HEALTH CAMPAIGNS TOGETHER #our NHS

MONTHLY ONLINE NEWS BULLETIN #16
FEBRUARY 2022

## SOSNHS Day of Action Saturday February 26

1. Emergency funding of £20 billion to save lives
2. Invest in a fully publicly owned NHS & guarantee free healthcare for future generations
3. Pay staff properly: **without fair pay, staffing** shortages will cost lives

**Scan to find and organise local events. More details at sosnhs.org**

# Plan? What plan?

The new government 'plan' to tackle the growing backlog of waiting list treatment, announced on February 8, is not a plan at all. It lacks sufficient investment and – most important of all – a workforce plan, without which none of the promised improvements will happen.

The 50-page document admits it doesn't cover mental health, GP services or urgent and emergency care – all of which are facing dire and worsening problems after a decade of underfunding compounded by the 2-year pandemic.

It offers is neither a plan nor the resources to reopen the 5,000 NHS beds which closed in March 2020 as part of the pandemic preparation – and are still not being used: instead the "plan" proposes to **funnel even more NHS cash into private hospitals and private sector providers.**

A whole section of the document is focused on **"Making effective use of independent sector capacity."** This is after recent figures confirmed a huge **25% increase in NHS spending on private providers** in 2020 (see page 3).

### Meagre

Meanwhile the promises are meagre; cancer patients are promised that numbers waiting over 62 days from an urgent referral will be reduced "to pre-pandemic levels by March 2023" (by which time many will have died waiting).

But even before the pandemic the 62-day target to start cancer treatment **had only been met once in five years,** and more than one in five waited more than two months for their first treatment.

Waits of over a year for non-cancer treatment won't be eliminated until 2025– after the next election.

Numbers waiting are expected to rise – perhaps as high as 9 million – until 2024.

This plan offers no real hope to patients or stressed out NHS staff.

It underlines the need for the **£20 billion extra emergency funding** demanded by SOSNHS, the new campaign backed by health unions and campaign groups, which is staging a **Day of Action on February 26.**

For details, see panel above.

**128 bids for 8 new hospital projects– p2**


**The £200bn NHS spending gap since 2010 – p3**

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**More millions wasted on Nightingales p7**

# **128** bids to be one of eight new hospital projects!

The delays and confusion surrounding the initial "fake 40" new hospital projects and the promised upgrade of another 70 hospitals has brought a decline in the construction sector, with a 47% drop in the number of healthcare projects beginning on site in the last quarter of 2021 compared with 2020.

Building Better Healthcare reports that "no major projects reached the contract awarded stage" in the final quarter, and "Hospitals, in particular, experienced their weakest period, with the value of work starting onsite in the last quarter of the year falling 62% against the previous year."

## Two thirds of trusts

But the confusion and certainty of widespread disappointment will have now grown even further with the revelation in the HSJ that a staggering 128 trusts – almost two thirds of all trusts in England – have submitted bids to be one of just eight additional promised projects, to bring the total of new hospitals to 48.

Nine out of ten of these trusts will inevitably see their hopes dashed and bids rejected – with no foreseeable prospect under a Tory government of another funding round this decade.

## Collapsing

This Bulletin has consistently highlighted the urgent need for new hospitals to replace those built in the 1970s with defective structural planks.

Several of these are now either included in larger schemes or submitted separately among the bids that have flooded in as trusts recognise the danger of missing the boat on funding.

One of these, Frimley Health Foundation Trust in Surrey has set out plans for a complete £1.26bn rebuild to transform it into a state-of-the-art net-zero hospital.


'So we have looked at your plan for a £1.2 billion hospital, and I'm afraid it doesn't look promising!'

Grandiose plans not linked to collapsing buildings include the trusts in Lincolnshire integrated care system, which the HSJ reports have together submitted bids with a total value of £1.2bn.

In London, Imperial College Healthcare has optimistically submitted its Strategic Outline Case for rebuilding St Mary's Hospital in Paddington, including 840 beds, at an estimated "£1.2-1.7 billion net, once receipts from the sale of surplus land are taken into account."

Even some smaller plans are still coming in above £400m, including the £500m plan to replace Stockport's Stepping Hill Hospital, which has a £95m backlog maintenance bill.

