HEALTH CAMPAIGNS TOGETHER #OurNHS

MONTHLY ONLINE NEWS BULLETIN #9

JUNE 2021

JULY 3: PROTEST for the NHS

73rd anniversary sees NHS facing biggest-ever threat

Seventy-three years ago, despite a war-ravaged economy, a Labour government created the world's first universal health service: the NHS.

Now as we battle the most serious pandemic in 100 years, with millions on waiting lists, the NHS is being thanked and applauded – but starved of real resources. The truth is the NHS was struggling before the Covid-19 pandemic, after years of government cuts led to desperate winter crises and 100,000 vacant posts.

A Day of Action has been called on July 3 by Health Campaigns Together, Keep Our NHS Public, NHS Workers Say No and NHS Staff Voices. Join us at one of over 30 local events nationwide on three simple demands:

- patient safety,
- pay justice
- and an end to privatisation!

The NHS Pay Review Body will be making its findings public in June, which will bring the whole issue of pay back into the media following the government's outrageous proposal of a below-inflation 1% pay "increase" for NHS workers.

We will show total solidarity with NHS staff as well as making sure that patient safety, privatisation and the government's woeful handling of the Covid-19 pandemic remain clearly in the public eye.

See the Events page for a regularly updated list of 3 July events nationwide. If you are organising an event, please fill out the Events form so we can include it on our list and help promote and publicise it.

Data grab postponed as ministers bend to pressure

Health minister Jo Churchill has attempted to stem the growing tide of opposition to the government's hugely controversial "data grab," requiring GPs to hand over data from 55 million patient records to NHS Digital, by announcing on June 8 a two month delay in the deadline for patients individually to opt out.

The scheme had been initiated by NHS Digital and Health Secretary Matt Hancock back on April 6, and quietly announced by NHS Digital a month later on May 12, hoping as few people as possible would notice that the deadline for opt-outs was June 23. (See an excellent and amusing critique of the plan by comedian Matt Green.)

Indeed even though patients were assured they could opt out "at any time" they were not told that once their data was on the system it would never be deleted, even if no new information was added.

While most of the public remain unaware, the opposition demanding at the very least a delay in the plan included a rare alliance of the Royal College of General Practitioners with the BMA, the Chartered Institute for IT, the Information Commissioner,

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INSIDE THIS ISSUE

ICS bosses welcome Virgin on Board

The concerns of campaigners that the proposals in the NHS White Paper to give statutory powers to "Integrated Care Systems" would lead to private companies sitting on ICS Boards have been proved justified.

Virgin Care's local managing director Julia Clarke is already listed as a member of the Partnership Board, the unitary Board which currently runs the ICS covering Bath and North East Somerset, Swindon and Wiltshire (BSW).

The Board Papers for a meeting on May 28 reveal that the Virgin boss is not only occupying a seat, but actively intervening to protect the company's interests.

Minutes of the March meeting reported a discussion on the extent to which private sector "partners" would be required to be financially transparent towards the other providers within the ICS "for purposes of planning the independent/private sector's NHS related or NHS commissioned work."

They noted Virgin's reluctance to share any information with the public: "Virgin Care were prepared to consider greater transparency where the contract with BaNES and BSW was concerned, but had reservations about sharing information in public." (page 6)

In response to this the NHS "partners" tamely rolled over, agreeing to action by Chief Financial Officers to "further discuss how the 'open book' approach could be applied to private / independent providers while protecting those providers' corporate and commercial interests" – in other words how to ensure 'open books' were not opened at all.

The HSJ has since also revealed that BSW has been asking private providers to contribute £10,000 per year as a "voluntary" contribution towards the ICS running costs – a move questioned even by the Independent Healthcare Providers Network, whose CEO David Hare told the HSJ it was:

"Deeply problematic on so many levels. Just one - what happens in the event of a procurement and the winner has paid and a loser hasn't?"

Medvivo, the private company supplying out of hours GP services and urgent care, is also to be brought on to the ICS Partnership Board.

The White Paper leaves room for private companies to be incorporated into ICS Partnership Boards, but also into the main decision-making NHS Boards.

BSW Minutes from March noted that: "the lack of detail in the White Paper re governance arrangements at system and place levels indicated a level of freedom of design which should be exploited."

If private companies are to sit on decision-making boards on this basis, even meeting in public (as BSW does) would not ensure transparency or accountability.

