Eastern eye

UNISON

UNISON Eastern Region Health Committee ● Summer 2009

FREE to members

● **The picture in East of England – page 3**

● **What you can do about it – back page**

Don't turn our health care into a market!

Vital NHS services that support millions of vulnerable people in England, consume around 10% of the NHS budget and employ a quarter of the NHS workforce face a massive shake-up. it threatens to fragment services, privatise many of them, and replace the planned provision of care with a competitive "market".

The NHS could soon cease to be a provider of these services in many areas, with contacts handed over instead to profit seeking private companies and untested non-profit "social enterprises", with staff facing the loss of their NHS terms, conditions and pensions.

The services at stake include primary care, care of the elderly, community services for mental health, and learning disabilities, and in some cases overlap with social care and social work: they employ nursing staff, health visitors, occupational therapists and other health professionals as well as non-clinical support staff.

They are services vital to ensure the efficient operation of hospitals and support for vulnerable people in their own homes.

These changes to these services are controversial.

They are experimental, based on ideological assumptions, and lack any evidence to support them.

And they are being imposed on sceptical front-line staff from the top down, through Strategic Health Authorities and the senior management of Primary Care Trusts.

In many cases they involve more bureaucracy, new tiers of management, and even the appointment of "commercial directors" – all of which divert resources from patient care.

Markets may offer some bargains in fruit and veg, but do we really want the likes of Delboy and Rodney delivering our health care?

But the public – and many NHS staff – know little or nothing of what is taking place. There has been no public demand or pressure for any of these changes.

Indeed NHS managers have avoided asking the public, or informing them, and they have been assisted in this by the silence in the press.

NOT A WORD on the scale and implications of these proposals is appearing in the national or local press. TV and radio news remain silent on an issue which will affect and potentially put at risk primary and community care services for many of their audience.

The deafening silence on such far-reaching changes is no accident.

Ministers know that when essentially the same proposals were put forward for public debate in 2005, in the ill-fated Department of Health circular "Commissioning a Patient-Led NHS" it triggered a huge explosion of anger.

The backlash against the plans effectively cost NHS Chief Executive Sir Nigel Crisp his job, and forced Health Secretary Patricia Hewitt and other health ministers to retreat from some of their more radical ideas, and even apologise to the trade unions.

So this time there is no parliamentary debate, despite the fact that many of the policies that are now being implemented – without any public consultation – are virtually identical to the policies four years ago.

Those policies were strongly criticised by the Commons Health Committee who in December 2005 professed themselves "appalled" by the confusion created by Sir Nigel Crisp's proposals.

But today there is no discussion. No local politicians – councillors or MPs – now appear to be aware of what is being done in their constituencies, or willing to find out.

Ministers want to keep it that way. That's one reason why this time around there have been NO Department of Health press releases to draw attention to the new policies, which have been the subject of intense management activity within the NHS since last summer.

That was when the misleading term "World Class Commissioning" was adopted, wrapped up in an unreadable literature, littered with pointless and confusing jargon, as a device to divert attention from its central purpose – the creation of a competitive market that will open up the £11 billion NHS budget for services that up to now have been provided directly by Primary Care Trusts.

This special issue of Eastern Eye has been produced by UNISON Eastern Region as a means to warn our members and the wider public of the real danger these changes represent.

If the plans go through,

● NHS staff working for PCTs could soon find themselves working for other employers who will steadily undercut their NHS terms and conditions;

● any problems in recruitment will lead to staff shortages and declining quality of patient care

● services will be fragmented, delivered by a variety of companies and organisations with their eye on the bottom line surplus to be made, rather than patients

● gaps are likely to emerge where the NHS pulls out of services, with no guarantee that any alternative provider will stake them over.

It doesn't have to be like this: NOBODY is pressing ministers to privatise our health care. These policies have only got this far by keeping them secret and excluding any public consultation.

UNISON believes it's time to scrap this policy – and we're sure you will agree. See our back page for what you can do to help the campaign.

So who DID decide to flog off our services?

At UNISON's Health conference in Harrogate this year, then Health Secretary Alan Johnson was quick to deny that there was any national directive or timetable for forcing through the government's controversial plans for community services.

Asked about the way in which PCTs in NHS East of England were seeking to rule out a retention of services within the NHS, Mr Johnson insisted that:

"There is no deadline, there is no blue print and there is no time scale, and there is no forcing people into doing this. The option should must always be there for NHS services, so I will take this up with the East of England."

