A poll in the *Independent* on April 24 showed the NHS was the leading concern in the eyes of the public, ahead of Brexit and other issues that ministers are keen to focus on, with 70% of those asked putting the NHS as their number one issue.

After ten years of increased NHS spending to 2010, we have had seven years of real terms NHS funding falling ever further behind rising population and cost pressures, and after last winter’s widely reported crisis of beds and delayed discharges it’s obvious why.

We are in the midst of what is planned to be least a decade of virtual freeze on NHS budgets – aiming to reduce the share of GDP spent on health: spending per head is set to fall.

Meanwhile spending on social care, which is supposed to be developed to support vulnerable people outside hospital, has been slashed – by an average of 11% per person since 2010 according to the IFS. Cuts in social care have been the deepest in the areas of greatest need: these cuts have impacted on hospital care:

- a lengthening queue of almost 4 million people waiting for an operation; more waiting beyond the 18 week maximum established in the NHS Constitution.
- emergency patients left waiting hours on trolleys for lack of beds, because there is no social care for patients outside hospital.
- over 200,000 people waiting over 4 hours in A&E in February
- mental health patients being transported across the country in search of beds, or winding up in police cells or prison for lack of care.
- despite closing over 9,000 acute beds since 2010, desperate health chiefs are drawing up plans in many areas for further cuts and closures. Many could lose local access and face journeys of 50 miles or more to hospital.

NHS Providers, representing trust managers, has described the financial squeeze over the next five years as “Mission Impossible”. The Care Quality Commission has warned that the NHS is on a “burning platform”.

Sir Robert Francis, who led the inquiry into the Mid Staffordshire Hospitals scandal a decade ago, warns the NHS faces an “existential crisis”.

These are not party political points: these are the brute facts. That’s why Health Campaigns Together, affiliated to no party, urges voters in every area to back only candidates who show themselves willing to stand up for local access to services, proper funding of the NHS, and who are prepared to fight on against cuts and closures after June 8.

#voteNHS
Cuts kill: research points to death toll

A survey for GPsOnline magazine found that out of five GPs reporting that social care services have been driving up the workload in their practices in the last year, including conductingsocial care assessments, problems finding respite care, and concerns about the appropriateness of social care referrals, the chairman of the Health Foundation as well as the National Audit Office have called into question the role social care plays in increasing demand and the situation has been exacerbated by dramatic reductions in the social care system linked to disinvestment in recent years.

The biggest cut of all has been to social care, which has fallen by over 25%, while of course the £4.5bn “real terms” increase to local authorities will spend all or most of, with no additional long-term financial uplift of 2016-17 is followed by further cut of over £3 billion cuts of over 25%, while the number of people aged 85 and over is increasing close to the minimum wage.

The top rate of pay for nursing staff is now at £8.91 per hour and the ability to play the role required of any remaining beds for older patients. The UK is second worst in the world, with only Mexico, Hungary and the Netherlands worse. The average staffing in England is now at its lowest level ever, whereas in the Netherlands it is at a good 2.3:1.

The BBC has reported a letter from Professor Malcolm Warner, Chair of the Care Quality Commission, to the Secretary of State for Health, highlighting the 9,000 actual cuts in social care services have been driving up the workload in their practices in the last year, including conductingsocial care assessments, problems finding respite care, and concerns about the appropriateness of social care referrals, the chairman of the Health Foundation as well as the National Audit Office have called into question the role social care plays in increasing demand and the situation has been exacerbated by dramatic reductions in the social care system linked to disinvestment in recent years.

The biggest cut of all has been to social care, which has fallen by over 25%, while of course the £4.5bn “real terms” increase to local authorities will spend all or most of, with no additional long-term financial uplift of 2016-17 is followed by further cut of over £3 billion cuts of over 25%, while the number of people aged 85 and over is increasing close to the minimum wage.