When will new Bill be published – and what will be in it?

The 2021 Queen's Speech last month gave no details of the proposed 'Health and Care Bill,' which we might have expected to be based on the February White Paper "Integration and Innovation".

Notes published in advance of the Speech by the House of Commons Library anticipated legislation along the lines of the White Paper, to establish Integrated Care Systems as statutory bodies, to formally merge NHS England and NHS Improvement, and changes to procurement and competition rules relating to health services.

Whether all or any of these will be included in the new Bill is now anyone's guess, since the Queen's Speech itself was so vague, saying simply:

"My Ministers will bring forward legislation to empower the NHS to innovate and embrace technology. Patients will receive more tailored and preventative care, closer to home [Health and Care Bill]."

It now seems as if the Bill will be delayed once more – possibly to next month, making it hard to prepare any detailed campaign.

Guessing the content of the Bill has been made even more complicated by the row that has opened up in Essex, with Essex County Council seeking to invoke a clause in the White Paper favoured by Matt Hancock that would establish a single ICS in the county in place of the current 3-way split. If the White Paper formulation stands, it could cause boundary disputes in up to 20 ICSs including Cumbria, North Yorkshire, Birmingham, Surrey and Hampshire.

Three quarters of the proposed ICSs have already been established in shadow form, before the legislation to give them real powers, and the government's 80-strong majority makes it impossible to defeat the Bill, forcing campaigners to focus on amendments to it when it appears.

Shadow Health Secretary Jonathan Ashworth MP told The Lowdown:

"What is being proposed in the White Paper is a new confusing bureaucracy, with opaque decision making and little accountability to the public, allowing contracts to be handed out to private interests with no challenge.

"We've already seen what that means with a string of GP practices disgracefully handed to a US health insurance company. Labour will not be supporting anything that allows this or any other extension of private provision of the NHS."

NUJ to back campaigning on ICSs

The National Union of Journalists at its online conference on May 21-22 became the first TUC union to warn that ICSs represent a 'double threat to accountability' and call for any statutory ICS bodies to exclude private sector organisations and be compelled to meet in public and publish board papers.

The NUJ motion also opposes plans to scrap long-standing powers of local government to block controversial changes and refer them to the Secretary of State and the Independent Reconfiguration Panel, and calls for councils' scrutiny powers to be retained at the most local level.

It instructs the union's NEC to support and publicise the work of Health Campaigns Together and other organisations campaigning for amendments to limit the damage flowing from the still-awaited legislation.

No extra NHS cash despite beds crunch and soaring waiting list

(Information from The Lowdown)

NHS hospitals are facing a rising tide of emergency attendances with a reduced number of front-line beds available and a significant continuing need for beds to treat Covid-19 patients as infection rates increase.

NHS figures analysed by the Health Service Journal show a third of acute trusts (49/145) were operating at 95% or higher levels of occupancy last month with numbers of emergency patients higher than any time since the winter before the pandemic.

Reduced numbers

However the occupancy rates relate to the reduced numbers of front-line beds, which fell rapidly during 2020 as beds were closed or removed from wards to increase social distancing and reduce dangers of infection.

The *HSJ* calculates that the average number of acute beds not reserved or in use for Covid patients fell to 89,339 in May, down by over 12,000 from the numbers that had been available at the same time in the last few years before Covid.

The most recent published quarterly bed figures for the three months to March 31 show 96,000 beds available in England, of which just under 80,000 were occupied, compared with 102,000 beds open and over 90,000 occupied in the same quarter a year earlier.

In other words NHS capacity is still hobbled by the aftermath of Covid, the lack of capital to remodel and refurbish hospital buildings to make most effective use of space, and the lack of staff with high post-Covid sickness levels adding to chronically high levels of unfilled posts.

Meanwhile some of the patients who opted to stay away from seeking hospital treatment during the peak of the pandemic are now being referred by GPs or arriving as serious emergencies.

The Health Foundation has calculated that to bring down the backlog of cases and meet the target of treating 92% of patients within 18 weeks of referral (which has not been achieved for 5 years) the NHS would need to spend an extra £6bn per year over three years. Its estimates are based on the need to open 5,000 extra beds, and employ 4,100 more consultants and 17,100 more nurses.

