



Unite-Amicus submission to the NHS Next Stage Review

This consultation response is submitted by Unite (Amicus Section). Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors.

Unite (Amicus section) is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and building trades, estates, craft and maintenance.

Introduction

1. In Lord Ara Darzi of Denham's letter dated 19th November 2007 stakeholders were invited to submit policy ideas and comments to feed into the next stage of the NHS Review. To this end please find below comments from Unite-Amicus covering several of the suggested policy areas.

Quality improvement

2. Unite-Amicus fully support and share the Governments' stated desire for a world-class health service which provides personalised care. This requires the full involvement and engagement of staff and their irreplaceable and valuable role in delivering those services to be properly recognised in actions, not just words.

Private sector involvement and competition

3. In evaluating the 'barriers and enablers' of future NHS service improvement Unite-Amicus believe it is crucial to again highlight the 'barriers' that will be created through increased private sector involvement and competition – in Unite-Amicus' view wrongly perceived by the Government as an effective lever to drive up service standards.

4. It is a hugely missed opportunity to announce a review of the NHS, and yet attempt to exclude the overarching policy framework – commissioning to create a competitive, multiple provider system under the ‘badge’ of the NHS – from that discussion. The clear message throughout the Interim Report is that current policies will continue, and the private sector will be increasingly involved in the delivery of services¹. How the NHS is organised and systems of funding have a fundamental impact upon the quality of service delivery and therefore should be part of the discussion. It is further disappointing that the Government does not want this discussion when the Interim Report notes the importance of listening and engaging with staff when private sector involvement has been controversial and divisive, and the Interim Report repeatedly states need for a robust evidence base for policies.
5. Unite-Amicus believes the widespread involvement of the private sector and the creation of a competitive market creates an unnecessary and costly bureaucracy, an increasing fragmentation of health care which is detrimental to patients and users, a lack of accountability as increasing amounts of information fall under ‘commercial confidentiality’ and vital taxpayers funds diverted from care to creating profits for private sector firms.
6. **Unite-Amicus therefore make the policy suggestion that there should be a moratorium on the level of private sector involvement in the NHS.** This would not indicate a failure of leadership but an enactment of some of the values stated in the Interim Report as highlighted above.

Links with wider determinants of health and other Government policy issues

7. Unite-Amicus believe it is unclear how this review and its outcomes will link into other policy areas – currently there is little detail on this. For example, the proposal to develop polyclinics which would include Health Visitors potentially cuts across the Children Centre Agenda that is developing across the country, yet this is not recognised or mentioned in the Interim Report. For example, members in Brighton and Hove have reported that the Health Visitor service has undergone a huge reorganisation with Health Visitors now being based in Children Centres and working geographically with an integrated management structure. They are seconded to the Local Authority and work in teams with other Early Years practitioners (from both health and social care). The reorganisation has been hugely stressful for all concerned, however staff are now beginning to see the benefits. There must be consideration for staff who fear being faced with yet another stressful upheaval if the Review does not take into account current policies being implemented and developed. **Unite-Amicus recommend this is clarified as soon as possible.**

Withdrawal of services

8. Unite-Amicus have also been frustrated that the withdrawal of services has been glossed over so far in the Review and the Interim Report. Unite-Amicus agree the focus should be on preventative healthcare; the Review needs to acknowledge that the area of public health has been hit hard in recent years with funding cuts if it is to propose concrete and positive steps forward in improving services Please also refer to Unite-

¹ For example, “...a shift from national procurement to locally procured services and a greater role for the private and voluntary sectors in primary and out-of-hospital care. I believe that the innovative practice that independent sector providers can bring will help realise dramatic improvements for patients and challenge the established ways of working among NHS organisations”, Our NHS, Our Future, page 30. The assumption of more innovative practice being located within the private sector is discussed further below.

Amicus' response to the Department of Health's Review of Health Visiting Services. For example, lowering STI rates are a key public health area but the Sexual Health Advisor profession is suffering redundancies and frozen posts. Recent examples include Newham, where the restructuring of services led to roles and occupations being downgraded. Barts and the Royal London have abolished a team leader/senior health adviser on each of their sites.

9. This highlights another policy area that needs resolution; while services should be tailored at a local level through genuine consultation with staff and the local community, **Unite-Amicus believe this must be underpinned by national minimum standards which gives a degree of protection to the area of public health.** As the examples given above illustrate, too often local decision making can lead to local services being cut. The Governments unwillingness to intervene in any locality can then result in a failure to ensure equitable access to important services across the country. This is also important within the context of developing a primary and community care strategy.

