

RepsDirect

From *amicus* - MSF



Head of Health, Roger Spiller **General Secretary**, Roger Lyons

Reps Direct should be forwarded by email to other members and put in printed form on the notice boards for all to see, both members and non-members.

No 168 – 7th February 2003

Index: Agenda For Change, Equal Opportunities, Prime Minister's Reception, Public Sector Policy, Congestion Charges

1. Agenda For Change

Research Organiser

We are pleased to confirm that Keith Hutson, a senior NHS Rep in the North West, has been appointed to the Research Organiser post. He will formally start work with us in March. This post was created for a two year period with the help of generous support from Branches and Regional Councils. Although the NEC agreed to filling the post now, we still require further contributions to ensure the post is fully funded for the full two years period. Many thanks for your support.

It was pleasing to see so many applications of very capable NHS staff who are already making a real contribution to our work in the Health Sector. We only wished we had more posts available to fill.

Ballot

The complexities of running a workplace ballot in the PCTs placed too much work on officers and reps, Separating PCTs from other members would create an inordinate amount of work for everyone. So you will be pleased to here we shall be having a postal ballot on Agenda for Change, probably starting on 6th April and finishing 29th April.

To delay it further would bump into the ballot the law requires us to have on the retention by Amicus of a Political Fund. This fund enables us to have the influence we most certainly do have within the political structures in the UK.

Commentary

We are preparing a commentary on Agenda for Change, which will hopefully deal with many of the questions raised by members. There are many misunderstandings and interesting interpretations going the rounds and of course we still do not have Job profiles for many significant Amicus jobs. We believe most of these should be with us for the Advisory Committee meetings on 26th and 27th February.

We shall also be providing a comparator of old and new terms for each profession. One of the biggest problems we have is the number of deals which exceed Whitley. When you see copies of your comparators we would appreciate your comments on where you differ from the formal position. We had asked for this information over the last two years from members, it is now critically important we know so we can make arrangements in good time to protect incomes at local level.

Department of Health Roadshows

A number of these are being held for Reps and will involve Management and trade unions. They will coincide with the period during which our conferences will be taking place but if you are able to attend please do. The more opportunities there are to participate the more we may all understand what is being proposed.

2. GWC Equal Opportunities and Maternity Leave Pay

There is still no agreement on Maternity, Paternity or Adoptive Leave or Pay. Negotiations on claims tabled by staff side two years ago have stalled once again. Amicus is pushing for action and is taking the case for Modernising so arrangements can be made at local level in good time to protect your earnings. Maternity directly to Ministers next week, in the face of inaction from the Management Side Secretary. Reps should note that new rights are being introduced for women, fathers or same sex partners and adoptive parents with effect from 6 April 2003. Watch this space.

3. Prime Minister's Reception

On the 3rd February a number of frontline Amicus MSF members attended a reception at No. 10 Downing Street held by the Prime Minister Tony Blair and his wife Cherie for 200 Allied Health Professionals and Health Care Scientists working across the NHS in England, Wales, Scotland and Northern Ireland.

The Prime Minister said "This is the first time there has ever been a reception here at Downing Street for Allied Health Professionals and Health Care Scientists. With over 100,000 of you working in the NHS I know the crucial role you play. That's why I wanted to use this evening to acknowledge your vital work and that of your colleagues locally. And it's why, as we grow investment in the NHS, we want to see far greater use made of your distinctive skills and expertise."

4. Government Policy on the Public Sector.

Two speeches this week have redirected the government view on public sector control and funding. The first by Gordon Brown emphasised the need for the collective provision of Health Care and the inherent contradiction between equality of outcome and the involving private sector health care provision. He also stressed the need to excise control from Westminster. This last point was the focus of a speech by Alan Milburn on Wednesday. He argued that detailed centralised control of the NHS was simply not feasible. Providing Whitehall determined overall funding and set broad targets the local community were best able to respond to local needs. He then further developed his ideas on Foundation Trusts calling in support the writings of GDH Cole and RH Tawney and the post war experience of European social democratic parties. The promotion of Health Co-operative Societies and Mutual organisations to run foundation Trusts was his model. This of course also provides

the opportunity for a large element of worker involvement. He will further develop this issue next week.

