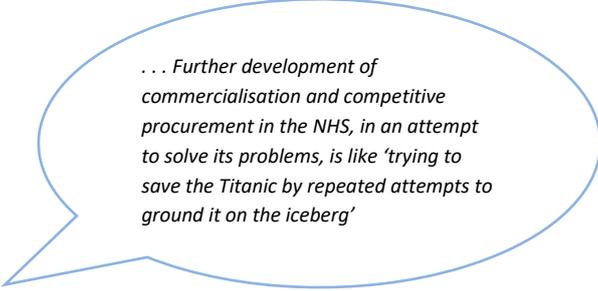
People with complex needs can only be looked after satisfactorily if all those involved in their care meet up regularly. All health workers have important contributions to make. It is highly detrimental that profit driven private health providers impose time pressures on care workers, excluding them from the review process when it is they who often have the most intimate knowledge of the patient.

Primary care facilities should not just be places where traditional health care is delivered but at the heart of the community where people can gather for exercise and leisure activities, access cafes and libraries and include the lonely and more vulnerable. They should be places that help build stronger communities and where joint work can be undertaken with the voluntary sector.

Public health should be at the core of primary care. This requires Local Government and the NHS to work in close cooperation. Before 1974 the health service included environmental and public health, and health and social care were integrated. The medical specialty of public health has for a century and a half provided the public and the organisations which serve them with independent professional advice on how to improve health and has served as a change agent and advocate. The independence, cross-agency character and professional standing of this specialty (which has also quite rightly had a non-medical route of entry for the last 20 years) is threatened in many local authorities and needs to be defended. There should be a structure for public health which ensures that it is both part of the NHS (able to influence healthcare) and of local government (able to influence the social determinants of health).

Everyone in the UK, whether ordinarily resident or not, should be entitled to health care. The UK Government should negotiate similar arrangements for British citizens in other countries.

Privatisation



... Further development of commercialisation and competitive procurement in the NHS, in an attempt to solve its problems, is like 'trying to save the Titanic by repeated attempts to ground it on the iceberg'

There is no place for privatisation in the NHS since markets are an inefficient way of distributing health resources. The health service works well as a nationwide risk pool, paid for by us all and there for everyone when needed. Health is not a commodity and should not be exploited for profit. Numerous private health care providers have bid to provide NHS services at very low cost, many, such as Circle at Hinchingsbrooke Hospital, <https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/report-circle-withdrawal-from-hinchingsbrooke-hospital/> have found that they have been unable to make a profit and have pulled out, leaving the NHS to pick up the pieces.

Private providers cherry pick patients to whom they will provide services under NHS contracts, leaving the NHS to care for the more expensive complex patients.

Billions of pounds are wasted on administering the NHS market and on Private Finance Initiative (PFI) schemes.

There should be an end to outsourcing, which has caused fragmentation and deterioration of services. Cleaners and catering staff, for example, should be directly employed by the hospitals they work in, and the scandal at Winterbourne View demands that care workers should be directly employed by the local authorities. <https://www.theguardian.com/society/2012/oct/26/winterbourne-view-care-staff-jailed>

The Pharmaceutical and medical supplies industries should be publicly owned.

<http://www.unitetheunion.org/uploaded/documents/Summary%20of%20Decisions%20of%20Unite%202016%20Policy%20Conference11-29383.pdf>
Page 22.

Ten per cent of the NHS budget is paid to the drug companies, which operate for profit and not for the health needs of the population.

Health data should be confidential and not for sale or use by other government departments.

We will be further developing the policies outlined in this paper and debating and publishing detailed proposals. We hope you will want to join us in this task.

July 2017

Appendix 1.

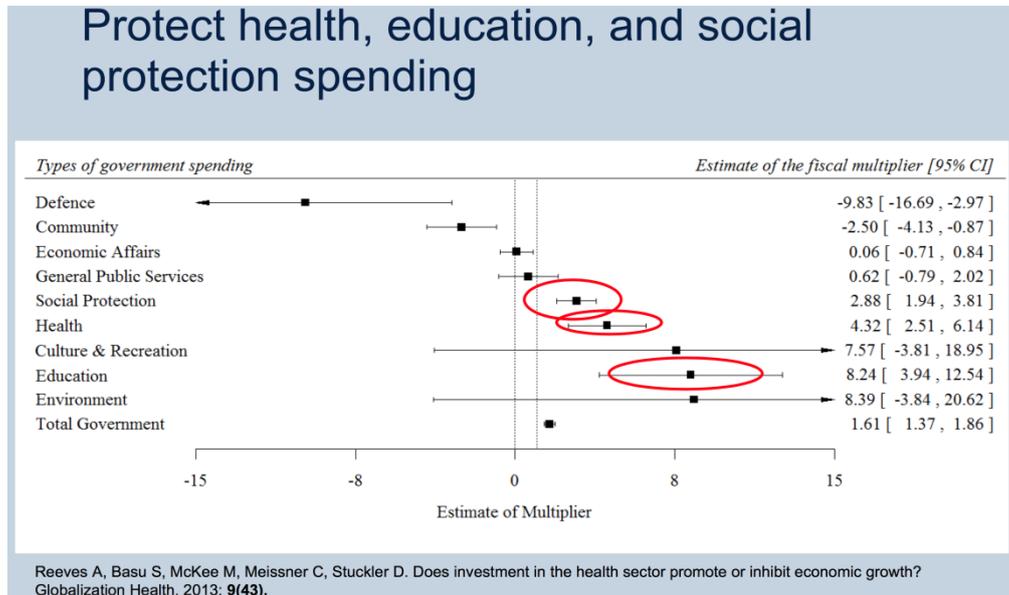
Explanation of fiscal multiplication value

Calculating the fiscal multiplication value of an area of government spending is simply a method of measuring the returns on government investment. It recognises the growth in the economy which occurs when governments spend money and when people who are provided with an income, for example by being employed on useful work, spend the money they earn.

