

Learning lessons on fighting privatisation from past & present

By John Lister

Campaigners have been fighting to prevent outsourcing and to keep and bring back services in-house since the first waves of competitive tendering were imposed by Margaret Thatcher's government to begin carving out slices of the NHS for private profit from 1984.

Privatisation of the NHS has always been a very different prospect from privatisation of utilities and nationalised industries, which always sold their services and products to customers, and in which shares were literally sold off, and the operation became a private company.

The NHS was from the outset conceived as a different type of service, to be available to all on the basis of need, and paid for collectively through taxation.

So since Thatcher's time, rather than selling it off, which would have raised public alarm at any time – and especially now that the Covid pandemic has reminded so many people of the value of an NHS which is provided as a service free to all at point of use – governments have gone down the route of **chopping off** services that could then be taken over by private providers (long term care for older patients) and **contracting out** chunks of the NHS to the **lowest tender**.

The private contractors don't own the NHS or even the service they provide: but they are able to cash in on the security of public funding – and the public purse taking all the risks.

This covert approach and the piecemeal localised contracting out of services has made it hard to build the level of public awareness that's needed for a broad, active campaign that makes a real impact on politicians and government. It has always been much easier to gather support for campaigns against tangible threats of cutbacks in local services than to mobilise to challenge the much less visible threat of privatisation.



Some key principles from the earliest days are still valid today

Workers

As competitive tendering became a real issue the first focal point was the tenacious strike by outsourced women cleaners at Barking Hospital, whose dispute began almost at the same time as the miners' strike. Initial union campaigning focused quite understandably on the attacks on the pay packets, jobs and conditions of the staff.

Preparing for resistance

Resistance by the staff directly affected is also vital for the strongest campaign. Vague moans and defeatist groans won't convince others to mobilise to defend services against outsourcing.

So it is vital to raise the level of awareness amongst affected staff as soon as a threat becomes obvious.

Circulate information, use examples of contract failures elsewhere and the actions



of specific companies to raise the alarm and prepare in advance of the crunch point: mobilised staff can put maximum pressure on hospital management before damaging decisions are taken.

It's always important to remember that while fighting back won't always win, deciding NOT to fight back guarantees you will lose.

Community

Both the miners' strike and the Barking Hospital strike quickly learned that the dispute is greatly strengthened by external community support – raising funds, but also raising the issue. To do this the miners developed increasingly wider arguments on the potential impact of pit closures on whole communities and areas: the campaigns and strikes against NHS privatisation also had to widen the scope of the dispute to win the broader support.

Patients

While it has always been important to emphasise fairness issues, the loyalty of in-house support staff to NHS, and their right to fair pay for jobs vital to the NHS, it soon

became obvious that successful campaigning needed to popularise the issue by also showing the impact of privatised cleaning and support on patients as well as staff – the threat of dirty wards, poorly laundered sheets, poor quality food, and the loss of friendly support staff to give moral support or offer a cup of tea.

Target the private companies

In a period of political polarisation for and against the Thatcher government, it was also important to exploit anger at what appeared to be corruption, and reveal the antics of the contractors.

We began to closely monitor and expose their track record, their dealings, their finances, their political connections, their contract failures, getting MPs and councillors to raise concerns at the companies moving in to take over local services.

Management

It was also important to keep the pressure on the hospital management and district health authorities (Trusts had not been set up in 1984) that were taking the decisions on whether or not to comply with pressure to privatise – supporting the stand of those that refused to do so, and singling out the most objectionable individuals driving local decisions to contract out.

Humour

Use of cartoons, caricatures, humour and ridicule to expose the nonsensical logic of contracting out can make a powerful appeal. In the 1980s with limited technology (no social media) we summed up the threat of contracting out with repeated use of leaflets, badges and printed publicity carrying images of, and references to, cockroaches and rats, exploiting every negative revelation and news story, every contract failure, and the instinctive fear of dirty hospitals to discredit the very idea of contractors cleaning hospitals.

Evidence

Then as now it has been important from the beginning to maintain a **consistent challenge** to the assumptions of the privatisers – using EVIDENCE to challenge bogus claims show the negative impact of cost-cutting on staffing levels in vital support roles, the safety implications, and the threat to the quality of labour intensive low-tech work such as cleaning.

Catering With hospital catering services also under threat campaigners worked with unions and experts to challenge the closing of hospital kitchens and switch to cook-chill and mass produced frozen food (which last year in Hinchingsbrooke/North West Anglia we have found to be MORE EXPENSIVE per meal than freshly cooked food prepared on site).

Short sighted savings

The task was to find ways to publicise

Cockroaches angry at press reports

EXCLUSIVE! By our own correspondent.

Cockroach leaders have rejected claims that they are opposed to the privatisation of NHS catering services, with the resulting decline in standards of food provided.

"There is no denying that the lower quality of the scraps left around for our members will be a problem," said a representative of the Confederation of British Contract Cockroaches. "But against that we must set the fact that larger quantities of food will be discarded uneaten, and kitchen facilities will be less thoroughly cleaned. My members are prepared to exchange quantity for quality."

