The pandemic and Privatisation

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Transcript of introductory speaker panel

Chair's introduction

Good evening, and welcome everybody joining the call.

My name is BELL RIBEIRO-ADDY and I'm the Member of Parliament for Streatham. I'm very pleased to be chairing the first part of this conference the pandemic and privatization how to fight back over 1000 people have registered to attend this event, which is fantastic.

Now, we all know that the Tory government's handling of the pandemic has left us staring at the worst economic shock of any OECD country, and the highest death toll in Europe and the highest per capita death toll in the entire world.

They were slow to realize the threat posed by the virus slow to acquire life saving equipment, slow to take action to safeguard human life against the virus, and their hesitation to adopt old policies and follow the example of other countries during a public health emergency has left us all worse off.

We often heard the fighting the pandemic described as a war and if we are fighting a war we've been doing this with one hand behind our backs, because the NHS, like most of our public services has suffered the effects of austerity and has been starved of resources.

Now throughout this period of time, and past decade we've seen the privatisation of the NHS small parts of it, but the pandemic has opened the door for more privatization by stealth, the government keeps assuring the public that the NHS is not for sale but we know that us health insurance giant Centene for example has already taken over 49 GP surgeries in London alone.

So that's yet another hollow government promise. 130,000 people have already died from coronavirus in the UK, and we know this is not the final count. And I want to be clear, because the successful rollout of the vaccine has been a distraction to this this very serious death toll.

But any success of this vaccine rollout is not a success of the government – it is the success of our National Health Service. An example of what it can achieve when it's given the resources it needs. I NHS really is one of the best things about this country, and we have to do everything we can to protect it.

The speakers

BELL RIBEIRO-ADDY: Our first speaker is PAUL EVANS. Paul is the director of the NHS support Federation and co- editor of the Lowdown.

Good evening. It's great to join you all here. Even though these are exceptional times the surge in the use of the private sector during the pandemic stands out as a key feature of the government's response.

With so much public money at stake. What was the rationale. It was crucial to get the test and chase system up and running quickly to protect people and contain the virus, but the government opted for a centralized system placed it broadly in commercial hands ignored the 40 NHS labs and left many NHS scientists frustrated that they couldn't contribute the testing capacity that they had available to them.

And in a similar way tracing was handed to Serco and scytale, ignoring the local expertise within public health, which could have been expanded on. And of course, council run contact tracing when used consistently outperformed the centralized Serco run operation.

And the failure to get the outsourced test and trace system up and running quickly left the independent Sage group of scientists in no doubt that this strategy had undermined the response to the virus and cost lives.

But before the pandemic. there was already evidence, telling us that public services get worse. Once outsourced. A study across 130 NHS hospitals of the impact upon cleaning services, described the outsourced version as cheaper, but dirtier – with a drop in quality and an increase in MRSA infections within hospitals, some of which have led to an avoidable deaths or avoidable deaths.

A study of the Scottish NHS found that increased use of the private sector is associated with a significant decrease in NHS provision, and a widening of inequalities.

And of course in England over the last decade, we've seen an extensive and, at times wild, experiment with outsourcing, which has sharply exposed the fundamental issue here that financial interests of the company will inevitably diverge from the best interest of patients, and the NHS.

And not only that, they're now repeating examples of how they have failed to manage this incompatibility through contracts. We saw it early on as companies frequently terminated NHS contracts that were unprofitable.

It happened in GP services, leaving patients to find new surgeries. We now see digital providers of GP services, cherry-picking younger cheaper patients, and the NHS funding that goes with them. And we've seen patient transport contracts abandoned, some at very short notice, leaving cancer patients to get taxis to their treatments.

And of course, the infamous attempt to allow the private company Circle to run a whole NHS hospital in Cambridgeshire ending in damning criticism by the watchdog of failure to make the promised savings … and passing the contract back to the NHS.

Staff are affected too, most acutely in support services that deliver essential security cleaning and laundry services, where outsourcing has forced regular disputes over terms and conditions and issues of staff safety.

Thankfully, despite eighteen years experimentation with competition, the NHS is still the main supplier of clinical care: but we should be wary of ministers minimizing the scale of privatization.

In some parts of the country local commissioners spend 26% of their budget on non NHS providers. They certainly underreport the expenditure on the independent sector and the areas of the NHS where the private sector has got a strong foothold.

In mental health, 40% of the budget for child and adolescent mental health is spent on private providers, and yet children with eating disorders are traveling to the other end of the country, or waiting months to get access to talking therapists.