But if it is not the government, then who did take the decision to railroad these plans through regardless of local communities and front-line health workers?

An initial query from UNISON to the SHA produced a claim that the decision was taken by the "NHS East of England Management Board" in September 2007.

But no such body existed in September 2007. A Freedom of Information request has now secured the grudging admission that the decision has NEVER been formally taken by East of England SHA.

So Primary Care Trusts have clearly been misled into believing that they were implementing an SHA decision.

This is not the only way the SHA has been at the forefront of the drive towards fragmenting the NHS into a market: it has even set up its own "competition panel" to encourage private sector firms to bid for work done by the NHS.

New Health Secretary Andy Burnham must step in publicly now, and call East of England SHA and PCTs to order, before more lasting damage is done to the fabric of our health care services, and while staff still remain NHS employees.

Transforming Community Services … into a healthcare "market"

On January 19 2009 the timetable for a rapid break-up of the existing services was set out by the government in a 110-page Department of Health document 'Transforming Community Services'.

It gave Primary Care Trusts until April 2009 to separate their "provider" services from their "commissioning" arm, and establish a contractual basis for the services. PCTs were given another six months (to October 2009) to draw up plans to transform these same services to "stimulate a local market" in health care, "increase patient choice" and ensure "contestability and competition".

To do this means offering key services out for competitive tender, whether this be to NHS providers (mainly Foundation Trusts), the private sector, or so-called "third sector".

In many cases creating this "third sector" means pressurising NHS managers to look for ways of separating out and floating off their services as "social enterprises" outside the NHS, regardless of the concerns of their staff and the views of the local community.

NOT ONE national daily newspaper reported the launch of Transforming Community Services – not least because not a single Department of Health Press Release was issued to publicise its launch or its existence.

Nor has any DoH Press Release since January headlined on Transforming Community services, or tried to draw attention to the significance of the changes it is seeking to impose on local NHS services.

The reason is obvious: ministers know they would not be able to secure any significant public support for the proposals.

Thousands have marched against privatisation: how many would march in FAVOUR of fragmenting and privatising the NHS?

The countdown to privatisation

Here we go again

In July 2005, just after the last general election, then NHS chief executive Sir Nigel Crisp attempted to split directly-provided services off from the PCTs.

He proposed that they should become simply commissioning bodies, with as many as possible of their services hived off – privatised, handed over to "social enterprises", or run at arms-length until some alternative could be found.


Fatal error: Sir Nigel (now Lord) Crisp was eased out

Crisp was looking at a model in which the NHS would effectively cease to be a provider of services: instead it would become a fund to purchase – or "commission" – services from a range of providers, all outside of the management framework of the NHS, and competing with each other in a new health care "market".

The "Commissioning" would be done by Primary Care Trusts as local budget-holders, and the proposal was for them to pull out of any other role, separating themselves from the services which they had directly provided since they were established in 1999.

Crisp called his plan "Commissioning a Patient-Led NHS" (DoH circular, July 2005), although there was no hint anywhere in his rambling and vague circular on how patients would have any say at all over the reorganisation he was proposing.

Nor did he explain what would happen to any PCT-provided services which were not seen as sufficiently profitable to attract any interest from the private sector or "social enterprises".

The Crisp plan involved the merger of 25 Strategic Health Authorities into just 10 even more remote and more arrogant super-quangos: this part of the plan was carried through.

Forced to apologise: Patricia Hewitt

Crisp's plan also brought the forcible merger of over 300 PCTs into half that number (152), most of them covering much bigger catchment areas, and much less accountable organisations than before, paying only lip-service to public involvement.

However Crisp's rapid-fire proposals to hive off the PCTs' directly-provided services proved far more controversial, triggering a storm of protest on all sides, including leading MPs.

So massive was the tide of public anger that Ministers were forced to step in and slow the process right down. They indignantly denied that there was any national blueprint, and Patricia Hewitt even apologised to UNISON for the confusion that had been caused.

But four years later, long after a disgraced Crisp was dispatched with "early retirement" to the House of Lords with a fat pension pot, they are coming back to try again.

This time, they are determined to force the changes through with no debate and discussion: that way, they hope, there will be no protest.

