The lowdown

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

Sunak unleashes a new austerity

On the eve of the chancellor's spring statement SOSNHS campaigners handed in a petition with 177,000 signatures, demanding £20 billion emergency funding for the NHS, to Downing Street. Few of them would have realistically expected they would get even small change out of Rishi Sunak: and his statement fully confirmed the most pessimistic expectations.

The statement brought no improvement on what many already see as the wholly inadequate increases in spending – set out in the so-called "health and care levy", and last autumn's spending review.

The Institute of Fiscal Studies has warned that because of soaring inflation the extra funding now amounts to a real terms increase of just 3.6% per year until 2025 – nowhere near the level needed to fund a recovery from the impact of the Covid pandemic on NHS capacity and performance.

Worse still, the additional Covid funding for the NHS (£33.8 billion in 2021-22) comes to a halt at the beginning of April, despite almost 14,000 front line beds in England being filled with Covid patients (March 25).

Nor did either budget or spring statement recognise the

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need for increased capital spending to tackle the massive £9bn backlog of maintenance to NHS hospitals and equipment, or give any real hope that construction of the promised 48 "new hospitals" would even begin before the next election.

But the spring statement is only part of the bad news. Sunak's statement had been preceded by the announcement over the previous weekend that he was doubling the NHS's annual savings target from 1.1% to 2.2%, in the hopes of delivering an annual saving of £4.75bn.

Daunting targets

The HSJ had already been warning that many trusts were faced with daunting targets for so-called efficiency savings, with some expected somehow to save over 5% of their budget in 2022-23. This is a level never previously achieved – except perhaps in the spending cuts of £10m in a year that triggered the scandalous collapse in care at Mid Staffordshire Hospitals in the mid 2000s.

The day after the spring statement NHS England's Board was told by chief financial officer Julian Kelly that they had to cut core NHS funding by £500m in 2022-23, while rising inflation could add another £1bn in financial pressure. This meant they would "have to look at what that means for our ability to deliver NHS goals …"

So not only is there no light at the end of the tunnel for increasingly desperate NHS staff after two gruesome years coping with Covid (or for patients stuck on lengthening waiting lists for operations), but widespread deficits are likely to re-emerge in 2022-23.

The task of driving through this new, brutal, austerity which threatens the NHS with a second successive decade of decline, will fall to the Integrated Care Boards that will take on statutory powers from July, once the Health and Care Bill completes its passage through parliament.

Some Integrated Care Systems will no doubt resort to drastic measures as they try to reduce spending to hit budget targets, just as Clinical Commissioning Groups, Primary Care Trusts and Health Authorities have done before them.

But the new, less local, commissioning bodies may well run into conflict with major local acute trusts, which are also battling to balance their books. So the new system is certain to get off to a suitably bumpy start, with each decision potentially further highlighting the lack of local accountability in the new system.

John Lister

NHS ENGLAND PLANS – FOR PRIVATE PATIENTS

It was bad enough that NHS England's latest bi-monthly Board meeting showed no real reaction to the news of a further £1.5 billion of cuts and cash pressures: but we now know they are not even properly focused on the NHS at all.

The HSJ has revealed a leaked NHS England document that has been circulated inside the NHS since the end of last year which instructs local leaders to focus their energies not on reducing waiting lists and treating NHS patients, but instead to "actively explore and develop opportunities to grow their external (non-NHS) income."

It goes on: "Private patient services continue to be a significant source of material opportunity in the NHS." The document commits NHS England to work with trusts to "identify and scale-up NHS export opportunities and support development of private patient opportunities to generate revenue and provide benefits for NHS staff and local patients and services."

Even the Daily Telegraph has headlined this story "Outrage as NHS hospitals told to target more private patients, despite record waiting list," quoting cancer doctors stating the advice was "morally outrageous," and noting new figures from the Private Healthcare Information Network showing "a near-tripling in the number of self-funded hip operations since the pandemic."