Outsourcing has not led to the ample supply of mental health care, the NHS is reliant on these companies, despite the fact that the CQC has rated some of their services as inadequate.

These are all clear warnings about what happens when the NHS chooses to fund health care, but not to provide services.

There's now a choice to be made.

The NHS will come out of the pandemic woefully understaffed on the back of a decade of underfunding. Unbelievable.

After all of its efforts, more than ever, it needs investment in people, buildings, and equipment that is sustained for the long term. But watch out, because outsourcing is associated with periods where public funding is under pressure, when governments often choose to bank on the cost cutting nature of the private sector.

Despite the media that report the government is turning away from competition in the NHS, there are absolutely no guarantees that this will mean less outsourcing. For example Matt Hancock has already confirmed that the privately-run lighthouse labs, will form the foundation of the future of NHS diagnostics.

So there's a fork in the road: we have to continue with the partners that share our ideas and principles as citizens.

We all share the risk of ill health through a tax funded NHS. In return the NHS treats us all, when we need it. But can privatization, and the private sector, deliver health care for all?

The evidence and the experience, say no.

BELL RIBEIRO-ADDY: **Thank you very much. We are going to go straight on to our next speaker, who is PASCALE ROBINSON**. **Pascale is a campaign officer at We Own It, which campaigns for public services to be in public ownership run for communities and not for profit.**

So, yesterday, Rachel Reeves asked the health minister and previous Serco employee, Edward Argar to apologize to frontline workers who had been required to make their own PPE.

Argar said that he makes no apologies for the government doing everything in its power to ensure NHS and frontline workers did not run out of PPE. But we know in reality that this couldn't be further from the truth. And I think our ministers still don't really understand what happened there.

The NHS supply chain was outsourced in 2006. So a mishmash of private companies are responsible for eleven different product areas. And when the PPE crisis came up their thinking was, 'Didn't I pay someone to deal with this?'

They had to save face, so they brought in Deloitte to manage extra PPE outsourcing: but Deloitte had designed the outsourced NHS Supply Chain that failed so catastrophically in the first place.

We didn't have enough PPE at the start, so the NHS supply chain rationed shortages and stopped NHS trusts ordering extra supplies. The government gave £2 billion worth of contracts, specifically to their mates, their contacts.

We saw contracts go to those with no experience, resulting in millions of units of PPE not being safe enough to use. Edward Argar laughs in our face when he says he did everything in his power to ensure that NHS workers had enough PPE.

Our report into this shows that the privatisation of the NHS Supply Chain led to fragmentation and a prioritization of profit over working systems and extra capacity.

We need our NHS Supply Chain back in house.

Moving on, this government wholeheartedly believes that plucky people with a few million in their pocket or a career in consultancy can save the day. But it's been made clear time and time again over the past year that experience and a feeling of duty to the communities you serve is key to delivering a health service.

This was not learned when they went on to track and trace. We Own It has been running a campaign calling for local public health teams to run that: but rather than boosting local public health teams who have years of experience in contact tracing and an immense amount of knowledge about the communities they serve, the government employed Serco to set up remote call centres, hundreds of miles away.

So the system as we know was sometimes only reaching 50% of contacts. And this meant that the virus was blossoming out into every community in the UK.

Test and trace was meant to stop the second lockdown, but now of course we're on our third and many, many awful deaths.

Even now it's only reaching 70% of contacts outside of the household and that's nine months in. It's still not reaching Sage targets, and we know that it's had a marginal impact on Transmission. Public Health teams, by contrast have reached over 97% of contacts.

Rupert Soames, Serco's CEO, was ecstatic. He has cemented the position of the private sector in the NHS supply chain just as he wanted, just as he said in that leaked email months ago. And of course we found out today that their revenue has picked up, they've hit £3.9 billion and they're going to start giving money out to shareholders.

This news is despairing, but 1000s across the country have campaigned to stop this, and to get local public health teams funded. You have written letters, called Matt Hancock out on every platform, passed motions, held protests at 25 different town halls across the country, and you demanded not a penny more to Serco.

And now, millions more in cash has been given to local public health teams, and there are trials in test and trace now, in which positive contacts will go straight to knowledgeable local public health teams with no Serco involvement.

This isn't enough, but it is progress, and campaigners like you here tonight made that happen. When we asked our supporters in January over three quarters said that they want us to fight for the NHS together.