While conjuring up extra staff is a major problem – especially after the government's derisory offer of a 1% pay increase – the latest figures show that thousands of extra NHS beds already exist – in hospitals that cannot fully use them without investment to reorganise clinical areas.

Cynical ministers think they can get away with long waits

According to a Guardian report, Boris Johnson is not willing to spend the extra money needed now to prevent a further proliferation of long waits because not enough patients are yet aware of the scale of the problem and complaining to MPs (or to put it in cynical Downing Street terms "the public are not yet 'distressed' about the long delays."

Instead of funding the NHS the Johnson government has agreed for NHS England to divert up to £10 billion over the next 4 years on stop-gap measures to use private hospitals to treat NHS patients.

This will drain funds and vital staff from over-stretched NHS hospitals.

The entire capacity of the private hospital sector is just 8,000 acute beds – and many of these are now being used for private patients as the private sector cashes in on the growing delays accessing NHS care.

So there is no way at all the deal with private hospitals can compensate from the 12,000 fewer beds available in the NHS.

The big question is whether ministers will be allowed to rest secure from public anger over such a major and long-running failure of the NHS which Johnson professed to love so much in the 2019 Manifesto.

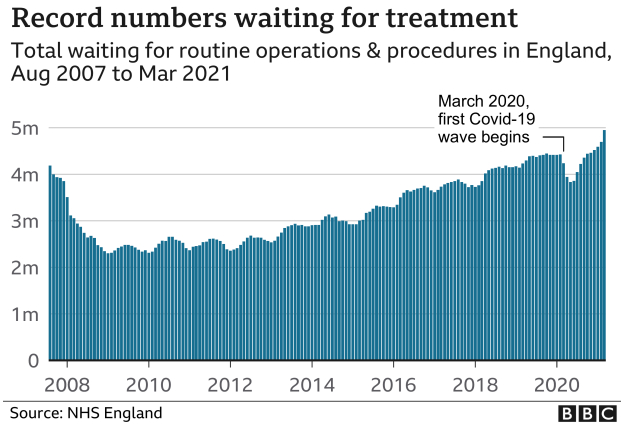
Long queues grew most before Covid

The NHS also has growing backlog of waiting list patients that worsened during the pandemic.

However a look at the time series for waiting list figures shows that the major increase in numbers waiting took place BEFORE the Covid pandemic: indeed the numbers waiting initially fell in the early part of 2020 before rising again more sharply in more recent months as the toll of Covid patients and the lockdown have eased.

The latest figures show numbers waiting have risen by 425,000 in the past two months to a record 5.1 million, more than double the number when David Cameron's government took office in 2010 and imposed a decade of austerity and frozen funding on the NHS.

Indeed while the most recent figures show some of those waiting over 1 year for treatment have finally had their operations to slightly reduce that total, a worrying 2,722 are currently waiting over TWO years for treatment – a figure that had been eliminated from statistics by the decade of above inflation increases in NHS spending from 2000.



Why KONP held the People's Covid Inquiry

Dr Jacky Davis is a founding member of Keep Our NHS Public and has been serving as a member of its People's Covid Inquiry panel since it started in March 2021.

Executive editor of the BMJ Dr Kamran Abbasi wrote earlier this year that:

"At the very least the Government's response to COVID-19 might be classified as 'social murder'."

When he wrote those words in the BMJ in February 2021, just five nations were responsible for over half the COVID-19 deaths in the world. The UK with over 100,000 deaths was one of them.

Abbasi asked whether allowing tens of thousands of deaths in pursuit of 'herd immunity' or in the hope of propping up the economy is not premeditated and reckless indifference to human life?

If poor decisions by Government, such as delayed lock downs, lead to excess deaths, then who is responsible?

Who is to blame when politicians ignore scientific advice, their own pandemic planning, international warnings and indeed history itself?

The reckless behaviour of this government he argues has led to thousands of unnecessary deaths. Should they be classified as murder?

Since 2005

Keep Our NHS Public (KONP) started our campaign to save the NHS from privatisation in 2005 under a Labour Government because we were alarmed about what was happening to the NHS under Tony Blair's premiership. We have never been able to stop campaigning since then.

The danger to the NHS increased with Andrew Lansley's Health and Social Care Act in 2012, and the imposition of 'austerity' on public services introduced a further threat.

The result was cuts and closures and staff shortages in the NHS.

