HEALTH CAMPAIGNS TOGETHER
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MONTHLY ONLINE NEWS BULLETIN #6
MARCH 2021

1% pay increase – a kick in the teeth

The TUC has released new analysis (see table, page 2) which shows how major groups of NHS workers will be much worse off in real terms in 2021-22 than in 2010 even after the government's decision to offer NHS staff a pay rise of just 1% in 2021-22.

Nurses' pay will be down as much as £2,500 in real terms compared to a decade ago. But the picture is bleak for many other NHS staff too:

- Porters' pay will be down by up to £850
- Maternity care assistants' pay will be down by up to £2,100
- Paramedics' pay will be down by up to £3,330

The pay figures are for individual occupations at the top of the national agenda for change bands.

The TUC analysis also reveals that NHS workers across many occupations and pay bands will suffer a real-terms pay cut in 2021-22.

For example, an experienced nurse or midwife (NHS band 5) will a face an annual real-terms pay cut of up to £153 in 2021-22 as a result of the planned 1% increase.

Insult

Unions have described the latest pay offer to NHS workers as an insult to their hard work and dedication during the pandemic.

TUC General Secretary Frances O'Grady said:

"After years of real-terms pay cuts the government's latest offer is a hammer blow to staff morale.

"This boils down to political choices. Ministers have chosen to spend hundreds of millions on outsourcing our failed test and trace system and on dodgy PPE contracts.

"But they have chosen not to find the money to give nurses, paramedics and other NHS workers fair pay.

"Boosting pay for NHS key workers will help our local businesses and high streets recover faster – because their customers will have more cash to spend. And that will help other workers get a pay rise too."

Hidden millions could push waiting list to 9m

The shocking new official figure for numbers of patients waiting for elective treatment has just been revealed as this bulletin is completed.

But the real picture is far worse.

Almost 4.7 million people were recorded as waiting to begin treatment in January 2021 – the highest ever figure for the NHS. Of these over **300,000** had been waiting over a year for treatment, compared with just **1,643** in January 2020.

But the NHS Confederation warns that there is a bigger problem looming: last year millions fewer people in need to elective treatment were referred for care during the pandemic.

It's estimated that up to 5.9 million fewer were referred – resulting in the latest figures showing that hospital admissions for elective treatment fell by more than half to just 139,000.

However many of these "hidden" patients will require treatment: the NHS Confed has told the Independent that it estimates two thirds of them will come forward, equivalent to another 3.9 million patients joining the queue – pushing the total closer to 9 million.

With thousands of NHS beds still closed and thousands more unoccupied because of Covid, the priority should be investment to get NHS trusts back on track rather than funnelling more cash into private hospitals.

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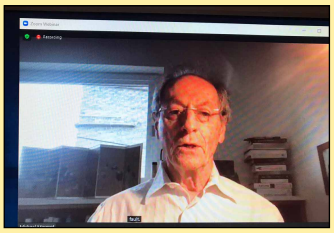

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Short term penny-pinching will worsen staff shortages

Vacancy rates among nurses across England have remained static – around 10 per cent, or 36,500 – for the past two years, and have actually increased in the South East (to 11.6 per cent).

This has exposed the emptiness of government claims that they were firmly on track to delivering 50,000 additional nurses by 2024.

A GMB poll of NHS members last December revealed almost two thirds demoralised by the way they had been treated and considering leaving the NHS.

However, the news that NHS salaries were set to rise by a miserly 1 per cent generated widespread condemnation and threats of strike action from Unite and the Royal College of Nursing.

UNISON's general secretary Christina McAnea said

"Let's be honest here, a 1% pay rise isn't even a pay rise when expected inflation rises are taken into account. And of course it is an insult to the staff who are, as you read this, still in the heat of battle against COVID-19.

"But before the pandemic hit there were over 100,000 vacancies in the health service. Can you imagine the message this 1% pay offer sends to anyone thinking of working in the NHS, never mind those already there?"

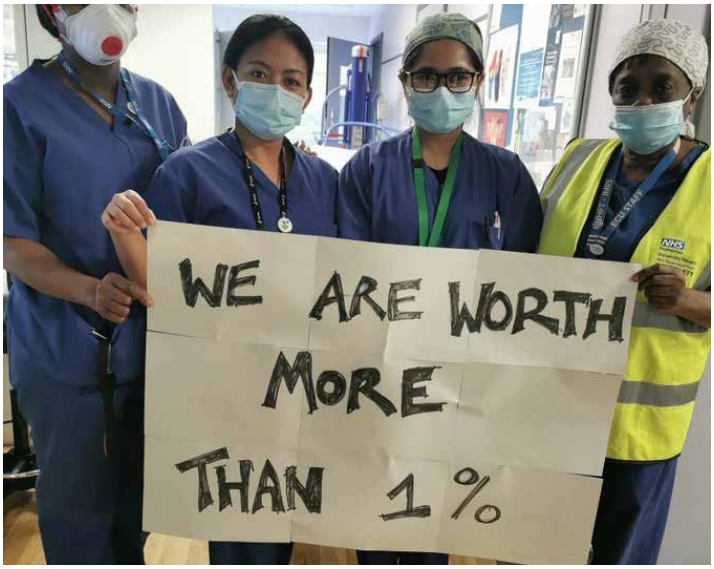
In addition to the vacancies as many as another 100,000 staff have been off sick, an estimated 50,000 of them with Covid, self-isolating, or shielding a vulnerable family member.

