

Stronger together

— NHS unions join voices for 2007

By Jean Curtis, MSc, MRPharmS

All NHS staff in England will currently be concerned about the NHS financial situation, the job cuts and redundancies that have already occurred or are looming, and the effect this will have on patient care.

While there have been few pharmacy redundancies to date, the Guild of Healthcare Pharmacists has concerns about the effects of recruitment freezes and cuts to vacant posts both on the ability of pharmacy staff to deliver adequate services and the effect on staff morale.

Health care trade unions are particularly concerned about the apparently unstructured way in which hospital trusts, mental health trusts and primary care trusts are cutting jobs and services.

For the first time all trade unions involved in health care have come together in a joint campaign, "NHS Together", to highlight the concerns of NHS staff to the Government, in an attempt to modify the NHS reform programme and ensure best use of resources. Amicus, the guild's parent union, is fully engaged with the NHS Together campaign.

The three messages of the campaign are:

- Improvements are being seen in the NHS owing to increased spending and the dedication of NHS staff. However, this progress is now being threatened
- Trust deficits are resulting in cuts in staff jobs and thus patient care

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- NHS staff support reform that will improve patient care but, recently, untested changes have been made rapidly and with no staff involvement. The resulting fragmentation of the NHS is threatening the values it stands for

The additional funds given to the NHS over the last few years were essential in order to cut waiting times and improve services across the board. England was falling behind the rest of Europe in terms of life expectancy and outcomes for diseases such as cancer and heart disease. Patient outcomes are now improving, but successful introduction of further changes will depend on the continued support and commitment of NHS staff.

Budget deficits

Setting of the budgetary targets for the NHS at the beginning of the financial year was chaotic. The Department of Health made changes to the Payment by Results tariff at the last minute and, at the same time, a direction was issued to all NHS organisations requiring them to break even by the end of the financial year. In an attempt to achieve financial balance for the NHS as a whole, primary care trust funds were top-sliced to form a contingency fund for those trusts in deficit. All NHS organisations then had to rapidly reset their budgets to make savings, with insufficient time to make informed decisions on how to do this.

The Department of Health's handling of the financial targets was criticised by the Health Select Committee of the House of Commons.¹ The Committee also described the estimates of

costs of Agenda for Change and the consultant and GP contracts as "hopelessly unrealistic".

There are numerous examples of service cuts in mental health, midwifery, health visiting and other services supporting public health, all of which contribute to the future health of the community. Skilled staff in many different professions have been made redundant. Money invested in training these staff has therefore been lost. In our opinion this is no way to run any business.

Service changes

The Government's current NHS reforms include bringing some services nearer to patients' homes, support for public health initiatives to reduce risk factors such as obesity and smoking, and changes in the way emergency care is provided.

Various documents on emergency care have been published recently to demonstrate that patients with conditions requiring urgent specialist treatment, such as heart attack or stroke, should be taken straight to a specialist centre rather than to a local accident and emergency (A&E) department where specialist treatment facilities may not be available.² This will result in fewer but larger A&E departments and more lower level facilities locally. All of these changes have implications for the number and type of beds needed in each hospital, which affects staff job descriptions, location and training.

Action

The guild is currently collecting information on pharmacist redundancies, cut posts and recruitment freezes to see if we

can assist either locally or at a national level (such as the recent guild action over cuts in funding for pre-registration posts). Pharmacy staff can help by informing their local regional guild member if staff changes are proposed (see www.ghp.org.uk/aboutus). The guild is also starting to look at how the long term service reconfigurations may affect pharmacy job descriptions and training.

Many members of all the health unions, NHS pensioners and members of the public demonstrated their concerns at a rally and lobby of Parliament last November. Union members also met their MPs to share front line experiences. I attended on behalf of the guild to ensure pharmacists were represented.

The next NHS Together lobby of Parliament is planned for 3 March. I urge you to become involved, or write to your MP about how your local NHS services are being affected by the current reforms.

If we all work together, whether it be contributing information, attending rallies or speaking to MPs or Government ministers, we should be able to assist in ensuring that patient services are developed in a sustainable manner, staff are treated with respect and that the voice of pharmacy is heard.

Further information about the campaign can be found at www.nhstogether.org.uk and www.amicustheunion.org.

References

1. House of Commons Health Select Committee report. NHS deficits. London: The Stationery Office; 2006.
2. Department of Health. Emergency access: clinical case for change. London: the Department; 2006.