

# Protecting the NHS from privatisation

## Suggested questions for campaigners

**Public opinion is still strongly against more private involvement in the NHS, so decisions to privatise services are often taken secretly, or hidden behind confusing rhetoric, and then presented as a done deal.**

**This guide suggests how to ask questions, who and where to ask, what to ask, what to ask next, and what to do with what you find out.**

### How to ask questions

- 1. Aim to clarify who has decision-making power**, where they are exercising it and who is influencing decisions (eg consultants). When you read minutes or attend public meetings – does it appear to you that the real decisions are being made in other groups or discussions. Can you identify what or where these might be? (This knowledge can help you shape a Freedom of Information request).
- 2.** If possible, do some research first. Ask contacts what is going on, check websites for minutes and reports, search for news stories, investigate any private companies you hear about and see what others know. **Asking questions that you already know the answers to will also help you work out how open and honest someone is being with you.** Ask them nicely if they agree with your assessment of the facts. Double check everything!
- 3.** Otherwise, just ask what you want to know openly. Don't underestimate what you already know and don't worry about appearing uninformed. **Anyone who is hostile or patronising is either covering their own lack of knowledge or trying to hide something.** Let them know (in a good humoured way) if you spot them evading and if they're answering a question they would have preferred you to ask. If you need them to spell out their answer in simpler terms ask: 'What does that mean in practice?'

#### **Remember – public officials are there to answer your questions.**

They have a duty to deal with the public openly and honestly and act reasonably. Elected representatives have a duty to help the public understand the way a Primary Care Trust makes decisions and to exercise democratic oversight of decisions to ensure these are made in our best interests. After all, in health, we are talking about huge sums of public money, and matters of life and death.

**FALSE ECONOMY** is the website for everyone concerned about the impact of the government's spending cuts on their community, their family or their job.

[FalseEconomy.org.uk](http://FalseEconomy.org.uk)

4. Always ask people to state the evidence they are basing their answers on. **Be like a three year old and ask 'why? But why?' or 'says who?'** – or politely, 'on what basis?'
5. You are looking to reveal decision making processes and behaviour that are either:
  - a. **unlawful** and could be the basis of a legal case (consult solicitors early).
  - b. **go against codes or public commitments**. For example, check the 'involvement reports' that PCTs have to produce annually and their 'involvement strategies'. Breaches could be the basis of a complaint.
  - c. **should be revealed** and will generate a public response.

## Who and where to ask

The main decision makers are the Primary Care Trusts (for now), Clinical Commissioning Groups (in 'shadow' form now, to take over next year), with local councils having strong influence due to the social care integration agenda, and the Department of Health. The new NHS Act will restrict CCG powers, but local decision-makers can stand up to the Department of Health and regulators, if they have the courage and public backing.

1. **Write to board members and chairs of both the Primary Care Trust and your shadow CCG.** Ask questions at their formal meetings open to the public. (Phone and check procedures first. Normally, you need to submit a written question in advance and don't have to attend, but if you do, you may be able to ask follow up oral questions.) Open letters (ccd to the press) are harder for decisionmakers to ignore.
2. **Ask your elected representatives** (councillors, MPs). You can contact them by email, or visit them in their surgeries or in parliament, submit written questions, or send a delegation or petition to their meetings (contact them to find out procedures, which vary). There is good guidance at [www.theyworkforyou.com](http://www.theyworkforyou.com).

They have influence, though only limited power over PCT/CCG decisions. They have considerable power to ask questions on your behalf, including:

- a. asking questions of council leaders/health 'leads'/cabinet members, either privately or (better) in minuted meetings, or a letter. Supportive MPs can ask oral or written questions in parliament.
  - b. asking Health Overview and Scrutiny Committees and/or parliamentary committees to investigate. The PCT has a duty to consult HOSC on any 'substantial variation' to services, in a meaningful and timely way. It is good practice for HOSCs to have defined 'substantial variation' but many have not.
  - c. asking questions of Primary Care Trust officials and shadow CCG boards, either directly or via more senior or more directly involved councillors.
  - d. getting their, or their organisation's, researcher (MPs and councillor party 'groups' have them) to do research for you.
  - e. asking for written reports from officials – and chasing them up, if necessary!
3. **Be polite to members of staff and public officials**, who can be very helpful, especially in explaining policies and procedures to you. Phone up and ask who the right person is, or do some internet research to find out first.

