CCG Campaign Guide - Resisting Privatisation

Introduction

As local Clinical Commissioning Groups (CCGs) are now the main local health bosses, it is worth campaigners understanding how they are structured, how to find out what they are doing, and to explore opportunities to influence them.

At the same time it is important to bear in mind that under the Health & Social Care Act, the government has very deliberately devolved responsibility for health care to CCGs, but it is still the government who allocates them money and sets the framework - and this money is being squeezed.

Be aware too that apart from the CCGs, the other part of the NHS - your local hospital, ambulance, mental health and community Trusts that the CCG buys services from - are also being financially squeezed by government. In a way they have even less power than the CCGs, but where there are cuts and closures, they are often the first to be blamed.

It is very important to continue to put pressure on politicians, and to hold them accountable politically, even if they are no longer accountable legally, for securing a comprehensive National Health Service. Please read the accompanying "Protecting the NHS - Introduction" guide on (available from www.keepournhspublic.com) for more background.

What are the CCGs (Clinical Commissioning Groups)?

CCGs are set up to purchase ('commission') most local healthcare in your local area[1]. A key difference between them and Primary Care Trusts is they do not have the same obligation to treat all patients in their geographical area - what this is likely to mean for patients is laid out more fully in the accompanying 'Introductory Guide'. They also have greater legal obligations to put services out to competetive tendering - ie to buy services not just from NHS hospitals, but from private providers.

CCGs are regulated[2] by Monitor who have powers to stop anti-competitive behaviour. This is likely to be used to stop local health bosses and doctors preferring to refer patients to NHS providers.

The new secondary legislation ('section 75 regulations') which went through parliament in April 2013, gave statutory powers to Monitor to force CCGs to use competition (ie, outsourcing or opening services up to bids from private providers), *regardless* of considerations of public wishes and with scant regard to quality, compared to price. The regulations appear to breach earlier parliamentary assurances that CCGs they will not *have* to use competition[3]. Contracting out services to the private sector is now happening quickly in many areas[4].

It seems increasingly likely that CCGs are being set up to carry the can for a reduction in free health services. It is important for campaigners to emphasise that **outsourcing *won't* improve value for money**, whatever the glossy claims of private providers. It will merely increase costs, which is likely to lead to cuts and rationing. The system of effectively compulsory competition will just suck NHS

[1] Note - GPs are commissioned by the NHS Commissioning Board, not by CCGs.
[2] Note - Monitor is also the economic regulator of the providers. judging whether they are financially 'sustainable'. The Care Quality Commission (CQC) regulates them on clinical grounds.
[3] http://www.pulsetoday.co.uk/gps-force-ministers-into-u-turn-over-any-qualified-provider/13507827.article
[4] http://m.guardian.co.uk/commentisfree/2012/dec/11/clinical-commissioning-groups-private-sector

money away from local NHS hospitals so that publicly-provided NHS care worsens, increasing the pressures on individuals to take out top-up insurance to get a better standard of care.

What can we do?

Firstly, find your local CCG here[5] - contact them to find out when they meet - their Board meetings should be open to the public (though be aware the real decisions may be taken in their 'governing body' meetings).

1. Find out what has already been privatised / 'outsourced' in your area - and if there have been negative impacts, like cuts to skilled staff, as a result.

2. Find out what may be threatened with privatisation (and/or cuts).

3. Mobilise people to express opposition to further privatisation, thus making it difficult for local decision makers and/or unattractive to private companies.

4. Campaign to change the laws that now promote NHS privatisation.

1. Find out what has already been privatised.

Why is this important?

- Many people don't know which services have been privatised[6]. If they experience problems, they may blame it on the NHS, not realising that service they are getting is in fact deteriorating as a result of having been outsourced to a private provider - or as a result of the NHS provider having to spend time and money (sometimes up to £1/2million) to bid to retain services, losing large chunks of its income when private providers win bids.
- Finding out what has already been privatised establishes a baseline for monitoring and further campaigning.
- If you can very strongly expose the negative impacts of existing contracting out, this may make it more unattractive for private companies to bid for other services, worried about their brand.

