HEALTH CAMPAIGNS TOGETHER #our NHS

Hapless Hancock has proved his expertise in blame shifting while chaos continues in privatised system

Test & trace failure fuels COVID chaos

Total chaos now prevails in the privatised test and trace system as numbers testing positive to Covid begin again to rise fast, and hospitalisation for Covid patients is also increasing.

Between 3 and 9 September, 18,371 people were diagnosed with covid-19, an increase of 167 per cent compared to the end of August, and the 7-day daily average was 3466 on September 18, raising fears of a second lockdown.

Documents leaked to the Sunday Times show that the government's "world-beating" testing programme has a backlog of 185,000 swabs, and is so overstretched that it is sending tests to laboratories in Italy and Germany.

Most of the private laboratories are clearing fewer tests than their stated capacity, lacking staff and/or supplies. As a result, while the government boasts of "capacity for 375,000 tests a day," the actual number of people being tested was down to just 437,000 people a week in early September – "equivalent to just 62,000 a day."

According to Dido Harding, the dim Tory peer with no relevant experience who was installed as chair of the privatised "NHS Test and Trace", demand for coronavirus tests is running at three to four times available capacity. She claimed that the increased demand for tests had been unforeseen – despite months of warnings by public health experts that reopening schools, universities and businesses would increase demand.

Harding also admitted that just 14% of all tests delivered a result in under 24 hours in the week to 9 September, down from 32% a week earlier. **As this issue is prepared the latest figure is just EIGHT percent (1 in 12).**

Continued inside, page 4

Private test and trace is failing - hand it back to the NHS

'NHS test and trace' is **not run by the NHS.** The testing side is run by private companies such as Deloitte, and it's clear that it is failing.

Please sign the petition backed by We Own It, Keep Our NHS Public and Health Campaigns Together, calling for testing to be rooted within NHS structures and given the necessary investment.

MONTHLY ONLINE NEWS BULLETIN September 2020

Welcome to the first issue of what will run as a **monthly online bulletin** for Health Campaigns Together affiliates and supporters.

It is an effort to fill the gap left by the suspension of HCT's quarterly printed newspaper, which cannot be effectively distributed at a time when no physical meetings or large-scale events can be held.

But a basis for united action is sharing relevant information as widely as possible, seeking to develop a common understanding of the impact of key policy decisions, and combating the spread of fake news.

This issue has highlighted the latest NHS England policies (p2-3) privatisation (p6-7) and the fight against racism in the NHS (back page). Future issues will focus more on mental health and social care.

Given the pace of events, and the abrupt twists and turns of government policy, and a continuing series of revelations on its handling of the Covid-19 crisis, a monthly news bulletin that can be widely shared online, covering a wide range of issues, and allowing union and campaign activists to download and information they find useful seems the best format.

We urge local activists facing new problems to forward information to us for investigation and coverage in future issues. Contact details are at the foot of each page.

Future issues of the bulletin will be emailed directly to HCT affiliates and subscribers, and subsequently posted on our website.

If your organisation has not yet affiliated you can do so **HERE**

Health Campaigns Together

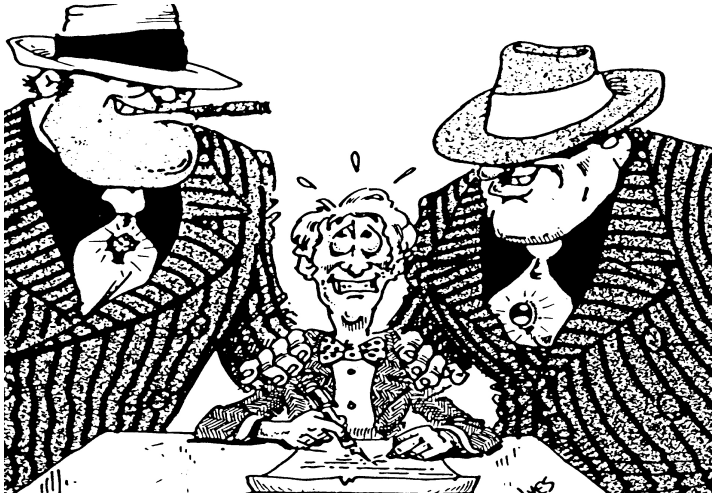
AGM Saturday October 3

10.30-13.00 - via Zoom

Guest speaker: **Dr Dominic Pimenta** on his new book Duty of Care about NHS staff working during Covid.

Plus trade union speakers tbc.

The AGM is the chance for affiliated organisations to elect officers, hear reports, and decide policy and priorities for the year ahead. Details will be sent to affiliates along with more detailed agenda.



Using Covid crisis to push through changes

As always, NHS England has been unwilling to let a good crisis go to waste.

NHS England's July 31 letter demands more rapid implementation of the drive towards the imposition of "integrated care systems", mergers of CCGs, and new measures to eliminate even the pretence of public consultation.

