Campaign Guide: Campaigning Against NHS Privatisation

Contents

Foreword

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Our NHS is in crisis. Being cut to the bone, and sold off to the highest bidder.

Students, especially disabled students, are particularly vulnerable to NHS privatisation. Whether they are student doctors or nurses, facing ever worse working conditions within the NHS and experiencing cuts to their bursaries, or student service users receiving sub-standard care and having their passports checked because the government is forcing our NHS staff to act as border guards.

Students are also in an extremely strong position to resist and challenge cuts and privatisation, and that is why the Disabled Students' Campaign has produced this guide.

Students' unions have thousands of members, many of whom will be based in the same area and are using the same services – be that more general services like GP surgeries, walk in centres and A&Es, or specialised services such as mental health services. The community of people who can campaign is already there, students' unions and student groups have ample opportunities to work with this community to organise and campaign around cuts and privatisation.

This guide aims to give you direction and ideas so you can start doing just that. From a look at the issues with privatisation to case studies on a range of campaigns, ideas on actions and campaigns you could run yourselves, to NHS campaign groups you can contact and work with. However, this guide is not the be all to campaigning around the NHS – there are of course dozens of campaigns out there all using different methods to try and achieve their aims.

We would love to hear from you and learn about how you have engaged students on your campus and the campaign tactics you used to campaign against cuts and closures to NHS services.

Please keep in touch with the Disabled Students' Campaign as you start and continue your campaigns around saving NHS services, and know that we are always here if you need advice or support.

In solidarity,

Rachel O'Brien
NUS UK Disabled Students' Officer 2017-19

Background

Background

The current Conservative Government has embarked on a policy of aggressive privatisation as part of its austerity agenda. Through cuts to NHS services, higher education and further education funding, more students are unable to access the public services they both require and are entitled to. The current system of privatisation within the NHS is leading to a scarcity of statutory mental health care and facilities.

Privatisation of public services is a long-term plan and the Government is now attacking critical services. In Birmingham, the psychiatry service for 16-25 (up to 35 in cases involving psychosis) year olds has been privatised and is now known as a service for 0-25 year olds called Forward Thinking Birmingham (FTB). This pilot programme is just the beginning with the Government looking to roll out more for-profit partnerships across mental health units across the UK.

The issues with Forward Thinking Birmingham

Those who use Forward Thinking Birmingham's services have reported significant concerns with its ability to deliver care competently. A report from the Care Quality Commission, based on an inspection on 26-27 July and published in February 2018 rated the service of FTB as inadequate[1], with specific inadequate ratings for service safety, leadership and responsiveness and "requires improvement" ratings for effectiveness and how caring the service was[2]. The report identified that, overall, patients were not safe in this services because of a lack of procedure and plan to keep them safe, and alarmingly that not all patients had a care plan. Those that did were not personalised and nor did they take into account the identified needs of young people, and an audit had not led to their improvement.

Overall running and administrative risks

There is a concern that FTB is not adequately responding to risks in its administration and delivery. Since its inception, Board minutes have shown concerns with the way that FTB operates, and below are some particular examples of ways the service is falling short.

FTB continues to receive a number of complaints to the Patient Advice and Liaison Service, receiving the highest amount of complaints across Birmingham Women's and

Children's Hospital Trust in April with 28% of all new contacts to the Service concerning FTB.[3]

Staffing numbers

The Care Quality Commission revealed that the vacancy rate of staff was at 27% in 2017 and that 44% of these vacancies had not been filled by agency staff. According to their report: "This all impacted directly upon patient care resulting in poor patient handovers, cancellation of appointments, increasing waiting lists, patients waiting allocation of care coordinators, inconsistent care and low staff morale."[4]

In 2017, there was a vacancy rate of 56% in the home treatment and urgent care teams, of which some was filled with booking nine additional agency staff per week.[5]

More recently, public minutes of the Birmingham Women's & Children's NHS Foundation Trust reveal that although nursing vacancies are overall decreasing, there are still gaps in staffing, particularly at senior levels: "A gap in Consultant medical roles within FTB is impacting on the senior nurses within some aspects of the service, as they are taking on a greater amount of responsibility and leadership than previously in complex case management and the supervision and induction of specialty and junior doctors."[6]

This has a significant knock on effect on the quality and continuity of care available, particularly when agency staff covering the posts could be on very precarious contracts and moved from site to site rather than being able to build relationships with patients.

Waiting Lists

There is an issue with the length of time it takes patients to be seen by FTB once they are referred. May 2018 Hospital Board minutes report that patients are waiting over 18 weeks for referral for treatment and that the situation has been worsened by an inconsistent use of the FTB waiting list system, which meant that the scale of waiting lists was unclear.[7] This is particularly damaging for students, who may be waiting to be seen for more than a term without treatment.

Collaboration between local hospitals and FTB

Content note: Suicide

There have been serious incidents (SIRIs) – that we have seen information on - which have been identified as consequences of Forward Thinking Birmingham's polices.