Nonetheless the Department of Health and Social Care submission to the Pay Review Body argues the 1% rise would strike the "right balance between pay and staff numbers". The PRB will make its recommendations in early May – but ministers will make the final decision.

More than a few coppers

Popular outrage at the decision to fine Manchester nurse activist Karen Reissmann £10,000 for organising a peaceful, socially distanced and fully masked city centre protest at the 1% pay increase quickly turned into a flood of support.

A GoFundMe page set up to cover the cost of her fine raised more than £10,000 within two hours, and soon after topped £16,000.



1% leaves everyone worse off than 2010

Occupation	Pay 2010	Pay 2010 in 20-21 prices (CPI)	Agenda for change 2020-21 pay	Pay 2021-22 (1% proposed increase)	Real terms pay loss 2010-2021
Porters	£16,753	£20,383	£19,337	£19,530	-£852
Medical secretaries	£18,577	£22,602	£21,142	£21,353	-£1,249
Nursery Nurse Maternity Care Assistants Speech and Language Therapy Assistants Team coordinators	£21,798	£26,521	£24,157	£24,399	-£2,122
Nurses Community nurses	£27,534	£33,500	£30,615	£30,921	-£2,579
Radiographer Specialist	£34,189	£41,597	£37,890	£38,269	-£3,328

£500m wasted as Nightingales are killed off

The news media in North Korean-style trumpeted conversion of London's massive ExCel conference and exhibition centre into a huge "NHS Nightingale" field hospital with "up to 4,000 beds" in just nine days.

There has been markedly less media attention on the way the network of seven Nightingales are now being surreptitiously closed down after treating virtually no patients – and costing the NHS over £500 million.

Insufficient staff

None of them could ever fully open for lack of suitably qualified staff: nor were they needed even during the last winter. NHS England/ Improvement now claim they were only intended as an "insurance policy".

Four of the buildings, in Birmingham, Bristol, Harrogate and Manchester, are all set to close permanently from April 1.

Three others (London, Sunderland and Exeter) will effectively be used as glorified clinics to provide vaccination and some limited elective care.

Never before the Covid pandemic have such huge sums of money been so brazenly wasted on such obviously flawed schemes with such little scrutiny or accountability.

Meanwhile, of course, any demand for an increase of more than 1% in NHS pay is immediately dismissed by ministers as "unaffordable".

THE lowdown

Regular fortnightly evidence-based online news, analysis, explanation and comment on the latest developments in the NHS, for campaigners and union activists.

The Lowdown has been publishing since January 2019, and FREE to access, but not to produce. It has generated a large and growing searchable database.

Please consider a donation to enable us to guarantee publication into a third year. Contact us at *nhssocres@gmail.com*

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

Visit the website at: www.lowdownnhs.info


The lowdown
Health news and analysis to inform and empower NHS staff and campaigners
Budget letdown: NHS faces record waiting lists and staff 'exodus'

Budget blow to both NHS and social care

(c) Andy Davey

Rishi Sunak's budget said next to nothing about the NHS, and nothing about social care: and that's a kick in the teeth for NHS England and all of the organisations that have pressed hard for spending increases to put the NHS back on its feet, tackle backlog maintenance and reward staff for their extraordinary efforts during the covid pandemic.

Behind the smiles and the silence was the Chancellor's decision to slash back COVID-19 funding to NHS England from £18 billion this year to just £3bn for 2021-22.

NHS England core spending which had been planned to rise from £130bn to £136bn in 2021-22 will therefore be increased to just £139bn including covid funding.

This is £9bn less than the £148m received in 2020-21, despite covid deaths still averaging 1,500 or so per week, the continued pressures on expanded ICU capacity and the fears of the global spread of the new Brazilian strain of the virus through Britain's porous airports and inadequate privatised test and trace system.

The "extra" £3bn to help restore services after covid turns out to include £1.5bn of money previously announced, £1bn to cut waiting list backlogs and £500m for mental health.

