THE lowdown

Health news, analysis and campaigns.
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Informing, alerting and empowering NHS staff and campaigners

Rising toll of NHS staff lost to Covid-19

Neither Matt Hancock nor Chief Nurse Ruth May had bothered to find out the number of NHS staff who had died as a result of the virus when they appeared together in a press briefing on April 11.

Hancock handed over to May, and May hid behind the weasel words that it was "inappropriate" to give numbers.

The next day Hancock gave an inaccurate total of 19: since then it has risen fast, and ***Nursing Notes*** latest total of NHS and social care staff (April 13) is 44.

The longer the shortages of PPE persist, the more staff will pay the ultimate price for their dedication to a service that shows them so little respect.

When will NHS managers speak up to support staff needing PPE?

Home Secretary Priti Patel , questioned on April 11 about the lack of personal protective equipment for NHS staff dealing with Covid-19 patients, said "I'm sorry if people feel that there have been failings."

The next day Matt Hancock also refused to apologise to the staff working in impossible conditions and to the families of the rising number of doctors, nursing, allied health professionals, support staff and social care workers who have died as a result of the pandemic.

The phrase "sorry if people feel" seems to have been devised by lawyers keen to avoid any potential legal liability for the government's persistent failure to deliver adequate supplies of PPE.

The Business Secretary used the same phrase in joining the chorus of refusal to apologise or explain not only the shortages of PPE – for which NHS Providers have belatedly published some details – but the wilful deception of ministers and officials claiming that supplies were plentiful.

It wasn't until April 10 that Hancock belatedly published a plan for distribution of PPE

As NHS providers CEO Chris Hopson sums up, Hancock has for weeks been "publicly quoting ever-growing figures of how many millions of pieces of PPE are being delivered to the frontline."

It's three weeks since England's Deputy Chief Medical Officer, Jenny Harries, told a press conference on March 20, 2020: "The country has a perfectly adequate supply of PPE." Hopson's latest article explains clearly that this wasn't true then, and it's even less true now.

It wasn't until April 10 that Hancock belatedly published a Department plan for distribution of PPE – while pointing the finger of blame at staff for "over-using" PPE, which he said they should regard

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How do we escape from lockdown?

Community testing, new tech and an army of volunteers

Paul Evans

Mass testing of the community for Covid-19 is not yet a priority in the UK, despite evidence from South Korea and China showing that it was vital in beating back the virus – so why aren't we recruiting an army of public health volunteers to help make it possible?

The theory is that tracking down people who have newly acquired the virus before they have time to pass it on will help put a lid on transmission. It is a standard tool in the public health response to infectious disease and the UK deployed it at the start of the Covid-19 outbreak.

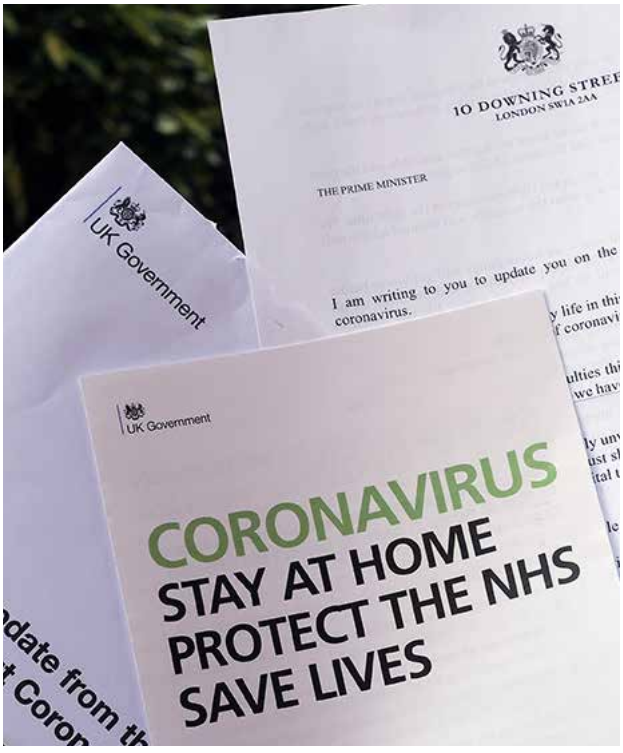
The World Health Organisation advice to governments is clear, "isolating, testing and treating every suspected case and tracing every contact must be the backbone of the response in every country. it is the best hope of preventing widespread community transmission"

Once a pandemic was announced though, the UK government changed tack, switching the focus of testing resources on to hospital patients.

Two weeks weeks on and it's still trying "to ramp up" testing for NHS patients and their families, as around 10-15% of health staff are reportedly away from work as they can't be sure whether they have the virus or not.

The government is aiming to carry out 100,000 tests a day in England by the end of April, but by April 12 daily testing had only reached 14,506.

It remains unclear how much of the new target will be community-based, but Mr Hancock confirmed that the ultimate goal is to roll out mass community testing "as soon as possible", so that "anyone who needs a test shall have one".



The government is aiming to carry out 100,000 tests a day in England by the end of April, but by April 6 daily testing had only reached around 14,000.

What's the exit strategy?

Labour's new leader, Keir Starmer joined others in calling for the government to reveal how it plans to lift the lockdown restrictions. On Sunday government adviser, Prof Niall Ferguson told the Andrew Marr programme that the government had yet to finalise its plan.

British paediatrician and former WHO director Dr Costello says the government has been "too slow" to expand testing, especially in the community.

"The government's tests will measure how many people have had the virus, and will show whether health workers are immune – but without community surveillance, tests alone won't prevent its spread."

Evidence from China and South Korea shows that community testing, contact tracing and quarantining, is a crucial component in controlling the spread of the virus and can be done at scale.

Hinting that mass community testing should be part of the government's plan, Prof Ferguson said that far more swab tests were needed to track new infections and to trace and quarantine points of contact.

He confirmed that 50,000 of these tests would be needed a day to allow ministers to start easing strict social distancing measures.

Variable and local plans needed

Monitoring the spread of the virus through the community opens the potential for a more tailored strategy, lifting restrictions depending on the local situation, an approach used by the Chinese authorities.

The UK lockdown strategy has already attracted criticism as a blunt and imprecise tool. Devi Sridhar, professor of global public health at University of Edinburgh said:

"Everyone in quarantine [is] not sustainable. It's really expensive economically and socially. There has to be a safe way out of lockdown and I can't see any other way than mass testing. We have to figure out who has the virus, who they are around, and change it so only they are in quarantine.

Professor Allyson Pollock, a consultant in public health and academic at Newcastle University told the Guardian:

"The government needs to recognise that this isn't just one big epidemic. It's lots of outbreaks at different stages that all need to be tackled locally through local teams, and local action plans in each area so measures can be lifted over time."

Mass testing is possible

At no stage has China moved away from community testing. In Wuhan – a city with a population of 11 million, more than 1800 teams of epidemiologists, each with 5 people collectively traced tens of thousands of contacts

each day, quickly putting people into isolation.

Similar teams worked in provinces across China and a measure of their success is that 1-5% of the contacts they traced subsequently tested positive for the virus.

