

TUC 

NHS

campaigners' guide

Helping you get involved in action to save our NHS where you live and work



Introduction

**5 July 1948, Health Minister
Aneurin Bevan with a group
of nurses on the day that the
NHS came into being**
© Popperfoto/Getty Images



65 years after its birth, our NHS is facing tough times. Our population is ageing and the demand on health services is growing. But the government has forced through a massive and costly top-down reorganisation that was opposed by patients, communities, health experts and NHS staff. And at the same time the government is asking the NHS to make huge savings. Thousands of nurses and other health professionals have lost their jobs, waiting times at A&E are growing, and private companies are snapping up lucrative contracts to deliver services under the NHS banner.

People from all walks of life joined together to fight against the Health and Social Care Act that the government pushed through in 2012. Now we need to regroup and strengthen that coalition to fight to keep our NHS safe by:

- ▶ exposing the cuts and privatisation that threaten to break it up
- ▶ campaigning for patient safety and safe staffing levels
- ▶ campaigning against NHS money going into private profits
- ▶ lobbying for transparency and openness from all providers.

This campaign guide will help you get involved in action to save our NHS where you live and work. It provides ideas for:

- ▶ campaigning around local cuts, privatisation of local services or financially driven closures
- ▶ lobbying MPs and councillors to protect our NHS from cuts and privatisation
- ▶ joining with others from unions, patients' groups and anti-cuts campaigners in your area.

The guide is divided into four sections:

Section 1 provides some more context about what is happening in the NHS and why.

Section 2 is about how to discover what is happening in your area.

Section 3 gives ideas for campaigning plans, activities and events.

Section 4 is a glossary of NHS jargon and terms you might come across.

The guide is designed so that you can dip in and out of the parts you find most useful – it doesn't have to be read from start to finish.

Throughout the guide we have included links to articles and resources from other organisations. Links do not necessarily imply TUC endorsement but we hope that you will find them interesting or useful. You can also find further resources on the TUC website at: tuc.org.uk/alltogetherforthenhs



Section 1

Context



This section of the campaigners' guide aims to help you understand where the NHS is now and why, and what the future might hold.

The Health and Social Care Act

The coalition government's Health and Social Care Act was passed in 2012 and much of it came in to force on 1 April 2013. The Act heralded the biggest re-organisation of the NHS in its history.

Its main provisions were to:

- ▶ reduce the Secretary of State for Health's responsibility to ensure universal health care coverage – the government backtracked a little on this during the passage of the Act, but it still puts the Secretary of State at arm's length from the NHS
- ▶ set up a legal framework geared towards increasing competition between private health companies and other providers to deliver health care under the NHS logo, moves that were firmed up in the controversial regulations passed in April 2013 under Section 75 of the Act
- ▶ hand responsibility for most of the NHS budget over to new Clinical Commissioning Groups
- ▶ abolish three tiers of management – and replace them with seven
- ▶ require all NHS Trusts to become Foundation Trusts in the next couple of years
- ▶ allow trusts to raise up to half their income from private patients.

Estimates of the cost of this huge top-down re-organisation vary, but academics have suggested it could be as high as £3-4bn.

At the same time, the government has also told the NHS to making savings of £20bn over four years.

What are the current threats to our NHS?

Unions and other campaigners warned that the Health and Social Care Act 2012 would accelerate privatisation and worsen the pressure from budget cuts. Our NHS will not vanish overnight, but the main threats to watch out for are closely interlinked:

▶ **Privatisation and fragmentation**

The Act opens up most services to competition, meaning that a big expansion in private involvement is likely. Clinical commissioning groups will be under pressure from the regulator, Monitor, and its Co-operation and Competition Panel, to offer services up for competition from the private sector. This will be done either through putting services out to competitive tendering or through 'Any Qualified Provider' (a kind of shopping list of providers). These pressures will be strongest when existing contracts expire, or if doctors want to make changes to improve services. There is also an international aspect to this, with some commentators noting that talks towards an EU/US Free Trade Agreement could pave the way for even more dramatic privatisation.



► Closures (or 'reconfiguration')

A number of accident and emergency, maternity and specialist services are threatened with closure, often on financial grounds. There can sometimes be a good case to support reconfiguration on clinical grounds to deliver services in a better way, but sometimes changes are financially driven. Check the facts – what arguments are being used, and do clinical experts (like consultants in that field), support the proposed change?

► More rationing of certain treatments

Evidence is growing of patients being refused treatment or having to wait longer for certain treatments. The Health and Social Care Act introduces more scope to reward GPs financially for restricting referrals, though many leading doctors oppose such schemes and are worried that the impact will be to damage trust in GPs.

► Fewer, less highly qualified staff

There is evidence that experienced professionals are being cut, downgraded or replaced with less well-trained staff as a result of cuts and fragmentation.

► **'Cherry-picking'** Campaigners have warned that the government's changes to the NHS could mean private companies will cherry pick the services that are easiest and cheapest to deliver, leaving the NHS to pick up the more difficult and expensive work. As government money follows the patient, this will add to financial pressure on NHS services.

Where is this happening?

So far, the areas of the NHS where private companies are getting most involved are:

- community health services – from health visitors to physiotherapists
- mental health
- outpatient services and tests
- routine operations
- out of hours services
- ambulances and other patient transport
- support services like cleaning, administration and lab tests

What does it mean for patients?

- Patients might not get the joined-up care they need. The government says that its reforms aim to deliver health care that it is "tailored to the patient" and "closer to home". But the government's reforms are likely to deliver the opposite as services are fragmented. The government has talked about moving services from hospitals into the community. This requires proper resources, but numbers of district nurses, for example, have dropped. Telephone services are being pushed as a solution and in some circumstances can be a helpful addition, but they are expensive and have risks.
- Waiting lists could grow as a result of paying patients jumping the queue for care, because trusts have been allowed to make more money from private patients.





“THE VISION THING” – what kind of NHS are we fighting for?

Published in January 2009, the [NHS Constitution](#) sets out the key principles that guide the NHS in all it does. It has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that’s free and for everyone.