A form of government spending with a high fiscal multiplication value of 2.5, would return £2.50 to the economy for every £1 of investment, whilst a form of government spending with a low fiscal multiplication value of 0.3 would only return 30p to the economy for every £1 of investment.

The use of fiscal multiplication estimates is absolutely essential for any responsible government concerned with ensuring taxpayers get good value for their money.

If it can be shown that a government service creates a strong fiscal multiplication effect, the government should consider increasing their investment in that sector to boost the economy, confident that the resulting economic growth will generate the taxes to pay for the spending. On the other hand, if an area of public policy creates extremely low fiscal returns, this is where governments must prioritise spending within the limits of affordability, or introduce reforms



Appendix 2:

Motion passed at Labour Party Conference September 2017.

Proposed by Alex Scott Samuel, Doctors in Unite Member:

Composite 8: NHS

The NHS Accountable Care System (ACS) contracts announced on 7 August impose a basis for 44+ local health services to replace England's NHS. This has bypassed Parliamentary debate and due legislative process.

On 9 August, the House of Commons Library revealed a doubling of the number of NHS sites being sold off. 117 of these currently provide clinical services. Like their US templates, ACSs will provide limited services on restricted budgets, replacing NHS hospitals with deskilled community units. This will worsen health indicators like the long term increase in life expectancy, stalled since 2010. The ACSs and asset sell-off result directly from the 5 Year Forward View (5YFV) currently being implemented via Sustainability and Transformation Partnerships (STPs). The 5YFV precisely reflects healthcare multinationals' global policy aims.

Labour opposes ACSs. New legal opinion finds STPs lack any legal powers or status under the 2012 Act: yet they seek through bureaucratic means to eliminate or override the already minimal remaining level of local accountability and democratic

control over NHS commissioning and provision. They could eliminate remaining statutory powers and rights of local authorities, commissioners and providers. Many of these also outline plans to establish 'Accountable Care Systems'. • Conference condemns the current Tory NHS pay cap for all staff and the scrapping of the university training bursary for health Students as significant contributors to the current staffing crisis.

Conference welcomes the commitments made in the Labour manifesto to scrap the pay cap for NHS staff. This Conference Calls on our Party to restore our NHS by reversing All privatisation and permanently halting STPs and ACSs. Labour is committed to an NHS which is publicly funded, publicly provided and publicly accountable. We therefore call on the Party to oppose and reverse funding cuts meeting Western European levels.

Conference opposes FYFV policy:

- downskilling clinical staff;
- Tory cuts to the NHS including the Capped Expenditure Process;
- the sell-off of NHS sites;
- reclassifying NHS services as means-tested social care;
- cementing the private sector role as ACS partners and as combined health/social care service providers.
- replacing 7500 GP surgeries with 1500 "superhubs".

Conference recognises that reversing this process demands more than amending the 2012 health & Social Care Act and calls for our next manifesto to include existing Party policy to restore our fully-funded, comprehensive, universal, publicly-provided and owned NHS without user charges, as per the NHS Bill (2016-17).

Conference opposes the Naylor Reports call for a fire-sale of NHS assets and instead resolves that the next Labour government will invest at least £10 billion in the capital needs of the NHS.

Conference therefore calls on all sections of the Party to join with patients, health-workers, trade unions and all other NHS supporters to campaign for:

- increasing recruitment and training
- an NHS that is publicly owned, funded, provided and accountable;
- urgent reductions in waiting-times;
- adequate funding for all services, including mental health services • tackling the causes of ill-health, e.g. austerity, poverty and poor housing, via a properly funded public health programme, • reversing privatisation, PFIs and the debts which they entail;
- reversing private involvement in NHS management and provision;
- recognition of the continuing vital NHS role of EU nationals; • Constructive engagement with NHS staff-organisations • rejecting the Tories Sustainability & Transformation Plans (STPs) as vehicles for cuts in services;
- urgent reductions in waiting-times;
- scrapping the Tories' austerity cap on pay-levels; restoration of Nhs student bursaries; • excluding NHS from free trade agreements and repeal and reverse the 2012 Act, to reinstate and reintegrate the NHS as a public service, publicly provided, and strengthen democratic accountability.

Conference welcomes Labour's commitment to making child health a national priority, including investment in children's and adolescents' mental health services.

Labour created our NHS. Labour must now defend it

Mover: Socialist Heath Association

Secunder: Islington South and Finsbury

NB bullet points from Sue Richardson (KONP EXEC) comments to NHSE when completing the 17 treatments

“ consultation “ autumn 2018

These should be the founding principles of the NHS

- that it is a service which is available to all on the basis of clinical need and not the ability to pay.
- fully publicly funded, publicly provided and publicly accountable

These principles have been partially abandoned during the last 40 years and it is important to reinforce them as the core of the NHS.

Additionally, the NHS and related services need to be organised as a coherent planned public service with strong public and professional contributions to decisions taken at all levels. All elements of the current statutory framework which compel competitive tendering and procurement should be scrapped so that the fully public nature of the NHS can be restored. This should include changing the powers and governance structures of central bodies to restore the full parliamentary and public accountability of the secretary of state

Sue Richardson