The first report on the Chinese response, by a 25 strong group of scientists, confirmed the importance of community testing, Dr Alyward the leading academic told the New Scientist

"To actually stop the virus, [China] had to do rapid testing of any suspect case, immediate isolation of anyone who was a confirmed or suspected case, and then quarantine the close contacts for 14 days so that they could figure out if any of them were infected,"

Japan, Singapore and South Korea are pursuing mass testing and contact tracing throughout their outbreaks of the virus.

Learning from their MERS outbreak in 2015 South Korea has set up a network of 96 public and private laboratories to test for coronavirus. Drive through testing was available from early on in the outbreak, but later they introduced on-street testing, where the public can enter a booth, be tested and receive the result within 6 hours.

In Singapore teams of police officers were recruited to help track contacts. UK academic Prof Allyson Pollock has suggested that an army of volunteers be recruited and trained-up to help with contact tracing, an idea that comes as the number of people signed-up to the NHS volunteering website has passed over half a million.

Prof Pollock also believes that the government has ignored some of its own key advice:

"The government's evidence includes an important paper by Keeling et al on the impact of contact tracing on disease containment. This shows how, if basic public health measures are implemented, the transmission of the disease can be markedly reduced and the disease contained, without the draconian measures we are currently being subject to."

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Tech can help scale up testing, but what about privacy?

In the Chinese Province of Zhejiang a system of health QR codes was used by everyone in Hangzhou to track and stop the progress of the virus. Each individual was responsible for recording their temperature and updating their online profile.

After filling out the questionnaire, users receive a colour-based QR-code, on their mobile phones indicating their health status. Green code allowed free movement, yellow required seven day quarantine whereas red a 14 day self-quarantine.

Following the Sars outbreak laws were passed in South Korea to ensure the government could access data about people's movements to help them track the disease.

Messages are sent directly to phones telling South Koreans when a person in their district has been diagnosed with the virus and informing them about their whereabouts.

Some of these intrusive measures will be a step too far for many governments, but US scientists have already called on Apple and Google to embed contact testing apps in their operating systems and suggested ways to preserve users rights and yet scale up the potential for identifying cases and enabling self-quarantine.

"Apple, Google, and other mobile operating system vendors should work to provide an opt-in, privacy preserving OS feature to support contact tracing.

In the UK software specialists at Oxford University are working on an algorithm inspired by the Chinese app to help individuals monitor their health and advise on isolation, which could be rolled out as part of the lifting of the lockdown.

An NHSX spokesperson told the New Statesman: "NHSX is looking at whether app-based solutions might be helpful in tracking and managing coronavirus, and we have assembled expertise from inside and outside the organisation to do this as rapidly as possible."

But concern about privacy have been raised in an open letter to NHSX by a group describing themselves as responsible technologists:

"There is little detail in the public domain about who will build the app, how it will work, how its effectiveness will be monitored and who will provide oversight over its proportionality and compliance with fundamental rights.

" It is unclear how data will be collected and processed, whether there are strict legal limitations on the purposes for which this data can be used now and in the future, how and where it will be stored, for how long, and who will have access to this data, either now or in the future."

NHS trust debts written off: now for a real change of regime

John Lister

News that the Department of Health and NHS England have agreed a formula to write off the staggering £13.4 billion of loans that have been propping up NHS trusts and foundation trusts will be welcomed by many – but is little more than belated recognition that the "debts" were so huge they could never have been paid off in the first place.

The government press release announcing the decision itself admits that while a handful of NHS trusts had managed to keep their accounts in the black, the vast bulk of the NHS has been massively under-funded over the last ten years of austerity:

"While many NHS trusts manage strong finances, under the existing rules, some took out loans to plug financial gaps in their day-to-day (revenue) or capital (infrastructure) budgets."

The scale of this is substantial: according to the government's statement "107 trusts have an average of £100 million revenue debt each, with the 2 trusts with the highest debts reaching a combined total of over £1 billion."

This is an understatement: many more trusts have run up loans in the tens of millions, and most of these have long ago passed the point where there was any hope that the loans could be repaid.

However the austerity squeeze has also driven the substantial reductions in numbers of acute and mental health beds, resulting in the soaring waiting list, missed waiting time targets and worsening crises each winter and often year-round.

It has led to management efforts to centralise and downsize acute hospital services, dilute skill mix, cut use of agency staff and leave growing numbers of nursing and professional posts unfilled – all of which have left the NHS desperately ill-prepared to tackle the Covid-19 epidemic. Cash constraints were also one reason why Jeremy Hunt and the Department of Health decided in 2017 to override professional advice to stockpile eye protection after plans to deal with a potential pandemic were found to be inadequate.

Constraints

While the NHS is widely and reasonably seen as an inherently socialist system of provision of collectively (tax)-funded services free at point of use on the basis of clinical need, it has always been constrained by the limits set by central government on the resources it can deploy.

In 1976 the financial crisis forced Harold Wilson's Labour government to seek a bail-out from the International Monetary Fund which came with strings attached – including the establishment of "cash limits" to restrain spending by local health authorities.

The Thatcher government from 1980 made these limits legally binding, and there were confrontations between central government and over-spending health authorities as the government cut spending increases to below inflation for several years in the mid 1980s.

The whole notion of the NHS being "in debt" to the government flows from the subsequent three decades of "reforms" that since 1990 have disintegrated a formerly integrated system, splitting it into a competitive market

But after the 1987 election the scale of the cutbacks and resultant closures of services and queues for treatment triggered hostile headlines from the Conservative newspapers and forced a change of approach by the government.

The whole notion of the NHS being "in debt" to the government flows from the subsequent three decades of "reforms" that since 1990 have disintegrated a formerly integrated system, splitting it into a competitive market, in which limited cash is allocated to "purchasers" or "commissioners," forcing the providers to compete with each other for contracts and increasingly behave like businesses, while central government increasingly stood back from acknowledging any responsibility for local cuts and deficits.

Lansley Act

In 2012 Health and Social Care Act, pushed through by Health Secretary Andrew Lansley with the key support of the Liberal Democrats, consolidated this separation, establishing a separation between NHS England and the Department of Health/Secretary of State.

However as the austerity regime, reversing the previous decade of real terms increases in spending, has increasingly forced plans for cutbacks and centralisation and undermined trust performance, the ability of ministers to stand back from the NHS and deny responsibility has been more theoretical and actual.

Lansley's successor Jeremy Hunt repeatedly and actively intervened in NHS decisions, and clearly recognised that whatever the legislation might say, the government remained responsible in the public's eyes for anything and everything that goes wrong in the NHS.

The attempt to escape from this in 2016, with the requirement for NHS commissioners and providers in 44 strategic areas to draw up "Sustainability and Transformation Plans" to bridge an estimated "do nothing" deficit of £23 billion by 2020/21 failed miserably, as a succession of half-baked plans aimed at implausible reductions in bed numbers while assuming a hefty £14 billion total of capital funding.