The £400m limit is also likely to be a problem for Shropshire's much-delayed 'Future Fit' plan to centralise acute services on a rebuilt Shrewsbury Hospital – for which £312m in capital funding was potentially promised, but the cost of which has now reportedly exceeded £500m.

# Huge increase in 12-hour waits in A&E

The most recent urgent and emergency care situation report shows 93% of the 89,736 beds dealing with the most serious Type 1 emergency admissions were occupied on February 6. 11,500 of these are Covid patients.

Figures for January show a massive 27% increase compared with December in the numbers of patients waiting over 12 hours on trolleys after a decision to admit – up from just under 13,000 to 16,500.

The Royal College of Emergency Medicine, which is campaigning for this measure to be replaced by 0-12 hour measure, logging from time of arrival in A&E to time of patient reaching a bed, suggests the real picture could be up to twenty times worse.

The RCEM's most recent "Winter Flow" survey of 40 trusts and some ambulance trusts has found a slight improvement in numbers waiting less than 4 hours to be seen – but only by 0.32 percentage points, to a still dismal 63.2%, meaning well over a third of patients are waiting longer even to be assessed.

The RCEM points out that this still poor performance comes despite relatively low numbers of A&E attendances, and a reduction of the most recent peak of Covid admissions.

And numbers of patients staying more than 7 days in hospital had increased by 15% in the previous month despite NHS England efforts to reduce them.

# THE lowdown

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

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The lowdown

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

People's Covid inquiry finds "dismal failure" to save lives

# KPMG sued

Accountants, auditors and management consultants KPMG are being sued for £1.3bn by the official receiver leading the liquidation of Carillion, the company whose collapse halted work on PFI hospitals in Liverpool and Birmingham.

Carillion collapsed in 2018 with liabilities of £7 billion and assets of £29m. Since then ministers have abandoned the use of PFI – and indeed the funding of new hospitals. Neither the Royal Liverpool nor the Midland Metropolitan Hospital have yet been completed.

# The pandemic of privatisation

## 25% increase in NHS spending on private providers in 2020

NHS England spending on Independent Sector Providers rocketed upwards by almost £2.5bn in 2020-21, a massive 25.6% increase on the previous year, according to the latest Department for Health and Social Care Annual Report.

The major factor in this has to be the massive contract signed in 2020 with private hospitals – which indicates that this higher level of spending is likely to continue for some time to come.

Spending on services from local authorities – largely social care (itself almost exclusively provided by for-profit companies) rose by a staggering 44.5%, from £2,984m to £4,312m.

By contrast the spending with the voluntary sector and non profits rose a mere 9.4% to just under £1.9billion.

The combined picture shows spending on all non-NHS bodies rose by £3.9bn – 27.4% in the year.

However because the total budget of the DHSC rose in the year by 34%, the private sector share of total DHSC spending actually fell, from 7.2% in 2019/20 to 6.75% in 2020/21.

Given the amount of extra money that has changed hands and the promise of increasing NHS dependence on private providers until at least 2025 it's hardly surprising that the private sector are not complaining at this apparent setback.


*US corporation Centene, owners of Circle, the largest private hospital chain in England have scooped major profits from NHS Covid contracts – and are now set to make more from the new 'recovery plan'. By pure chance the former boss of its British subsidiary, Samantha Jones, has been Boris Johnson's health advisor since last April, and is now head of No. 10 staff.*

# The £200 billion spending gap

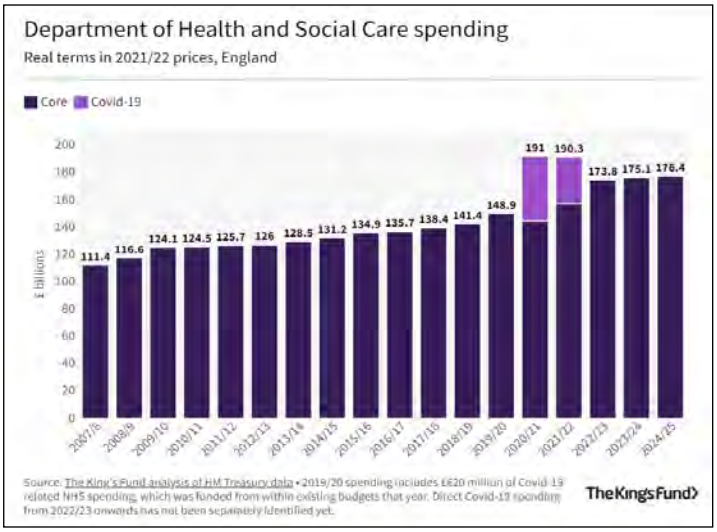
New figures from the King's Fund, calculating the progress of funding for the NHS and social care since the banking crash of 2007-8 indicate how dramatically the brakes were applied from 2010 when David Cameron's government embarked on a decade of austerity.

