The lowdown

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

Vanishing frontline beds pose threat to future of the NHS

ENGLAND'S ACUTE HOSPITALS have lost over 5,600 frontline beds – an overall reduction of more than one in 20 – in the 12 months to September, according to the most recent NHS figures.

The distribution of these reductions is wildly unequal: some hospitals have maintained similar numbers to a year ago, or even increased frontline bed provision (the largest increase being 106). By contrast, 21 hospital trusts have closed more than 100 beds, four trusts have closed more than 200 – and University Hospitals in Birmingham and Manchester have each closed more than 400.

And 17 further trusts have seen reductions of between 50 and 97 beds, six of them equivalent to more than 10 per cent of beds and one (Harrogate) having lost over 26 per cent.

The new statistics cover beds available overnight in Quarter 2 (July-September) 2020-21. They show numbers of beds that have been available this year, with some recovery from the precipitate drop in numbers in Quarter 1, resulting from NHS England's (NHSE) drive to discharge tens of thousands of patients to create space and free staff to cope with the first wave of covid.

It appears that the figures reflect efforts by trusts to separate covid from non-covid patients, but also their need to divert staff from more routine non-covid services to care for patients in expanded ICU and covid wards: with recent workforce figures still showing more than 80,000 vacancies across England's NHS, there have been only so many staff to go round.

Shortages of suitably qualified staff are also part of the reason why only a third of the private hospital beds that were block-booked by NHSE early in the pandemic were actually used to treat NHS patients.

However, not all of this latest situation is down to covid. A decade of frozen funding had reduced the NHS to a dire state before the pandemic struck, and numbers of acute and mental health beds had been falling year by year, with 13,000 acute beds and 25 per cent of mental health beds closed since the austerity regime was imposed by the Cameron government in 2010.

Matt Hancock's recent statement in a BBC interview that England's NHS now has fewer than 100,000 beds – a historic low – indicates that we cannot expect all of the beds lost in the past year to reopen.

Reduced by more than 10 per cent

UK provision of beds, with England as the least well provided, has for many years been well below that of comparable European and OECD countries, and this is getting worse. In 2010 England had 2.07 acute beds per 1,000 population, but by last year this had fallen by more than 10 per cent to just 1.8.

This shortage of frontline capacity, bringing repeated, worsening winter crises, has been the subject of repeated complaints from the Royal College of Emergency Medicine, and led to the

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NHS missing more and more of its key targets to reduce waiting times for emergency, urgent and elective treatment.

Although the average drop may appear unexciting at just over 5 per cent, some of the reductions are dramatic, and some of the percentage reductions are also very substantial [see table below]. Of the trusts that have lost more than 100 beds only Barts has lost less than 10 per cent, while eight have lost more than one bed in five. The largest proportional drop has been at London's Royal Brompton and Harefield, where more than half of the beds have closed in 12 months.

Occupancy levels falling

The reduction of beds might have been expected to lead to a sharp increase in occupancy as NHS chiefs have attempted to create safe routes and get routine surgery back on target. However only seven acute trusts show occupancy levels above 90 per cent, and the average occupancy, reflecting social distancing and reduced levels of non-covid activity, is just 77 per cent, well below the 90 per cent England average for the same quarter last year.

The longer term implications are also worrying – with the likelihood of further inroads to be made by the private sector into an under-resourced NHS. The reduction in NHS beds and reduced levels of occupancy have brought a drastic cut in NHS capacity.

But instead of investing to ensure hospitals can refit and reorganise to reopen the closed beds, and recruit and train the extra staff they need, chancellor Rishi Sunak's spending review has once more starved the NHS of resources, allocating a paltry £3bn increase to NHS revenue spending to cover all of the increased costs, and given a one-off increase in capital – to be followed by a real terms cutback.

By contrast a lavish £10bn has been allocated to a four-year "framework contract" with private hospitals to treat NHS waiting list patients. The danger is that NHS capacity will remain hobbled for years to come, leaving it increasingly dependent on private hospitals, with a steadily growing share of taxpayers' money flowing out of the NHS into private pockets.