We cannot accept the government's line that to deal with this pandemic we need to bring in so called expertise from the private sector. Every part of the pandemic response has been led by the private sector has failed, and this has cost lives. Meanwhile, distribution of vaccines, of course run in NHS hands, has gone really well, and we need to highlight that every single day.

Privatization has always cost lives through the inherent need to prioritize savings and profit over people, their accountability to shareholders over citizens, and their cherry picking of services over providing universal access.

We need to fight against the takeover of health services, whether it's the multinational Centene, which is known for shutting GP practices that aren't profitable, or whether it's the White Paper, which lets private companies sit on decision making boards.

I just ask that everyone here tonight gets involved in the fight for our NHS: I'm sure you already are. And please get involved in We Own It and support all of the other campaigners here tonight. And thanks very much for listening.

BELL RIBEIRO-ADDY: Thank you very much Pascale. We're going to go straight to our next speaker. We have JAMES ANTHONY. James is the Vice President of Unison and NEC member for health care as well as being a clinical nurse specialist in the NHS in Birmingham.

Thank you and thank you for the invite to speak today. I think it's really important, and I'm in two meetings at the moment because we've got a strike rally going on in my own NHS Trust by this group of porters that actually we've managed to win to come back into the health service: they were employed by G4S.

They're now employed by the NHS and unfortunately, they feel like they've been treated worse by the NHS than they were by the private sector employer, which is pretty shocking, I'm sure you'll all agree.

Sometimes we get accused as campaigners as trade unionists of overhyping privatization and, you know, making it sound like a bigger problem than it is. But as we've heard already tonight, it is a real problem in lots of areas of the health service.

One of the things I've been asked to particularly talk about is a real threat that has affected lots of our members, which is the setting up of subsidiary companies. These are called Wholly Owned Companies, as well as subcos ,and they've been set up by trusts, specifically in England, as a way of cutting costs.

One of the ways to do this is, in essence, tax avoidance, using a loophole in the VAT system so that these subsidiary companies won't necessarily have to pay the same VAT as the Trusts. They use that to save costs, but also it sets up a 2-tier workforce, something we've campaigned for many years to get rid of – and achieved NHS wide collective agreements that covered all groups of staff.

But now we're seeing particularly facilities staff spun off into these semi private companies, but also staff, like pharmacy and other staff. I suspect that in the long run it will be clinical staff affected as well, but obviously they go for these staff because they don't get the same headlines.

And that's why we always stand together and say actually we're about one team in the NHS, and every part of that one team, whether it's myself as a nurse or the porters that I was talking about earlier, the cleaning staff that make it safe to do my job and to look after patients, every one of them is important.

But this is quite a sneaky form of privatization, because although the subco does belong to the NHS, it is treated and behaves like a private sector company, going off trying to win contracts often from other NHS trusts.

Trusts will often try and sell this to their staff as a better option than outsourcing, as an alternative to putting services out to tender, but they don't need to be put out to tender in the first place, because as we've already had that will be at worse quality.

But they go out there, get a different name a different identity and feel less connected to the NHS, they're broken away from their colleagues and co-workers, not feeling part of that team, unable to say unequivocally that they work for the NHS.

They've had a really damaging impact on the workforce, serving to demotivate and demoralize essential healthcare staff who were already overworked and underpaid. Anything that damages further recruitment and retention is a real, real problem.

And the whole subco agenda runs against all the claims about bringing greater integration into the NHS. It is just a way of fragmenting services and individuals.

Subcos go on about their own tax avoidance initiatives, rather than working together with others, and we see more competition, rather than cooperation.

At one point, virtually every region in England was affected by this ruse. But in many ways, the story of subcos represents a good story in fighting back. UNISON have been working tirelessly on this with other unions and many local campaigns – and thanks in particular for Health Campaigns Together for helping us publicize these campaigns and events.

And as a result of all this campaigning, we did manage to turn the tide. It really began with workers themselves off in Wrightington Wigan and Leigh saying that, actually, this isn't acceptable, we're not just going to take this lying down and be transferred out of the NHS, we want to be part of that NHS family. They believed it so passionately that they were prepared not just to campaign, but take really significant industrial action, industrial action that won.

We got an agreement that those staff would not be transferred out, and we've had similar victories right across the country, and as a result of strong political media, and industrial campaigning it forced the NHS nationally back to the table with improved guidelines and restrictions on trusts.

But the problem hasn't gone away. Even in the midst of the pandemic there have been trusts considering this type of privatization. Locally here in the West Midlands we've had Trusts proposing transferring their whole IT services out to one of these subsidiary companies.