A coroner's report into the suicide of a local young woman found that there were serious gaps in care between services:

"Adults aged between 18-25 now have mental health services provided by two organisations – FTB and BASMHT. If a patient presents in crisis to A&E they will be seen by someone from the RAID team who work for BASMHT. If they require ongoing treatment they will be referred to FTB. There is a concern that patients will have no coordinated approach to their care at a time of crisis."[8]

The report further stated that the different record systems used by the two organisations presented further risk that information was not shared effectively, and that there was a concern that it was unclear how staff from each organisation would access each other's records when patients present to one or other of the services.

The importance of these processes being effective and competent, before they endanger more lives, cannot be underestimated.

We have written a longer briefing on the policy issues related to NHS privatisation to help you understand the issues better. Take a look at it here: https://www.nusconnect.org.uk/resources/campaigning-against-nhs-privatisation-the-policy-issues

So what do ideal mental health services look like?

We asked Zen Jones and Cina Rama from the Mental Health Resistance Network to share with us a vision for what ideal mental health services could look like.

So what do ideal mental health services look like?

Mental health service provision is being slashed across the country, and even those with severe and enduring mental health conditions are losing their keyworkers, Community Psychiatric Nurses (CPNs), social workers, care coordinators and other support staff. Appointments with psychiatrists are thin on the ground, and bed occupancy in in-patient psychiatric facilities is running at over a hundred per cent.

All that mental health service users in crisis are left with is the chance that they may be able to get support from local home treatment teams. Home treatment consists of a team of two nurses (who can change every day) coming into your home with your medication for the day, and observing you while you take it. They are rarely on time and usually the service user has to wait indoors all day for them to arrive. But even these services are stretched beyond their full capacity.

Day centres, pop-in clubs and more specialist daycare services have been axed. The average service user is left to their own devices – and we know isolation and mental health problems never go hand-in-hand.

We have been asked to write about what ideal mental health services would look like. Well, we think having all of the above restored would be a good start. To once have these services, only for them to be axed so cruelly because of the cuts and to maintain the government's brutal austerity agenda is deeply distressing and destabilizing for many of us. For some it triggers suicidal feelings, for others a deep sense of ongoing panic which exacerbates symptoms already present. It's frightening for all of us.

We have been full time students ourselves, and have both had to use psychiatric services at some point during our time as undergraduates. Even back then in the 90's, there wasn't much support available through universities. At one of our universities, there was a pastoral care team which had a few counsellors, who were actually quite good. There was a small in-patient unit in a quiet corner of the campus where students with milder symptoms such as stress and anxiety, could spend a couple of weeks in a calm and restorative environment. It was a popular service and nearly always full.

We think ideal mental health services have to be tailored to the individual, and involve proper funding. A mentor or advocate to see the mental health service user through negotiating services would be valuable, as it can be distressing and debilitating trying to negotiate the minefield of referrals, forms, follow-ups, and any interviews as part of the referral process, where numerous personal and sensitive questions are asked. We need there to be easy access to free and ongoing therapy – we know that with an understanding therapist people can make the progress they need to.

All the services that have been axed by this and the previous government need to be restored from the reopening of day centres and pop-in clubs to ring-fencing funding for culturally competent services for people of colour. We need to keep open the projects that offer art, music and other creative activities for the mental health service user who has been discharged from hospital. Examples of such projects include Core Arts in Hackney, Sound Minds in Brixton and Cooltan Arts, based in Walworth.

User-led groups are often an invaluable life-line for mental health service users and people who identify as survivors (you don't even need to have used mental health services to self-identify as a survivor). And let's not underestimate the power of genuine peer support. Students should look to each other as a means of support, even working together to set up initiatives such as support groups.

And finally, how about a nice all-expenses holiday! No seriously, there are some respite centres around the country where mental health service users can go for a break. There are only a handful left, including one in the New Forest, which people are referred to via adult social services and one in Hackney, the Nile Centre, where people of colour can spend a couple of weeks if they are in crisis and in which medication is not a compulsory part of the equation, as is usually the case during an in-patient stay in a hospital – it would be invaluable if such respite centres were available to students as well. Some group homes still exist too, for example, the Philadelphia Association, where people can look at their distress over a longer period of time 'in community'. What might work for one person

might not be ideal for another – we think these options should be available for all mental health service users. As a student, don't be afraid to go to your GP if you're feeling emotionally or mentally fragile, they can make referrals to services if needed.

We have both belonged to various activist groups over the last ten years, campaigning on issues relating to mental health care. While campaigning and taking part in direct action can be very empowering and grounding, we need to do more to take care of each other in order to avoid burnout and collectively be more effective. We have come to realise that care work, i.e. caring for each other in activist groups, is important work and should be assigned equal importance to other activities. One example of such care work is the Heart Circle, wherein members come together and take turns to discuss any issues that may affect the rest of the group. Only the person holding the talking piece may speak, for as long as they want, with the rest of the group either listening or where appropriate, offering solutions to the problem. This method of conflict resolution within activist groups was formulated in the anarchist squat movement of the 80's and 90's in the UK and we've found it to be very effective.