John Lister

TRUSTS THAT HAVE LOST MORE THAN 100 BEDS SINCE Q2 2019

	General & Acute beds Q2 2019-20	General & Acute beds Q2 2020-21	Change in G&A beds	% change
ENGLAND TOTAL	100,370	94,787	-5583	-5.6
BARTS HEALTH NHS TRUST	1,622	1,475	-147	-9.1
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	1,115	863	-252	-22.6
ROYAL FREE LONDON NHS FOUNDATION TRUST	1,002	889	-112	-11.2
LEWISHAM AND GREENWICH NHS TRUST	894	762	-132	-14.8
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FT	811	679	-132	-16.2
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	393	195	-198	-50.4
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	746	913	-108	-14.5
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	629	490	-138	-22.0
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	913	813	-100	-11.0
FRIMLEY HEALTH NHS FOUNDATION TRUST	1,317	1,060	-257	-19.5
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	579	455	-124	-21.4
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	2,493	2,079	-414	-16.6
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1,160	1,018	-142	-12.3
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	495	375	-120	-24.2
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1,959	1,553	-405	-20.7
SALFORD ROYAL NHS FOUNDATION TRUST	800	604	-196	-24.5
PENNINE ACUTE HOSPITALS NHS TRUST	1,076	964	-112	-10.4
STOCKPORT NHS FOUNDATION TRUST	606	480	-126	-20.8
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	1,045	870	-175	-16.7
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1,455	1,269	-185	-12.7
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	555	453	-101	-18.3
21 trusts have lost >100 beds 4 have lost >200, 2 have lost >400.				
Data compiled from https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/				

Private hospitals celebrate closer ties with the NHS

THE EXTENT to which NHS England (NHSE) now sees the future in a permanent alliance with private hospital chains was underlined in October by NHSE chief executive Sir Simon Stevens taking time out to give a keynote speech to the virtual summit meeting of the Independent Healthcare Providers Network (IHPN).

Of course the private sector is delighted at the renewed and strengthened prospects of "partnership" with the NHS. The summit also heard from former deputy CEO of NHSE Dame Barbara Hakin, who said private hospital firms would have to decide how much capacity they want to commit to the NHS and what type of treatments they are best placed to provide, insisting: "I think there's a huge will to make this happen."

NHS Providers deputy CEO Saffron Cordery also spoke of a "sea-change" over the past few months in relations between the sectors and the crucial need for these partnerships to continue.

IHPN CEO David Hare, writing in the November issue of Healthcare Markets magazine reported: "IHPN members hugely welcomed the opportunity to hear from Sir Simon and it is a clear indication of the importance he places on talking to independent healthcare leaders and hearing views from those 'on the ground' in the sector."

"There is a real danger that institutionalising the long-term use of limited NHS funding to commission beds and services from private hospitals will weaken the NHS"

Barriers coming down

Hare went further, arguing that "barriers are coming down across the healthcare system", and added: "The private/public divide has been a feature of policy thinking over far too long a period and I think there is an opportunity now to see the healthcare system as one," he said.

Also in October a grinning NHSE chair Lord Prior formally opened a new £7.5m private day hospital in Stourbridge for Australian-owned hospital firm Ramsay Healthcare. The local news report referred to unspecified "health chiefs" who said: "Stourside Hospital will provide a hub and spoke model to Ramsay's existing West Midlands Hospital in Halesowen, and that it will support the strong partnership between West Midlands Hospital and The Dudley Group NHS Foundation Trust to deliver joined up healthcare services."