As such, it is a useful reference point to build into your campaign to draw attention to what the NHS should be and how the government’s agenda threatens this.

But it will also help your campaign to be clear sighted about the kind of NHS you want to see and what you want from it.

In their document [Enduring Values](#), UNISON identify ten “Vision Principles” that govern their NHS campaign. This is something that you may well wish to bring parts or all of this into your own campaign work:

- ▶ The NHS remains a free comprehensive, public service, funded by taxation rather than health insurance or ‘top-ups’.
- ▶ Access to the NHS continues to depend on need, not the ability to pay.
- ▶ Improvements in the quality and responsiveness of services are achieved through a continuing partnership with service users, staff and trade unions.
- ▶ NHS staff are valued and supported in their work.
- ▶ Determining pay, terms and conditions for NHS staff continues to be a UK-wide activity.
- ▶ The NHS is accountable, both locally and to Parliament.
- ▶ Equality is fully and effectively embedded in the delivery of healthcare provision.
- ▶ NHS organisations will work collaboratively across geographical areas to help deliver specialist services and with social care, to ensure services are shaped around the needs of users and carers.
- ▶ Patients will receive locally based high quality care that conforms to national standards.
- ▶ Quality and efficiency is delivered through public health care provision rather than competition between private providers.



- ▶ Private companies can hide behind commercial confidentiality, meaning the health service could be less accountable and transparent to patients. The changes made by the government mean it will be less clear to patients who is responsible for their care, or even which company is providing it, under the NHS logo.
- ▶ Concerns have been raised about the quality of care given by some providers.
- ▶ The government has claimed that their reforms will deliver more choice and that competition will drive up quality. Yet there is hardly any evidence that competition delivers better outcomes in health care – and much evidence that it is damaging. The experience of privatisation in other sectors has often been that it reduces choice, as services are concentrated in the hands of a few big private providers working to inflexible contracts.

Hasn't the government promised that the NHS will never be privatised?

Yes, but they have redefined privatisation to mean 'free at the point of use', regardless of whether services are in private or public hands. The other key element of the NHS promise, 'free at the point of need', is at risk if rationing increases.

The World Health Organisation defines privatisation differently – as a system from which the private sector can extract profits. Such systems affect the costs and quality of the service, its ethos, and accountability. Polls show that fewer than one in five people want more markets in the NHS. These articles summarise some of the research into the damaging impacts of privatisation on health care:

<http://weownit.org.uk/privatisation>

<http://abetternhs.wordpress.com/2011/06/29/competition>

<http://bevansrun.blogspot.co.uk/2012/05/madness-of-nhs-privatisation.html>

But it will still be free, won't it?

No sooner had the Act come into force, than the person that the government had put in charge started talking about the potential for fees for using the NHS if the economy doesn't pick up.

Financial pressures already appear to mean that more people are being encouraged to go private, either at the NHS's expense or their own as a way of jumping growing waiting lists or to get care that is being rationed.

Because the Act weakens the government's responsibility to provide a comprehensive health care system, it is possible that we will see local commissioners under financial pressure deciding not to fund certain services.



What about the financial squeeze on the NHS?

- ▶ The NHS has been told it must make £20bn of 'efficiency savings' from the NHS budget by 2015.
- ▶ The government says that they have protected NHS spending. While it is true that the NHS has not suffered the massive cuts faced by other parts of the public sector such as local government, the real picture is not quite that straightforward. Inflation is rising and so in real terms a freeze in NHS spending has meant a cut. Demand for health care is growing at the same time as our population gets older, and so the NHS is struggling to do more with less despite the supposed protection.
- ▶ The government has repeatedly claimed that NHS spending is rising, most recently in the June 2013 Spending Review. But the £2bn of additional spending announced to be delivered 'through the NHS' was also included in the 'local government spending' category in the review, allowing the government to claim simultaneously that the health budget was rising in real terms and that overall local government spending would see only a small reduction. This misleading presentation of the finances effectively means that the government's promise to protect NHS funding has been broken. The government has form on this. The Prime Minister claimed in October 2012 that real terms NHS spending was rising, but the UK Statistics Authority checked the figures and said that expenditure on the NHS in real terms was in fact lower in 2011-12 than it was in 2009-10.
- ▶ Numbers of nurses and midwives fell by more than 4,500 between April 2010 and April 2012
- ▶ There is also increased pressure on all local NHS Trusts to become Foundation Trusts. The Act makes it compulsory for all NHS services to become Foundation Trusts by 2014 (2016 at the latest).
- ▶ Trusts are at risk of being put into administration under the 'failure regime', if they can't balance their books. They can also be affected if neighbouring Trusts run into problems, as was the case with Lewisham Hospital. Lewisham faces the downgrading of its A&E department, among other cuts, to rescue a neighbouring Trust, despite the fact that Lewisham itself is performing well.



Why is money so tight in the NHS?

The ageing population and more complex health treatments are putting greater pressures on the NHS. But instead of addressing these issues, the government's reforms are adding unnecessary extra costs:

- ▶ It is thought that this latest reorganisation has itself cost at least £3bn.
- ▶ The extension of competition also increases costs into the future. Running competitive tenders is expensive and means dealing with extra financial administration, IT and legal complexities. The fully marketised US system spends \$1 in every \$3, on such 'transaction costs'.
- ▶ Private companies will want to make profits so that they can pay their shareholders.
- ▶ Expensive Private Finance Initiative debts have also increased financial pressures on Trusts.



In summary, the NHS is already under heavy financial pressure. It will now have to fight off increased competition from private companies, who have deep enough pockets to afford to run 'loss leaders' for a few years until they establish a strong grip.

But there is sustained opposition from many patients, communities, staff and health experts. Campaigners who uncover and oppose what is going on are likely to find widespread support both in their local communities and beyond.



Section 2

Getting information



One of the biggest challenges of getting started is finding out what is going on in your area: what's happening to your NHS, who is making decisions, and how you can influence them. This part of the guide aims to help campaigners get information about so that you can expose concerns, raise awareness and have an influence.