All "ICSs and STPs" are required to draw up a "development plan" which must include steps to speed through controversial decisions with minimal if any public involvement:

"Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making." (p9).

In addition the July 31 letter requires three further plans to be drawn up at a rapid pace, with tight timescales across the peak holiday period, making it impossible for there to be any local consultation or genuine involvement in producing them:

"**Plan**s to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system."

"**A plan** for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health."

"Finally, we are asking you – working as local systems – to **return a draft summary plan** by 1 September using the templates issued and covering the key actions set out in this letter, with final plans due by 21 September."

NHSE also warns that in areas where CCGs have not yet merged into larger bodies with even less local accountability, applications to merge CCGs next April also need to be submitted by 30 September.

Once again only the most token consultation will be possible in the timescale on proposals that in some areas have already been specifically rejected by local GPs or as a result of local opposition.

Extracted from fuller coverage in *The Lowdown*

6-week cut-off for support to discharged patients

The DHSC's August 21 guidance to hospital trusts goes further than previous such guidance in spelling out the need for additional government funding of "post discharge recovery and support services" to cease after the maximum six week period after patients have been hurried out of hospital.

The whole focus is on speeding the process and minimising the numbers of patients deemed eligible to remain in a hospital bed by strict implementation, in twice-daily ward rounds, of a draconian 9-point checklist of "criteria to reside in hospital:"

Within 2 hours

If the patient does not fit at least one of the 9 categories, and regardless of their social circumstances, the policy states they must be discharged "as soon as they are clinically safe to do so" to a "designated discharge area" – within an hour, or at most on the same day, and where possible discharged from the discharge area as soon as possible, "often within two hours". (p4)

Hospitals are required to give reasons for any delays to this whistle-stop discharge process. "The default assumption will be discharge home today." (p25)

However senior geriatricians have warned that the guidance could prompt an increase in "urgent readmissions", "permanent disability" and "excess mortality", while charities said families could be left with "unsustainable caring responsibilities" because of the new rules.

Since the peak of the Covid-19 response, this policy, which emptied tens of thousands of NHS beds, has been linked with additional government funding to cover up to six weeks of recovery and support services.

The funding could also be used "for urgent community response provided within 2 hours to prevent an acute admission" – although how many areas have been able to offer such a rapid response, and how many did so has not been revealed.

The document states (with no supporting evidence) that 50% of people can simply be discharged home from hospital, with relatives or neighbours taking the strain … and no further support from NHS or social care; 45% will need some support from health and/or social care to recover at home; 4% will need rehabilitation of short term care in a 24-hour bed based setting; and just 1% will need ongoing 24-hour nursing care.

However there are complications over Covid screening: "DHSC/PHE policy is that people being discharged from hospital to care homes are tested for COVID-19 in a timely manner ahead of being discharged …. Where a test result is still awaited, the person will be discharged if the care home states that it is able to safely isolate the patient ….

"If this is not possible then alternative accommodation and care … needs to be provided by the local authority, funded by the discharge funding." (p16).

It's not at all clear what "alternative accommodation" might be available, affordable, or appropriate for patients who might potentially arrive with Covid-19, and are also likely to require complex care.

The policy is clear on one thing: from six weeks after discharge from hospital the local NHS and social services are left to carry the can.

Around the country staff in community health and social care will be grappling now with the fall-out from these policy statements without the necessary means to cope.

The buck-passing guidance may have been published, but the implementation is far from a done deal.

Extracted from fuller coverage in *The Lowdown.*

Impossible demands – based on non-existent hubs

Plans for restarting urgent and elective NHS services, announced in a 13-page circular from NHS England to NHS chief executives and accountable officers on July 31, depend upon the rapid roll-out of a new network of 'Community Diagnostic Hubs' – which, according to the HSJ have not yet secured funding, and for which there are as yet no local plans, or staffing so far in place.

But the creation of Community Diagnostic Hubs is only one of many unanswered questions to arise from NHS England's letter, the subsequent 46-page guidance document 'Implementing phase 3 of the NHS response to the COVID-19 pandemic,' published on August 7, and the even further delayed 'Hospital Discharge Service: Policy and Operating Model' which did not emerge until August 21.

One month deadline

The July letter, headed "Important – for action – Third Phase of NHS response to Covid-19" gave trusts just the month of August to draw up and implement delivery plans, to run from September 1 through to March 2021, to "restore full operation of cancer services."

To achieve this, trusts were tasked with:

"Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs (CDHs) and Rapid Diagnostic Centres."

The new Hubs are supposed run for "12 to 14 hours a day seven days a week," and to offer a range of diagnostic services including "CT, MRI, ultrasound, plain X-ray, echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, phlebotomy and, in some CDHs, endoscopy facilities."

In another leap into the world of fantasy, given the continued revelations on the disastrous failures of the privatised testing system for Covid19, according to the HSJ NHS England plan assumes that CDHs "will rely upon rapid testing being available at each site."