How can I find out what's already been privatised?

- Check out www.supply2health.nhs.uk/ and www.nhsforsale.info/ for information on what has already been tendered out to the private sector in your area, or is coming up. Be aware such information in incomplete.
- Ask them - write to the Chair of the CCG. You may want to request a meeting but it is always also good to seek answers in writing.
- If you cannot get straight answers - go to their meetings, submit public questions in advance, highlight the secrecy in press releases to the local media, ask journalists to help. Make a noise!
- Get others to help you ask. You may find allies in your local MP, Health and Wellbeing Board, local HealthWatch, or local councillors - particularly those on the Local Authority's Health & Scrutiny Committees. KONP has prepared separate guides to help you seek out and work with these groups.

[5] http://www.england.nhs.uk/resources/ccg-directory/
[6] http://www.mirror.co.uk/news/uk-news/nhs-privatisation-how-private-firms-1918235

- Demand your MP helps - it is not good enough for them to allow this information vacuum to continue, particularly when huge sums of public money are at stake. They have the power to ask questions at high level, and demand information is broken down in understandable ways.
- At the same time, submit a Freedom of Information request. A list of email addresses for your CCG is available from the KONP website and more guidance is available from the Campaign for Freedom of Information (www.cfoi.org.uk). Keep your request focused - ask for information about contracts for *clinical and support* services - what has gone out, how they were scored, etc. Consider asking only about contracts over a certain value. Make sure to ask how long the contract is for, who it is with, and what it is for. If they tell you your question is too time consuming or unclear, ask them for help in shaping your request - they have a duty to do this, under the Freedom of Information Act. If they refuse on grounds of 'commercial confidentiality' you can appeal this on the grounds of 'public interest'. You cannot ask FOI questions directly of a private provider but you can ask the CCG to get information from them - but only information that the providers are contractually obliged to hold. Don't be scared of using Freedom of Information - there's a lot of advice out there, and the organisations themselves have a duty to help you. You can also look at www.whatdotheyknow.com to see what requests have been made and to get an idea of which type of request tends to be most succesful.
- One way to get answers from the CCG is to ask them for a list of the clinical contracts that transferred to them under sections 300-302 of the Health & Social Care Act 2012 - in other words, all the outsourced contracts they inherited from the Primary Care Trust.
- To get an accurate picture of the full extent of privatisation, you will also need to ask your local NHS providers what contracts have been sub-contracted / outsourced - write to the Chair of the local NHS Trusts, asking them the same questions.
- Be aware that GPs are commissioned by NHS England not the CCG, so you may need to go to them to find out which GP surgeries that are run by corporate providers in your area - if local campaigners do not already have this information.

How can I find out what the impact of this privatisation is?

- Because privatisation is a) secretive and b) happening fast, it might be difficult to find information - you may have to draw parallels with other services which have been privatised elsewhere.
- Try to check against promises that were made when the original change was announced, or in the original contract. Were they delivered, or did the private provider end up getting more money, or delivering less? Have they been thoroughly assessed as providing just as high quality service? Value for money? Who has done the assessment - someone genuinely independent, or the same consultants who are busy advising health bosses to privatise more?
- Talk to staff and the unions - though be aware that there is much understandable nervousness about 'whistleblowing' and these relationships may take time to build up.
- Check what Care Quality Commission (www.cqc.org.uk/) reports have been done on the private providers operating in your area, or elsewhere. Be aware these reports do not always show where services have been sub-contracted. The new 'patient voice' organisation HealthWatch (www.healthwatch.co.uk/) has the right to conduct onsite inspections - you culd find out about this and target private providers.
- NHS Trusts and Foundation Trusts have elected governors who often know a lot about how the health services in an area fit together - they might be able to help you - or you might consider becoming one yourself.

