

HEALTH CAMPAIGNS TOGETHER

Election Special ● November 2019 ● FREE

Don't trust him with our NHS!



British voters now see the future of the NHS as a bigger issue than Brexit. It should be obvious that whether we are in or out of the EU, we will all need the NHS.

Of course the NHS has been a liability for Tory governments in the past. In 2017 Theresa May's government lost its majority in part because 5-6 sitting Tory MPs lost to campaigns highlighting the threat to local hospitals.

Since then the state of the NHS has got even worse: so in preparation for the election Boris Johnson has been busily spinning out a series of deceptive and dishonest promises ever since he took over as Prime Minister.

Since the summer a series of announcements on the NHS have appeared at first sight to offer a reversal of almost a decade of austerity and cutbacks since 2010.

But like so many of Johnson's previous promises (remember "no border at the Irish Sea"?), they are a cynical attempt to con voters. None of them stands up to scrutiny

"40 new hospitals"

Indeed when Johnson announced plans for "40 new hospitals" last month the claim unravelled so fast it only took a few hours for even the normally tame BBC to delete their initial tweet headlining "40 new hospitals" and put up a more realistic one: "Government plans billions for hospital projects."

In fact the commitment was to fund just **SIX** hospitals ... over five years. The remaining 34 projects, covering at least eight Tory marginal seats, will not even be given the go



SHAMEFUL



ahead until 2025 at the earliest.

The trusts involved have been fobbed off with a tokenistic £100m 'seed funding' between them, in a bid to grab local headlines (see page 2).

This misleading announcement followed on the heels of Johnson's bogus August promise of £1.8 billion of "new money" to "upgrade outdated facilities and equipment".

Most of this money (£1 billion) was not new – and most trusts with the biggest problems will get precisely **NOTHING** to fix crumbling buildings or renew clapped out equipment (see page 2).

"Extra £33.9 billion"

Johnson and his ministers are also deliberately misleading people when they keep claiming they will be spending an "extra £33.9 billion" on the NHS by 2024.

The government's own figures state that this cash increase will be worth just **£20.5** billion in real terms – **less than two thirds** as much as amount ministers are now claiming.

Far from being generous, this real terms increase is well below the increase needed for the NHS to keep pace with population growth and cost pressures – and nowhere near enough to make up for the ten brutal years of austerity.

After the meanest nine years of funding growth since the 1970s trusts have been plunged deep into deficit, propped up by £14 billion in government loans, with too few beds and 100,000 staff posts vacant.

That's why Johnson was booed out of **Addenbrookes Hospital** when staff realised he had arrived

unannounced and was posing in a lab coat for a press stunt.

Frustrated staff there know that the Cambridge University Trust is suffering the consequences of austerity, propped up by almost £300m of loans and seeking more loans to pay the bills, saddled with a £104m backlog maintenance bill, short of beds and staff, and running full tilt. They chased Johnson out.

Johnson's promises turn out to be just what we might expect from his previous record – deceptive, opportunistic and cynical.

That's why there are no grounds to trust his promise not to put the NHS – and in particular the cost of NHS drugs – on the table in any future trade deals with the USA. The more he denies it, the more suspicious we should be.

Spurious

The challenge for campaigners is to prevent Johnson and his right wing cabinet from using the NHS as a way to claim a spurious credibility.

The NHS very definitely remains unsafe in his hands.

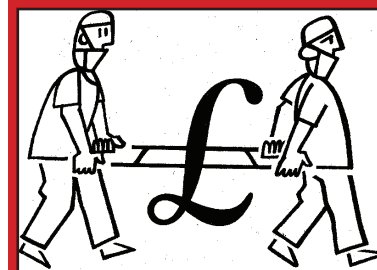
Indeed we have seen at first hand that successive Tory-led governments since 2010 have starved the NHS of funds, undermined its performance, flogged off its assets, carved out contracts for the private sector and passed laws that open it up to US corporations.

To vote for the NHS means voting for a change of government.

So if you value the NHS and want to see it repaired and improved, whoever you vote for, don't vote Conservative.

INSIDE this 8-page ELECTION SPECIAL

Reality check:
FACT versus
FICTION in
our NHS 2019



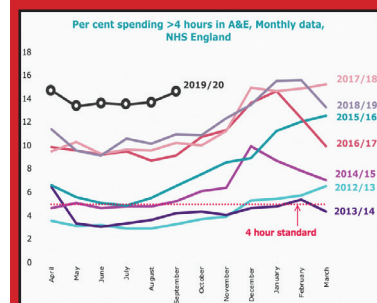
● Funding



● Staffing



● Mental health



● Performance



● GP services

DON'T VOTE TORY – #VoteNHS

NHS FUNDING: THE FICTION

Conservative Press Release October 2019

"Last year we announced a record £33.9 billion settlement for the NHS – the largest cash settlement for the NHS in history – including £2.3 billion for mental health services upgrades.

"In August, we also announced a further £1.8 billion in new capital funding as part of our Conservative hospital building policy.

"£850 million for 20 hospital upgrades and £1 billion to tackle critical infrastructure backlog across the country, emergency capital funding requests and more."

Conservative website

"As part of the new Health Infrastructure Plan, 40 new hospitals will be

built across England over the next decade, along with dozens of hospital upgrades and a fund to improve critical infrastructure.

"As part of the biggest programme of hospital building in a generation, we will spend £13 billion to build these hospitals to the highest quality.

"The package also includes £900m to deliver major improvements in health tech, and £200 million to replace MRI, CT scanners and breast cancer screening equipment, so that no scanner in the NHS is more than 10 years old.

"Six hospital builds are getting the full go-ahead now, and a further thirty four new build projects are receiving seed funding to kick start their schemes."



NHS FUNDING: THE

40 new hospitals? – make that SIX!

The announcement that the government was pressing ahead with building 40 new hospitals was quickly debunked. In fact 34 projects involving 21 trusts have been put on the back burner for at least 6 years, but fobbed off with less than £5m each in "seed funding".

Of the six 'new hospitals' that have been given the immediate go-ahead to build over the next 5 years, several turn out to be repairs, refurbishments or extensions – and none is ready to start work at once.

In **South West London** the debate is about where to build a new £400 million "major acute" hospital and what happens to **St Helier** hospital.

In **North East London** the discussion is where on the extensive **Whipps Cross** site the new building should be located.

In **Leeds**, too, the Trust board has a number of stages to complete before it can start building the new hospitals.

In **Watford**, there is also an unresolved argument over the location of an acute hospital to serve the catchment area of almost 500,000 people.

In **Harlow**, the **Princess Alexandra** hospital management is "thrilled" but warns there will be some delay before anything actually happens.