Splitting up PCT services

In 2007-8 Health Minister Lord Darzi's 'Next Stage Review' repeatedly stressed the need for every PCT to carry out reviews of their provider services.

And in 'High Quality Care for All', published in June 2008, he urged again for these services to be split from the PCTs, to allow these to "concentrate on their commissioning role".

Darzi pulled back from insisting on any particular organisational form for the provider services.

However he did attempt to clear away a major objection raised by staff to social enterprises, by opening up the possibility of maintaining NHS pension rights for those NHS staff who transfer – but only as long as they stay in the same job, and continue to work on NHS-funded contracts.

Darzi's review also explicitly connected with the notion of "World Class Commissioning", again focused strongly on reducing PCTs to a purchasing role, and ceasing to provide services themselves.

Among the eleven "competencies" against which the performance of PCTs was to be judged, the crucial one was Competency 7:

"Effectively stimulate the market to meet demand and secure required clinical and health and well-being outcomes".

To complete the switch from public service to competitive market, PCTs are specifically required to

"Communicate with the market as an investor, not a funder".

This also means helping to "develop provider capacity": that's why NHS premises, IT services and equipment will also be made available to new organisations entering the market, ensuring that private bidders can bid for NHS contracts without requiring any significant capital.

Companies bidding to take over NHS services nor do even necessarily require any experience – or staff – as long as they can satisfy the minimal criteria established by PCT commissioners.

So much for any concern for "quality"!

A national blueprint for privatisation

The separation of provider and commissioning arms of the PCTs was incorporated into the NHS Operating Framework 2008-9. PCTs were given "freedom" to pick from a limited range of options for reorganising their provider services:

- Community Foundation Trusts (of which none as yet exist),
- social enterprises (few of which operate on the scale of PCT provider services);
- integration with other NHS organisations,
- privatisation,
- and "integrated care organisations" with local government.

The lever for forcing these policies on Primary Care Trusts has been the Strategic Health Authorities, which have continued to press for divestment of services and for the opening up of local competitive "markets" in which private sector providers and social enterprises would be given preferential encouragement.

This regional control has left room for some differences in approach.

In Hartlepool and Stockton-on-Tees, the local Foundation Trust has been allowed to take over the PCT provider arm, and 856 staff, while in other parts of the country SHAs have been much more strongly opposed to this type of solution.

Two SHAs, NHS South West and NHS South Central have even brought in costly management consultants from accountants AT Kearney and private health insurers BUPA to help "increase competition"!

However all faced the national target of separating "commissioner" and provider services by April 2009. And in January 2009 the DoH document 'Transforming Community Services: Enabling New patterns of Provision' set out the next hurdles to be surmounted.

It required PCTs to have drawn up detailed business plans by October 2009 for transforming local services, explaining how they will increase patient choice, improve service provision and provide "contestability and competition".

By April 2010 PCTs will have to have agreed with their SHAs a clear and realistic strategy for the future of the community estate. This means offering NHS premises and assets to fledgling private sector companies and social enterprises.

And during 2010 PCTs should develop their implementation plan, watched closely by the SHAs which will be responsible for ensuring that PCTs make "substantial progress".

Splitting up the East of England

2006: UNISON and local campaigners had to fight a wave of cutbacks and closures across the East of England

According to NHS East of England, six of the 14 PCT provider arms in the six counties and two unitary authorities of Eastern England are seeking to remain within the NHS as Community Foundation Trusts, while the other eight look to wholly or partly non-NHS solutions.

- Two (Mid Essex and West Essex) have opted for an Integrated Care Organisation, although West Essex also wants to transform its services into a Social Enterprise, and is also preparing to put cleaning and catering services out to tender.
- PCT provider bosses in North East Essex and Luton have also opted for Social Enterprise.
- South East Essex has opted for a complex hybrid "joint holding company" preparatory to an Integrated Care Organisation.
- And three PCTs – Great Yarmouth and Waveney, Bedfordshire and Suffolk – have opted for the wholesale privatisation of care, under the euphemism "managed dispersal".

PCT Boards were required to submit development plans to the SHA by May 5, including a firm declaration of their preferred model, and a transition plan.

Thousands of NHS staff therefore remain uncertain of their future prospects as decisions are made with no serious engagement with the unions and many questions raised by local and regional union reps left unanswered.