So it certainly hasn't gone away, and it's something that we need to be very, very vigilant about. And that shows we can never be complacent.

It's really important that we continue to work together as campaigners, patients, staff, all together, to say that we will fight privatization in all its forms. Thank you for the time this evening, and good luck with this event tonight. Thank you.

BELL RIBERO-ADDY: Thank you very much, James, and please send the solidarity of the hundreds of people at this meeting to your members. Thank you. Our next speaker is LOLA McEVOY. Lola is an NHS organizer with the GMB.

Hi evening all thank you for having me.

For many years, all of us, every one of us on this call have been fighting for those who clean our hospitals to be back in the care of our NHS. In too many trusts we failed them.

Outsourcing our staff is cost effective. Not only do you not have to worry about uniforms or timetables, you can completely wash your hands of any duty of care for the well being of your lowest paid workers.

Trusts have time and time again turned a blind eye, leaving it to the bravest cleaners and porters to risk their jobs to organize their colleagues and fight contract by contract for what they deserve. It's grim when you think that it's taken a global pandemic for them to be seen again.

Early last year, I remember calling up a mentor of mine and asking them if they thought it would be sensationalist or alarmist or too much to highlight the link between poverty sick pay, and its potential risk to our hospital members' lives. Little did I know that 12 months later, we'd have the worst death rate in Europe.

Needless to say he backed us, and we won full sick pay commitments from the UK's biggest service providers, backup funding from the government, and withdrawal of the draconian unpaid waiting days that most minimum wages workers have to endure when they're ill.

It's taken this crisis, but right now, NHS outsourced members are being seen. They're in the forefront of the public's mind. We all of us have a tiny window to make sure that the financial hardship they've faced over the last 10 years, and the unthinkable, mental and physical strain they've endured over the last 12 months, isn't for nothing.

It's not in vain. We all of us can act now. This government will use the national cost of COVID to justify yet more carving up of our NHS, only this time we won't have the EU to keep them honest.

We're facing a generation-defining recession, amidst a global pandemic whilst rewriting our own legislation, with the most inept and unaccountable Tory government calling the shots.

For us to expect this government to voluntarily mirror EU public procurement transparency principles, would be naïve. In the same breath for us as the UK brightest and best NHS activists to be unprepared for what's coming would be unforgivable.

We've got to work together and pool our collective knowledge and resources to create a hive mind, and protect our NHS. For efficiency we need a working collaborative, a live database with procurement profiles of every trust across the country; for transparency, we must research and share or trusts' current and future arrangements to sell our NHS cleaners and porters out to the unaccountable private facilities management providers, with added scrutiny of the wholly owned subsidiaries.

On this call tonight, this zoom conference, we have the best and the most knowledgeable public health procurement experts. I know I'm biased but it doesn't mean I'm wrong.

We need to harness your knowledge, combine that with our trade union movement's collective industrial strength, and we can succeed, we can protect our frontline key workers and their families, just like they protected us these last 12 months.

So here's how we do it. If you're up for it, send us an email. You can do it right now, it'll take you five seconds, send an email to nhs@gmb.org.uk. Put 'transparency activist' in the subject line, and we'll send you a campaign pack with template letters and research questions.

We need answers that the public can get from our trusts, whilst they're still accountable to us. We've got to act now, we've got a small window, before this white paper gets written up, whilst our trusts will still answer, whilst they're still accountable towards the public who support us, and fund this unrivaled national service.

Together we know we're stronger. If we can collaborate, we can use our shared power to apply public and industrial pressure and protect our NHS, our key workers, and our communities from Matt Hancock, and his private contractor cronies.

Thank you. Send me an email.

BELL RIBEIRO-ADDY: Thank you very much, Lola. As she says, send an email. Our next speaker is IAN EVANS from my own union. He's the chair of Unite's Healthcare Sciences, National Organizing Professional Committee.

Hello everybody. What a wonderful event and thank you, Madam Chair.

First of all I have probably a bit of an apology: as you can probably tell by the magnificent background, I'm still at work. And again, I'm second on, so if the alarms go off and I run away you know it's not on purpose.

It's been remarkable 12 months. On the 24th of February last year David Wells the head of pathology for NHSE/I received a phone call to say "This could be bad. We might have to do an extra 500 swabs a day for the virus." So that was the plan: yesterday we actually tested 718,063 people, most which would come back negative, which is great news.

The problem being that we just didn't have the capacity to do that to start with. Largely down to the NHS, these tests are being done.

As you know, the private sector are very much engaged in this now. I'm here to speak about the mega labs and the NHS and again, what future is going to be.