The CBCC is still four-square behind privatisation and the contractors.

Ganging up

The Contract Cleaning and Maintenance Association, which groups some 41 contractors, has adopted a code of conduct in the tendering for health contracts, calling on all members forms to pay Whitley rates of hourly wages.

But there is no obligation whatever to provide the other conditions enjoyed by NHS staff – in particular sickness benefit and holiday pay. The main method so far of securing profits from cleaning contracts has been through cutting back on the number of hours worked rather than the hourly rate of pay. It appears that the contracting firms have agreed on the common line of paying NHS rates in an effort to regulate the in-fighting between themselves as each firm struggles for a larger share of the £40m cake on offer in the form of as many as 2,000 NHS cleaning contracts.

The larger, established contractors hope by keeping pay levels stable to make it more difficult for new, smaller outfits to undercut them. They also want the NHS to adopt an exclusive list of "approved" contractors – you've guessed it! All members of the CCMA!

In reality it seems likely that individual firms, under pressure to secure a slice of NHS business will begin to break ranks on pay – introducing an ugly round of wage-cutting. In any event there seems little reason to believe that this particular gang of firms will long honour their own agreements.

Stamp them out!

Following on from the same kind of abandonment of standards which comes with privatisation and exploiting the existence of a lucrative "market" for quick remedies, Harley Street has long been infested with its own species of up-market cockroaches – the charlatans and con-men flogging sex-remedies and dubious cosmetic treatments to people with more money than sense.

But there is little point in the gutter press getting annoyed about the Harley Street rip-offs, which according to the Daily Express are now driving away wealthy Arab clients. The shysters are simply the logical end-product of present government policies which the Sun, the Mail and the Express so eagerly support.

The abuses of Harley Street – and the squalid spectacle of medical care being dispensed only to those with the cash to afford it – could be brought to an end tomorrow. All it needs is a government prepared to nationalise the existing clinics and private foundations, and make private medicine illegal.

Leaders of the Confederation of British Contract Cockroaches have strongly defended the Government's plans for privatisation.

Following an angry mass meeting of cockroaches in the grounds of Barking Hospital, staged to protest at "biased" press coverage of cockroach activity on the wards, a statement was given to reporters stressing the contribution which these increasingly large insects are making to the cleaning efforts of the main contractors, Crothalls.

"Under previous governments, the private enterprise of Contract Cockroaches faced constant harassment."

"Now at last we are being given the chance in Barking to show what we can do when the bureaucratic red tape is cut loose. This government has finally given the small insect his head."

"The CBCC has for years argued that cockroaches play a role to play in cleaning up the morsels of rotting food and debris left behind by private contract cleaners, and at no extra cost to the taxpayer."

"Now, in close liaison with the scab workforce of Crothalls, we are showing in Barking Hospital the kind of insect-human cooperation which should be a model for the NHS. We are not simply feeding off the NHS, we are making a real contribution."

"Our services are increasingly appreciated by the less squeamish patients, some operators, and most DHA members."

Brushing aside recent newspaper reports of a terrified mother sheltering her baby against an infestation of cockroaches, the CBCC representatives hit back angrily at "sensationalist" coverage.

Citing statements by consultant bacteriologist Dr Robertson, who sits on Redbridge DHA, the CBCC spokesman challenged reporters to "name a single disease which our members could give a baby simply by crawling over it."

"Accusing critics and the mother in question of being politically motivated", the cockroach leader insisted.

"Our members were merely checking the baby and its bed for edible morsels of rotting food. This is routine procedure for our Barking night shift."

He went on:

"Our members do a dirty and sometimes hazardous job: we are now the mainstays of the hospital cleaning operation."

Those who ignorantly criticise our work are simply arguing for the return of the bad old days of in-house NHS cleaning, when cockroaches were subjected to all manner of ill-treatment and denied a livelihood."

'Cockroaches crawl on hospital babes'

NHS ward babies had been checked for the presence of cockroaches in their beds in the hospital ward. The cockroaches were found on the beds of the babies. The cockroaches were found on the beds of the babies. The cockroaches were found on the beds of the babies.

YOUR CLEAN?

Summer 1984 – using an actual press report and humour to emphasise the threat to hygiene standards



and expose that the limited savings from privatisation were short sighted and ignored the costs, which became increasingly apparent during the 1980s – hospital acquired infections – including the proliferation of the then new "superbug" MRSA, infections meaning more patients stay longer in hospital (at greater cost): and warning that poor and unappetising food might be profitable for companies but led to slower recovery of patients, and poor morale of staff if served up to them as well.

Breaking up NHS team

It has always been important to emphasise that contracting out divides and weakens hospital teams – undermining the work of clinicians with poor hygiene, resulting in loss of control on the wards where the nursing staff and the cleaning staff

wind up working for separate employers with separate line managers.

Another cost of privatisation is the loss of skills and experience of long-standing ward-based staff, and the support they were often able to give patients, as services and workforce have been broken up.

More recent lessons

More sophisticated
Campaigns have become much more adept at mobilising public support for campaigns against outsourcing and re-tendering – drawing on instinctive sympathy for health workers and public concern for quality and safety of care.

