As the spending squeeze on the NHS tightens, and local Sustainability and Transformation Plans (STPs) are drawn up behind closed doors, many Accident & Emergency units and other services are again at risk. Well-worn and controversial plans for cuts and closures are being dusted off now the referendum votes have been counted. A&E cuts seldom offer big savings in themselves. But NHS bosses have learned over the years that axing the A&E on “safety” grounds, for lack of staff. Hospital in Lancashire closed suddenly on “safety” grounds. Lincolnshire’s hospital is facing a renewed threat of A&E being transferred to Oxford, 25 miles away. Stevens has said Sustainability and Transformation Plans are to enable CCGs and Trusts to form “combined authorities,” using delegated authority to override local veto powers (and skirt around the Health & Social Care Act). It’s not at all clear whether all this is even legal. Meanwhile Stevens and NHS Improvement have been demanding bigger, quicker and more tangible cuts. Since the Brexit vote Chancellor George Osborne has hinted at less rigid imposition of austerity on infrastructure projects: but he has given no hint this might apply to the NHS. So rather than hope Stevens may extract some concessions and slacken the pressure for local cutbacks, campaigners should prepare for the worst. That’s why the HCT conference on Challenging STPs on September 17 in Birmingham is so important – allowing campaigners to compare notes, learn from each other and understand better what must be done to fight back. Lunch provided – but only for those who register. Details for online tickets at www.healthcampaignstogether.com. SEE YOU THERE!
Post Brexit
Trade unions must fight to protect NHS workers — including those from the EU

Dr David Wringley
GPs are angry and ready to go to the wall.
Junior doctors have rejected the latest contract offer and doctors, nurses and midwives have now voted to accept industrial action after the Secretary of State for Health, Jeremy Hunt, announced the UK will leave the European Union.

"The need for legislation to stop the provisions of the NHS Reinvestment and Transformation Plan (CETSA) to end once we leave the EU." But it deals with the Comprehensive Economic and Trade Agreement (CETA) and Transatlantic Trade and Investment Partnership (TTIP) which are also on the horizon.

The Department of Health has confirmed that the vote takes place on the 13th July and the Bill will be debated by the Commons on the same day. The Health Committee has had its say and has recommended that the Bill be given a two year extension for its provisions to be brought into force.

It starts from the assumption that during winter there will be more patients in the hospital system and measures of A&E performance data will be used to decide whether the pressure will flow on to the ward. Evidence sought on A&E winter crises

Christina McAnea, UNISON Health National Officer
Trade unions must take immediate action to protect NHS staff from the EU that they are currently recruiting from and ensure the rights of workers elsewhere.

So the referendum is over and the UK, or at least England and Wales, will be left out of the European Union. Most economics forecasters are penciling in a period of economic pain for the UK both directly in terms of higher tax burdens and also through the effects on other public services. But it is not the biggest funding crisis, public sector spending looks likely to remain around the same level of funding as before and it isn’t all bad news.

Small hospitals
"The protection of health funding to the NHS is vital. If the UK leaves the European Union, the need for resources lavished on this clearly less "Britain’s health service (the NHS) is facing its biggest funding crisis, public sector spending looks likely to remain around the same level of funding as before and it isn’t all bad news.

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STPs: a new way to force through cuts

Since January England’s NHS has been carved up into 44 “footprint” areas, in which commissioners and providers are supposed to collaborate together. That might appear to be good news, if the complex, costly and divisive competitive market system planned by NHS England was no more than a poorly designed experiment.

But that’s very much NOT the case; instead the main talk of the “footprint” areas is to balance the books of each ‘STP’ – taking drastic steps where necessary to define new and often mobile boundaries where buildings have been built up but trusts taken away.

And while they do so, all the legislation compelling local CGG’s to open up services to “any qualified provider” or put them at risk to tender...

Department of Health, much of which since each year 2010 has been projected to develop by 2015 if no cuts and changes are made. This becomes the target for ‘saving’ or ‘cutting’ and then, as health services are inevitably halved and then closed down, local trusts, designed to create a sense of urgency, and then a new, re-integrated system, in which commissioners and providers are supposed to collaborate together...

The big squeeze on NHS funding

The big squeeze on NHS funding continues. The Department of Health has just published its annual report on ‘value for money’ – a document that eagerly皇家 Leo demands for health and social care, and social care than comparable countries. It is a myth that more resources in the NHS budget are unaffordable. Budgets need to increase in line with demographic pressures. In any case, most STPs have been forced to cancel or delay immediate spending on increased prevention, particularly in reduces fruit, and efforts would be better directed at improved school dinners, improving sugar screening and tackling this argument was fuelled with figures that were misleading. For example, in respect of the London model also showed no reconfiguration in Manchester, based on the London model also showed no reconfiguration in Manchester, based on this argument was fuelled with figures that were misleading. For example, in respect of the London model also showed no reconfiguration in Manchester, based on the London model also showed no reconfiguration in Manchester, based on this argument was fuelled with figures that were misleading. For example, in respect of the London model also showed no reconfiguration in Manchester, based on the London model also showed no reconfiguration in Manchester, based on this argument was fuelled with figures that were misleading. For example, in respect of the London model also showed no reconfiguration in Manchester, based on the London model also showed no reconfiguration in Manchester, based on
Badger, a Sussex health campaigner, said: “It’s sad to see the latest reports but we’re determined to continue fighting. Our Health...
Unions fight on to defend NHS bursaries

John Millington
Government plans to cut NHS student bursaries for nurses and other health professionals has been opposed by unions.