I want a bit of context on this and go back. What the year we've had. It's been extraordinary difficult year for everybody, but within the pathology profession it's been nothing short of remarkable.

When we started taking this all on, there was this massive design and massive investment for the private sector to pick this up, and again they were given a lot of money, a lot of new equipment, and a lot of space and they were expected to hit the ground running. They failed and they failed miserably.

There's a lot of labs across the country, a lot that just specialize in viruses, but also within other pathology disciplines that were able to pick up the work as well. We were ignored.

My trust was asked to carry in some of the weight and we did, we took it on. We had to shoehorn in equipment, all over the building, all over the lab, this is probably the only free space that we have now, which has not got a machine on. We did pick up the work, we were successful. We did make a difference.

The same can't be said hitherto on the private sector who dithered. They had lots of shiny machines and they had lots of students in there, but they had nobody who actually knew how to operate the equipment. So a lot of it stood idle. And again more work kept coming our way, and keeps coming our way.

And it got to a point where last year, all the staff that had been recruited went back to university, because they didn't actually have any real staff, they only had temporary staff who all had temporary contracts. So the work came our way again.

This is only now starting to actually change as we come towards the end of the pandemic, and vaccination program is now starting to work, we are starting to see that the Pillar Two labs are actually starting to get their act together.

So what you will see is now they're looking professional and now they're looking sleek, and now looking the part.

The reluctance about this is that they are now setting themselves up to be out there for any future work. As I say, the pandemic work will diminish. However, there's been a significant amount of investment on equipment and facilities including transportation, and eventually they'll be integrated into the setup and a management system to communicate information for work they receive.

They will start demanding, and there will be expectation, for them to receive the work. Now the thing is they won't just take any work, they will cherry pick the work they can do, the work they can turn around cheaply and quickly. That will use automated platforms and again use unregistered staff just to load a machine and hope for the best: this is the way they are going to perform.

Results will take time to get out, clinical decisions will be delayed, and again this will be just the simplest of tests, so again this is a profit driven system.

We in the NHS once again will have to pick up the pieces. We still do the complicated work and we'll still do the highest skilled work. We still have to maintain our equipment now because we don't have live-in engineers. The equipment, we have received over the last year as well has been second-hand, outdated, falling apart because the private sector didn't want it. So, we have continued to struggle, this is, this is our future. This is what's going to happen.

As you know that the Milton Keynes lab was largely set up by Deloitte, set up by financiers, and they didn't set it up because they have an interest in health care and the general public, their interest is based around the need for profit. I use the word need because that's all they want. They have shareholders.

We've heard other speakers tonight talking about the 49 GP surgeries, and you can have the private sector is coming in to take over, and we've seen this already with labs across London, and further afield as well.

This is going to continue to happen. We have had a centralization of services for quite a long time now and this is going to continue. Every time this happens, all it will be based around is what can be done quickly, what can be done cheaply and how can we do it cheaper. This will result in staff skill mix changing as well.

Somebody used the term 'brain drain': I'm not too keen on it, but it probably is an adequate and appropriate term. So what we're going to see now is that the lack of registered staff

undertaking duties, the lack of registered staff releasing results; and the lack of professional staff and registered staff to actually give advice any doctors, nurses or any other medical professional.

What you will get is like you have with a call centre, the results coming out from an automated platform. We're in very very dangerous times, but the desire is very strong in the government and they will continue to push for it.

So it's wonderful to be at an event like this this evening. Just to get the story of a scientist across. There's not a lot of us in the NHS, but there's still a good number. But we are responsible for around about 70%, of all clinical decisions made based on the work that we do. So, thank you for your support and I really hope you enjoy the rest of this evening. Thank you.

BELL RIBEIROADDY: Thank you very much. In our next speaker is Dr SONIA ADESARA. Sonia is an NHS doctor and active in Keep Our NHS Public.

Hi everyone, I think I may have drawn the short straw and getting the topic of management consultancies. It may seem a bit dry, but it's really important, and so bear with me for the next five minutes.

Unsurprisingly management consultants are another group of people who have done rather well in this pandemic. So on the test and trace system management consultants were paid £375 million, and Deloitte consultants working in the trace system were paid on average, £1000 per day, and Boston Consulting's team of five people were paid £25,000 per day to, and I quote, “mastermind the creation of the tracing system”.

As we have seen the result of the highly paid masterminds was a test and trace system that has been shambolic, and dysfunctional. And, you know, this no doubt really has contributed to us losing control of this virus and the second wave and the preventable lives and livelihoods lost as a result.