And in **Leicester**, where **University Hospitals of Leicester** Chief Executive John Adler was "ecstatic" at the news that £450m is now available, the Trust needs to publish a pre-consultation business case, reputed to be a staggering 1800 pages long, brace itself for a full public consultation, and construct a viable Business Case – which could also be open to challenge.

Don't hold your breath waiting. It's clear some of these schemes will need more money and much more time before anything happens.

Funding for services: is it the highest-ever?

John Lister

Every year since the NHS was founded spending has gone up in cash terms to cope with rising costs and population.

So technically EVERY year has been the "highest-ever".

But the issue that matters to the NHS is the value of the money – what can it buy in staff and services?

If spending is falling behind inflation and cost pressures – as it has each year since 2010 – to simply quote the cash value is wilfully deceptive.

Back in the summer of 2018, to mark the 70th birthday of the NHS, Theresa May announced that funding for the NHS in England would be increased by £20.5 billion in real terms by 2024 – an average of 3.4% per year.

The cash increase to follow this up was formally announced in last November's budget, and the extra funding begins this year. The budget allocation includes inflation, and £1.25bn each year for specific pensions pressures. That's why the total appears to increase by £34bn – from **£115bn** this year to **£149bn** in 2023-24.

This is the misleading higher figure Johnson and ministers are now trumpeting.

But the Philip Hammond's Budget statement made clear what is was worth (Table 1.7): "In June, this government committed to a new multi-year funding plan for the NHS in England, **equating to £20.5 billion more a year in real terms by 2023-24**".

The Nuffield Trust and the Institute for Fiscal Studies both damned the increased funding with faint praise, arguing that the money would merely "help stem further decline in the health service".

They also pointed out that increases of at least 4% a



year on average are needed in order to meet the NHS's needs and see any improvement in its services.

Anita Charlesworth of the Health Foundation echoed the same view: "Healthcare funding has grown by an average of 2 per cent a year since 2010.... less than the overall rise in public spending, and below the estimated increases needed to address the lack of investment in staff and public health over recent years."

The £20.5bn increase also only applies to the part of the health budget controlled by NHS England.

So parts of the Department of Health and Social Care budget – including the education and training of doctors, nurses and health professionals and the public health grant income to councils for sexual health and children's services – get nothing and will FALL in real terms. Far from generous, the allocation will bring more damaging cuts.

In other words the accurate figure is £20.5 billion – or less if inflation rises – in real terms over five years.

By claiming it is '£33.9 billion extra' ministers are exaggerating its real value ... by 65%.

£14bn

Health Service Journal estimate of the total value of **loans** issued to prop up the finances of flagging trusts by the end of 2018-19.

UK bottom of league for scanner access

Johnson's promise of £200m to replace MRI, CT scanners and breast cancer screening equipment, and commitment to ensure "no scanner in the NHS is more than 10 years old" is a wilful deception.

On the most recent OECD comparisons the UK comes **31st of 37** countries on provision of MRI scanners, with 6.1 per million population. Only **Russia, Costa Rica, Mexico, Hungary, Israel and Colombia** have fewer MRI scanners per head.

And on CT scanners the picture is even worse, with the UK **35th of 38** with just 9 scanners per million population. Only **Costa Rica, Colombia and Mexico** have fewer per head.

According to the Health Foundation Britain has **less than a third** of the number of scanners per head compared with Germany.

"We have calculated that bringing the UK up to the average number of scanners [in the EU 15] would require around £1.5bn in extra capital spending."

Money for new kit alone is not enough: staff are needed to operate the machinery and report scan results:

"It is uncertain whether this money can truly help create the extra capacity needed in cancer services given major NHS workforce shortages across the country."

■ Meanwhile NHS England is pressing ahead with its plan to privatise PET-CT scanning services, pushing through a contract in Oxfordshire in the teeth of opposition from all parties and the Tory-led county council, with more such contracts being rolled out across the country.

That £1.8 billion – more misleading claims

The announcement of £1.8 billion "new money" for capital projects was swiftly shown to be mostly not new money at all.

£1 billion of it was already in Trust accounts, but trusts had recently been forbidden to spend it when NHS England imposed a 20% cutback in July this year.

Regulator's reprimand

The government's claim it was "new money" was so misleading the Office for Statistics Regulation has since stepped in to call for more accuracy in ministerial announcements.

It was only some time after the initial statement had been made that any details emerged on what schemes were to result from the extra money, and a list of 20 was unveiled, totalling £850m.

The same imbalance has continued

in the subsequent announcements of "new hospitals" – several of which are refurbishments and additions rather than new hospitals.

At the end of September ministers announced they would provide another £2.7 billion to fund six new or refurbished hospital projects, and provide "seed funding" to draw up plans for another 34 future projects – which will potentially cost another £10 billion or more – after 2025.

Predictably ministers opted to lump all of the future projects together in one deliberately confusing announcement – and claimed they were announcing "40 new hospitals."

In practice there will be no new hospitals for at least three years – and the existing ones can be expected to deteriorate rapidly as the backlog of repairs continues to mount up.

Little investment in mental health

The 20 upgrades to be funded from the £800m new money include 3 primary care projects totalling almost £100m, 2 mental health projects totalling £112m and a new unit for Learning Disabilities for £33m: 75% of the money goes to 14 projects in acute hospitals.

Not one of the six trusts given funding to develop a 'new hospital' is a mental health trust.

The Health Foundation and NHS Providers have criticised ministers' focus on headline-grabbing acute hospital projects, and the inadequate share of the new resources going to expand community health services, primary care and in particular mental health.

Bid for votes in marginals



The electioneering aspect of the proposals should not be forgotten. Shadow Health secretary Jonathan Ashworth has also pointed out that eight of the 21 future new hospital projects allocated “seed funding” until 2025 cover Tory marginal seats, where even a tenuous promise of a new hospital might win a few extra votes. He named Hastings, Eastbourne, Winchester, Plymouth, Reading, Truro, Torbay, Barrow and Uxbridge.



