

# HEALTH CAMPAIGNS TOGETHER

#our  
NHS

● Quarterly ● No. 11 ● July 2018 ● FREE ● @nhscampaigns



Jess Hurd, www.reportdigital.co.uk

**Victory against 'subcos' and privatisation  
Unions join forces in strike action to keep staff 100% NHS: full coverage pages 2-3**

## NHS England plan to exclude treatments

Even before the formal hypocrisy of the official 70th birthday celebrations for the NHS was over, NHS England's July 4 meeting returned it to business as usual – cuts to balance the books.

NHS England boss Simon Stevens had been obliged – as a condition of Theresa May's tight-fisted 'long term settlement' for the NHS – to express public gratitude for the money.

He must have been well aware from the outset that the additional cash was not sufficient to plug the growing gap between resources and pressures on the NHS – even before National Audit Office Comptroller General Sir Amyas Morse broke from traditional reserve and took to the columns of the *Guardian* to bang the point home.

Yet Stevens' various attempts to work around the fragmented structure of the NHS established in the disastrous 2012 Health & Social Care Act have so far managed to change little but the rhetoric.

Over two years on, 'Sustainability and Transformation Plans', lacking

Patients to be given choice:  
go private or go without

revenue and capital funding for new services, have neither transformed services nor resolved trust deficits.

Amid growing public awareness and hostility the "Accountable Care" plans which followed ran into legal challenges for their lack of accountability and legitimacy. This forced an inept change of name in February to "Integrated Care," despite the lack of evidence that new systems would either be integrated or caring.

In many areas the "integration" has been between CCG commissioners on one side, with mergers of providers on the other – deepening rather than bridging the purchaser-provider split.

The grand plan of drawing cash-strapped local government into these "integrated" systems has also run into problems in many areas, offering

councils neither cash nor influence.

So on July 4, the day before the 70th Birthday, NHS England discussed a new far-reaching plan to limit access to a growing number of so called "clinically ineffective" treatments.

A "relatively narrow" initial list of 17 treatments to which access would be restricted has been published as the basis for a 3-month public 'consultation,' although with a new, more right wing health Secretary, they will press ahead regardless.

And while a few of the treatments are claimed to be ineffective, most of them are still to be available – as long as the CCG gives prior approval.

NHSE hopes to save £200 million by denying access to 100,000 'unnecessary' procedures a year.

But NHSE's plan now is to "rapidly

expand" beyond this list, to a "much wider, ongoing programme" of restricting access.

The initial list appears based on advice drawn up for the Labour government in 2009 by McKinsey: that included hip and knee replacements, hernia and cataract surgery in a list of "procedures of limited clinical benefit".

We know some treatments are less effective and used too indiscriminately: but we cannot sit back and watch our NHS in its 71st year being transformed through this into a 2-tier system, denying treatments for some – resulting in rich pickings for private hospital chains and eventually health insurance.

So far many key NHSE plans have been halted or forced back by public pressure and campaigning. These latest plans too must be dumped firmly in the dustbin of history.

We need an election now and a change of government: new laws are needed to sweep away the 2012 Act, to keep our NHS free, for all, forever.

**STOP PRESS!**

**Is NHS now facing  
a Hancock-up? p5**



**Save Liverpool  
Women's Hospital  
SPECIAL 4-page  
pull-out section**



**#OURNHS70 -  
the big march  
June 30 - p3**



**Campaigning  
for social care  
- November  
conference  
called: p 6-7**

# Unions caught between a WoC and a hard place

## Richard Bourne

Over the last 18 months around 30 NHS Trusts and Foundation Trusts have moved to set up wholly owned companies (WoCs) to provide estates and facilities management and other services to the Trust.

The great attraction of this for Trusts is that it allows them to save millions of VAT.

Analysis of the Business Cases that have been made available shows that – despite the grandiose claims some Trusts make about raising extra income and improving services – the benefits from forming the WoC are between 80 and 90% from tax advantages – free money.

The campaign against these WoCs has taken place across the country and many questions have been raised in Parliament. Staff in Wrightington Wigan and Leigh staged days of strikes before they won a deal (p3): but this is unlikely to be the only place this happens.

## Secretive

One of the worst features of these proposals is that they are almost always progressed in secret, with no consultation even with staff involved.

Trusts involved are also refusing information, claiming exemption even from the Freedom of Information Act because of entirely spurious claims about commercial confidentiality – IT'S OUR MONEY!