Alternative therapies such as homeopathy, massage, and acupuncture can alleviate symptoms and provide comfort. Wellbeing courses can teach mindfulness and meditation techniques which can be restful and calming. But most important of all is of course is self-care – and collective self-care – ensuring that everyone is eating healthily, getting enough sleep, structuring themselves effectively, not feeling isolated, and supporting each other emotionally.

This is just a starting point for what we think better mental health care could look like. We know there is a lot of work to be done and we're committed to helping get there. We wish you all the very best of luck and success in your campaigning!

Zen Jones and Cina Rama, Mental Health Resistance Network

Mental Health Resistance Network is a radical, anti-capitalist grassroots mental health collective.

Take Action

NUS Disabled Students' Campaign believes that NHS mental health services should stay in public control, and is part of the grassroots that will continue to oppose the government's privatisation agenda in Birmingham, whilst championing access to student mental health services in campuses across the UK.

Students' unions have a unique perspective on the needs of students and are well placed to represent their views and opinions.

Take Action

What can students' unions do?

Students' unions have a unique perspective on the needs of students and are well placed to represent their views and opinions.

This campaign is an opportunity for students and students' unions to have their voices heard on the issues that affect them.

We have outlined some of the ways you can take action locally below:

Identify and understand the issue

Collecting evidence will help you to identify the change you and your members seek, and will have the additional benefit of creating a basis of research for your campaign, which will give you more reach, legitimacy, depth and power to change.

Here are some ways you can collect evidence for your campaign:

- **Personal contact with students**
  Regular conversations with individual students or group of students can help you identify and understand their experience of accessing statutory mental health services.

  You could run meetings or focus groups and invite students who access mental health services to share their experiences and state their concerns. You can also use these meetings to find out how privatisation is affecting students, whether it's happening in your area, the area of origin of students at your university or in the university itself.

  Small meetings can help you identify and explore issues in-depth, whereas you could hold large meetings to initiate open discussions on the issue.

- **Freedom of Information (FOI) requests**
  The Freedom of Information Act gives you access to all non-personal, recorded information held by public authorities that is not already available by other means. If you need to get information from your institution or from other public bodies – either local or national – and you are having trouble via your usual routes, why not consider using FOI?

  FOI can be incredibly useful to get access to raw data on an issue, which can be very

attractive to the media. You might like to think about surveying authorities with regard to the quality of provision of a particular service to a particular group of people, or to understand how policy decisions were arrived at. Public authorities have a duty to help requesters in making their requests. The main thing to remember is to make your request as specific as possible – ask for specific information, in as specific a timeframe as you can.

Requests can be made by any individual, while public authorities have a duty to respond within 20 working days. The onus in the legislation is very clearly in favour of disclosure – if requests are rejected, the authority must justify its reasoning and state the exemption. Most exemptions are subject to public interest tests while a few are not. Appeals can be made to the Information Commissioner and, if necessary, to the Information Tribunal.

For a helpful guide to using FOI in campaigning, including a template request letter, best practice case studies and information about the act, see Voicing your right to know, by NCVO[9].

Use www.WhatDoTheyKnow.com to help you make and send your request.

- **Your local Clinical Commissioning Group**
  The 2012 Health and Social Care Act allowed NHS Trusts in England to raise the amount of income they can make from private providers to 49%. It also created Clinical Commissioning Groups (CCGs), which are statutory NHS bodies that plan and commission health care services in their local area. Led by an elected governing body made up of GPs, other clinicians and lay members, they assess local needs to decide priorities and strategies. They then buy services on behalf of the local population from providers such as hospitals, clinics, community health bodies, etc.

  The Act intended to make the NHS more flexible and modern to meet new challenges such as rising demand and treatment costs. However, this has led to a 'postcode lottery' where the local approach means the services available can differ significantly between areas.

  It means that CCGs have access to significant budgets to commission services in their local

areas, but that NHS-provided services are forced to compete with those from outside and private contractors in a competitive tendering process.[10]

Many CCGs publish the minutes of their meetings, annual reports and accounts on their website, which you can use to collect evidence to identify the change you want to achieve. They may also have public events such as Annual General Meetings (AGMs), engagement forums and public consultations that you can use to find out more about what's going on in your area and how you can get involved in the decision-making process. You can find a list of CCGs in England here.

- **Your local Health and Wellbeing Board**
  Health and Wellbeing Boards are run by local authorities and they bring together leaders from the local health and care system. Health and Wellbeing boards are responsible for improving the health and wellbeing of their population and reduce health inequalities through. They do this by seeking to understand the health and wellbeing needs of their communities; providing leadership to ensure effective collaboration; strategically influencing commissioning decisions across health, public health and social care; and ensuring the involvement of councillors and patient representatives in commissioning decisions.

  Most Health and Wellbeing Boards publish meeting agendas and minutes, as well as the contact details of committee members, which may be a vital resource you can use to understand how mental health services work in your area and any gaps in provision. You can also use this information to start mapping out the local decision makers in your area.

  You can find a list of Health and Wellbeing Boards by clicking here.

- **Your local Healthwatch**
  Healthwatch is an independent national organisation that makes sure that those running health and social care services involve people in the decisions that affect them. Every area in England has a local Healthwatch that is there to listen to what you think about the services in your area. They also help you have a say on changes that are planned to local services.