FACTS

Trust	Combined backlog deficit (£million)
Imperial College Healthcare	691.1
London North West Healthcare	216.5
Barts Health	199.6
Oxford University Hospitals FT	140.5
Nottingham University Hospitals FT	130.7
Sheffield Teaching Hospitals FT	127.6
Pennine Acute Hospitals	124.5
University Hospitals Birmingham FT	118.0
Newcastle upon Tyne Hospitals FT	114.8
Leeds Teaching Hospitals	109.1
Hillingdon Hospitals FT	107.4
Cambridge University Hospitals FT	103.9
St Georges University Hospitals FT	99.2
East Sussex Healthcare	96.9
Epsom & St Helier University Hospitals	96.1
Sandwell and West Birmingham	91.7
University Hospitals of Leicester	88.6
United Lincolnshire Hospitals	82.9
Hull and East Yorkshire Hospitals	81.0
Doncaster & Bassetlaw TH FT	73.6
Calderdale and Huddersfield FT	73.1
Hampshire Hospitals FT	72.8
Buckinghamshre Healthcare	71.4
East Kent Hospitals University FT	69.3
West Hertfordshire Hospitals	68.5
University Hospitals Morcambe Bay FT	68.2
University Hospital Southampton FT	67.0
Medway FT	62.6
Gloucestershire Hospitals FT	59.0
Shrewsbury & Telford Hospital	57.8
Mid Yorkshire Hospitals	56.9
Manchester University FT	51.7
Mid Cheshire Hospitals FT	49.0
Royal Liverpool & Broadgreen	48.5
Princess Alexandra Hospital	48.4
Royal Berkshire FT	48.3
Birmingham Women & Children's FT	47.7
Royal Free London FT	47.5
South London & Maudsley FT	46.1
Royal United Hospitals Bath FT	44.8
Stockport FT	42.7
University Hospitals Plymouth	42.0
Salisbury FT	41.3
Kettering General Hospital FT	40.7
Total (43 trusts with over £40m backlog)	4,219

Battling the backlog as hospitals crumble

NHS Providers, the body representing trusts, has been campaigning for sustained increases capital funding for several years. They argue that: “Over the last five years we’ve had to transfer nearly £5bn [of capital funding] to prop up day to day spending. “As a result, the NHS now has a maintenance backlog of £6bn, £3bn of it safety critical. The NHS estate is crumbling and the new NHS long term plan can’t be delivered because we don’t have the modern equipment the NHS needs.” An NHS Providers briefing document in August warned: **“The NHS’ annual capital budget is now less than the NHS’ entire backlog maintenance bill (which is growing by 10% a year).”** Our table (left) shows some of the latest figures on the scale of bills for backlog maintenance facing trusts around the country, most of which are not on any list for extra funding, and are set to receive no support as their buildings fall apart and equipment fails. **The backlog total of £6.6 billion is 60% higher than it was five years ago.** Over half the backlog is to address ‘high’ and ‘significant’ risk, which has increased from 34% of the total in 2013 to 53% last year. **Between 2017/18 and 2018/19 there was a 25% increase in clinical service incidents arising from estates and infrastructure failure.** The results of a freedom of information request to all hospital trusts in England by the Labour Party in July 2019 revealed at least 76 hospital trusts in England suffered incidents caused by “estates and infrastructure failures” in 2018/19. Many involved sewage, including sewage coming through the floor on the ultrasound corridor of one trust in Yorkshire and the Humber. Other incidents included leaks of wastewater and water into hospital wards, sewage coming up through the bathroom drains, broken lifts, inadequate heating systems, water running down walls and broken scanners. In July 2019 fire chiefs threatened to close down parts of four hospitals as they were so rundown they had become a hazard to patients and staff. The recent scandalous state of operating theatres in Oxford University Hospitals Trust’s once prestigious John Radcliffe Hospital underlines the scale and impact of this neglect. The Care Quality Commission has taken urgent enforcement action. **According to the Health Foundation the capital budget for hospital infrastructure has fallen in real terms over the last eight years, with NHS trusts in England seeing a 21% reduction in capital funding.** In 2010/11, capital spending by the DHSC was £5.8 billion, but by 2017/18 this had fallen in real terms to £5.3 billion, a fall of 7%. Joshua Kraindler, economics analyst at the Health Foundation, warns that: **“The capital budget is, in real terms, the same as it was in 2010-11 and as a result, capital investment per NHS worker continues to fall.”**

Bed numbers slashed since 2010

In 2010 when David Cameron won the General Election there were 144,500 beds in England’s NHS: nine years later almost 16,000 of these had closed – leaving a total of 128,649. The pace of closure has also been rapid in the “general and acute” beds which treat emergency admissions, waiting list cases and also include any remaining beds for older patients. In 2010 there were 110,568: nine years later there were just 101,790, a loss of close to 9,000 front-line beds, while the population has increased. **No wonder the remaining beds are full to overflowing all year round.**



The reduction has been even more spectacular in mental health, where numbers have been slashed from 23,500 in 2010 to just 18,271, a reduction of 5,245 (22%). This explains widespread problems finding mental health beds, despite the rhetoric of parity of esteem for mental health needs. The biggest cut of all has been in Learning Disabilities, where 61% of the already reduced 2010 NHS provision of beds have been axed, with responsibility transferred to hard-pressed and under-funded social care – leaving many patients with health needs unable to access specialist support, and dependent on general NHS services.

22%
of mental health
beds closed since 2010
9,000
acute beds closed

Facts behind the rising demand for health care

According to the Institute for Government demand for hospital services has been rising rapidly as a result of demographic change. **The population of England rose by 6.6% between 2009 and 2017, but the number of people aged over 65 increased almost three times as fast – 19.4% in the same period.** In 2016/17 the over 65s made up 18% of England’s population, but accounted for more than 40% of hospital treatment. **Spending on medicines in hospitals doubled in cash terms between 2010 and 2017 (“a real terms increase of 80%”), and this helped to keep health inflation higher than general inflation.** National average costs per episode of hospital care increased

by 7% for emergency short stays, 20% for emergency long stays, and 27% for elective inpatient care, with A&E care increasing in cost by 22.1% between 2012 and 2017. **Numbers of admissions via A&E increased by almost 31% from 2009 to 2018.** Elective admissions rose by almost 20% over the same period, while outpatients increased by 42% and diagnostic tests by over 50%. All this underlines why NHS spending has to increase each year to keep pace with these pressures – and rise faster to ensure services can be improved.



Why we need new top-down reform to reinstate our NHS

Earlier this year NHS England explained why it wanted to repeal sections of the controversial legislation that drove the major top-down reform of the NHS under David Cameron back in 2012.

They want to remove the sections requiring competitive tendering. However campaigners and Labour are warning that the contracting out of NHS clinical and support services, which the Act institutionalised, leaves the NHS wide open in any potential trade deals after Brexit – and that the legislation is flawed in many other ways. Rather than tinker with it, the 2012 Act itself should be repealed. Here we set out the Fiction and the Facts.

HEALTH & SOCIAL CARE ACT: FICTION

Government Fact Sheets explaining the basis for the Health & Social Care Act (HSCA) 2012 claimed it would deliver a number of improvements.