This is a far cry from the request of NHS Providers CEO Chris Hopson, who had argued for the Chancellor to maintain spending at the higher 2020-21 level of £148m until 2023-24, when it is due to reach that level anyway.

Hopson warned that as well as reducing waiting lists there are additional post-Covid costs to the NHS: "the reality is that in the long term we will need to see more money to help the health service meet increased demand across hospitals, mental health, community and ambulance services."

OBR chair Richard Hughes has also warned that Sunaks' allocation of funding takes no account of NHS costs tackling backlog waiting lists, vaccination programmes and test and trace.

And Health Foundation boss Anita Charlesworth in the *HSJ* has warned that "The planned cut to public spending will mean that in real terms per capita funding for the day-to-day running costs of public services will still be 6 per cent below 2010 levels by the middle of this decade."

This latest decision to impose austerity on the NHS follows the decade of disinvestment and decline since 2010.

At the end of 2019 NHS Providers belatedly pointed out that if NHS and social care spending had risen each year in line with the average prior to David Cameron taking office, the Department of Health annual budget would already have been £35bn higher.

■ To make matters even worse, Sunak's failure to lift the cap on the Life Time Allowance for pensions is a calculated rebuff for thousands of senior doctors and consultants.

This is despite warnings from the BMA after their survey of more than 8,000 doctors in the run-up to the budget found that 72% felt a freeze on the pensions lifetime allowance would make them more likely to retire early - and 61% said they would be more likely to reduce their working hours or shift to working less than full time.

Table 1.6: Departmental Programme and Administration Budgets (Resource DEL excluding depreciation)

	Core funding			COVID-19 funding		Total including COVID-19	
	Outturn[1]	Plans[2]	Plans	Plans	Plans	Plans	Plans
£ billion	2019-20	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
Resource DEL excluding depreciation							
Health and Social Care	133.4	140.3	147.1	58.9	22.0	199.2	169.1
of which: NHS England	123.7	129.7	136.1	18.0	3.0	147.7	139.1

A short-sighted prescription for decline

John Lister

The budget included no new capital investment to tackle the massive £9 billion backlog for maintenance in England's NHS – which according to the latest ERIC figures rose almost 40% in 2019-20, and is now almost as large as the whole of the current DHSC capital budget.

In response to the shocking rise in the backlog – which ran up to March 2020, and therefore does not include much of the pandemic impact – Chris Hopson, chief executive of NHS Providers, said: "It shows how rapidly our very-old NHS estate is falling into disrepair, putting patient lives at greater risk and making it much more difficult for frontline staff to provide the right quality of care.

"More worrying still, over half of this is for work of 'high' or 'significant' risk. In short, this problem poses an increasing threat to safety. It's also impacting directly on the response to the pandemic."

Last year 45% of NHS trust

leaders surveyed by NHS Providers reported their estate was in poor or very poor condition.

Incidents

The estates figures show clinical service incidents caused by estates or infrastructure failure have now increased in each of the past three years to **5,908** in England's 224 trusts.

The trusts with the largest number of estates-related clinical incidents in 2019/20 include **Guy's and St Thomas's** (612); **North East London FT** (375) **Moorfields Eye Hospital** (353) **East Suffolk and North Essex** (329), **Lewisham & Greenwich** (273) and **Southport and Ormskirk** (240).

There are questions over how fully these figures are reported, however, since several trusts in responding to Freedom of Information requests have stated, like **East Sussex Healthcar**e, that their incident reporting system "does not identify if an incident is a 'clinical service incident".

In addition to clinical incidents, ERIC figures record almost 13,000 other "estates and facilities related incidents" during 2019/20. **University Hospital Southampton** topped the failure league, notching up an average of almost two incidents per day (727 for the year, in addition to 300 false fire alarms).

Other trusts in the top ten of estate incidents include **North Bristol** (598); **Morecambe Bay** (594); **Pennines** (436); **Princess Alexandra** (408) **Barts** (392); **Sheffield Teaching Hospitals** (380); **NE London FT** (366) **Bolton** (347) and **Moorfields** (317).

Ten more trusts had 200 or more, and another 20 trusts had over 100 incidents.

But while plans drawn up prior to the pandemic for new hospitals now need to be revisited and re-costed, coping with the aftermath of Covid-19 also requires capital.

Without additional money for investment there is no realistic prospect of remodelling many hospitals to adapt to the post-Covid need for social distancing and improved infection control, reopening thousands of closed beds and restoring their capacity to treat routine and emergency patients as well as Covid.

■ This is a shortened version of an article from ***The Lowdown***

ICSs bring no integration or stability

In just three weeks – whether local people like it or not – the remaining CCG mergers will be forced through to create just 42 giant CCGs as the basis for "Integrated Care Systems."