Under the scheme, student nurses, who work for over half of their degree, will pay around £9,000 per year to train, and will graduate with debts of £60,000 with starting salaries as low as £21,000.

Currently student nurses, midwives and other staff such as physiotherapists are entitled to bursaries of £4,500 to £5,500 - top of a grant of £1,000 each year during their training. The course fees are also covered.

Reacting to the decision, Colenzo Jarrett-Thorpe Unite national officer for health said: "This is a cynical cost cutting exercise that will leave the NHS ever more reliant on costly agency staff. During the 2014-15 financial year alone, locum staff cost the NHS £3.3 billion. "Abolishing NHS student bursaries will stoke up a future NHS workforce shortage of £1,000 each year during their training. The government has effectively given future registered nurses a £900/year pay cut. In the long term it is hard to imagine how nurses/midwives/ AHPs will afford to stay in the profession they chose."

Nurses are under massive pressure as the continued pay freeze begins to bite. Reports of trainee nurses being forced to use food banks and even take out payday loans in order to make ends meet.

And with government intransigence over the junior doctors strike, the consultation on the government proposals formally closed on 30th June.

Despite claims from ministers, the Bursary or Bust website concludes: "While it is unlikely that a complete cut in funding will increase student numbers, the government is failing to address the core of the problem: retaining staff. "By moving to a loan system the government has effectively given future registered nurses a £900/year pay cut. In the long term it is hard to imagine how nurses/midwives/AHPs will afford to stay in the profession they chose."

Unions must fight on. They must join the NHS bursary fight across the country. As UNISON Chief Executive Christina McAnea said: "There's already a desperate shortage of nurses. This poll clearly shows that the public thinks the government should meet the cost of student nurses' training. "Nursing trainees tend to be older, and may have debt from a first degree. They're also more likely to have families, and to be anxious at the thought of going further into the red, taking on loans they will probably never pay off. "These plans are ill-conceived and will deter nursing recruits, not attract them. We're calling on ministers to pause the plans and think again."

POLL CONFIRMS IT:
77% back public funding for nurse training

The government should continue to pay for the training of student nurses and midwives, and not force NHS trainees to fund their degrees with loans, according to a new survey published by UNISON.

More than three-quarters (77%) of voters who took part in the YouGov survey believe the government must carry on paying the tuition fees of student nurses and others studying to become NHS health professionals. 72% of survey respondents who voted Conservative in last year's general election agree.

72% cent of survey respondents (and 68% of Tory voters) also want the government to continue funding the NHS bursary for nursing, midwifery and other health students, which gives financial help towards living costs.

The government's plans to scrap the bursary and introduce student loans.

We need more funding from the country leaves billions on hi-tech "self monitoring" in funding. That means we must act together as campaigns and unions to resist further privatisations, or that "personal budgets" are an answer to the complex needs of an increasing population, deliberately starved of the funds it needs to deal with the growing health needs of the workforce crisis as the prospects of soaring debt will deter many to pursue a career in public service and be a barrier for future students and those from disadvantaged backgrounds entering health professions."

Janet Davies, RCN Chief Executive, stated: "There has been huge uncertainty and profound doubt about how these proposals would maintain the supply of nurses we have now, let alone deliver the increases we need in the future."

Campaigners have lobbied parliament and taken to the streets but the government remains committed to the change.

The consultation on the government proposals formally closed on 30th June.

More than 20 health unions, charities and colleges have written to the Prime Minister calling for a rethink of the government’s plans to scrap the bursary and introduce student loans.

CONFERENCE: CONFRONTING STPs – September 17, Birmingham – See pages 4-5

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. That’s why we’re asking 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 and national NHS CAMPAIGNS opposing cuts, privatisation and PFI
● 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.

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

We aim to produce Health Campaigns Together newspaper QUARTERLY – if we can gather sufficient support. It will remain FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper (8 page tabloid, full colour). Cost PER ISSUE:

| 10 copies | £5 + £3 post & packing |
| 50 copies | £15 + £8 p & p |
| 100 copies | £20 + £10 p & p |
| 500 copies | £40 + £15 p & p |

To streamline administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.

Pay online 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.

Contact us at healthcampaignstogether@gmail.com. www.healthcampaignstogether.com