A) INTRODUCTION

The Health and Social Care Act 2012 set out a new framework for decision-making about what health care is provided, how, and by whom.

The Act only came fully into force on 1 April 2013, so it is not entirely clear how all of it will work in practice. People campaigning on the NHS will need to link up together as much as possible (see links in part D of this section) and share information about what is happening on the ground.

Where should I start?

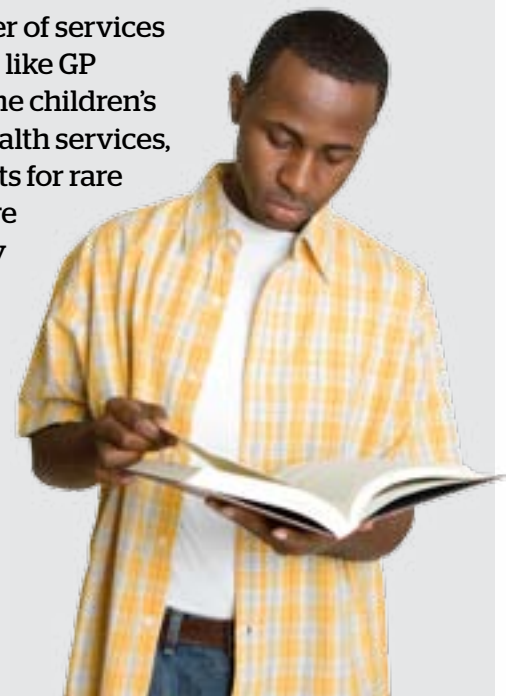
- ▶ It helps to focus on a local issue that your community is concerned about. Is there a service currently under threat of cuts, closure or privatisation? Finding out what is really going on is often the hardest step, but this guide contains lots of information and further links to help you.
- ▶ Always start by seeking out other local campaigners. Talk to your union and find out what local health unions are doing and what they think about the changes. Talk to your health professionals too, and seek out other local groups who have an interest, such as pensioners and carers groups.

B) WHO NOW MAKES THE DECISIONS THAT AFFECT MY LOCAL NHS?

The Health and Social Care Act 2012 was a huge re-organisation of an already complex NHS.

1. Commissioners – *the part of the NHS that plans and buys health care*

- ▶ From 1 April, Clinical Commissioning Groups (CCGs) will hold about 80 per cent of health budgets and make local decisions about services – what is provided, and by whom (e.g. the NHS or private companies). There are 211 in England – search online with the name of your area plus 'CCG' to find yours.
- ▶ The remainder of services (primary care like GP surgeries, some children's and public health services, and treatments for rare conditions) are decided on by a new body, NHS England.



- ▶ The Act and the regulations that sit under it, and other government policy such as budget decisions, provide a number of ways in which local decisions can be influenced from above.
- ▶ There are also guidelines laid down by a number of government bodies, for example the [National Institute for Health and Care Excellence \(NICE\)](#) produces guidance about what treatment should be funded – but remember guidelines aren't legal requirements, which is why there is local variation.

2. Providers – the organisations providing health care

- ▶ Until now, most, although not all, health care has been provided by NHS organisations: NHS Trusts or Foundation Trusts, often split into Acute (big hospitals), Mental Health, Ambulance, and Community Trusts. Under the Act more private providers are likely to get involved rapidly.
- ▶ The provider has some freedom to decide what happens to a local hospital or health service – for example, the availability of a service, the number of skilled staff or the future of certain wards or units involved. How much freedom depends on the contract or arrangement they have with the commissioners.
- ▶ Find out about private providers that may be looking to move into your local health services here and with the TUC's profiles of private profiles here, published in September. You can find out more about their political and lobbying links [here](#).

3. Regulators – the organisations that monitor, audit and regulate health care

- ▶ Regulation and oversight of health care in England is complex. Responsibilities for regulating particular aspects of care are split across a number of different bodies. These are some of the key organisations that you should be familiar with.
- ▶ The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the interests of people detained under the Mental Health Act. The CQC is supposed to ensure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.
- ▶ Monitor regulates all providers of health and adult social care services. Monitor aims to promote competition, regulate prices and ensure the continuity of services for NHS foundation trusts. Under the new system, most NHS providers will need to be registered with both the CQC and Monitor to be able to legally provide services.
- ▶ Healthwatch is a new organisation and is supposed to function as a consumer champion, gathering and representing the views of the public about health and social care services in England. It operates both at a national and local level and is supposed to ensure the views of the public and people who use services are taken into account. Locally, Healthwatch is meant to give patients and communities a voice in decisions that affect them,

reporting their views, experiences and concerns to Healthwatch England. Healthwatch England will work as part of the CQC and will have rights to inspect healthcare providers. However, be aware that its powers to speak out independently are compromised by the legislation.

C) HOW CAN I GET INFORMATION FROM DECISION-MAKERS?

You can write or phone to ask the decision-makers themselves directly – public bodies have a responsibility to promote public involvement and understanding. They might direct you to an individual with that specific responsibility. Section 3 of this guide has more detail. The following methods will also help you do some background research:

Minutes of meetings

Minutes and papers of public bodies like CCGs and NHS Trusts should be freely available. However, be aware that their papers will probably not use words like ‘privatisation’, ‘closure’, or ‘cuts’ – such discussions are generally phrased in neutral sounding language, of ‘redesign’, ‘review’, or ‘reconfiguration’, and may be discussed in sub-committees. You can attend their Board meetings as a member of the public. For more detail on your rights, see this guide from 38 Degrees.

Freedom of Information

Public bodies are subject to Freedom of Information (FOI) requests. Either contact the organisation directly or use whatdotheyknow.com to make requests and view others.

Guidance on using FOI is available here. Focus on a specific issue and ask for correspondence or reports (including third party or consultant’s reports).

FOI requests are sometimes refused on grounds of commercial confidentiality but you can appeal on the grounds of public interest.