So I think firstly what's important for us NHS campaigners to be thinking about is the structures and the mechanisms that were in place that allowed this to happen; that allowed the pandemic to be exploited; that allowed these public funds to be siphoned off to shareholders; that allowed these million pound contracts to be given to friends of the government.

Now the use of consultancy in the NHS, which many of you know, is not new to this pandemic, their role goes back to the 1970s, and the sums of money being spent on management consultants range from the the extortionate, and to the just utterly ridiculous. So in 2019 NHS England paid PA consulting £200,000 – and this is not a joke – they paid them £200,000 to tell NHS England what NHS England were responsible for.

Now this would be comical if this wasn't our money; if it wasn't taxpayers money that's being wasted like this. And it's even less funny when you're working on the front line and you know you're working on wards like mine where half our computers don't work, and when you have out of date equipment, and where you see patients being harmed as a result of this gross underfunding and yet we are told that there's no cash available.

And the second thing I want to think about is influence. McKinsey, which is one of the big five one of the government's favourites, they were used to devise the Andrew Lansley reforms – the utterly disastrous Health and Social Care Act of 2012, they were used to construct that.

This influence of management consultancy consultants in policy making is expanding. So we've seen with the, with the Integrated Care Systems, there's a push for consultants to be involved in the construction of how these will work and their organization.

And, you know, if we're using private corporations to influence policymaking; if we are using them to construct and organize our health delivery for health and care system, then we shouldn't be surprised if these are constructed in ways to exploit profits, which is of course what we saw happen with the Health and Social Care Act.

We need to remember that we are privileged in this country not simply because we all have access to this free and world class health care system, but we are privileged because we know when our family members use the NHS that we have trust in the system, that their care is the number one priority. When you allow the influence of those who want to profit from ill health, that is what's at risk of being undermined.

And finally, I just want to make a broader point. And it's touching on what others have mentioned, but we have seen in this pandemic just shocking gross, gross government corruption.

I'm concerned that with these repeated headlines and the huge numbers the public are becoming numb to this. But we cannot allow this misuse of public funds to be normalized. We cannot allow this cronyism to become an accepted part of public life, because not only will that undermine public trust in the state, and in our public services, but it has, I think, really dangerous consequences for the health of our democracy as well.

So I'll end on that cheerful note. Thanks for having me and I really look forward to the discussions later.

BELL RIBEIRO-ADDY: Thank you very much Sonia, we're going to move on. Our next speaker is DAVID ROWLAND, and David is director of the Centre for Health in the Public Interest.

Hello, and thank you very much for the opportunity to speak to you all tonight, it's a real privilege to be talking to so many people who are genuinely and rightly concerned about the future of the NHS, and particularly concerned about those issues relating to the private sector which it has to be said, are not particularly well understood within the media, and not particularly well understood within parliament.

And what I'd like to do this evening is to just talk briefly about work that we've been doing at the Centre for a number of years which relates to the engagement between the NHS and the private hospital sector.

So I want to talk just briefly about the situation that the private hospital sector and the NHS were in prior to the pandemic. Then talk through about some of the arrangements that have been in place during the pandemic and then just to give some thoughts about where the direction of that relationship is likely to be heading in the future.

Despite what is often stated within the media and amongst policymakers and often also by the think tanks, the private hospital sector in the UK the multinational owned private hospital sector which operates in the UK doesn't provide additional capacity to the NHS.

In fact, it is really entirely reliant on the NHS, to be able to deliver both the income that it generates in order to keep going, and also to produce the profits for its shareholders, as well as to ensure that it delivers on the rent and other debt repayments for those others who are engaged in the private hospital businesses. And the way in which the NHS provides that support to the private hospital sector is really through allowing NHS consultants to work in private hospitals in their spare time.

It also provides a significant amount of income to the private hospital sector, so you have some companies like Ramsey, where around 80% of their income is generated through the provision of NHS services.

Where the private hospital sector has patients for whom things go wrong, the NHS is there to provide backup arrangements. Most private hospitals don't have intensive care units, so in the event that a patient is needing treatment as a result of post operative complications the NHS is there to provide that support. We estimate that probably cost the NHS around £70 million a year in terms of additional subsidy.

So just to be clear, whilst it is the case that the government has moved very fast over the past decade to increase the use of the private hospital sector in the delivery of NHS services to the point where now around one in three NHS funded hip operations take place in the

private hospital sector, it's very clear that the private hospitals' business model is heavily dependent on the subsidies which are provided to it by the NHS.