  Many local Healthwatch organisations publish reports, strategic plans and summaries on their website to help you find out what's

going on in your local area and identify and explore the key issues. They may also have opportunities for you to share your ideas, experiences and concerns to make your voice heard. You can find your local Healthwatch here.

- **Care Quality Commission (CQC)**
  The CQC is the independent regulator of all health and social care services in England. They monitor, inspect and regulate health and social care services, and publish information on their findings, judgements and ratings of services being provided.

  They have the power to ensure that the care services provide meet fundamental standards such as:

  o Person-centred care
  o Dignity and respect
  o Good governance
  o Staffing
  o Consent
  o Safety
  o Safeguarding from abuse

  You can collect evidence about how health and social care services in your local area are performing by reviewing CQC publications and surveys, which you can find on their website.

Policy development

Collecting evidence to understand the issue will help you to develop short-term and long-term policy goals which outline the position your students' union has on this topic. This is where you get to outline and share your vision on what better mental health services look like, which will influence the issue you choose to campaign on.

"Policy development is therefore one of the key foundations of effective campaigning and influencing. It plays a central role in developing the vision, aims and objectives of

any strategy to bring about change."

National Council for Voluntary Organisations (NCVO)[11]

Once you have identified and explored the issue, you could unravel it further by focusing on solutions.

You can then develop this into policy through your students' assembly. Students' assemblies are forums that empower student voices both locally and on a wider scale through direct student participation. These are democratic bodies that enable students to debate and make decisions on what students' unions should be doing on particular issues.

If a student assembly or a similar forum exists in your students' union, you can submit a motion to request that this issue is discussed, debated and voted on. If passed, it will then become part of students' union policy. Therefore, it's a great way to initiate action by your union on this issue.

To find out more about how to submit motions or create policy in your context, you can find more information on your students' union website or speak to a member of your union staff.

Winning the arguments
There are multiple objections to privatisation, not only ideological, but also with the delivery of services and their impact on the overall quality of patient care.

Keep our NHS Public!
NUS believes firmly that healthcare is a public good and a human right. It should be in public hands, and publicly controlled and accountable. The drive to privatise services is not just an ideological project based on a belief in the benefit of the free market; it is rooted in the austerity project which has cut funding to the NHS, driving the perceived need to privatise services in order to save money. In fact, if the NHS was properly funded then there would not be a need for this.

Market failure
The privatisation project fails on its own terms. You will never be able to create a truly free market within healthcare as, because of specialisms and the amount of investment providing a care service requires – there will never be as much competition for different

healthcare treatments as there are for different restaurants or houses.

Furthermore, the profit motive for providers entering a market of healthcare incentivises driving costs down. This disadvantages both patients and those who work for the service, as patients do not benefit from cutting corners and workers feel the effect of lower wages and poorer working conditions.

Fragmented healthcare
In some areas, privatisation will lead to fragmented healthcare, as patients receive some areas of treatment from a private provider and others from the NHS or a different provider.

This is apparent in mental health service provision in Birmingham, where patients receive crisis care from the NHS Accident and Emergency services, and regular care from Forward Thinking Birmingham. As the two organisations have no common note taking method, this means that information flow is hampered, and so there is a risk to the quality of care.

The NHS picks up the pieces
Private providers have the ability to cherry pick contracts that they want to deliver. Most providers, therefore, pick up smaller contracts which are less complex, as these have the highest chance of delivering a profit, such as elements of general practice as opposed to running larger parts of the healthcare system.

This is beginning to change as bigger contracts are awarded to companies such as Virgin Healthcare, which recently won the contract to provide services such as home visits and community hospital services at hospitals in North Kent.[12] These leave the NHS with more complex parts of healthcare to deliver, which disadvantages them in comparison to other providers.

Privatisation drives care quality down
Private companies have a conflict between making a profit and taking the time to care for a patient, as they often try to maximise the amount of patients they can see in a day, leading to impersonal care or even cutting corners. There are many examples of how the delivery of privatised health care is letting down patients in the study of Forward Thinking Birmingham.

Research from the BMA has shown that for CCGs there is a correlation between a higher spend on privatised provision per patient and a lower quality rating. Those CCGs who were

rated Inadequate by the CQC were those who spent the most on independent service provision, at £139 average per patient, as opposed to £86 for those rated Good, £104 for those rated as requiring improvement and £112 for those who were outstanding.[13] However, it is important to remember that this does not necessarily show causation; it could either be the case that struggling CCGs are addressing existing problems with higher spend on privatised services, or that those independent services are causing the problems initially.

Privatisation costs the taxpayer more
Profits from private companies are not reinvested in higher quality services, they go to shareholders, and so the tax payer not only has to indirectly fund these services, they also fund the costs of creating and regulating an artificial market.