How the PCTs seem to see the future

Mid Essex PCT, according to its Board paper in March 2009, is looking to a Community Foundation Trust that would work to offer integrated care in partnership with social services. However it notes that iIn order to pursue a successful CFT application, the Community Services would "almost certainly need to partner with other community service providers in order to achieve the required financial quantum".

This raises questions over the availability of suitable partners – and the potential intervention of the "Cooperation and Competition Panel".

Luton Community Services, intent upon establishing a Social Enterprise, has made it quite clear that it is opposed to any public consultation on what is seen as a purely managerial change, although it is one which involves all of their staff being transferred out of the NHS. Management have yet to demonstrate that this scheme has any wider support among staff.

NE Essex PCT, also now apparently committed to a Social Enterprise model, claimed in its 2007-8 Annual Report that "We now need to ensure that public involvement runs through our organisation like the writing on a stick of rock." But there is no sign of this commitment taking shape in practice.

Instead the PCT plans to expand its bureaucracy, with a new Director of Business Delivery and a "Commercial Services Directorate", including a Director of Commercial Services, and assistant directors of marketing and procurement.

So far the cost of these superfluous appointments has not been published: no wonder they do not want to consult local people on this diversion of funds from patient care.

Come again?

UNISON's 'Mumbo Jumbo Award 2009' goes to NHS Bedfordshire for this truly indecipherable masterpiece in their Operational Plan:

"During 2009/10 a line of sight link will be created to understand the inter-relationship between demand patterns within the various acute groupings and we will measure the shift of activity from acute to primary care or other defined care networks." (p13)

Easy for them to say.

Who ever said these PCTs don't know how to communicate with their local communities?

Privatisation that dare not speak its name …

"Managed dispersal"

Communication between PCT bosses and staff seems to be especially poor in the three PCTs which are planning to hive off their services to private sector providers under the ridiculously-titled "managed dispersal" system.

The existing NHS services will be smashed into smaller pieces and offered up for private companies.

In GREAT YARMOUTH AND WAVENEY PCT, which rejected the possibility of a Community Foundation Trust bid in 2008, and argued that a social enterprise would be too difficult to establish because of NHS pensions, it appears managers have slid through indifference and inertia into planning to privatise their provider services.

There has been no public consultation on any plans – and no consultation with staff either. Union reps report that they have been unable to get a succession of questions answered by PCT bosses:

"The staff side keep asking questions with no answers coming back".

No doubt this is because managers were preoccupied with the running of a "Project Board" consisting of the Chief Executive Mike Stonard (who has since departed) in the chair, and containing "executive directors and senior support staff".

This set-up apparently "drives the work of a team of nine people who are delivering individual elements of the revised Plan". In addition "specialist consultancy support" was "acquired" in late December, although PCT bosses are too coy to name the company involved., or say how much this is costing.

Obviously all this important and expensive management activity means there is no time to explain anything to the workforce, or to local people.

PCT bosses told a Joint Staff Forum in January that

"The best practice is to consult with staff, but we will only use the 90 day consultation if redundancy is involved, which it is not."

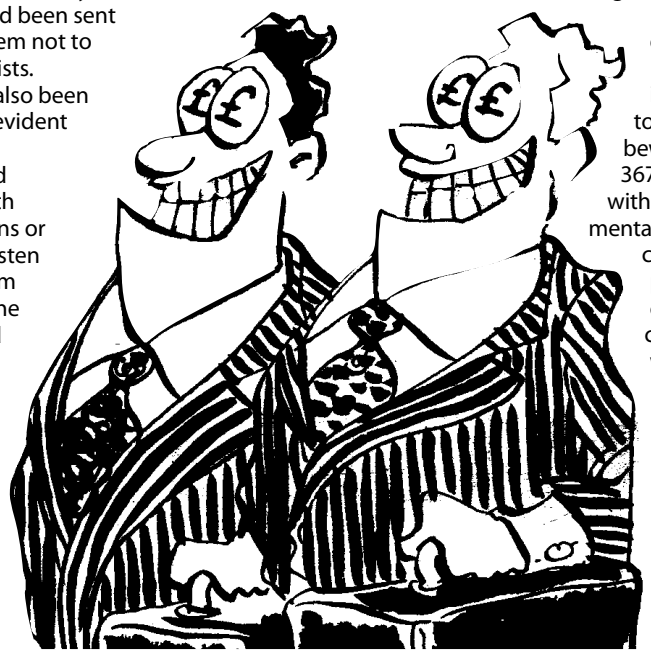
In SUFFOLK, PCT bosses recently had to deny attempting to gag angry staff at Felixstowe Community Hospital who had been sent letters telling them not to speak to journalists.