But it's widely accepted that to cope with inflation, demographic change (a rising population and an increasing proportion of it in the more costly older age groups), technological change and other cost pressures real spending needs to increase by around 4% each year: and from 1958 to 2010 that was more or less the average (3.9%).

Since the Tory-led coalition took office in 2010, however, the rate of increase has remained consistently below this level, leading to a growing shortfall in funding, and this is set to continue.

Calculating from the King's Fund figures we can see that had the Department of Health and Social Care received an annual increase of 4% from 2010, by 2021-22 – even allowing for inflation – its core budget would have been £180bn – £35bn higher than the actual figure, and just £11bn below the total spending including the £47bn Covid spending.

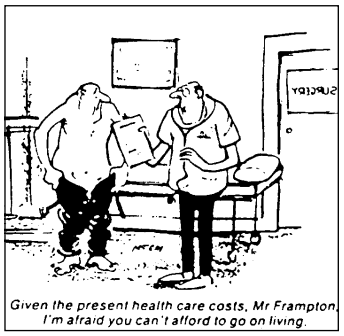
HCT calculations show the cumulative gap between pre-2010 average levels of increase and the austerity levels of actual funding reached £202bn this year: and if Rishi Sunak's spending review allocations remain unchanged the gap will widen by another £84bn, to create a near-£300 billion shortfall in the 15 years to 2025.




By contrast when retired banker Sir Derek Wanless examined the long term funding of the NHS for the New Labour government in 2002, he found that by comparison with the European average UK health spending had fallen behind by £267bn – over the previous 25 years.

The current financial squeeze has made all the difference between an NHS that can sustain sufficient beds and staff, keep up with maintenance and invest in precautionary stocks of PPE – and today's conditions of constant crisis.

That's why the SOSNHS call for emergency funding of £20bn is a modest call for a down-payment to the full investment needed to restore NHS performance, increase its capacity, reopen unused beds, and increase pay and expand the workforce.




*Given the present health care costs, Mr Frampton, I'm afraid you can't afford to go on living.*

# Big dog's big gamble – as Covid numbers stay high

As PM Johnson continued the barrage of new policy initiatives aimed at appeasing his most right wing back benchers, announcing plans to lift all precautionary measures to limit the spread of Covid, there were still 11,500 Covid patients in NHS beds.

Hospitals therefore face the continued need for infection control measures that have limited the numbers of NHS beds in use.

Figures also show more than 1,500 deaths per week – equivalent to more than seven major air crashes – and 67,000 infections per day -- still well above the rate during 2021.

The announcement was made as a throwaway gesture with no reference to the science and no attempt to consult Chris Whitty or other scientific advisors.

Opinion polls showed a staggering 76% of the general public cautious about lifting restrictions – but Johnson's focus is the campaign to "save big dog" as the partygate fiasco refuses to go away.

With experts warning that an increase in infection is more or less inevitable once the restrictions are lifted the question is for how long life will get back to "normal" – before the NHS is overwhelmed.

## NEXT ISSUE

**Our next issue of the news bulletin will be in March. Please get any articles, photos, tip-offs or information to us no later than March 3.**

# Staffing: the stubborn elephant in the room

**Material on pages 4 & 5 extracted from the Lowdown**

## John Lister

The key issue in expanding NHS capacity is staff, and the need for a long-term workforce strategy. Without significant investment, and a willingness to change the way staff are treated and managed, the chronic shortages are only likely to grow – putting patient safety and quality of care at risk.

The government's Red Book last October declared that the Spending Review settlement "will keep building a bigger, better trained NHS workforce," and reaffirmed "the government's existing commitments for 50,000 more nurses."

## "On target" claim

On January 24 Lord Kamall tried to reassure the Lords debate that the government was "on target" to recruit the promised 50,000 nurses.

The facts are very different. No funding has been allocated to pay the £1.5bn per year minimum cost of an additional 50,000 staff.