28 of the ICSs have already been provisionally put in place. although they lack any legal legitimacy or powers until new legislation has passed through parliament – and the Bill to flow from the recent White Paper setting out proposals for ICSs has yet to be published.

However some of the pioneer ICSs have already run into trouble, and there are problems ahead in areas where ICS boundaries cross over the boundaries of local authorities.

The White Paper proposes that ICSs should be coterminous withlocal authorities, but as the HSJ points out, almost 20 ICSs potentially breach this requirement, – from Cumbria and North Yorkshire in the north through to Essex, Surrrey and Hampshire in the home counties – and in some areas Tory councillors and MPs are among those kicking off about it.

One Essex Tory has warned that: "as we come out of covid, we have an intense backlog in cancer and mental health and instead of talking about how to restart and reboot the system, we are going to spend 18 months having to pull apart the [memorandum of understanding] that took 18 months to sign. I think this is [a] retrograde step."

Meanwhile in Bedford, Luton and Milton Keynes, a pioneer ICS, costly management consultants Carnall Farrar have warned there is anything but harmony between the 'partners':

"Senior relationships are poor and there is a lack of trust in the system. Relationships consistently emerge as a barrier and are strained by unclear accountability and authority…"

And the February board papers of the Lancashire and South Cumbria ICS reveal the enormous scale of the financial problems lying in wait as the ICS gets ready to operate a single system-wide "pot" of funding:

"It was noted that, at the start of the year, before Covid struck, the system was reporting that it was just under £180m adrift of its control total of minus £97m, a £277m deficit.

"It is likely that resources from 2021/22 onwards will remain constrained as the economy struggles to recover."

Hancock halts Lancashire plans

Matt Hancock has waded in to block plans for "centralising" emergency services in Lancashire, months before legislation to give him formal powers to do so is even published.

His intervention will be welcomed by campaigners battling to defend services at Chorley Hospital – but makes a nonsense of claims that "Integrated Care Systems" will increasingly take control of planning of services.

The ***Health Service Journal*** reports having seen a letter from NHS North west Regional Director Bill McCarthy to local health chiefs in Lancashire which makes clear the plans are being squashed from above:

"We have received instruction from both the secretary of state for health and the minister of state for health, to work with the integrated care system and local leadership to develop an option that provides safe, high quality care, that continues to include Chorley ED [Emergency Department].

"This [is due to] deep concern at the way the process has been managed so far, as public confidence is not where it needs to be…[and] concern the work that has been done to assess the clinical issues has focused on the closure or downgrading of the ED at Chorley."

"… There will be no further discussion or prospect of closure of Chorley ED until a new set of options has been developed."

The plan had been agreed by the board of Lancashire Teaching Hospitals Foundation Trust and supported by four separate groups of clinicians after emergency clinicians insisted it was too difficult to staff the unit safely.

Both the Lancashire and South Cumbria ICS and NHS England had supported the proposed centralisation of emergency care at Preston, with downgrading of Chorley Hospital.

Speaker speaks out

But the local MP for Chorley is Speaker of the House of Commons Sir Lindsay Hoyle, who appears to be more effective in persuading Matt Hancock to intervene than he has been at getting Boris Johnson or ministers to answer questions in the Commons.

The question is whether this also knocks on the head the even more ambitious plans for a new £1 billion reconfiguration to build either a new single site hospital to acute services at Lancaster Royal Infirmary, Royal Preston Hospital, and Chorley Hospital; or rebuild LRI, along with a second hospital to replace acute services at both Preston and Chorley.

Grantham court challenge forces Trust rethink

People in Lincolnshire have been given just ten days to express a view on plans that would restore some of the services "temporarily" closed at Grantham and District Hospital.

The dramatic change of heart by the United Hospitals of Lincolnshire Trust has clearly been triggered by the judicial review into the closure of Grantham hospital's A&E at London's High Court which began on March 4, brought by campaigners fighting for United Lincolnshire Hospitals Trust to reinstate a full accident and emergency facility for the town.

The latest high level plans, revealed to staff, indicate the restoration of some services at Grantham Hospital lost in June 2020, provision of others and loss of others. The overall picture is complex and deserves further examination. There will be lasting consequences as a result.

The campaigners report in a March 5 update:

"On the surface the changes could appear positive, especially the return of our critical care A&E unit during the day. However an initial analysis of the proposals has raised serious concerns over a strategy that will in effect deliver a long term reduction in some key areas.

"Some changes could undermine the long term future of the hospital and ULHT's ability to attain and retain key staff there. The prior 'temporary closure' of A&E services at night without engagement or consultation remains contentious and SOS Grantham Hospital will not lose sight of it."