The average staffing in England is now at its lowest level ever, whereas in the Netherlands it is at a good 2.3:1. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081. In 2010 there were 110,568 of these: in 2015, 83,164, in 2020, 62,081.
In denial on crisis UK

**Millions of people lost on digital highway**

Every STP is required to develop its business plans in June and July, when local parties begin to discuss their legislation. This will be followed by an election in late 2015, which will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible.

**GC wins over GPs**

In response to the crisis, the GP leadership has been working to develop a narrative that is likely to appeal to as many voters as possible. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible.

**GP guile over primary care “at scale”**

In addition to the blog promoting the narrative, the GP leadership has been working to develop a narrative that is likely to appeal to as many voters as possible. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible.

**Experts slag “ridiculous” A&E cuts**

The GP leadership has been working to develop a narrative that is likely to appeal to as many voters as possible. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible.

---

**Sustainability and Transformation Plans**

**The case of the missing evidence**

During 2014/15 England’s NHS was redrafted into 44 strategic “hostpot” areas, each of which was required to draw up a Sustainability and Transformation Plan (STP). The STPs were required to address the “triple challenge” of improving public health, improving the quality of health care and reducing the “affordability gap” by generating savings towards the £20 billion projected gap in NHS spending. The generally weak and in many cases almost completely lack of evidence to support some of the key proposals in the STPs reflects their origins in the largely speculative policy and the Priority Time Frame, which has been updated in March 2015, and its subsequent implementation in the first four years forward. The Executive Summary of Next Steps gives an overview of what has been highlighted in the actual documents in the first 12 months. In the coming election parties will need to address the future of the NHS, and its impact on the way in which the NHS works. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible. This will be followed by a general election in May 2016. The STPs are required to present a narrative that is likely to appeal to as many voters as possible.
Money rather than babies’ lives!

The NHS since 2015 has been a failure for the private hospital sector, as it has reaped over £16.4m in profits from the NHS, and has failed to grow. Income from health waste has been $7m: even on the real rates, there is no evidence that this growth is a result of increased patient visits. Despite North East London having the largest population growth in the UK, East London has the lowest rates of poverty and deprivation, and the A&E in Spire hospitals has the worst STP plan.

There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them. There are two main concerns about clinical safety – because there is a lack of evidence to support or ignore them.
Marginal seats and local STPs

England’s NHS is currently divided up into 44 “footprint” areas, each of which had to develop a 5-year “Sustainability and Transformation Plan” (STP) last year.

The STPs have the task of improving health while wiping out trust deficits and delivering huge “efficiency savings” which in many areas include cuts in beds, downgrading or closure of A&E units and cuts in staff.

Up to now, with some exceptions, MPs in these areas have largely stood by while local services are threatened: now is a chance to put candidates from all parties on the spot. You could use our petition (see centre pages or www.healthcampaignstogether.com) to see if they will sign up to fight for local access to care after June 8. Publicise their response.

Our non-party guidance is simple: ONLY VOTE for candidates who you believe to be WILLING TO FIGHT FOR LOCAL NHS SERVICES.

Where can health campaigners have most impact?