All the while as STPs were followed by equally impractical proposals for "integrated care" systems, the deficits were mounting, more performance targets were being missed, and ministers, especially in the unstable

period from the 2017 election were increasingly recognising that any attempt to force trusts and commissioners to balance the books could trigger immense and politically damaging cutbacks; instead trusts were given loans, and deficits were largely ignored.

The Johnson election campaign last year blagged and blustered its way through these questions with the aid of a deceptive promise of an "extra" £33.9 billion in revenue by 2024 which in fact meant further decline. This was not properly exposed by the media, and indeed was largely ignored as a result of the all-consuming, irrational obsession of so many voters with the Brexit issue.

However it was already clear during the winter crisis period that the cumulative under-funding of the NHS was set to be a major political liability for a government which had marketed itself as offering new hospitals, new resources and a new attitude to our most popular public service.

The coronavirus has concentrated minds, led

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Full figures show the trusts that have suffered most

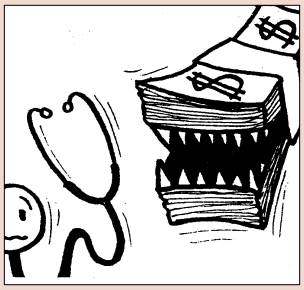
Details of the NHS trust debts to be written off were published by the Department of Health & Social Care on April 9, confirming that 100 trusts are to be set free from cumulative borrowing of £13.4 billion.

Over 90% of this (£12.2bn) is recorded as "revenue debt" – loans taken out to keep the trust running as funding constraints tightened in the last 10 years.

The region which has had to dig most extensively into borrowing to keep trusts running is the 'Midlands'* with almost £3.5 billion of total debts run up by 23 trusts, 14 of them over £100 million: six of these were over £200m, of which four were over £300m.

According to the DHSC list London is the second most indebted region, with 15 trusts carrying a total of £3.1bn of loans, two thirds of them over £100m, and one third of them over £200m: London also has the two highest debt totals in England, with King's College Hospital a staggering £735m in the red and Barts Health £592m.

Eastern region, which also has two thirds of trusts showing debts of over £100m, is the third most indebted area, while the South West, with just 3 of 13 benefiting trusts in the red by over £100m is the least in hock to the Treasury and Department of Health.



Some of the mega deficits are clearly linked to high-profile and costly Private Finance Initiative contracts for major hospitals.

King's College Hospital has two major schemes including the disastrously expensive Princess Royal Hospital in Farnborough; Barts Health has the largest PFI contract in the NHS, with £4.5 billion still to pay on £1 billion of new hospitals (Barts and The London).

Worcestershire Acute Hospitals' accumulated £321m debts go back to the dreadful, but relatively small, PFI deal that has already cost £446m for an £86m hospital, with another £371m to pay, and forced the rundown of services in Kidderminster.

The big debts also include other familiar extravagant PFI fiascos, such as Peterborough (North West Anglia), Norfolk & Norwich, Barking Havering and Redbridge, North Cumbria and Sherwood Forest.

Local journalists in Nottinghamshire used a Freedom of Information Act request to reveal last year that the Sherwood Forest Hospitals FT was spending £4,029,105 a month repaying the debt, or about £134,534 a day - at 14.5 percent of its budget. The most recent official figures show that the Trust still has £1.6 billion to pay on the remaining 23 years of the contract – so the deficits are likely to start piling up again as soon as the current loans are cleared.

The PFI model, piling long term capital costs on to revenue budgets for 30-40 years, gives a misleading picture of the underlying problem, especially because the apparently relatively low cost first-wave PFI hospitals also included far too few beds to cope with demand and resulted in inefficient and distorted health care systems, with trusts locked in to rising annual bills for accommodation that proved increasingly inadequate.

More surprising is the number of extraordinarily high deficits run up by struggling trusts that have not been saddled with bills for major PFI schemes.

These include St George's (£315m), United Lincolnshire Hospitals (£378m), University Hospitals of Leicester (£350m), West Hertfordshire (£237m) Northern Lincolnshire and Goole (£210m), University Hospitals of Morecambe Bay (£290m) and East Sussex Hospitals (£233m).

In other words far from boasting about now clearing away these deficits run up by trust bosses struggling to cope with demand, ministers should be apologising profusely to the NHS as a whole for ten years of brutal austerity and conscious under-funding, that has not only driven cutbacks but also resulted in such huge and unpayable debts.

***Surprisingly the DHSC's 'Midlands' list includes £455m of debts in Hertfordshire (West Herts and east and North Herts Trusts) and Bedfordshire, which historically have been included as East of England. Altering this back to previous arrangements would leave the Midlands with all its largest debts and 20 trusts benefiting from the cancellation, 60% of them over £100m, while the Eastern region total rises to 15 trusts, ten of which are over £100m.**

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to an effective abandonment of the structures and mechanisms of the 2012 Act, to full government acceptance of responsibility for the NHS – and now the write-off of deficits that were politically created by ten years of austerity.

Burglars

It's like a gang of burglars seeking gratitude after handing back some of the jewels they have stolen: £13.4 billion averages to a refund of just £1.3billion per year for the last ten years – far less than the real terms cuts that have been imposed by the virtual freeze on funding while the population and its health needs have grown.

Of course it's better to have these loans scrapped than not scrapped, although the trusts were not going to pay them off anyway, and even the government press release makes clear that the entire exercise is not costing the government any real money:

"The debt being effectively written off is a transaction within the DHSC group. This will not create additional borrowing or fiscal cost for the Exchequer."

Tax expert Richard Murphy summed up:

"The government supposedly wrote off £13.4 billion of NHS debt yesterday.

"It didn't: as I have already pointed out, all it did was make a book-keeping adjustment.

"What it actually did was allow NHS Trusts to record the sums they had spent for the populations they served as having been funded by central government when previously the government were claiming they had overspent."

As Murphy points out, a more valuable move for many trusts would be for government to write off their even more extensive outstanding payments for new buildings paid for through the Private Finance Initiative (PFI).

Treasury figures show 100 trusts between them have a total of £51 billion still to pay on their PFI projects, with some payments running right up to 2048.

18 trusts, including some first wave PFI projects that were built in the early 2000s, still have more than £1 billion to pay off, of which five (Manchester University NHS FT, St Helens and Knowsley Hospitals , University Hospital Birmingham, University Hospital of North Staffordshire, and University Hospitals Coventry and Warwickshire) have more than £2 billion still to pay and the biggest PFI of all, Barts Health, still has a staggering £4.5 billion to pay, with a final payment of over £200m in 2048.

The Johnson government has already made clear its rejection of PFI as a funding model for future infrastructure investment, which states clearly that after the "retirement" of PFI: "It is therefore clear that public capital funding will be needed to deliver new large hospital replacements in the future."

As part of a fresh approach, clearing the decks of the NHS for a post-Covid-19 future, the Treasury – which largely forced the policy on to the public sector – should take the burden of PFI payments from the shoulders of trusts, or better still, as Labour's John McDonnell has proposed, the government should nationalise the small companies ("special purpose vehicles") which funnel the PFI payments from the NHS and public sector into the pockets of shareholders and banks, many of them held off shore .