District Cllr Charmaine Morgan Chair of SOS Grantham Hospital said:

"The latest engagement over new plans indicates that ULHT have learned from the Judicial Review that they cannot plough through our hospital services with impunity. They must engage and consult before they act, even if there are extenuating circumstances.

"However, engaging and consulting are only of value if they are not just a 'tick box exercise.'"

Another report slams privatised Test & Trace

A new report into the privatised "Test and Trace" system has found it wanting. The Commons Public Accounts Committee has found "no clear evidence" the £22 billion scheme contributed to a reduction in coronavirus infection levels.

And it slams the excessive and continued reliance of the scheme on a small army of 2,500 highly paid management consultants on rates averaging more than £1,000 per day and rising as high as almost £7,000.

Meg Hillier, the chair of the Committee (PAC) said taxpayers were being treated "like an ATM machine" by ministers

The report argues that

"There is still no clear evidence to judge NHST&T's overall effectiveness. It is unclear whether its specific contribution to reducing infection levels, as opposed to the other measures introduced to tackle the pandemic, has justified its costs."

Inquiry begins to assemble evidence of government failure

Failure to prepare for a pandemic alongside chronic underfunding was to blame for many avoidable deaths from COVID-19, the People's Covid Inquiry heard last night.

In the first of eight sessions, the People's Covid Inquiry asked: how well-prepared the NHS was to deal with a pandemic, in a discussion broadcast to an online audience.

The panel of experts included Professor Neena Modi, Dr Tolullah Oni, Dr Jacky Davis and featured counsel to the Inquiry barrister Lorna Hackett and chair Michael Mansfield QC.

They heard from expert and citizen witnesses about their experiences relating to the preparedness of the NHS last spring.

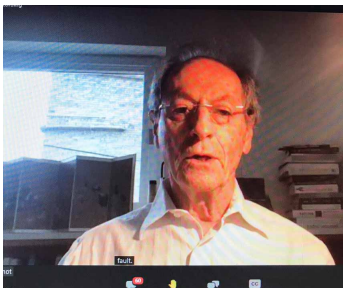
The Inquiry is the first of its kind to be held exclusively online, due to the constraints of the COVID-19 pandemic, and the first session is now available to view online on YouTube.

Inability to respond to COVID-19 impact

The first witness to speak was Jo Goodman, founder of the group Bereaved Families for Justice, whose father died after he contracted COVID-19, very likely at a crowded outpatient clinic where there was inadequate advice or protection from coronavirus.

She also told the panel of difficulties her member families had accessing hospital care: "Really early on, one of the clear patterns emerging was of people clearly needing hospital treatment but were told to stay at home by the 111 service. She said:

"I lost my dad. He was one of those that lost his life because the lockdown came too late and



Michael Marmot

because vulnerable people weren't effectively protected. My dad received his shielding letter 9 days after he passed away."

Goodman explained how she set up the Bereaved Families for Justice Group as she believed her father's death to have been preventable. The group now has 2,600 members, all with similar personal experiences.

Providing evidence of the experiences of NHS staff was Holly Turner RN, a children's mental health nurse for CAMHS.

She told the panel: "Personally, I was not aware of any [discussions on preparedness for a pandemic] and building up to the start of this pandemic at the beginning of 2020 there weren't discussions.

"But I think all the services are so stretched, just getting your day-to-day work done there is too much-limited capacity to be thinking about anything else."

Turner pointed to the fact the vaccine roll-out has been a success as proof that the NHS is able to function well, and the committed staff able to deliver, when provisions are made saying: "The vaccine rollout is evidence that when the NHS has the resources, they can get the job done."

A lost decade of cuts

The panel also questioned Professor Sir Michael Marmot, a health inequalities expert who published the Build Back Fairer: The COVID-19 Marmot Review at the end of last year.

He argued that reduction in healthcare spending since 2010 had been behind the lack of preparedness.

"Government say they protected the NHS spending but it had gone up 3.8% annually and [then] went up 1%, that is equivalent to a cut," he said, as prior to 2010 annual spending growth on the NHS had been around 7% which is necessary to keep up with demand.

Government policy reflected an attitude of "the greater the need, the greater the reduction in spending," he added.

Expert witness Professor Gabriel Scally, President of Epidemiology and Public Health Section of the Royal Society of Medicine, and member of Independent SAGE, gave evidence that backed this up.

"All the [public health] contingency planning and contingency system was stripped out after 2010. The regional function disappeared. Local functions had a huge amount of resource stripped out from them.

Dr John Lister academic and campaigning journalist, editor of Health Campaigns Together ended the session with a body of evidence highlighting the damage to the NHS and social care of a decade of austerity and outsourcing.

You can find out more about the session and sign up on the People's Covid Inquiry website. The first session is available to view on YouTube and evidence will be available on the Inquiry website.

