When five of the UK’s leading dermatologists quit the Queen’s Medical Centre in December 2014, Nottingham was thrust into the middle of a gathering storm of political debate. To many their departure was the latest symbol of a health service breaking down, and a workforce under increasing pressure. The doctors wouldn’t be drawn on the issue, but sources quoted deep discomfort about a big decision that had quietly happened away from the public’s eye: the unit was to be run by Circle, a private company.

Unite the Union’s head of health, Rachael Maskell, says the case in Nottingham was a key moment for many campaigning against the growing influence of private healthcare companies such as Circle in the service. ‘It showed the strength of feeling people have towards the NHS,’ she says. ‘It’s not just an ideological step they took, it’s also a clinical point of view. The consultants were willing to forfeit their careers to protect care in Nottingham.’

So why is there such strength of feeling? And what made the doctors quit? As activists in Nottingham and further afield know, the QMC case is just the tip of the iceberg. Everywhere you go, services are being taken over by private companies operating under the NHS logo; big business is moving in. This is nothing particularly new, but one thing alone has caused a major acceleration of the takeover of NHS services by profit driven companies. In 2012, the government passed a major piece of legislation, the Health and Social Care Act. Somewhere buried deep within this long and involved document was an innocuous sounding but incendiary new
rule: NHS trusts would be required to go through competitive tendering for all new contracts. In short, NHS trusts would be forced to pay private companies to run their services, and pay for the administration of the whole bidding process – with taxpayer money.

Within this new rule lies the root of the Queen’s Medical Centre’s dermatology row, and dozens more like it up and down the country. Private companies are picking up NHS contracts, paid for by taxpayer money, with one thing in mind: turning a profit. And how do they do this? By treating the whole thing as a business; by taking aim at the lucrative contracts and leaving the risky ones well alone; by slashing staffing costs through staff redundancies, leaving the rest on cheaper, often zero-hour contracts.

It’s a whole new business culture in health that former QMC psychiatrist, Dr Arun Chopra, speaking in January 2015, claims is slowly eroding services.

‘So much time goes into creating business models now,’ he said. ‘We’re seeing services competing with each other, services pitted against each other. I’m spending more and more time and tax-payer money dealing with bureaucracy; it’s not what I wanted to do.’

This is a growing trend, which Ben Clements, a community mental health nurse in Nottingham and member of campaign group Keep Our NHS Public (KONP), says is having a direct effect on services and working conditions in the city:

‘Already our NHS mental health beds are being reduced, and private companies are stepping in to fill the inevitable gap. It’s not a business, it never has been; it’s a public service, and we shouldn’t forget the unique values that brings. People don’t want the glossy brochures and the spin. They don’t want lawyers fighting over contracts for who does what. They want decent care.’

In Nottingham there has been a spate of alarming changes to care, not least the planned closure of two mental health wards at Queen’s Medical Centre. And when the crisis in A&E services in England first became apparent, back in January, Nottingham was sadly back in the news once again. GP and NHS campaigner Dr Bob Gill says this could well continue as more contracts go to companies such as private equity-owned Circle – which itself hit the news in January 2015 when it walked away from a whole hospital contract, unable to turn a profit. He says:

‘The NHS is being turned into a corporate structure modelled on the private sector, in Nottingham and across the country. A&E is not profitable, it’s very high risk. A&E units are being shut across the country to focus on the profitable services.’
Save our NHS

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**Keep our NHS public**

_Ursula Holdsworth is a retired community paediatrician and member of Keep Our NHS Public (KONP)._!

‘I got involved back in 2011,’ she says. ‘I could see what was beginning to happen to the NHS and the changes that were coming in under the Coalition. I could see it was going to be a hugely expensive reorganisation and a tremendous waste of £3bn.’

Ursula joined the Nottingham branch of national organisation Keep Our NHS Public in 2011, since when she has been active on the campaigning scene, speaking at public meetings and raising awareness of the changes to the NHS. The group organises regular meetings, public stalls and demonstrations, often linking up with unions and other campaign groups and taking part in wider, local, regional and national rallies.

As a career-long NHS doctor Ursula says that the rise of private companies in the NHS has spelled bad news for patient care, and for loyal staff: ‘Private companies are just in it for a quick buck; they don’t care what happens to a hospital long term. They see the NHS budget as an enormous opportunity.’

One of the most contentious local issues has been Circle’s running of the Treatment Centre at QMC, and this, says Ursula, has been a big driver of her own campaigning. ‘I knew that when it first opened all the staff there were NHS staff with NHS terms and conditions. Gradually they left and were replaced, and gradually the terms and conditions have been getting worse, and staff are no longer in the NHS pension.’

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_The Nottingham We Deserve is a campaign by the People’s Assembly and Unite Community to tell the story of the cuts in our city and how they affect us. We know austerity has created food bank Britain, but do we hear the stories of the users of food banks or those made homeless by the financial crash? These articles are from The Nottingham We Deserve’s newspaper._

www.nottinghamwedeserve.org