- Find out what 'patient engagement' systems are in place in your area, who might be able to help you get information. These systems are not very good - the new system is not designed to be democratic, and none of these systems will have access to all the relevant information, especially the most 'commercially sensitive' stuff - but you *may* find useful allies and you *may* want to get more involved yourself. All CCGs have a non-executive director who is supposed to be a 'patient champion', all Health & Wellbeing Boards have a HealthWatch representative sitting alongside the CCG chair. Some CCGs have patient boards drawn from Patient Participation Groups (drawn from GP practices), or other kinds of 'patient forums'. The Health Overview and Scrutiny Committee could be another source of information. Lastly, the old LINks had many people who knew about health services - and some have formed a new organisation, HAPIA.

2. Find out what's threatened with being privatised ('offered to alternative providers')?

- Ask the CCG for their 'Commissioning Plan' - this should be in the public domain.
- Ask what contracts are coming to an end shortly, and what process they intend to follow to re-commission the service?
- Ask what services (or 'care pathways') are under some kind of review. Also ask, what services or 'care pathways' have been identified as potentially needing improvement, innovation, or are under some kind of investigation? Although services could be improved under the scope of existing (NHS) providers, sadly, in the current climate, any plans to alter services may well be viewed as an opportunity to privatise.
- Always ask, when services are being 'commissioned', what - if anything - is being cut, or 'redesigned', or may not be provided in the future. Expect to have to dig around for straight answers! For example the tendering documents for Weston Hospital (available on www.supply2health.nhs.uk) make quite clear that children's services at the hospital could be cut in future, by whoever takes over.
- Always ask what 3rd party / consultants reports they have commissioned lately - often this is a first step in the outsourcing process.
- Use the tactics outlined in (1) to find out information, too.
- The Health and Wellbeing Boards don't have much power, but they can scrutinise CCG plans - and possibly delay them if they don't give due regard to the HWB strategy - so find out which of your councillors sit on that and contact them directly or through your local councillor.
- If they say a service is being recommissioned to address problems or improve quality, ask - how have these problems have been identified? What is the evidence Is the methodology robust? (for example the use of mortality figures and friends and family tests has come in for much criticism from statisticians).
- Campaigners should also be alert to a focus on 'quality' - whilst this is important, it should not be emphasised to the exclusion of any focus on *access* and *need*. (America is the prime example of a country with some superb quality health services - for those who can afford it). A vague commitment to address 'health inequalities' is no substitute.

3. Mobilise people to express opposition to further privatisation or cuts

The provisions of the Act - especially Section 75 - make it more difficult than ever for campaigners to stop privatisation, or even mitigate its worst effects. But there was no electoral mandate for

privatisation, and the government promised it wasn't happening - so many people don't believe it until its too late. Highlighting the **undemocratic** nature of what is happening is crucial. The earlier you mobilise, the better. It may be the most you can do is make things politically difficult, help get information out there, the better your chances of influencing the eventual outcome - or at least making it very politically difficult and holding politicians accountable for this mess.

Working with CCGs - general points

Ask the CCG tough questions about how they will involve patients in decisions.

You may be an opponent, or a 'critical friend', but definitely avoid getting so involved in working with the CCG that you feel restrained from criticising them (this is the case with HealthWatch, for example, who are legally prohibited from criticising CCGs decisions as an organisation). The decision making processes are fundamentally undemocratic, and campaigners must maintain their freedom to speak out.

Campaigners should prioritise sharing information with supporters, over talking to the CCG. Whilst you might want to speak to people 'off the record', try to avoid getting into situations where you are promised information in exchange for keeping quiet for now. This is a very dangerous route to go down. Secrecy is the main way in which privatisation is being carried out.

What can CCGs do?

Campaigners could talk to the CCG to see if they are willing to pursue imaginative approaches. whether in relation to a specific service, or in their general approach. Be aware however that CCGs will be reluctant to put anything in writing about their 'general approach' (for example in their Constitution[7] or Procurement Strategy) that could be seen as commiting them to being 'anti-competitive', though you may be able to get some minor written improvements in these documents.