SESSION 3 19:00 -21:00 **Wednesday 24 March**
Is 'Zero Covid' Possible?
SESSION 4 19:00 -21:00 **Wednesday 07 April**
Impact on the population #1 including families, social care, disability
SESSION 5 19 :00 -21:00 **Wednesday 21 April**
Impact on frontline staff & key workers
SESSION 6 19:00 -21:00 **Wednesday 05 May**
Inequalities & discrimination

Vaccines for all!

One year after the WHO declared a global pandemic as a result of the spread of COVID-19, the world has changed in ways no one could have predicted.

However, barriers to healthcare for migrants, the disproportionate impact on BME communities, and inequitable access to testing and treatment have remained a constant failing in our collective response to the pandemic.

Hence the need for the Vaccines for All Campaign, which calls on the Department of Health and Social Care (DHSC) to take action to ensure access to the Covid-19 vaccine for everyone in the UK, regardless of immigration status, proof of address or ID.

340 organisations have signed to support the call to the DHSC, including Oxford, Haringey and Bristol Councils, health institutions such as the Royal College of Midwives and the Faculty of Public Health, migrant and homelessness charities, GP surgeries and primary care networks, and trade unions including the TUC. You can view the full list of signatories at www.VaccineForAll.co.uk

The campaign calls on the DHSC to:

- Guarantee a firewall that prevents any patient information gathered by the NHS or Test and Trace being used for the purposes of immigration enforcement.
- End all Hostile Environment measures in the NHS, including charging for migrants, to combat the fear and mistrust these policies have created.

- Provide specific support to all GP surgeries to register everyone, including undocumented and underdocumented migrants and those without secure accommodation, and ensure that all other routes to vaccination are accessible to everyone.
- Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine.

The Government announced on February 8 that the coronavirus vaccine will be available free of charge to all adults in the UK regardless of immigration status, and that immigration status will not be checked when registering for the vaccine.

NHS providers have been instructed not to check patients' eligibility for free NHS care or share patient data with the Home Office when someone is undergoing treatment for coronavirus.

The Government has also advised that access to GP services remains available and free to everyone regardless of immigration status, and that lack of proof of address or ID should not prevent someone from registering with the GP.

Nonetheless, many people are still likely to be excluded from accessing the vaccine.

This includes those without immigration status (undocumented migrants), those with precarious immigration status, migrants housed by authorities, people experiencing homelessness, people not registered with a GP, and people who do not have ID or proof of address.

The policies designed to ensure testing and treatment for coronavirus is available to everyone do not mitigate the wider deterrent of wider Hostile Environment immigration policies in the NHS, including charging, data sharing, and ID checks.

For more information and to sign the call to the DHSC, please contact Aliya Yule (aliya@migrantsorganise.org) and James Skinner (jamesskinner@medact.org).

Self-isolation payment scheme failing in Oxfordshire

One in two people have been rejected for self-isolation payments across Oxfordshire councils, with even worse numbers in Oxford City (only a one in ten chance of support) according to Oxfordshire KONP research.

And many in Oxford City and West Oxfordshire face a long wait for a decision. At a time of great uncertainty and financial need.

Without adequate financial support for workers to self-isolate, Covid cannot be contained. Many people who have Covid, or have been in contact with someone who has, are forced to work because they cannot afford not to.

Some employers pay adequate sick pay. But Statutory Sick Pay (SSP) at £95 a week (29% of average male earnings) is low – but 2 million workers, mostly women, are excluded even from that because they earn less than the £120 a week threshold.

So, a one-off self-isolation payment disbursed by councils for individuals excluded from SSP sounds like a good idea. It could make all the difference between staying at home, or not. Between workers being relaxed about telling their workmates they have Covid, or not.

But nationally 70% of applications for the £500 government support scheme were rejected as of 6 January (latest available figures).

Oxon KONP wanted to know how different councils in Oxfordshire have acted to implement this vital support, and made Freedom of Information Act requests to the district councils in the county.

The councils' answers covering up to January show that:

- The criteria that the government impose in order for a person to be entitled to the main grant are very complicated and restrictive: so some people who ought to receive the support will not (i.e. will continue work and pose a threat to themselves and others).
- Across the county there was huge variation between councils as regards the percentage of applicants for the grant rejected (87% in Oxford City, 45% in Vale of the White Horse).

Oxford KONP argues that changes are needed including steps to clear the backlog, loosen the criteria, bring more money into councils to employ people to help individuals to self-isolate.

- More details and full results of FoI inquiries at https://keepournhspublicoxfordshire.org.uk/

NEXT ISSUE

Our next issue of the monthly bulletin will be early in April. Please get any articles, photos, tip-offs or information to us no later than APRIL 6.