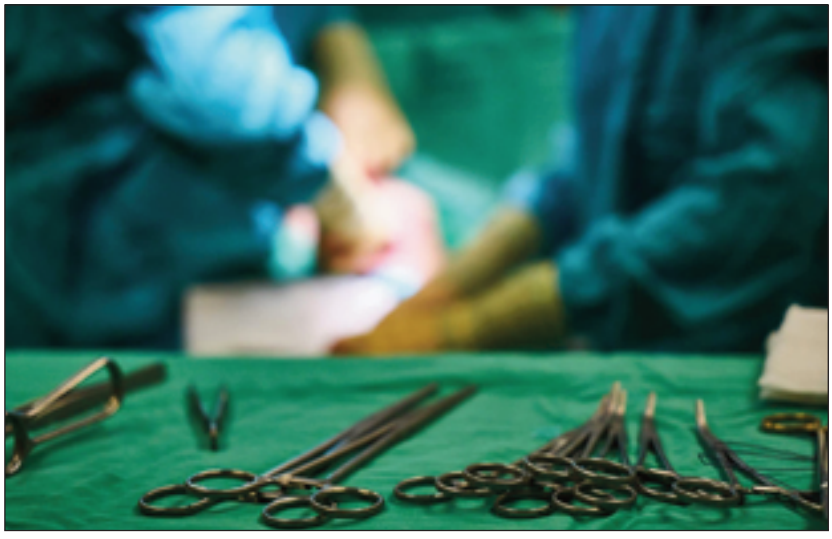
Even the most prominent US health corporation offering patient care, HCA, has reasserted its commitment to collaboration with the NHS: its UK president and CEO John Reay has told Healthcare Markets he believes "The relationship between the sector and the NHS, as well as with the public, has been transformed by the pandemic."

Lining the pockets of investors

"We've treated more than 14,000 NHS patients at HCA UK alone and other private providers will have done the same. That is a very large number of the public who are more aware of how we can help… I think there's a real opportunity to promote private medicine given the surge in demand for treatment and hope that we are now seen as a useful part of the healthcare sector."

While it's understandable for NHS bosses to seek any means to maintain continuity of elective services, especially urgent services for cancer and cardiac patients during the pandemic, there is a real danger that institutionalising the long-term use of limited NHS funding to commission beds and services from private hospitals – especially with NHS bed numbers lower than ever – will weaken the NHS and line the pockets of the private sector and its investors.

John Lister



Covid-19 contract report reveals waste, cronyism and absent process

WEEK AFTER WEEK new stories emerge of the strange goings on in the procurement of goods and services related to the covid-19 pandemic. Currently it's the story of health secretary Matt Hancock's ex-neighbour, and a WhatsApp message that eventually led to a £30m contract to produce plastic vials for covid-19 testing kits despite the company having no experience in this field whatsoever.

The National Audit Office (NAO) has been investigating since it received complaints about contract awards from members of the public and MPs raising concerns about the transparency of contracts, bias, conflicts of interests and that some contracts have been given to unsuitable suppliers.

Following an audit on the procurement process from early 2020 to the end of July, at the end of November the NAO published two reports: An Investigation into Government Procurement during the covid-19 pandemic and The Supply of Personal Protective Equipment (PPE) during the covid-19 Pandemic.

Although couched in less sensational language than many of the media reports, the NAO findings are no less shocking and they are highly critical of what took place over the first months of the pandemic.

The two reports cover a period when contracts worth a staggering £17.3bn were awarded, and the use of emergency procedures meant that £10.5bn of these were awarded directly to companies with no open competitive procedure taking place. A further £6.7bn was awarded directly to companies that were already listed on framework agreements with the government.

So what are the NAO's conclusions?

Political connections can get you contracts

The NAO found that companies with political connections were ten times more likely to be awarded a contract than companies that did not have such connections.

The government split the procurement system into two channels – a high-priority channel for companies with political connections, such as links with government officials, ministers' offices, MPs and members of the House of Lords, senior NHS staff and other health professionals, and a second channel for those companies without connections to such people.

The NAO found that about one in ten suppliers processed through the high-priority lane (47 out of 493) obtained contracts compared to less than one in a hundred suppliers that came through the ordinary lane (104 of 14,892).

Companies in the high-priority channel were automatically regarded as more credible, which is in contrast to normal practice when such contacts would be subject to additional scrutiny due to issues of conflict of interest. The NAO also found that there were no written rules for how the high-priority channel should operate.