For a CCG to state publicly or in writing that it will avoid inviting in the private sector, or will prefer the local NHS hospitals when buying services or 'care pathways', would likely get it into legal difficulties, as current laws mean they are not allowed to prefer one provider over another solely on the basis of ownership. But see if they will work with you to find arguments to work with *existing providers* as far as possible, rather than put services out to tender, at huge expense and disruption.

If the CCG is talking about 'addressing problems' or 'innovating' or making 'improvements', challenge any assumption this has to be done through a competition between providers.

CCGs could consider a**lternatives** to competition, including:

- maintaining an existing contract with a provider.
- adjusting an existing contract with a provider.
- if it insists on tendering, using a 'single tender action' on the basis that there is only one provider 'capable' of delivering the service.

CCGs should be strongly discouraged from handing decision making over to Commissioning Support Units, which are even less accountable (and will be offered to private companies to run in 2014). They

[7] Don't confuse the CCG constitution with the NHS constitution, these are two separate documents. Neither are particularly strong.

should be clear that handing decisions over to organisations with strong private sector links, is not an appropriate way of handling perceived 'conflicts of interest' amongst GPs.

Whilst CCGs will need to ensure they have proper legal and financial advice, they should be discouraged from using private management consultants, who may well have conflicts of interest, to guide them on their commissioning strategies. A 'patient centred' approach would disavow the 'one size fits all' solutions of such consultants, in favour of listening to local people. If they are being encouraged or instructed to hire management consultants by government and/or Monitor they could speak out about this or at least be very open about the fact this is happening, and how much they are paying for it.

Nor should CCGs use 'management consultants' to conduct their stakeholder engagement / participation / consultation exercises, which tends to make such exercises full of misleading waffle.

CCGs should have as strong as possible arrangements to involve local people in decisions. For example Rushcliffe CCG has a clinical cabinet and a patient cabinet with a representative from each GP practice (Patient Participation Group). In Rushcliffe, every single CCG committee has to have a patient rep sitting on it and they are getting quite involved in commissioning. This has meant, for example, that the hospital diabetes clinic was closed but only when genuinely high quality community alternatives (a specialist GP and nurse in every GP practice) had been established. How successful such initiatives will be in general, remains to be seen. (Note that at present, not all GP surgeries have **Patient Participation Groups**. GPs get a little bit of extra funding if they set them up, but such groups are ultimately free to be answerable to patients, not to GPs.)

Some people have suggested that groups could even use the NHS Constitution (note - this is different from the CCG constitution) to demand proper representation, but you should note that one or two lay reps on a CCG, by themselves, won't be able to do much. Note too, though, that CCGs CAN include as many people as they like on their bodies (though not councillors).

CCGs (and all local doctors and medical staff) should be encouraged to speak out against the removal of their freedom to choose what is best for local people, or for local people to have a meaningful say - and the way they are being starved of funds, too. Highlight how government promises that clinicians and local people would be free to choose when to use competition, have been broken[8].

CCGs should be open and honest in their communications, particularly by -

- telling us when they are planning on inviting in the private sector, using plain langugage rather than misleading phrases like 'choice', 'diversity of providers', 'partnership'.

- not pretending that cuts are about making services 'better', for example by using misleading phrases[9] like 'care closer to home' or 'an asset-based approach' or 'co-production', when they mean closing hospital beds without adequate replacements, putting the burden onto patients and their carers.

CCGs should avoid the use of the new 'Any Qualified Provider' model - a specific type of competition where the CCG selects providers to appear on a shopping list of services from which

[8] http://www.opendemocracy.net/ournhs/caroline-molloy/lib-dems-defence-of-nhs-privatisation-regulations-doesnt-stand-up-to-scrutiny and http://www.opendemocracy.net/ournhs/caroline-molloy/amended-section-75-regulations-still-break-promises-on-nhs-competition

[9] For a brilliant and readable dissection of this kind of thing see John Lister's paper here http://www.healthemergency.org.uk/cynicalbriefings.php

patients then choose. This approach is different from conventional tendering and is very risky (particularly for the cash-strapped NHS), as no provider can project its likely income streams. There is no legal obligation on CCGs to use the 'Any Qualified Provider' model specifically, although they under strong pressure from government policy (not law) to use it.