Large queues and long delays actually help NHS England's plans to turn the NHS itself into a two-tier system, driving more desperate patients to seek private treatment. The conflict of interest exposed by this document means that at least the NHS England staff who drew up the leaked document should resign or be sacked – and the Board, which appears to be incapable of any action to address the growing crisis of the NHS should also be replaced.

NHS staff must suffer real terms pay cut, say Treasury

The chancellor's spring statement, as feared, lacked any commitment to extra funding to enable an above-inflation increase in pay for hard-pressed NHS staff whose pay has suffered a decade of decline.

The ministers and the Department of Health and Social Care hinted in February that any increase above 3% for NHS staff could lead to operations being cancelled, so tight is the cash squeeze imposed by Rishi Sunak.

Government statements after the spring budget have also emphasised the need for "pay restraint" for NHS staff – as inflation soars towards 8% – leaving staff facing a further real-terms pay cut of around 5% – equivalent to £20 per week for staff on £20,000 and £30 per week for staff on £30,000.

In early February Bank of England boss Andrew Bailey, struggling by on just half a million per year, triggered a storm of protest when he called for workers to show "restraint" rather than seek pay increases to at least keep pace with the rising rate of inflation. But pay restraint does not prevent inflation, it just means that working people suffer its effects more severely.

Health workers' pay has already been restrained – for over ten years. Last year the Health Foundation calculated that over the previous decade nurses and health visitors had suffered a real terms loss since 2011 of £1,583 on annual salary, midwives £1,813 and scientific and technical staff a massive £2949.

But as inflation has risen towards levels not seen since the 1980s, the government's line has hardened, despite the obvious need for the NHS to improve its pay offer if it is to recruit to fill 110,000 vacancies, or even retain many of the staff it has.

A new UNISON survey of more than 9,000 health workers in England, found almost half (48%) are seriously considering leaving the NHS in the next year. Of those seriously considering leaving, three fifths (61%) are attracted by better pay, while one in five (21%) are looking for less-pressured working conditions. And around two thirds (68%) of NHS staff say they will look for other, better-paying work, if this year's NHS pay award does not keep pace with the cost of living.

UNISON has warned that the NHS risks losing thousands of low-paid staff including 999 call handlers, healthcare assistants, medical secretaries and cleaners to the private sector unless wages increase significantly. A new report has found that supermarkets, coffee shops and logistics firms, are among those promoting wages that exceed the lowest hourly rates in the NHS.

Morrisons is offering a minimum of £10 an hour compared with £9.49 for a hospital porter or catering assistant, and Amazon's basic rate is £11.10 for some permanent staff, according to the research commissioned from analysts Incomes Data Research.

Private sector set to milk the NHS

While NHS resources are facing a renewed and tightening financial squeeze, the limited funds available are more likely than ever to be diverted to paying for services in private hospitals and clinics, while NHS beds and resources remain closed or under-used.

We know this from NHS England's 'Delivery Plan,' which is supposed to enable the recovery of acute services from the after-effects of the pandemic, but in fact accepts that waiting lists could rise to 14 million before they fall, and that long waits won't be eradicated until 2025.

The Plan is heavily – one might almost say obsessively – focused on the need for long-term reliance on the "capacity" of the private sector. It's far and away the most consistent theme running through the 50-page document. Here are the key passages:

"The physical separation of elective from urgent and emergency services … will include a strengthened relationship with independent sector providers to accelerate recovery."

"More people offered the option of treatment by high quality independent sector providers, free at the point of care."

"As we tackle the elective backlog, a long-term partnership with our independent sector partners, including charities, will be crucial in providing the capacity we require to deliver timely and high quality care for patients."

"Independent sector providers have a significant role to play in supporting the NHS as trusted partners to recover elective services, including cancer, as they have throughout the pandemic. Systems will include local independent sector capacity as part of elective recovery plans and will work in partnership with independent sector partners to maximise activity to reduce waiting times sustainably."

"Elective care boards within each integrated care system (ICS) have been established to bring together local providers, including the independent sector, to agree priorities and solve operational challenges. Systems will work with the independent sector within the context of their broader recovery strategy, population and local plans."

