White paper will reduce the NHS to a mere brand name

Throughout the general election campaign, the Conservatives and the Liberal Democrats promised the NHS would be safe in their hands. There would be no more top down decisions, we were told by the leaders of what is now the coalition government.

Yet, just a few weeks after the May election, the government published a white paper on the future of the NHS in England. It contains wide ranging reforms that will result in a major upheaval for our NHS, including a number of changes that were in neither the Conservative nor Liberal Democrat manifestos.

I cannot for one minute believe that this white paper was the work of a few weeks. The ideas must have been in place for some time and only needed fleshing out.

Our nurses and nursing leaders are responsible for delivering the majority of high quality patient care. Yet the 20,000 nurses who work in primary care hear that their organisations are to be abolished via this white paper. Commissioning is being handed over wholesale to GPs. There is no guaranteed place for nurses, midwives or health visitors in this process.

Don’t get me wrong – I would welcome GPs playing an active role in commissioning, but that doesn’t mean that we should throw away completely a system we have built up that works. And I worry whether GPs or GP consortia will be held properly to account when primary care trusts and strategic health authorities are abolished and the Care Quality Commission has been asked to drop its annual health check reviews.

The government has said that fewer staff will be employed as a result of the changes, so all those guarantees about protecting the NHS are worthless. Plans for local autonomy over pay, training and workforce planning could lead to fragmentation and disintegration of standards. This autonomy also poses a threat to UK wide collective bargaining and the role of the NHS pay review body.

As nurses, we work in a caring and compassionate environment, but this white paper seems to be designed to reduce the NHS to little more than a brand name for the system. Care and compassion will give way to hard nosed business decisions about what is affordable and the removal of the private patient income cap could result in NHS patients being pushed to the back of the queue.

When money is tight, GPs are encouraged to stop offering procedures that do not have “appreciable benefits”. Will it mean that practice nurses will stop doing routine tests or giving advice? As head of nursing for Unison, I will make sure that we speak out for our profession. Nurses and nursing leaders will be feeling demoralised and threatened by yet another massive reorganisation – the worst for 62 years – that will completely change the ethos of our NHS.

Many heard through media reports that their jobs are to go, yet they will be expected to carry on nursing, to deliver efficiency savings and to help implement these sweeping reforms. Oh, and by the way, could they kindly turn off the lights before they leave the building?

The Prime Minister’s Commission on the Future of Nursing and Midwifery clearly articulated this year how important nursing and midwifery leadership is to high quality care. What better way to stifle their views and opinions than to take away their jobs?

There is no opportunity for us to consider the implications of these proposals as the consultations are on “how” not “if”. So much for democratic accountability and services reflecting the needs of patients and staff.

That’s why Unison has lodged a legal challenge to the proposals, specifically that there is full consultation with patients, public and staff. Unison wants to ensure that everyone understands the full implications of the white paper and is able to to at the very least make their views known and hopefully influence the process.

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Unless we can persuade the government to think again, nurses, the NHS and, crucially, patients face a great period of instability. The only winner will be the private sector.

GAIL ADAMS is head of nursing at Unison

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