One of the early waves of privatisation, the Private Funding Initiative bought in in the late 1990s, where private companies built and ran hospital buildings, has made £831 million pre-tax profit over six years for those companies involved,[14] which has gone to shareholders rather than back into the system. In contrast, it's been estimated that taxpayer's money is being used to pay over five times the value of the assets.[15]

Privatised services are less accountable
When public services are run by local governments and NHS trusts, there is an element of democratic recourse to those in charge. This is less effective when the service is contracted out and provided at arm's length, as there is less of a clear trail of where public money actually goes, and the origin of services can be difficult to find out.

A key example of this is the case of Circle, the private company which was awarded the contract for Hitchingbrooke Hospital which failed – the Public Accounts Committee found that accountability for the contract was "fragmented and dispersed across the health system."[16]

Campaign actions

Spreading the word
Citizen journalism – empower your supporters to create media about your issue and bypass traditional media outlets. The potential to create news about your campaign here is huge, and it is much less resource-intensive. You may well have video cameras to hand already, or you can use smartphones. So why not do some interviews, a bit of reporting,

post a blog about it and get your supporters and campaign team to do the same?

You could invite budding filmmakers and vloggers in your student body to film themselves and their friends talking about their experience of accessing mental health services.

Get your student newspaper to write an article about the campaign, featuring the stories of students who have experienced barriers to mental health services.

Social media – start a Facebook group, tweet about your issue and develop a hashtag for your campaign. Start a campaign blog and invite your supporters to comment and blog their own articles. Most campaigns have a campaign website with areas for people to learn about the issue and clear actions to take.

Social media can range from the personal to the prolific – from user-generated campaign videos posted on YouTube by students, to a number of students using the same hashtag for a specific campaign action. Ask yourself how you want to create news and engage your audiences.

You can also raise awareness by creating Humans-of-New-York style profiles where you collect portraits of students and encourage them to tell their stories about accessing mental health services in their own words. You can post these on social media using the hashtag #. This hashtag can also be used for Twitter storms where you get your supporters to target specific decision makers with your campaign ask.

With everything you do, think about what your story is, why it's important now, what you want your audience to do and how they can be involved.

One of the most important things about social media is ensuring you integrate it with offline actions. Often this can be done really effectively at a local level.

Events
Events are an effective way of building partnerships with other organisations and groups that are campaigning against privatisation. They can also help you raise awareness about the issue amongst the student body to build support and win them over.

You could run panel discussions or round-table events where you discuss the barriers to accessing mental health services facing young

people and students, and the risks of privatisation.

Panellists could include students, academics and staff from your student services team. They can also include representatives from organisations in your local community that provide mental health services or support people to access treatment, as well as groups working on anti-privatisation campaigns.

Organisations and groups you can contact include:
- Mental Health Resistance Network
- We Own It
- Critical Mental Health Nurses' Network
- Keep Our NHS Public
- 999 Call for the NHS
- National Survivor User Network
- Psychotherapists & Counsellors for Social Responsibility
- the free psychotherapy network
- Psychologists for Social Change
- Recovery in the Bin

Public affairs
Influencing local or national decision makers can be instrumental in helping you win your campaign. For obvious reasons, if your campaign aims to establish (or resist) a change in policy or the practice of government or public authorities, lobbying by yourselves or through other campaign partners like the organisations and groups previously mentioned can be really effective.

One crucial point to keep in mind is that MPs, councillors, peers or civil servants will be subject to lobbying from numerous interests, including those opposed to your campaign aim. Elected officials will also likely be influenced by their own party policy on the issue you're campaigning on. So think about all these things when you're approaching your targets and framing your campaign objectives.

Depending on your aim, who you need to influence may well be at a local rather than national level. You won't want to waste resources targeting government ministers when your local councillors or MP may be both easier to reach and more able to directly affect what you want to change.

One other thing to keep in mind is that if you are seeking a policy change, at some point you will most probably have to develop a working relationship with the relevant government or council department, so how oppositional your campaign is at what point can be critical. You need to keep track of whether the relationship is conducive to affecting that change, whether you are being co-opted, etc.

Your research into your targets and your issue, the external environment (including the government and political parties) and the strategy you create as a result should aid you in keeping track of this key issue.

You can lobby local decision makers by:

- Attending Health and Wellbeing Board meetings and meeting board members.

- Coordinating mass PALS complaints about your local services if any of your members have experienced poor care. The Patient Advice and Liaison Service, known as PALS, ensures that the NHS listens to patients, their families, carers and friends, answers their questions, and resolves their concerns as quickly as possible. PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. You can find out how you can contact the PALS office in your local services and submit complaints by clicking here.

- Getting involved with your local CCG by attending governing body meetings, submitting comments and complaints, meeting governing body members and joining advisory groups.

- Sharing your experiences of local mental health services with the CQC.

- Getting involved with your local Healthwatch by volunteering; attending meetings; participating in consultations, working groups and investigations; and submitting feedback about your local mental health services.

What to ask for
You could ask for a number of things when lobbying, but the main thing to consider is strategy – have short-, medium- and long-term aims and base these on your campaign strategy and a knowledge of who you need to target and how.

Remember to have clear goals in mind when approaching officials, and be able to quickly summarise the key points to your campaign, in whatever form you think will most likely have an impact with them.