"The development of successful local partnerships between providers and the independent sector will be built on nationally agreed principles ensuring that local areas:

Clearly articulate how patients can choose their place of treatment at all stages. This will be supported by clear and consistent communication with patients that explains the role of and options for using the independent sector.

Clearly demonstrate how independent sector providers are contributing to overall elective recovery, including for cancer diagnosis and treatment."

"Local areas will be encouraged to develop partnerships with the independent sector that support long-term contracting with sector providers, act at system level to respond to local challenges and allow partners to plan ahead. In addition, joint regular reviews of demand for services and available capacity will support the clinically appropriate transfer of high volume and low complexity conditions, as well as some cancer pathways and diagnostics, to the independent sector. …. More complex cases can also be treated in independent sector sites that can deliver this level of treatment."

"To further guarantee the effectiveness of partnership working,

systems will have the opportunity to design a joint approach with the independent sector on workforce."

Why private providers can't be the answer

Quite apart from any ideological objections to funnelling public money to profit-seeking private providers, and the cost of paying above NHS tariff prices to make it profitable for private hospitals to treat NHS patients rather than a growing number of 'self-pay' private patients, there are practical problems with this scenario for the NHS.

Firstly, the private sector cannot bridge the gaps in capacity that have been opened up in the NHS by the decade of austerity and bed cuts and the impact of Covid.

The most recent official statistics on bed numbers, to the end of last year, show 11,400 of the 100,000 general and acute beds that were technically "available" were not being used. There is no capital to enable trusts to reopen beds that have remained empty since the Covid pandemic first struck.

The combination of beds still unused, and beds filled with Covid patients is currently over 25,000 NHS front-line beds (one in four) currently out of action for either emergency or waiting list patients.

But the whole of the private acute hospital sector according to Laing Buisson comprises just 8,000 beds, and many of these are not affordable, not available or not suitable for high volumes of NHS elective care. But even if EVERY available bed was block-booked, it could only compensate for less than a third of the capacity that has been lost to the NHS.

Plus diverting large numbers of NHS patients from NHS hospitals to private hospitals often several miles away will in many cases mean also dispatching teams of NHS staff to deliver the operations, since the private sector is not staffed up to work in such intensive fashion. This means taking staff out of multidisciplinary teams in NHS hospitals where they can be on call to cover emergencies, making trusts much less efficient.

Any further expansion of the private sector would also mean increased recruitment from the same limited pool of staff trained by the NHS – effectively robbing one department to staff another.

Spending extra money to deliver the least complex operations in private hospitals, which generally lack ICU facilities, and are geared only to the simplest of surgery and patients with few if any complications, also means that there are fewer resources available for the NHS to treat the older and more seriously ill patients that the private sector does not see as profitable. Waiting lists for more complex conditions are likely to go up, as treatment for more straightforward cases is speeded up. This is a new "inverse care law," prioritising the cases that have least serious needs.

The outlook is gloomy, too for improvements in emergency services and for mental health, neither of which are included in the Delivery Plan. With an increasing flow of investment towards private providers, who have always studiously avoided offering emergency services, it seems certain the deadly combination of staff shortages and lack of front-line beds will continue to delay patients' process through A&E.

It's also only NHS hospitals that will face the logjam of delayed discharge of patients after longer stays in hospital, as the lack of social care and community health care limit their efficiency. NHS England has tried to bully this problem away, sending out an edict on December 12 last year telling trusts to cut by half the number of patients with "no reason to reside" who were still in hospital.

But without any alternative support available for discharged patients, the actual numbers of long stay patients grew by almost 10% in the first month, and has remained consistently higher than it was when the order was sent out – with the latest sitrep figures showing numbers of patients in hospital for more than 3 weeks has increased by 14% since December 12.

The new inequalities

The other problem which the NHS England guidance does not address is that the private hospitals are not equally distributed across the country, but focused on prosperous populations and areas, so mainly located in London and the south east of England.