That 50,000 target also included an ambitious number of overseas recruits – and retention of 19,000 existing staff – while anecdotal evidence suggests demoralised and burned-out staff are leaving and overseas recruitment has stalled.

The ridiculous decision of Tory MPs to vote down Jeremy Hunt's proposal for two-yearly reviews of staffing levels and workforce plans serves only to underline the yawning gap where there should be a workforce strategy.

This is compounded by the lack of realism in ministers' attempts to hold down NHS pay.

A substantial across the board fully-funded pay increase for all NHS staff – over and above the 3% 2021 'increase' that has already been swallowed by inflation and increased national insurance payments – is also needed to show hard-pressed and demoralised staff, who are beginning to leave, that they are valued.

It would help retain them, recruit new staff – and make it more attractive for qualified staff who have left already to come back and work for the NHS.

## Win back retirees

Last October Andy Cowper in Health Policy Insight urged an immediate resumption of the work that had been done to get retired clinicians to return to practice, which had been halted "once the first wave of infections in 2020 was not believed to have demonstrably overwhelmed the NHS. That decision was a big and foolish error, and it should be fixed."

And to tackle the dwindling recruitment of EU and other overseas qualified staff to strengthen NHS and social care teams the government has to scrap all limits on overseas recruitment and the counterproductive migrant surcharge and visa fees which spell out a message that foreigners are no longer welcome. The cost of these measures in lost revenue would be minimal and the potential benefits very substantial.

While the extra spending required to resource a serious workforce plan is substantial, it will, as health spending always does, generate other benefits, helping to expand the economy as well as the NHS.

# The chronology of failure on workforce planning

Lord Stevens of Birmingham, aka Simon Stevens, no longer constrained by his seven years in charge of NHS England, spelled out the repeated refusal of government to confront the NHS workforce crisis in a heavy-hitting speech last month in the Lords.

He blamed the Treasury for time and again blocking the development of any serious workforce plan by failing to guarantee the necessary funding, and preventing discussion of any plans that might cost more.

Tracing this right back to his own first year in post, he said:

"It was back in 2014 that the NHS Five Year Forward View talked about the service changes that were required, but it was not permitted to talk about future capital investment, social care or workforce training, since they were being kept separate."


Two years later, "in summer 2016, the Department of Health and Social Care was going to produce this detailed quantified workforce plan …." But that didn't happen:

"instead, in December 2017– three years after the Five Year Forward View – Health Education England launched a consultation document which said: 'Your responses will be used to inform the full strategy to be published in July 2018 to coincide with the NHS's 70th birthday.'

"Twenty-eighteen came and went, and answers saw we none. Then in June 2019, we got another, in this case interim people plan, with lots of excellent content but unfortunately no actual numbers and no new pound notes."

A full, costed five-year Plan was promised "later this year" but nothing was heard until, in July 2020, "we had a one-year people plan which, at that point, was covering just the next eight months," and promising "Further action … to be set out later in the year … "once funding arrangements have been confirmed by the Government."

But instead, "in July 2021, last summer, the Department of Health and Social Care again commissioned Health Education England to start from scratch."

Whether or not the Lords amend the Health and Care Bill to include a requirement for regular updates and planning of workforce, and whether ministers accept it in the Commons remains to be seen: but there is no evidence in recent statements that ministers have grasped the need for more than empty promises.

On 25 January Sajid Javid told MPs he had "recently" commissioned an NHS workforce strategy: but in the same meeting of the Health and Social Care Committee, its chair Jeremy Hunt reminded Javid that Health Education England, the body charged with deciding how many doctors and health professionals are trained, still does not know how much money they will have from April, as it goes in to a merger with NHS England.

# No extra promised for staff wellbeing


Resolving the staffing crisis is not all about pay. With pay in some supermarkets and service industries now outstripping NHS rates, a combination of investment in staff, a zero tolerance crackdown on bullying and harassment and all forms of discrimination, and an investment in staff welfare and wellbeing are also necessary to make the NHS an employer of choice.

Andy Cowper last year rightly called for a renewed effort by trusts to look after their staff as well as possible. "If organisations have been foolish enough to take out obvious pandemic improvements like free car parking and provision of good access to food, then put them back immediately."

But the government has offered only complacency and warm words. Last month Lord Kamall claimed that NHS England had an "intensive retention support programme" in place since 2017, offering "emotional, psychological and practical support for NHS and care staff."