A note on intersectionality

Intersectionality is the theory of how different forms of oppression intersect and impact on people's lives.

We recognise that when mental health is discussed without also looking at other types of identities and oppressions, the dialogue often revolves around the experiences of those with more relative privilege in society. This can mean that the issues and experiences of those who are more socially marginalised are overshadowed, dismissed or erased.

Intersectionality is understanding that marginalisation and institutional discrimination such as racism, sexism, ableism, homophobia, transphobia, classism, etc. affect people's mental health, as well as the way they are treated by the mental health system.

For example, even though trauma-informed cultural competence is a vital part good clinical care, this is often lacking in the mental health system. As a result, people from racialised communities are more likely to be diagnosed with severe mental health problems, be sectioned under the Mental Health Act, and experience poor outcomes when accessing mental health services. Additionally, female patients are more likely to experience restraint in mental health units than male patients, despite the fact that more than half of women who have mental health problems have experienced abuse.

Having an awareness of this can help us appreciate the limitations of one-size-fits-all solutions and enable us to demand a system that works for everyone.

When planning policies, campaigns and events, you can ensure you consider and practice intersectionality by:

- Including and collaborating with liberation reps, campaign groups, clubs and societies when developing policies, and planning and delivering campaigns and events.

- Working with individuals, groups and organisations that are working on minority mental health issues and trauma-informed approaches. Some groups you can consult with include:

  o [Black Thrive](#)
  o [Hearing Voices Network](#)
  o [The Black, African and Asian Therapy Network](#)

  o [MindOut](#)
  o [Agenda](#)
  o [Kindred Minds](#)
  o [Black Mental Health UK](#)

- Ensuring all types of access needs are considered when organising events and running online campaigns e.g. physical access, prayer space, dietary requirements, quiet or safe space, large print, coloured paper (this is not an exhaustive list).

- Reviewing the NUS Women's Campaign's Feminist Society Toolkit, which go into more detail about how to include disabled people, trans people and sex workers in your campaigns. You can find it [here](#).

- Checking out the NUS Disabled Students' Campaign Toolkit for further information [here](#).

Case studies

We spoke to some groups about the work they're doing around healthcare including on anti-privatisation.

University for the Creative Arts Students' Union (UCASU)

Canterbury has a large student population. At the residents' committee I attend, we discussed how many students aren't registered to a local GP. This fact, seemingly small, in reality means funds are not allocated to more highly populated districts resulting in local hospitals becoming strained, overcrowded, and understaffed.

As a small and specialist arts' union, promotion and participation in campaigns can be challenging. Courses require a higher quantity of time due to the volume of coursework within the practical arts and because of this, students seemingly have less time to get involved in non-course related campus activities. To overcome this, we try to be as creative with campaign ideas, and ensure involvement is as quick and easy as possible.

The campaign was launched at our January 'Re-Union' fair, an event taking place on every university campus. Local charities, religious groups, liberation groups, union clubs and societies, and many more attended to encourage students to become more engaged within the community and share information.

To get the campaign off the ground, three vases were set out on the union stall: registered locally, registered at home, and not

registered. Tokens were given to students to put in the vase which represented their current registration status. Each token represents the funding of a single person and where the funding is currently being attributed (i.e. in the town or at the student's non-term time home area). The vases now reside the union office where anyone who pops in can take part to share where their current GP registration status. Being both visual and simple to take part in has sparked intrigue and interest from both staff and students and given us the opportunity to raise greater awareness of the problem and what we're trying to do about it.

Riley Clowes,
Vice-President Kent, University for the Creative Arts Students' Union - UCA

Disability and Mental Health Students' Association, University of Birmingham Students' Union

Whilst we were committee members of the University of Birmingham Disability and Mental Health Students' Association, we found out that our youth (0-25, up to 35 in cases of psychosis) mental health services in Birmingham had been privatised, resulting in thousands of students and young people being left without the care they needed, and being subject to a range of service user rights violations. We immediately got to work, reaching out to student service users at the university, collecting case studies from them. As well as this we sent in Freedom of Information Requests, trawled through board minutes and Sustainability and Transformation Plans, and had meetings with the managers of the new "Forward Thinking Birmingham" service so we knew exactly what was going on. Once we had collected information from this range of sources, we took our issues to our local MPs and to the Care Quality Commission, asking for a full investigation into the service and the serious concerns that had been raised.
We also started working with NUS Disabled Students' Campaign, to formulate a list of demands – everything from having the service brought back into public control to stopping a roll out of this model of privatised youth mental health service, to demands around service user rights to the existing service. We have also worked with NUS Disabled Students' Officer to start forming a campaign coalition – from having meetings with Keep Our NHS Public West Midlands and the Birmingham Trade Union Council, to explore where we can go with the Campaign from here, with broader support.

Shamima Akhtar and Kit Morelli-Batters,
University of Birmingham Students' Union

Action for Trans Health

Over the last five years, I have been campaigning around trans healthcare issues. Some of this work has been with Action for Trans Health, some with the NUS Trans Campaign, and some with a local group called Manchester in Common.