Consultations, engagement sessions and announcements

Watch out for consultations, ‘engagement exercises’ and news announcements. This may be the first hint that a change is planned – look at the wording carefully and ask health unions and other experts in the area what is really behind it.

Some key questions to ask:

- ▶ Are NHS providers in the area in financial difficulties? Why?
- ▶ When are contracts or other arrangements for particular services or care pathways due to end?
- ▶ Which areas of NHS services or care pathways are up for review? Why? Who is conducting reviews or ‘options appraisals’? Are consultants being used? If so, what are their terms of reference?



- ▶ What commissioning decisions are they going to make?
- ▶ Are they intending to use competition (either competitive tendering, or 'Any Qualified Provider') for a service? Is it already underway? Check supply2health.nhs.uk as well as asking commissioners directly.
- ▶ Have commissioners consulted the public and staff and considered alternatives to putting services out to competition, like extending or amending existing arrangements, or a 'single tender action' (appointing a provider without competition)? If not, why not?
- ▶ If a proposal is claimed to have clinical or financial benefits, what is the evidence? Do clinical specialists agree?
- ▶ What impacts are any decisions going to have on existing NHS providers and on integrated care for patients?
- ▶ If they intend to use competition, how will expressions of interest or bids be assessed? What importance ('weighting') will be given to quality of care as opposed to cost? How will the public be involved in shaping this?
- ▶ What does the service specification ask the provider to do? In particular, look out for:
 - Penalties for failed procedures – will providers be paid for doing them a second time?
 - Does the specification rule out charges to patients, reduction in hours or access, or cuts to the numbers or skill level/grade of staff? Or at the very least, does it ensure such changes won't happen without consultation and proper reporting?
 - Are other ethical standards built into the specification? See this [guide](#) for some suggestions.
- ▶ What public consultation and engagement have they undertaken?
- ▶ If service reconfigurations or closures are proposed, how do these meet the four criteria the Secretary of State has set: the agreement of GPs; that of clinicians; local engagement; and patient choice?

D) WHO ELSE CAN HELP FIND INFORMATION?

Your elected representatives

If they are supportive, your MPs and councillors can ask questions on your behalf. This might include asking questions of local officials, in public and informal meetings, and in the media. Your MP can also ask questions in parliament.

The media and lawyers

They may be able to ask for information in a way that it is harder for decision-makers to ignore.

See Section 3 for more information on working with all these groups.

Websites and other sources

Use the internet to search for news stories in your area.

There is lots of information available online from campaigns, think-tanks and other organisations. Always think about the source of information – what perspective do the think tanks and lobbying groups producing information have?

Some of the most useful sites to find more information and other NHS campaigners are:

- ▶ **Health unions** have lots of information online about what is happening in the NHS and materials and support for members and campaigners. For example, UNISON has produced a guide to making sense of the new NHS structures, Unite has a tool to find local campaigns and has also produced a [guide for local campaigners](#). The RCN are mapping cuts to the NHS.

- ▶ falseeconomy.org.uk includes lots of information about local cuts and privatisation, campaigns and more guides to the new NHS structures and how to campaign – plus firsthand accounts from local campaigns.
- ▶ nhscampaign.org has information, news and campaign tools.
- ▶ nhsforsale.info has lots of accessible information on privatisation.
- ▶ keepournhspublic.com has a network of local groups. It can put you in touch with regular news updates and many detailed resources for campaigners. It has produced an up-to-date briefing with 15 frequently asked questions.
- ▶ 38degrees.com also has a network of local groups that it can put you in touch with.
- ▶ medsin.org is a student network including many medical students who are very active in campaigning for health equity.
- ▶ opendemocracy.net/ournhs is a great source of up-to-date articles on key issues for NHS campaigners and also has a comprehensive list of local NHS campaign groups and a free [daily news briefing service](#)

There are lots of useful blogs focusing on the NHS. Just a few examples include:

<http://nhsvault.blogspot.co.uk>

<http://nhsrationing.org>

<http://abetternhs.wordpress.com>

<http://nhsprivate.wordpress.com>

You can also subscribe to the daily email blog by Roy Lilley [here](#).

Section 3

Campaigning



The NHS is facing some of the toughest times in its 65-year history. So what can we do?

This part of the campaign guide is about helping you to take action to:

- ▶ raise awareness and share information about what's happening
- ▶ fight cuts and privatisation in your area
- ▶ hold politicians to account and encourage those who support us to speak out
- ▶ shine a light on the record of private companies looking for work in our NHS
- ▶ get involved with the new structures locally.

There are four key steps to planning and running a campaign, and this part of the guide is structured around them.

1 Consider your key messages – what do you really want to get across to people? What will appeal to the most people?

2 Who can help you get what you want? This is about lobbying decision makers and influencers. This includes persuading those with the power to change things to support you, and helping those who already support your point of view to get more vocal and powerful.

3 What kind of action will help you get people involved and get what you want? Be imaginative and try to come up with a range of ideas that will appeal to different people and allow people to get involved whatever their skills and confidence levels.

4 Get as much publicity as you can – it'll help keep up the pressure, get more people involved and keep supporters informed.

1. Developing your own clear and effective campaign materials and messages

- ▶ Keep it simple and focused on your key message.
- ▶ State your key message in a positive way if you can – a headline that looks like a possible solution, like 'Keep Our NHS Public'.
- ▶ Back this up with a few simple key points – try out a few ideas until you find ones that people find easy to understand and remember, and then keep using them in all your communications.
- ▶ Be as specific as you can about the problem – is it that a certain local health service is threatened with private sector competition or outsourcing, or that services are facing immediate financially-driven cuts such as a ward being closed down, staff reduced, waiting lists increasing, or certain treatments no longer being funded? Often, several issues will overlap. Highlight a local concern, and then link it to the wider context (see Section 1).