The NHSE letter went on to call on health bosses to:

"re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following:

"In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October (while aiming for 70% in August);

"This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October."

The many questions over whether such ambitious targets can be achieved so quickly given the constraints of post-Covid restrictions, continued staff shortages (with some key staff having been reassigned to different duties), and the complexity of managing (and staffing) capacity commissioned in private hospitals on separate sites, are neither asked by NHS England nor answered. They just send out the orders.

Community health care

A huge question mark also hangs over the future resources and staffing of community health services:

"Community health services crisis responsiveness should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of Covid but need ongoing rehabilitation and other community health services."

For community health and CCGs there is an additional unfunded nightmare for managers, arising from NHS England's instruction that hospitals "must" discharge patients prior to their needs being assessed ("discharge to assess").

This has been backed up by temporary funding for support packages – of up to 6 weeks only – to keep patients out of hospital.

Assess – and move out

"The Government has further decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020 and work with local authorities using the trusted assessor model.

"Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements."

The letter makes no assessment of how many patients fall into this category, and no suggestion of where the extra staff should come from to conduct the additional assessments, where patients needing ongoing care should be cared for, by whom or at whose expense.

Extracted from fuller coverage in *The Lowdown*

Puzzle of the private beds

The latest available NHS England figures (September 3) show that of an undisclosed total of available beds of all types (general and acute, mental health, maternity, Learning Difficulties) open overnight, 110,000 were occupied.

This appears to be close to the average of just 112,000 beds that were occupied in the equivalent period of 2019 before the impact of Covid-19.

However unlike 2019, when all of the bed numbers were from NHS and foundation trusts, the most recent figures show that 5,369 (4.8%) of the total beds occupied were private sector beds, at least 3,000 of them from mental health providers.

So only 2,300 of the private hospital beds block-booked by NHS England to increase capacity for urgent and elective acute services were being used in early September.

While suspicions will run high, in the absence of any transparency or official data on the scale and terms of the block-booking, the proportion of booked beds used for NHS patient care, and theactual cost, it is impossible to tell whether or not this is value for money.

However NHS England's July 31 letter expects local trusts to make plans ***including the use of private sector beds***, and to

"produce week-by-week independent sector usage plans from August." The letter goes on to refer to "£3 billion NHS revenue funding for ongoing independent sector capacity"

Will any of these plans – or any figures to show how much public money has been spent and what private sector capacity was secured and actually used during the period of this deal – ever be published?

See full *Lowdown* article

Watch now:

Richard Horton's fantastic speech at Keep Our NHS Public AGM 2020

Richard Horton, editor of ***The Lancet***, spoke on September 12 about how and why the Government has let us down so badly.

You can also check out KONP Co-chair John Puntis' fantastic review of Richard Horton's latest book *The COVID-19 Catastrophe*.

See our Rescue Plan HERE

Royal Free, Cheltenham and Chorley: not such "temporary" closures

Children's A&E at the **Royal Free Hospital** in Hampstead will temporarily close on September 25, and children's inpatient services will be shut "throughout the winter" as part of plans to prepare in case of a "second wave" of coronavirus.

Healthwatch Camden has referred the wide-ranging reconfiguration of hospital services to the borough's health overview and scrutiny committee.

Many parents in the wide catchment area of the Royal Free will face awkward additional journeys to the Whittington Hospital in Archway, which will add 7 spaces to its children's A&E (to 16) and treble its number of inpatient beds – up from 15 to 45, including "paediatric assessment, ambulatory care, high dependency and mental health beds".

The decisions have been taken behind closed doors by sub-committees of the North London Partners (the Integrated Care System for North Central London) which publish no minutes or agendas of their meetings.

Meanwhile other "temporary" closures are being extended to become more permanent. In **Cheltenham**, the local A&E is set to remain closed until at least March next year, having been downgraded to a minor injury and illness unit for a '3-month period' in June.

There have been protests in **Grantham** in Lincolnshire over the continued downgrading of its day time only A&E to an Urgent Treatment Centre, with emergency admissions diverted to Lincoln or to Boston, each 30 miles away.

Questions have been asked in the Commons over the "temporary" closure of already reduced A&E services in **Chorley,** Lancashire.

And staff in **Southend Hospital**, now merged with Chelmsford's Broomfield Hospital and Basildon & Thurrock hospitals into a mega-trust covering Mid and South Essex, raised fears in June that the relocation of ICU staff to work in Basildon could herald the downsizing or closure of Southend's ICU.

Covid Chaos

Continued from front page

workers, teachers and other key workers, on people without symptoms inappropriately seeking tests (for a virus which is asymptomatic in up to 80% of cases).

Hancock even suggested that the fact the test is free might be leading people to make frivolous use of it. So ministers are looking to ration ("reprioritise) access to testing for those who can't or won't fork out £119 for a private test.

Junior minister Edward Argar admitted that this could mean some sick members of the public with Covid symptoms could be officially forced to wait while others get tested first.