Vital documentation to track contracts is missing

The NAO found that in many cases documentation was missing from the contract award system. The documentation covers such things as the justification for using emergency procurement, why particular suppliers were chosen, and how potential conflicts of interest had been identified and managed.

The NAO found that the lack of documentation was much worse in the high-priority channel: of the 493 suppliers referred to this channel by a political or official contact, less than 250 had the details of the individual who made the reference recorded in the government's case management system.

In the cases where documentation was present 144 of the referrals came from the private offices of government ministers, including "referrals from MPs who had gone to ministers with a possible manufacturer in their constituency, and where private individuals had written to the minister or the private office with offers of help".

There were another 64 companies where referral was directly by MPs or members of the House of Lords, and a further 21 were referred by government officials.

The government has since refused to divulge the names of all the companies that went through the high-priority channel and the names of those who recommended them.

Contracts were awarded after work had started

The NAO found contracts that had been awarded in retrospect. One example was one awarded by the Cabinet Office, a £3.2m contract to support the cross-government PPE team's procurement of PPE awarded on 21 July, but which ran from 14 March.

Transparency guidance often not followed

The NAO was critical of the lack of transparency with the process. More than half of the contract awards were not published in the public domain within the time frame of 90 days set out in the guidance issued by the Crown Commercial Service. Of the 1,664 contracts awarded across government up to the end of July with a contract value above £25,000, 55 per cent had not had their details published by 10 November.

Government wasted millions on useless PPE

The government set up a parallel supply chain procurement process that was designed to enable rapid procurement.

Processes were supposed to be in place to avoid waste, but the parallel supply chain managed to buy equipment that did not meet the correct specifications thereby "wasting hundreds of millions of pounds", according to the NAO.

These included 75m respirator masks, with a total cost of £214m, that the NHS will not use for the original purpose. The DHSC told the NAO that 195m items are potentially unsuitable.

Lack of preparedness led to overpaying for PPE

The NAO reported that the stockpile of PPE kept before the pandemic was "inadequate" because it contained only two weeks' worth of PPE. As the pandemic struck it soon became apparent that far more was needed and that the government had to order vast quantities of PPE in a chaotic market with over-inflated prices.

The government was buying gowns and coveralls, which would have cost 33p each in 2019, for £4.50 each, an increase of 1,277 per cent. One million body bags that would have cost £1 each last year were bought for £14.10 each.

The NAO estimates that the government spent £10bn more buying PPE in the inflated market conditions during the covid-19 pandemic than it would have paid for the same products 12 months earlier.

Much of the PPE ordered has not been delivered yet

At the time of the audit at the end of July less than 10 per cent of the gloves, gowns, face masks and other products – ordered for a total £12.5bn – had been delivered to NHS trusts and other frontline organisations.

Of 32bn items ordered, only 2.6bn had been distributed by July and the report said,"with some of it [the PPE] not yet manufactured".

Sylvia Davidson

MP unveils 'reservist' Bill to bolster under-staffed NHS

AS DELIVERIES of Pfizer/BioNTech's covid-19 vaccine arrive in the UK, concerns about who should get it first – and whether it's even going to work – ignored an equally crucial question: is the infrastructure actually in place to administer it?

That question is ostensibly the initial impetus for a Bill introduced by Havant MP and Conservative Party vice-chair Alan Mak in the House of Commons last week, with minimal pre-publicity.

Snappily titled the National Health Service Reserve Staff Bill, and backed by health secretary Matt Hancock and Commons health select committee chair Jeremy Hunt, Mak's proposed legislation aims to use a newly created body of 'reservists', in the first instance at least, to boost distribution of the new vaccine.

The move could easily be dismissed as a simple rebrand for the 80,000-strong ranks of volunteers that have long augmented the work of salaried NHS staff, particularly since the introduction of the NHS Volunteer Responders initiative, launched by the Royal Voluntary Service earlier this year as the pandemic took hold.