Any recovery strategy dependent upon private rather than NHS capacity will inevitably offer a raw deal to other parts of England, notably the more deprived areas of the midlands and the former "red wall" northern areas that swung on the Brexit issue to give Boris Johnson his large Commons majority.

These areas have consistently lost out over the past decade as austerity has widened social inequalities and stalled and even reversed the historic trend towards increased life expectancy.
Disregarding all of the problems we have outlined, NHS England's Delivery Plan aims to build a long-term strategy around partnerships with the private sector.

Once this dependency is established, it will take even bigger investment to break from it. So any lingering hopes there might be any 'levelling up' of access to health care, or any medium or long term plan to bring down the waiting list should now be discarded. The new inequality is taking shape alongside Rishi Sunak's new austerity.

The government's ambition to transform the NHS into a cash cow for a growing private sector has never been dependent upon legislation, but always linked to the austerity squeeze on NHS funding and capacity, and accelerated by the Covid pandemic.

Under the Delivery Plan the private sector will not need to tender or compete for contracts – they will be firmly entrenched in long term, one-sided "partnerships," in which they take the profits and the NHS shoulders the burden.

John Lister

Many NHS staff face a charge for Covid tests

With just days to go before the 1 April deadline marking the end of free covid testing for many, a last-minute update from the Department of Health & Social Care (DHSC) has failed to fully clarify how this move will affect the majority of staff working within the NHS.

The DHSC update, released barely two days before the deadline is due to expire, contains just two specific, limited concessions for NHS staff:

– free symptomatic testing will continue to be provided for people working in some high-risk settings, such as for NHS workers

– free asymptomatic lateral-flow testing will still be available to those working in some high-risk settings – such as patient-facing staff in the NHS and NHS-commissioned independent healthcare providers – but only where infection can spread rapidly while prevalence is high

No attempt is made in the press release accompanying the update to define what constitutes a high-risk setting, or to list what roles within those settings may or may not still be eligible for free testing. It's worth noting too that staff employed by NHS-commissioned independent healthcare providers – ie private companies – may receive free covid tests at the taxpayer's expense.

And tellingly, missing from the small list of groups who can

still access free testing after 1 April are those staff members not working in high-risk clinical settings, which suggests that these employees could now have to pay for their own tests.

The press release goes on to claim that the cost of these changes – which ultimately represent a sizeable cost-cutting programme – "will be met within existing funding arrangements", but that they will also be partly financed by reintroducing charges for NHS staff using hospital car parks, again from 1 April.

These changes had been flagged up by the government since the beginning of the year, albeit in a contradictory fashion. A spokesperson for prime minister Boris Johnson suggested on 22 February that NHS staff would probably remain eligible for free symptomatic testing only, and that a decision on asymptomatic testing would be made by the DHSC and NHS England (NHSE) "in due course". But health secretary Sajid Javid told BBC Breakfast, on the same day, that NHS staff would continue to get free tests regardless.

The first hint of changes on the way came back in January, when Oxford University Hospitals NHS Foundation Trust told its employees that NHS England would no longer directly provide them with free lateral-flow testing kits, and so they would need to order free kits via the central government system.

And in a parallel development – one which may have a direct impact on the debate about free testing in the health service – the government earlier this month moved to ditch the introduction of mandatory covid jabs for frontline NHS staff. That change, coincidentally, is also due to take effect on 1 April.

For as little as £50 a month...

With NHSE appearing unlikely, for the moment, to continue picking up the tab for free covid testing across the entire health service, the NHS Confederation (NHSC) has warned that testing of staff at their own expense would cost each worker £50 a month.

While certainly generating substantial savings for the health service – the NHS is, with 1.3m staff, the largest employer in Europe, so £50 per head equals £65m a month in reduced outgoings – such a charging regime would inevitably hit the lowest-paid staff hardest.

Nursing in Practice recently quoted NHSC chief executive Matthew Taylor saying, "In the face of a cost-of-living crisis, many staff will simply not be able to afford to regularly buy their tests."