Booking system

It's not just the private sector laboratories, set up in preference and in parallel to the existing network of NHS laboratories that are failing to work as required (and seeking a helping hand from NHS lab staff) – but the computerised booking system, wayward from the very outset, is now in daily chaos.

For days on end whole areas are told no tests are available, or people are sent hundreds of miles to testing centres.

On September 10 hundreds of people were sent from as far afield as Cornwall , London and Stockport to queue in vain for tests in Telford.

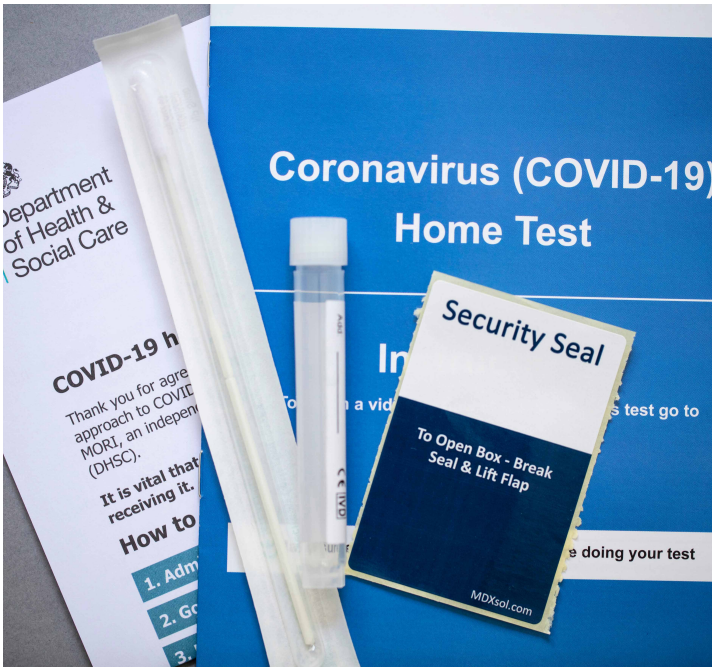
But to make matters worse, the shambolic testing regime is coupled with an equally disastrous privatised system that is failing to track down and contact huge numbers of patients testing positive. Recent data shows just 60% of people who had been exposed to someone with coronavirus were contacted by Serco, one of the outsourcing companies that continues to pick up lavish government contracts despite its failures, compared to 80% being reached by under-funded local public health teams

Councils take over

Telford and Wrekin is the latest council to have attempted to set up the borough's own coronavirus test and tracing system, pointing out "national contact tracing is not working – it is failing to reach cases and contacts sufficiently and not able to identify outbreaks early enough."

It seems that the situation is already lurching out of control. The Guardian reports research showing that cases of coronavirus in England are "doubling every seven to eight days."

The coronavirus is also spreading through care homes again with an estimated 1,100 new cases every day, and Matt Hancock admitting to MPs that outbreaks had been detected in 43 care homes after months of calm.



However Channel 4 News reports that this could rapidly get even worse as NHS hospitals again pressure care homes to accept patients who are, or may be, Covid positive – indicating nothing has been learned from the disastrous policies in the spring.

With almost every expert and analyst, including former Kings Fund CEO Chris Ham now calling for the failed test and trace system to be devolved to local level, and run by public health experts, the government is resolutely looking the other way.

They are throwing in more millions and drafting in costly management consultants in the vain hope of reviving the deeply flawed system.

Livid – North Tyneside on the slippery privatisation slope

Private Swedish-owned firm Livi has been awarded a contract to carry out virtual consultations in Primary Care in North Tyneside, reports KONP North East.

Whilst this is claimed to be a pilot scheme, and it is to be seen as an addition to the usual GP clinical work, it is undoubtedly part of a very slippery privatisation slope.

In this instance, the contract was awarded by North Tyneside CCG and patients registered with North Tyneside practices received a letter from Livi over the summer:

KONPNE strongly objects to this insidious privatisation of the NHS.

Apart from the central fact that North Tyneside CCG should not be wasting taxpayers money by contracting out to private, profit making companies with shareholders, a number of key issues need to be answered as a matter of urgency.

One of these is how long is the contract for, and how much is it costing, given that Livi's standard charge for a private consultation is £29?

Why is there no mention of it being a pilot scheme in the Livi publicity material?

What steps were taken to enable local GPs to manage this service?

While our GPs link in with many non-statutory organisations and collaboration is a key feature of their work, Livi GPs (communicating to us from elsewhere in the UK) won't have any knowledge about what is generally available in the local area

The fundamental question is why is the funding provided to Livi not being invested in local, existing primary care services?

North Tyneside CCG should not be wasting taxpayers money by contracting out to private, profit making companies with shareholders.