UNISON and others have been evaluating the many cases for creation of WoCs for some considerable time. It is clear that if all current proposals to form WoCs succeed then the VAT loss will be around £1.5bn per year. Whilst this represents a benefit to the acute

## Mid Yorks delay strike after concessions

Strike action of UNISON estates and facilities staff at Mid Yorkshire hospitals against outsourcing planned for 2 July was suspended after the trust management agreed to investigate keeping the staff in the NHS pension scheme and employment.

Management also agreed to suspend a committee looking at inferior terms and conditions and a potential two-tier workforce.

In a statement to members, Mid Yorkshire Health Unison branch said: "Our strike action is suspended but the dispute and strike ballot result remains in place until 12 December.

We will update you regularly on the talks and if they break down strike action will be reinstated immediately."

**If all current proposals to form WoCs succeed then the VAT loss will be around £1.5bn per year.**

trusts that implement WoCs, it may well be that this money will be clawed back elsewhere within the overall NHS budget. If not, then the NHS would in effect get more funding than agreed by Parliament.

The almost universal creation of a two tier workforce through creation of a WoC is strategically bad for the NHS. As tens of thousands of staff move off NHS terms and conditions there will be a return to the era of comparability claims and an adverse impact on the NHS pension fund.

Creation and use of WoCs can also

be seen as a vehicle for transferring many more services and staff out of the core NHS, and so undermining completely the Agenda for Change system and collective bargaining itself.

Whilst claims around "privatisation" are robustly denied, it is a fact that shares in a WoC can be sold without any obvious legal or other restriction.

The formation of WoCs relies on a tax anomaly which can be exploited by some but not others – this is unfair and absurd and government ought to act to remove the anomaly and end the need for the wholly artificial and disruptive manoeuvring to exploit the anomaly.

Creation of dozens of new organisations just adds to the fragmentation of the NHS which is causing major issues.

Having dozens of companies competing with each other to deliver services in some kind of internal market for estates and other services is exactly the wrong direction of travel.

WoCs have been and are being developed in secret without



any meaningful consultation or engagement with staff representatives.

## Refusing information

Consistently trusts are refusing to provide information to staff representatives and fighting Fols, perhaps because the claims being made publicly for why they are being formed are grossly misleading – and in some cases demonstrably dishonest.

That claims are artificial is strongly suggested by the tax advice:-

HMRC could attempt to challenge the structure on the basis that it is only implemented to obtain a VAT advantage. However this challenge could only be made if the Trusts does

not pursue operational change and efficiencies as the main purpose.

The use of NHS staff, rather than direct employment of staff by the new company would increase the risk of HMRC challenge.

This explains why a two tier workforce is inevitable.

It also leads to absurd claims being made, since it is obvious from business cases that the driver for change is NOT to improve service quality or to generate income, but to make savings.

With 80-90% of the money trusts claim they will make coming from tax changes, some smoke screen appears to be necessary to hide this embarrassing fact. It is unlikely to fool HMRC for long.

# Unions join forces to fight the new wave of NHS privatisation

## Sarah Carpenter, Head of Health, Unite

The struggle against NHS privatisation continues to ramp up with an increasing number of NHS trusts moving to transfer large numbers of staff out of the NHS into newly created subsidiary companies (SubCos).

Unite and other trade unions have been at the forefront of the campaign to hold back this new wave of outsourcing that threatens to tear up national agreements and fragment services even further.

By setting up wholly owned subsidiary companies cash strapped NHS trusts argue that they are just taking advantage of a VAT loophole to enable the trust to pay less tax than were the services to remain in-house.

This, they argue, helps them save money due to their substantial financial pressures they are under.

Beneath these claims, however, is the less publicised reason for setting up a SubCo – namely to reduce staff pay and conditions.

The SubCo creates a new private sector organisation that is not covered by the Agenda for Change agreement.

While TUPE law protection is there to maintain terms and conditions for current, transferred staff in almost all cases the SubCo has put new starters on inferior contracts creating a two tier workforce.

Worse still, we know that government has weakened TUPE protections and it is relatively easy to target existing staff for reductions. This process is therefore leading to the tearing up of nationally-agreed terms and conditions for many staff, creating division and inequalities as well as a less safe working environment.

## East Kent

For example in East Kent Hospitals University NHS Foundation Trust over 1100 staff are being transferred into a new company with 850 of those staff brought in from the failed outsourcing to SERCO.

