YOUR health care is being privatised. Your body's allowance of care is now a source of concern for you but to someone else they will be soon be sold to the highest bidder and marketed. How do I know?

I am a health professional employed in the NHS.

A short while back, my colleague and I started to receive emails regarding changes to our personal care.

One included a form offering voluntary redundancy and the others advising us that we had an 'opportunity to become part of a social enterprise trust' (SERT), an SERT is termed a third sector organisation, a non-profit, non-governmental sector. Other third sector organisations are charities and voluntary organisations.

We were invited to hear what this entailed and how it would affect us. As far as the term 'consultation' goes, I am sure the length managers are meant to go to when restructurings are not.

I am one of the affected staff in the primary care SERT push. I see myself as a primary care nurse and administration staff sit all over the county.

My colleagues and I are clinicians whose clinics move across the population and are not based in the place the meeting was to be held.

We have patients booked in advance and rely on our clinic to work. We work through lunch breaks and between the times and are too stressed during working hours to read the 11 government documents we were given a link to.

All of the consequences of the government's new requirement to privatise our work is on the table anywhere.

The coalition allowed this to happen with no consultation even of its own evidence of staff engagement.

They sell us a bill of goods andkad our respectable nurses into defenceable leeches - how very engaging.

The SERT system was something that was non-mandatory being introduced by the previous government but now it is being implemented with some speed and has no basis, which is to be scrapped and, I feel, detrimental to health, in a situation on a more 'business-like', level in order to work with the private sector.

As with the white paper there is feeling of the sanitised proposed changes are being introduced and asked regarding the NHS Act 2008, which states the trust organisations (strategic health authority; local primary care trusts; NHS trusts, and NHS foundation trusts) are required to make arrangements to involve and consult patients and the public in planning and the provision of services; the development and consideration of proposals for changes in the way those services are provided, and decisions to be made by the NHS organization affecting the operation of services.

The public were meant to be consulted but if I don't know what's going on, how on earth would people outside of the NHS?

Change

The reality is that change is not about the public being given choice or responsibility for up to 80 per cent of the NHS budget.

This sounds good in theory. These people are those who know what is needed locally and who see the patient as someone with lifelong needs, not just a number on a spreadsheet to be discharged following a hip replacement.

However, GPs do not have the time or wherewithal to decide where the budget they are being given should be spent. Who should get the treatment, yes, but how it will be delivered, not so sure.

They are doctors - that's what they do - they care for people. The job of choosing where the money will be spent may be contract out - maybe to private companies that are looking for a profit - profit drawn from the NHS's 'ring-fenced' fund.

There are already private health companies expressing interest in taking over the running of connecta from the GPs, before they have even started.

Amongst the jobs to be done by these companies are finding the legal people, doing the admin, billing etc - jobs already being done by PCTs. There commissioning bodies, with their 80 per cent NHS budget, will look for a provider for a particular service for a particular patient need and, for example, my department will go up against non-public sector groups to provide the needed service.

If that group can provide it cheaper, then I fear that group will get the work.

The work I person I really have to questions which are costs and need to be answered by the public sector.

Who will ensure we are safe in our hospital beds or that we are receiving the correct treatment? Apparently the Care Quality Commission will ensure the hospitals are up to standard.

The public think they are getting a raw deal now from the NHS, but I can tell you most of the issues people have with the NHS are with regard to sections long since put out to private contract - cleaning, agency nurses, staff on short-term contracts, call centres, NHS deliveries and many more departments.

Within the proper NHS, quantitative outcomes dominate most treatments - in some trusts nurses doing pre-operatibe assessments have their time to assess so reduced that they know unsuitable patients are being sent for anaesthetic and surgery. This will get worse with markets and competition being brought fully into the NHS. People will die as a result.

In a few years time I may not have a job if our service is under utilised.

Then my patients will have to be seen by the quick-fix private sector, and their long-term health will probably be affected negatively.

In a few years time our health service will no longer be 'national' as in 'public', but 'national' will be a collection of competing business. The Government says competition in health care will be a good thing, but there is no evidence of this.

There is no unbiased research undertaken that shows introducing competition into healthcare is a good thing.

None of the US studies show only a similarity of quality at best between free healthcare and insurance-provided. There are plenty of studies showing competition will produce greater inequity and lead to poorer quality of patient care. I could say the private sector has created a crisis for which the public sector is being made to pay, that this is back-door privatisation.

That is what it seems at first glance. But it is actually an ideological change to our healthcare system. We know this as the reforms have no evidence to back them. So clearly it is not for the good of the public.

It is privatisation and it is not only unnecessary, but deadly.

An anonymous NHS worker in Gloucestershire talks about her fears over changes to the health service and what it means to staff and patients.

Your NHS is slowly being slaughtered.

New home in garden

OBJECTORS have failed in their bid to stop a garden rash going ahead. Stroud District Council approved a proposal to build a home in the garden of Mrs Spradley on Wednesday last week.

Although there were seven objections which stated the new home would be out of keeping with the look of other properties, add to existing parking problems, and displace some on road parking, the application was recommended for approval.

The council's development control committee went along with that advice and awarded planning permission on Tuesday.

There were three letters of support.

Improve your English skills

BUDDING linguists are being encouraged to sign up to their English skills.

Wanting to be part of a creative set and design course is now available at Piercy House Tredworth. Courses are at low cost and are run over six weeks depending on chosen course.

For further information on the courses contact local education at GL Communities on 01453 848200.

Quirky poems on CD release

POET Dave Harvey has released a new CD in time for Christmas. The 33 track collection features songs and poems, many performed in the famous 'Forest' dialect. Sevens & Poems 2 follows on from the success of Dave's first album and both will be available in the Forest Bookshop in Coleford. The CD was recorded at Berry Hill Studio.

It's playtime

NEW children's play items have been put in Woodrow Play Area, in Woodrow Way. Chair of the parish council Cllr Anna Morris said: "We hope that this will encourage little ones to be more adventurous and have fun."

Replace garage

A TWO-BEDROOM house could be built in Maislin. Plans have been submitted to Gloucester City Council to build the house near Maislin Bridge.

Residents said the house would be a better use of land taken by an unused garage.