NHS unions need to break with "partnership" to defend jobs and services

The NHS faces a dual threat: the coalition government’s proposal to force GP’s to take responsibility for ‘commissioning’ of services, and the previous government’s planned programme of “efficiency savings”, to the tune of £20 billion in 3 years. UNISON has taken the government to court to try and stop its reorganisation of commissioning, though that relates to the need for consultation. We hope the challenge is successful. It could at least slow down the implementation of the government’s proposal. But that still leaves in place the £20 billion of cuts which the previous government had lined up. Prior to 2011, when these cuts come in, Trust managements are already introducing “efficiencies”.

At the TUC conference the trades unions voted to campaign together in defence of public services, including the NHS. It included “coordinated action”. How will the cuts be opposed in practice? Can they be while the health service unions maintain a “partnership” with NHS management? Is the coalition government its ‘partner’?

Back in February of this year in the run up to the General Election the trades unions in the NHS signed up to a document agreed by the “National Social Partnership Forum” on February 25th: “The Principles for the NHS – Meeting the challenge in Partnership”. What was the challenge? It was supposedly improving the service to patients at the same time as implementing £20 billion “efficiency savings”.

The document was laced with pretty phrases about “respect for social partners” and “respecting structures of collective bargaining” but it also included: “All partners committing to involvement in making difficult decisions about achieving savings and supporting implementation.” Implicitly the NHS unions were accepting these cuts being pushed through by “their” government.

This position was reinforced in March when the “Social Partnership Forum” issued a document, “Meeting the Quality and Productivity Challenge For the NHS in Partnership”, in line with the “Principles”.

“By following the principles we can build a strong partnership approach to developing and implementing the measures necessary to meet the quality and productivity challenge ahead, whilst at the same time improving services for patients.”

The “measures necessary” were a consequence of the national “efficiency savings”. The unions signed up to a “partnership” to make the “necessary” cuts.

How, you might wonder, could they put their name to a document which said that you could make this level of cuts and improve the service at the same time? This simply gave credence to management double-speak.

Why did they sign up to it? They did not want to campaign against government policy in the run-up to the General Election. It would be one thing to warn that the Tories would be worse, yet how could they praise New Labour’s health policy when it had introduced a “health market”, opening the NHS up to big business? How could they stay silent about £20 billion cuts? In any case prettifying New Labour’s policy was hardly liable to convince those traditional supporters alienated by the government to vote for them.

Now we have the coalition which threatens to open New Labour’s “health market” to deeper penetration by big business and to turn the NHS into nothing more than a Logo. Surely the election of this government would lead to a change in the position of the unions? They are going to oppose job cuts and the subsequent worsening of the service, aren’t they?

“Mutually Agreed Resignation Scheme ... to help employers manage cost reduction and the workforce implications of redesigning services.”

On September 2nd the NHS published a document on the introduction of a “Mutually Agreed Resignation Scheme (MARS)” agreed at the “Social Partnership Forum” (it applies only to England and not to Foundation Trusts). Sadly, this gives cause to question whether the NHS unions have the confidence or the will to oppose the cuts in practice.

The document says:

“The NHS is facing tough challenges to achieve efficiency savings and to ‘do more with less’. To support trusts in meeting some of these challenges, there will be a national Mutually Agreed Resignation Scheme (MARS). The national MARS has been developed in partnership with the Social Partnership Forum, to help employers manage cost reductions and the workforce implications of redesigning services. (our emphasis)”
These weasel words meant nothing more than helping the Trusts implement cuts in staffing. The essential purpose of the scheme is to encourage staff to leave on a voluntary basis, paying them less than they would receive if they were made redundant (the only exception is for people employed for 2 years or less), in order to create openings for redeployment of people liable to be made redundant in the coming period. This cut-down scheme was apparently proposed by the UNISON lead negotiator for the NHS.

The logic of support for MARS is that there will be no resistance to job cuts. It is true that opposing redundancies is never easy. If management appeal for volunteers for redundancy a union cannot stop people volunteering. But what they have agreed in MARS is allowing staff to be got rid of on the cheap. It is difficult to see how anybody with more than two years service would be attracted to take it up. Nevertheless, the MARS agreement creates a dangerous precedent by potentially undermining NHS redundancy terms.

Although it is time limited from the middle of September to the end of October, it has been incorporated into the NHS conditions of service book. Does anybody seriously believe that financially hard pressed Trusts will not be looking to get rid of people on the cheap in future? Moreover, Foundation Trusts are not bound to national terms and conditions and the coalition government intends to force all trusts to become FTs.

MARS will give the impression to union members that the unions are either not confident of or not willing to oppose the job cuts which are coming. It will undermine the chance of mobilising the members against the cuts. The unions can say what they like at the national level but a campaign against cuts cannot be given real life unless the members at the workplaces are involved in it and prepared to take action.

This is where the strategy of the unions over the past 13 years presents a problem. At the local level the unions are tied into Partnership Forums based on the idea that union members and management have common interests in ‘modernising’ the service. But New Labour’s ‘modernisation’ meant the competitive “health market” in which Trusts compete with each other and private companies for patients and contracts.

Because of their relationship with the previous government, the unions missed the opportunity to put themselves at the head of a popular movement against hospital cuts and closures. There were dozens of campaigns in various localities and one of them even elected an MP based on a campaign against hospital closure.

One of the complaints and frustrations of health campaigners over the past decade has been the difficulty of getting union branches involved in local campaigns to defend the NHS. This partly reflected the weakness of union organisation but it also reflected the fact that their political strategy was circumscribed by their support for a New Labour government which was progressively undermining the very foundations of the NHS.

Now the coalition government is building on the foundations (pun intended) laid by New Labour which introduced its “health market”. They want to end all limits to competition. So each Trust is fighting for its survival, and seeking to maximise more profitable activity. What is the strategy of the unions in this situation?

There is no question that union organisation in the NHS is weak. But it cannot be rebuilt and strengthened so long as the unions remain committed to partnership with employers (at the Trust level) hell bent on introducing “efficiencies” in line with deep cuts in funding, and at the national level through the Social Partnership Forum which supports this market and sees its role as implementing the government agenda. If at the local level unions see their role as ‘managing’ the cuts, or ‘mitigating’ their impact, how can they campaign against them?

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To build health unions with strong workplace organisation it is necessary to break free from this alliance with the employers, to build independent unions, and to campaign for an end to the health market. Without such a perspective then union members will be left with a sense that what is taking place is inevitable; that nothing can be done to stop it.

Health unions cannot mobilise their members if they are in alliance with a management carrying out a policy of cutting their members’ jobs and the service they provide. With the very existence of the NHS under threat isn’t it the job of the unions to oppose management implementation of cuts at the local and national level? It is necessary to separate the unions from the management/government agenda at every level. Health workers do not share the same interests with management. The unions need to campaign amongst the members to convince them that building combative union organisation is necessary to defend their jobs and the quality of the service they provide.

We believe that there is an urgent need for a campaign amongst health service union members for a break with “partnership”. What sense does it make for the unions to continue in a partnership with this government and employers who have accepted the task of competing in the “health market” and implementing the massive cuts bequeathed them by the previous government?

The health unions need an alliance with service users and supporters of the NHS as a public service, not with NHS management.

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