That leaves NHS staff in an invidious position due to their continuing obligation to test during the pandemic. As Nursing Notes pointed out last week, "The most recent guidance from NHS England still requires staff to test and report their test results twice a week, but fails to outline how this will be funded [after 1 April]."

And two further cost-cutting moves by the Treasury, announced over the past ten days, can only make the challenge for health service employees more difficult.

A press release dated 21 March heralded a new government drive, in the form of an 'efficiency and value for money committee' chaired by chancellor Rishi Sunak, which will see the NHS' annual 'efficiency commitment' double to 2.2 per cent, in the process "freeing up" £4.75bn in "savings".

A few days later came the news that the government had asked NHS England to 'reduce core funding' – ie make cuts – to the value of £500m as part of its 'living with covid' campaign. The move led NHSC chief exec Matthew Taylor to suggest the reduction would inevitably mean cuts to frontline services.

Further clarification on who pays for testing staff across the NHS – ie staff working in all settings, not just high-risk ones – may well emerge in additional guidance which, according to the DHSC press release, is due to appear on 1 April. However, as the House of Commons rises on 31 March for the Easter recess and doesn't return until 19 April, that guidance is set to avoid parliamentary scrutiny for almost three weeks.

Martin Shelley

GPs call for a rebuild of General Practice

A lack of investment and workforce planning stretching back years now means that general practice is unsafe for many patients and staff, in particular GPs. A new poll has reported that more than 80% of GPs believe that patients are being put at risk when they come into their surgery for an appointment and data from a mental health charity for NHS staff shows 60-70% of those who phone for help are GPs.

A new campaign, launched this week, plans to pressurise the government to fund general practice properly and deliver on its commitment to deliver an additional 6,000 GPs in England by 2024. The campaign notes that "in 2019, the UK Government promised to deliver a workforce plan for General Practice and the NHS in England. In 2022, we are still waiting."

The Rebuild General Practice campaign, funded by the BMA and GPDF and supported by Jeremy Hunt MP, chair of the Health Select Committee, also demands that ministers and health leaders tackle the factors driving GPs out of the profession, such as burn out, and create a plan to reduce GP workload and improve patient safety.

The new poll of 1,395 GPs, released by the campaign, found only 13% said their practice was safe for patients all the time. Concerns for patient safety were expressed by 85% of the respondents, with 2% saying patients were "rarely" safe, 22% saying they were safe "some of the time", and 61% saying they were safe "most of the time". Asked if they thought the risk to patient safety was increasing in their surgery, 70% said it was.

Patient safety at risk

GPs said staff shortages and not enough time in appointments were the main factors affecting patient safety. With 86% of GPs saying they did not have enough time in consultations with patients and 77% of GPs feeling that GP shortages put patient safety at risk.

The negative effect on GP's mental health and wellbeing is also evident, Dr Kieran Sharrock, a GP based in Lincoln and deputy chair of the BMA England's GP Committee, speaking at the campaign's launch said:

"One survey from last July found that 51 per cent of GPs are suffering from burnout, depression, or other mental strain. And over the last year, the equivalent of 279 fully qualified, full-time GPs have left the workforce altogether."

Recent data shows that on average GPs are conducting 37 appointments every day – almost 50 per cent more than the recommended number of 25.

Speaking to the House of Commons Committee on Social Care this week, Professor Dame Clare Gerada, said that GPs were 60-70% of those that contacted a confidential mental health support service in the first year of the pandemic. She called for a CQC-style, arms-length body to hold the NHS to account over GP and other staff burnout, and that mental health should be 'as important' to the NHS as 'finance'.

This week also saw the start of a parliamentary inquiry into the future of general practice. At the first oral session, Dr Sharrock, leader of the Rebuild General Practice campaign and deputy chair of the BMA England's GP Committee, noted that the criticism and negativity about GPs and general practice must end if the NHS wants to retain the doctors we have and recruit more, particularly the constant criticisms about seeing patients face-to-face:

"The evidence is that actually GPs throughout the pandemic did, and currently are, seeing patients face-to-face – with 60.3% of our appointments being just that".