The PCT has also been criticised for its evident inability to build partnerships and relationships with patients, clinicians or the media – or listen to responses from stakeholders – the PCT has decided to opt for a 5-year rolling programme of tendering for the various provider services.

This has been combined with the proposal that Suffolk Community Services adopt a 'social enterprise' model, despite the danger of it losing a number of key services under the tendering programme.

So one way or the other Suffolk's PCT provider workforce seem certain to find themselves outside the NHS, regardless of their views or wishes.

NHS BEDFORDSHIRE have opted to break up services into a set of "clusters" for competitive tendering, having decided that a county-wide Community Foundation Trust – even together with Luton's community services – would not be big enough to secure Monitor's approval.



It will be little comfort to NHS staff condemned to forcible transfer to private providers as yet unknown that the PCT has "developed its management structure, ensuring it has the skills and requirements to become a world class commissioning organisation".

Among the PCT's many improvements outlined in its barely-readable Operational Plan 2009-10, we find that:

"A central intelligence unit has been developed [!] to support commissioning decisions … NHS Bedfordshire is further developing its 'radar capability' to identify and respond early to key risks to the quality of patient care … further developing market intelligence will be key." (p6)

The PCT will pull out of providing any services, but instead will try to keep track of a bewildering matrix of 367 separate contracts with acute hospitals, mental health providers, community services, primary care and continuing health care. It assures us with the evidence-free assertion that

"A market approach will ensure value for money and the highest standard of services by increasing competition and contestability."

First services up for privatisation seem set to be Bedford Prison, Dermatology and Arlesey Medical Centre.

Once again local people and NHS staff are the last to know the far-reaching changes being imposed through what is allegedly to be 'World Class Commissioning'.

No consultation

Almost none of these changes so far has been subject to any process of public consultation. In Luton, where management proposes the PCT's services should be hived off to a "social enterprise", staff were told in a Q&A briefing that:

"There are no changes planned in the current services … so for this change formal public consultation is not needed".

The lack of consultation is clearly a policy decision rather than a lack of opportunity.

NHS East of England, for example, claims to have decided on the enforced separation of PCT commissioning and provider roles back in the autumn of 2007 (even before the launch of the World Class Commissioning programme).

Yet East of England's large-scale public consultation last year on the nebulous strategy document "Towards the Best, Together" – of which the SHA is inordinately proud on its website – made no reference to the proposals either for a competitive market in health care or for World Class Commissioning.

The public could easily have been told the plans and asked their views: but NHS East of England opted not even to ask.

Biased towards privatisation

New panel outlaws cooperation

The pace of privatisation across the whole of the NHS is to be driven by the establishment of a new "Cooperation and Competition Panel" (C&C Panel) chaired by former private healthcare and nursing home boss Lord Carter of Coles, whose appointment was eagerly welcomed by the private sector.

The Panel was set up last autumn with the explicit purpose of allowing private sector providers to raise complaints that they have been unfairly treated, and that a local area has not been sufficiently opened up to competition.

No equivalent right to appeal exists for NHS Trusts, Foundation Trusts, health workers or local communities or patient groups convinced that their services would be better delivered by a public sector organisation.

Policy documents make clear that the Panel sees its role as responding to private sector complaints against potential mergers of NHS providers, and against what they see as unfair procurement policies, "collusion", or "price fixing".

As such, despite its misleading title, the Panel is transparently biased against cooperation, collaboration or planning between different sections of the NHS.

Interestingly it does not include the 1 million-plus staff who deliver NHS services among long list of local, national, and institutional "stakeholders" it seeks to work with. That list includes the BMA and the RCN, but excludes UNISON, representing 400,000 health workers, and other trade unions.

The draft policy guidance for this obscure body was in theory put out to three months public consultation on January 30 , although it has barely been reported since then even in the health service press. The policy documents endlessly reiterate baseless claims for the alleged benefits of competition, arguing that:

"In general terms, competition can be expected to have numerous beneficial effects: costs are driven down, and innovation and productivity increase, so increasing the quality and, more generally, the diversity of choice available asservice providers respond to the preferences of their patients."