Most importantly of all, **CCGs should avoid pretending that inviting in private providers is a magic solution to cash shortages.** There is no evidence this is the case, and plenty[10] that privatisation loads on extra administration and profit costs, and the main way that it can save money, is by making it politically easier to make cuts, and harder for the public to hold service providers accountable.

If CCGs advisors/consultants are telling them that privatisation will save money, or where bidders are promising cost savings, CCGs should examine such claims very critically. What will be cut, to make savings? Similarly, where clinical benefits of privatisation or cuts are promised, demand the evidence - how independent is the research? Have they ignored research (including the views of other clinicians and patients) that shows evidence to the contrary?

CCGs should scrutinise particularly closely any contracts that rely on bringing in new technological systems (IT, telephony, screening, monitoring). Such contracts are often lucrative to all kinds of new private players in the NHS, but replacing staff with technology is not always good for patients, nor even particularly cost efficient, according to the evidence.

It may be worth looking at past contracts (identified in (1), and seeing what claims were made by the bidders / consultants who promoted this approach. Did those benefits get realised, or did they turn out to be overstated? Who paid the difference - did the provider or consultant ever get held accountable?).

Mobilising the public

So in summary, ideally CCGs would:

- speak out about the lack of democracy
- scrutinise proposals very carefully
- seek imaginative alternatives to competition where possible
- ensure decisions are made on a proper evidential basis
- be open with people about what is coming up for privatisation, and who is involved - and use plain language
- properly consult the public.

If CCGs don't speak out - or even if they do - campaigners need to mobilise public opposition to the destruction of our NHS:

- Research the private companies bidding (or 'expressing an interest - the earlier stage), what is their record elsewhere - see www.konp.org.uk, www.corporatewatch.org.uk, and www.nhscampaign.org to start.

[10] http://abetternhs.wordpress.com/2011/06/29/competition/

- Use the advice in Sections 1 and 2 above to find out more. Asking questions / getting councillors to ask questions in publicly minuted meetings (such as Health Scrutiny meetings / Health and Wellbeing Boards) is a good idea.

- Tell the public what is going on and highlight the undemocratic nature of it, in the local media and in leaflets, for example you could give out leaflets in (or outside) a privatised clinic, asking people if they knew, and highlighting why this is a problem. Get a simple, clear message, and stick to it.

- Remember - if you can't get answers, highlight that there is secrecy, ignorance and/or 'gagging' about crucial matters about how the quality of our healthcare provision will be protected, and how value for money will be ensured.

- If the gaps in answers seem really gaping, or the process of decision making seems particularly poor, it is worth talking to lawyers to see if it can be challenged. Contact KONP for advice.

- For some tips on general campaigning guidance see KONP's 'Campaigning Checklist', here http://www.keepournhspublic.com/wycd-checklist.html

Tactical considerations

- Local groups may wish to discuss which tactics sit most comfortably. If privatisation cannot be prevented through standard campaigning tactics, is it better (or even possible) to try and ensure that at least the contract specifications don't leave too much opportunity for private owners to cut or close services (see below)? This is likely to be difficult, though perhaps not impossible. Some groups have pursued harder-hitting tactics, such as non-violent direct action targetted at decision makers and/or private providers trying to muscle in.

- Another question is the extent to which CCGs are allies. Some groups are working on developing trusting relationships with CCGs, hoping to pull the better ones into pursuing better policies or at least speaking out. Certainly it is important to recognise the pressures - both legal and financial - that CCGs are under. It will be great if CCGs speak out - but campaign groups will need to have realistic expectations about how far CCGs will be prepared to go, and what to do if this isn't far enough. It is likely that the CCGs (and Trust Boards) will want the government to provide them with 'political cover' for their decisions. They are beginning to realise that this isn't going to happen, that in fact the government are using THEM for political cover for their policy agenda, knowing that the public trust doctors far more than politicians. Will this upset the CCGs enough to speak out? Certainly, some have walked away but does this mean the CCGs are increasingly left in the hands of those who don't care enough about NHS principles?