NHS workers say "NO!" held a rally in Nantwich on Sunday, organised by nurse Vanessa Harratt, and addressed by Karl Parr (UNISON rep and nurse at Royal Stoke), Derek Jones (Unite organiser), Mike Travis (RCN), Laura Hother (student nurse), Laura Smith (Cllr and former MP), and a Covid-19 critical care survivor. There were around 50 NHS staff, plus Crewe TUC and the public in the town square.

Rallies press case for big NHS pay increase

Nursing staff and other allied health professionals have reacted with anger to being overlooked when pay rises were given to many in the public sector at the end of July, showing that the government was ignoring the call by 14 health trade unions call to bring their pay rise forward from April 2021.

A London protest on July 29 was called by the Unite branch at Guy's and St Thomas Hospital and supported by NHS staff across London.

NHS workers throughout England, Wales and Scotland have since organised more protests demanding a 15% pay increase paid from 1 December 2020, in order to start recovering a decade of lost wages.

The organisers of the August 8 protests, which included an online rally for anyone who could not join outdoor protests said:

"We are calling on NHS staff and supporters to join us to send a clear message to the government.

"We do not accept your plans to exclude us from the public sector pay increase, and we will make ourselves heard until you listen."

Another day of protests on September 12 saw hundreds of angry health workers marching through London, with simultaneous protests elsewhere,including Sheffield, Brighton, and Bournemouth.

A majority of the public (69%) think all NHS staff should get an early pay rise before the end of this year, according to a UNISON/Savanta ComRes poll.

NHS firmly on table for trade talks

The Conservative Party manifesto at the 2019 election said:

"When we are negotiating trade deals, the NHS will not be on the table. The price the NHS pays for drugs will not be on the table. The services the NHS provides will not be on the table."

However few campaigners believe this, and in July the Parliamentary Labour Party attempted to amend the trade bill to set rules and establish Parliament's role in advance of the anticipated post-Brexit talks on a US deal is negotiated.

To widespread dismay the amendment was voted down, and the Bill, which the Tories argue is about existing deals that the UK has with other countries via the European Union (EU) - and not about a future trade deal with the US – was voted through, and sent on to the House of Lords.

However the public suspicion that any deal with the US will be attached to strings with negative consequences for the NHS is widespread, according to a poll for the Independent earlier this month.

It found that almost half of British voters do not believe Boris Johnson's claim that the NHS is "off the table" in trade deals, and that three-quarters (75 per cent) want specific protections for the NHS to be written into law in the Trade Bill, which had its second reading in the House of Lords on September 8.

A fourth round of trade talks between the UK and US has just begun, with US negotiators eager to secure easier access for American companies to NHS markets, as well as tougher rules on patents to improve pharmaceutical companies' profits from new drugs.

The fight goes on. At the end of August a legal challenge from Global Justice Now won a court ruling that the government must provide campaigners with the dates of all meetings of trade working groups, Agendas of such meetings, Information about plans for the establishment of any new trade working groups and Schedules of forthcoming meetings.

Campaign for a National Care, Support & Independent Living Service

- ❖ Publicly funded, free at the point of use ❖ Publicly provided, not for profit
- ❖ Nationally mandated but designed and delivered locally
- ❖ Co-produced with service users and democratically accountable
- ❖ Underpinned by staff whose pay and conditions reflect true value & skills
- ❖ Meets needs of informal carers ❖ Sets up an independent living task force

Initiated by Keep Our NHS Public and The Socialist Health Association
Supported by Reclaim Social Care, Health Campaigns Together, GMB, National Pensioners Convention, Reclaim Our Futures Alliance of Disabled People's Orgs.

The pandemic has exposed the neglect, injustice and exclusion in our Social Care system. Lives have been casually devalued. Large, often remote residential units or chains, designed to max profit rather than provide what people need and want have heightened risk; while what fragmented, severely rationed support at home remains after wholesale privatisation and 50 % cuts to LA budgets falls dangerously short of meeting even basic needs.

SEIZE THE TIME FOR RADICAL CHANGE !

Join the CAMPAIGN LAUNCH Sat. 10th Oct. 11-1pm

Speakers **John Mc Donnell,** MP, **Jan Shortt,** NPC President, **Stephen Cowan,** Leader of London Borough of Hammersmith & Fulham, **Sandra Daniels and Bob Williams-Findlay**, leading disabled rights activists, **Heather Wakefield,** former Unison Local Govt. Head & Women's Budget Group, **Rachel Harrison,** GMB Public Services national officer, plus others tbc.

Share the discussion and bring ideas for joint action

NHS Keep our NHS public — www.keepournhspublic.com

SHA Socialist Health Association — www.sochealth.co.uk

Privatisation watch

Billions wasted on no-contest contracts

A cross-party group of MPs in alliance with the Good Law Project has launched a lawsuit against the Government over the award of as much as £5 billion worth of contracts without competition, exploiting a legal loophole that allows the Government to award public contracts in an "emergency".