None of these claimed benefits is supported by even a shred of evidence from health care systems anywhere in the world.

That's why not one of the policy documents produced by the Panel, PCTs or SHAs offers even a single concrete example of the alleged benefits of competition being delivered.

But the Panel goes on to

make even more extravagant and absurd claims for the merits of competition against planning:

"As set out in the Framework for Managing Choice and Competition, choice and competition in the NHS can be expected to:

- improve quality and safety in service provision;
- improve health and well-being;
- improve standards and reduce inequalities in access and outcomes;
- lead to better informed patients;
- generate greater confidence in the NHS; and
- provide better value for money."

This list is pure fantasy: indeed not even the most fundamentalist of free-market ideologists would dare to claim that markets "improve health" or "reduce inequalities" – that's not what markets are supposed to do.

Markets by their very nature ***cannot*** eliminate inequality, especially in health care.

The focus of market-based services on surpluses or profits means that – as with private medicine – they tend to focus the greatest resources on the least serious, least complex health problems, which are least risky to treat, and most likely to deliver a surplus.

Services which cannot deliver a surplus cannot survive in a market system, regardless of the level of social need for them.

That's why the most unequal health services in the world are those most heavily based on a competitive market system – most obviously the USA, where one in six of the population is excluded from formal health insurance cover, but where "average" health spending per head is by far the highest in the world.

The same "competitive" system in the USA results in the most massive bureaucracy and administrative costs, accounting for up to 30% of health spending in the private sector.

By contrast the publicly-administered Medicare system spends around 8% of its turnover on administration.

The only way ministers have been able to build up the previously tiny private healthcare sector of 1997 into a slightly less marginal one in 2009 has been through state sponsorship and blatant favouritism.

This includes

- preferential allocation of ring-fenced contracts to private providers;
- paying above NHS rates for Independent Sector Treatment Centres (ISTCs), some of which deliver only a fraction of the work commissioned;
- and paying out sweeteners, start-up subsidies, and guaranteed long-term contracts.

The private sector does not need or want genuine competition: it needs a shamelessly biased body like the Competition Panel to rig the new NHS market in its favour, and dump the costs onto NHS staff and patients.

Older people and their carers need an integrated service, not a competitive market: there is no public call for privatisation

What you can do about it

The process of privatisation that is being forced through in East of England and other English SHAs is massive in scale and implications. PCT services currently cost around £11 billion a year – a potential market more than five times bigger than all the PFI hospitals pay out in rent, and ten times more than spending on private sector treatment centres.

If you are angry about this, and want to work with UNISON to try to stop this vandalism that is threatening vital services for some of the most vulnerable NHS patients, there are things you can do:

- If you are a health worker, and not yet a member of a trade union, make sure you join UNISON, the biggest health union – and link up with our local branches and Eastern Region. Simply fill in the form below and post it to us, or ring UNISON Direct on 0845 355 0845.
- If you are already a UNISON member, make sure you distribute copies of this newspaper to colleagues at work and to friends and neighbours. Make sure your branch gives regular updates, and seeks to work with local campaigners to defend NHS services and challenge privatisation and social enterprises.
- If you are a member of another trade union or community organisation, contact us for extra copies of this newspaper to help spread the word on what is happening, and make sure your organisation discusses the matter and writes to local councillors and MPs urging them to take action.
- MPs can lobby Andy Burnham and other health ministers, and can put down Parliamentary questions to draw this issue into debates in the House of Commons. It was this type of pressure in 2005-6 that helped stop the first attempt at this type of policies in its tracks.
- Councillors can press for local Scrutiny Committees to call in PCT bosses and challenge their plans and their refusal to consult with local people on such fundamental changes to the NHS. They are not likely to do so unless they feel the pressure of an angry public behind them.

We still have some time to stop these dangerous experiments being carried out: UNISON wants our services kept intact and kept firmly in the public sector – for the good of our members, our patients and the wider public interest.

More copies of this newspaper

You can get more copies of this newspaper by contacting UNISON's Regional Office on 0870 889 0373

Join UNISON — your friend at work

PLEASE FILL IN THIS FORM IN BLOCK CAPITALS USING BLACK INK AND GIVE IT TO YOUR UNISON REP OR STEWARD OR POST TO THE ADDRESS ON THE BACK PAGE

1. YOUR PERSONAL DETAILS Please tick or fill in the boxes below

Mrs | Ms | Miss | Mr | Other

First name | Other initial(s)

Surname/Family name | Date of birth / /

Home address

Postcode

National insurance number (from your payslip)

☐ Please tick this box if you require materials in a different format (eg large print or Braille) - be sure to supply contact details below

How would you describe your ethnic origin?