Dealing with consultations

The law does not appear to require CCGs to run meaningful consultations, though it does not STOP them from asking meaningful questions. CCGs are unlikely to want to run consultations that ask questions like 'do you want your services to stay in the NHS' or 'do you think it is in the best interests

of patients for services to stay in the NHS' if this is likely to result in an overwhelming 'yes' that they then find difficult to comply with, legally.

See if the CCG will let your group or patient involvement groups shape consultations before they are released to the public, so that at least talk in plain English, not coded language, to make clear what is at stake.

In the mean time, do your own consultation, where you can shape the questions to make them meaningful. Consider email and street surveys, and/or a petition (online and/or street). Publicise your consultation - and the threats it is concerned with - in letters to the local paper and/or a series of public meetings.

It is **very important** that the public are a) told services are threatened with privatisation / cuts and b) given a chance to express opposition and c) that this opposition is put on public record somehow (including in the media). Think carefully about what combination of methods you are going to use, for example petitions, letter writing campaigns, mass demonstrations, or other means.

It is important there is a public record of the will of local people - giving the lie to the idea that the government 'reforms' are about 'choice' or putting 'patient interest' first.

You might also want to consider setting up your own parallel engagement structures, popular assemblies, popular enquiries, to share information and highlight what is going on, and especially how evidence is being ignored - Lewisham has just done this with a 'People's Commission'[11]. A similar initiative was also run in Camden over the closure of a privatised GP surgery. In both cases KONP activists were closely involved.

What if the CCG seems determined to put a service out to competition?

1. At the earliest possible stage, campaigners should make clear their demands for the service / contract specification - and do so publically. Such demands are necessary to ensure that quality of, and access to, services will be protected. Examples of ways that CCGs might be able to consider doing this could include:

- Specifying no worsening in the ratio of skilled staff to patients.
- Specifying no reductions in the numbers of frontline staff. (Make sure the 'baseline' includes a proper assessment of the current number of staff, including those on temporary / bank contracts).
- Specifying no reductions to staffing provided under sub-contracts (for example, cleaners - this is exactly what happened when Hinchingbroke hospital was franchised out).
- Specifying no reduction in opening hours / closing locations / no reductions in numbers of patients treated.
- Ensuring the contract is very clear on issues of liability, indemnity, insurance, and what happens if the provider wishes to pull out.

[11] http://www.opendemocracy.net/ournhs/michelle-de-larrabeiti/%E2%80%9Cpeople-will-die%E2%80%9D-hears-michael-mansfield-qc-chaired-enquiry

- Specifying that a provider cannot get round these requirements through sub-contracting, and that any sub-contracting will be fully and publically scrutinised.

- Specifying that at least as much time / money must be spent on training for frontline staff as at present, to keep them clinically up to date.

- Specifying that providers must be 'ethical' - for example that they do not avoid tax, that their directors are fit and proper people (and certainly not NHS managers who have been found guilty of any misconduct).The 38 Degrees work has emphasised this approach and some groups (such as Haringey) have had some success here, though what difference this will make, remains to be seen.

- Specifying that providers must be fully open and transparent, for example:

    - that they must report on key indicators like staff numbers and complaints

    - that at the very least they must hold this kind of information on record as a condition of the contract (these can then be obtained under Freedom of Information requests, but *only* if they are specified in the contract).

    - that they must hold proper public consultations for any significant service change.

2. Demand information about how bids will be scored. What are the criteria, and how will they be 'weighted'? In particular, demand written guarantees that no bid will win if it performs better (ie cheaper) on price, but lower on quality. The public should have the right to know how bids will be scored.