Former Chief Nursing Officer Dame Sarah Mullally boasted that in 2020 £15m funding had pledged to strengthen mental health support for NHS England's (1 million) staff.

But despite a further £37m for 2021-22 to enable the continuation of this offer in the pandemic, staff wellbeing remains a serious concern, and the *Nursing Times* reports many nurses are angry that national support has not been good enough.

## No commitment

Despite being pressed on the point Lord Kamall made no commitment to any additional funding for staff wellbeing.

The practical point about availability of food, especially for hard-pressed staff on 12-hour night shifts, is underlined by recent shocking findings of a survey by the Institute of Health and Social Care Management, which found that less than 10% of 250 responses reported that freshly-made hot food was available 24/7 in their trusts, while 38% reported "no food of any type (hot or cold) was available at all."

As a result "streams of fast food delivery companies" mean security staff on nights and weekends were being diverted from their normal duties "to act as concierge for deliveries and contacting ward staff who had placed the orders."

The IHSCM reiterating its support for 24/7 provision of hot food for staff in health and social care, comments:

"Whilst the NHS and social care experience severe and consistent workforce recruitment and retention issues it is strange that the issue of hot food availability for staff who may be working long shifts is not taken more seriously."

Attention to staff wellbeing can help increase staffing levels, improve the quality of patient care, and in so doing improve the morale and job satisfaction of staff, win back the confidence of some patients, and begin to clear waiting lists and rebuild the performance of the NHS after the long dark decade of decline since 2010.

The continued failure to devote serious resources to staff wellbeing especially in such stressful times heads in precisely the opposite direction.

- Workforce statistics (September 2021) show nurse numbers up overall by just **11%** in 11 years since July 2010, and midwife numbers by **13%.**
- But health visitor numbers were **down by 19%**.
- Mental health nurse numbers were also **down by 2,350 (5.6%)** and falling. This is despite the promise by Theresa May's government in 2017 that **21,000 new posts** would enable mental health trusts to treat an extra **1 million** patients a year.
- In the last quarter of 2021 a record **27,000** clinical staff voluntarily resigned from the NHS.
- The most recent figures, to September 2021, show **99,460** (7.3%) unfilled posts across England's NHS.
- Of these **almost 40,000** are nursing posts, with vacancy rates ranging from 7.8% (South West) to 13.1% in London (with higher rates for **mental health staff**, ranging from 8% in the North West to 14% in London).
- The figures also show only **8,440** nursing and midwifery vacancies were being advertised in September 2021, almost 23% **down from 10,944** in September 2020, raising doubts about how serious trusts are about filling the vacant posts.

## Dudley trust seeks charity hand-out to fund wellbeing

Diane Wake, chief executive of the Dudley Group NHS Foundation Trust, which runs Russells Hall Hospital resorted to crowd funding and the hospital's charity to finance what should be basic wellbeing measures.

The Birmingham Mail reports the charity has been seeking donations through justgiving.com. The suggestions on how the money might be spent show the Trust want charitable funds to do the sort of things a caring NHS management wanting to retain valued staff should itself be doing. The appeal states:

- £5 could cover a hot meal for a frontline staff member who is unable to leave the ward on a twelve-hour shift.
- £15 could fund a wellness pack for one of our extremely stretched staff members, particularly those in financial hardship.
- £50 could help provide emotional support for a nurse at the end of a gruelling shift.
- £10,000 to 20,000 could refurbish a staff room into a wellbeing space where staff can relax, refuel, and recharge as they spend some much-needed time away from clinical areas.

The appeal has so far raised over £210,000 of the £300,000 target. We have no information on whether and how it has been spent.

These desperate measure to fund what should be the basic work of the NHS as an employer, echoes the desperate Thatcher years in the 1980s in which hospitals were forced to divert management time and effort to "income generation" schemes – and even jumble sales – to keep services going.

## Javid serves up yet another 'cunning plan' to divert from Johnson crisis:

# GPs to be 'nationalised'

The primary care sector is set for a major upheaval under new plans to improve patient access, according to a recent ministerial briefing to the (£) *Times*.

Details of funding and a timetable for the move are hazy, but it appears to revolve around a 'vertical integration' model which would see GPs widely employed directly by the NHS via hospital trusts – an idea already piloted in Birmingham, Cheshire and Wolverhampton.

This would effectively abandon the independent contractor model that has been in place since 1948.

