



OXFORDSHIRE

NEWSLETTER

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STOP PRIVATISATION OF OXFORDSHIRE'S NATIONAL VACCINATION CENTRE !

Since 2018, the government has invested £200 million in a national Vaccination Manufacturing and Innovation Centre. Under the auspices of three UK universities, the [VMIC](#) has been crucial in the rapid development and manufacture of the UK's anti-Covid vaccine. Development of the Astrazeneca vaccine was 97% government funded.

A brand new purpose-built VMIC centre is due to open shortly in the science park at Harwell, Oxfordshire.

However, the government has put VMIC up for sale and a number of companies have expressed interest.

In recent weeks articles about the sell-off have appeared in the [Financial Times](#), [Independent](#), and [Tribune](#) and [Observer](#).

Health professionals associated with the work of the VMIC strongly oppose the sale because it would undermine the capacity of the UK to prepare to combat virus epidemics and develop vaccines in the future.



The VMIC building in Harwell (AFP/Getty)

Alec Sobel MP [raised concern in parliament](#) on 5 January. Shadow health minister Wes Streeting has expressed opposition to the sale, as has the County Councillor for Harwell Sally Povolotsky. Strong opposition must be built fast to stop the sell-off. Oxon KONP calls for local MPs and Councils to oppose it.

Oxon KONP is working with KONP nationally, We Own It, Socialist Health Association, and others.

- Raise it directly with your local groups, union, party, councillors, with your MP;
- Write opposing the sale to:

- Kwasi Kwarteng, Secretary of State
- Department of Business, Energy and Industrial Strategy
- 1 Victoria Street, London SW1H 0ET
- You can sign the [38 Degrees letter to Kwasi Kwarteng](#) (which passed the 80,000 signature mark on 18 January), and the [We Own It petition](#) (on 15,000).

THE HEALTH AND SOCIAL CARE BILL

Oxon KONP has written to MPs, and provided supporters with a model letter and addresses to write to members of the House of Lords to encourage opposition and amendment. The latest Unite briefing on the bill is [here](#); the July 2021 KONP statement [here](#).

PRIVATISATION, HEALTH AND THE CLIMATE

Changes in infectious disease transmission patterns are a likely major consequence of climate change. We need to learn more about the underlying complex causal relationships, and apply this information to the prediction of future impacts, using more complete, better validated, integrated, models.

– WHO [report](#) *Climate Change and Infectious Diseases*

As the climate emergency intensifies, its health impacts will become more acute. This will create more patients being treated for more severe illness in a health service more cash-strapped, less efficient, and more hamstrung by privatisation. It will create more disease, more pandemics, which scientists will struggle to cure and contain.

The climate emergency itself has been created by the needs of capitalism for growth. Privatisation and environmental catastrophe go hand in hand. Private water companies hand billions in profits to shareholders while pumping raw sewage into our rivers and seas. The UK's privatised energy sector protects bottom lines instead of investing in a transition from fossil fuels to renewables.

To save thousands of deaths each year from air pollution, car journeys must be reduced, internal combustion engine taken off road, and publicly owned transport expanded.

We need a national health service, fully funded, in public hands, fit for the future.

Instead, in a bitter irony, we find our NHS itself contributing to the global disaster. A result of defunding and running down our health services has been that steps which could have helped – putting solar panels on hospital buildings and land, greening the ambulance fleets, rebuilding local health facilities to high green standards – are still a pipe dream. The NHS instead is a net contributor to the climate emergency in the UK - roughly [4 per cent of the UK's carbon emissions](#) come from the NHS.

In Oxfordshire, instead of creating or preserving closer to home, accessible facilities (such as community hospitals), lack of investment and closures have driven people to travel long distances into Oxford to the mega hospitals in Headington

Fighting for a well-funded, accessible Health service fit for the world of pandemics and climate extremes we find ourselves in will help us all – and can contribute in no small way to reducing our emissions.

STOLEN TREATMENTS

Below is a simple list of what is happening in Oxfordshire as a result of de-funding our NHS over the last decade, of a big reduction in training opportunities, and a growing private market waiting to pounce on our frailty.

Stolen Treatments include:

- ones no longer offered on the NHS at all;
- those which are rationed – and only available if a condition gets really bad; and
- those for which there are hugely long waiting lists.

Example of treatments and conditions requiring them are:

- Ears – wax removal,
- Skin – cyst removal
- Varicose veins
- Feet – podiatry
- Hernias
- Prolapses
- Fertility treatment
- Mental distress (all ages and types)
- Hip and knee replacements (available but only after a long wait)
- Heart and cancer operations (increasing waiting times/cancelled operations)

This list is the tip of the iceberg ... do write in with your story.

This all leads to a growing private market in:

- Minor operations and private hospitals
- Private health insurance
- Ear wax removal
- Eye treatment – cataract and Laser
- Skin cyst removal
- Hearing aids
- Podiatry
- Physiotherapy



If you live in Oxfordshire, you now have to pay – if you can afford it – for ear wax removal if you are under 55, and if you are over 55 without any other hearing issue or condition. This was a free NHS service. Specsavers will provide.

This is happening because the government have starved the NHS of cash. Meanwhile the NHS are being forced to get the private sector to do their work, which creates further damage.

Many private firms use these NHS contract to grow their private work – a good example is somewhere like Boots or Specsavers, which carry out NHS free checks and then offer their own products and add-on tests selling them as ‘better’ than the NHS provision. In Oxfordshire ears, eyes, physio (muscular skeletal services) are ‘outsourced’. They should all be brought back ‘in house’.

Stolen Treatments are not new. For three years after the NHS was founded in 1948, prescriptions, glasses and dental treatment were free. That ended under Churchill in 1951 (free prescriptions were reintroduced under Wilson 1965-8). But now the avalanche is under way.

6 reasons why the private healthcare bonanza is bad for our NHS and health

- Private firms’ main aim is to make a profit for their shareholders. This leads to them taking easy treatments, not complex ones, and making sure their NHS contract allows them to give problems back to the NHS – through A&E, or sending them back to the GP. And the private sector doesn’t train its staff – it gets its trained staff from the NHS...
- Private firms fragment the health service – evidence shows that for the most part the GP–specialist link is increasingly difficult once the ‘provider’ is outside the NHS. This is very bad for the patient.
- Private firms make timely intervention more difficult than if everything is done by the NHS. An example is when the GP refers a patient for tests and scans to a private company, and that company has another contract with another private provider for the daily kit they need to keep the scanner running. A recipe for hold-ups and delays when the essence of the work has to be speed of diagnosis and treatment.
- Private firms cost more. Servicing contracts, keeping an eye on performance, takes time and effort which costs money. They are also not flexible – they just do what it says in the contract. Health and illness in a population doesn’t work like that.
- The impact on the rest of the NHS of all these private contracts for diagnostics, simple operations, therapies such as physio, is pretty devastating. Trained staff move to the private sector which doesn’t pay for their training. The training offered in hospitals is disrupted because all the routine operations have been removed to the private sector. NHS staff are dealing increasingly with the most complex, most difficult to treat, direst emergency cases.
- Other things being equal, private health care will not be as good as public health care simply because a profit is raked off.