

UNISON submission to the Wanless Review of NHS funding

UNISON, the Health and social care union with over 450 000 members in the NHS welcomes the opportunity to take part in the “Wanless Review”. UNISON welcomed the setting up of the review. UNISON also supported the broad conclusions of the Review i.e. that the NHS is a cost effective method of providing healthcare and should continue as a tax funded service, free at the point of use and needs consistent and sustained increases in funding.

In particular, UNISON agrees with the conclusion set out in paragraph 20.2 of the report that private healthcare funding mechanisms are regressive and inequitable and shares the reservations about the social insurance model. UNISON has close links with other European healthcare unions and would point out that they do not advocate that the UK should shift to a basis of funding which is the product of historical development and taxation systems.

UNISON believes that the main problem of the health service is not a structural one of the system of funding but a political one of lack of resources allocated to it. Given the resources available the NHS has performed remarkably well: in no small part thanks to the efforts of its staff. Historic underfunding, especially in the period 1979-1997 principally causes the challenges faced by the NHS. The United Kingdom has devoted a relatively small share of its national wealth to health than comparable European countries. UNISON welcomes the Governments commitment to increase the share of national wealth devoted to health to the average level of other European countries. UNISON believes this will require sustained increases in funding beyond those already promised.

UNISON welcomes the opportunity to comment in more detail on some of the questions raised by the Review. UNISON’s comments are set out below. If you have any queries or require further clarification on these points please contact UNISON National Secretary for Health Paul Marks at UNISON 1 Mabledon Place London WC1H 9AJ or via email at p.marks@unison.co.uk

Consultation Questions

Question 7

UNISON supports the basic premise of the Review that the core principles of the NHS should remain those that have been its basis since its inception. The other important principle that will emerge is of patient and user involvement. Many users want to be more involved in their care and UNISON fully supports this approach. As noted above UNISON accepts that in several key areas the NHS does not meet the standards that patients have a right to expect despite the best efforts of staff. UNISON believes that with sufficient funding it will be able to do so. UNISON also supports the premises of Question 7.3 and Question 7.4 in that UNISON believes that patients and users will continue to expect the NHS to operate in a fair and equitable way promoting social inclusion whilst reflecting diverse health needs. UNISON believes that given the funds the NHS can meet this challenge

Question 8

The Review has identified some of the main cost drivers within the service. But there are some areas the Review also needs to assess. UNISON would draw attention to the likely cost implications of the National Institute for Clinical Effectiveness. UNISON welcomes the end of the “postcode lottery” for access to drugs but this will need to be properly funded to prevent NICE become a mechanism for national rationing on cost grounds. In addition, UNISON believes there are long term cost implications arising from the use of the Private Finance Initiative which will have a major impact on NHS revenue spending and UNISON believe the Review should address this issue.

UNISON supports greater choice for patients in how they are cared for and believes that there can and should be choice of healthcare providers within a publicly provided system: working in partnership with the voluntary sector in some areas. UNISON does not believe that real choice depends on private provision and our polling shows the public are opposed to such privatisation. In some areas such as nursing home care the “choice” of public provision has been almost removed without consultation with the public.

UNISON has reservations about the emphasis in this section of the Review on choice in non-clinical services. Widely differing standards of accommodation and access to facilities on a charged for basis inside hospitals reinforce social exclusion and do not promote equity. Acceptable facilities should be available to all with any “add ons” strictly controlled to prevent a two tier service emerging. UNISON does not support the extension of user charges for such services.

Question 11.1

UNISON believes there is considerable scope for extension of nurse led services and has consistently campaigned for this in areas such as nurse prescribing. UNISON also fully supports an extended role for Health Care Assistants as indicated in section 11 of the Review and has been working with the Department of Health on this area through our “Return to Learn” schemes aimed at health care assistants. UNISON would point out that these extended roles do need to be properly rewarded and cannot be secured on the cheap.

UNISON, as a health and social care union, supports greater partnership working between health and social care organisations and both professional and other staff. The rewards for social care staff and their status needs to be raised if this objective is to be secured. Potential supply problems also need to be addressed through a reformed and better funded social care training system with proper financial support at all levels.

Question 11.2

UNISON would point out that without salaried status for nursing students existing wastage rates can be expected to continue with adverse consequences on the supply of nursing staff.

Question 11.3

In the long term the recruitment and retention of adequate staff will also require greater rewards for the workforce. For too long low pay (absolute at to the bottom of the structure and relative at all levels) has been used to hold down NHS costs. This has never been justifiable: in the long term it is unsustainable.

Question 11.4/5

UNISON believes that the NHS workforce has delivered great productivity improvements and would believe that the scope for further traditional style productivity improvements is very limited. Job reduction and work intensification as has been tried over many years is in the medium term counterproductive as has been recognised for example in relation to cleaning services. The substitution of technology for people is not practicable in most areas of healthcare though there is great scope for the use of Information Technology.

To secure “step change” a new approach is needed to achieve real improvements in quality and outcomes and must be based on the principle of staff and user involvement in reshaping treatment processes. Narrow technical approaches such as “business process reengineering” are inappropriate in most healthcare areas and have not achieved long term gains.