No remuneration

Mak's Commons statement did indeed hint at this sort of market repositioning when he talked of a new NHS "brand", comprising a permanent "uniformed standing reserve of clinical and non-clinical volunteers" who will support hospitals, GP surgeries and pharmacies, but he suggested his proposals were both new and long overdue.

"The NHS is the only one of our major emergency services not to have a formal reservist structure," he claimed, neglecting to mention that – unlike those signing up for duty in the equivalent armed forces, fire and rescue service and police special constabulary reserve bodies – it seems those volunteering as an NHS reservist would receive no remuneration under the terms of the new Bill.

And although Mak was at pains to reassure health professionals that "NHS reservists will supplement, not supplant, any roles currently undertaken by NHS employees," the idea of a permanent, post-covid role in the health service for this new army of volunteers is a potentially negative development, especially while chronic shortages of nursing staff are allowed to persist.

Research by the Nuffield Trust shows that within ten years the NHS will have a shortfall of 108,000 full-time equivalent nurses, and the Royal College of Nursing is already warning that current nursing shortages across the NHS – there are around 40,000 registered nursing vacancies in England – could lead to staff burnout and risk patient safety this winter.

Social care too?

Health service union Unison's head of health Sara Gorton told Personnel Today that, "Establishing a permanent volunteer register would be a good idea, but it's not the most pressing concern. Near the top of the government's list must be a proper plan of action to fill the 100,000-plus vacancies across the NHS. This would help both patients and staff alike."

But even though the health service's latest recruitment campaign – We Are The NHS – has just launched to try and make up for the staffing shortfall, and chancellor Rishi Sunak is excluding NHS nurses and doctors from a public sector pay freeze next year, it looks like nothing is going to stop the roll-out of the Havant MP's plan to permanently embed the role of reservists in the health service.

Despite the fact that the Bill will not receive a second reading in the Commons until next March, the health secretary has already agreed to launch a pilot scheme introducing its proposals across all seven NHS England regions.

And Mak – on his website – is already proposing that the reservist idea "could be expanded into the social care sector in the longer-term".

The low-key introduction of Mak's Bill may have attracted little media interest so far, but its impact, if adopted, could have far-reaching implications, undermining the status and professionalism of those working in the NHS.

Martin Shelley

A promotional video accompanying the launch of the new Bill

Remote GP access – here to stay?

DESPITE THE RAPID and seemingly makeshift take-up of remote consultation by GPs and patients during the covid-19 pandemic, preparations for this 'off site' revolution have been quietly underway for some time in the UK.

In September 2019, six months before the first pandemic-inspired lockdown hit, NHS England (NHSE) laid out its aspirations for online consultations in primary care in a 'digital first' guidance document.

Building on a survey earlier that year (by NHSE and NHS Improvement) that showed 67 per cent of a patient sample would be comfortable having this type of interaction with a GP, and looking to fulfil a commitment in its Long Term Plan, NHSE decreed that all practices were to offer online consultations by April this year and video consultations by early next year.

The health service was therefore already primed to roll out remote interactions between patients and their GPs or consultants 'at scale' – whether by phone, online or via video – when the lockdown began in March. And the take-up has been remarkable, despite concerns over a corresponding decline in face-to-face consultations.

Research from the Royal College of General Practitioners (RCGP), based on a limited survey of its members, showed that by mid-July, shortly after the peak of the pandemic, almost 70 per cent of GP consultations were conducted remotely and just 29 per cent face-to-face – a reversal of the proportions a year previously.

Efficiency isn't the goal

More than 75 per cent of GP respondents to the RCGP survey said that phone triage actually increased their efficiency, although RCGP chair Professor Martin Marshall added a note of caution, saying, "Telephone consulting does pose a challenge for GPs, not least the lack of visual cues that we often use to help us make a diagnosis – we can't do physical exams over the phone, we can't give vaccinations or take blood tests… being in the same room as a patient is incredibly useful and difficult to replicate remotely."