Union battles IN BRIEF

Full covid sick pay for Midlands ambulance staff

Ambulance workers and paramedics in the West Midlands have won full Covid sick pay after a GMB campaign.

Official NHS guidance states workers should be paid in full, including average overtime, whilst isolating due to coronavirus.

Until now, workers at West Midlands Ambulance Service had to scrape by on limited sick pay while self-isolating - but will now be receiving an average of their overtime too.

Payments will be backdated to the beginning of the pandemic in February 2020.

Fighting on against Heartless Heartlands

Porters at Heartlands Hospital in Birmingham have returned to picket lines in a long running dispute over working conditions and "fire and rehire" tactics, with strike action on Monday and Tuesday March 8-9 and plans for a two-day strike, starting on Wednesday 24 March.

Trust bosses have insisted that porters sign new contracts that ripped up their previous shift working patterns – or face the sack.

UNISON general secretary Christina McAnea gave her wholehearted backing to the strikers and pledged the support of the whole union at an online rally on February 25. UNISON has also used its influence in the Labour Party to bring many local MPs on board too.

This will add to the pressure on trust leaders, especially Trust chair, former Labour home secretary Jacqui Smith.

Donations to Unison University Hospitals Birmingham Branch 22536, Unity Trust Bank, account number: 20403849, sort code: 60-83-01 **Messages of support to and updates from** Unison Heartlands Porters dispute

When is a 'new A&E' not an A&E at all?

Anger at moves to push through downgrade of HRI

Calderdale and Huddersfield Foundation Trust has published glossy plans for almost £200m worth of development work and new buildings at both Huddersfield Royal Infirmary and Calderdale Royal Hospital – and given local people just three weeks to respond, as they seek to push through the project leaving many questions unanswered.

Back in January the legal team representing Hands Off HRI campaigners wrote to the Trust to challenge the lack of consultation over fresh moves towards implementing delayed plans for reconfiguration.

In 2018 the Trust was told by then Health Secretary Jeremy Hunt to scrap an original plan to leave only limited services at HRI and centralise acute care at CRH in Halifax.

In 2019 they came up with a new plan – to spend just £20m on refurbishing the HRI site, which would be left with 162 beds, and £177m on expanding CRH to 676 beds.

Same old plan

HOHRI chair Mike Forster said:

"The 3 page spread in the Examiner talks about a 'new' A & E at HRI, but the plans are still the same.

"Whilst this is a new build, it will not provide acute or emergency care. It will be an Accident Centre – but all specialist services will be transferred to Calderdale.

"ALL acute and emergency staff will also be transferred to Calderdale

"This is a phoney consultation: they intend to sign off on this plan by June this year.

" We have sought legal advice and sent a formal letter of warning to the Trust about failure to consult.

"We will be running a public awareness campaign over the next few weeks to alert the people of this town to the situation, including an online public meeting later this month.

"The focus of our work over the next few months is to fight for FULL acute and emergency care at HRI."

Cheltenham A&E to reopen

Gloucestershire Health and Care NHS Foundation Trust made the decision to reopen the Cheltenham Hospital A&E by no later than 1 July. during a meeting on 2 March.

Cheltenham A&E was closed in early 2020 and emergency cases sent to Gloucester as part of the response to Covid-19.

Other services to be reopened are the Aveta Birth Centre at Cheltenham General Hospital, from 8 March, and the Tewkesbury Minor Injury and Illness Unit (MIIU), from 1 April.

However other temporary measures will remain in place, including the temporary reallocation of rehabilitation beds at the Vale Community Hospital in Dursley, the closure of minor injury units at Dilke Memorial Hospital and Vale Community Hospital, and the current opening hours (8am to 8pm) at Lydney, Cirencester, Stroud and North Cotswolds Minor Injury units.

London campaigners fight US takeover of GP services

Operose, a UK subsidiary of giant US health insurer Centene, has taken over 49 local surgeries in London, affecting over 370,000 patients.

ATMedics, the original GP owners of the practices, was established by six GPs in 2004. By the time of their take-over in February they had spread across 19 London boroughs.

The company made a profit of over £7 million in 2019-20, but has now sold out to Operose.

Centene is also well linked in with the chumocracy of the Johnson government. Tim de Winter, a director of Centene UK is also deputy director of the infamous privatised "NHS" Test + Trace.

Campaigners have now written to call on the Health Secretary to exercise his power under section 48 of the Health and Social Care Act 2008 to request the Care Quality Commission conduct an investigation into NHS England and the 13 CCGs involved in authorising the take-over.

An investigation by the campaigners found a "lack of openness, transparency and misrepresentation" by the CCGs, which published very few documents on the change of ownership and held no public meetings.

A meeting has been called by Camden KONP to discuss a sustained campaign to resist the takeover of GP services in the North Central London area, where 7 surgeries are affected in Haringey, Islington and Camden.