These included:

“Clinically led commissioning; Provider regulation to support innovation; Greater voice for patients; New focus for public

health; Greater accountability locally and nationally; Improved quality; Tackle inequalities; Promote integration; Choice and competition”

HEALTH & SOCIAL CARE ACT: FACTS

With the exception of competition, none of the things promised by the Cameron government has been delivered.

Only a tiny handful of GPs, steered by management consultants, have ever involved themselves with CCGs. Far from being “clinically led” even the King’s Fund in 2016 admitted that “financial pressures mean CCGs are frequently required to take tough prioritisation decisions,” and others flow from the requirement to put services out to tender.

The “changes to provider regulation” were focused not on innovation but on scrapping the cap on the level of income foundation trusts could make from private medicine and commercial contracts. Amendments to the Bill resulted in the Act lifting the limit to less than half the FT’s income – commonly interpreted as 49%.

There are around 1,140 beds in NHS private patient units in 90 hospitals: they generate income of £600m a year, although there are no published figures on how much these services cost to provide. Some major London foundation trusts such as the Royal Marsden make as much as 36% of income from private patients, but with no evidence that this benefits NHS patients.

By contrast the NHS has increased spending on sending patients for



treatment in private hospitals to £1.8 billion a year – not least because of the lack of capacity after closure of almost 9000 general and acute NHS beds as a result of austerity funding since 2010.

Patient voice

The “greater voice of patients” and the commitment to “no decision about me without me” was an empty promise from the beginning, since CCGs have from the outset been at least as insensitive to public views and resistant to public consultation as previous PCTs and health authorities.

The problem is set to worsen as CCGs – with little or no consultation – merge into ever larger and more remote bodies, some of which aim to cover 2 million people.

Public health services have been run down, sidelined and even privatised by local and national government since the HSC Act, with year on year real terms cuts in central government funding of almost £900m since 2014 running alongside the 40%-plus cutbacks in local government funding since 2010.

Less accountable

Since the 2012 Act there has been significantly LESS accountability locally and nationally, with increasing levels of contracting out of services and contracts jealously guarded as commercial secrets.

At national level NHS England is even now driving through a top-down reorganisation and outsourcing of imaging and pathology services with no proper local consultation, and ignoring local voices challenging their decisions.

Far from offering improved quality of services, the Act has done nothing to prevent a massive all-round drop in performance against previous targets – see facing page.

Health inequalities, which the Act was supposed to address have widened to extreme levels with a 16 year gap in healthy life expectancy between the wealthiest and most deprived areas, greater than the difference between the UK and Sudan. Growing lists of treatments of



supposedly “low clinical value” – including hip replacements and cataract surgery – are being excluded by CCGs and NHS trusts, creating a 2-tier system in which only those wealthy enough to pay privately can access the care they need (See p6).

Integration

The empty promise that the Act would “promote integration” has been comprehensively discredited by the succession of measures subsequently taken by NHS England to sidestep the law in order to “integrate” services.

Local government remains an under-funded and largely ignored subordinate “partner”.

And within the NHS itself the Act has served to DIS-integrate services as CCGs, obeying its regulations, have carved services up into contracts and put out to tender.

At the core of the Act was the promise of “choice and competition”: but too many patients have seen their choice of local access to services overridden by cash-driven cuts and reconfiguration of trusts.

Meanwhile there is no evidence at all that competition has served to improve health services.

The all-party Commons Health Committee in June this year noted that: “Competition rules add costs and complexities, without corresponding benefits for patients and taxpayers in return.”

Indeed the disadvantages of a regime of contracting and competition arise whether or not the contract is

awarded to a private bidder.

Carving up services into thousands of separate contracts, and subjecting them to competition tends to force cost cutting and reduce the quality of care even if an NHS provider wins: and it also disintegrates services by awarding contracts to non-local providers.

There have been numerous contract failures by private companies that have gone bust or abandoned contracts leaving patients and the NHS in the lurch.

Dislocated

The record speaks for itself. The 2012 Act has dislocated and undermined services, reduced accountability to local communities, ignored patients’ needs and concerns, further fragmented the NHS, obstructed efforts to secure collaboration between providers and between commissioners and providers, and opened up the danger of the £115 billion NHS budget being opened up to US and other corporations in future trade deals.

The Labour Party has now committed to repeal and reverse this legislation and bring privatised services back in house.

So the onus is on anyone who wants to keep even part of this discredited and disreputable law in place to show what benefits it might offer to patients or hard-pressed NHS staff.

■ This article by John Lister is adapted from *The Lowdown* October 26 – see <https://lowdownnhs.info>

Primary care: ‘Spectacular failure’ to recruit 5,000 extra GPs

The FICTION

In September 2015 Jeremy Hunt as Health Secretary promised the NHS would recruit an extra 5,000 full time equivalent GPs (FTE) by 2021. This was also set out as an objective the following year by NHS England in the *GP Forward View*.

The 2017 Conservative Election Manifesto also promised “a truly seven-day health care service”, claiming 17 million people can get “routine weekend or evening appointments either at their own GP surgery or on nearby.”

The FACTS

April 2018 figures released by NHS Digital revealed that the number of FTE GPs in the workforce had decreased more than 1,000 since Hunt’s promise.

GP magazine *Pulse* also reported NHS England’s campaign to recruit GPs from overseas had signed up just 85 doctors – from a target of 600.

Increasing pressure on GPs has also been a factor in increased numbers of GPs opting to retire early rather than soldier on, with 3,000 GPs retiring before their 60th birthday in the five years from 2013.

In June 2018 Matt Hancock, Hunt’s successor as Health Secretary, reiterated the commitment to increase GP numbers by 5,000: but by then the FTE GP workforce had sunk to more than 1,400 below the level when Hunt’s target was set.

By October 2018 Hancock had abandoned the 2020 deadline, and in November he was embarrassingly forced to delete claims of a “terrific” increase of 1,000 GPs joining the NHS in just three months, after being censured by the government statistics watchdog the UKSA.

Hancock was counting trainees as GPs: numbers of qualified GPs had

had **fallen** by 674 over 12 months.

No new deadline was set when Hancock once again promised the increased numbers of GPs in January 2019.

By August even the *Daily Mail* was pointing to the scale of failure:

“The NHS has lost almost 600 GPs in the last year as its recruitment crisis continues, figures show.

“Almost as many family doctors left the health service between June 2018 and June 2019 as did in the entire three years to March. ...

“The losses again highlight the spectacular failure of the Government’s pledge to hire 5,000 extra GPs between by 2020.”



■ *Pulse*’s annual survey of waiting times shows the average wait for a routine GP appointment has risen to more than 2 weeks, for the first time ever, with more than 22% of GPs saying that the wait for a routine appointment is more than 3 weeks.