The NHS is never safe from politicians but the last ten years of Tory misrule have been devastating. The need for our campaign has never been greater than it is now.

Incompetence, corruption and cronyism

It became clear early on in the pandemic that the Government did not have a grip on events.

They dithered and delayed, they put off the lockdown until the 20 March so that the Cheltenham racing festival could take place; no coincidence that Matt Hancock is MP for Newmarket and thus close to the racing community, from whom he receives financial support.

Johnson was AWOL for weeks during the critical period in the spring of 2020. He missed the first five Cobra meetings held to discuss the threat posed by COVID-19, something no other Prime Minister ever dared to do.

He was too busy finalising his divorce and finishing a book for which he had received £500,000 advance, which would have needed to be paid back if he had not delivered it to publishers by April.

So, rumour has it, he hunkered down to sort out his messy personal life and get the book finished during the critical weeks when he should have been paying attention to the rising concerns being expressed about the pandemic.

One might conclude he was guilty of criminal negligence.

When it became apparent that the UK was outstanding only in the number of deaths we were recording, people began calling for a public inquiry.

Johnson told them, 'now is not the time', which begs the question: if not now, when?

He promised an inquiry at some time in the future, but, given his record, nobody is holding their breath waiting.

Meanwhile we have missed opportunities to learn lessons and history is being rewritten by the Government.

For instance, we have recently heard Matt Hancock saying that there was never a shortage of PPE.

Try telling that to the frontline workers who had none and were improvising with bin bags. And

Data grab postponed as ministers bend to pressure

From front page

Labour's Angela Rayner and Jonathan Ashworth, Lib Dem health spokesperson Baroness Brinton and Tory MP David Davis, who joined a coalition of five groups working with Foxglove Solicitors to mount a legal challenge (the groups were Just treatment, Doctors Association UK, The Citizens, openDemocracy, and the National Pensioners Convention).

A week before the announcement of the delay in implementation even NHS Digital urged ministers to pause the plan, fearing that widespread opt-outs could reduce the value of the data.

NHSD's clinical lead told the HSJ GPs were being "eminently reasonable" in raising their concerns, and admitted that:"If we don't address it then we will lose public and professional trust and that would be intensely damaging."

However ministers tried to brush

aside NHSD's concerns, arguing that doctors were simply trying to delay the scheme.

Key reasons why people might want to opt out of all of their personal medical history being shared not only with the NHS but potentially also with "commercial third parties," include the fear that individual patients could in future be identified.

As Foxglove summed up:

"Your health records being taken are highly sensitive. They include information on things like depression, autism, sexually transmitted infections, erectile dysfunction, and addiction – all to be made available for planning and research, including commercial research.

"The data is 'pseudonymous', but this is quite different from anonymous. It means peoples' identities will be disguised but could later be re-identified. The government has said little about what safeguards will protect this info – or on what terms corporations will access it."

Unsavoury corporations that have already been given access to some potentially valuable NHS data during the pandemic include US tech giants Amazon, Microsoft, and Google – plus two controversial AI films called Faculty and Palantir. In March campaigners succeeded in forcing the government to drop plans to give Palantir a £23m contract without public consultation.

NHS Digital's claim that the plan had been cleared with the Information Commissioner's Office was contradicted by the information Commissioner stating her concerns:

"It is clear that there remains considerable confusion regarding the scope and nature of the [data-sharing plans], among both healthcare practitioners and the general public…It is sensible for NHS Digital to take more time to engage with its stakeholders, and consider the feedback it is receiving about its plans."

The Byline Times has warned of the limit to any guarantees given by NHSD: **"NHS Digital does audit some (but not all) of its customers which receive copies of data. Several of these**

PEOPLE'S COVID INQUIRY

MEET THE THE PANEL

Michael Mansfield QC
Chair of panel
Internationally renowned human rights lawyer

Professor Neena Modi
Professor of Neonatal Medicine, Imperial College London

Dr Tolullah Oni
Urban Epidemiologist & Public Health physician at the Medical Research Council Epidemiology Unit, University of Cambridge

Dr Jacky Davis
NHS consultant radiologist, author and BMA council member (pc)

Lorna Hackett, Barrister
Counsel to the Inquiry
Hackett & Dabbs LLP

dying as a result.

People's Covid Inquiry

KONP decided to set up our own inquiry and The People's Covid Inquiry was launched in February this year. It consists of nine two hourly online sessions, each dedicated to a different aspect of the Government's handling of the pandemic.