You may find that the CCG is reluctant to commit to this - it may talk of being focused on '**outcomes'** (ie, relaxed about 'how' these are delivered), or the need for 'flexibility', or claim not to have made a decision on some of these issues yet. The real issue of course is that bidders will want freedom to make changes that benefit their bottom line, and not be too constrained by demands that protect our treatment.

If the CCG can't meet the above demands - or if they give evasive answers, try to hide behind 'commercial confidentiality', or say they don't know - campaigners should highlight this fact publicly. If the CCG cannot *guarantee* that the provider who wins the contract will not provide a bargain basement service, reduce hours or trained staff, that may well happen. If a CCG signs a contract without being able to be clear with the public *exactly* what it is specifying, what happens if things go wrong, then they may not have exercised their duty to do proper 'due diligence' with public money. If a CCG won't explicitly commit to ensuring quality is paramount over price, then it probably won't be.

You could also argument that many of these points (certainly the last 5) *already* apply to NHS providers. So if they not are specified in the contract, arguably, it gives *private* providers an anti-competetive advantage.

Importantly - when making such demands, always ensure your message is clear that the service should not be being contracted out at all - that such efforts are just an attempt to make the best of a bad job.

4. Campaign to change the laws that promote privatisation and cuts

Ultimately, it is a mistake to focus your campaign efforts exclusively on CCGs. The kind of decisions they are likely to make, are down to decisions by government - and also by big business.

For the first time since the NHS's foundation in 1948, the Health & Social Care Act removed the government's duty to secure a comprehensive health service for the population. This means:

- CCGs are much more free to restrict or refuse services, or to allow private providers to take over services who then make cuts.

- When local cuts are made, the government can claim this is a 'local decision' and try to shrug off their own responsibility, despite the fact it is they who have cut 25% of the NHS budget (the 'Nicholson cuts' or 'QIPP savings'), and also forced the NHS to waste billions on marketising restructurings and administration.

Campaigners can respond to this in several ways:

- Don't let government off the hook - in your campaign messages, highlight how they are cutting NHS funding.

- Challenge the myth that doctors are in control, that decisions are 'clinically led'. Point out that the section 75 regulations and other aspects of the law seem designed to force doctors to privatise services whether they want to or not. In a recent poll 83% of NHS staff said that the Health & Social Care Act was mostly about promoting privatisation. If you can get local clinicians to speak out about this, so much the better.

- Demand that MPs and candidates publicly pledge support to restore proper democratic accountability over the NHS, through an emergency 'NHS Restoration Bill' that would restore the government's duty to secure a comprehensive health service. Ed Miliband has lately said the Labour Party would do this[12] - campaigners need to demand it goes into the election manifesto and is implemented, and that it contains other measures to reverse - not just repeal - the level of privatisation that is occuring in the NHS. Pledges merely to 'repeal the Act' are too vague.

- Challenge the companies who are trying to muscle in on the health service - show them that they will be exposed to scrutiny and protest for as long as they do.

There is also concern that at international level, laws and treaties that supposedly promote trade, may make it far more likely that NHS services go out to the private sector - and stay there. England (not Scotland and Wales) has already chosen to surrender far too much power over who runs our NHS to the vagaries of international competition and procurement law. Now, with the forthcoming EU/US Trade Treaty, there is a risk that this international competition law framework could tighten its grip, that this framework could be extended to Scotland and Wales, and that other aspects of the Treaty would make it much more attractive for private providers to take over services, with any regulation being judged 'anti-competitive'. The Treaty is not really about trade as most people understand it, but whether governments will be allowed to regulate to protect their citizens - or whether this would be seen as an unlawful hindrance on investors rights to make a profit from public services. For more on the Treaty see the articles collected here[13].

[12] http://www.mirror.co.uk/news/uk-news/ed-miliband-writes-daily-mirror-2017513
[13] http://www.opendemocracy.net/freeform-tags/euus-free-trade

Further information - see www.konp.org.uk, www.nhsforsale.info, www.opendemocracy.net/ournhs, and Unite has also produced a useful guide here http://www.unitetheunion.org/uploaded/documents/GuideToNHSPrivatisation11-10734.pdf