

Executive summary to accompany:

NHS CRISIS: INTO THE RED ZONE

Keep Our NHS Public Briefing Note for MPs, councillors and health campaigners in England in the aftermath of the June 2017 election, by Dr John Lister.

See fully referenced **text version** available from www.healthcampaignstogether.com¹

Post-Election 2017: NHS under new threats from an unstable government

Threats to the NHS and social care are real and immediate. Sustainability and Transformation Plans contain disguised cuts equivalent to £22 billion in annual health funding by 2020/21. The Capped Expenditure Process (CEP) imposed on 14 STP areas is leading to further dangerous cuts – now!

The crisis in NHS staffing vacancies is worsening by the day.

NHS performance outcomes are missed and targets relaxed – with very real impact on patients.

There has never been a time when it has been more urgent and important for MPs and local councillors to raise demands with Government.

Theresa May has no mandate to pursue any further cuts, privatisation or top-down reorganisation of the NHS in England. Her government is weakened by the loss of its majority, and by uncertainty coupled with open conflicts within the Conservative Party.

Many Conservative MPs with drastically reduced majorities are painfully aware that their seats could be at risk, whether or not they are seen to be fighting hard to save local services – threatened by reconfiguration and STPs or undermined by the continued freeze on the NHS budget.

The important role of councillors and elected councils to use the powers they still have in relation to health is underlined by recent developments in Hackney, Hammersmith, Ealing and Calderdale & Kirklees (see main briefing). NHS services can and must be saved.

Capped Expenditure Process – further financial squeeze on NHS trusts: this bullying must be challenged now

Fourteen STP areas are being subjected to the Capped Expenditure Process (CEP), a new rigorous regime developed behind closed doors by NHS England in the “purdah” period before the election. CEP imposes threats of special measures on any STP area within which any one trust or CCG has not signed off its financial control total. In those 14 areas, senior NHS managers have been told to “*think the unthinkable,*” including “*changes which are normally avoided as they are too unpleasant, unpopular or controversial*”. Such threats will lead to dangerous and arbitrary decisions across the landscape – including in some core Conservative heartlands.

Proposals include the reduction in Cheshire in the number of endoscopy screening tests, potentially putting cancer patients at risk; restricting access to a range of elective operations; and even to angiogram and angioplasty procedures for potential heart attack patients in Surrey and Sussex.

So provocative have these CEP-inspired proposals been, that they have brought condemnation from the Conservative chair of the Commons Health Committee, Sarah Wollaston:

“I don't think that these extra cuts are reasonable. You can't justify £500m to the DUP while taking another £500m out of the English NHS.” (The Guardian)

¹ Text version of *The NHS – Into the Red Zone* with all references available from <http://www.healthcampaignstogether.com/pdf/NHS%20Into%20the%20Red%20Zone%20final.pdf>

Faced with this pressure, NHS Improvement has diluted but not withdrawn the poison. They have announced a series of regulations contradicting/mitigating against the purpose of the CEP. *Elected representatives must hold NHSI, NHSE and local CCGs to these new prerequisites to be met before service cuts or restrictions are enacted.* (See full briefing)

The CEP target for savings (originally £470m) remains a still daunting £250m by March 2018.

Naylor Review threatens massive sale of up to £5bn NHS estate assets

The Naylor Review recommends the enforced sale of supposedly 'under-used' and 'surplus to requirements' NHS estates assets. During the general election, Theresa May committed to using NHS estate sales as a major part of her NHS financial plan. She endorsed plans laid down in the Naylor Review to speed and enforce the sell-off. 'Project Phoenix' incredibly is a linked scheme to borrow new private finance to fund developments aimed at increasing the potential market value of the NHS assets being sold. Sale proceeds could be used to offset the revenue deficits of NHS trusts – literally selling off the assets to pay the bills. But NHS public assets have been built up over decades and centuries – once sold, those resources will be lost forever. And through 'Project Phoenix', the NHS is saddled with escalating private finance contract repayments for 30 years. These plans make no sense. *The NHS publicly owned estate is needed for urgent new hospital capacity, better patient and staff car parking, affordable housing for NHS and social care staff, intermediate care provision, mental health inpatient and day-care capacity, primary and community care provision.*