The sessions are being chaired by Michael Mansfield QC, and consist of evidence from academic experts, frontline workers and patients.

We have heard from Professor Sir Michael Marmot, famous for his work on the social determinants of health, Professor David King who set up independent Sage and Bereaved Families for Justice to name just a few.

So far we are the only inquiry of any kind looking into the Government's response to the pandemic and people have been queueing up to give evidence.

The breadth of people supporting and taking part in our People's Covid Inquiry has been heartening.

Many are concerned that the Government, despite its assurances, will never allow such a wide reaching inquiry as the findings would be too embarrassing for them.

When we launched the Inquiry we set out to 'learn lessons, save lives' now, rather than years down the road.

The devastating death toll of the second wave that continued to grow even in the first weeks of the Inquiry showed us we were right

FINAL SESSION

Please join us for the **ninth** and **final session** of the People's Covid Inquiry 7pm on **Wednesday 16 June 2021** to ask what next for the UK, as the pandemic continues and we potentially face a third wave.
Our witnesses will include:

- **Deepti Gurdasani**, clinical epidemiologist and statistical geneticist, senior lecturer in machine learning, Queen Mary University of London
- **Kevin Courtney**, joint general secretary, National Education Union
- **Jean Adamson,** Covid-19 Bereaved Families for Justice
- **Stephen Cowan,** leader of Hammersmith & Fulham Council

Please register via Zoom for the session.

audits have revealed that, not only do organisations break the 'protections' in place, but that these do not stop them from getting data once they have been broken."

Indeed as Baroness Brinton has pointed out, no data protection impact assessment has yet been published.

However with the six week school holiday season on the horizon, the two month delay gives just three extra weeks — with no sign so far of any new initiatives to contact patients to ensure they are informed, and a deliberately complex and obscure opt-out procedure – the delay seems to be merely a token gesture to defuse opposition before the plan resumes in earnest.

For details on how to opt out contact MedConfidential.

Secretive Leicester NHS chiefs desperate to avoid scrutiny

Leicestershire's highly secretive NHS leaders have been at it again as they try to force through their flawed and controversial £450m-plus plans.

On June 8 a joint meeting of CCGs covering Leicester, Leicestershire and Rutland was convened at short notice to nod through a 760-page document analysing the public response to the consultation and a 147-page Decision Making Business Case (DMBC) to kick-start the project.

But the 760-page document was only released publicly on May 26 – having been kept under wraps for two months: and the DMBC was literally made public one minute before the meeting due to discuss it, even though the text had been in the hands of CCG members for weeks.

This latest shameless effort to suppress any public scrutiny of the plans that will shape Leicestershire's hospitals for the next generation, closing acute services at Leicester General and a birthing unit at Melton Mowbray, follows a long and inglorious series of such moves, which have been challenged throughout by Save Our NHS Leicestershire.

The most recent episode has also drawn public criticism from the chair of the joint scrutiny committee for NHS policy in Leicester and Leicestershire, Patrick Kitterick, who warns that

"To rush to a decision without the proper opportunity for public scrutiny is a mistake which I would urge the Board Meeting to avoid."

There is plenty in the documents for the hospital and CCG bosses to be reticent about – not least the fact that the DMBC admits that the £453m funding that has been promised by the government and from charitable funding will clearly not be enough to complete the project, which was drawn up and costed prior to the pandemic.

Indeed it states: "because of the uncertainty … it is not currently possible to assess the impact on the capital costs."

It later admits that even the amount of Public Dividend Capital available will not be confirmed until next spring.

The plan will also drain the Trust of capital funding, leaving a £33m bill for chronic backlog maintenance.

Vision or delusion? Artist's impression of part of the new development

Another trust opts to prioritise private patients over NHS

East Sussex healthcare has become the latest NHS Trust to shell out taxpayers' money in the hopes of expanding its private patient income according to the *HSJ*, while NHS waiting lists and waiting times are on the rise.

The Trust, which runs hospitals in Eastbourne and Hastings, already reports an almost 50% increase in private patient income in 2019/20 to £3m – although there is no corresponding entry for the expenditure to show whether or not this represents a profit.

The most recent Annual Report shows Eastbourne Hospital's Michelham Private Patient Unit delivered a loss of £91,000 on income of £2.3m.

