Campaigners call for March 4 demo against NHS cuts and closures

After months of secretive discussions, arm-twisting and deception, STPs emerge – as plans for CUTS

The publication, by various bodies, of the first 17 of 44 Sustainability and Transformation Plans (STPs) outlining 5-year plans for health and social care in England, has confirmed many fears and dashed a few hopes.

Since they appear to break down the division between the local commissioners of health services (CCGs) and the trusts which provide front line care, there was a theoretical possibility that STPs could offer local people and health workers a better way of engaging in discussing the development of services without the obstacle of competition. STPs seemed to be NHS England’s way of getting around the fragmented ‘market’ system entrenched by Andrew Lansley’s Health & Social Care Act.

But what NHS England wanted most to get around was local objections to closures and downgrading of services.

Indeed CCGs in some areas have continued with their projects for privatising the provision of key services – notably the massive £700m 7-year contract to profiteseers Virgin to deliver over 200 health and social care services in Bath and NE Somerset.

And far from a new dawn of constructive engagement, the STPs have been hatched up in obsesive secrecy, while the December 23 deadline for these plans to be formulated into contracts and implemented has drawn ever closer – confirming that any consultation will be a token effort discussing an already finished plan.

Worse, all of the STPs seek to make massive savings – with the most concrete proposals focused on ever more intensive drives for “productivity” among trust staff – with substantial saving to come from so-called “back office” and other support staff.

Trusts face huge and probably unachievable targets for savings – while in some hospitals shortages of nursing staff is already leading to lapses in quality of care reminiscent of the disastrous failure of care in Mid Staffordshire Hospitals a decade ago.

Campaigners should not be deceived by the pages of truisms about public health, vague hopes that prevention schemes could magically reduce hospital case load, or promises of new hospitals, improved primary care, expanded community services or enhanced mental health provision – for which there is no capital, no revenue, no staff and no genuine commitment.

The STPs are about cuts, about balancing the books, about bridging the £22 billion affordability gap by 2020 identified by NHS England.

As Dr Mark Spencer of the New NHS Alliance has said, many STPs are “a mile wide and an inch deep” most of their content is a smokescreen, or wishful thinking.

Birmingham GP leader Dr Robert Morley has dismissed their local STP as “simply undeliverable”. Julia Simon, until recently NHS England’s director of commissioning, has dismissed them as “lies,” “madness” drawn up in desperate haste. The leading think tanks are increasingly critical, as is the Commons Health Committee.

The fight is not specifically against STPs, but against cuts that damage our health care and put local communities and vulnerable people at risk – in the name of austerity.

Health Campaigns Together welcomes the new TUC campaign for increased funding of the NHS, a demand that should be raised with politicians of all parties as we fight to keep what NHS we have.
Devon police threaten legal action on lack of mental health beds

NHS England's continued failure to commission adequate numbers of hospital beds for people suffering acute mental health problems has brought legal action from two Devon health trusts.

In early October Chief Constable Stuart Swnnery warned that his force would not be able to continue providing care in the form of detox and still growing trust leaders and would come to court. The action will be brought on behalf of the NHS by Barnstaple hospital trust and North Devon and Cornwall CCG. The action will be brought to court in the coming weeks.

Health care trusts are reported to be taking this cast of the lack of services that the government has been manpower issues and in the NHS. The trust is said to have dealt with the issue of the lack of mental health beds.

NHS mental health trusts are reported to be taking this action in the - and solution of the acute mental health situation. Their longer-term goal is to see mental health services and care adequately funded by the NHS.

The government claim to be taking mental health services seriously, but the idea that the NHS is adequately funded by the government has been widely dismissed.

The government has been accused of underfunding mental health services and cutting budgets to them. The NHS has been given a huge increase in mental health funding, but this has been overspent on other priorities and the situation remains dire.

Many mental health trusts are struggling to deliver the care that people need and are facing cuts to their budgets. This action is an attempt to protect the mental health services that people rely on.