Other downsides of the wider adoption of online consultations were identified by GPs in the NHSE/NHSI survey, in which respondents said that workload and capacity issues were key concerns if access to local services was increased in this way without a corresponding rise in capacity.

Nevertheless, the widespread adoption of online consultations has been embraced enthusiastically by health secretary Matt Hancock, although that enthusiasm has been tempered somewhat in the face of a strong push-back from the medical profession, at least on this occasion.

In evidence to the Commons health and social care committee last month, Hancock rowed back on his earlier statements in favour of a 100 per cent take-up of appointments being delivered remotely – which had caused an outcry among GPs and led the RCGP's chair to say, in no uncertain terms, "The RCGP does not want to see general practice become a totally, or even mostly, remote service post-pandemic" – and reassured committee members he was now content with the current level of 45 per cent.

Apps get in on the act

An increasing number of patients are already remotely accessing primary healthcare services offered by private providers like Axa and BUPA, but the recent growth in the 'remote' sector derives from smartphone app development.

Babylon Health's GPatHand brand is perhaps one of the best-known products (largely down to health secretary Hancock's ringing endorsement a couple of years ago, and since featured in the NHSE guidance document mentioned above), but there are others equally disruptive to the status quo.

Push Doctor and Livi, for example, are both partnering with the health service, offering NHS-linked online GP appointments and prescriptions, as well as spearheading a move into the commercial pharmacy sector. Push Doctor recently announced it was linking with Well Pharmacy to offer a 'digital pharmacy first' platform for NHS patients, while Livi has just joined with Boots to launch an in-store video GP service.

In late 2020 we don't know how far the Department of Health & Social Care is going to go in embedding commercial operators in the NHS' remote access IT infrastructure, but given the presence of Serco, Deloitte and co elsewhere in the NHS the signs aren't good.

Martin Shelley

In your area: news from across the UK

Scotland

NHS staffing crisis grows

Latest figures show a drop in the number of nurses and midwives, which has led to urgent calls for the Scottish government to act.

Official statistics reveal the health service had the whole-time equivalent of 61,775 nurses and midwives by the end of September, a decrease of 2.2 per cent on the previous quarter.

The Royal College of Nursing Scotland said figures mean that more than 5% per cent of nursing and midwifery posts are unfilled. This is despite third-year nursing students joining the workforce early to help support the response to the pandemic.

Full story – Aberdeen Evening Express

Sturgeon promises £500 for NHS staff

The Scottish First Minister has pledged to pay every NHS and social care worker in Scotland a £500 covid-19 bonus and has called on Boris Johnson to make the payment tax-free.

Scottish government officials said the pledge would cost around £180m and cover 391,000 full-time and part-time NHS and social care staff. This would include students who volunteered to help during lockdown, GP surgery staff and palliative care workers. However, the plans have received some criticism.

Full story –The Scottish Herald

Manchester

Hospital plans advance

Manchester University NHS Foundation Trust is seeking public feedback on proposals announced earlier this autumn to redevelop North Manchester General Hospital and the Wythenshawe Hospital site.

The trust is working alongside developers and delivery partners to bring forward a healthy living campus at the 67-acre Crumpsall hospital. The plans are costed at around £600m and have secured £54m funding from the government in early November.

Full story – North West Place

Nicola Sturgeon has pledged to pay a covid-19 bonus to NHS staff and social care workers in Scotland

Norfolk

NHS staff mental health crisis as absences soar in covid-19 pandemic

Latest sickness figures within Norfolk's NHS have revealed a mental health crisis with more than 30,000 days lost to depression, anxiety and stress in three months of lockdown.

Some trusts in the county saw almost double the number of days lost between April and June compared to the same three months last year, as staff struggled to cope with the pressures of the first covid-19 peak.

The trusts have rolled out health and wellbeing programmes for those affected but unions argue it is not enough to account for the heavy physical and psychological price staff have paid. Furthermore, mental health charity Mind has warned of the damaging effect of the 'superhero' narrative which could prevent some health workers asking for help.