But in another triumph of hope over experience, the Trust has decided to spend an undisclosed sum buy out the "fixtures and fittings of the 22-bed Spire Sussex Hospital, which is physically linked to the trust's Conquest Hospital in Hastings."

The *HSJ* reports that Trust intends to keep the mini hospital, leased from the Trust by Spire, mainly for private patients, although it will continue to take some NHS patients. Like so many private hospitals around half its in-patients have been NHS-funded.

As with other recent moves by foundation trusts to expand their private patient income, it's questionable whether the acquisition of these 22 beds in Hastings offers any genuine additional income for the Trust – or any benefit to NHS patients stuck on lengthening queues while management energy and scarce resources are so obviously being channelled elsewhere.

Bath trust buys up first Circle hospital

The Royal United Hospitals Bath Foundation Trust (RUH) has paid an undisclosed sum to buy 100% of the shares in Circle Bath, the lavishly designed 28-bed private hospital that opened in 2010 at a cost of £22m.

It was supposed to be part of a 25-strong chain of boutique-style Circle Hospitals proposed by Circle's founder Ali Parsa; but from the outset the problem was insufficient private customers, forcing the hospital to rely increasingly on NHS-funded patients and income from Circle's NHS-funded "Independent Sector Treatment Centres."

Hinchingbrooke fiasco

Matters got even worse when Parsa managed to blag his way into the contract for Circle to manage Hinchingbrooke Hospital – only for that project to go disastrously pear-shaped, leaving Circle paying £2m to get out of the contract early and the Hinchingbrooke Trust mired in deficits and in disarray.

In the event the chain of boutique hospitals was never built, Parsa was levered out of the loss-making company, which has since been bought out by venture capitalists to such an extent that it has taken over the UK's largest private hospital company, BMI.

One consequence of this was that the Competition and Markets Authority required Circle to sell off its Bath operation.

However the HSJ reports that the Trust has not bought the building itself or the land, but the operating company in a deal that commits RUH to maintain 30% private patient activity at the site. One reason for the purchase was RUH fears that a new private company might have reduced the number of beds available to NHS patients.

Funding

Local campaigners told Health Campaigns Together that they believe some of the funding may have come through RUH's allocation from the "New Hospital Fund" to plan improvements in buildings, and it is believed local CCGs have endorsed the takeover and assured the funding.

While additional capacity for NHS elective work is obviously a good thing, the secrecy surrounding the price to be paid, and the strings attached in terms of commitment to ongoing private work seem to make this an expensive way of securing 28 beds, and a deal that benefits Circle at least as much as the NHS.

RUH is one of several NHS trusts seeking ways of expanding their private income, allegedly to plough any profits back in to NHS care – although the extent to which this can be done without impacting on NHS services must be doubtful.

NEXT ISSUE

Our next issue of the news bulletin will be in July. Please get any articles, photos, tip-offs or information to us no later than JULY 7.

Union battles IN BRIEF

Lancs NHS bosses refuse talks on scientists' back pay

21 biomedical scientists at East Lancashire Hospitals NHS Trust will hold a month of strike action from 21 June to 28 July, following on the current strike action that started on 31 May and ends on 21 June.

The further action is in response to refusal of hardline trust bosses to respond to the offer of talks, including under the auspices of conciliation service Acas, to resolve the row over back pay of between several hundred pounds to £8,000 after biomedical scientists were upgraded in 2019.

Reneging on deal

Trust management have reneged on the pay upgrade deal that they originally agreed to.

Unite accused the trust's bosses of embracing 'a culture of macho-management and hubris' at the expense of patients needing speedy and efficient analysis of blood examples at the Royal Blackburn Hospital and the Burnley General Teaching Hospital.

Unite said that it will ask the trust, under the Freedom of Information legislation, how much it was spending to undermine the strike by paying overtime for extra shift payments to non-Unite biomedical scientists, as well drafting in managers.

Higher cost

The union estimates that the sum could reach £150,000 – three times the cost of paying the biomedical scientists what was agreed by the management at the end of 2019.

Unite deputy regional secretary Debbie Brannan said: "We have offered on numerous occasions to sit down and talk, including under the auspices of Acas, to resolve this dispute, but, so far, we have had no response from the trust.

"The public, who have given our members magnificent support, will find this refusal to talk inexplicable at a time of national crisis.