As a result of a legacy of successive TUPE transfers, the new organisation is likely to have somewhere between 7-10 different sets of Terms and Conditions for staff in addition to Agenda for Change.

In NTW Solutions, a similar company set up by Northumberland Tyne



& Wear NHS Foundation Trust, Unite members report being put on significantly reduced terms and conditions, poor pension provision, and ambiguity over whether new staff will receive the NHS pay rises.

Unite believes that this privatisation fragments the NHS further and reduces transparency as the private companies are not subject to the same scrutiny or accountability as NHS organisations.

Unite members further believe this is the thin end of the wedge which could result in large-scale assets transfers and further privatisation of the trust as well as service cuts and closures.

There are no guarantees that these companies will not act as stepping stones for further tendering or put in place a framework to enable mass privatisation by the back door. Cost savings may also be a mirage as Trusts spend large chunks of money on consultancy fees while Unite believes that

these companies add a huge level of risk to trusts as there are no guarantees as to what happens if they fail.

Unite members are not taking these changes lying down.

In all areas members are mounting strong public campaigns and we have already defeated the introduction of a SubCo in Bristol through such a strategy.

NHS staff employed by Wrightington, Wigan and Leigh NHS Foundation Trust have taken successful industrial action which has now prevented them being transferred to a new company (WWL Solutions).

At a national level Unite and other trade unions are doing everything they can to compel government to close the VAT loophole, place a moratorium on any new SubCos and to push for a review of all public services outsourcing. This is especially true following the collapse of Carillion. We must end this toxic ideology and work together to defend our NHS.



## Celebrating #OURNHS70 June 30, London 50,000 marched



Wow what a day!

Thousands of us descended on Whitehall in the scorching heat to celebrate and demonstrate for our NHS in what can only be described as a political carnival.

It was overwhelming to see so many campaigners, healthworkers, trade unions and members of the public join in this demonstration, which was called and built by Health Campaigns Together, Peoples Assembly and the TUC.

Onlookers stopped and applauded and joined in as we sang "Happy Birthday" to the NHS.

We also had an incredible display of international solidarity as the President of the Grenada Trades Union Council joined the front of the demonstration alongside



Labour M.P.s John McDonnell, Richard Burgon and Jon Ashworth and the incredible Corrie stars Julie Hesmondhalgh, Sally Lindsay and Ralf Little, the legend who spatted with Hunt over Twitter!

There was also an overseas demonstration of solidarity in Belfast, in Northern Ireland!

There were excellent speeches from a whole range of grassroots campaigns, trade union secretaries and M.P.s many of which you can check out on our facebook page.

We heard some of the boldest commitments yet on the NHS from the leader of the opposition, Jeremy Corbyn.

Change comes when we put enough collective pressure: and the tide is turning. Let's keep it up!



## Wigan victory against subcos must spur on national fight

The battle to prevent nearly 900 staff at the Wrightington, Wigan and Leigh Trust being outsourced to a private limited company ("WWL Solutions") has been won.

The Trust, like many others exploring similar plans across the country, hoped to save money in part by exploiting a tax loophole that allows them to avoid VAT, but also by planning to employ new staff on non-NHS terms and conditions, creating a 2-tier workforce.

The hiving off of NHS staff into these 'subcos' has rightly been branded as privatisation by the back door. Existing staff transferred would be dependent on TUPE protection of their pay and conditions and lose access to the NHS Pension Scheme.

TUPE protection itself could be set aside after the transfer is complete, by a company that would be free to make its own policy.

If it acts like privatisation and stinks like privatisation, it IS privatisation.

Soon after UNISON had given notice of a further seven-day strike beginning on July 17, an intervention from Wigan Council's leader and deputy led to a £2m financial offer to the Trust to compensate for the savings they expected – on condition the subco plan was permanently ditched. Trust and unions accepted.

Trust Chief executive Andrew Foster felt it appropriate to brand the strikers as "lazy scumbags", but this backfired. "I'm a Lazy scumbag" T-shirts were made – and strikers fought even harder.

Foster had also been appointed as the person in charge of workforce planning for the Combined Authority by Greater Manchester's mayor Andy Burnham. But Burnham has made increasingly strong statements against subcos, leaving Foster isolated and his future uncertain.



Just a week before this retreat the WWLFT Board decided on June 27 to ignore the strikes and press ahead with the plan.