Full story – Eastern Daily Press

'Sexual orientation should not be a barrier to starting a family' – lesbian YouTube stars demand change

A petition has been launched by the couple after they found out they must pay up to £30,000 for IVF treatment privately before the NHS will help them. Megan and Whitney, the couple behind the petition, consider this discriminatory and have launched a campaign for equality in fertility treatment.

Most heterosexual couples qualify after two years of unprotected sex, but access to IVF treatment on the NHS depends upon where you live.

A recent report from the UK's fertility regulator confirms a disparity in access to funded IVF with just 14 per cent of IVF cycles for female couples receiving NHS funding, compared to 39 per cent for mixed-sex couples. Moreover, in the South East the disparity is drastically worse with just 3.4 per cent of lesbians receiving NHS funding for fertility treatment.

Full story – Free Radio

Wales

NHS front-line staff to get twice-weekly covid-19 tests

A programme will be rolled-out to test all NHS Wales workers and social care staff twice a week, even those without any symptoms.

The tests will be available to doctors, nurses and all non-clinical staff including porters, cleaners and caterers. Regular testing of hospice inpatient unit staff and staff delivering 'hospice at home' services is also promised.

Full story – BBC News

Virtual group clinics to be rolled out

Virtual consultations across NHS Wales are to be expanded to include virtual group clinics, for outpatients across primary, secondary and community care.

The video consultations, called Attend Anywhere, has been expanded in use rapidly over the recent months and helped ensure patients can continue accessing healthcare services safely.

So far, there have been just under 11,000 GP consultations and nearly 62,000 secondary and community care appointments taking place virtually in Wales.

Full story – Wales 24/7

Northern Ireland

Covid-19 vaccine to be rolled out at seven centres

Leisure centres are among seven venues across Northern Ireland where health services workers will be given the coronavirus vaccine. Hundreds of people will become vaccinators and are being briefed on the large-scale operation which is expected to swing into action in the coming weeks.

Full story – Belfast Live

South east

Almost 2,500 more NHS nurses in 2020

The latest NHS Workforce data published this week reveals an increase of 2,491 nurses and 836 doctors in the South East during the past year.

This figure represents a significant proportion of national figures as across England the number of nurses increased by 14,813 and doctors by 6,257.

Additionally, latest UCAS figures reveal record numbers of people accepting a place to study nursing in England – a 23 per cent increase on the same time last year.

Full story – Isle of Wight County Press

England

Nearly a third of hospital trusts exceed first peak of covid-19 patients

Nearly a third of hospital trusts across England have exceeded their first-wave peak of Covid patients undergoing treatment.

Although much of the south-west of England has avoided tier 3 restrictions, hospital cases are considerably higher. Hospital trusts in South Somerset and Devon treated more than twice as many covid-19 patients on at least one day last week as they did in the peak of the first wave.

Scientists warn that relaxing or scrapping the three-tier system too quickly could further hamper the NHS.

Full story – The Guardian

US firm could take over from 'outstanding' Notts GP practice

ALMOST 11,000 patients at a GP practice in central Nottingham, many of them vulnerable, face disruption to their services and potential reductions in care as Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) /Integrated Care System imposes hefty cutbacks in funding and puts a major GP practice out to tender – all in the name of equality.

Waiting in the wings is an American company that appears to have no compunction over grabbing a drastically under-funded contract, and slashing back the services to fit.

"The CCG has been trying for years to re-tender the service at a drastically reduced level of funding per patient"

Reducing inequality?

According to the CCG's own equality and quality impact assessment (EQIA), which has been seen by The Lowdown, the contract on offer would downgrade the enhanced care currently available to the patients on the list of the Platform One GP practice (rated "outstanding" by the Care Quality Commission) to "core primary care services".

It's unlikely any additional care will be provided, since in the name of equality the CCG has decided that once the current contract ends in March 2021 any increase in care to meet the needs of one group of patients would also have to be introduced in all practices throughout the city and county, claiming: "This reduces inequality amongst the GP practice offer."