A result of the assumption that GPs are not seeing patients in-person is that many practices are now seeing an increase in abuse, which has a serious impact on doctors' welfare and ultimately drives more out of the profession, further escalating the staffing crisis.

Back in 2015, it was Jeremy Hunt that pledged to increase the number of GPs in England by 5,000 by 2020. A target that was never met. Then Boris Johnson promised in the 2019 general election to boost the GP workforce by 6,000 by 2024-25. However, Sajid Javid, the health secretary, has admitted that that pledge will not be delivered either.

Despite the crisis in general practice and the calls for more funding from the BMA and others, there was nothing for general practice in the Chancellor, Rishi Sunak's spring budget.

Sussex CCGs finally get payment from disastrous outsourcing contract

NHS commissioners in Sussex have finally got back some of the money owed them following the 2016 collapse of the non-emergency patient transport services contract with Coperforma, according to a report in the HSJ.

The clinical commissioning groups (CCGs) in Sussex are to receive a "significant" amount of money from a company called Sinocare Group Ltd, based in Hong Kong; this was one of the parent companies of Coperfoma. The full amount of the payout has not been disclosed as yet.

The Coperforma contract in Sussex for non-emergency patient transport is perhaps one of the most high profile and disastrous failures of outsourcing in the last decade. The four-year contract worth £63.5 million was awarded to Coperforma in 2015 by seven CCGs in Sussex.

The company replaced the NHS's South-East Coast ambulance service (SECamb) on 1 April 2016. It was then just a matter of days before problems with the contract hit the headlines. By mid-April local and national press were reporting on a service in chaos, with crews not turning up to pick up patients leading to missed appointments and patients languishing for hours in hospitals awaiting transport home. Patients included those with kidney failure with appointments for dialysis and cancer patients attending chemotherapy sessions. The GMB union representing the ambulance crews said it was an "absolute shambles".

Under the contract, Coperforma acted as an intermediary sub-contracting out the ambulance work to private ambulance companies. Many of the staff working for the sub-contractors had transferred from SECamb after this organisation lost the contract. However, by August it was evident that there were issues of payment to sub-contractors and several reported financial difficulties. The sub-contractors all blamed Coperforma, saying they are owed millions in unpaid invoices by the company.

Coperforma were finally forced to give up the contract in October 2016. Despite promising to transfer money to pay the ambulance crews, High Weald Lewes Havens CCG (now East Sussex CCG) had to step in and provide the money for the back pay.

There followed a long legal battle between the CCGs and Coperforma and its parent companies to recover money they were owed for extra costs resulting from the collapse.

In 2018, Coperforma went into voluntary liquidation and in 2019 HSJ reported that the company had just a few thousand pounds in its bank accounts and owed £11.3m to unsecured creditors, including NHS organisations and suppliers of ambulances and staff.

Public 'thumbs down' for Government performance on the NHS

Public satisfaction with the NHS has fallen to its lowest level since John Major's government lost office in 1997, according to analysis of the 2021 British Social Attitudes survey (BSA) published by The King's Fund and the Nuffield Trust.

It finds that just 36% of the public is satisfied with how the health service is running – an unprecedented drop of 17 percentage points from 2020. The record falls in satisfaction include GP and hospital services, and can be seen across all ages, income groups, sexes and supporters of different political parties. The Nuffield Trust points out:

"More people (41 per cent) are now dissatisfied with the NHS than satisfied. Concerns over long waiting times (65 per cent), NHS staff shortages (46 per cent) and inadequate government funding (40 per cent) remained the top reasons people gave for being dissatisfied with the NHS in 2021."

Dr Katherine Henderson, President of The Royal College of Emergency Medicine, said: "It is disheartening to see that satisfaction with Accident and Emergency services has fallen to its lowest since a question on A&E was introduced in 1999, a fall of 15 percentage points from 54% to 39%.