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- ▶ Always highlight what impact the changes are going to have on patients. Personal stories, quotes and testimonies are great for leaflets and media coverage, though you will need to be sensitive – both patients and staff may prefer to stay anonymous. Find examples from unions and other local or national campaign organisations.
- ▶ Make sure every campaign communication (whether to your supporters or those you are trying to persuade) has a ‘call to action’ – be clear about what you’re hoping to achieve and ask people to do something. That could mean many things such as coming along to an event or meeting, writing to the local MP or newspaper, taking part in a local consultation or signing a petition.

2. Lobbying NHS decision-makers and influencers

To have an impact it will be important to contact decision-makers such as local commissioners and also people with influence such as councillors and MPs. You can do this in writing or at face-to-face meetings. Meetings can be much more effective than writing letters and emails but you will need to be well prepared.

Prepare for your meeting

Whoever you are meeting, research what they have already said in the press and their policies by searching online. Look for any commitments to public engagement, empowerment, transparency, and openness that you could (gently) remind them of when you meet.

Be clear what you are asking them to do. Feel free to ask them how they can help – but it’s always good to have a few ideas of your own, too.

It’s helpful to go with one or two others for moral support and to take notes. Try to go with at least one person who’s used to negotiating, such as a rep from a trade union involved with the campaign.

Remember – you don’t have to agree with them, however pleasant they’re being! They may make it clear they don’t agree with your campaign aims, or they may be friendly but subtly try and steer your aims in a different direction rather than commit to doing what you want. Use the arguments about cuts and privatisation outlined in Section 1 of this guide. Don’t be afraid to make it clear that your wishes have not yet been met and that you’ll be continuing to campaign.

Decision-makers

Clinical Commissioning Groups (CCGs)

What are CCGs?

On 1 April, Clinical Commissioning Groups – which have a few GPs on their boards, alongside managers – took over control of the bulk of the NHS budget. In theory, they are responsible for deciding what services are provided, and by whom (i.e. by an NHS or private provider). However, there has been a fierce political and legal debate about how free CCGs really are to make decisions that are in local interests.



Why influence the CCG?

CCGs will be under increased pressure from government and regulators to open services up to an array of private providers, competing against the NHS. They will also be facing tight budgets (see Section 1 for more detail). Public pressure will be needed to encourage CCGs to stand up to the government's false argument that competition saves money and is in patients' best interests.

How you can influence the CCG

CCGs are accountable to their member GP practices. In reality, most GPs have had very little involvement and many are unhappy about the changes being forced on the NHS. Can you persuade GPs to speak out publicly, or to talk to the CCG on your behalf? Talk to your own GP or approach their representative organisation, the [Local Medical Committee](#).

On the CCG, the Chair and the Accountable Officer are the key people to contact, you should be able to find these contacts on the relevant CCG website. A number of 38 Degrees groups, for example, have built relationships with them.

What you can ask for

First of all, ask for information about what is planned for your area.

Ask for proper consultation over whether services are cut or privatised, and if that choice isn't being given, let people know.

Ask for services to be kept in-house (see Section 1 for more detail on why). CCGs should be encouraged to see that this is in the interests of patients and providing an integrated service.

If you cannot stop the CCG opening services up to competition, ask them to explain their actions. The government has claimed repeatedly that commissioners and local people will have the choice about whether to use competition. So if your local commissioners tell you their hands are tied by the law and the regulators or government, challenge it and publicise it.

If you really can't stop them going out to competition, you could try to ensure that their service specifications and contracts are tightly drawn up, so that it is not easy for providers to make cuts to services or to undercut the NHS.

Some groups (for example 38 Degrees in Haringey) have focused on getting the CCGs to make changes to their own constitutions or procurement policies. Others have suggested that the NHS Constitution (not to be confused with the CCGs' own constitution) is a good way to insist on communities' rights to be consulted and involved in decisions.

See Section 2 for more suggestions of questions to ask.

Commissioning Support Units

Some CCGs are choosing to delegate a lot of decision-making to new Commissioning Support Units. In 2014, these units will be tendered out to private companies, who would then be doing both the buying of health care, as well as (increasingly) the 'providing'. Try to stop or expose decision-making being further removed from local hands in this way. It's generally best not to use time lobbying the CSU themselves – the CCG remains legally accountable for decisions, so keep focused on them, and on your MP, who should be held politically accountable for the framework that has been imposed locally.



Elected representatives

Local authorities

Councillors can ask questions and speak on your behalf. Keep Our NHS Public has produced detailed briefings on working with councillors, Scrutiny Committees and Health and Wellbeing Boards. In particular, seek out the councillors that sit on one of the following two bodies:

The Health Overview and Scrutiny Committee is made up of local councillors and has several important roles. It has a duty to scrutinise significant changes, and can question health bosses, recommend a council enquiry, and demand a decision should go to full public consultation. Finally, if it is not satisfied with the actions of local health decision makers, it can refer their decisions to the Secretary of State for Health. These can all be really important ways to have an influence.

Health and Wellbeing Boards are new bodies which came into full operation in 1 April 2013. They include the CCG Chair, the Leader of the Council, the Director of Public Health, and a few others, including a HealthWatch representative. Their main powers are to:

- ▶ write a strategy setting out the priorities for the health of the local population, and to delay the CCG's decisions if they ignore this strategy
- ▶ see the CCG's 'Commissioning Plans' whilst they are being developed
- ▶ exercise responsibility for public health (previously the responsibility of the NHS)
- ▶ promote 'integration' and in some cases to directly commission some health and social care services (especially where these are becoming more integrated).

Ask to see their strategy. Ask how they will ensure democratic involvement in health decisions generally, including the CCG's decisions as well as their own. Ask for public consultation, proper consideration of in-house options and strict quality criteria for any provider, just as with CCGs.

MPs

If your MP is supportive of your campaign they can be a powerful advocate and, if not, that needs to be made clear to voters too. You can attend their surgeries (usually on Fridays, by appointment). If you are told decisions are a matter for local NHS managers, highlight how they are in fact being strongly affected by national laws and policies (see Section 1). If your MP supports your campaign, encourage them to make that public by making statements in the local press or in parliament.