4. In meetings where you have a chance to put questions to politicians and decision-makers, **ask one question at a time to ensure that it is answered.**
5. Ask people if they agree with public involvement and follow up by asking **what is being done to deliver that involvement?**
6. **Get a journalist** to ask questions.
7. For NHS workers, **join a union and speak to your elected union representative** who can ask management your questions and report back to you. Other union members can get in touch with health workers representatives to offer support, via their branch secretary or local Trades Council.
8. One option people are considering is **getting elected or co-opted onto boards and committees.** This strategy should be seen as just one way of getting questions asked and concerns raised – probably not as a way of changing policy dramatically in itself. Many, if not most, of the boards open to public membership or representatives have very little decision making power – including Foundation Trust governors, HOSCs, LINK/HealthWatch, and the new Health and Wellbeing Boards – even if you can get a majority of supporters on the board. **However:** PCTs and, in future, CCGs do have significant decisionmaking powers, so getting as many patient reps as possible (and as democratically elected as possible) directly on the new CCG boards is a good idea.
9. **Try to ensure the structures and strategies being developed now to underpin these boards are as democratic and pro-public sector as possible.** If this isn't possible, don't feel you have to compromise – walking away and making a lot of noise may be effective as part of a wider campaign. CCGs need at least two patient reps and they must have a 'patient involvement strategy' which will spell out how these reps are chosen/elected and how the wider public will be involved. This will be written by the 'patient involvement lead' on the shadow CCG – who may well be the PCT's 'patient involvement manager'.

**Ask to be involved in developing structure and strategy.** Similarly, find out who is on the 'shadow Health & Wellbeing Board' and in particular, who is writing their 'Health and Wellbeing Strategy', which will be the only real source of H&W Boards limited power.
10. **Use 'involvement' or 'engagement' or 'stakeholder' meetings/'roadshows'** to tell others what is going on with your campaign.
11. **Find out if there are local GP-based Patient Participation Groups**, how their chairs are chosen/elected, whether they meet with other PPGs in the area and whether they have a place on the CCG board or other real influence (experiences vary). Unlike HealthWatch, these groups are not 'corporate bodies'.
12. **Freedom of Information Requests** – there is a good reason the government is looking to abolish these. They are very powerful campaign tools, especially as more and more decisions seem to be taken outside of publicly minuted meetings. [www.whatdotheyknow.com](http://www.whatdotheyknow.com) makes it easy to ask and [www.cfoi.org.uk](http://www.cfoi.org.uk) can advise you. Read CFI's guidance – especially on how to narrow your request – that will help you avoid a situation where a request is refused because it is too broad or time consuming.
13. **Local auditors** – if you think money is being wasted/misspent.

## What to ask – some suggested questions

1. **What plans are there to commission health and social care services** currently in the public sector (or to use external expertise to 'assist' with commissioning itself?)
2. Do these plans include the possibility of a **competitive tender open to private sector bidders**, and if so, why? What stage are such plans at, and for which services? Do they recognise they do not have to open up these services to the private sector via tendering, but could commission inhouse without tender?
3. **Which meetings & forums/groups have a say in the decision** about NHS services being tendered or commissioned and are all their meetings open and publicly minuted?
4. **Which meetings and forums/groups are discussing integration** of health and social care, personalised budgets, reconfiguration of services, efficiency savings, co-production, contestability, patient pathways, or other issues that might impact on NHS commissioning decisions? Are all their meetings open & publicly minuted?
5. What have they done/are they doing to **investigate what effect** any proposals under 1-4 would have on services, on patients, on staff, on finances?
6. What have they done / are they doing to **look at NHS options or other in-house homes** for these services?
7. Do they **recognise their obligations to consult and involve** the public on these matters and what have they done/are they doing to fulfil them?
8. Do they **support the right of people to choose for these services to stay in the public sector**, if they wish?
9. **What reports from third parties** (external consultants, lawyers, the Department of Health) have they requested to influence their decision making on these matters?
10. For shadow Clinical Commissioning Groups and shadow Health and Wellbeing Boards – who is on these? Can the public see, and input into, the constitutions and strategies they are currently developing? **Will they increase patient representation on their boards**, and commit to the Fair Commissioning Charter? When does the CCG plan to apply for authorisation?

**You may have others...**

## What to do with your information

- Sometimes you might want to hold it back as a bargaining chip, or time it for maximum impact. But generally, **get information out there**.
- **Press release it** to local and national media.
- **Tell your community, supporters and workplaces**.
- **Consult lawyers** – sooner rather than later.
- **Share it with other campaigners**, via [falseeconomy.org.uk](http://falseeconomy.org.uk), [keepournhspublic.com](http://keepournhspublic.com), [eoin-clarke.blogspot.co.uk](http://eoin-clarke.blogspot.co.uk), [nhscampaign.org](http://nhscampaign.org)

Recommended reading: "The Plot Against the NHS", Colin Leys & Stewart Player

This guide is extracted from Caroline Molloy's post for False Economy: [falseeconomy.org.uk/blog/keep-our-nhs-public-gloucestershire-campaign-guides](http://falseeconomy.org.uk/blog/keep-our-nhs-public-gloucestershire-campaign-guides)

Caroline Molloy is a campaigner with Stroud Against Cuts, whose successful NHS campaign she recounts here: [falseeconomy.org.uk/blog/a-glimmer-of-hope-we-can-stop-the-privatisation-of-the-nhs](http://falseeconomy.org.uk/blog/a-glimmer-of-hope-we-can-stop-the-privatisation-of-the-nhs)  
More about these campaigns: [stroudagainstcuts.co.uk](http://stroudagainstcuts.co.uk)  
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