The message must now ring out loud and clear: where these plans are fought early enough, hard enough, and long enough they can be defeated – wherever they appear.

In Bristol prompt, early action by unions quickly forced a subco plan to be dropped.

This latest, hard-won victory only came after three periods of industrial action taken by UNISON, Unite and GMB members, including porters, cleaners, catering staff, electricians and plumbers employed at Wrightington Hospital, Wigan's Royal Albert Edward Infirmary and Leigh Infirmary.

Strikers have been driven by determination to protect their terms and conditions and the living standards of future generations of hospital staff, and to keep the NHS

team together.

They received tremendous support from people who care about the future of the NHS right across the country, as well as senior national and local politicians and union leaders.

However this victory still has not yet won the war: most regions of England still have trusts planning subcos, with particular concerns in the South West and Yorkshire and Humberside where a significant number of trusts are proposing to transfer hundreds of staff outside the NHS.

Campaigns and ballots for action are also in full swing in several trusts.

All will now draw strength from this victory – and step up the fight to keep staff 100% NHS.

Exactly what has been agreed is still unclear. Wigan council's chief executive is also the Accountable Officer of Wigan CCG, and an enthusiast for 'new models of care'.

## Nurses: rise to the challenge!

**Cecilia Anim CBE, president of the Royal College of Nursing**

On Saturday 30 June I had the enormous privilege of speaking to thousands of people, who had all come together to celebrate the NHS 70<sup>th</sup> birthday.

It was even more special to be celebrating in my home city of London, where I've worked as a specialist sexual health nurse for over 40 years – that's more than half the life of the NHS!

Working in the NHS means being part of a service that delivers amazing, patient-centred care to millions of people – no matter what their history, their role in society, or their ability to pay.

It means being part of a service, which, over the past seven decades, has delivered huge advances in care, which have been shared around the world, including in my home country of Ghana.

Thanks to the advances in the care that we receive, we can all expect to live longer, presenting a significant challenge

for the NHS to deliver the same level of care that our patients expect and deserve.

I'm confident that RCN members – including nurses, midwives and support workers – will rise to the challenge. I hope that governments and policy makers across the UK will do the same.

If we are to continue to enjoy a world class health service, we must do all we can to value the people at the heart of the NHS – that's our staff – all 202 nationalities.

The NHS is an incredible place to work with first class facilities like world-leading stroke centres and specialist trauma centres.

However, all this would mean nothing without the staff on hand to support patients every step of the way.

Let's not lose these talented people. Let's value their contribution and do all we can to keep them in the NHS, while continuing to promote nursing as the rewarding and life-enriching profession that it truly is.

This was my message on Saturday, and it's one that we should carry forward for the next 70 years and beyond.



# Short- changed!



After ridiculing health workers demanding more funding for the NHS and insisting there was no “magic money tree,” Theresa May seemed to have found it.

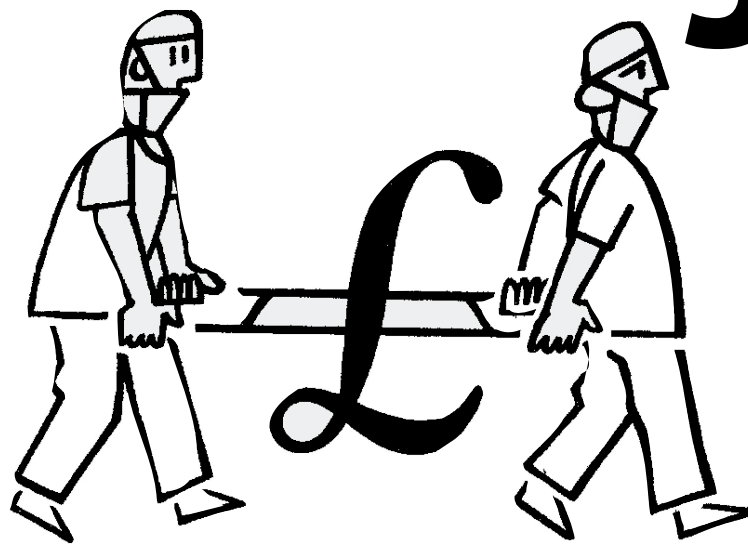
The only reason there is any more money at all is because of sustained pressure from campaigners and the NHS itself, and the huge political popularity of the NHS in its 70th birthday year.