However it appears the PFI investors can be reassured that the government has no such plans.

The paywalled Partnerships Bulletin which covers news from the industry point of view is reporting "Guidance note clarifies PFI payments protected: Authorities told to maintain unitary charges despite Covid-19 challenges".

Over 100 trusts between them have a total of £51 billion still to pay on their PFI projects, with some payments running up to 2048.

No extra money

What is also clear is that the cancellation of the £13.4 billion loans does not in itself put any extra money into the coffers of cash-strapped trusts: they could not have paid the debts off anyway, and were planning more borrowing to get through 2020/21.

But while trusts are being told that for the duration of the crisis they can spend what it takes and that money is no object, we need assurance that the end of the crisis will not bring them down to earth with a bump and a resumption of the cash squeeze.

It appears that the financial discipline, which Thatcher used to try to force the NHS to privatise support services and drive greater "efficiency" measures, is decisively broken.

Now as Richard Murphy argues, the NHS needs three things, beginning with the scrapping of the 2012 Act and all of the wasteful trappings of competition and the market:

"First, the renationalisation of the NHS: there is no longer time for the farce created by the fracturing of the NHS by the so-called internal market. It has simply created burdens that must be swept away now. Integrated care and systems are essential from now on.

"Second, the NHS needs proper funding in the future.

"And third, PFI debt needs to be bought in and cancelled, for good. This disaster has to be consigned to history now."

Brown backs call for massive £190bn global effort to improve health for all

The British government insists that regardless of the dislocation caused by the Covid-19 crisis it is still pressing on with the Brexit process to separate Britain from the rest of the world's economy.

However former Labour Prime Minister Gordon Brown has shown an alternative approach is possible, and joined in a 205-strong international group – including more than 100 other former Presidents and Prime Ministers and current economic and health leaders in the developed and developing world – in an appeal for a multi-billion dollar coronavirus fighting fund.

Their open letter to G20 leaders calls for the creation of a G20 executive task force and an immediate global pledging conference to approve and co-ordinate.

It urges global collaboration and commitment to funding "far beyond the current capacity of our existing international institutions" to speed up the search for a vaccine, cure and treatments and revive the global economy.

"The economic emergency will not be resolved until the health emergency is addressed: the health emergency will not end simply by conquering the disease in one country alone but by ensuring recovery from COVID-19 in all countries," the statement says.

Swift action

The plea, issued on April 7 calls for agreement 'within days' for:

- $8 billion to rapidly hasten the global effort for vaccines, cure and treatment.
- $35 billion to support health systems, from ventilators to test kits and protective equipment for health workers.
- And $150 billion for developing countries to fight the medical and economic crisis, and prevent a second wave of the disease flowing back into countries as they come out of the first wave.

"This means waiving debt interest payments for the poorest countries, including $44 billion due this year from Africa. A $500-$600 billion issue of additional resources by the IMF in the form of special drawing rights is proposed."

The letter also urges the co-ordination of fiscal stimuli to avoid a recession becoming a depression.

The group states:

"All health systems – even the most sophisticated and best funded – are buckling under the pressures of the virus. Yet if we do nothing as the disease spreads in poorer African, Asian and Latin American cities which have little testing equipment, hardly any ventilators, and few medical supplies; and where social distancing and even washing hands are difficult to achieve, COVID-19 will persist there – and re-emerge to hit the rest of the world with further rounds that will prolong the crisis.

"Health systems in lower income countries will struggle to cope; even the most optimistic estimates … suggest there will be 900,000 deaths in Asia and 300,000 in Africa."

"World leaders must immediately agree to commit $8 billion – as set out by the Global Preparedness Monitoring Board – to fill the most urgent gaps in the COVID-19 response. This includes $1 billion this year for WHO, $3 billion for vaccines and $2.25 billion for therapeutics.

"Instead of each country, or state or province within it, competing for a share of the existing capacity, with the risk of rapidly-increasing prices, we should also be vastly increasing capacity by supporting the WHO in coordinating the global production and procurement of medical supplies, such as testing kits, personal protection equipment, and ITU technology to meet fully the worldwide demand. We will also need to stockpile and distribute essential equipment.

"$35 billion will be required, as highlighted by WHO, to support countries with weaker health systems and especially vulnerable populations, including the provision of vital medical supplies, surge support to the national health workforce (70% of whom in many countries are underpaid women) and strengthening national resilience and preparedness.

30% of countries have no plan

"According to WHO, almost 30% of countries have no COVID-19 national preparedness response plans and only half have a national infection prevention and control program. Health systems in lower income countries will struggle to cope; even the most optimistic estimates from Imperial College London suggest there will be 900,000 deaths in Asia and 300,000 in Africa.

"We propose convening a global pledging conference – its purpose supported by a G20 Executive Task Force – to commit resources to meeting these emergency global health needs."

On the Global Economic outlook, the group propose a range of measures and state:

… "The long term solution is a radical rethink of global public health and a refashioning – together with proper resourcing – of the entwined global health and financial architecture. The UN, the G20 and interested partners should work together to co-ordinate further action."

OECD tries to lock the stable door

John Lister

The Covid-19 pandemic has caught every major capitalist country unawares, and as the battle to contain the spread of the virus continues, some thought among the more sensible people is now belatedly being given to how things should be done differently in future.

The rich countries' club, the Organisation for Economic Cooperation and Development has begun a series of blogs on "what we are learning": one from health expert Francesca Colombo noted on April 2 that:

"all 36 OECD countries have ramped up efforts to contain this tsunami of viral infections. Social distancing, measures to detect and trace new cases, as well as improved personal and environmental hygiene, are all contributing to mitigate the huge pressure on healthcare systems.

"Yet such measures have different levels of effectiveness, and therefore implementing them as a package is the most effective way to maximise overall impact."

More conspicuously, the unprecedented demands of the pandemic have meant some countries have been taking long overdue steps to improve access to health care, "highlighting the importance of high quality universal health coverage."

Forgoing health care

Colombo reveals the shocking fact that in more than one in five of the world's richest countries "20% of people forego care due to long waiting times or travel distance, and 17% because costs were too high."

The response to the virus means that "specific measures have been introduced to cover diagnostic testing and regulate their prices, for example, in the United States, Germany and France."

She goes on to identify three major lessons, including the need:

- to strengthen disease surveillance mechanisms and health information infrastructures
- and for strengthened co-ordination across countries

But perhaps most significant in the British context, after a decade of austerity has stripped out thousands of acute beds and slashed spending on public health:

"the crisis has exposed the importance of having adaptable health systems. Lack of any sort of excess capacity can leave countries vulnerable to an unexpected demand surge. The availability of hospital beds and their occupancy rates vary greatly across OECD countries."

Colombo also stresses the need for " … Equipping health systems with reserve capacity … such as a "reserve army" of health professionals that can be quickly mobilised; storing a reserve capacity of supplies such as personal protection equipment; and maintaining care beds that could be quickly transformed into acute care beds."

How many OECD countries will seriously learn these simple lessons? And how many are looking for the first opportunity to switch things back to 'business as usual'?

Care homes and home care – a forgotten crisis

John Lister

On March 27 a desperate plea from the struggling social care sector to Matt Hancock made clear that weeks after the endless stream of inane assurances from ministers, there was still an "urgent need" for Government to move faster in making PPE available for the adult social care sector.

The Local Government Association and the Association of Directors of Social Services wrote jointly to express their concerns:

"Sufficient supplies that are of acceptable quality are needed immediately. Councils and their provider partners also need concrete assurances about ongoing supplies for the days and weeks ahead.

"Despite welcome recognition from Government of the importance of PPE, we continue to receive daily reports from colleagues that essential supplies are not getting through to the social care frontline. Furthermore, national reporting that equipment has been delivered to providers on the CQC registered list does not tally with colleagues' experience on the ground."

Dangers

The LGA/ADASS letter went on to emphasise the dangers to another neglected group of care workers and their clients, the thousands of people who work in non-regulated services, such as personal assistants:

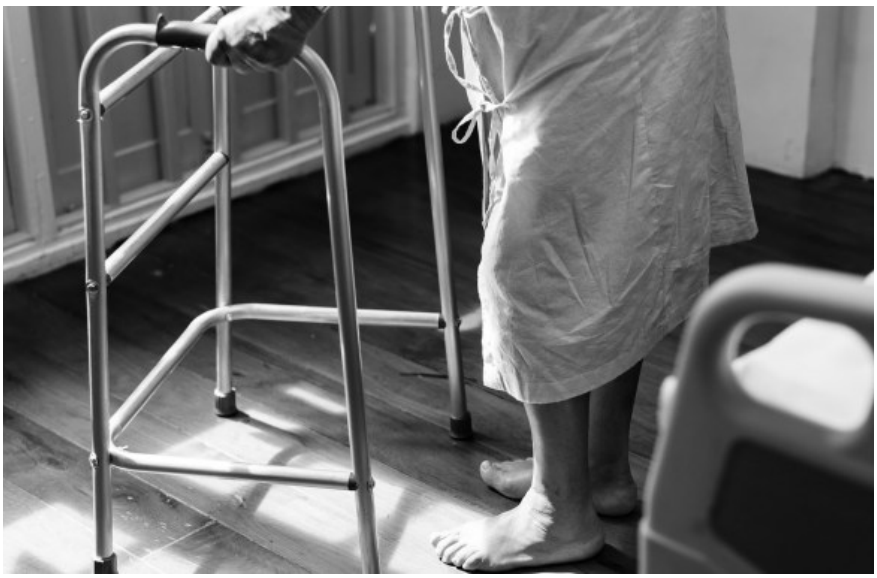
"The advice they are being given is to contact their local council. To be absolutely clear, councils do not have stocks of PPE equipment to distribute."

The letter went on to demand among other things that the government should: "make adequate supplies of PPE available through Local Resilience Forums (LRFs) to ensure: councils can quickly address any local social care supply chain issues; and LRFs have capacity to deal with supply problems for other key frontline workers, such as the police, mental health colleagues and homeless outreach workers."

It followed a letter the day before from the Care Provider Alliance, which made similar points, warning that

"Lack of personal protective equipment for care staff remains a pressing problem. … Without the full set of PPE, providers are having to make very difficult decisions about whether or not they stay open for admissions, as they will not want to put existing residents and staff at risk from lack of necessary and required equipment."

The CPA also warned that no care home or home care staff had yet been tested, and that without testing of patients transferred from hospitals, "admissions to care homes from hospitals need to go into isolation as there is no way of knowing whether they are going to infect



others, putting additional pressure on resources and the workforce."

A few days later, with little evidence of any of the urgently requested changes having been delivered, the Guardian reported care home bosses were at their wits' end, and threatening to resign over new government guidelines that state they have to accept residents who have coronavirus.

"The guidance also says hospitals will not routinely test residents entering care homes, meaning managers will not know if returning residents are infectious but asymptomatic."

Indeed the Guidance says (p4)

"As part of the national effort, the care sector also plays a vital role in accepting patients as they are discharged from hospital – both because recuperation is better in non-acute settings, and because hospitals need to have enough beds to treat acutely sick patients. Residents may also be admitted to a care home from a home setting.

"Some of these patients may have COVID-19, whether symptomatic or asymptomatic. All of these patients can be safely cared for in a care home if this guidance is followed."

The Guardian quoted one care home boss, who argued "They're just expecting us to cope without giving us any support at all. Our first responsibility is to the residents we currently have."

The guidance, which appears to have been written by people who have never been to a care home, blandly asserts (page 5) that "Care home providers should follow Social distancing measures for everyone in the care home, wherever possible, and the Shielding guidance for the extremely vulnerable group."

And while care homes are expected to take random, potentially infected, patients from hospitals, the guidelines require them to exclude family and friends "except next of kin in exceptional situations such as end of life."

Four days later Shaun Lintern wrote a stinging report in the Independent warning that "Britain faces a care crisis that could overwhelm the NHS".

"Across the country, care providers say they have been pushed to the brink of closure because some local councils are refusing to release emergency funding made available by the government, while many face staff shortages, a lack of equipment and too few nurses to care for extra patients being discharged by the NHS."

Additional funding

His article also raised the need for additional funding to cover the increased costs of the care home providers – and the refusal of councils such as Birmingham, Dorset, Worcestershire and Knowsley to offer any extra financial support above the rates agreed in February, which one provider said "do not even cover the rise in the national minimum wage".

Meanwhile social care workers in UNISON, again concerned that their needs and problems were being ignored by government and barely covered in the media launched a petition which flagged up the problems they have as low-paid workers with mainly private sector employers whose record of concern for staff is pretty dreadful:

"The Government have made some commitments, but they do not adequately address concerns about resources and support getting to frontline staff and public services.

"Many of us on low wages cannot get access to statutory sick pay, and some private social care companies are ignoring the Government's advice to pay staff if they have to self isolate, which could put lives at risk.

"More far-reaching intervention and enforcement is required to protect the workforce and allow us to deliver vital care.

"It is absolutely essential that care workers have necessary equipment to protect patients and are able to self-isolate or take time off work if we become ill. The threat of losing pay means that many of us may have to choose between feeding our children, defaulting on rent payments or attending work whilst ill."

While care homes are expected to take random, potentially infected, patients from hospitals, the guidelines require them to exclude family and friends "except next of kin in exceptional situations such as end of life."

Grinning minister

It appears that much of this pleading has so far been in vain. On April 9 as this article is prepared, a grinning photo of Social Care Minister Helen Whately adorns a complacent weekly government circular to the social care sector. She ignores the funding issues altogether – and happily admits problems remain accessing PPE:

"I know there is also the challenge of making sure staff have the Personal Protective Equipment (PPE) they need and are confident about using it when appropriate. We understand that in some cases the PPE the sector needs to provide vital care for patients has been delayed or is not available and we would like to thank you for your patience.

"…we have also agreed a one-off drop of PPE to Local Resilience Forums to help respond to urgent local spikes in need and current blockages in the supply chain. We expect most of these drops to have taken place early this week."

Also on April 9 the Care Provider Alliance issued a further, anguished plea for adequate funding and government measures to ensure that councils pass on the cash to the care homes and home care companies:

"the proposed funding arrangements are inadequate and there is no guarantee that individual councils will follow the guidance. We do not believe that there is a system in place to ensure that £1.6bn of public funds reaches front-line services.

"In addition, the guidance fails to address the question of how support can be provided to providers who are not currently funded via local authority contracts."

"Failure to recognise the very real increases in operating costs as a result of COVID-19 risks a substantial failure and collapse of care providers with a significant impact on people, councils and the NHS."

It remains to be seen whether ministers will catch up with the situation before a major collapse of major outbreaks of Covid-19 take a terrible toll of premature death in care homes they have so studiously ignored.

Public Services International

We need safe workers to save lives

April 7 has for many years been World Health Day, an occasion for international solidarity in the continuing fight for universal health care. This year ***The Lowdown*** has joined in with a series of articles highlighting the situation in various parts of the world, as health workers confront a similar series of issues in widely different circumstances.

This year's World Health Day (April 7) fell during the gravest public health emergency in the history of the World Health Organization (WHO). Public Services International, the alliance of trade unions, reports in a statement by Baba Aye that: "Over a million people have been infected by the new coronavirus and it has killed about 70,000 people."

"Healthcare workers on the front line of the COVID-19 response face a perilous situation. They are overstretched because our hospitals are grossly understaffed. And there is not enough personal protective equipment (PPE) to protect them properly.

"This sobering situation is worrying for health workers and their families. It also impedes the global pandemic response."

"… As the Director General of the WHO noted at the beginning of 2020, we might be entering a period of pandemics which the world will be "dangerously unprepared" for.

"To avoid this, starting from now, governments must prioritise investment in health and take all necessary measures to safeguard the lives and wellbeing of health workers and other workers on the frontline of response without delay. We need safe workers to save lives.

Poverty and overcrowding

This crisis further highlights the importance of the social and economic determinants of health. Poverty and overcrowded housing make social and physical distancing very difficult if not impossible for millions of people. In several cities, this has led to people shunning lockdown directives.

Lack of access to potable water for 40% of the global population means some people cannot apply even basic preventive measures such as handwashing."

"… This global emergency illuminates the interconnectedness of public health and the international economic system. This much was realised at the 1978 Alma Ata Conference [of the WHO], where delegates released a declaration for "health for all by 2000", noting that this could not be achieved without establishing a new international economic order which puts people over profit.

"Unfortunately, over the past 42 years since that historic declaration, the neoliberal model of development has been the norm. The consequence has been concentration of wealth in a few hands while public services, including healthcare, have been underfunded, marginalised and left to rot.

"This has resulted in an avalanche of crises; a massive global recession, a climate and ecological crisis, erosion of social protection and informalisation of work and living for the vast majority of people.

"The current pandemic might have been unpredictable. But strong public health systems rooted in a global economic order which prioritises solidarity and the wellbeing of people and the planet over the profits of a few would have made it much more manageable."

PSI calls on all governments to:

- Urgently make PPE available to all health workers, including community health workers, as well as workers in all sectors with high risk of contagion. And COVID-19 should officially be considered an actionable occupational disease in the health sector.
- Provide free medical testing for workers still delivering public services, and treatment for infected workers, as well as mental health and psychosocial support (MHPSS), particularly in the health sector.
- Ensure respect for occupational safety and health obligations ….
- Take over local factories for reconversion to produce PPE as well as ventilators, test kits, and all other needed medical devices and supplies. Similarly, private hospital facilities should be taken over to increase the number of available Intensive Care Unit beds.
- Curb business interests of the pharmaceutical industry in the interest of humankind. Patent rights over pharmaceutical products that needed for treatment of COVID-19 must be suspended and laboratories working on vaccines for the disease brought under public control.
- Address gender dimensions of the crisis. Women make up 70% of all health workers and their concerns should be put in perspective. The necessary shutdown of schools poses a problem for many of them who have young children. The situation is even more difficult for single mothers or when both parents are health workers. Childcare support mechanisms must be put in place for them as needed.
- Requisition empty housing units and hotels to accommodate homeless people and those living in overcrowded circumstances, to reduce transmission of infection.
- Provide an inclusive and rights-based solution to migrants in detention (including those trapped at the borders) and refugees, asylum-seekers, migrants and displaced persons living in camps.
- Fully implement the recommendations of the UN-CommHEEG… for the full realisation of universal public healthcare.

"Strong public health systems rooted in a global economic order which prioritises solidarity and the wellbeing of people and the planet over the profits of a few would have made it much more manage-able."

Latin American reports show a lack of basic security for health workers

An abridged version of an article for PSI by Igor Ojeda

A March 24 online meeting of PSI trade unions in the health sector in Latin America [Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Dominican Republic and Venezuela], affirmed that there is a lack of medical supplies and personal protective equipment for doctors, nurses, technicians and administrative staff. Some workers who denounce this situation are being persecuted.

In addition, they shared cases of discrimination in the distribution of the existing equipment, with doctors being prioritized to the detriment of other professionals.

Union leaders who participated in the meeting also condemned the manner in which many Latin American governments are clearly prioritizing profits over people, and have been slow to determine strong measures of physical distancing, to preserve the interests of the large economic and financial sectors.

PSI Regional Secretary for Interamerica, Jocelio Drummond said that PSI would not accept the persecution of leaders or organizations that denounce the precarious working conditions of health workers or the "professional discrimination" in the distribution of personal protective equipment that is occurring.

PSI General Secretary Rosa Pavanelli reported that, "no one expected a situation like the one we are experiencing in Europe today," and said she expected a very severe economic crisis that would last at least two or three years.

Critical situation in France and Spain

Pavanelli called attention to the "very critical" situation of health professionals: "In Italy and Spain, where we have the most serious crisis, 10% of confirmed cases are health workers, nurses and doctors

More than 24 doctors in Italy have died; in France at least two doctors have died of coronavirus.

The working conditions are very hard, not only because of the number of patients, the intensity of the work and the complexity of treating patients with Covid, but also because the basic equipment is missing: masks, gloves, personal protective equipment, as well as respirators and ventilators".

In order to deal with this shortage, almost all Western European governments have forced private companies to convert their production to health equipment.

"The lack of these products is general, and is essentially due to the fact that almost none of the European countries have maintained production at the national level in recent years," explained Rosa Pavanelli.

Troops with masks control traffic in Lima, Peru

She also commented on the measures taken by the continent's governments to force private hospitals to treat patients with Covid-19, particularly those that have requisitioned private hospitals to deal with the pandemic.

Across Latin America health unions expressed common concerns:

In **CHILE**, health workers "feel abandoned" because the health authorities have decided to defend companies and production at the expense of the exponential growth of the contagion curve."

In **BRAZIL's** states of Sergipe and Piauí, "professionals suspected of being infected are being directed to go home instead of being admitted to hospital. In addition, there is a lack of staff training to deal with this moment" -

In **COLOMBIA**, while the government has taken economic measures to protect the financial sector, hospitals have not received resources, and staff are working without protective equipment.

In **COSTA RICA**, "nursing teams and doctors have been contaminated. They have had to be quarantined."

In **ECUADOR,** health workers "are being threatened for denouncing that they do not have protective equipment"…. "priority is given to the payment of foreign debt and no resources are allocated to health."

In **PERU,** "There is a lack of equipment, despite the fact that nine tons of such equipment has recently entered the country."

In **PARAGUAY:** "protective equipment is rationed," although the government has introduced a package of measures including a wage increase for health workers over the past few months and "Economic food support has been approved for 1.5 million families" -

In **GUATEMALA**, health staff have no protective equipment, and in **HONDURAS** the government dismantled the public health system three years ago, "so we are not prepared to deal with a pandemic like this, which has taken lives in countries with stronger health systems."

health workers "are being threatened for denouncing that they do not have protective equipment." "Priority is given to the payment of foreign debt and no resources are allocated to health."

Who are the sinners and the saints of the crisis?

APRIL 9, 2020

Martin Shelley reports

Over the past few weeks the Covid-19 outbreak has brought out the best in many individuals and organisations – and sparked some welcome generosity from the corporate sector too – but not everyone has been so selfless. Here's The Lowdown's guide to help you sort the saints from the sinners:

Saints

The NHS nurses, doctors and support staff who have died and continue to die after contracting the virus. As of April 7, FIFTEEN had lost their lives fighting to save others: Habib Zaidi; Adil El Tayar; Amged El Hawrani; Alfa Sa'adu; Thomas Harvey; Areema Nasreen; Aimee O'Rourke; Sami Shousha; John Alagos; Glen Corbin; Lynsay Coventry; Liz Glanister; Carol Jamabo; Jitenda Rathod and Cathy Sweeney. Sadly the numbers continue to increase each day.

Supermarkets, for ring-fencing certain times of the day for emergency workers only. Aldi, Asda, Iceland, Sainsbury's and Tesco have all come on board, as have Morrisons and Waitrose. Lidl, meanwhile, has teamed up with the Royal Voluntary Service to donate fresh fruit and veg bags to hospitals across the UK.

The restaurant chains which offered free food deliveries to hospitals before having to pull down the shutters – Greggs, Nando's, Mcdonalds and Pret a Manger are just some of those who took part.

Uber and Deliveroo, for stepping up to the free-food delivery plate, with the former offering free trips to help NHS staff get to and from work, together with £10 food vouchers, and with the latter set to deliver half-a-million free hot dishes – albeit pre-paid by members of the public – to NHS sites.

The Leon chain – already offering 50 per cent discounts on takeaway and delivery meals to NHS workers – for launching FeedNHS, a not-for-profit fundraising drive aimed at delivering nearly 6,000 free meals to critical care staff in London. Matt Lucas and the production team of the Baked Potato Song for backing FeedNHS.

In other food-related moves, **Borough Market trader Turnips** has joined up with new initiative Feed the Frontline to deliver fruit and veg to frontline workers at three London hospitals, and a group of London residents has set up **online service mealsforthenhs** so people can donate to pay for deliveries of meals to hungry medical staff: so far they have raised £880,000.

Glasgow-based Brew Gooder has set up its own pre-paid scheme, 'One On Us', so NHS workers can wash down their free meals with a well-earned four-pack.

The multimillionaire former boss of the McLaren F1 team **Ron Dennis** has co-founded SalutetheNHS.org to provide a million free meals to critical-care staff.

Other initiatives by brewers such as Shepherd Neame and distilleries to produce hand sanitiser for the NHS.

From the world of football, former Manchester United defender **Gary Neville,** for opening up the two hotels he co-owns with former team-mate **Ryan Giggs** free of charge to health workers during the Covid-19 crisis. Crystal Palace striker **Wilfried Zaha** has offered 50 London homes to NHS staff tackling coronavirus. Chelsea FC owner **Roman Abramovich** has also offered free accommodation to NHS staff, at the hotel on that club's Stamford Bridge site.

The Saga Group, for offering up two cruise ships berthed at Tilbury Dock in London for use as floating hospitals or accommodation for NHS staff.

Best Western, for turning two of its properties in Dorset into discharge facilities for four local hospitals.

Housebuilder McCarthy & Stone, for offering new apartments to temporarily house NHS key workers or older people recovering from Covid-19.

The University of East London, for making 500 rooms available to doctors and nurses working at the nearby field hospital at the ExCel centre.

Toiletries company **Unilever**, for adapting its manufacturing capacity to produce hand sanitiser for use in hospitals.

The Mercedes F1 team, whose breathing aid device for Covid-19 patients, developed jointly with **University College London** engineers and **clinicians at UCLH**, has already been approved for clinical use.

Clothing company Burberry, for retooling its Yorkshire factory to make surgical masks for the NHS.

Folding bicycle maker Brompton, for providing 200 bikes for hire, free of charge, to NHS staff, and NCP, for offering free parking to car-driving frontline health workers.

Will-writing company Farewill, for waiving fees for NHS staff, after noting a huge increase in requests from health workers in recent weeks.

More than 750,000 public-spirited citizens, for

Lidl has teamed up with the Royal Voluntary Service to donate fresh fruit and veg bags to hospitals across the UK.

signing up to the government's volunteer NHS 'army', tasked with helping vulnerable people to self-isolate.

Everyone who emerged from lockdown to clap in support of NHS workers at the now-regular 8pm events each week.

Cross benchers:

Health secretary Matt Hancock gets positive points for announcing that the NHS' historic debt of £13.4bn was to be written off and that its spending 'roof' would be lifted – but loses them for repeatedly giving misleading statements on supplies of personal protection equipment and claims to be "ramping up" testing, perpetuating confusion over access to testing kits.

This has enabled one private health clinic to quietly up the price of its home delivery kits by £100 (to £249) at the same time as admitting the tests were yet to be approved.

Hancock also admitted on BBC Question Time to being unaware that nurse deaths were not being counted among official Covid-19 mortality figures.

Chancellor Rishi Sunak gets plus points for pledging that the health service would get "whatever it needs", in addition to the announcements in the spring Budget, but loses them for failing to protect small and medium sized businesses which are being forced to shut during the lockdown, but promised only bank loans at unaffordable rates of 20-30% interest, and making no credible provision to support self-employed and low-waged workers.

The Abu Dhabi National Exhibition Company, owner of the ExCeL centre now converted into the Nightingale field hospital for the NHS, lost points for initially charging the NHS for "a contribution to some fixed costs", said to be a rental charge of between £2m and £3m.

But it gained points back when the company's chief executive later said that those costs would now be covered by the company itself. The NEC in Birmingham, also being converted to a field hospital, has reportedly been provided to the NHS for free from the outset.

Premier League clubs which committed just £25m to support the NHS, despite a recent Forbes assessment that "just 12 of the richest Premier League [club] owners had a combined worth of £74bn". However **their players**, led by the efforts of Liverpool captain Jordon Henderson are now organizing their own financial support for NHS charities.