A conference on Foundation Trusts had been planned by Amicus but has been delayed by AfC. If you would like this set up so we can discuss the issues about local versus central direction and then look at ways of developing local control whilst avoiding the dangers of complete independence, please let us know.

The speeches are available at:

www.newhealthnetwork.co.uk/Content.asp?id=136

and

www.labour.org.uk/gbsocialreform/

5. Community Nurses' 'Toothache' as Congestion Charges Loom

Health visitors and community nurses face "teething problems, if not severe toothache", with the launch of London's congestion charge reimbursement schemes.

The Community Practitioners' and Health Visitors' Association is predicting that there could be wide-ranging problems once congestion charges come into force on 17 February and its members try to reclaim the £5-a-day fee.

Health visitors are exempt from the charge as they carry confidential records in their cars, but will have to claim the money back from their employers.

The CPHVA's director, Mark Jones said: 'As an association we would be very unhappy if members had to wait longer than their monthly pay packet to receive the money that they have already shelled out while on NHS business.'

'While we are not against the principle of congestion charging, there are a number of questions that have to be answered if this is to be a smooth operation. From the feedback we have received, we are expecting teething problems, if not severe toothache.'

Health visitors in eight London primary care trusts (PCTs) will be directly affected by the congestion charge every day that they work. PCTs within the charging zone are: **Lambeth, Southwark, Kensington and Chelsea, Westminster, Islington, Camden, City and Hackney and Tower Hamlets.**

The CPHVA is writing to the PCTs concerned to see whether the systems necessary for reimbursement are in place and if staff have been informed of the claim back procedures.

The CPHVA's London Region, which has 2,500 members, has outlined a number of concerns.

1. Members will be out of pocket by £100 for at least a month as all healthcare staff are paid monthly and reimbursement payments are often paid in arrears. This will cause additional hardship as staff are already subsidising the NHS when they use their cars on a daily basis to visit families.

2. Community nurses and health visitors are already experiencing major upheavals

as more controlled parking zones are being introduced by local authorities within primary care trusts adjacent to the congestion charging zone. This will have a ripple effect throughout non-zone boroughs as commuters park as close as possible to tube and train stations.

3. Community nurses, who work after 5pm, such as the twilight district nursing services, will be hampered as they are unlikely to be reimbursed for travelling into the area.

4. There are major problems over cross border visiting - one PCT may have patients in as many as six neighbouring PCTs. Many PCTs were only formed in April 2002 and many boundary issues are still outstanding. Often PCTs outside the congestion charge zone will have patients within the zone.

5. CPHVA members are concerned that the reimbursement will be regarded as a 'perk' and be taxed accordingly, instead of being a legitimate untaxed business expense.

6. There is concern about how the already hard-pressed budgets of PCTs will be able to fund the reimbursements.

7. Some of London's PCTs have introduced cycle allowances to beat the traffic chaos. But this is inappropriate for health visitors and community nurses, as they have to carry bulky equipment, such as weighing scales. If they carry prescription pads on their bikes, district nurses could be targets for muggers.

The CPHVA's London Region vice-chair, Yasmin Malik said: 'The London Region feels that, at present, Ken Livingstone is playing a mirror image of Robin Hood – he is taking from relatively lowly-paid health workers to line his own coffers, without thinking through the impact of his policy on the healthcare of Londoners.'

'There are already 7% vacancy rates for health visitors in London. We could be facing a mass exodus of essential public sector employees and businesses from central London for whom the hassle of congestion charges will be the last straw. Vacancy rates for other nurses have already started to climb.'

If you have any queries regarding this newsletter or would like to be added to its circulation list please e-mail our Administrator Jean Smith on JEAN.SMITH@amicus-m.org

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