



Parliamentary Briefing 1

November 2024

Introduction

The SHA is a socialist society, affiliated to Labour and part of the labour movement. We have always looked on healthcare in the context of society, focussing particularly on the social determinants of health, looking through the lens of class and overlapping inequalities. We work with a broad coalition of unions and health campaigners to collaborate around our common cause.

The NHS is not simply ***“a health service that is taxpayer funded, free at the point of use, and based on need not ability to pay”***. We believe public **provision** of healthcare is also essential for its efficient and effective delivery. It is why we call for the reinstatement of the NHS.

Corporate Capture: the Market Ethos and the Bottom Line

Reinstating the NHS - restoring a fully funded and publicly provided NHS that meets the healthcare needs of the whole population is key. The NHS Reinstatement Bill is a guide to our views.

A composite we initiated for a Reinstated NHS was passed unanimously at Conference in 2022.

Competition and market ethos has been built into the NHS over the past 40 years - irrespective of the government in place, and culminating in the implementation of US Style “Integrated care systems” in the Health and Care Bill 2022. There are now 42 separate geographically based “systems” rather than one integrated NHS. And within these systems, ALL healthcare providers are businesses and operate as such, rather than as a comprehensive and seamless public service to all. With the removal of section 75 (which required competitive public procurement), these businesses now effectively operate as cartels.

In our Report “In Place of Profit”, we describe the drivers of this transition, including the ‘Revolving Door’ that has shuffled corporate executives into and out of the NHS in order to develop the corporate ethos that is now in place.

These are management structures. Their removal must be done decisively and with a focus on continuity on the front line. Market structures are not needed for the frontline to deliver. They are all to do with neoliberal ethos and nothing to do with service.

Deliverables on Corporate Capture

Short Term

- Awareness that Corporate Ethos and the associated market mechanism are NOT NEEDED in the NHS and that we need to replace market ethos with one of service (which still exists on many parts of the front line);
- Push for NHS funding to be conducted into NHS services, not private pockets; and
- Review and update the NHS Reinstatement Bill.

Medium Term

- Implementation of NHS Reinstatement Bill.

Staffing and Deskilling

The NHS urgently requires funding for infrastructure, repairs and equipment, however, unless there are sufficient qualified staff, improvements in productivity will be initially weak. The workforce is severely under-resourced through repeated cuts in investment, low pay, and the marketisation of our education systems.

Skill mix is poor and deteriorating. As an example, a new category of ‘Physician Associates’ has been introduced and these workers being put in doctors’

shoes have just 2 year's training. They are poorly regulated. They are increasingly being used to deliver NHS services. Yet there is increasing evidence of unemployment among doctors.

The SHA considers this development presents a risk to patients and might herald the introduction of a 2-tier health system. To access a doctor you would need to pay.

The British Medical Association at our Conference fringe reported alarming claims that 13% of GP consultations are now private.

The SHA conference motion of 2024, which was not put to the vote, addresses this issue. **The healthcare workforce is currently fragmented** with multiple outsourcing contracts. Labour's promise to oversee the 'biggest wave of insourcing of public services in a generation' must be honoured.

The profits of contractors are boosted by low pay and severely degraded employment contracts. Some of this outsourcing is a product of ruinous PFI (Private Finance Initiative) contracts, other outsourcing is the product of market testing.

Workforce planning is a disaster. The number of health professionals recruited from overseas has, fortunately for the NHS, expanded very rapidly with about half of nurses registering professionally being trained overseas.

The General Medical Council estimates about two thirds of newly registered doctors are trained abroad. Some of these countries have severe staff shortages themselves. This is a mark of the failure of our workforce planning.

We welcome the modest increase in training places for medics and urge the full return of bursaries for NHS staff.

Deliverables for Staffing and Deskilling

Short Term

- Expansion of training capacity and free bursaries for clinical professionals;
- Research and challenge on deskilling;
- Address private sector taking NHS-trained staff- eg Private sector to pay training premium;
- Address NHS pay levels to retain and recruit staff.
- Require NHS contractors to (at least) mirror NHS terms and conditions; and
- No new outsourcing .

Medium Term

- Training strategy and plan with national oversight;
- At the end of outsourced contracts, bring services and contracts back in-house; and
- Legislate for a right of enfranchisement on PFI contracts to bring bad value contracts into public ownership per the IPPR recommendations.

The Internationalist SHA

The SHA is, and has always been, an internationalist organisation. We urge you to maintain your support for the people of Palestine particularly those health workers who appear to be targeted for their humanitarian efforts.

Briefing from SHA Officers, Mark Ladbrooke, Judith Kramer and Esther Giles



The logo for the SHA (Society of Health Administrators), featuring the letters 'SHA' in a stylized white font with a white ECG line running through the letters.

Scan to read an annotated version on our website:

