The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

Pathology: NHS capacity sidelined as Lighthouse lab project gains momentum

Last week's announcement by Matt Hancock of an expansion of the government's 'mega lab' Lighthouse project – set up earlier this year by the Department of Health & Social Care (DHSC) to meet the demand for fast-turnaround covid-19 test results – has only added to concerns that a parallel network of pathology labs, run by private contractors at public expense and bypassing existing NHS facilities, is being established.

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Outsourcing: Hinchingbrooke staff celebrate as plan dropped

A determined fight by 72 in-house support staff at Hinchingbrooke Hospital has successfully fought off plans by North West Anglia NHS Foundation Trust to outsource the services without even submitting an in-house tender.

The staff, members of Unison and Unite, pointed to the high quality and low costs of the award-winning catering department, and the high quality of the portering, logistics and linen services at Hinchingbrooke, which was merged with Peterborough and Stamford Hospitals to form the current trust.

The union response highlighted the 46 per cent higher cost of factory-produced reheated food at Peterborough compared with the freshly-cooked, locally sourced food for patients and staff in Hinchingbrooke – and the lack of any business case to explain what the trust was aiming to achieve.

Now, while the trust will continue to run the tender process for services currently provided by external contractors, it has been agreed that existing in-house services will no longer be part of that tender, and all 72 staff members will continue to be employed directly by the trust.

Sam Hemraj, Unison representative at the trust, said: "This is great news for staff who work at Hinchingbrooke Hospital who will remain in the NHS, where they belong, and be able to con-

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Pathology: NHS capacity sidelined

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At a press conference on 16 November the health secretary told reporters that two new mega labs would open early next year – one in Leamington Spa, the other at an unidentified location in Scotland – in the process doubling the UK's PCR swab-testing capacity and creating 4,000 jobs. Hancock offered no details regarding costs, or any indication of who might manage the labs.

And unlike the 'pop up' Nightingale hospitals, Hancock claimed that, "[The labs] will represent a permanent part of the UK's new diagnostics industry… [giving] our country a permanent defence that we need for any future epidemic."

NHS Test and Trace-branded recruitment ads for roles at the Leamington Spa lab appeared online the day after the announcement, with a short postscript stressing that "employment opportunities are through third-party suppliers such as Lighthouse Labs and specialist workforce providers", rather than the NHS.

Five Lighthouse mega labs have already been set up by the DHSC at sites in Alderley Park, Cambridge, Glasgow, Milton Keynes and Newport, all of which are "operating with a range of partners" including "commercial suppliers". And in September the department announced four more sites – at Charnwood, Newcastle, Brants Bridge and Plymouth.

Entirely separate

The DHSC admits that the Lighthouse lab network, created using an emergency procurement policy, is entirely separate to England's existing complement of NHS and PHE laboratories, although it claims NHS trusts remain as potential 'suppliers'. Three of the mega labs announced in September will, however, be NHS-managed.

Companies involved in the Lighthouse programme so far include Medicines Discovery Catapult, UK Biocentre, GlaxoSmithKline, Astra Zeneca and PerkinElmer, and the DHSC also has 'partnership agreements' with other commercial providers – the latter including Randox in Northern Ireland – to assist in the covid-19 swab-testing programme.

But while this boost to the UK's pathology capability has clearly been driven by covid-19, plans to centralise the sector via 'networks' – and coincidentally create a major role for private contractors – have been in existence for a long time. The current pandemic-related reorganisation was foreshadowed almost 15 years ago in the Carter reviews of NHS pathology services, published in 2006 and 2008.

These reviews found that spend per capita on diagnostics across the UK was half that of equivalent countries in Europe, and less than a quarter of spend per capita in the US.

To resolve this shortfall, the review panel recommended that managed pathology networks should be established as free-standing, non-statutory bodies, potentially based on a contracted-out model where service provision is outsourced, either wholly to the independent sector or via a joint venture.

On track

A decade or so later, in 2017, NHS Improvement committed to consolidating pathology services in England – including 122 individual pathology units within NHS hospitals – in 29 'hub and spoke' networks (ie one for each NHS pathology region, matching the expected final number of Lighthouse mega labs). It now claims to be on track to deliver this programme by the target date of 2021.

The following year, in 2018, BMC Health Services Research found that this consolidation of pathology services in England had already been matched by a significant increase in private sector involvement, reaching 13 per cent of the total pathology budget.

It added, "The interest of private sector in providing pathology services should not come as a surprise. The total pathology budget is worth more than £2bn and there is a wide range of technology and diagnostic companies that would like a share of it."

However, while Hancock's latest expansion of the Lighthouse mega lab programme should therefore come as no surprise, it arrives alongside continuing concerns over health and safety issues, data sharing with local authorities and the fact that existing NHS services can deliver results more cheaply and efficiently.

Martin Shelley

For a longer version of this article with more detail, visit https://lowdownnhs.info/

Hinchingbrooke staff celebrate

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tinue providing excellent services for patients and staff while on NHS terms and conditions."

John Lister

● *Could we be about to see a halt to tax-dodging efforts by trusts to hive off NHS staff into subcos? New proposals to reform VAT laws could see some light at the end of the tunnel, reports Richard Bourne online at https://lowdownnhs.info/*

Billions spent on NHS IT could leave most vulnerable stranded

At first glance NHS policy statements at local and national level could give the impression that services are being transformed out of all recognition with the use of new IT and "digital first" systems.

However, research by National Health Executive magazine suggests that the reality is much more modest – and that old-style telephone contact is favoured over digital and video links for remote consultations with GPs and hospital services.

The survey shows an average spend on IT in England of less than £1bn pa, less than 1 per cent of NHS England's budget. More than half of this was accounted for by just three regions – London, the West Midlands and Yorkshire & Humber.

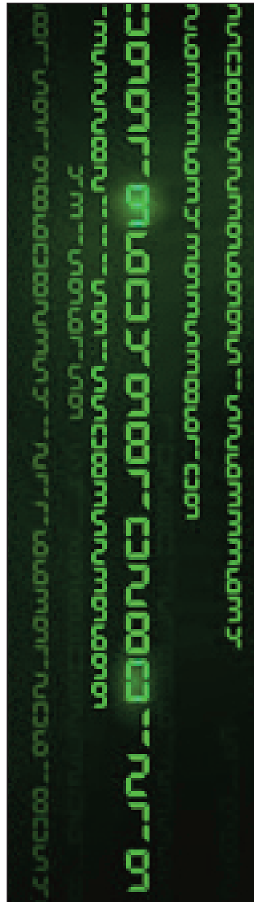
Regional increases in spending range from just under 19 per cent in London to 166 per cent in the South West. But the latter increase is from a minimal £32.8m in 2016 to a slightly less minimal £87.4m in 2019.

The accompanying article is enthusiastic about these relatively trivial sums, but there was visibly less enthusiasm in the National Audit Office (NAO) 'Digital transformation in the NHS' survey. The NAO said investment was running well below the level needed to facilitate the planned changes.

It states "NHSE&I expects the NHS will need around £8.1bn to deliver its digital transformation ambitions." This includes £5.1bn from national bodies between 2019-20 and 2023-24, of which £2.2bn is already committed, and £2.9bn of capital funding which is dependent on spending reviews. The other £3bn has to be funded by trusts between 2019-20 and 2028-29.

It's clear that the NHS is well below the pace required for its plans. And questionable whether some of the "innovations" to be financed through this splurge of spending will achieve what they are supposed to do.The move towards a 'digital first' system for GP consultations and outpatient appointments are appropriate during the pandemic, but is less than ideal for many consultations.

Health Foundation research has shown an increase in remote consultations and a sharp reduction in the proportion of face-to-face primary care consultations between 1 March and 30 June.



"Those most likely to suffer digital exclusion are also most likely to suffer chronic ill-health."

Despite NHS England urging GPs to invest in video systems, the biggest growth in numbers in 2020 has been in telephone and online messages.

Digital enthusiasts consistently postpone any research that might show up how many people are excluded from the new systems, but the scale of "digital exclusion" is huge: 1.9m households have no access to the internet – and almost 30m people rely on 'pay as you go' services. Those most likely to suffer digital exclusion are also most likely to suffer chronic ill-health.

Of course many people have found remote consultations to be more convenient and safe, especially at a time of fears of infection, but Derbyshire Healthwatch says "Virtual appointments [do] not work for many participants for a variety of reasons... Careful consideration will need to be given, and actions taken, to ensure these groups can access services and are not disadvantaged."

With a growing elderly population, many of them with restricted ability to use technology and limited access to it, and increasing levels of unemployment and poverty, it's clear that alongside the investment of billions in IT and digital solutions NHS England needs to lead a major reality check to ensure that there are sufficient ways for the army of digitally excluded to access the care they need. Failure to secure this aspect of healthcare is likely to store up many bigger and more intractable problems for A&E and other services when people's health deteriorates to crisis point.

With every NHS England, Clinical Commissioningb Group and Integrated Care System document binding on at huge length with empty phrases about the need to address health inequalities, it's high time they took themselves seriously, and took notice of this glaring omission of the new systems they are putting in place.

John Lister

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An extra £3bn won't solve chronic NHS funding gap

The Telegraph has long been known as one of the pro-Tory papers most eager to attack, and even propose the abolition of the NHS. Back in April former Torygraph editor Charles Moore blamed the NHS rather than covid-19 for the government's inept handling of it during the first lockdown ("The inflexibility of our lumbering NHS is why the country has had to shut down").

Planet Normal is a weekly podcast by columnists from the Daily Telegraph – and, as you might expect, their notion of 'normal' is a planet entirely populated by opinionated right-wing ideologues, who regard covid-19 as a 'phoney pandemic', and have little but contempt for the NHS and official information from it and about it.

In the latest instalment they complain that "the feared deluge of coronavirus hasn't materialised", and merrily misinterpret research from the Health Foundation that shows how far the NHS as we know it was overwhelmed by the first surge of covid-19.

Since the pandemic struck, numbers of routine NHS operations – such as hip, knee and cataract surgery – are down by more than a third compared with 2019. Numbers waiting more than a year for operations have massively increased.

Ignoring the true picture

This information is not new, and by no means exclusively revealed by hacks hostile to the NHS. The Lowdown, trade unions and campaigners have noted the problem and stressed the need for additional funding, staff and beds to enable the NHS to handle the pandemic, winter pressures as well as the normal burden of emergencies and elective treatment.

Macmillan Cancer Support has warned that 50,000 people across Britain now have undiagnosed cancers because of covid-19-related disruptions and delays to NHS diagnostics and referrals during the March-to-July lockdown, while another 33,000 existing cancer patients are still waiting on potentially life-saving treatments delayed due to the virus.

But while Planet Normal eagerly flags up the failures, its contributors are unwilling to identify the reasons, or call for government action to redress them.

So the fact that the Nightingale hospitals, assembled at a cost of more than £200m have barely been used is mentioned, but the fact that the NHS lacks the staff required to run them (and to maintain normal levels of non-covid treatment alongside dealing with the all-too-real pandemic) is not.

The failure of the costly privatised test-and-trace system, allowing the virus to spread, is ignored, as is the pitifully inadequate level of statutory sick pay which has meant large numbers of low-paid workers have been unable to afford to self-isolate.

"The failure of the costly privatised test-and-trace system, allowing the virus to spread, is ignored"

Deliberately misleading?

Planet Normal questions the scale – even the existence – of the pandemic, quoting not epidemiologists or experts, but right-wing back benchers:

"As national lockdown was reinstated earlier this month, fresh claims the NHS would be overrun were rejected by rebel Conservative MPs, who managed to establish that official projections of 4,000 covid-19 deaths a day by Christmas were wrong."

Indeed Boris Johnson's team did get the upper estimate of the projections through to Christmas wrong, and have revised the figure, but the worrying core projection, of a daily death toll rising to 1,000 by December, was reaffirmed – and by 17 November the daily total had almost hit 600.

It appears this figure – equivalent to three major air crashes per day – is deemed acceptable on Planet Normal.

A right-wing NHS consultant named only as 'Anthony', who clearly lives on another planet and not in the north (where proper newspapers now report "covid-19 patients toe to toe" in packed A&E departments), is quoted complaining that parliament was "deliberately misled" because "MPs were told the NHS was close to collapse, when briefings to

hospital managers showed it certainly was not."

Anthony clearly doesn't read the BMJ which by the end of October, as the fresh lockdown became increasingly inevitable, reported primary care and hospital services were under strain:

"GPs in areas of England under the tier three covid-19 restrictions have said their workloads reached levels in early October that they would not normally see before the end of November, and they are worried how the NHS will cope this winter. At the same time some hospitals in these areas are admitting similar numbers of covid-19 patients as they were at the height of the first wave."

Exactly why the Johnson government or NHS England should wilfully lie about this and deceive the public – in what seems the most pointless-ever conspiracy, to undermine their own credibility by showing the NHS to be under-resourced and overwhelmed – is not explained.

So on the planet the rest of us inhabit, people who really care about the NHS and want to save lives rather than belittle the death toll have been pushing for government action – in increased funding to tackle the resource constraints of the NHS. The BMA has been pushing since September for extra investment to be included in chancellor Rishi Sunak's forthcoming spending review.

And after months in which almost all of the tens of billions of 'extra' spending on health have been funnelled towards private NHS Test and Trace contractors, dodgy PPE contracts and private hospitals, NHS Providers and the NHS Confederation (representing trusts and commissioners) have also submitted strong arguments for substantial additional investment… in the NHS itself.

"Exactly why the Johnson government or NHS England should wilfully lie about this and deceive the public is not explained"

Promises made

NHS Providers CEO Chris Hopson sums up that there are "five issues related to the ongoing impact of covid-19 and promises made in the 2019 Conservative manifesto on which the government will need to make progress":

Promises which will need funding this year and into the future include '40 new hospitals', 50,000 more nurses and 6,000 more doctors (meaning "training budgets will have to rise").

The NHS will also need "more money for diagnostic procedures and elective surgery, as well as more hospital beds" to tackle the backlogs in planned care.

The pandemic has also led to an increased demand for mental health services, requiring increased capacity... and exposed funding pressures on ambulances.

Social care needs to be supported with appropriate funding to ensure services remain operational in the near future and, "to avoid hospitals filling up with medically fit patients whose beds are needed by others", the funding to support trusts and local authorities to safely discharge patients should be renewed.

The announcement – as this issue of The Lowdown goes online – that the NHS is to be allocated an extra £3bn in the spending review seems to indicate Mr Sunak feels unable to ignore the appeals from leaders of the NHS – but is also unwilling to break from the aliens from Planet Normal.

£3bn, if it is genuinely extra money above the allocations set in law earlier this year, is a useful downpayment, but nowhere near enough to compensate for a decade of frozen real-terms spending.

It might just be enough to avoid a 'perfect storm' of winter pressures, pandemic and delayed treatment (which would create a crisis even the Telegraph's readers couldn't ignore) – but it's not enough to tackle the long-term shortages of staff, beds and backlog maintenance to restore performance levels David Cameron's government inherited in 2010.

John Lister

In your area: A guide to news from the regions

London

Covid-19 hospital admissions are rising again

London has seen a fresh rise in covid-19 hospital admissions with more than 1,500 patients being treated in hospital, which compares to 15,000 and rising across England.

North-east London's health system has borne the brunt of the second wave with more than 18 per cent of hospital beds occupied by covid-19 patients on 10 November.

Additionally, the number of covid-19 patients has been steeply increasing recently in Barts Health Trust (East London) and London North West Hospitals.

South East

Redbridge cancer patients waiting too long for treatment

Four out of every ten cancer patients in Barking, Havering and Redbridge are currently waiting too long to start treatment after referral from their GP.

Barking, Havering and Redbridge University Hospitals NHS Trust was hit hard by the first wave of coronavirus. As a result, a significant number of cancer patients urgently referred by their GPs are waiting more than 62 days to receive their first treatment.

They are doing worse than neighbouring trusts Barts Health NHS Trust and Homerton Hospital, which were able to return to pre-covid performance in June and July.

Full story in East London & West Essex Guardian

Covid-19 infection rates in parts of Kent soar

Latest figures show that Swale, in Kent, now has the third highest number covid-19 cases in the country. The rate stood at 589.7 per 100,000 people, as of 13 November.

The rise in cases is putting pressure on Medway Maritime Hospital, as covid-19 cases across the borough increased by 885 in seven days.

Thanet, in the south east of Kent, is also experiencing a surge in cases to 520 per 100,000. This is a rise from 290.3 per 100,000 in the previous week and places the borough 16th in England.

Full story in Kent Online

Health workers across South East urge MPs to back pay rise

Hundreds of health workers across the region have written to 84 local MPs asking them to back Unison's call for NHS staff to get an early pay rise in time for Christmas.

Staff including nurses, paramedics, porters and cleaners are urging MPs to put their case to the government. Their case includes a significant pay rise of at least £2,000 for every worker across the NHS.

Unison south-east regional secretary Steve Torrance said: "Health workers are exhausted from the first virus peak. They're now dealing with the second wave and a backlog of cancelled treatments... Now is the time for a significant pay rise from the government."

He also argued that workers would subsequently feel valued and a pay increase could attract much needed recruits.

Full story in Hampshire Chronicle

South West

Region least hit by virus has biggest problem with year-plus waiters

The South West has been least hit by the covid-19 outbreak this year but still has the highest proportion of patients waiting more than a year for an elective procedure.

Data published on 12 November by NHS England and analysed by online news site HSJ reveals that in the South West patients waiting 52-weeks-plus for treatment accounted for 4.1 per cent of the total waiting list in September. This is compared to the national average of 3.3 per cent.

These figures come despite the region seeing the lowest rates of infections, hospitalisations and deaths from covid-19 during the spring peak – which is when most of the delays to elective treatment took place.

Nationally, the number of year-plus waiters rose from 1,251 last September to more than 136,000 this year, and the specialities most affected by very long delays are plastic surgery, trauma, orthopaedics and oral surgery.

Full story in HSJ

Midlands

Nottingham cuts to vital GP services

Doctors in Nottingham are concerned over the future of GP services for thousands of vulnerable patients after the local clinical commissioning group (CCG) cut funding and re-tendered

the service to look for a new provider. The current service is delivered by NEMS Community Benefit Services and has provided care to a practice of 11,000 patients over the past 11 years, but the company is not planning to bid because it does not believed it can run the service for the funding on offer – which, according to a report in The Doctor, involves a cut from £190 per patient to £110.

The Doctor and the BMA both reported that the practice has a complex cohort of patients – many of whom are homeless, live in probation hostels and rehabilitation centres, are asylum seekers, have mental health problems and substance misuse issues as well as other health problems.

BMA East Midlands regional council deputy chair and Nottinghamshire GP Kalindi Tumurugoti said the situation was 'appalling'.

"This is what happens when CCGs and other leaders discuss things at a high level. What about the patients? NEMS has an excellent record... We talk about a patient-centred approach – but where are the patients being looked after in this? I don't think they will ever find a provider who can provide the same access and care for that level of funding. It is the wrong time to do this."

NHS recruitment drive launches in the Midlands as hospitals fill up

The 'We are the NHS' recruitment campaign aims to increase applications for undergraduate and postgraduate courses and direct entry roles.

Launched with a nationwide TV ad and sharing real stories of health workers across the Midlands, the organisers hope it will build on the growing interest in NHS careers

Siobhan Heafield, the regional chief nurse for NHS England and NHS Improvement in the Midlands, said: "The 'We are the NHS' campaign offers a fantastic opportunity for all those who have been inspired by the vital work of our nurses, midwives, paramedics and other health care workers to explore what a career in the NHS might have in store for them."

Meanwhile existing staff in the region are under huge pressure as The Royal Stoke is reported to be desperately to trying to find places for critically ill covid-19 patients in other hospitals, with its intensive care facilities reportedly full.

Full story in Stoke on Trent Live and Shropshire Star

North East

North East hospitals warn of severe strain on NHS with covid-19 patient admissions 'rapidly rising'

Health bosses and seven local authorities in the North East have jointly warned of bed shortages and more deaths to come this winter unless the spike in covid-19 infection rates is reversed.

Health chiefs report dealing with "rapidly rising" numbers of covid-19-related hospital admissions, with the trend unlikely to change any time soon.

Full story in Chronicle Live

Some councils in North East yet to roll-out covid-19 mass testing

A number of councils in the region are yet to roll-out mass testing, reporting they are yet to receive their test kits.

This comes after the confirmation last Monday that all council areas in the North East would be part of a new scheme, which sees test results turned around within an hour.

The Department of Health & Social Care has said it is not aware of any delays to the roll-out of mass testing and is working with councils to deliver rapid tests. However, it is understood that Northumberland, Darling, Middlesbrough and Gateshead councils are among those who have yet to receive test kits.

Full story in The Northern Echo

North West

Exclusive: Patients harmed amid 'internecine squabbles' and cover-up claims

University Hospitals of Morecambe Bay Foundation Trust is at the centre of patient safety concerns again. Documents obtained by HSJ reveal several patients were harmed after leaders at an acute trust failed to act on multiple concerns being raised about a surgeon.

The documents show a catalogue of failures of governance and safety in the trauma and orthopaedics department over the past three years. This comes as the trust is also facing a major investigation into whistleblowing concerns over its urology.

Numerous allegations were made about an associate surgeon being left to perform complex operations beyond their qualifications. Consultants alleged the surgeon was carrying out procedures unnecessarily and risking "serious patient harm".

Concerns raised by doctors were allegedly frustrated, with responses from management that some consultants describe as amounting to a "cover up".

An external review of the incidents in January this year confirmed "several patients did suffer in the period between presentation of the 20 critical incidents and action being taken by the General Medical Council".

Full story in HSJ

SEND US NEWS FROM YOUR LOCAL AREA FOR US TO REPORT AND INVESTIGATE – nhssocres@gmail.com

More trouble with NHS contracts and outsourcing

It seems not a day goes past without a new revelation of wrongdoing or bad practice in the process of signing contracts with the private sector: substandard products, products not delivered, huge contracts with small companies that have never worked in the sector before, and contracts given to companies with political links.

The Good Law Project has published numerous examples of poorly negotiated contracts and ones given to companies with links to government, MPs or the Conservative Party, findings which are now backed up by the recently released report by the National Audit Office.

The NHS signing contracts with the private sector for products and services has been ongoing for many years, but when the covid-19 pandemic hit things changed.

"The contracts signed for services under the emergency legislation have been massive exercises in privatisation"

Emergency legislation was enacted in March this year, which allows for contracts to be signed without going through a competitive tender procedure and it seems that as a result contracts were also signed without proper scrutiny of the companies, the products or the contract details.

The contracts signed under the emergency legislation included products such as PPE, as well as contracts for services, specifically for the test and trace service and the Lighthouse Laboratories carrying out diagnostics. The contracts for services have been massive exercises in privatisation. Test and trace involves Serco, Sitel, Deloitte and numerous other private companies and the current crop of seven Lighthouse Labs involves numerous private companies, including Deloitte, Amazon, Boots, GlaxoSmithKline and AstraZeneca.

Competition rules

Prior to the pandemic, many, but not all, contracts for products and services in the NHS were awarded using a competitive tendering procedure. The NHS commissioners – CCGs, NHS trusts, NHS England (NHSE) etc – were obliged to open the contracts up to competition. Providers applying for the contracts could be NHS, private companies, or non-profit organisations and the contract was awarded based on a number of criteria (including value for money). This obligation was introduced under the legislation known as Section 75 of the 2012 Health and Social Care Act.

In contrast to the current emergency set-up, the competitive tendering process did have a certain degree of transparency. Although, once the contract was awarded, there was no transparency around sub-contracting.

The obligation for competitive tendering has led over the years to a large number of private companies being involved with providing services to the NHS. The fear was that the NHS loses out, and in fact the NHS Support Federation calculated that the private sector has won £17bn in NHS clinical contracts since 2013.

Integration sparks change

Even before the pandemic began there were moves away from the competitive tendering process. The publication of the government's

Long-term Plan in January 2019 sparked moves to find another way of working.

The plan had a major emphasis on integrated care, with providers working together seamlessly rather than competing with each other for contracts. The only way integration would work is by reducing the need for competition between providers and by extension the obligation to put all contracts out for competitive tendering.

In the plan, NHSE noted that for integration to work Section 75 of the 2012 legislation needed to be repealed. In September 2019, NHS organisations including NHSE had published the document 'Recommendations to Government and Parliament for an NHS Bill'. This included the repeal of section 75, and its replacement with new provisions in legislation and statutory guidance to establish a new procurement regime. The recommendations were that commissioners of NHS healthcare services must act in the best interests of patients, taxpayers, and the local population when making decisions about arranging healthcare services.

The push for the repeal of section 75 comes however, not from concerns about privatisation, but that with the legislation still in place it will be impossible for integrated care systems to function. Competition needed to be replaced by co-operation and joint working.

On the face of it the repeal of section 75 is a positive move, but this entirely depends on what replaces it. The recommendations by NHSE don't remove the use of competitive tendering altogether, if the commissioners consider it to be the best way to award a contract then it will take place.

"The only way integration would work is by reducing the need for competition between providers and the obligation to put all contracts out for competitive tendering"

Less outsourcing?

The changes in legislation could also have little effect on what has happened to certain areas of the NHS, in particular diagnostics and pathology. These have been undergoing reorganisation and privatisation for many years. Now the presence of the private Lighthouse Laboratories has become another issue. What will happen to these after the need for them to test for covid-19 has fallen?

So far the Labs have not worked well with the NHS system. There have been warnings from the Institute of Biomedical Science (IBMS) that the Lighthouse labs have become "a parallel but disconnected testing stream for COVID-19," and have "failed to deliver robust data". The IBMS warned in June that "Links with clinical systems are still poor and the data generated raises more questions than it answers." So will the labs stay private? Or will they be absorbed into the NHS system?

Diagnostics capacity for conditions other than covid-19 is badly needed in the NHS, as recognised by the Long-term Plan and an independent review commissioned by NHSE published in October. Years of reorganisation and the input of the private sector did little to increase capacity and the independent review found that the "new services will require major investment in facilities, equipment and workforce, alongside replacement of obsolete equipment".

Transparency and accountability

The government has just announced investment in diagnostics: on 16 November, it announced plans to open two new mega-labs, one in Stratford-upon-Avon and the other in Scotland, which will not only extend diagnostic capacity for covid-19, but also expand diagnostic capabilities for cancer, cardiovascular disease and others. Health Secretary Matt Hancock said: "We didn't go into this crisis with a significant diagnostics industry, but we have built one, and these two megalabs are another step forward."

However, we are still left with the question of how much private companies will be involved with these enterprises. Only last month, the SE London Clinical Commissioning Group gave the go ahead for the private company Synlab to take over the contract for a huge pathology network contract for south-east London. The estimated contract value is £2.25bn over 15 years, with a five-year extension option.

So far the legislation needed to repeal Section 75 and put something else in place has gone nowhere, delayed by the pandemic. However, the dropping of competitive tendering during the pandemic, and its rapid replacement with a corrupt and dysfunctional system, should serve as a warning that whatever comes next needs to incorporate full transparency and accountability.

Sylvia Davidson

Too little change in a divided US

In the Trump-voting rural US patients are dying of covid-19 insisting it's a hoax. In North Dakota, hospital staff shortages are so severe that the state's interim health officer has changed the rules to allow healthcare workers with asymptomatic covid-19 to continue working in covid-19 hospital units and nursing homes.

Despite the denials of its existence, fuelled by an avalanche of Trump-driven viral fake news on social and mainstream right-wing media, covid-19 has made its presence tangibly felt. By 10 November, hospitals were on the brink of being overwhelmed by covid-19 patients in Iowa, Kansas, Minnesota, Missouri, Montana, North Dakota, Texas, Utah, and Wisconsin, and officials in many other states were warning that their healthcare systems would be dangerously stressed if cases continued to rise. By 13 November numbers of covid-19 patients admitted to US hospitals had increased 40 per cent in two weeks – while the defeated president sulked idly in the White House. Intensive care unit beds were approaching 90 per cent occupancy in many states, and some metropolitan areas are now completely full and declining patient transfers.

It's a tough time for a new president to be preparing to take over, and a fresh summary of Joe Biden's health plan makes clear that all of the current problems of overpriced insurance policies and grasping hospital corporations would remain intact as obstacles to millions of poorer Americans accessing health care when they need it.

Even if Biden was able to implement his plan in full – now made most unlikely by the failure of the Democrats to wrest control of the Senate from the Republicans – it would offer little substantial change: most working people would continue to get their health insurance through their employer, Medicare and Medicaid would be preserved, and the battered remnants of Obama's Affordable Care Act (ACA) would be dusted off and expanded.

"Even if Biden was able to implement his plan in full it would offer little substantial change"

Biden has argued for a 'public option' minimal insurance plan to be offered to Americans on low incomes or working for smaller employers – including around 4m people living on low incomes in the dozen states that have refused to comply with the ACA's requirement to expand Medicaid as state support for the poorest.

The Kaiser Family Foundation estimates that up to 12m people with employer coverage — less than 10 percent of the total employer-based market — might find the public option to be a cheaper alternative for them. Biden has also argued for increased government subsidies to enable people to afford the premiums, and has proposed to offer the subsidies to some Americans with higher incomes, too. Up to 24m people without insurance could get some form of coverage.

But all of this leaves a vicious and unpopular system of health insurance intact, buoyed up with government funds, and many people on poor value 'bronze' insurance plans that leave them saddled with most routine health costs.

Meanwhile in a sign of the times the American Medical Association (AMA), historically a conservative body, has adopted a policy that recognises racism as a public health threat and calls on the AMA to "support the creation of external policy to combat racism and its effects and encourage federal agencies and other organisations to expand research funding into the epidemiology of risks and damages related to racism".

Sadly this commitment to attacking one of the main root causes of health inequalities has not been coupled with any change from the AMA's historic opposition to 'single payer' health insurance to bring all Americans into a single tax-funded system of 'Medicare for All'. November's elections have brought some change – but too many aspects of healthcare remain just the same.

John Lister

Campaigners in Ontario fight carte blanche for negligence

The Ontario Health Coalition (OHC) has demanded the province's integrity commissioner investigate political donations and high-level personnel links between Doug Ford's right-wing 'Progressive Conservative' government and the for-profit long-term care industry.

This follows the provincial government voting on 16 November to pass the highly controversial Bill 218 which limits legal liability for any harm suffered by residents of long-term care homes and hospitals as a result of covid-19.

The legislation had been rushed through to a vote with minimum scrutiny, and is retrospective to the beginning of the pandemic's impact on care homes.

OHC summed up its impact: "MPPs just voted for the bill. Long-term care homes have just been given a carte blanche to be negligent and fail to take reasonable & competent measures to protect residents against covid-19. Reprehensible."

Two days before Bill 218 went through, Ford had been warning that Canada's most populous province was "staring down the barrel of a lockdown" as infection rates rocketed. But CBC quoted one epidemiologist's retort:

"We're not looking down the barrel at a lockdown, a lockdown is inevitable. The current situation we're in right now has been created by the government. We've known we had to build up our testing capacity. We've known we needed aggressive contact tracing."

An avoidable tragedy

Why would the government not move aggressively, she asked, by locking down, hiring more contact tracers, pumping resources into public health and offering more financial support to shuttered businesses?

OHC has been campaigning relentlessly for pre-emptive action to protect residents in long-term care homes, hospital patients and staff from the threat of a further peak of infection.

In early October OHC, responding to an avoidable tragedy and delayed intervention in Ottawa, explicitly called on the government to take steps including funding and resourcing teams, either from hospitals or in the community "to help long-term care homes with outbreaks that they are not able to stop on their own".

The coalition also reiterated calls for a minimum care standard of an average of four hours per resident per day would ensure funding goes to improving actual care levels, provide adequate staffing, improve retention and improve outcomes.

A month later the Ford government announced that it had adopted the four-hour target – but would not commit to implementing it until 2024/25, four years and a provincial election away. Two days later the government refused to hear more than 50 people who had applied to testify before the Ontario legislature's standing committee on Bill 218.

Against the public interest

Days later it passed the bill which requires those suing for covid-19 harms to prove 'gross negligence' rather than simple negligence, and redefines 'good faith effort' to say that long-term care and retirement homes, among others, just had to make an "honest effort, whether reasonable or not".

Both changes make it harder to sue and easier to defend. It makes these measures retroactive to 17 March this year, the week that covid-19 began to spread in long-term care homes, and will therefore have an impact on more than two dozen class actions and legal suits that are already underway against for-profit long-term care homes that were responsible for more than half of the covid-19 deaths in Ontario's homes in the first wave of the pandemic

The OHC is now demanding a formal investigation, noting that: "This legislation furthers the private interests of the for-profit industry, with whom Conservative ministers, the Premier and their political staff have close connections and from whom they have received political donations, and is contrary to the interests of families, residents, staff and the public."

John Lister

Please donate to help support our campaigning research and journalism

To help secure the future of our NHS through campaigning journalism, please support us

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 – we track contracts and collect evidence about failures of private companies running NHS services

First we must escape the covid-19 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 to account 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 virus, we are now asking those who can to give as much as you can afford.

We suggest £5 per month or £50 per year for individuals, and hopefully at least £20 per month or £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 posted 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, please email us at contactus@lowdownnhs.info