Under intense pressure after yet another predictable and avoidable winter crisis, May announced that her government would give the NHS in England a “long-term settlement” – although nobody knows where the money will come from.

There are deep divisions among May’s own MPs. Some recognise that the majority of their party members and most of their voters support the NHS: but they mingle with backwoods reactionary MPs like Christopher “upskirt” Chope who wants to impose charges for treatment, many who favour private health insurance, and many more who want an increased slice of NHS funding to flow to the private sector.

May’s idea of ‘long term’ extends only 5 years from now, and the “extra” money is a paltry £20 billion by 2023/24. Every expert immediately agreed this was nowhere near enough.

It’s certainly not enough to make up for the last 8 years of a brutal real terms freeze on funding imposed



when David Cameron’s government took office. Since 2010, while the population has grown by over 4 million, successive governments have set out to reverse the decade of increased spending from 2000 which pushed NHS spending up towards European averages.

NHS Providers and the usual normally cagey think tanks, as well as health unions and professional bodies – indeed everyone with any detailed knowledge of the NHS – have agreed that a minimum of 4% real terms increase per year would be needed just to bring back some stability.

Additional funding is required above that to make any improvements to services possible.

May’s extra money was trumpeted by the government as worth 3.4% a year in real terms. But the money goes only to NHS England, and not to the larger Department of Health budget.

**The “extra” money is a paltry £20 billion by 2023/24. Every expert immediately agreed this was nowhere near enough.**

So the overall increase is therefore 3% a year, not 3.4%.

This is £8 billion short of the amount which everyone has told ministers is needed.

The selective increase means that for six years there will be no increase in the £14bn spent on capital projects, training of doctors and health professionals, public health and research and development.

Nor is there any extra to boost spending on neglected and less prominent sectors run by NHS England – mental health for adults and children, GP services and primary care, or community health services.

There’s nothing for social care, either. That needs a 3.9% annual increase.

Indeed when we look at the full picture it’s clear that all of the new money has already been effectively spent in advance.

For the next financial year, the actual ‘extra’ cash will be just short of £6bn: but this includes the previously planned increase of £2.6 billion from this year, leaving just £3.4bn. This is not enough even to cover trust deficits (trusts borrowed an estimated £3bn last year to prop up budgets), the £1.3bn cost of the pay increase just agreed, a hike in pension costs, and £1 bn-plus of urgent backlog maintenance.

And while ministers talk about demanding improved performance

for the money, just to stop the 4 million-plus waiting list for elective care growing would cost £500m extra a year.

To make matters worse, even while they slashed NHS real terms funding, Cameron’s coalition also entrenched a costly, bureaucratic and fragmented market system in the 2012 Health and Social Care Act.

And the Private Finance Initiative, through which new hospitals were built at extortionate cost from 1997, still saddles the NHS with a rising £2bn a year bill into the 2030s.

So we do need more money for the NHS – but we also need action: to scrap PFI and privatisation, scrap the 2012 Act and the costly chaos of a competitive market in health care, and to reinstate the NHS on the firm foundations laid in 1948.

The 70th anniversary of the NHS is an important landmark: but the fight will go on for as long as it takes to make sure Our NHS is protected, and staff are enabled to provide good, safe care – Free, For All, Forever!

## JR4NHS fails to win full verdict but has forced important changes

**Colin Hutchinson, Allyson Pollock, Sue Richards, Graham Winyard**

On July 5 the High Court handed down its judgement on the judicial review we brought against the Secretary of State for Health and Social Care and NHS England on their introduction of Accountable Care Organisations (ACOs).

We had originally brought our claim on four grounds - two on the lack of proper consultation, one on the legality of the idea itself, and one on grounds of lack of clarity and transparency.

We withdrew our claim on the consultation grounds when our opponents conceded that they would not proceed without a full national consultation, so this success was in the bag.

Unfortunately, the Court has found against us on the law on the other two grounds.

On legality - whilst making clear that he was not deciding on the merits of ACOs, and acknowledging that we raised “perfectly good and sensible questions.....about the ACO

**Soon after the start of our campaign, NHS England rapidly accepted that proper consultation on their policy and the ACO contract would have to take place before any ACOs could be established.**

**The Secretary of State also put on hold the proposed regulatory changes, pending the outcome of that consultation.**

**The challenge forced a policy retreat to the position that ACOs would simply be providers of care services, with all the commissioning functions remaining with the CCGs.**

policy and the limitations of the terms and conditions in the draft ACO Contract” - Mr Justice Green decided that the ACO policy is lawful because the Health and Social Care Act 2012 gives very broad discretion to Clinical Commissioning Groups when commissioning services.