"Sadly, though, it is not surprising. For months we have been highlighting the crisis that Urgent and Emergency Care services are facing, the significant threats to patient safety, the moral injury facing staff, the crowded Emergency Departments and long waiting times and the danger these pose."

"This has been met with little to no action by the UK Government. We have called for an Urgent and Emergency Care recovery plan to tackle the crisis and improve the situation. What we have been given are tents in carparks outside Emergency Departments."

The BSA follows similar findings in last month's Health Foundation report 'Public perceptions of the NHS and social care: performance, policy and expectations,' in which the public were also negative and pessimistic about the state of the NHS.

More than half (57%) of people polled at the end of last November thought the general standard of care provided by the NHS had got worse in the previous 12 months, while 69% thought the standard of social care had deteriorated. 43% expected NHS standards to get worse. Less than half thought the NHS was providing a good service nationally (44%) or locally (42%).

But while plummeting public satisfaction with the NHS might be seen as a useful lever to soften up the public for more use of the private sector, and even promoting the idea of health insurance, there is also a problem for the Tories. A very large proportion of its mainly older electoral base is entirely dependent upon the NHS – and even if they could afford health insurance or pay for one-off elective treatment, would still be vulnerable to the indignities and delays of under-funded emergency services.

The deepening of austerity and cutbacks are unlikely to win any votes: fewer than one in ten (9%) in the Health Foundation survey thought the government had the right policies for the NHS in England; but only 22% were opposed to increased taxes to pay for additional funding to the NHS.

Vaccine Manufacturing and Innovation Centre under privatisation threat

Throughout the Covid-19 pandemic, we've learnt a number of incredibly important lessons on public health. We've learnt the UK government was woefully and unnecessarily unprepared to handle a pandemic of this kind. We've learnt that public investment and a publicly owned health service have delivered the protection and public health response we needed. And finally, that privatisation is a word synonymous with disaster.

The Vaccine Manufacturing and Innovation Centre (VMIC) should – in its very design – recognise these lessons. The VMIC is based in Oxfordshire and was launched in 2018 with more than £200m of public funding. It is the UK's first strategic vaccine development and advanced manufacturing facility and it is set to become fully operational in 2022.

Given its role in innovation, development and manufacturing of vaccines, the VMIC has the potential to be central to preparing the country for future pandemics. Presently, it exists as a not for profit company in which a consortium of public universities – University of Oxford, Imperial College and London School of Hygiene and Tropical Medicine – are shareholders.

Risking a strategic asset

Sadly, the aforementioned lessons appear not to have been learnt after all. The VMIC is now understood to be up for sale, with just one company in discussions with the VMIC board. According to the BBC, this sale is being supported by the government.

Selling off the VMIC in this way will mean that a vital strategic asset designed for the protection of public health in the UK and across the world will be handed over to a for-profit private company. The result of this will be the same as each and every prior privatisation of healthcare infrastructure we've seen in recent decades – the bottom line of private companies put above public health, drives for innovation will be replaced with drives for profits, and we will see a significant reduction in our preparedness for future pandemics.

All of this has happened largely outside of the public gaze. Indeed, mainstream media coverage of this major transfer of assets and infrastructure that are integral to the UK's public health strategy has been limited – as has the response from political figures.

This week, however, has seen a small – but not insignificant – shift in this regard. On March 21, Oxford City Council unanimously passed a motion opposing the privatisation of the VMIC, following a local public campaign from anti-privatisation groups including We Own It, Keep Our NHS Public and the Socialist Health Association. This will see the City Council use its – admittedly limited – institutional leverage to pressure the Secretary of State for Business, Energy and Industrial Strategy, Kwasi Kwarteng and the consortium of universities to stop the sale.

Time is running short if this reckless privatisation is to be stopped, however. Reports suggest the sale could be wrapped up this month. So while public pressure is beginning to grow, it needs to accelerate, and fast. One small step people can take right now is to sign We Own It's petition opposing the privatisation.

Chris Jarvis, Green Party councillor, Oxford City Council

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