The challenge follows a succession of shocking revelations through the summer as contracts worth tens and hundreds of millions have been awarded to tiny, sometimes dormant, and often completely inexperienced companies for procurement of PPE.

In August, the Daily Mail has reported the Department of Health had spent £3.6billion on 334 contracts, with PPE. The list of firms manufacturers and services companies accounting for £1.77billion of the total.

Byline Times which has charted these contracts estimates that £180 million worth of PPE contracts have been awarded to individuals with links to the Conservatives, including £120 million awarded to a firm run by a Tory councillor.

But more contracts are still being given out with no tender or accountability: Open Democracy has revealed a further £45m contract for test and trace failures Serco, in addition to a contract worth up to £432m.

Even this seems to pale into insignificance compared with Boris Johnson's fantasy vision of a £100 billion "Moonshot" programme to deliver 10 million Covid tests a day by early next year.

The BMJ has highlighted both the lack of expert involvement and the evidence that a lion's share of the extra spending would flow to private contractors:

"The leaked documents reveal a heavy reliance on the private sector to achieve the mass testing and give details of "letters of comfort" that have already been signed with companies to reach three million tests a day by December.

Firms named are GSK for supplying tests, AstraZeneca for laboratory capacity, and Serco and G4S for logistics and warehousing."

Tax expert Richard Murphy warns: "The risk of corruption in this plan is enormous. … And I have to say that I smell something pretty rotten in this plan. I can't prove it. But £100 billion of spending plans on something totally unproven has the risk of potential corruption written all over it."

Public health carved up by desperate councils

Local authorities facing yet another year of brutal cuts in spending after a decade of cuts have slashed their budgets are seeking cash savings by putting public health services out to tender, reports the Independent.

The problem has been highlighted by an unusual alliance of NHS Providers and the NHS Confederation who argue that dumping NHS community health providers for ostensibly cheaper private contractors is a risky move that will disrupt care and support for service users.

It will also undermine the viability of some community health services.

Boroughs in North East London and Cambridgeshire County Council are among those trying to cut costs of services for people with learning and physical disabilities.

Chris Hopson and Niall Dickson, chief executives of NHS Providers and NHS Confederation, called for a pause on retendering NHS community services contracts until the end of 2021-22

Frameworks for secrecy open doors for private profit

A seemingly endless succession of large-scale "Framework Agreements" have been rolled out by NHS England and the Department of Health in recent months, creating conditions for more rapid award of contracts with a pre-authorised shortlist of private, public sector and non-profit providers with limited if any further competitive tendering.

Recent examples include a £500m facilities management framework NHS and public sector, an £800m framework for a range of health IT services, a £10 billion "open opportunity" to reduce waiting times, and a massive £47bn construction framework.

It's possible to trawl through the general terms of these agreements and also check out the NHS SBS Approved Organisation List and over 1194 Approved Organisations that have access to the framework agreement portfolio and as such, can utilise any NHS SBS framework agreement whenever required.

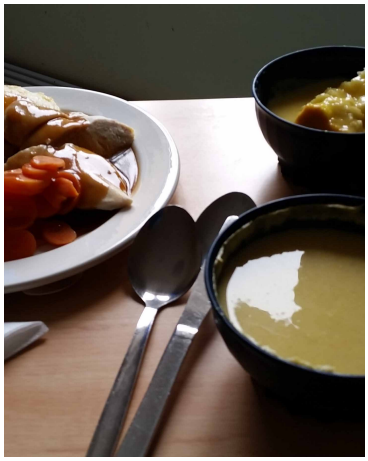
But what do the framework agreements look like at the local level, when a hospital trust signs up with one of the pre-approved providers and agrees a contract for a specific set of tasks?

Somerset secrecy

The recent publication of a contract for "provision of mobile and strategic clinical solutions and associated goods" between Somerset NHS Foundation Trust and the private cancer company Rutherford Diagnostics and Rutherford Infrastructures gives us a glimpse into just how opaque and secretive these deals can be.

Rutherford's chief medical officer is one of the media's favourite private doctors, Karol Sikora, who famously claimed on the BBC in 2017 that the NHS was the "last bastion of communism" and needed a "total rethink". Such scruples obviously do not stop Rutherford from eagerly hoovering

North West Anglia NHS 'bucking the trend' towards safer hospital food



Unions representing 70 NHS employees working Catering, Logistics and Patient Services at Hinchingbrooke Hospital are in dispute with NW Anglia NHS Foundation Trust which has put these services out to private tender.

The outsourcing move is a delayed consequence of the merger of the former Peterborough and Stamford Hospitals Trust with Hinchingbrooke Hospital, where despite the period under management from Circle, key services remained in-house.

UNISON and Unite have pointed out that the attack on Hinchingbrooke's highly successful catering department, which freshly cooks meals for patients and staff from locally sourced ingredients, and the plan to hand the contract to a private company reliant on bulk-processed cook-chill food from central depots, is sharply at odds with a drive announced last year by Health Secretary Matt Hancock towards bringing hospital catering back in-house to improve standards.