"We have announced a further month of strike action which will end on 28 July.

"If the dispute is not settled by then, we will reballot for strike action that could see this dispute go into the autumn."

NW ambulance unions consult on strike ballot

North West ambulance staff are to hold a consultative ballot over whether to proceed to an industrial action ballot about a new system that is leaving them exhausted because of excessive mileage.

Unite the union, the GMB and UNISON have called on bosses at the North West Ambulance Service (NWAS) NHS Trust to change the procedure that can see ambulance workers called anywhere across the region with up to 40 minutes driving time. The three unions have accused the trust management of "failing both patients and staff".

The Royal College of Nursing has also expressed 'deep concern'.

The trust's services cover Greater Manchester, Cheshire, Merseyside, Cumbria and Lancashire, so the new system can often mean ambulances driving for miles across the region in 'blue-light conditions' for category 2 calls – only to then find themselves relieved by a more local ambulance team.

More than half of an estimated 4,500-5,000 999 calls to the trust every day are identified as category 2, and classed as an emergency for a potentially serious condition.

Unite branch secretary Neil Cosgrove said: "We are hearing of crews driving 40 minutes, under emergency conditions which is hazardous at any time, and then to be sent somewhere else and drive for another 40 minutes. This can be repeated several times in one shift.

Driving longer for less

"The ambulance crews are seeing and treating fewer patients, but driving for longer times and further distances.

"For some time, Unite has raised serious concerns with the management about the way in which these changes have been introduced and are now currently operating.

"In essence, there are not enough ambulances and staff to meet the ever-increasing demand."

Unite regional officer Gary Owen said: "We are working closely with the GMB and Unison, as well as the RCN, to address this serious issue which is caused by a lack of funding, and shortage of ambulances and trained crews.

"Physical assaults on ambulance staff are documented to be on the rise – these delays in reaching patients can only increase that risk, which is avoidable and totally unacceptable.

"The management seems ***impervious to reason and, as a result, Unite, GMB and Unison will be holding a consultative ballot soon to test the temperature as whether our respective members wish to hold a full scale industrial action ballot, including the option to strike.***

"Hopefully, the trust enters in constructive talks before such a ballot is held. Unite's door is open for such negotiations 24/7."

Anger as mega lab staff left in limbo

(More detail available in The Lowdown)

Silence from the NHS and ministers shrouds the long-delayed new "mega lab" that was supposed to have opened in Leamington Spa last January as part of the £37 billion 'test and trace' system.

Last December this Bulletin reported that then Test and Trace boss Dido Harding had let slip that the mega-lab would be run by a private company, Medacs, with no expertise in medical science or laboratories. Medacs is a subsidiary of the multinational Impellam Group, chaired by former Conservative Party deputy chair and tax exile Lord Ashcroft.

By March it was clear that some staff were also being recruited by Sodexo on fixed term contracts to work in the megalab, making no mention of NHS terms and conditions, NHS Pensions, or UKAS accreditation.

Nonetheless the Department of Health and Social Care's response to a question from Matt Western insisted that the lab would be "publicly owned and operated."

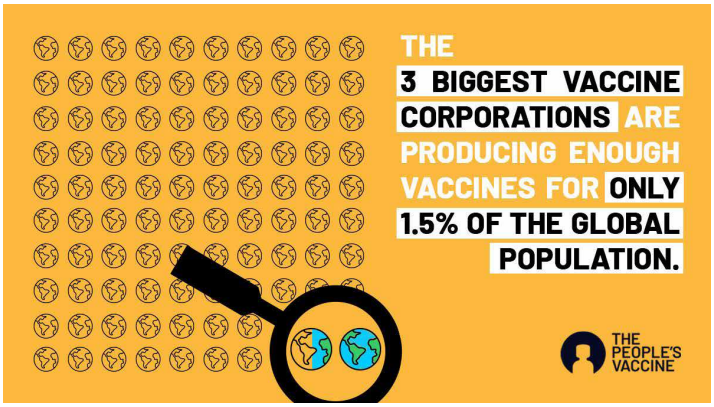
Now dozens of local residents who have signed contracts to begin working at the laboratory have been complaining to Matt Western that they have since heard nothing from recruiters – and been left in limbo, without pay. Some say they have been directed to sign non-disclosure agreements.