Symptoms of the growing crisis in the NHS and social care

Cumulative impact: *red alert*

Evidence: *see the most recent NHS Providers' member survey*

- only 28% of trusts have secured a commitment from their LA (given the LAs' own severe difficulties) that the extra social care funding will be used to directly reduce 'delayed transfers of care' (DTOCs) hospital to community care, and thus ease NHS capacity
- only 18% of trusts believe they have a commitment sufficient to reduce DTOCs to the NHS mandated maximum of 3.5%
- 64% of trusts report a lack of ambulance capacity
- 71% a lack of acute capacity
- 76% a lack of community capacity
- 80% a lack of mental health capacity
- 91% a lack of social care capacity and
- 92% a lack of primary care capacity

And in addition:

- 40,000 nurse vacancies (RCN, May 2017) undermine patient safety and quality of care
- ... yet Jeremy Hunt is planning to privatise NHS Professionals, the NHS' own locum agency, which has saved the NHS £77 million last year alone. **Hunt's intentions are clearly ideological.**
- 15,000 beds lost since 2010 – 9000 acute; 6000 mental health and learning disability
- ... yet major reconfigurations, closures and mergers threaten 10s of thousands more beds and jobs

NB: The crisis of under-provision in mental health is expanded further in the full briefing

MPs, councillors – we need you with us to oppose STPs, the CEP and the Naylor Review!

Reality of NHS crisis hits home – plans are changed

Leicestershire has reined in on planned swingeing cuts in acute bed numbers after the high-profile chaos and delays during last winter. The downgrade of North Devon Hospital in Barnstaple has been reversed unexpectedly by the acute services review following a huge campaign across the north of the county. In South Essex, plans to downgrade A&E services in Southend and Chelmsford's Broomfield Hospital and centre services in Basildon have been abandoned. Huddersfield A&E is referred to the Secretary of State and Independent Review Panel. *A common theme has been strong lobbying and action by local KONP and other health campaign groups highlighting the clinical risks inevitably flowing from the proposed decisions*

STP authority to act against individual CCG or LA interests challenged by CCG & LA

City & Hackney CCG has challenged head on the legal status of STP implementation boards and their intention to appoint a single accountable officer who could compel local trusts or CCGs to take decisions contrary to their local interests. Hackney Council Health Scrutiny Commission has also called for a halt to this decision and a review. Hammersmith and Ealing Councils have refused to endorse the NW London STP with its plans to close and sell off the site of Charing Cross Hospital. *We ask every MP and councillor to consider these important results: the NHS has been defended by local democratic processes and an insistence on LA and public scrutiny. Please join in.*

Are there positive points to STPs?

Some elected representatives and some unions and other organisations try to see positives in the 44 STPs. They point to the process (in theory) of engaging all the providers, commissioners and local authorities in joint enterprise. They buy in to the proclaimed goals of 'excellent community based care' and care 'closer to home' replacing the need for hospital care. They echo the NHSE assertion that there will be joined up health and social care. *Who could argue with all that if it were real? But it is not.* The reality is truly swingeing cuts and a tipping point for the NHS. Integrated good health and social care is totally impossible without (a) proper funding of each and (b) strong safe acute hospital care accessible to the local communities.

The avowed task of STPs is to drive through cash savings which CCG commissioners would not be able to achieve alone. *Any positive potential is completely outweighed by the damaging financial context, the trajectory of, secrecy over and lack of consultation on the drastic agenda of the STP programmes.*

Accountable Care Systems

NHS England has repeatedly advocated that STPs should develop into US-style Accountable Care Systems. The first eight Accountable Care Systems have now reportedly signed a Memorandum of Understanding – the text of which has not been revealed. HSJ speculates from previous MoU drafts that the document requires each ACS to commit to working in line with NHSE-set objectives. **In other words, while posing as local bodies, they in fact strengthen central control.** NHSE is imposing on all of the commissioners and providers in an area a cash-limited budget – one grossly inadequate to meet the needs of the local population. Each ACS will be expected to be *"more assertively moderating demand growth"* and will face *"stringent quality, finance and governance demands"*, facing strong measures

should efforts to deliver universal, equitable and safe care prove incompatible with meeting the imposed cash limit. *Illuminating comparison with the US experience is explored in the full briefing.* ²