Some of Action for Trans Health's most successful work has been:

- Fundraising for a solidarity fund which is then used to help trans people access healthcare;
- Joining the pickets during British Medical Association and Royal College of Nursing strikes; not only did this show solidarity with striking healthcare workers it allowed us to make vital connections – we ended up doing a lot of trans training for healthcare practitioners as a result of networking on picket lines;
- Collaborating with Plan C and other left organisations to run 'Picket the Privateers' during the healthcare strikes where we picketed organisations responsible for the privatisation of the NHS to widen the scope of strike action beyond junior doctor pay and working conditions.
- Interventions into NHS consultations; some of these involved participating as regular service users, others involved more creative actions around the consultations, i.e. dressing up as "Gender Doctors" with clipboards and questioning senior NHS managers as they entered to consultations to draw attention to how healthcare is gate kept by cis-normative standards.

Work I have done with NUS Trans Campaign includes:

- We have run several healthcare advocacy training sessions teaching trans people how to navigate NHS bureaucracy and troubleshoot common problems that lock trans people out of accessing healthcare;
- This past year the NHS has run a consultation on changing the specifications via which trans healthcare is governed. The questions were leading, so we used a mixture of direct action (including pickets at NHS England offices and other stunts) to draw attention to the way in which the questions encouraged particular responses. We also used these actions to encourage others to respond to the consultations (and produced a guide to responding which allowed people to sidestep some of the more leading conversations).
- We are currently in the process of producing a guide to healthcare advocacy – watch this space.

With Manchester in Common

- In Manchester (and no doubt elsewhere) hair removal for trans people is expensive, underfunded by the NHS and often carried out by people who do not understand trans people's needs. Through Manchester in Common, we fundraised to train up trans electrologists to set up a democratically run, trans-centred hair removal cooperative which offers sliding scale treatments.
- We are in the process of exploring ways in which local trans cooperatives in Manchester can pay for a trans healthcare advocacy worker to ensure that healthcare advocacy is carried out to a good standard and the work remunerated.

In my experience our healthcare campaigning has been most successful when it looks at both improving access that individuals have through advocacy and fundraising whilst also campaigning for and actively building the alternative. By fundraising and doing advocacy we gained a good picture of what the problems were, which informed our campaigning and direct action work.

Jess Bradley, NUS Trans Officer 2017-19

Docs Not Cops
Docs Not Cops is a grassroots group of NHS workers, patients and campaigners who are fighting to end all healthcare charging and combat racism in the NHS. As part of their attempt to create a 'Hostile Environment' for migrants the Government have been increasing the cost of using the NHS and making it harder for people to access services. In October 2017 it became mandatory for NHS Trusts to check the immigration status of patients and, if they were not eligible for care, to charge them upfront before providing treatment.

Docs Not Cops has been building a national network of resistance to immigration checks and upfront charging in the NHS. There are growing groups in Birmingham, Bristol, Brighton, Manchester, Newcastle, Glasgow, Wales, and London. They are growing a movement to kick racism out of the NHS and make sure healthcare remains free for all. Contact them to join or start a group in your town, your NHS Trust, or your university: DocsNotCops@gmail.com / twitter.com/DocsNotCops / facebook.com/DocsNotCops

Groups and Organisations

There are many groups and organisations campaigning to stop the privatisation of the NHS.

They often have their own resources which might be useful for your campaigning work or if you're looking to collaborate with others, do get in touch with them to explore the possibility of this.

Groups and Organisations

999 Call for NHS

999 Call for NHS is a grassroots campaign group with no ties or affiliation to any political parties, unions or major institutional bodies. They fight for the complete removal of private companies from the NHS and are fighting to keep comprehensive healthcare free for all. Their campaigns target local councils, parliamentary representatives, media and the courts.
Find them at: http://999callfornhs.org.uk/

Action for Trans* Health

Action for Trans* Health seeks to improve trans* people's access to healthcare. Their aims include raising funds to give small cash grants which facilitate trans* individuals' access to healthcare; engaging with medical professionals about trans* health including putting together workshops on trans* health needs, compiling lists of doctors known to be good with trans* patients, assisting people to complain about malpractice, etc.; and engaging the trans* community about health issues through providing sexual health workshops, harm reduction information on self-medicating, information on NHS funding structures, and more.
More info at:
https://actionfortranshealth.org.uk/

Docs Not Cops

Docs Not Cops are a broad coalition of doctors, nurses, healthcare activists, students, teachers, workers, migrants, British citizens and permanent residents. They are fighting to protect the NHS, and defend and improve migrants' access to it, challenging racist and xenophobic practices.
They are calling upon the Department of Health to undo the Immigration Act, campaigning against measures that are forcing doctors and medical professionals to act as border guards.
Find them here:
http://www.docsnotcops.co.uk/

Doctors for the NHS

Doctors for the NHS are a group of medical professionals that campaign to restore the NHS as a publicly funded, publicly provided and publicly accountable service and to secure fair access to health services based on needs not wants.