NHS PERFORMANCE - FICTION

At the last election in 2017, the Conservatives, led by Theresa May, promised "exceptional healthcare, whenever, wherever, delivered by an NHS with the money, buildings and people it needs".

The word "exceptional" is not explained, and there is very little in the manifesto on the performance of the NHS – either boasting about achievements or promising improvements.

There is a promise of weekend access to key diagnostic

tests, and to discharge of medically fit patients on any day of the week.

On hospital services the manifesto stated:

"We will retain the 95 per cent A&E target and the 18-week elective care standard," and on cancer services "we will deliver the new promise to give patients a definitive diagnosis within 28 days by 2020".

On mental health the promise was to recruit "up to 10,000 more mental health professionals."

NHS PERFORMANCE - FACTS

None of the commitments in the 2017 Manifesto have been honoured.

The NHS as we have seen in these pages now has a major problem with inadequate staff, poorly maintained buildings, and insufficient funding.

Each of these problems feeds through to performance, which is falling back on almost all measures.

Staffing is discussed separately (right) but is clearly a factor in the flagging performance in A&E, where the latest figures show 14.6% of people attending A&E in September waited more than 4 hours to admission or discharge – the worst ever September performance.

So the manifesto commitment to the 95% target is clearly not linked to any commitment to meet it: only TWO of the 119 major A&E departments that submitted information for September this year met the 4-hour target.

The 95% target has not been met in England for over five years.

64,921 patients who needed to be admitted spent over 4 hours on trolleys in September waiting for a bed – **46% higher than the same month last year.**

This followed the staggering increase of 1,400% in the numbers of so-called "trolley waits" from August 2010 to August 2019.

What is alarming is that these incredibly high levels of pressure are continuing in our hospitals right through what used to be relatively quiet summer months.

455 patients waited over 12 hours on a trolley in September, THREE TIMES the number last year.

The increased delays flow from a combination of rising use of A&E (and limited availability of alternative support) with a hefty reduction in



front-line beds and a lack of services outside hospital.

Numbers of the most serious "Type 1" emergency patients attending A&E in August have increased by 21% since 2010, while the population is only estimated to have increased by around 6.6%.

Total emergency admissions to hospital, which include urgent referrals by GPs, have risen by 28%, rising faster than general attendances at A&E.

The Manifesto commitment to speedy cancer treatment is grimly ironic given that the 62-day target to start cancer treatment has only been met once in five years, and more than one in five wait more than two months for their first treatment.

The Manifesto commitment to the 18-week target for elective treatment is no more convincing, given that the proportion of the 4.5 million waiting list who have waited more than 18 weeks has risen to 15% – the highest since 2008.

And never mind promises on weekend access: the diagnostic waiting time target has not been met since November 2013.

No wonder Matt Hancock is looking for ways of scrapping the targets an under-funded NHS can't hit.

1,400%

the increase in numbers of hospital "trolley waits" in A&E since 2010

372-fold

the increase in 12 hr waits for a hospital bed since 2010

64,921

number of patients waited over 4 hours for a bed during the month, September 2019

4.52m

patients in England now on waiting list for treatment

1 in 5

cancer patients (21.5%) has to wait up to 2 months for hospital treatment

69.9%

of hospital trusts miss target to treat cancer patients within 2 months of referral



The case of the missing staff

The government's own auditors, the National Audit Office have published their view that NHS trusts may not be able to recruit enough new NHS staff to expand services, and that some of the new funding might be swallowed up by bills for expensive agency staff.

Delays in addressing workforce issues can in part be put down to the fact that the NHS cannot fund additional staffing.

Successive years of funding lagging behind rising costs and demand for care has left trusts running in deficit since 2013.

Years of brutal restraint of NHS pay has also taken a toll as has workplace stress and burnout of medical and nursing staff.

And the decision to scrap the bursaries that helped fund the training of nurses and health professionals has set back the recruitment and retention of key staff.

Meanwhile the looming threat of Brexit has virtually ended recruitment from EU countries and persuaded many EU nationals to return home, leaving NHS departments short-staffed.

"We need urgent action to solve what trust leaders current describe as their biggest problem."

– Chris Hopson, CEO of NHS Providers, the body that represents NHS trusts

Across the NHS the number of staff vacancies is rising sharply suggesting that many trusts are finding it even harder to recruit. **In the summer NHS England announced that 107,000 jobs were unfilled, including 35,000 nurses and nearly 10,000 doctor vacancies – enough to staff 10 large hospitals.**

Some trusts are losing almost a third of staff each year.

International comparisons show the UK has the third-lowest number of doctors among 21 OECD nations, with just 2.8 per 1,000 people. It also has the sixth-smallest number of nurses for its population with just 7.9 per 1,000 people.

The gap between NHS staffing levels and patient demand has been growing consistently.

An analysis by the NHS Support Federation shows that over the last five years the number of outpatients has risen by 24% and emergencies are up by nearly a third – yet the number of nurses in hospitals has risen by only 4%, doctors 12% and therapists 6%.

What happened to parity of esteem for mental health?

Mental health performance - FICTION

The Conservative Party website claims "We have a strong record on mental health".

"New models of personalised care will be rolled out to tackle the serious issue of adult mental illness."

"We're funding 12 trailblazer schemes ... This is part of a huge boost to community mental health services..."

"Last year we announced a record £33.9bn settlement for the NHS ... including £2.3bn for mental health services upgrades."

Mental health performance - FACT

Despite warm words about 'parity of esteem' for mental and physical health since 2011, mental health services are the poor relation of the NHS, comprising 23% of NHS activity, but receiving just 11% of its budget.

And it's not only an under-resourced NHS that is failing mental health patients: 92% of mental health trusts said in a recent survey that changes to universal credit and benefits are increasing demand for services, as are loneliness, homelessness and wider deprivation.

91% of trusts blamed council cuts as a reason for more demand for mental health services.

It's also harder for patients to get the care they need.

In 2013 there was 1 mental health doctor for every 186 patients accessing services. By 2018 this had fallen to 1 for every 253 patients.

The number of nurses per patient has also dropped. In 2013 there was 1 mental health nurse for every 29 patients accessing services, by 2018 that had fallen to 1 for every 39 patients. 10% of specialist mental health posts are unfilled.

Just 4 in 10 people who need it receive mental health support.

To increase provision to cover 7 in 10, the service would need an extra

£1.5bn on top of what the chancellor has announced.

81% of trust leaders say they are not able to meet current demand for community child and adolescent mental health services (CAMHS) and more than half (58%) said the same for adult community mental health services; more than half (56%) could not meet demand for crisis resolution teams.

