Meeting with John McDonnell and Heidi Alexander House of Commons Committee Room 20 Wednesday 13 April 2016 1.30pm

(Note produced by Alan Taman)

About 40 attended, from a wide range of campaigning groups. Peter Roderick chaired the meeting. Joe Ryle and Harry Fletcher attended the whole meeting, as members of John McDonnell's parliamentary team, and Ben Nunn attended on behalf of Heidi Alexander's office. John McDonnell and Heidi Alexander joined the meeting after it had started: Heidi Alexander after 37 minutes and John McDonnell after 54 minutes. The meeting lasted for just under 90 minutes.

Joe Ryle introduced himself and the other two colleagues present and gave a brief outline of the consultation process he and the rest of the team had been undertaking around the NHS.

People were then given the opportunity to raise specificpoints. Principal points made included the following:.

The campaigners for the NHS had a vast amount of experience.

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Some individuals should form a think-tank for John and meet regularly with him.

Thought should be given as to how John and other MPs can continue to raise the need to keep the NHS as a public service.

John should call for support to attend the junior doctor picket lines.

John should liaise more with the trade union movement and the Royal Colleges.

Labour could win the next election by backing calls to keep the NHS public.

Labour party policy should not be ignored – motions on the NHS should not be ruled out of order.

There should be a sense of momentum for the NHS Bill: removing the internal market, getting rid of the purchaser-provider split and foundation trusts. Creating a coherent planning system. The majority of the Labour party is for this rejection of marketization.

Labour party should engage with the current process of dismantling, the transformation plans, shrinking the NHS to be a supplier of healthcare for people in financial need. There is a massive reorganisation going on now.

Joe responded by saying that the final agenda setting for policy was now being done and the process should be finalised by June. The NHS will be discussed next.

Further points made:

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A strong, visible opposition to government policy was needed.

John McDonnell referred to the NHS as a 'form of money laundering', this must be stopped.

Health must be regarded as a human right, never as a way of earning money.

The NHS should be Labour's top priority.

Once the sale of NHS land went ahead after site closures it would be almost impossible to reclaim it, this needed to be stopped now.

Joe Ryle assured the room that the current disappointment over Labour not placing the whole NHS as a priority for discussion as opposed to mental health alone would be passed on to Angela Eagle.

Every Labour MP should be wearing a green BMA badge.

Labour MPs were invited to attend the next junior doctor picket lines.

The NHS is dying and Labour have a unique opportunity to save it. Staff are worn out and lives are being put at risk.

Labour MPs should have no vested interests in private health provision.

The NHS has to be a policy now that the Labour party is focusing on now.

Campaigners will need to decide whether they can continue to trust Labour. We are going to an insurance-based system and Labour needs to identify this problem, call for Simon Stevens to go and reject the Five Year Forward View.

Data protection for health information is being abused by the DWP. Labour should stop this.

Will John McDonnell hold the government to account over care plans as people are being left without them?

Mental health alone is too easy a subject; the whole of the NHS needs to be addressed.

A real conversation must be carried on after today. Labour's future is on the line, as is that of the NHS.

A large re-organisation is happening now and is being escalated. This is dangerous.

We have hundreds of years of experience, in this room alone. We can advise you on policy far better than you are currently being advised.

Joe Ryle said that John McD was committed to an ongoing relationship. He asked how a think-tank might work and the structure of the relationship.

Health Campaigns Together was suggested as a network to use. Joe Ryle agreed to consider this further.

Irretrievable damage was being caused to the NHS now. Beds per head of population was falling.

Allyson Pollock then presented the following points to Heidi Alexander (HA) and the meeting:

The Health and Social Care Act was dismantling our NHS.

This year alone her student's research is showing that 170 CCGs have placed 3,000 contracts with more than 600 providers for mental health services alone highlighting the cost and fragmentation.

Will Labour make the NHS Bill part of its policy andre-table it?

What does HA see as the problems with the NHS Bill?

HA replied that:

Tory filibustering, used to stop the NHS Bill from being debated, were appalling.

This is a parliamentary device used to stop debate and is a source of consternation for the Opposition. This is what caused her to smile wryly at her government counterpart during the debate.

Labour would have allowed the Bill to go into committee then sought to amend it.

A desire to simplify NHS structures was at the heart of the Bill and there is some sense in trying to simplify the system.

HA was completely with campaigners on restoring accountability for the NHS back to the Secretary of State. Also completely agrees with a comprehensive health service, free of charge.

Labour is opposed to the introduction of charges in the NHS.

Labour believes the NHS should be exempt from TTIP.

Totally agrees that the provision of a free health service is the hallmark of a civilised society.

If she were SoS she would repeal the elements of competition from the HSCA.

She was concerns at the prospect of another reorganisation.