Of course the patients on Platform One's list are far from equal in status or health needs to the average patient in Nottinghamshire. The CCG has been trying for years to re-tender the service, at a drastically reduced level of funding per patient – reportedly cutting back from £190 per head to just £110, a brutal 43 per cent reduction.

So far there have been no takers despite three rounds of tendering. Platform One clinicians (employed by NEMS Community Benefit Services, a not-for-profit local company that has run out-of-hours services for more than 20 years) have stated they can't afford to carry on the service at this reduced level of funding, which would leave them with a deficit of £400,000-£500,000 per year. Their contract ends in March 2021.

No patient consultation

They have made good use of the additional funding, developing the expertise to deliver enhanced specialist care and support, including mental health and substance abuse treatment, for some of the city's most vulnerable patients, including more than 350 homeless people. The CCG is unable to guarantee any of these enhanced services would continue under a new provider, or that patients transferred to other GPs would receive equivalent levels of treatment.

Two-thirds (7,163) of the patients registered with the Platform One GP practice have a mental health diagnosis code from seeking secondary mental health care. A third of these make up a majority of the 3,000 patients from the Platform One list who are being forcibly transferred to other GP practices in the city and county in an effort to reduce the size and geographical coverage of the practice – and make it more attractive to a private bidder after three abortive efforts at re-tendering.

But the patients have not been consulted. The primary care team have decided to arrange the transfers on patients' behalf or as the EQIA puts it: "The primary care team are to explore allocating patients to practices, rather than writing to patients and asking them to re-register themselves."

John Lister

See https://lowdownnhs.info/ for a longer version of this article

NHSE pushes for 'integration'... but not as we know it

DESPITE ALL the other issues that might be expected to be priorities, it seems NHS England (NHSE) remains focused on driving through its plans for yet another reorganisation, to establish a network of 42 integrated care systems' (ICSs) to control services at local level – and possibly even fewer than that, with the possibility some smaller ICSs might also merge.

A new 39-page NHSE document – Integrating Care – published at the end of November follows on from a volley of instructions to local health chiefs in a circular on 31 July, which appeared to be about rebuilding services after the first peak of covid-19 infection, but took the opportunity to drive forward the process of merging clinical commissioning groups (CCGs) and establishing ICSs in a final page of instructions.

Baseless claims

The new document piles on pressure for prompt government action, setting an ambition of securing new legislation that would allow the whole of England's NHS to be run through ICSs by 2022.

It makes the extraordinary claim that the establishment of ICSs – driven relentlessly from the top by NHSE, and resisted at local level by local government bodies, GPs and campaigners – is in fact "a bottom-up response".

It rehearses the stock arguments for creating ICSs, with lofty, inflated and largely baseless claims that the handful of early ICSs "have improved health, developed better and more seamless services and ensured public resources are used where they can have the greatest impact".

In fact all the improvements that have been made along these lines have been made under existing legislation, with ICSs having been able to do little or nothing.

There are also multiple references to "digital" and "data" as ways of driving system working and improving outcomes, despite the lack of evidence for these claims. New "digital" technology and number-crunching for "population health management" are among the more lucrative areas in which private companies from the US and elsewhere are seeking to gain a profitable foothold, not least through the Health Systems Support Framework established by NHSE.

Many campaigners remain justifiably suspicious of the extent to which ICSs, which have been set up and function largely in secret, would be in any way accountable to local communities if given statutory powers.

"The NHSE document makes the extraordinary claim that the establishment of ICSs is in fact 'a bottom-up response'"

System-wide policing

And while the Integrating Care document argues for the need to establish ICSs as "statutory bodies" with real powers – notably "the capacity to … direct resources to improve service provision" – there are real fears that NHSE, facing more years of tight and inadequate budgets, sees ICSs and system-wide policing of finances as a way of more ruthlessly enforcing cash-cutting reductions or restrictions on availability of services through "control totals" limiting spending across each ICS, and growing lists of excluded "procedures of limited clinical value".

John Lister

See https://lowdownnhs.info/ for a longer version of this article

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.

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