Combating Slavery in Supply Chains
House of Lords Short Debate

Thursday 30 October 2014

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow every year.

Background
The BMA is at the forefront of campaigning for ethical procurement in the NHS, in order to encourage NHS organisations to incorporate ethical standards into their procurement processes and to ensure that consideration is given to the social impact of purchasing decisions. There is an uncomfortable paradox in providing healthcare in the NHS at the expense of workers’ health in its supply chains. There is a risk to the reputation of the NHS through inaction, but conversely the importance and spending power of the NHS presents a real opportunity for it to take a lead in ethical procurement. We are also monitoring the progress of the Modern Slavery Bill and support the recommendations of the Modern Slavery Bill Evidence Review and the Joint Committee on the Draft Modern Slavery Bill for legislation to encourage transparency in supply chains of UK products and imports. We have called on the government to legislate within the Bill to ensure fair and ethical practices in supply chains.

Supply chains
In the UK, the NHS spends in excess of £40 billion per annum on the procurement of goods and services. The supply chains that provide these commodities are global, and employ hundreds of thousands of people worldwide. If major manufacturers and suppliers of healthcare products strive to ensure fair and ethical practices in the manufacture of their products, then the potential impact on global supply chains is vast.

Slavery
There is a growing body of evidence that, in some cases, the basic employment rights of people in these supply chains are being exploited. Labour rights issues have been documented in the manufacture of several medical products:

- An estimated 10 million surgical instruments used in the UK each year are manufactured in northern Pakistan. Most of the 500,000 manual labourers in this industry are paid less than US$1 per day for 12 hours of work with little job security and risk of serious injury from machinery. Poor remuneration contributes to the proliferation of child labour, and several thousand children are employed full-time in this industry some as young as seven.
- An investigation in Malaysia of one of the largest global manufacturers of medical gloves reported that many employees were migrant workers who worked over 80 hours a week, and risked sexual and physical harassment.
• A study of south Asian healthcare uniform manufacturers documented illegal working hours and a ban on unionisation.

• A manufacturer of surgical masks in Mexico has sought cost reductions through the use of hundreds of home workers, but such workers received no employee benefits and only an insecure income.

There have also been issues with the provision of services to the NHS:

• Migrant construction workers employed on an NHS site have been subject to illegal wage deductions from their employer.

• Migrant nursing staff employed in care homes in the UK have been exploited, receiving earnings below the minimum wage and working excessive hours.

• Cleaners on an NHS site employed through an agency were paid the minimum wage, whereas those who were employed ‘in-house’ for the same job received 16 per cent higher pay.

The NHS has a responsibility both as an employer and as the national health system in the UK to ensure that its practices do not negatively impact on the health and wellbeing of workers making products outside the UK that ultimately supply our hospitals and practices. The NHS must ensure that the goods purchased are manufactured in conditions that adhere to international labour standards.

The BMA therefore is calling for:

• All NHS authorities, trusts and clinical commissioning groups who procure to undertake a risk assessment of their procurement activities and instigate appropriate action to protect working conditions, human rights and environmental protection in the supply chain. Labour rights should not be considered in balance with cost, but adherence to minimum standards should be an absolute requirement.

• Suppliers should be required to demonstrate their commitment to labour standards by showing that they have a system in place for recognising labour issues and for dealing with these appropriately. This should be considered a qualifying statement: those who do not demonstrate a commitment to improving working conditions where required are disqualified as a supplier.

• Mandatory reporting by NHS providers including hospital trusts, primary care trusts and clinical commissioning groups will also be necessary, to ensure that action taken is monitored and progress is measured.

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Notes and references

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