CASE STUDY

Campaigners in Stroud met with their MP and asked for his support to keep NHS services in the area publicly run. They felt his response wasn't clear enough, so they drafted a pledge using pledgebank.com which simply supported the rights of people to choose whether services were privatised or not. He refused to sign, so they used the local press to highlight this – exposing the myth that the changes were really about 'choice'. There were several weeks of local media coverage which built up political pressure, alongside a legal challenge. In the end this led to a u-turn by local decision-makers who agreed to keep the hospitals in the NHS.

HealthWatch

Healthwatch are new groups set up to be a 'patient voice', replacing the old LINKs. Unfortunately, the Act makes it difficult for Healthwatch to criticise local health decisions publicly. But they may have some knowledgeable and helpful people involved. They have a seat on the Health and Wellbeing Board. They also have powers to inspect local health and social care providers, so if they work closely with campaigners and council Scrutiny Committees, they could be effective.

3. What kind of action can you encourage supporters to take?

There are many different types of action you can encourage people to take. Be imaginative, think of things that are fun or a bit different and will involve a wide range of people.

A) Mass actions

Mass actions involve as many people as possible. Common ideas for activities include:

- ▶ petitions
- ▶ surveys
- ▶ giving out postcards for people to sign and send to their MP, councillor or other decision maker
- ▶ letter writing campaigns to newspapers, politicians or decision makers (to help people write their letters either write a 'template letter' for them to use, or a few notes that they can use to write their own letter)

CASE STUDY

UNISON campaigners in Suffolk conducted a survey out on the streets that showed only four per cent of people wanted services privatised. And in Stroud, campaigners wrote to all GPs in the area with a survey that found that 87 per cent wanted services to stay in NHS, and not one wanted them to go to the private sector.

- ▶ a written pledge or 'motion' that people or organisations can publicly sign up to:
- ▶ leaflets or posters for people to circulate
- ▶ meetings
- ▶ online actions
- ▶ lobbies, demonstrations or marches
- ▶ social events, parties and fundraising.

Any of these can be publicised at meetings and events, on street stalls, and (with sensitivity) outside hospitals and health centres. Patients and health workers are usually happy to see people supporting the NHS – shift changes are a good time to reach health workers.

Online actions

There are lots of tools you can use to get your campaign more active online. Make a website with basic information on your campaign and contact details, so that people can find you online when they search. **Wordpress.com** is one of the best tools to let you make a campaign website for free.



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It's vital to have an easy way to contact supporters quickly when you need to. Set up a local petition at you.38degrees.org.uk or Change.org. These services let people sign up to support your campaign's core idea and share it with their friends, but they crucially also let you email your supporters with updates on an ongoing basis. If you can describe it clearly and simply, with a strong or locally relevant photo, a petition can become the hub of your campaign online, bringing more people in and co-ordinating new action.

If you don't want a petition, try an email list like Mailchimp.com for your supporters to join, and also post updates to Twitter and Facebook, to give people other ways to keep in touch.

Get people writing to your MP or councillors via writetothem.com. Create a survey at surveymonkey.com to gather local opinion and show support for your case in your work with local media. Mediauk.com lists lots of

useful local press outlets to contact, but also reach out to bloggers who write about your local area.

Look out for more resources on running online campaigns at CampaignCentral.org.uk or NetrootsUK.org

Meetings

Organising a public meeting is a good way of publicising your campaign and gathering supporters. You could also approach your local union branches or local doctors and campaigns such as 38 Degrees or Keep our NHS Public in your area. You might want to ask people who have a different point of view to speak on the platform, too. This can make for a livelier and more newsworthy meeting – but only if you are confident you can take their arguments on! Make sure you collect the contact details of attendees at the meeting so you can keep in touch.



Get involved with other public meetings too, such as other campaigners, HealthWatch, the council, local union events, or other health groups. Ask if you can go along to their meetings as a speaker. Or you could just attend the meetings as a useful way to find out more, meet people and get in touch with a wider audience.

Lobbies, rallies, marches and demonstrations

These can help generate media coverage, show strength to both supporters and opponents, draw campaigners together and build morale.

Local political party activists and unions often have good experience of organising such events, especially in terms of logistical issues.

Fundraisers can be useful and enjoyable: a social event with a campaigning message and a way of raising funds for the campaign. Several groups have shown films like Michael Moore's *Sicko*, the documentary *Greg Dyke on Nye Bevan*, or Ken Loach's *Spirit of 45*.

B) 'Expert' actions

This is another way of taking action, more focused on using the expertise of a smaller group of participants to have an influence. The best campaigns will involve both mass actions and expert actions.

Taking legal action – how it can help

If people feel strongly that public bodies like CCGs are taking decisions about health in an unreasonable way, then it is worth talking to lawyers – quickly. Consult campaign organisations to find out who they would recommend.

Judicial review looks at how public bodies have made a decision – were laws abided by, was adequate consultation and impact assessment conducted, for instance? Legal action can be important in buying time for a campaign. If you win, the organisation would be ordered to go back and make its decision again – but it could still make the same decision, just in a better way, unless you organise, lobby, and campaign in the meantime.

It is hard work – you will need to do a lot of research and find a suitably affected claimant (someone who uses the services).

Cases are expensive – up to £50,000 – but if the 'claimant' is on a very low income they should be eligible for legal aid (and therefore not liable for the other side's legal costs, even if you lose). An initial consultation with solicitors is always free.

Keep Our NHS Public has more detailed briefings on taking Judicial Reviews, though be aware that the government is currently trying to make it more difficult for people to take Judicial Review.

Consultation when changes are planned

People rightly expect to be consulted if decisions are being made that affect them. Of course, even if people are consulted, decision makers don't have to listen – but if there is a proper consultation and an overwhelming public response, it becomes more difficult for them to ignore.