Workforce

10. Unite-Amicus have long argued that improvements in the quality of health services and in the morale of staff requires proper engagement and involvement of the workforce – across the breadth of that workforce. Unite-Amicus members have expressed disappointment at the continual narrow focus on particular areas of clinical staff, rather than recognising the full breadth of occupations in the NHS, including roles as diverse as scientists, School Nurses and support staff and many others, all of whom have an important role and skills to contribute.

Staff engagement

11. Unite-Amicus have also raised at the Social Partnership Forum the difficulties and problems that have existed in consulting staff during this Review so far; including staff trade unions not being informed of the events and in some cases being informed that they were not allowed to participate.
12. **Unite-Amicus believe, and recommend, the culture of engaging with staff should be ingrained at every level.** The Department of Health should take a lead in ensuring NHS employer organisations, PCTs and SHAs recognise this. The current roll-out of Social Partnership Forum's would be greatly helped by a proactive role by the Department in helping to overcome some organisations and Authorities reluctance in this area. During the Agenda for Change process there were a large number of new trade union representatives who were supported with facility time. Unfortunately many organisations scaled back this facility time and dismantled consulting processes that had been built up. For example, Unite-Amicus have reports of a Trust which has 5000 employees across 3 sites, yet the proposed facility time for Staff Side secretary is just 1 day. This works against genuine and productive staff engagement through Staff Side committees. **Consultation and engagement requires dedicated resources if it is to be achieved and the potential benefits realised,** some of which are outlined below in the innovation section.

Staff morale

13. Unite-Amicus believe that as part of looking at continuing to improve service quality and ensure the 'security of supply' of the workforce issues such as staff workload and the long hours culture that exists in the NHS, and the high levels of bullying and harassment that staff experience in the NHS needs to be properly acknowledged and addressed.

14. In a recent survey for the NHS trade unions conducted by Incomes Data Services 57% of staff responded that usually work more hours than in their contract, and that these hours were typically unpaid. 84% of NHS staff said their workload had increased compared with a year ago and a third of these staff said it had a detrimental impact on patient care. 41% of NHS staff responded that they had been subject to some kind of violence or abuse at work in the past year alone.
15. Issues such as these combine with recent pay cuts in real terms to create worsening morale; 61% of staff said their motivation and morale was worse than a year ago, 60% of staff have considered leaving their position and 56% said they would not recommend their occupation as a career.
16. **Unite-Amicus believe these important issues need to be acknowledged within the context of improving services and discussions with staff and trade unions to address these issues proceeding on that basis**, rather than issues concerning staff treated as being in 'competition' with issues affecting patients and service users.

Registration

17. The recent NMC decision that they would move to a position where nurses cannot just be registers in the third part of the register poses problems for direct entry students to Health Visiting and midwifery. **Unite-Amicus support maintaining the current third section of the NMC register.**

Innovation

18. Unite-Amicus contest the view that innovation is more often found in the private sector, or that only the involvement of the private sector can prompt innovation in the NHS.
19. For example, in Birmingham East and North staff have worked hard to improve people's access to services through a partnership programme with a Children's Centre and linking with the organisation BliSS for a premature baby clinic. A large multi-skilled team includes health visitors, staff nurses and NNEBs (qualified Nursery nurses) and they have developed specialisms within the team to help address the needs of the local population. They have piloted the use of lap tops as a mobile IT solution to patient records. All the work was developed by the team themselves and much of the work has been geared towards empowering the users of the services. They work in a ward placed within the top 10% of deprivation in the country and is a target area for the PCT to reduce infant mortality and the PCT has recognised their work with an award.
20. Further, in City and Hackney PCT Speech and Language Therapy services used to attract record numbers of complaints. There was no community service available for over-fives and no school service for children without statements. The service has been transformed by pooling the budgets of the Learning Trust (education authority) and the PCT. Joint working at local level has been introduced without seeking to force staff to change employers, terms or conditions; by supporting and involving staff in creating a fundamentally changed service that is now strongly focused on the needs of children whatever their age or level of difficulty. The service is now moving swiftly to take up the opportunities for preventative work in Children's Centres without cutting across specialist services for children with more severe or specific difficulties; and it is a service that has been given the resources and management support that have been needed to achieve this change. The successes in City and Hackney have depended

very strongly on staff being fully involved in planning and implementing change, and in the provision of adequate resources to make the whole thing work.

- 21. Unite-Amicus recommend that the innovation within the NHS is acknowledged, and instead of concentrating on the private sector as the only way of prompting innovation, staff are engaged with and resourced and communication across the service is improved to disseminate best practice.**

Kevin Coyne

Unite-Amicus, National Officer for Health
Kevin.coyne@unitetheunion.com

33-37 Moreland Street
London, EC1V 8HA

For further information on this submission please contact;

Siân Errington
Unite-Amicus, Research Officer

Sian.errington@unitetheunion.com
020 7780 4012

33-37 Moreland Street,
London, EC1V 8HA