And on clarity and transparency – whilst resoundingly rejecting the government’s argument that the principle did not apply “in relation to what by common accord is intended to amount to radical and transformational changes in the way in which health and social care is delivered” - he decided that the principle was not yet engaged.

**Reasons for not appealing**

We have decided not to appeal against this decision for several reasons.

Apart from the extra costs involved, our opponents have already been forced to change their plans. In order to win the case.

They had to argue that ACO contracts were just like other provider contracts, and not the fundamental change to the governance of the NHS that we know they intended.

The judge recounts in detail how their position changed as they began to appreciate the power of our claim.

**Primary legislation**

The commissioning functions of CCGs were to be - illegally - delegated to ACOs - but instead are now reinforced, and if the government wishes to continue on the original path to creating ACOs, primary legislation will be needed and CCGs will have to retain sufficient staff and resources.

The Health and Social Care Select Committee has called for legislation, and the Prime Minister included the possibility of new legislation for the NHS in her speech a couple of weeks ago.

In addition, the promised consultation will have to be lawfully conducted, and any eventual ACO contract - in Dudley, Manchester or wherever - will have to be lawfully entered into.

999 Call for the NHS are still engaged in legal action, seeking leave to appeal the decision in their judicial review, but for us, the campaign moves out of the

courtroom – at least for now – and continues in the local and political arenas, and on to the consultation.

We are extremely grateful to the thousands of people who have allowed us to bring this challenge. Thank you again from the bottom of our hearts for all your encouragement and financial support. We do not believe that this has been wasted, and we hope you agree.

We deeply regret the judgment and we imagine many will share our disappointment.

**Strengthened resolve**

But we hope its effect will be to strengthen resolve to hold the government to account during the consultation, and raise public awareness of the issues at stake if contracts for billions of pounds of public money lasting ten or more years are awarded to new bodies not established by statute, which could be partly or wholly private companies, and which could outsource all their services if they wished.

■ Labour will move a 10-minute Rule bill embodying the principles of the NHS Reinstatement Bill on July 11.

# DRIP FEED

A round-up of news



## Weston super skullduggery

A year after the “temporary” overnight closure of Weston Hospital’s A&E, the local *Mercury* newspaper has published documents to show the plan had been hatched up for weeks, during which time “potentially ‘misleading’ assurances” were issued.

Just 24 hours before electors went to the polls, when asked by the *Mercury* whether an overnight closure was on the cards – the Trust claimed no long-term decision on A&E would be made without public consultation. The *Mercury* story duly reported no changes to emergency services were imminent.

Now the *Mercury* has unearthed emails that tell a different story. In an email to chief executive James Rimmer sent on June 7, 2017, one staff member said:

“While it was necessary our statement was deflective, it might be viewed as misleading when the news breaks next week. That’s why the statement has been assigned to a ‘spokesperson’ rather than any particular individual.”

The communications plan was developed in May 2017: posters displaying ‘Weston’s opening hours’ would be discussed on June 1, 2017, and the first draft of a press release connected to the CQC’s findings would be drafted four days later – more than a week before the final CQC report that supposedly triggered the decision was due to arrive.

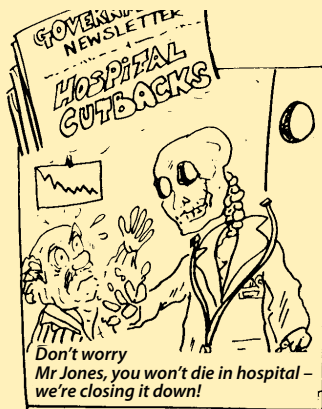
## GPs get ready to leave

Two out of every five GPs intend to quit within the next five years – the largest proportion on record, government-funded research revealed in May, with the majority saying their departure was highly likely.

A survey of 2,195 GPs in England found that 39% were likely to leave “direct patient care” by 2022, that is more than double the 19.4% in 2005.

Meanwhile GP vacancy rates are at the highest level ever recorded, with one in six positions currently unfilled, according to a *Pulse* survey.