The NHS has also been accused of underfunding general services, and the situation for mental health is no different. This legal action is a desperate attempt to save these services.

The government has been warned that this legal action could be the first step in legal action against the NHS for underfunding, and that it could lead to further legal action against the government for its failure to adequately fund mental health services.

The government has been accused of cutting budgets to mental health services to pay for other priorities, and the situation for mental health remains dire.

This legal action is a desperate attempt to save mental health services, and the government has been warned that it could lead to further legal action against the government for its failure to adequately fund mental health services.
Just six weeks from planned December deadline for signing binding contracts…

NHS England’s 5-year plans, which NHS England is responsible for, have appeared, albeit some of them still have figures missing and some are conspicuously separated from their English versions, so it’s not clear whether all the plans really put us all on the same page.

No consultation?

It’s clear that despite their statements about “engagement” with “stakeholders” that there is no possibility of any meaningful consultation and that the plans will be published – some by NHS England, others by NHS Improvement – as the way to force through the new STPs.

17 STPs published: 27 still secret

It’s this combination of arrogance and secrecy that has created the reaction: see the reaction to some of the STPs that have been published.

Frozen funding

It’s from this condition, a situation deliberately created by 18 years of frozen real-term NHS spending, and another 4 years to come, that every STP argues that “no change is an option.”

The apparent gap appears in every instance to be deliberately widened by contraction planning and not just increasing. Public spending and not allowing for inflation to contract: “The productivity challenge” appears to be a combination of an increasingly overstretched and stretched NHS that is the most tangible hope of actual survival.

Many of the proposals are plausible as far as more efficient or lighter weight services are concerned, but none of them will help bridge the gap between needs and resources. If they are implemented, then the plans will be published, and 27 still to appear: some by NHS England, others by NHS Improvement – as the way to force through the new STPs.

17 STPs published: 27 still secret

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.

As a result social care, unlike the NHS, is the one part of the health and care system that has become a major challenge and obstruct NHS planning too. Councils who have been forced to compete for central government money, especially small or rural areas, are now facing a major funding cap, and in many cases have had to delay completing projects for fear that the funding will be withdrawn.
Some of the 4,000 people who surged into Barnstaple in the biggest of the See Red protests

"The only reason they can make this claim is that they have kept the "gap" and stem losses by local CCGs and community hospitals.

"The huge pressure the whole system is going through is driving to..."
Campaigns work together to fight cuts and closures

Campaigners from Hands Off HRI (Huddersfield), Fight4Grantham A&E and Keep the Horton General (Banbury) descended on Trafalgar Square to join campaigners from Ealing Save Our NHS, Save Our Hospitals Hammersmith & Charing Cross and Keep Our St Helier Hospital – four London hospitals under threat.

After a rally with support from Keep Our NHS Public, Save Lewisham Hospital Campaign and many others, the campaigners marched to Downing St, the Department of Health and Parliament, to deliver petitions and lobby their MPs.

The Save Chorley A&E also lobbied Parliament the same day.

Hands off HRI delivered a petition of 154,000 signatures – only to hear a few days later that their local CCGs have voted to ignore local communities and press ahead with their plan to close the Huddersfield A&E.

The fight is far from over, however and the campaign is planning its next moves. The important development was the coming together of so many campaigns to support each other and join as one in this escalating battle for the NHS.

Yorkshire campaigns link up

OVER 90 attended the Leeds Health Campaigns Together to Win conference on October 15 and contributed their knowledge, ideas and enthusiasm so freely and to our three speakers, Dr David Wrigley (pictured above), John Lister and Dr James Chan.

There was a great fighting spirit in the room from a wide spread of campaigners, health workers and trade unionists from Wakefield, Dewsbury, Halifax, Huddersfield, Leeds, Harrogate, Bradford, Ilkley, Otley, Keighley, Barnsley and Sheffield, with two very welcome activists from Manchester.

Nick Jones took some video snippets, available on Leeds Keep Our NHS Public facebook: https://www.facebook.com/groups/141710829185241

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.

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.

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