Unfortunately, there often isn't a proper consultation and the law in this area is quite weak. Commissioners are under a 'duty to consult and involve' if the manner in which services are delivered is going to change. There are two things that sometimes happen:



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- ▶ Commissioners claim that they have consulted or engaged, when in fact they have done very little – a few under-publicised ‘drop-in’ events, or consultation only of a handful of ‘stakeholders’. Ask questions about exactly what they have done. Consultation should take place at a formative stage – not just to rubber-stamp a decision that has already been made.
- ▶ Commissioners might argue that there is no duty to consult or engage, because the service delivery isn’t going to change – even if the provider is going to change. The law is in fact open on this point. But if they won’t answer your questions about protecting the service (see Section 1) in sufficient detail to reassure you, then highlight this publicly, and argue for proper consultation.

Keep Our NHS Public has produced an up-to-date detailed guide to NHS consultation rights.

Becoming part of the new decision-making or influencing structures yourself

You could try to get actively involved in the new NHS structures yourself. This can be a way of finding out what is going on and attempting to influence it. Being on committees can take up a lot of time and energy, and you should be aware that once on the inside, people may be expected not to share certain information – or might find out less than they had expected.

The easiest group to get involved with is HealthWatch, which is open to anyone. However it has limited power, unless you become its representative on the Health and Wellbeing Board.



The Health and Wellbeing Board can add anyone it likes to its board. The Health Overview and Scrutiny Committee can also co-opt anyone it likes.

CCGs have to appoint two ‘lay representatives’ with financial backgrounds, but they could have additional lay representatives if they want to. Some CCGs have worked with Patient Participation Groups, though usually at a distance from where the real decision-making takes place.

Foundation Trusts are open to anyone to become a member, and to stand for election as governor.

For more information see UNISON’s guide to influencing the new NHS.



4. Spreading the word

Letting people know about the campaign will help it grow, strengthen and have influence.

Work with the local media

When you take some new action as part of the campaign, let the local media know. Try and think of photo opportunities, as you'll attract much more attention if you do.

Friends of the Earth has produced a series of guides that are useful for NHS campaigners, including on things like 'writing a killer press release' and writing to the newspapers.

If a journalist covers your story well, thank them, and make sure that journalist gets all your future press releases. Local media will be interested only in things that happen inside their area, so focus on the local aspect strongly. A photo opportunity is good – even if it's just of a few people holding placards outside an office. An interesting

CASE STUDY

The **Lewisham Hospital campaign** has had a range of fun actions that have got lots of media coverage, helping them highlight the threats to their services. These included a 'buggy army' of mothers and babies visiting the Secretary of State Jeremy Hunt's office, an 'arms round the hospital' event, events with the local NHS Trust choir involved, and videos of high profile people who had been born in Lewisham or had other reason to be grateful for their local NHS services.

personal story (for example, is there an older campaigner who remembers what life was like before the NHS?) goes down well, as do high profile local figures.



Create your own media

- ▶ A website is very helpful. There is a useful guide here.
- ▶ Twitter and Facebook keep you in touch with supporters.
- ▶ Leaflets and newsletters are still important. Ideas are included below.
- ▶ Videos are a good way of getting a message across – seek out your local community TV station or local film-maker.



What to think about when you're producing a leaflet for a local event or activity

A snappy heading:

Save our NHS!

All the practical details of a meeting or event:

Time, date and place

OR a couple of suggestions for other actions for instance:

Write to your MP; write to your local paper; join a local event, respond to a consultation.

A bit about what's happening locally...

Here in Anytown, our local health services are:

- ▶ being starved of funds
- ▶ in danger of being split up and sold off to profit-making companies.

And what you're doing...

No-one voted for our NHS to be privatised. The government's Health and Social Care Act 2012 was opposed by patients, NHS staff and other health experts, but the government is determined to push their changes through.

It is up to us to stop it happening.

- ▶ exposing the cuts and privatisation that threaten to break up our NHS
- ▶ campaigning for patient safety and safe staffing levels to protect you and your loved ones
- ▶ campaigning against NHS money going into private profits
- ▶ lobbying for transparency and openness from all providers.

What action do you want people to take?

Get involved!

- ▶ Come and find out more at our meeting/event.
- ▶ Make your views known!
- ▶ Lobby your MP at (time/date/place).
- ▶ Write to your local paper.
- ▶ Respond to the consultation (how/when).

Finally, some info about the campaign and how people can keep in touch:

Leaflet produced by (name of your group, website, individual name and email or telephone number if possible).

Section 4

Glossary



111 – the telephone service used to access out of hours and urgent services (although not 999 emergencies) and telephone advice. The service has recently been divided up into around 40 units, run by different organisations including some private companies.

Acute Trust – large hospital Trusts.

Any Qualified Provider – a way of introducing competition into the health service, particularly for elective procedures and community services. Organisations apply to be on a list of potential providers and then patients must be offered the full ‘shopping list’ of providers. This means it will be hard for providers to predict how much work they will have, and in some areas the same service could be provided by as many as 14 providers.

Care Pathway – the full course of treatment provided for an individual or a type of condition that may require a range of treatments and interventions. Increasingly, a care pathway is used to bring a range of services together that can be bundled and contracted out.

Competition and Co-operation Panel – now part of Monitor. This is the main body looking at ‘anti-competitive behaviour’.

Clinical Commissioning Groups (CCGs) – the groups responsible for spending around 80 per cent of the budget for the English NHS, and deciding who provides what services. Every GP practice has to be a member of a CCG, but decisions are made by a board with doctors alongside managers. They have taken over the commissioning function that used to belong to the Primary Care Trust.

Commissioners – for several years the NHS has been split between ‘purchasers’ and ‘providers’ of services. Commissioner is another name for purchaser. This job used to be done by the Primary Care Trusts, but these organisations have been abolished by the Act and replaced with Clinical Commissioning Groups.

-Commissioning – planning and securing services for an area.

Community Interest Company – a type of ‘social enterprise’ particularly common in community health services formerly part of the Primary Care Trust.

Community health services – a very broad range of services, from district nurses and health visitors to specialists like physiotherapists and podiatrists, and services like sexual health and diabetes support. Essentially, the bits that weren’t put into Acute (large hospital) Trusts.