A second element of the restructure – the establishment of a 'national vaccination service' to take over the administration of health campaigns such as the annual flu inoculation drive (which GP practices are currently paid to manage) could further undermine the role (and finances) of existing local surgeries.

The new initiative from health secretary Sajid Javid follows on from his comments last autumn blaming overloaded and under-resourced A&Es on a perceived lack of GP appointments.

This argument was embraced by various right-leaning media outlets and led to doctors being subjected to physical and verbal abuse from patients.

Javid's latest plan has managed to annoy both GPs (with the BMA describing it as a "kick in the teeth") and hospital bosses, who through the NHS Confederation warned that putting primary care under the management of hospitals "will not fix the workforce shortages or underinvestment."

The *Times'* attempts to brand Javid's plan as a form of 'nationalisation' that will complement the government's much-hyped 'levelling up' agenda.

However the report offered no evidence that the restructure will address the main issues facing the sector: declining GP numbers and the poor provision of general practice in deprived areas.

The government has a lamentable record of delivery on its pledges relating to general practice.

The health secretary admitted in November that it would not be able to boost GP numbers by the promised figure of 6,000 by 2025.

Only last month research by the Royal College of GPs showed that less than 10,000 of the 26,000 extra health professionals pledged three years ago by the government had actually been hired by surgeries.

Increasing numbers of newly trained doctors are happier to become salaried GPs working for others, instead of running what is in effect a small business.

The past decade has seen the number of salaried GPs in England rise by 65 per cent, while the figures for independent GP contractors fell almost 30 per cent – and around 800 practices pulled down the shutters, with rural areas particularly badly affected.

More worryingly, the overall size of the GP workforce has fallen more than 5 per cent since 2015, but patient numbers have risen. As a result, the number of patients per GP has increased by more than 10 per cent in the past half-decade, a particular problem in more deprived areas that are underserved by primary care.

**From The Lowdown**

# Health and Care Bill

## 'Not so fast', say Lords as NHSE pre-empts the Bill

The government's Health and Care Bill has run in to more challenges as it continues its committee stage in the House of Lords.

Critical voices have been raised about the way so-called 'integrated care systems" (ICSs) are being established on the ground, and the extent to which these are pre-empting the parliamentary debate.

One main focus of criticism of the way the machinery of local integrated care boards has already been put in place – five months ahead of the postponed July implementation date – has been the guidelines issued by NHS England that have been used in some areas to exclude elected councillors from representing local government on Integrated Care Boards (ICBs).

The insistence that only unelected council officials should be the voice of their authorities has been forcibly challenged from various benches, not least Lord Scriven from the Liberal Democrats, who complained:

"We are living in a parallel universe. We are discussing the legislative framework for this new system while, out in the real world, the foundations and the bricks are being built.

"People are in place. Dates are being set. People are being told that they cannot be on boards. This Parliament has not decided. Under what legislative framework are these organisations working?

"They have no legitimate powers or approval from Parliament, yet they are being set up. People are being put in place. Chairs are being appointed. Councillors are being told that they cannot sit on ICBs."

The strong protest at the way this was being done forced Lord Kamall from the government to promise to "go back and have a stronger conversation with, in effect, my boss" Sajid Javid, as well as NHS England, whose guidance on the constitution and composition of ICBs, he insisted, was "not statutory".

However some of the amendments proposed could have the effect of forcing NHS England and local ICSs to reopen the appointments process which they began prior to any parliamentary approval of the legislation.

Meanwhile the hugely uneven way in which ICSs have been constituted and begun to function in advance of statutory powers (which has been previously highlighted in this Bulletin and The Lowdown), is underlined again by an HSJ analysis that shows ***just half*** of the 42 ICSs published board papers in 2021, and 16 ICSs have never published any papers to indicate what they have been planning or discussing.

In Norfolk and Waveney ICS, the chair of one of the acute trusts has broken the usual polite silence by declaring that the proposed structure of the ICS, involving no less than twelve separate bodies, is "absolutely daft," and she was "struggling to navigate what each group does".

A look at the document from the "interim partnership board" confirms her view, explaining the complex network of bodies beneath the ICB:

"We are creating **five local health and care alliances** ('Alliances') based on our current health localities. … They will be accountable to our Integrated Care Board ('ICB').