The NHS Long Term Plan aims in 10 years time to be reaching just 35% of young people who need care. With sights set so low, there's no chance that the warm words will be anything but hollow promises.

Fewer nurses

In July 2017 Theresa May's new government promised 21,000 new posts for the mental health workforce to treat an extra million patients a year. Jeremy Hunt promised an additional 4,600 specially trained nurses working in crisis centres

At that point mental health nursing staff numbers had fallen by more than 5,300 (13%) from 2010. By the end of last year NHS had recruited another 1,151 – but still had 4,200 FEWER than when David Cameron took office.

Trusts are struggling on under-staffed and under-funded.

Privatisation

Hancock's half-truth

FICTION

Speaking in front of the Health and Social Care Committee in January this year, and responding to questions on whether new Integrated care provider (ICP) contracts will be managed by public NHS bodies or by private providers, health and social care secretary Matt Hancock (pictured right) said:

"I am going to be much more concrete. There is no privatisation of the NHS on my watch, and the integrated care contracts will go to public sector bodies to deliver the NHS in public hands."

FACT

Matt Hancock before and since this statement has personally endorsed the privately-run 'GP at Hand' service that is undermining general practice in North West London, and spreading across the country. The online service targets younger, fitter tech-savvy patients, leaving regular GPs with fewer resources to deal with older, more complex and costly patients.

And with an estimated 50% of all NHS dentists closed to new patients because of his government's funding constraints, Hancock has also backed the private firm MyDentist which



exploits the shortage of NHS cover. Hancock claimed the company "play a really important role in delivering a good service to keep our nation's teeth strong."

Within weeks of Hancock's "no privatisation" pledge more news emerged of privatisation in the pipeline, including a massive £3 billion 20-year pathology contract in the south east and London, set to go to a privately-led consortium, with indications that most of the big, new pathology networks will also offer rich pickings to private companies.

In March news broke of the plan being driven by NHS England to privatise PET-CT scanning services for cancer patients in Oxfordshire and 'Thames Valley' – with ten similar

contracts lined up across the country, again handing lucrative deals to private companies.

Unreliable contractors

Throughout the year commissioners at local level have continued to hand contracts for a wide range of services including patient transport services, diabetic eye care, GP practice administration, elective surgery, community health care, and of course mental health care (see below) to private companies, many of them unreliable.

Even emergency ambulance services have been entrusted to private companies – although one of the biggest, SSG UK Specialist Ambulance Support Ltd, who provided

999 emergency and non-emergency transportation for the NHS, was put into administration in September.

In April the Labour party released data showing 21 NHS contracts worth £127m were currently out to tender – 19 of which had been put out after Hancock's assurance to the Committee.

In July the Department of Health and Social Care's Annual report for 2018-19 revealed that the amount of NHS money going to private healthcare firms has reached unprecedented levels, with a record total of £9.2bn going to private providers such as Virgin Care, the Priory mental health group, and private hospital chains.

This was 14% higher than the £8.1bn that went to profit-driven healthcare companies in 2014-15 and £410m more than the £8.77bn they received in 2017-18.

Maybe what Hancock meant to say was he won't be watching the privatisation taking shape. It is certainly forging ahead, regardless of his promise.

■ **Figures from the NHS Support Federation show that since the 2012 Health and Social Care Act took effect in 2013 over £25bn worth of NHS contracts have been advertised – and nearly 40% of them have been won by the private sector.**

Learn lessons of PFI failures

The use of the 'Private Finance Initiative' (PFI) to fund new hospitals and infrastructure was a nightmare solution most famously embraced by New Labour from 2000: but the two major hospital deals signed off since the Tories took over in 2010 remain embarrassing and costly failures.

Both the **Royal Liverpool Hospital** and **Birmingham's Midland Metropolitan** fell victim to the collapse of construction giant Carillion: work on both unfinished hospitals halted immediately.

In each case the public sector is having to step in and pick up an additional £300m-plus bill for the remaining work – effectively doubling the initial cost for completing each hospital, both of which have been heavily delayed.

In Liverpool ministers have rejected calls for a full public inquiry into the scandal of a building which was not only left incomplete, but also unsafe: major sections of the work built by Carillion have had to be demolished.

■ **With upwards of £2 billion per year in PFI payments lasting into the 2040s PFI is a major burden on trusts. Labour has at last now firmly changed course, and committed to bringing PFI costs under control and bringing the projects back into public sector.**

Private hospitals cash in on NHS bed shortage

A BMA report has shown that private acute hospital chains such as Spire, BMI, Ramsay and Nuffield Health hold large numbers of contracts to treat NHS patients.

The private hospitals have been keen to cash in on the under-funding and lack of capacity of NHS acute trusts.

Even prestigious teaching hospitals such as King's College hospital in London have been driven to outsource elective care to private hospitals for lack of capacity in their own buildings.

The body representing private health providers claim that around 6% of NHS elective admissions are now going to private hospitals. This leaves leaving the NHS to deal with the other 94% – as well as 100% of the emergencies, complex and chronic care.

The private acute hospitals themselves tend to be very small, averaging just 46 beds, and focused entirely on quick turnover elective treatment.

They have become dependent upon NHS-funded patients (and self-pay patients driven by despair or chronic pain to leapfrog growing NHS waiting lists) to fill otherwise empty beds.

Private profits from mental health care

The NHS reliance on private providers is most significant in mental health services.

Department of Health figures compiled by the Nuffield Trust showed a massive 24% of mental health spending went to non-NHS providers in 2012/13, and that private provision was growing at the expense of the NHS.

Analysts Laing & Buisson now estimate 30% of mental health hospital capacity is in the private sector, and revenue is increasing. A report early in 2018 notes:

"... the main driver continues to be the long-term trend towards NHS outsourcing of non-generic mental health hospital treatment, which shows no sign of abating."

However the private takeover is much larger in child and adolescent mental health: no less than 44% of the £355m NHS spending on CAMHS care goes to private providers.

Figures given in parliament last November again show how the NHS spending on private providers has grown by 27% over 5 years from £122m to £156m.

The private sector domination is most complete in the provision

of "locked rehabilitation wards" for adult care, in which a massive 97% of a £304m market in 2015 was held by private companies.

The largest was the (now merged) Cygnet/Cambian, with substantial involvement also of Acadia (Priory Group) and Huntercombe.

The merged Cygnet in 2017 reported operating 2,400 beds across 100 sites, with over 6,000 staff. In the summer of 2018 it also took over the Danshell Group, operating 25 units with 288 beds for adults with learning difficulties.

While Cygnet Health Care recorded a loss of £9.4m on turnover of £121m in 2017, the Group as a whole reported a very healthy profit of £40m on turnover of £334m.