The meeting is on **Tuesday 16th March at 4pm-5.30pm**, Speakers include Jeremy Corbyn MP.

ZOOM MEETING Details ***https://us02web.zoom.us/j/87254179080***.
Meeting ID: 872 5417 9080
Passcode: 446892

SIGN THE PETITION here: ***https://weownit.org.uk/act-now/stop-sell-49-gp-practices***

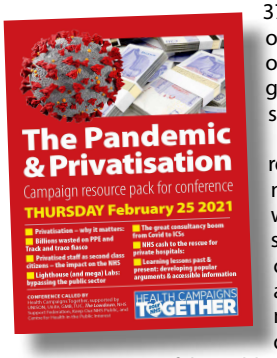
HEALTH CAMPAIGNS TOGETHER #our NHS

450 join largest ever conference fighting NHS privatisation

A special correspondent opens a discussion with some suggestions

An excellent conference on The Pandemic and Privatisation brought together nearly 500 campaigners on February 25 to think about how to combat further outsourcing and privatisation in the NHS.

Recordings of the platform speakers, transcripts and the 24-page Briefing Pack produced by ***The Lowdown*** are available **HERE.**



Expert speakers set out the most recent evidence of how outsourcing has led to worse services and fragmentation and stood as an obvious obstruction to the need to integrate care services. The phoney value of the private sector healthcare providers was explained.

Subcos

The disgrace of tax dodging subcos might be coming to an end after fierce resistance but the threats remained. Poor treatment and conditions for staff outsourced to the private sector are one more symptom of the years of austerity funding forcing NHS organisations to look for cost cutting not service improvements.

Speakers set out how years of evidence demonstrates the failure of outsourcing of clinical services and the nonsense of the attempts to treat our healthcare as a market and to pretend competition leads to improvement when our health is not a commodity.

John Lister from Health Campaigns Together shared his 37 years of experience of opposing the outsourcing of government funded services.

There had been recent successes, but the nature of outsourcing was changing and areas such as management consultancy, pathology and information management were all draining resources out of the public sector and into private profits. Investment in the public sector was woefully inadequate and made outsourcing inevitable.

New services

Because contracts for new services during the pandemic were being given to private companies without the transfer of NHS staff that has previously focused resistance and solidarity, John suggested campaigning needs better arguments, new lines of attack and new and different campaigns.

John's 10 Ps (**"Prohibiting Profiteering Providers and Prioritising Public Provision Prevents Piss Poor Performance"**) showed his argument that all tools could be valuable including ridicule and sarcasm!

Responding shadow health secretary Jon Ashworth thanked all those who campaign across the country.

He pointed out that the government obsession with the illusory superiority of the private sector led to £billions wasted through crony contracting and the elevation of totally unqualified people from private sector backgrounds into key positions.

Public anger at crony contracting is growing and coincides with the emergence of government proposals, backed by NHS England.

Allowing private sector providers to influence how funding is allocated and contracts awarded was totally unacceptable.

Other speakers warned that removing the oversight that competitive tendering required might actually lead to more contracts being awarded to friends and family without adequate scrutiny!

While the proposals to repeal the worst of the dreadful Lansley Health and Social Care Act would be an improvement there would still be the possibility of further outsourcing, and the White Paper contains no plan to reverse previous deals!

Fears privately-run lab may poach NHS staff

The private company, Medacs, which has been given the contract to run the new 'mega-lab' in the former Trident factory in Leamington Spa, has subcontracted recruitment to Sodexo.

Medacs until now has provided GP locums, and has no expertise in medical science or laboratories. Neither has Sodexo, who are advertising jobs under 'NHS Test and Trace,' and offering only fixed term contracts. There is no mention of NHS terms and conditions, NHS Pensions, or UKAS accreditation.

The new lab will run 24/7 and employ 2,000 full time staff, but there are apparently no jobs advertised for Biomedical Scientists, a title which is protected for use only by individuals who are state registered, and therefore regulated by, the Health and Care Professions Council.

Local campaigners fear that the offer of higher cash salaries for may poach NHS professionals – although it would mean those who leave the NHS will give up their NHS pensions.

A campaign is needed to recruit the staff into trade unions and for NHS training, terms and conditions including pension rights.

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning. WE WELCOME SUPPORT FROM:

- **TRADE UNION** organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local national NHS CAMPAIGNS opposing cuts & privatisation
- pressure groups defending specific services and the NHS,
- pensioners' organisations
- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

NB If any of these amounts is an obstacle to supporting Health Campaigns Together, please contact us to discuss.

You can sign up online, and pay by card, bank transfer or by cheque – check it out at *https://healthcampaignstogether.com/joinus.php*

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