"We are also creating **7 local health and wellbeing partnerships** ('Partnerships') alongside our Integrated Care Partnership ('ICP') to progress our work on addressing the wider determinants of health, improving upstream prevention of avoidable crises, reducing health inequalities, and aligning NHS and local government services and commissioning. These partnerships will be based on district footprints."

It's as simple as that!

# Book lifts lid on failures of French care home giant

**Liz Peretz**

Orpea 'The horror of a system told from the inside:' this was the title of the editorial in the French newspaper *Liberation* on February 1, following the publication of a book, 'Les Fosoyeurs' (The Gravediggers), which exposed the failures of the company.

Within a week the book was out of stock in Paris bookshops and already in reprint, such is the outrage of the French public over its contents.

Orpea owns around 370 care homes in France, and is one of Europe's biggest care home groups, but it lost around half its market value after the first extracts of the book alleging malpractice in its care homes were published on January 24.

**On February 1 the French government announced it will launch a wide-ranging investigation into the company, and review rules for the whole sector.**

As in much of the rest of Europe, French care homes have become a profit stream for the private sector. And some men, like Jean Claud Marian, founder of Orpea, have made colossal fortunes out of the sector.

Mr Marian (82) has property in Monaco, in Belgium in France, and has just become a Belgian citizen – a measure designed to protect his inheritance.

But as we in England know only too well fortunes like this flow from cutting patient care. The stories on Orpea quoted by *Liberation* have a familiar ring – such as having just two carers on duty for 100 residents; and 15 minute slots to get people dressed in the mornings and have their medication.

One worker admitted "if you're given 30 bedtimes in an evening, it's not just one too many – to put it crudely, you have to leave some people in their own excrement."

And there is penny pinching elsewhere as well – only 2.95 euros per resident per day allowed for food in one OPEA home.

The only thing money is spent on is the outward appearance of the homes – pretty tablecloths and nice reception areas.

The reality for staff is poor wages and such heavy workloads they aren't able to give the human touch they would like, while for residents, life is lonely, degrading, malnourished and unpleasant.

# More millions wasted on useless 'Nightingale' hubs

As this bulletin is completed the latest figures show almost 11,500 Covid patients were occupying NHS beds in England, with numbers reducing in almost every region.

This plus the 5,000 or so beds that have not been used since the pandemic preparations in March 2020 represents a very significant loss of NHS capacity.

But instead of prioritising moves to reopen the unused beds, the Department of Health and Social care has repeated its errors of 2020, and opted to throw even more money into temporary "mini Nightingale" surge hubs.

The first eight of these were announced by the DHSC on December 30: the new units were to be located at Royal Preston Hospital; Leeds, St James' site; Solihull Hospital; University Hospitals Leicester; Lister Hospital, Stevenage; St George's Hospital, south west london; William Harvey Hospital, Ashford, and north Bristol.

By January 13 the Bristol unit had been erected in the car park of Southmead Hospital, and was ready to be kitted out – while NHS bosses dodged hard questions on where the staff were to be found to run it. The one thing they seemed willing to say was that they hoped the new facility would "never be needed."

Of course that turned out to a common factor in almost all of the Nightingale hospitals, which were constructed at the start of the pandemic back in the spring of 2020.

## Unused

Hardly any of them properly opened, and few of their beds were ever used – because – as The Lowdown warned from the outset – any hospital sending covid patients to them had to also send the staff to look after them, and none of the hospitals under the greatest pressure had any staff to spare.

It gets worse: it has since been revealed that hundreds of the beds procured for the first round of Nightingales were of inferior specification – and are not suitable for use on regular NHS wards, with £13m having been wasted buying them and storing them.

## Safety risks

Now the HSJ reports bosses at East Kent Hospitals are flagging up safety concerns about the surge hub constructed in the car park of William Harvey Hospital, and questioning "whether and how" the temporary facility can be used for anything.

The Trust's board papers include a recommendation that the hub should be included on the trust's risk register, on the basis of concerns including "inability to comply with building and IPC [infection prevention and control] regulations; digital services unavailability; and staffing requirements."

The chair's report also recognised that the new hub had also "created additional problems for parking at the hospital for both patients and staff," and concluded: "At the time of writing this report we are still considering whether and how the building could be used."

The one bright side for the Trust is that the £2.7m-£3.5m cost of the project has not been dumped on to the Trust but covered by NHS England. It's not yet clear who will pay to have it taken away, or when this decision will be taken.