Greater awareness and responsiveness to social and racial inequalities means that these issues too can and should be built in to campaigning.

Squeeze out the profits

Scottish unions were first to recognise that fighting to get privatised staff onto NHS pay would remove the profit from the contractor, or neutralise the cost advantage to the trust.

Contractors denied long term prospect of profits may well pull out.

Even where it's not possible to keep public services in-house, it's still worth fighting whenever services are outsourced to ensure that the resulting contract is as close as possible to NHS terms and conditions to minimise the damage to the living standards of transferred staff and maximise chances of contractors eventually pulling out.

Benefits of in-house services

It's important to highlight potential for service improvements from bringing services back in house – and underlining the high quality of services where management flirt



with contracting out to private providers. In January 2020 [Imperial Healthcare Trust](#) became the latest major trust to bring support services and 1,000 outsourced staff in-house, noting:

“The move will help ensure our hotel services staff are able to play their full and fair role within our care teams and enable us to improve service quality collaboratively.”

Forcing a re-think

Last autumn in-house staff from the catering department, portering, logistics and linen services at Hinchingsbrooke Hospital successfully forced a rethink by management of North West Anglia FT on plans to outsource these services, not least by writing to management and local politicians to emphasise that in-house staff had shown themselves to be loyal, flexible and committed to quality patient care through the peak of the Covid pandemic, in a way that could not be assumed from a private company.

Splitting the ranks

Solid local campaigning can split Tory politicians as we saw back in 2013 with a local MP leading a campaign to end the contract of the [failing Clinicienta treatment centre](#) in Stevenage run by Carillion – although the eventual deal wound up an expensive buy-out.

The local Tory MP in Harlow was also a useful additional voice to the [99% vote for six days of strike](#) action in pressing the management of Princess Alexandra Hospital to scrap plans to transfer support staff into a “wholly owned subsidiary”.

Last year’s successful campaign against [outsourcing at Hinchingsbrooke](#) Hospital also made strong use of pressure on councillors and MPs of all parties.

Fighting the new privatisation

The post-Covid wave of privatisation poses some new problems.

While we now have access to powerful social media and electronic communications as additional weapons to mobilise and win support, we need to find ways to convince



a wider and in many ways uninformed public that privatisation threatens to undermine rather than reinforce the NHS services we know they love and respect.

New services

The bulk of the contracting since the pandemic has been to staff brand new services rather than posing any threat to existing NHS staff – although the new mega-labs could prove to be a drain on staff in existing high quality NHS laboratories.

This means there is no existing body of NHS staff to mobilise and no obvious tangible threat, as most people see it, to the NHS.

However the long term damage of such huge additional spending flowing exclusively to private providers with only the most minimal and temporary support to NHS and social care providers must not be underestimated.

Shambolic failure

Campaigning to bring these services into the NHS and public health systems rather than remaining as a profit stream for Serco, Sitel and other companies therefore needs to base itself firmly on the proven shambolic failure and wasted resources inherent in the privatised system.

This is in sharp contrast to the calm expertise and extremely high success rate of the public health networks contact tracing and the NHS-run vaccination programme.

The private firms have proved again and again that there is heavy cost, but no

advantage or expertise to be gained from contracting out.

The shambles has reached the level that the test and trace system is beginning to be regarded as just as much a basket case as hospital cleaning rapidly became in the 1980s.

Bring in to NHS

As the economy eventually re-starts many of the car parks and other venues for mass testing will in any case need to be replaced by NHS based testing Future testing centres.

So if the services are brought into NHS premises, there is a good argument for them to be provided by NHS staff on NHS terms and conditions – and with NHS taking responsibility for of standards of service.

Laboratories

The new Lighthouse and mega laboratories, set up during the pandemic to run parallel to but barely connect with the NHS, must also be exposed as widely as possible as cutting standards, regulations, and recruiting staff to lower skill levels. The inevitable result is poorer quality and performance, waste and inefficiency – while undermining the existing NHS laboratories and pathology networks.

Consultants

The hugely bloated numbers of dubiously useful and massively over-paid management consultants and their consistent failure to deliver the right answers for the NHS also need to be exposed and ridiculed, along with the NHS management who have become unhealthily dependent upon them..

Investment

The billions spent so far and the £10 billion now committed over four years by NHS England to buying in services from private hospitals must also be a target.

While nobody wants any delay in cancer and other urgent treatment, and there might be a case for some specific short-term use of private capacity while the NHS struggles to deal with Covid cases, the longer term priority must be investment to bring the thousands of closed or unoccupied NHS beds back into full use.

For the NHS to be heavily dependent on private hospitals for front line capacity in four years time would be a major blow.

Combined effort

We need a combined effort of trade unions, campaigners, analysts and experts to work on the images, ideas, angles and arguments that can help to reach out to, convince and radicalise a wider movement.

We need a publicity campaign reaching into the NHS workforce and out into the wider public.

We need to fight for the billions that flowed so freely into private profits during the pandemic to be diverted into proper investment to rebuild and re-equip the NHS to cope with the post-Covid demands and pressures.