They also promote professional and public involvement in evidence based planning of healthcare services, highlight current problems and controversies faced by the NHS and suggest solutions for them and help medical colleagues engage with policy making and management.
Learn more about them here:
www.doctorsforthenhs.org.uk/

False Economy

False Economy is run by campaigners from around the country who work on a range of anti-austerity campaigns. They gather and map information and personal testimony about the cuts and their impacts. They outline the alternative economic approaches and have an abundance of tools and resources for campaigners and campaign groups.
More info at: http://falseeconomy.org.uk/

Health Campaigns Together

Health Campaigns Together is an initiative to bring together national and local healthcare campaigns to share experiences and lessons, and where possible work together on issues of common concern. They have a list of affiliated groups and unions on their website, helping to connect campaigners.
Find them at:
www.healthcampaignstogether.com

Health Emergency

London Health Emergency (LHE) was established in the autumn of 1983 as a collective umbrella organisation for local campaigns defending hospitals in the capital against closure. It has continued to do this work through different phases of privatisation, and has expanded to reflect national issues rather than just London based ones. Health Emergency also carry out research around NHS privatisation, and is a useful resource for campaign groups, activists and journalists.
Find them at: www.healthemergency.org.uk

Keep Our NHS Public

Keep Our NHS Public is a non-party-political organisation campaigning to stop the privatisation and commercialisation of the NHS; fighting for the reinstatement of a comprehensive, universal, publicly funded, publicly owned, publicly provided and publicly

accountable, national health service – free at the point of use; and defending the NHS from cuts and closures and to campaign for the resources needed to provide excellent health care for all on a long term, sustainable basis. They are made up of dozens of local and regional groups, a full list can be found on their website at https://keepournhspublic.com/

NHS Solidarity
NHS Solidarity is a group of NHS doctors, nurses, patients and campaigners dedicated to standing up for a universal healthcare system available on the basis of need rather than the ability to pay. They aim to campaign to expose and reverse the NHS sell-off, which will block care for the poorest.
More info at: www.nhssolidarity.org.uk/

NHS Support Federation
The NHS Support Federation is an independent pressure group that campaigns to protect and improve the NHS, believing that everyone in society should have access to high quality healthcare regardless of their financial means. They believe the NHS should be funded through taxation and be fully publicly owned.
Find them at: www.nhscampaign.org/

Patients 4 NHS
Patients 4 NHS is run by a small group of NHS users who are deeply concerned about the way the founding principles of the NHS are being overturned, not least through underfunding and privatisation. They are concerned that there is little clear-cut information about the changes that the NHS is undergoing and that, as a result, many patients and prospective patients, health care workers and even some MPs are unaware of how and why the NHS is being gradually destroyed. They aim to provide and disseminate information about what is happening to the NHS is the most straightforward way possible.
Learn more about them at:
www.patients4nhs.org.uk/

People's Assembly Against Austerity
The People's Assembly Against Austerity is a broad national campaign against austerity, cuts and privatisation across workplaces, community and welfare services that is independent of any one political party. They have campaign groups locally and regionally across the UK, and

mobilise thousands of people to campaign against and think of alternatives to austerity.
Find them at: www.thepeoplesassembly.org.uk/

Psychologists for Social Change
Psychologists for Social Change is a network of psychologists, academics and therapists who are interested in applying psychology to policy and political action.
They have a number of local groups around the country with the aim of mobilising psychologists to be more involved in social and political change, to disseminate information on topics such as the psychological impact of austerity, and to influence public and policy debates.
Learn more about them at:
www.psychchange.org

Socialist Health Association
The Socialist Health Association are a campaigning membership organisation that believes that the NHS should be providing universal healthcare, free at the point of use and funded through progressive taxation. They believe the NHS should be accountable to the community it serves. They have a wide range of resources available on their website.
Find them at: www.sochealth.co.uk

Final Words

Final Words

We know students have changed the course of history and can do it again on a range of issues affecting ourselves and wider society more broadly. I really believe that we have a key role to play in shaping the future of the NHS and keeping it as a publicly-owned and funded service which is free at the point of use for everyone, and which is able to provide the very best services in all areas.

NUS has a range of ways that it can support you in your campaigning work on the NHS, mental health or both.

You can get in touch with NUS Disabled Students' Officer (disabled@nus.org.uk) or NUS VP Welfare for more general campaigning advice. For more specific guidance on healthcare relating to a particular group or demographic, e.g. migrants' rights to healthcare, contacting the particular officer is the best way to get support that specifically addresses the issues that group is facing.

Furthermore, we have a range of pre-existing resources which may be of use. For example, sample letters on influencing potential Sustainability and Transformation Plans are available on the Disabled Students' Campaign section of NUS Connect – it's worth regularly revisiting the website for new resources and guides. If you don't see a resource you want, get in touch with us to check whether it exists or we could explore working on it together!

The NHS is one of the key features of our welfare state and must always be fought for, protected against attempts to cut and privatise it, and improved in terms of the right and ability to access it for all groups across society. We hope that this guide helps students and students' unions in their campaigns to do that.

Good luck in all of your campaigns, and do get in touch if you need any advice or guidance!

In solidarity,
Rachel O'Brien
NUS Disabled Students' Officer 2017-19

Endnotes

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