That was a situation pre pandemic. When the pandemic hit last year the restrictions which were placed on private hospitals in terms of being able to treat patients during lockdown as well as the travel restrictions which were put in place, which meant that lots of the overseas and more profitable patients weren't able to travel, meant that the private hospital sector in this country was in deep financial difficulties, as many businesses were.

So the NHS and the independent private hospital network signed an arrangement whereby the NHS would pay at cost for the entire private hospital sector's capacity. Now, we still don't really know how much was spent on that arrangement. The government has, in many cases not been fully transparent about the nature of that contract, nor do we know exactly how many patients were treated in response to that. However, there are estimates that the private hospital sector received about £850 million to £1 billion pounds.

And what we are also starting to hear is numerous reports about the fact that the actual utilization of private hospitals by the NHS during wave one of the pandemic was nowhere near the value of the actual contracts which were paid.

So, that was a situation which emerged during wave one of the pandemic. As we progress through the pandemic the relationship shifted somewhat because the private hospital sector realized that it could start generating income as a result of the pent up demand that came from the NHS being overwhelmed during wave one of the pandemic.

That meant that whilst the NHS wanted to have at its disposal lots of private sector facilities in order to treat, particularly urgent cancer patients, the private hospital sector itself was concerned to ensure that it maximized its revenue through being able to treat less complicated, and more profitable operations such as hip replacements – the meat and drink of the private hospital industry.

As a result of this, the NHS was in a situation around the turn of the year where it was actually pleading with its own NHS consultants not to work in the private sector but to focus their attention on treating urgent patients within the NHS – or if they were going to be working within the private hospital sector, they wanted the private hospital sector to commit their resources to actually doing NHS work instead of doing private work.

What this experience shows is that there is a co-dependency relationship which exists between the NHS and the private hospital sector, such that it's very clear that the NHS has lots of opportunities, and lots of levers, to be able to use that capacity which exists within the private sector in the ways that are potentially in the best interest of patients.

So, it could be argued that rather than simply renting the facilities from the private hospital sector, rather than using NHS consultants to do work in private sector facilities, that those

private sector facilities at this time of a national emergency (and indeed in the future when waiting lists have grown so significantly) should be incorporated within the NHS.

This is something which has happened previously within the NHS: those people who've been around long enough will remember that Robert Naylor the former chief executive of UCLH and the architect of the government's capital investment strategy (and a big fan of PFI) actually bought at lower than market cost a failing private hospital and incorporated it into the NHS … because he saw that as a good use of public money.

It was controversial at the time. However, it's certainly the case that those type of policy decisions could be taken to incorporate private hospitals into the NHS rather than the NHS paying over the odds and subsidizing the continuation of private hospital care.

So I'll leave it there. Lots of things for you to consider. There's a lot of stuff on our website if you'd like to understand more about how that relationship works.

BELL RIBEIRO-ADDY: Thank you very much, David. Our next speaker is JACALYN WILLIAMS, who is the acting national officer for Unite Health Sector.

Thank you and thank you for the invitation to speak this evening. COVID-19 has cast a shadow over many workers that had previously been outsourced to private companies.

And whilst working within hospital trusts they are now NOT employed by the NHS. Those workers carry out jobs such as hospital porters security stuff, and catering staff to name but a few.

They are vital to the running of the hospital and support patients, doctors and nurses on a daily basis. Yet, in some hospital trusts, they must have been either invisible, or seen as unworthy of the regular lateral flow testing of all asymptomatic stuff that was being rolled out in England towards the end of last year – despite them being in patient facing roles.

It's important that every single worker, be it a cleaner or a consultant, is treated the same. We cannot underestimate how damaging this is to NHS operations, and to staff morale. Many of those workers are BAME, living in multi occupancy households, with vulnerable family members, and it was only after union pressure that this issue was resolved.

We should be clear that not all employers went along with this approach, as some did ensure very early on that the workers received the necessary testing kits, but it does highlight in a time of crisis, exactly what the effects are of fragmenting and outsourcing of the NHS.

The effect on the BAME community has been seen by us all. Yet, further expansion of outsourcing with no framework will lead to further division.

The coronavirus pandemic has renewed focus on the public v private sector debate in its starkest terms. And we have seen with the successful vaccination program, how the NHS can deliver efficiently and effectively.

What the pandemic has brought into sharp relief is that there can never be a market for healthcare. You cannot simply apply the harsh disciplines of the bottom line.