Now the Leamington Courier has interviewed one of these employees, who wishes to remain anonymous but who insists that, contrary to assurances from the DHSC, the lab and its staff will be ***outside*** the NHS, and that people on universal credit are being recruited to a specific "trainee lab technician" role. They also now expect not to start work until the autumn "if I even start work at all".

"I have confirmation via e-mail from a staff member at Blue Arrow (who along with MEDACS is recruiting the staff) that I will not get an NHS pension or any other benefits relating to working with the NHS."

HEALTH CAMPAIGNS TOGETHER #OUR NHS

UNISON backs call for WTO action to free up vaccine production



With G7 leaders meeting in Cornwall as this issue is produced, UNISON has added its weight to the growing clamour for global access to COVID-19 vaccines.

In a pre-G7 blog UNISON's General Secretary Christina McAnea says:

"The World Trade Organisation (WTO) agreement on intellectual property rights includes a clause to free up these rights in exceptional circumstances. If a global pandemic doesn't meet the criteria of exceptional circumstances, then what does?

"A coalition of countries including India and South Africa, with the support of the World Health Organisation, the global trade union movement and many other organisations have been calling for the WTO to act.

"Unfortunately, a coalition of rich countries including the UK, the EU and Japan have been blocking that demand.

"The Biden administration in the US has recently endorsed the proposal to free-up manufacturing rights and we are calling on Boris Johnson to do the same."

However news reports suggest G7 leaders are likely to shy away from bold action, and are collectively planning to pledge 'at least 1 billion COVID-19 vaccine doses' to poorer countries,

Oxfam's Health Policy Manager Anna Marriott said:

"If the best G7 leaders can manage is to donate 1 billion vaccine doses then this summit will have been a failure. It is estimated that the world will need 11 billion doses to end the pandemic.

"Dose sharing is part of the solution if done immediately, but charity is not going to fix the colossal vaccine supply crisis.

"In order to ramp up production, the G7 should break the pharmaceutical monopolies and insist that the vaccine science and know-how is shared with qualified manufacturers around the world.

"Presidents Biden and Macron have supported a waiver on the intellectual property behind COVID vaccines– the other G7 nations should follow their lead."

WHO: unions join fight against commercialisation of healthcare

Baba Aye, Public Service International

On the first day of the World Health Organisation (WHO)'s World Health Assembly, eight civil society organisations sent an open letter to Ms Zsuzsanna Jakab, Deputy Director-General of the WHO.

The letter raises concerns about a recent report published by the WHO that could encourage the privatisation of health care amidst a Covid-19 pandemic that re-emphasised the challenges of commercialisation of healthcare systems, and without the necessary open debate that such an issue requires.

This is unacceptable at any time. It becomes even more worrisome that it is issued during the Covid-19 pandemic, which has shown that well-financed public healthcare is the only bulwark for realising the right to health.

The report paints a picture of the private sector's positive role without pointing out controversies.

Its framing also goes against the spirit and letter of the WHO governing bodies resolutions on private sector engagement.

World Health Assembly (WHA) policies since 2010 have focused on the regulation of private providers and strengthening health systems to deliver essential healthcare services.

This is a far cry from the Strategy Report's advocacy for "governance in mixed health systems," which essentially equates private provision with public healthcare delivery.

From one step backwards to another, the Report paints a picture of the private sector's positive role in cases it cites such as Lombardy in Italy, without pointing out controversies that have been raised with those same cases.

The impact of privatisation of health in the Lombardy region for example contributed significantly to weakening crisis preparedness when there was a Covid-19 surge in Italy last year, making Lombardy the epicentre in Italy, and globally at that point in time.

The right to health can be guaranteed only as universal public health care.

And any WHO strategy must be clearly aligned with realisation of the fundamental right to health.

This is the point of departure for PSI and other CSOs case against the PSE Strategy Report.

The signing organisations call on the WHO to:

- Set up a truly open and consultative process to define the organisation's position on the issue of private sector engagement;
- Take all measures to ensure a democratic debate and approval of any position on private sector before moving to any implementation;
- This strategy should be clearly aligned with the right to health, international human rights law and WHO's commitment to promote quality public healthcare, and not encourage commercialisation of health care in any direct or indirect way;
- Clarify the status of the December 2020 Strategy Report in WHO's communication as an expert opinion, and not as a WHO strategy.

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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