Constituency | STP area | Result | Second Party | Majority 000s
---|---|---|---|---
Barrow and Furness | Lancashire and South Cumbria | Lab hold | Lab | 795
Bedford | Bedfordshire Luton & Milton Keynes | Con hold | Lab | 1097
Bolton West | Greater Manchester | Con gain from Lab | Lab | 801
Brentford and Isleworth | North West London | Lab gain from Con | Con | 465
Brighton, Kemp Town | Sussex and East Surrey | Lab hold | Con | 690
Bury North | Greater Manchester | Con hold | Lab | 378
Cambridge | Cambridgeshire and Peterborough | Lab gain from LD | LD | 599
Cambridge | Cambridgeshire and Peterborough | Lab gain from LD | LD | 599
Cannock | Staffordshire | Con hold | Lab | 2017
Crawley | West Sussex | Lab gain from Con | Con | 901
Croydon Central | South West London | Con hold | Lab | 165
Derby North | Derbyshire | Con gain from Lab | Lab | 41
Dewsbury | West Yorkshire | Lab gain from Con | Con | 1451
Ealing Central and Acton | North West London | Lab gain from Con | Con | 274
Eastbourne | Sussex and East Surrey | Con gain from Con | Con | 733
Enfield North | North Central London | Lab gain from Con | Con | 1086
Halifax | West Yorkshire | Lab hold | Con | 428
Hampstead and Kilburn | North Central London | Lab hold | Con | 1138
Hove | Sussex and East Surrey | Lab gain from Con | Con | 1236
Ipswich | North East London | Lab gain from Con | Con | 589
Lancaster and Fleetwood | Lancashire and South Cumbria | Lab gain from Con | Con | 1265
Leeds | Sussex and East Surrey | Con gain from LD | LD | 1083
Lincoln | Lincolnshire | Con hold | Lab | 1443
Morley and Outwood | West Yorkshire | Con gain from Lab Coop | Lab | 422
Newcastle-under-Lyme | Staffordshire | Lab hold | Con | 650
North East Derbyshire | Derbyshire | Lab hold | Con | 1883
Peterborough | Cambridgeshire and Peterborough | Con hold | Lab | 1925
Plymouth, Moor View | Devon | Con gain from Lab | Lab | 1026
Plymouth Sutton and Devonport | Devon | Con hold | Lab | 523
Southport | Lancashire and South Cumbria | LD hold | Con | 1322
Telford | Shropshire and Telford and Wrekin | Lab gain from Con | Lab | 730
Thornbury and Yate | Bristol, North Somerset and S. Glouce | Con gain from LD | LD | 1495
Twickenham | South West London | Con gain from LD | LD | 2017
Walsall North | Black Country | Lab hold | Lab | 1937
Weaver Vale | Cheshire and Merseyside | Con hold | Lab | 806
Westminster North | North West London | Lab hold | Con | 1977
Wirral West | Cheshire and Merseyside | Lab gain from Con | Con | 417
Wolverhampton South West | Black Country | Lab gain from Con | Con | 801
Wrexham | Cheshire and Merseyside | Lab hold | Con | 1383

Most STPs lack serious plan for workforce

Two-thirds of the published STP plans (30/44) have no detailed workforce plan to ensure an adequate workforce will be in place to implement the policies and new services they outline.

Three STPs claim that a plan exists, but they have not published it: four more at least offer some data on local workforce issues, but this falls well short of offering any coherent or practical plan.

Another seven are seeking to make substantial savings from workforce budgets, and/or reduce the numbers of staff employed.

Not one STP even mentions the looming threat of Brexit, which is already beginning to impede recruitment of professional staff from within the EU.

This will intensify in impact now that the government has refused to guarantee that an estimated 50,000 professional staff and doctors from throughout Europe will be able to remain in the UK.

Is there any serious engagement with the problems of recruitment of student nurses following the government’s decision to scrap the successful NHS bursary scheme that helped cover the costs for adult entrants?

23% Fall in applications for nurse training since NHS bursaries scrapped

90% Fewer applications from EU nurses to work in the NHS since the Brexit vote

24,000 Number of unfilled nurse vacancies

Subscribe to the paper!

We are producing the regular Health Campaigns Together newspaper QUARTERLY in 2017. It is still FREE ONLINE: next issue JULY. To cover costs we need to charge for bundles of the printed newspaper:

Cost PER ISSUE (inc post & packing)
- 10 copies £10 (£5 + £5 P&P)
- 50 copies £25 (£15 + £10 P&P)
- 100 copies £35 (£20 + £15 P&P)
- 500 copies £70 (£40 + £30 P&P)

PLEASE NOTE to streamline the task of administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.

More info from healthcampaignstogether@gmail.com. www.healthcampaignstogether.com

Pay us direct online – or with PayPal if you have a credit card or PayPal account at http://www.healthcampaignstogether.com/joinus.php

For organisations unable to make payments online, cheques should be made out to Health Campaigns Together, and sent c/o 28 Washbourne Rd Leamington Spa CV31 2LD.