NHS performance is at an all-time low. Worried about what another reorganisation would cost and what it would do to destabilise the services.

The NHS bill would be a big reorganisation.

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The NHS has undergone too many changes already.

Priority is about working together to change the government, to get rid o the costs of competition.

Peter Roderick emphasised that HA's objections were centred on the need to avoid a large reorganisation.

It was pointed out that NHS services were alreadyundergoing reorganisations, but in the worst possible way because of the Health and Social Care Act, when theywere given away to private companies. The NHS Bill was the only easy way to stop this.

HA asked why the NHS Bill would redress the problems encountered. It was again emphasised that reorganisations were happening in the worst possible way already. HA replied that Labour needed to include proposals that it knew would work on going forward. Further points made from the floor:

Repealing Section 75 will not be sufficient to stop what is happening to the NHS. The NHS is already being reorganised all of the time. Why won't Labour commit to a publicly owned NHS that is re-nationalised?

An honest conversation is what is needed. The big change the NHS Bill would give is that the NHS would be working for the people again. The costs of compulsory competition were known – we need to have a thorough, honest conversation. We are being reorganise to death – but a serious debate on the NHS Bill is needed to the NHS can be given back to the people.

Scotland and New Zealand have reorganised very successfully to give a more public service.

HA replied that Scotland and NZ were quite small and the complexities in England were different. She had spoken to other meetings which held a different view. She saw the Bill as possibly creating turmoil. She wanted to halt privatisation and that is what she wanted us to achieve. Contracts going outto private sector providers on grounds of cost not quality; Labour needs to look at how the NHS is adequately funded to stop this and deal with the crisis in the workforce.

Jo Ryle gave a summary of principal points so far and repeated that Labour wanted to work with the campaigns going forwards as John McDonnell entered the room:

A think tank should be established to advise John

A publicly funded, publicly owned, free at the point of use NHS overwhelmingly demanded.

Labour has not done enough for the junior doctors' strikes.

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Labour MPs wearing badges.

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Conversations with the trade unions about some kind of NHS reinstatement bill.

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Labour had not been strong enough on the NHS Bill.

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Concerns about the reorganisation were felt to be false.

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Concerns about TTIP and the NHS.

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Labour not being visible and noisy enough.

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Disappointment that the NHS was not included in the first seven items for consultation.

Allyson Pollock then stressed three questions:

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Will the Labour party table the NHS Bill in the next session of parliament?

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If so, who will table it?

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How can we work with you on improving the Bill?

John apologised for being late and explained that he had led the debate on tax evasion. He said that the whole idea of the meetings was to engage people and stimulate the debate. A more discursive approach. HA had been appointed because of her honesty and her commitment to the NHS. This was an open-door discussion. Further meetings would take place. There is no lack of commitment to the principles for the NHS. The issue was that if Labour are going to table legislation, there was a need to get it right. Open and honest discussion was refreshing. This government was unlikely to fall so Labour had to position itself to an election in 2020. That gave it 18 months to establish key policy areas. That enables us to have an open conversation and arrive at a consensus whichthis is all about. But this would require a lot of conversationand engagement on any policy area.

John liked the idea of a think-tank.

The issue of the money is important. He would have to find amechanism to allow the NHS to grow on inheriting the budget in 2020. They were looking for a tax base to support this.

Further points from the floor:

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Could HA respond to Allyson's questions today?

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Some of the people HA were talking to are in the pockets of the private companies. HA needed to talk more to the kind of people at this meeting.

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The imposition of the Sustainability and Transformation Plan (STP, 'Footprint') areas for the NHS in England needs to be opposed.

The pace of change is appalling. We need to stop it. The NHS is being reassembled into handy packages for private conglomerates – something needed doing now.

Health Campaigns Together should facilitate a small team of people to meet with John and HA as a think-tank.

Massive further reorganisation was happening how, namely the junior doctor contract.

Labour MPs should wear the BMA badges in support of the junior doctors.

Labour MPS should visit their local pickets.

HA and John were passed green BMA badges to wear.

HA said she had not been on a picket line and did not plan to be. She thought that a large number of people would not expect to see the Shadow Secretary of Health on a picket line. Pressing the junior doctors' case was not about what she wore but about what she did in the House of Commons. In response to Allyson's questions, she said that Labour could not change legislation at this point because Labour did not have a majority in the House of Commons. She wanted to get this right going into the next election so the dialogue would continue, and she was happy to. She needed to get the detail right.

John assured the meeting that he would meet with campaigners again. There was a need to be astute in moving the process on and in making the process more engaging. He invited those present to keep engaged with the process.

[An audio file of the whole meeting was recorded and has been kept for reference. Please enquire over any specific points if further clarification or expansion is needed.]

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