Rushing off a cliff - privatisation of patient transport services

Julius Marstrand [1] 11 July 2013

As a new study [2] shows the private sector winning the race for NHS contracts, Julius Marstrand of Cheltenham discusses how it is affecting ambulance services in the NHS in the South West.

Before the last election all politicians gave assurances that the NHS was ‘safe in their hands’. Yet, since the election we have seen progressive fragmentation and privatisation of our NHS. Though largely initiated by New Labour, this process was accelerated by the Coalition government’s Health and Social Care Act [3] (HSCA), particularly Section 75 [4].

The effects have already been felt in my area, the South West. The latest service to leave the NHS locally is the Non-Emergency Patient Transport Service (NEPTS). This used to be provided - alongside Emergency ambulances and the Out of Hours service - by an NHS organisation, the Greater Western Ambulance Service (GWAS), which was recently merged into a larger NHS Trust, the South West Ambulance Service Trust.

However, within months of the merger, the Clinical Commissioning Groups (CCGs) in my area decided to award the non-emergency contract to Arriva, a private bus company, for a period of at least five years. Once transferred to the private sector, it will be much more difficult and expensive to bring this service back in to the NHS - even if the private contractor fails to deliver a satisfactory service.

Ambuline, an Arriva subsidiary, already operates a similar service in Leicestershire [5]. Last year the Care Quality Commission (CQC) imposed sanctions on Ambuline for “picking patients up late”; not having “a proper cleaning plan for ambulances”; and most disturbingly, “allowing staff to start work before CRB checks had been completed”.

Britain is in the midst of the biggest wave of outsourcing since the 1980s, and this frequently leads [6] to an undermining of quality, staff pay, and terms and conditions. It seems in the private sector ‘increased efficiency’ is achieved not with more efficient operations, but rather through cost-cutting by reducing the pay and conditions of employees. Dustmen, traffic-wardens and dinner ladies are already amongst the lowest paid workers. If the same happens to ambulance services, the quality of staff hired and the care taken of patients could be compromised.

The loss of the NEPTS contract is likely to affect around 150 staff [7] at SWAST. 85 of those directly employed may be offered a transfer to Arriva, but others including vehicle mechanics and fleet managers face either redeployment within SWAST - or redundancy.

Currently, working in NEPTS is the first rung on the ladder of progression to fully qualified paramedic status. It is hugely useful for training new paramedics. But this will inevitably be more difficult as
non-emergency ambulance services are separated from emergency ones.

What has also not been addressed, either locally or nationally, is the amount of waste that privatisation brings. What happens to the ambulances of the old NHS provider when the new private provider has its own fleet?

And what will the knock-on effect be on the NHS Ambulance Trust? As one of the smaller ambulance services in the country, the merger between Great Western and the South West Ambulance Service was designed to make it more viable and more competitive in bidding for ambulance contracts. By sharing services and overheads, it was hoped to make it more efficient. But having lost the non-emergency passenger transport contract - which comprises 80% of patient transport in the area - there will be severe implications for the viability of the remaining Emergency Ambulance and ‘Out of Hours’ service contracts provided by South West Ambulance Service.

The ‘Out-of-Hours’ service - which includes the out-of-hours telephone service, face-to-face patient appointments at out-of-hours centres and out-of-hours patient visits - was also in the process of being put out to open tender. However in the wake of the NHS 111 [8] fiasco, the procurement process has been deferred until 2014. While delaying the privatisation of yet another NHS contract may be desirable, the cost of abandoning the process is significant. The uncertainty and cost is damaging to the NHS Trust's other emergency and out of hours services. Just how damaging - like so much about the privatisation of health services - will no doubt be withheld on the grounds of ‘commercial confidentiality’. And the worst part of it all is that the cost of all this competition will be met out of public funds.

The government's Cooperation and Competition Panel [9] has advised Gloucestershire CCG that: “as there are alternative providers in the market, this is a service which should be subject to competitive tender in the future”. This is in direct breach of an assurance to Parliament from the then Secretary of State for Health Andrew Lansley who said: “There is absolutely nothing in the Bill that promotes or permits the transfers of NHS activities to the private sector.”

The trend towards privatisation of services in the NHS worries me. We had some success defending [10] against other such moves in my area, but the concerning aspect of these latest tenders is that public preference is not being factored in at all. “No-one wants NHS services privatised - 96 per cent of the Gloucestershire public voted against it last year - so it is appalling these vital NHS services have been privatised,” says Mervyn Hyde of 38 Degrees Gloucestershire. I can’t help but feel that joining the privatisation bandwagon is rushing us all headlong off a cliff...

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Julius has worked in construction and for the Gloucester Old Person’s Association. He is a Public Governor of an NHS Foundation Trust, but the views expressed here are his own and do not necessarily represent the views of the Governors or the Trust.

About the author

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