Comment on the latest Commonwealth Fund findings, leapt upon by Hunt and NHSE

The Commonwealth Fund is a US foundation which has the stated charitable aim of improving access to healthcare for America’s poor and excluded groups. ‘Mirror, Mirror’, their occasional comparative survey of health care systems in the US and ten other leading developed economies, relatively easily demonstrates the poor performance of US healthcare, despite the much larger share of GDP allocated to health in the US. In its latest findings (2017) it has found the NHS to be best amongst the 11 nations’ health systems. We have welcomed similar findings in an earlier report in 2014.

However, firstly, the data used for this report comes from government-published statistics, compiled by the OECD and WHO bodies up to 2014/15 and **does not cover the last two years where the NHS has been under drastic pressures.**

Secondly, the comparisons are based not on clinical data, but on surveys of doctors and patients.

Thirdly, where the NHS comparatively fares worst once again is on outcomes. Health outcomes are affected by many factors, including social exclusion, poverty, inadequate housing, poor education and the resulting health inequality.

Lack of significant investment in primary health care and problems of access to increasingly centralised services are almost certainly factors in late detection of health problems.

The Nuffield Trust Chief Executive Nigel Edwards has suggested that repeated reorganisation and disruption of the healthcare system through ill-judged ‘reforms’ may also have played a role.

Legislative way forward

The competitive market created in healthcare in England is the driving force behind the replacement of professionalism by managerialism, the wastage of £billions annually and a change in the core ethos of the NHS. Cooperation has been replaced by competition. STPs cannot overcome this. Moves to better integration have been halted by the disintegration brought in by the Health & Social Care Act, unfunded uncoordinated devolution and the break-up of the NHS

*Legislative reform is essential to scrap the market, restore professionalism and recapture the integrity and values of the NHS. The **NHS Reinstatement Bill** (www.nhsbill2015.org) is supported by 71 MPs from four parties. It offers a coherent approach to restoring the NHS to its pre-Thatcher form, before the “internal market” and contracting out of support services.*

Work with health campaigners to act now to save the NHS

We cannot simply wait for another election

MPs – nationally, join the call to:	Councillors, MPs – work locally to:
<ul style="list-style-type: none"> ● End the freeze on NHS spending and pay ● Reinstatement student bursaries ● Oppose cuts and cash-driven closures ● Oppose NHS privatisation ● Support publicly funded, publicly provided NHS and social care ● End the competitive market in health care 	<ul style="list-style-type: none"> ● Please invoke your scrutiny powers ● Insist on full consultation ● Oppose health cuts in the STPs ● Demand halt to social care cuts ● Get LA chief execs on STP board to oppose STP cuts ● Brief and engage your local MPs

² See text version of *The NHS – Into the Red Zone*

<http://www.healthcampaignstogether.com/pdf/NHS%20Into%20the%20Red%20Zone%20final.pdf>

Appendix: Fourteen STP areas named in the Capped Expenditure Process

Named health economy	Relevant 'footprint' / STP area
Bristol, South Gloucestershire & North Somerset	39
Cambridgeshire & Peterborough	21
Cheshire (Eastern, Vale Royal & South)	Part of footprint 8: Cheshire & Merseyside)
Cornwall	36
Devon	37
Morecambe Bay	Part of footprint 4 – Lancashire and South Cumbria
Northumberland	Part of footprint 1 – Northumberland, Tyne & Wear
North Central London	28
North West London	27
North Lincolnshire	Part of footprint 13 – Lincolnshire
South East London	30
Staffordshire	10
Surrey and Sussex	33 – Sussex & East Surrey; 34 – Frimley Health; 35 – Surrey Heartlands
Vale of York & Scarborough & Ryedale	part of footprint 6 - Coast, Humber & Vale