The most recent accounts of the largest mental health provider, the Priory Group, show that 52% of its income of almost £800m came from the NHS, and another 38% from social care – a total of 90%.

■ **According to a Competition and Markets Authority analysis the private hospital sector in mental health had grown by 8% in the previous five years, while NHS capacity had been cut by 23%.**

Protests kill off Trust plan to charge for NHS treatment

In June this year Warrington and Halton Hospitals Foundation Trust hit national news headlines when it decided to cash in on patients' frustration at the growing number of treatments that were being excluded from the NHS by cost-cutting NHS commissioners in Merseyside and Warrington – and launch its own private NHS patient service.

Patients whose painful and debilitating health problems are now dismissed as "Low Clinical Priority" by commissioners were offered the chance to purchase the operations for cash up front from an NHS trust, which claimed to be offering an "affordable self-pay service," charging them only "the local NHS price".

Just like before the NHS was founded, patients who could afford it were urged to stump up the cost of treatment themselves, while for the many who couldn't there was not even a shrug.



Choosing to scrap "My Choice"

The trust's website made clear that the "My Choice" service had aimed to include the "large number of procedures no longer available on the NHS".

It advertised an extensive price list, including Hip replacements at £7,050; Knees at £7,179; and Cataracts at £1,624 each.

Campaigners urged local MPs to step in and hold the CCG to account, and call for normal NHS services to be resumed.

The outcry was so loud on all sides that the Trust was forced to pull back from the scheme – but how long will it be before other trusts go down the same route?

Matt "no privatisation" Hancock, who has hidden behind the weasel words of NHS services remaining "free at point of use," had nothing to say on this clear breach of that principle.

FICTION – “Health Tourism” is a problem for the NHS

In September this year Matt Hancock announced an additional £1m funding to expand the team of experts responsible for recovering millions of pounds in costs for treating overseas visitors in the NHS.

Since the law changed in 2015 many people are no longer deemed ‘ordinarily resident’ in the UK and are charged for all NHS care at 150% of cost price except for emergency care. Since 2017 the law has been tightened further, putting pressure on Trusts to collect money from those deemed as ‘non-resident’.

Matt Hancock said: “Our beloved NHS is renowned around the world for providing high quality health care and it is able to do so thanks to the valuable contributions made by hardworking taxpayers – so it is only fair we ask overseas visitors to pay their way as well.

“This new drive will help recoup millions in unclaimed funds for our NHS which can go back into frontline patient care, so the NHS can be there for all of us when we need it most.”



On 23 October, Docs Not Cops blocked NHS England in protest at charges

FACT: Government policy on this has developed as part of their “hostile environment”

Government policy on charging upfront for treatment has rendered 600,000 people, including 120,000 children, ineligible for free NHS care. This has put many lives at risk and caused great hardship.

The policy has been opposed by almost all professional bodies representing doctors and midwives, by the health unions and now by the Labour Party which is committed to scrap the charges.

Pregnant women have been particularly targeted: a Freedom of Information request from Save

Lewisham Hospital Campaign showed over 500 women in Lewisham and Greenwich NHS Trust in 2018 alone, were asked to pay up to £9,000 for having a baby.

A new report from Maternity Action backed by the Royal College of Midwives (RCM) in September 2019 showed these charges risked making women unable to access appropriate perinatal care.

The 2015 regulations placed a statutory requirement on NHS Trusts to identify and charge people not eligible for free NHS care; it also increased the amount people could be charged to 150% of the national tariff and introduced the Immigration Health Surcharge.

Duty to charge upfront

In 2017 additional regulations placed a statutory duty on NHS Trusts to charge people upfront for treatment if they were found to be ineligible for free NHS care; increased the range of services that were chargeable to include some community and mental health services; and mandated that NHS Trusts record people's chargeable status on their patient record.

Never before have Trusts been required to charge people upfront for routine NHS care.



The DHSC had originally planned to extend charges to A&E and GP services by 2016 but have delayed this process following outcry from the healthcare community and civil society.

The intention to extend charging still remains and the 2017 regulations should be understood as a first step in any Government plans to extend charging to all NHS services.

So-called ‘health tourism’ is a political concept that is almost

ubiquitous in the media and is often pointed to as a major drain on NHS resources. In reality however there is very little evidence to substantiate its existence.

‘Health tourism’ refers to the idea that people travel deliberately to the UK to seek free treatment for a pre-existing condition.

The Government's own estimate puts the cost of deliberate misuse of the NHS by overseas visitors at £300m at most – equating to roughly

0.3% of the NHS budget.

But the majority of this is attributed to British migrants that live overseas and return to the UK to use the NHS.

The £300m figure includes the use of primary care and A&E services and does not take into account an assessment of the likelihood of the people charged being able to pay the bill.

A number of Trusts that have resorted to using bailiffs to chase down unpaid debt, suggesting Trusts are failing to use their discretion to write off debts owed by people that have no means to pay.

The Government itself admits that even if it did extend charging to all services it would still be unable to recoup the total costs.

The Government's often used refrain “the NHS is a national, not an international, health service” mobilises the myth of ‘health tourism’ to justify a policy that is based on unreliable evidence, causes harm and leads to discrimination.

Nor is it clear how people are selected for checks on their identity and status. The large majority of the thousands now subject to delays and stress as a result of checks have proved to have a legitimate right to NHS treatment.

Pledge to scrap prescription charges

The Labour Party has finally committed to scrap NHS prescription charges, which currently only apply to ten percent of prescriptions in England – while Wales, Scotland and Northern Ireland have already abolished them.

Citing the tragic example of 19-year old Holly Warboys who died because she couldn't afford an inhaler, shadow health secretary Jon Ashworth said:

“People shouldn't have to pay to breathe. Prescription charges are a tax on illness. I can confirm the next Labour government will abolish all prescription charges.”



Do you want to fight with us to defend the NHS?

Join Keep Our NHS Public now at <https://keepournhspublic.com>.

We have more than 80 local groups you can join. <https://keepournhspublic.com/local-groups/>

FICTION: the NHS is off the table in post Brexit trade talks with the US

According to the *Sun*, Boris Johnson's senior staff sent “a stinging letter Trade Secretary Liz Truss's office” back in August.

“In it, one of the PM's officials says: “The Prime Minister has asked me to underline that measures affecting the NHS, including service provision and drug pricing, cannot under any circumstances form part of an agreement with the United States. These issues are not on the table and we do not therefore expect to see any internal discussion of them in Whitehall. I'd be grateful if you could ensure the relevant policy teams are aware of this.”



FACT: we can't trust Boris Johnson with our NHS

Conservative parliamentary candidates have been ordered to not sign pledges to defend the NHS from trade deals and privatisation.