☐ Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Asian UK ☐ Asian Other ☐ Black African ☐ Black Caribbean ☐ Black UK ☐ Black Other ☐ White UK ☐ Irish ☐ White Other

Please give a telephone number/voice/text/email address for UNISON to contact you – indicate if work or home

Contact tel/voice/text/email

2. YOUR EMPLOYMENT DETAILS

Employer's name

Your job title/occupation

Department/section

Workplace name and address

Postcode | Payroll number (from your payslip)

3. WHAT YOU WILL PAY – FROM 1 October 2003

Please tick the appropriate box for your earnings before deductions.

Weekly pay		Annual pay	YOUR SUBSCRIPTION—WHAT YOU PAY per week	per month	Band
Up to £38.47	☐	Up to £2,000	£0.30	£1.30	A
£38.48–£96.16	☐	£2,001–£5,000	£0.81	£3.50	B
£96.17–£153.84	☐	£5,001–£8,000	£1.22	£5.30	C
£153.85–£211.53	☐	£8,001–£11,000	£1.52	£6.60	D
£211.54–£269.23	☐	£11,001–£14,000	£1.81	£7.85	E
£269.24–£326.92	☐	£14,001–£17,000	£2.24	£9.70	F
£326.93–£384.61	☐	£17,001–£20,000	£2.65	£11.50	G
£384.62–£480.76	☐	£20,001–£25,000	£3.23	£14.00	H
£480.77–£576.92	☐	£25,001–£30,000	£3.98	£17.25	I
£576.93–£673.08	☐	£30,001–£35,000	£4.68	£20.30	J
£673.08+	☐	over £35,000	£5.19	£22.50	K

Please tick the appropriate box to indicate how often you are paid

☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly

☐ Please tick this box if you are a student member in full-time education (including student nurses or Modern Apprentices). Your subscription is £10 per year.

4. POLITICAL FUND

UNISON's Affiliated Political Fund (APF) is used to campaign for and promote UNISON policy and the need for quality public services within the Labour Party, locally and nationally, in Parliament and Europe. UNISON APF affiliates to the Labour Party.

UNISON's General Political Fund (GPF) is used to pay for campaigning at branch, regional and national levels of the union and for research and lobbying in Parliament and Europe. It is independent of support for any political party.

It is important that you indicate a choice of fund by ticking one of the boxes below.
Your subscription shown above includes a political fund payment so you do not pay any more by being in one of the funds.

5. YOUR AUTHORISATION

- I wish to join UNISON and accept its rules and constitution.
- I authorise deduction of UNISON subscriptions from my salary/wages at the rate determined by UNISON in accordance with its rules to be paid over to them on my behalf and I authorise my employer to provide information to UNISON to keep my records up to date.
- I authorise deduction of the following Political Fund payment as part of my subscription: tick one box only

☐ Affiliated Political Fund ☐ General Political Fund

Now please sign and date below

Signature

Date

OTHER WAYS TO PAY

direct debit ☐ cheque ☐

If you have been a member of a trade union before, please state which one:

DATA PROTECTION

UNISON will process your membership information together with other information for administration, statistical analysis, conducting ballots and other statutory requirement purposes.

We may also send you newsletters, journals and surveys and let you know about educational and campaigning matters. We will disclose your information to our service providers and agents for these purposes.

☐ *If you do not want any mailings from UNISON besides those required by statute as shown in bold above, please tick this box.*

We may share your information with organisations with whom we have a business relationship for your benefit. We, or they, may contact you by mail, telephone, SMS, fax or e-mail to let you know about goods, services or promotions which we think may be of interest to you.

☐ *If you do not wish to receive such information please tick this box.*

Complete, cut out and post to UNISON, Church Lane House, Church Lane, Chelmsford CM1 1UW

Published by UNISON Eastern Region, Chelmsford. Printed by Scottish County Press, Bonnyrigg, Midlothian. Researched, written and designed by John Lister, London Health Emergency, john.lister@virgin.net