*Big tent politics: surge hub at Royal Preston, and (top) St George's, London*


# Court challenge to Centene

On February 1st a Judicial Review in the London High Courts challenged the decision of NHS Commissioners to allow Centene Corporation's take-over of dozens of London GP Surgeries, via its UK subsidiaries MH Services International Holdings (UK) and Operose Health Ltd.

The Judicial Review was brought by Anjna Khurana, an NHS patient and Islington councillor. Ms Khurana is one of around 375,000 patients across London who were told nothing about this takeover of their GP surgeries until after the event. She said:

The Court was asked to rule whether, in making their decision, the NHS Commissioners acted unlawfully in three respects –

- Misdirection - they failed to consider all the implications of the take-over because they assumed they had no choice but to accept and approve the proposal
- Lack of due diligence - they failed to give due consideration to the risk to patients, if the GP contracts they agreed to transfer to Operose Health turned out not to meet its parent company Centene's profitability targets.
- Lack of consultation/ involvement.

The Judicial Review asked the London High Courts to quash the decision by North Central London Clinical Commissioning Group to approve the Centene takeover.

## Protests

Since the news broke a year ago, hundreds of patients, councillors and members of the public have written letters, protested outside surgeries and have made their feelings clear.

Anjna's Judicial Review has been supported by a team of NHS campaigners from Keep our NHS Public, 999 Call for the NHS and Doctors in Unite, and has been made possible thanks to funding from the public, crowdsourced via the CrowdJustice website.

HEALTH CAMPAIGNS TOGETHER #our NHS

# £8.7bn loss on DHSC's PPE stocks in 2020-21

**(Extract from The Lowdown)**

The Department of Health's own Annual Report and Accounts for 2020-21 include a report of the Comptroller and Auditor General to the House of Commons.

It sets out a tale of incompetence and neglect in the handling of £12.1 billion worth of contracts for PPE, which led to an estimated loss in value of £8.7 billion – 72% of the total spend. This includes:

- **£0.67 billion** of PPE which cannot be used, for instance because it is defective;
- **£2.6 billion** of PPE which is not suitable for use within the health and social care sector but which the Department considers might be suitable for other uses (although these potential other uses are as yet uncertain);
- **£0.75 billion** of PPE which is in excess of the amount that will ultimately be needed; and
- **£4.7 billion** of adjustment to the year-end valuation of PPE due to the market price of equivalent PPE at the year-end being lower than the original purchase price."

One reason the government wound up paying such inflated prices was that ministers had ignored warnings back in 2016 from Exercise Cygnus that there were not adequate stocks of PPE to deal with a pandemic.

They did nothing, and so wound up in 2020 paying through the nose at the last minute.

To make matters worse much of the excess PPE that has been bought is now being expensively stored:

"The Department's records show that as at 31 March 2021, it held 7.5 billion items in 16,000 containers at UK ports plus a further 1.6 billion of items in storage in China; however, because it did not complete its year end stock counts it is unable to confirm this."

The use of so many containers mean that the PPE is not accessible … and "will deteriorate if kept in poor storage conditions."

But it also means the Department is shelling out £500,000 per day – £180 million per year – to rent the containers.

**£180m would be enough to pay 55,000 nurses.**

# AFFILIATE now for 2022
# Unions, campaigners, join us!

**HEALTH CAMPAIGNS TOGETHER is an alliance of organisations, launched at the end of 2015 that has mobilised conferences, and events including the massive demonstration in March 2017.**


**We are now working with Keep Our NHS Public, NHS Support Federation, trade unions and others to initiate the even wider SOS NHS campaign .**

**During the 2020 lockdown we replaced our quarterly printed tabloid newspaper with a monthly online news bulletin to keep campaigners informed. But we have no big money sponsors, and rely on affiliations and donations to support our work.**

**So we are asking all the organisations that support what we are doing to affiliate (or re-affiliate) for 2022 to facilitate the future development of joint campaigning. Our Constitution can be viewed at *https://healthcampaignstogether.com/aboutus.php***

**WE WELCOME SUPPORT FROM:**

- **TRADE UNION organisations – whether they represent 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 smaller organisations supporting Health Campaigns Together, please contact us to discuss.**

**SIGN UP ONLINE, and pay by card, bank transfer or cheque – check it all details at *https://healthcampaignstogether.com/joinus.php***