This is after nearly a million people have signed our petition to keep Donald Trump's hands off our NHS since we launched it in the summer and findings that over half of the public are concerned about the impact a trade deal could have on the NHS.

In the Conservative HQ briefing notes leaked to *The Guardian* newspaper, candidates are told not to sign any pledges to: “protect our NHS from trade deals with new legislation which ends privatisation.”

This sounds suspiciously like a reference to our latest campaign – which asks people to write to their MP to do just that.

Two weeks ago ministers blocked

an amendment to the Queen's Speech calling for legislation to protect the NHS from being sold off in any future trade deals.

Introduced by Shadow Health Secretary Jonathan Ashworth the proposal was defeated by a margin of just 28 votes, despite the Liberal Democrats abstaining.

We have only Johnson's word the NHS is off the table – and he has

repeatedly failed to protect the NHS, and abandoned promises and principles – like no border in the Irish Sea!

Only last week the Government was the focus of revelations that UK ministers had discussed the potential role NHS and drug prices in future trade deal negotiations.

Why not ask your local parliamentary candidates to sign the pledge the Tories hate?



Keep our NHS off Trump's table

Tony O'Sullivan

Our 'Keep our NHS out of US Trade deals' petition at Change.org launched by KONP's Dr Sonia Adesara now has 902,000 signatures – one million is within sight.

KONP and We Own It, working with Change, Global Justice Now and 12 other organisations have launched a campaign to put pressure on MPs and parliamentary candidates to sign our pledge:

'Let's protect our NHS from Trump's trade deal by ending privatisation #HandsOffOurNHS.'

30,000 letters have gone to our MPs: and now we are in to the General Election, we are asking our supporters to ask their local candidates to take the pledge – we'll see who is willing to sign and from which parties.

So far, 145 candidates have signed, including Jon Ashworth, Shadow Secretary of State, Caroline Lucas of the Greens and several Scottish National Party candidates.

In October, the LibDems refused to support Labour's 'motion of regret' seeking to amend the Queen's Speech



with an intention to end privatisation. In line with this, no LibDem candidates have signed our pledge.

On the first day of the election campaign, Tory HQ warned its candidates not to sign the pledge (see inside page 7).

This campaign with We Own It is having an impact!

Building on this, our next plan is to challenge Boris Johnson to take the NHS off the table and to pledge himself to legislate to end

privatisation of the NHS.

We'll be there at Westminster on Monday November 25 – please check KONP's Events webpage or We Own It and on social media.

Monday 25 November also starts our Week of Action when, as part of the general election campaigning, we are asking KONP supporters, Health Campaigns Together affiliates and members of the public to go to hustings, have conversations with candidates and to find out if they will sign our pledge on NHS privatisation and trade deals.

With Donald Trump in town for the NATO summit, our Dr Sonia Adesara will be speaking for KONP at the anti-Trump demonstration assembling in Trafalgar Square at 4pm on December 3.

She will be thanking the close-to one million people who have signed the petition and reminding everyone the NHS is UNSAFE in Johnson's hands.

■ Sonia will call on people to join us when we hand in the 'Keep our NHS out of US Trade deals' petition to Downing St on 9 December (see our website for details).

WINTER IS COMING

The crisis has started!

Winter has barely started – but already Nottingham University Hospitals, one of the trusts with the worst A&E performance last winter, has declared a "critical incident" when its A&E could not cope with demand, and there are warning signs as other hospitals from Cornwall to Carlisle brace themselves for yet another crisis.

Last winter in some trusts A&E performance fell as low as 50% of patients admitted or discharged within 4 hours: we could see the same again, inflicting misery on patients and staff.

It was always predictable: after a decade of austerity, frozen pay and ill-judged plans to close beds and A&E units, the NHS has too few beds or staff, and trusts are running deep in deficit.

At the time of the last election in 2017 NHS bosses in many areas were trying to push through more closures of beds and hospitals – despite warnings from the Royal College of Emergency Medicine, who said:

"A&E units are already desperately short of capacity and hospitals have almost 100 per cent bed occupancy.

"It's not people with minor illnesses but elderly patients with serious conditions who are the ones lying on A&E trolleys waiting for beds and then languishing on the wards awaiting social care."

RCEM emergency specialists ridiculed the way NHS chiefs were trying to design the health service "around the fallacy that you can

downgrade A&E departments and then not provide comparable capacity elsewhere."

Since then many of those plans have been surreptitiously ditched: even now in **Derbyshire** plans to cut 530 beds have just been abandoned in favour of extra capacity.

Bed cuts have been halted in **Leicestershire**. In North West London a plan to close **Ealing** and **Charing Cross** Hospitals has been scrapped.

But in too many areas this lesson has still not been learned.

The green light has just been given to axe emergency services in Telford and "centralise" services in Shrewsbury without extra beds or staff.

As the election takes place there are fresh efforts to downgrade A&E departments in **South Tyneside**, **Chorley** in Lancashire, **Hinchingbrooke** in Cambridgeshire and

Weston super Mare. In Oxfordshire, **Banbury's** Horton Hospital again faces loss of services.

Across **Kent** plans to halve the number of stroke units are being challenged in a judicial review – to be heard on December 3.

Huddersfield's Royal Infirmary faces the loss of vascular surgery, with the future of the hospital still in doubt.

It's time to learn the lessons. Winter comes each year: and efforts to slash back acute services have been shown to be ill-conceived.

We need a government that will scrap the old, failed policies and invest in our NHS.

Prepare for winter: change the government! #VoteNHS.



● <https://keepournhspublic.com/events/> ● <https://weownit.org.uk/>

Order more copies online

Health Campaigns Together was launched in 2015 as a non-party coalition of campaigns, trade unions, political parties and other organisations committed to the NHS.

On March 4 2017 we worked with the unions and other allies to build the massive 200,000-strong march for #ourNHS which helped put the NHS high on the agenda of the election that was called soon afterwards.

Now it's vital that we make the NHS a focus again, in a crucial election. So we

have produced a special 8-page issue of our quarterly newspaper to give vital information for campaigners and the public on the threat faced by our NHS.

This is **FREE** to **DOWNLOAD** and **SHARE** online and social media: and we are making **50,000** printed copies available at **postage cost only** for those who wish to use it.

Order bundles ONLINE at **www.healthcampaignstogether.com**, where full details can be found on costs, how to pay, how to affiliate, and much more.

BUT HURRY: no orders will be processed after December 2, or when stocks run out.

Our next quarterly issue will be in January 2020.

■ For organisations unable to make payments online, cheques should be made out to Health Campaigns Together, and sent to us **c/o102 Corve St, Ludlow SY8 1EB.**



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