The Trust wants to combine Hinchingbrooke's catering, cleaning, portering and other support staff with around 100 facilities staff already outsourced to three different firms at its other hospital sites in

up cash from NHS hospital contracts, although they do seem more than a little shy on revealing any details.

The contract was only published at all as a response to a Freedom of Information Act request to the Trust – but, as with so many documents grudgingly released by secretive management, the 97-page contract has been heavily redacted to remove any useful information.

All of the content or the whole page has been completely blacked out in 28 pages, including all 18 final pages.

Many pages have been so heavily edited it's impossible to see what has been removed from public view: even the date of the agreement has been obscured on page 51.

With so much of this agreement concealed, it's hard to avoid the conclusion that this and many similar framework agreements are funnelling profits to private providers while trust bosses hide from any public accountability – and the NHS is being more systematically milked for profit.

Peterborough and Stamford, and award a single private contract.

Any claims that privatisation might lower costs or increase efficiency are undermined by the latest official NHS figures that show that the cost per patient meal is significantly HIGHER for supplying bulk-processed food from the privately-run re-heating facilities in Peterborough Hospital (averaging £5.33 per patient meal) than the professionally-run in-house kitchens preparing fresh food in Hinchingbrooke (averaging £3.64).

The logic behind the perverse decision to put multi-award winning catering services and logistics services out for tender, when the food delivered to patients in Hinchingbrooke is 46% cheaper as well as superior in quality, is unclear.

The unions point out that no business case has been produced to show what NW Anglia management might hope to achieve from this apparently irrational initiative. For the Estates department which is leading this charge towards outsourcing the answer is "privatisation" whatever the question.

Unions have also launched a petition calling for all North West Anglia NHS staff to be employed in house, not by private profiteers.

Lighthouse labs bypass NHS

There has been too much reliance on the private sector when it comes to laboratory testing for coronavirus and not enough investment in long-established NHS facilities says Unite.

It has just published a survey of Biomedical Scientists which highlights the under-use of NHS science facilities and resources as the crisis over the nationwide gaps in the Covid-19 testing regime escalates.

Back in April, The Lowdown exposed the government policy of bypassing the extensive network of NHS laboratories to establish a new network of " Lighthouse Laboratories", with private sector involvement.

Now the Unite survey says: "Concerns about under-utilisation of NHS resources were matched by concerns around the introduction of the new Lighthouse Laboratories and the impact this was having on NHS services."

Concern over quality

More than 85 per cent of the survey's respondents agreed that there was concern about the service quality from the Lighthouse Laboratories and over 90 per cent concurred that there were worries about the transparency and contracting arrangements for these laboratories.

In contrast, only 38 per cent said their NHS laboratories were working at full capacity.

There was near unanimous support for further investment in NHS labs, which the scientists believe are well-placed to undertake the mass testing of millions envisaged by Operation Moonshot.

The Independent revealed the new part-privatised labs were often taking 72 hours from the time they received tests to determine a result – by which point the results were of no use for wider strategy or policy, while local NHS labs could give results in six hours.

This was followed by a whistleblower's report that dozens of shifts at one of the Lighthouse labs had been cancelled and staff paid to stay away because of a lack of test samples. The Institute of Biomedical Sciences have raised concerns over standards and accreditation.

Private partners Astra Zeneca, Randox and PerkinElmer lead four of the Lighthouse laboratories in Cambridge, Antrim, Newport and Loughborough; with non-profits, Bio Centre and Medicines Discovery Catapult running the Milton Keynes and Alderley Park labs. Glasgow University lead the Scottish Centre. Cambridge, Loughborough and Dundee Universities are also local partners.

The Guardian has revealed plans to spend up to £5 billion over two years establishing a largely privatised expanded testing system, with expansion of the Lighthouse labs, and a further seven new commercially run laboratories to be added, potentially rising to as many as 29, "one for each NHS pathology region in England".

Chair of the Unite healthcare science committee Ian Evans said: "Long-established NHS laboratories with a wealth of professional experience built up over decades appear to have been marginalised in the battle against coronavirus – this has been a huge mistake."

CCG spending on private providers reaches new high

Clinical Commissioning Groups are spending an average of around 15% of their expenditure purchasing healthcare from non-NHS organisations, according to an NHS Support Federation survey of 2019/20 annual accounts

However 18 CCGs spend around 20% and the highest spending CCGs allocate 26% to non-NHS organisations.

The non-NHS organisations that are receiving money to run NHS services include private companies, community interest companies (also known as not-for-profit companies), and charities.

The Fed notes that the CCGs record their spending on GP surgeries separately, some of this will include APMS contracts signed with companies paid to run local GP surgeries such as those with AT Medics and Virgin Care.

So the true amount of private sector spending will be higher.

Of the top ten CCGs for non-NHS spending a common factor was the large scale outsourcing of community healthcare – services that are not covered by the GP contracts or carried out within hospitals.