If somebody needs vital treatment it should be delivered in a timely and safe manner. There can be an end to outsourcing, and other nations are able to deliver outstanding health care without the need to hand contracts out private companies.

We all deserve better. And together we can make a difference.

This is our NHS. Thank you.

BELL RIBEIRO-ADDY: Thank you very much. Jacqueline, and now we're going to go straight to our final speaker on this panel JOHN LISTER, who is the editor of Health Campaigns Together, and co editor of the *Lowdown*.

I've been campaigning against NHS privatisation since it began back in the 1980s, but this is the biggest ever event of its kind, with well over 1,100 people registered. It's no accident that this level of concern comes after a year that reminded everyone how much we need the NHS as a public service, and a year of government decisions to squander billions on privately provided systems.

Many people now know these systems:

- DON'T WORK – like Serco Test & Trace
- UNDERMINE EXISTING NHS SERVICEs – like the Lighthouse and Mega labs
- PUT STAFF AT RISK by delays and shortages of PPE, or rip-off contracts awarded to cronies and donors for PPE that's not fit for purpose
- DIVERT BILLIONS IN NHS FUNDING to private hospitals, leaving thousands of NHS beds closed or empty

Just as plunging standards of hospital cleaning in the 1980s swiftly identified contracting out with poor quality of care for patients and brutal exploitation of staff, the response to Covid has exposed the unreliability and ineffectiveness of private solutions to the new problems.

This helps us in our task of trying to UNITE the opposition to privatisation while DIVIDING the enemy.

Of course it's NOT just about the acute hospital sector. We also need to roll back previous privatisation in mental health, community health – and most recently the takeover of 49 local GP practices by an American multinational.

However Pandemic Privatisation is different from previous outsourcing: the services involved now are mainly new – or supplementary to the NHS – so we have no groups of NHS staff being bundled out to cheapskate employers.

This gives us NO IMMEDIATE EASY FOCUS for public sympathy and trade union solidarity – although this could change if the privatisation of pathology services continues.

But we need to focus on the often poorly paid workforce in the new services.

To prevent mega-labs poaching vital NHS staff by offering higher rates, for example we obviously need a significant all-round increase in NHS pay.

But we can also campaign demanding lighthouse and megalabs, which have been paid for with public funds, be taken over by trusts: or at minimum they should be regulated, with ALL staff given NHS sick pay, holidays and pensions.

We also look at the consequences: rather than line the pockets of private hospital shareholders for the next four years, the NHS needs to prioritise investment and staffing to get front-line NHS hospitals open and functioning

So we need to build our new campaigns differently – to steal a management mantra, it could be summed up as the TEN Ps: "Prohibiting Profiteering Providers and Prioritising Public Provision Prevents Piss Poor Performance."

We need to emphasise two things:

- Public provision is better, cheaper, more effective than contracting out – think public health versus Serco, vaccination system versus testing, NHS labs versus Lighthouse labs
- Unlike private companies, PUBLIC providers have no conflict of interest to obstruct genuine coordination and integration of services

We need to recapture OUR words and USE them for OUR vision of the NHS… and link them to the rolling back of all contracting out.

Integration is what WE fight for – and what the market system, privatisation and use of private hospitals make impossible

Value for money is what we get when we strip the profit motive out of health care and focus on providing services to all who need them, free of charge or means test, and properly funded through progressive taxation.

To build awareness and anger, and create pressure on politicians we need scrutiny, in every area, of every deal, and exposure of costs, contract failures, waste and corruption: I hope people will want to volunteer to help us build a national network of local knowledge – a database of disasters – as ammunition.

And finally let's use some ridicule, some humour, and expose the charlatans of the consultancy companies.

Management consultants are the people who famously when you ask them the time, borrow your watch, read you the time … and charge you a grand. We want them out. I want a new series of cartoons:

- There's crowd round a collapsed person on a pavement: – suited person arrives shouting "Let me through, I'm from Deloitte"
- Bloke in suit telling woman in labour, in stirrups: "Yes, I really AM a consultant, just not the sort you're looking for. I'm from Deloitte"

Let's fight together to roll back privatisation old and new and rebuild our NHS.

We can't guarantee to win every fight, but we know if we don't fight we're bound to lose!

Bell Ribeiro-Addy: Thank you very much John, I will never quite forget those Ps.

Now, thank you once again to all of our speakers, and not just actually for their time today but as representatives of our fantastic trade unions campaigns publications and frontline NHS staff. Thank you for everything you continue to do to fight to protect our national health service.