Consultation – If a decision is going to have a significant impact on the manner in which services are provided, there should be a consultation with local people (though decision-makers can still ignore the results of the consultation if they can demonstrate it is ‘reasonable’ to do so).

Care Quality Commission (CQC) – one of the main regulators of the NHS and social care, inspecting providers for their quality of care.

Commissioning Support Units/Organisations (CSUs/CSOs) – bodies set up to help CCGs with commissioning procedures. They often cover several CCGs and are currently part of NHS England but are due to be tendered out by 2015. CCGs have to use them to commission ‘back-office’ services, but are free to choose how much they do or don’t use them for other commissioning.



Direct payments – a personal budget is given to the patient to manage themselves and buy their own health care services. This is currently being trialled for a small number of patients but the government has said it wants to roll this out more widely, as has already happened in social care.

Elective procedures – operations and procedures that are booked by patients in advance, as opposed to emergency procedures.

Expressions of Interest – an early stage in the procurement process, sometimes called ‘market testing’

Failure regime – a process introduced by the last government to take financially insolvent providers into administration, giving the administrator considerable power to break up or close down parts of the provider. First used in South London but around 60 Trusts are judged to be at risk.

Francis Report – the report by Robert Francis QC into failings at Mid-Staffordshire NHS trust, which made a series of recommendations about how to improve the safety of care in the NHS.

Freedom of information request (FOI) – an FOI can be made to any public body. There are some exemptions (for example where businesses are involved and claim ‘commercial confidentiality’) but many of these can be challenged by arguing that the information is in the public interest.

Foundation Trust – around half of NHS Trusts have now become Foundation Trusts (and the rest are going through this process over the next couple of years). Foundation Trusts are defined by the regulator, Monitor, as not-for-profit, public benefit corporations. They have a great deal of freedom to make managerial and financial decisions. Foundation Trusts are considered mutual structures, where local people, patients and staff can become members and governors and hold the Trust to account.

Health and Social Care Act 2012 – the government’s new NHS laws which were passed after much opposition in March 2012, though many of the provisions only came fully into force on 1 April 2013.

Health and Wellbeing Boards – forums set up by the Health and Social Care Act where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Each top tier and unitary local authority will have its own Health and Wellbeing Board. Board members will collaborate to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Health Overview and Scrutiny

Committees – a local council committee that has some power and responsibility to scrutinise health care decisions in its area, make recommendations, and refer decisions to the Secretary of State.



HealthWatch – organisations set up to facilitate patient and public involvement in the NHS. At local level the HealthWatch in each area is funded, commissioned and held to account by the local council. National HealthWatch is part of the Care Quality Commission.

Integrated care – this can mean the integration of health care into one service (for example, primary care and acute care) or integration between health and social care trusts in England.

Keogh Report – A report from Sir Bruce Keogh into the quality of care and treatment at fourteen hospital trusts in England, published in July 2013.

LINKs – the old organisation for patient involvement, now replaced with HealthWatch.

Local Medical Committees – LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.

Market testing – usually means inviting expressions of interest from companies who might want to provide services.

Monitor – the main health sector regulator. Previously, Monitor had a duty to oversee the financial viability of Foundation Trusts, but this has now been extended to other providers. Now it also has strong powers under 2013 NHS Competition Regulations to prevent commissioners undertaking ‘anti-competitive’ behaviour (i.e. excluding private providers from bidding to take over services).

NHS Commissioning Board – now renamed, see NHS England below:

NHS England – responsible for allocating money to CCGs, overseeing their work and directly commissioning some specialist services. NHS England is given a ‘mandate’ by the government every two years to set the objectives for the NHS.

NHS Trust – all NHS providers (except GPs, who are separate) are part of an NHS Trust, unless they are a Foundation Trust.

NHS Trust Development Authority – the body which oversees the process of NHS Trusts becoming Foundation Trusts.

National Institute for Health and Care Excellence (NICE) – lays down guidelines on which drug treatments are worth funding.

‘Nicholson challenge’ – a common expression for the £20bn QIPP savings, named after Sir David Nicholson, the NHS Chief Executive who announced this expectation in 2010.

Out of hours services (OOH) – GP services provided outside normal surgery hours. These may be provided by GP co-ops or private providers.

Patient participation groups (PPGs) – GP surgeries are encouraged to set up PPGs so that patients can have some input into local service provision.

Payment by results – set up by the last government but now being extended by into new areas – rather than getting block grants, providers of health care get payments per procedure or intervention they carry out.

Personal budgets – a different way of funding health care where each patient has a fixed allocation of money to spend on health. Sometimes confused with ‘direct payments’.

Primary Care Trusts (PCT) – the old commissioners, abolished by the Health and Social Care Act 2012.



Private Finance Initiative (PFI) – where hospitals are built and owned by private sector consortia, who borrow at high rates of interest and then lease facilities back to the NHS, usually with a service contract for support services, sometimes at high cost over a long period of time.

Procurement – purchasing services through some kind of competitive process.

PropCo (NHS Property Services Limited) – a government-owned limited company, which is taking over ownership of buildings previously owned by the Primary Care Trusts.

Quality, Innovation, Productivity and Prevention (QIPP) – the process by which commissioners are to deliver ‘efficiency savings’ of £20bn by 2015.

Reconfiguration – changing where services are delivered. For example, centralising specialist care into ‘centres of excellence’, or closing down local hospitals that are judged not to be an efficient way of providing services.

Secretary of State – the main government minister for an area. In health, it is currently Jeremy Hunt.

Social enterprise – there is no legal definition of a social enterprise in the UK. The government defines them as “businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community.” This can be used to cover both co-operative structures and far less democratic structures like Community Interest Companies. Social enterprises have been encouraged to bid for NHS services, particularly in community services.

Strategic Health Authorities – the old regional health authorities, abolished under the Act.

Tendering – submitting bids to win a contract to provide goods or services as part of a procurement exercise.

Universal health care coverage – a system which provides health care and financial protection to all its citizens, organised around a specified package of benefits to all members of a society with the end goal of providing financial risk protection, improved access to health services, and improved health outcomes.



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