Hancock admitted to being unaware that nurse deaths were not being counted among official Covid-19 mortality figures.

A foot in both camps – Hancock

Sinners:

Catherine Calderwood, Scotland's now former chief medical officer, who stood down after it emerged that she had twice visited her second home, flouting her own advice against non-essential travel during the Covid-19 outbreak.

The Department of Health, for its string of contradictory announcements in late March about home abortions and the risk of Covid-19 transmission during clinic visits.

The 47-year-old man who vandalised eight ambulances in Kent forcing them to be taken out of service.

The 43-year-old man who deliberately coughed in the face of a paramedic attending a call-out in Stroud.

Celebrities publicly announcing their Covid-19 status, thanks to the easy availability of testing for those who can afford it, while NHS frontline workers have been routinely denied access to this simple procedure.

Ministers and the Department of Health for continuing to claim that there's enough PPE (personal protection equipment) to allow hospital staff to do their jobs safely, while NHS Supply Chain, even with army help, has failed to deliver the right mix of kit to hospitals, GPs and care homes. The chair of the Doctors' Association told Sky News that some doctors were "holding their breath" during procedures on Covid-19 patients because they had so little confidence in the effectiveness of their PPE.

Retailers cashing in on panic buying by raising prices. During the last two weeks of March the cost of cough and cold treatments rose by more than ten per cent, and products such as paracetamol and hand wipes saw price increases equivalent to an annual inflation rate of 53 per cent.

The Department of Health's 'not-for-profit' agreement with the private hospital sector, under which the NHS is set to gain extra beds and staff during the pandemic.

Despite the 'no profit' claims, the taxpayer will still pay for the private sector's operating costs, overheads, use of assets and rent – with reports suggesting this represents a daily charge to the NHS of £2.4m, or £300 per bed.

When will NHS managers speak up? (from front page)

as a “precious resource.”

But while the BMA has been the most outspoken on the issue, arguing that PPE is not being misused, but simply not available, some staff allegedly face bullying and disciplinary action if they complain, and trust bosses maintain a public silence while warning their own staff of shortages.

The death toll of patients and staff is already far higher than it would have been if not for a decade of NHS austerity and bed closures, refusal to heed warnings of inadequate preparations for a potential pandemic, failure to heed advice from public health experts, the WHO, Italy and China, and ministers prioritising public relations bluster over truthful statements setting out the scale of the problem.

Ministers have ordered millions of tests that don’t work, cancelled orders for thousands of the wrong type of ventilator, dismissed the chance to collaborate with EU countries in bulk ordering PPE, and repeatedly exaggerated their claims to be “ramping up” testing to show and the spread of the virus.

It’s too late to change the past, but we must demand honesty and openness now to prevent yet further unnecessary deaths and suffering.

Boris Johnson may be taking a new tone after his days in ICU, but we need a sea-change in government action – starting with a major effort to get PPE to all the key staff that need it.

THE lowdown

Please support campaigning journalism, to help secure the future of our NHS





Dear Reader
Thank you for your support, we really appreciate it at such a difficult time.

Before Covid 19 the NHS was already under huge pressure and, after it's all over there will be a backlog of patients, queues of people affected by the crisis, and a hugely tired workforce.

From that moment we will need a much more credible plan to fund, support and protect our brilliant NHS. Our goal is to help make this happen and we need your help.

We are researchers, journalists and campaigners and we launched ***The Lowdown*** to investigate policy decisions, challenge politicians and alert the public to what's happening to their NHS.

It is clear from the failures of recent years that we can't always rely on our leaders to take the right action or to be honest with us, so it is crucial to get to the truth and to get the public involved.

If you can, please help us to investigate, publicise and campaign around the crucial issues that will decide the future of our NHS, by making a donation today.

Our supporters have already helped us to research and expose:

- **unsafe staffing levels** across the country, the closure of NHS units and cuts in beds
- **shocking disrepair** in many hospitals and a social care system that needs urgent action, not yet more delays
- **privatisation in the NHS** - we track contracts and collect evidence about failures of private companies running NHS services.

First we must escape the Covid crisis and help our incredible NHS staff.

We are helping by reporting the facts around the lack of protective equipment for hospital staff but also for thousands of carers.

We are publishing evidence about more community testing and the shortcomings in our strategy to beat the virus.

Even though they have a tough job, there have been crucial failings: on testing, PPE and strategy and we must hold our politicians and challenge them to do better.

We rely on your support to carry out our investigations and get to the evidence. If you can, please make a regular donation, just a few pounds a month will help us keep working on behalf of the public and NHS staff - thank you.

We all feel such huge gratitude and respect for the commitment of NHS staff and it's so impressive to see such strong public support. Let's hope that we can give the NHS the thanks it deserves and crucially, secure its future.

With thanks and best wishes
from the team at the ***Lowdown***

Every donation counts!

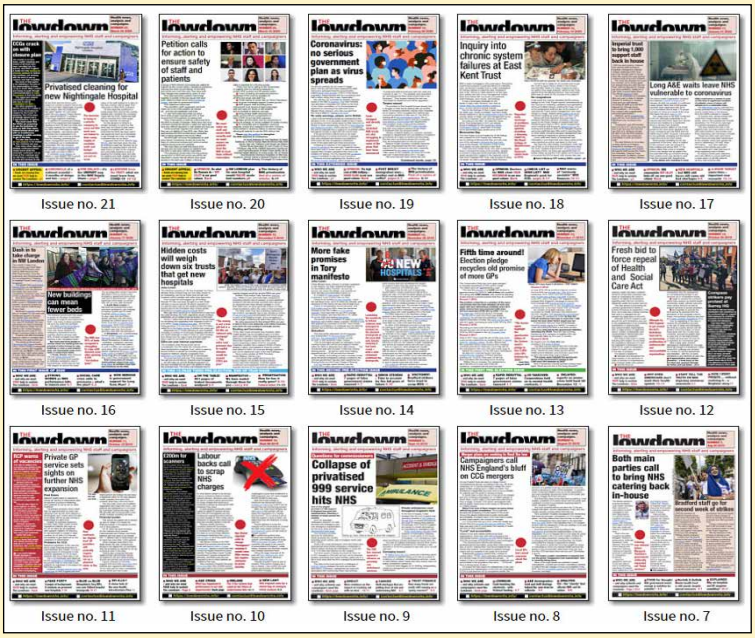
We know many readers are willing to make a contribution, but have not yet done so.

With many of the committees and meetings that might have voted us a donation now suspended because of the coronavirus, we are now asking those who can to give as much as you can afford.

We suggest £5 per month/£50 per year for individuals, and at least £20 per month/£200 per year for organisations: if you can give us more, please do.

Supporters can choose how, and how often to receive information, and are welcome to share it far and wide.

● Please send your donation by BACS (54006610 / 60-83-01) or by cheque made out to NHS Support Federation, and post to us at Community Base, 113 Queens Road, Brighton, BN1 3XG



● If you have any other queries or suggestions for stories we should be covering, contact us at *contactus@lowdownnhs.info*