For full details of this report check out ***The Lowdown***

Fighting racism in the NHS

Widening the fight against NHS charges on migrants

Covid-19 and Black Lives Matter are transforming arguments over race and health.

In a pandemic, no-one is safe until we're all safe. But contact tracing can't work if part of the community is scared to use the NHS and unwilling to name their contacts for fear of the Home Office.

The Hostile Environment is government policy.

But Trusts must also uphold medical and nursing ethics, Duty of Care, Information Governance, oppose racism in practice, and protect public health. Local campaigns are now taking the argument to NHS Trusts and Councils.

Lambeth KONP asked Lambeth Council to join in public opposition to the hostile environment, write to the Home Secretary about protecting migrants from Covid-19 and contact Guy's and St Thomas' to ensure people have access to healthcare, irrespective of migrant status or documentation.

Gateshead

The **Gateshead** Council Leader and Health and Wellbeing Board Chair wrote to the Gateshead Health Chief Exec, asking the Trust not to share data or report on debt to the Home Office.

Manchester KONP is writing to all local Council Leaders and Health and Wellbeing Board Chairs, and the Greater Manchester Mayor. Their letter begins

"At this critical time when it is vital that there is unfettered access for all to NHS services, we urge you to take action to remove from our NHS all barriers to health care faced by overseas workers, migrants and anyone with undocumented status living in the UK, with particular reference to Greater Manchester."

West Yorks inquiry

KONP co-Chair Dr John Puntis pursued **Leeds Teaching Hospital** over a Counter-Fraud newsletter warning of "overseas visitors who have remained in the UK during lockdown, fraudulently seeking medical care" – words which interfere with a public health strategy to control the pandemic.

West Yorkshire and Harrogate Partnership Board commissioned an inquiry into the impact of Covid on health inequalities, BAME communities and staff. The Board then promised to consider the harm caused by charging.

North East London Save Our NHS (NELSON) responded to a **Barts Health** report, entitled "Co-creating a truly inclusive organisation: informed by the lived experiences of racial inequality". While welcoming Barts intentions, NELSON's leaflet featured an elephant in the room, trumpeting "Migrant charges in the NHS are racist too". Barts has now admitted that even more were wrongly charged in 2019-20.

Lewisham Hospital is due to resume an inquiry prompted by press coverage of financial firm Experian checking patients' credit history to find recent migrants.

Nottingham report

Nottingham KONP works with the regional Refugee Forum, whose recent report highlights Asylum Seekers and Refugees. They are exempt from all NHS charges, but some are actually charged.

The Forum found 28% avoided treatment due to worry that they would not be eligible or would be charged. KONP met the Nottingham University Hospitals Chief Exec and asked what discretion the Trust used over pursuing charges, and the lack of provision of interpreters.

In March, a BMJ letter argued that contact tracing requires ending the Hostile Environment.

Merseyside

KONP **Merseyside** initiated a petition calling on local Trusts to take down all hostile publicity, suspend the charges and stop reporting patient details and debt to the Home Office, and tell the public that health care in the pandemic is free to all.

During the Covid-19 outbreak in August, the **Liverpool** Director of Public Health appealed to Toxteth residents to come for local testing, assuring them that no-one would ask about immigration, a message repeated in leaflets in all relevant languages.

The pandemic proves that an injury to one is an injury to all. We call on NHS Trusts to stop implementing a policy which interferes with health in the communities they serve.

This is an edited version of a report by Merseyside KONP campaigner Greg Dropkin to the KONP AGM on September12.

No black trust bosses in Brum

In a year which has highlighted continued institutionalised discrimination against Black and Minority Ethnic communities, a shocking Health Service Journal report has exposed the fact that not one of the executive directors at any of Birmingham's five NHS trusts is from a BAME background.

42% of Birmingham's population was from a BAME background at the last census, as were 36% of the workforce at the city's largest trust, University Hospitals Birmingham in 2017: but the trust has not had a BAME executive "for at least 20 years."

Birmingham and Solihull Mental Health Trust, which has four BAME non-executives, told the *HSJ* it would have a new executive from a BAME background, due to start in November.

It appears that Birmingham is lagging behind the generally slow progress towards diversity in the top ranks of the NHS: recent data shows every NHS Trust in London now has at least one black and minority ethnic (BME) Board member.

It's five years since the Race Equality Foundation published its damning report on the "snowy white peaks of the NHS".

Muslim medics taunted

A shocking survey for the Huffington Post has revealed that over 80% of Muslim NHS staff have experienced Islamophobia or racism within the NHS.

More than two thirds of the 133 Muslims responding to the survey (69%) felt it had got worse during their time at the organisation, and more than half – 57% – felt Islamophobia had held them back in their career progression within the NHS. One registrar summed up:

"Until the management within the NHS is reflective of its workforces, it's going to be incredibly difficult to root out and address Islamophobia."