*Pulse*’s annual vacancy survey of 658 GPs found that 15.3% of GP positions are currently empty, up from 12.2% last year, and 11.7% in 2016 and seven times the level they were back in 2011 when the last official figures were published. In 2012 *Pulse* showed the vacancy rate doubled to 4.2% – and despite warm words from ministers it keeps on rising.



## Tip of iceberg in Portland

Residents, councillors and health workers in Portland, Dorset have protested outside Portland Hospital at proposals to close 16 beds on August 7.

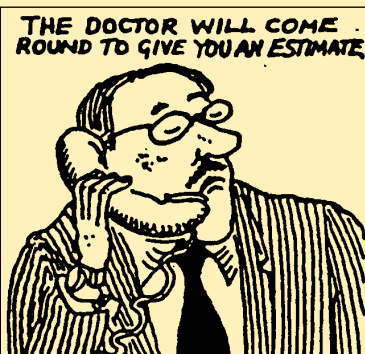
The *Dorset Echo* reports Chris Gover, who is both a Portland councillor and a front line nurse, said the bed closure was “just the tip of the iceberg.”

“These beds are important. What they are is step down beds. They keep acute beds flowing. If we lose these beds, the four hour waiting target which the public asked for and the government introduced will go out the window and our NHS will collapse. Let’s stand firm and make sure people do not die on beds in Emergency Departments,” he said.

Campaigners were not placated by claims from Dorset HealthCare University NHS Trust that 16 out of the 34 beds at Westhaven Community Hospital which are currently closed would reopen.

Over 30 per cent of Portland’s population are aged between 65 and 80.

The campaign will go on.



## Devon Doc\$

**Devon Doctors, covering out-of-hours calls, is now the 23rd largest company in the south-west with a turnover of £30.6m and 516 employees. It provides urgent out-of-hours GP service with treatment centres in Plymouth, Barnstaple, Exeter, Tiverton, Honiton, Torquay, Newton Abbot, Totnes and Okehampton.**

# After being Hunted to extinction, does our NHS face a Hancock-up?

The continuing crisis in the government’s ranks has forced yet another reshuffling of ministers as this already crowded issue of *Health Campaigns Together* goes to press.

Long-serving Health Secretary Jeremy Hunt, who once assured everyone that he would be happy for that to be his last job in government, has been moved to take over as Foreign Secretary from a petulant Boris Johnson, who resigned – in protest at the agreement he and his Brexiteer colleagues signed two days earlier.

Junior doctors and other health workers who have suffered eight long years of austerity, frozen pay, increased exploitation, fragmentation and privatisation since 2010, almost six of those years under Jeremy Hunt, were understandably elated.

None of them were willing to credit Hunt personally with the “extra” £20 billion over 5 years which the government has just grudgingly agreed to as a way to fend off mounting criticism of their systematic under-funding of the NHS.

While social media echoed with videos of dancing and celebration, Doctors in Unite offered a more thoughtful view on Twitter:

“We will not miss Jeremy Hunt as Health Secretary, but we will not be celebrating his departure. The issue is not the individual, but the neoliberal



**Matt Hancock**

ideology, which has undermined the NHS, underfunded understaffed, increasingly privatised. We need real change.”

This view has been sadly vindicated by the appointment of Matt Hancock, an ex-banker, advisor to Tory Chancellor George “Austerity” Osborne, and generously sponsored favourite of the neoliberal Institute of Economic Affairs to take Hunt’s place.

## Opaque funding

The IEA is a self-styled free market think tank with opaque sources of lavish funding and frequent access to high profile BBC and other media.

Its advocates, including annoying and ignorant American Kate Andrews, specialise in denigrating the NHS, and pressing for “reforms” which would undermine its principles and move

it towards a social insurance model, with a market “open to non-profit and for-profit insurers”.

Hancock was first elected in 2010 and has no record of interest or engagement with the NHS, other than voting loyally with his party to back the disastrous 2012 Health and Social Care Act and its clauses lifting the cap on the share of revenue foundation trusts could raise from private medicine.

As Culture Secretary, Hancock is an eager advocate of “Artificial Intelligence” and has notoriously devised his own i-Phone app – making him almost certain to want to push forward NHS England’s efforts to replace face to face consultations with online and automated alternatives, regardless of the lack of any evidence that these are effective.

Whatever Hancock does to change the NHS will be within the same financial straitjacket as before.

His brand of politics is no improvement on Hunt.

So who knows? If Hancock survives any time and listens too much to his IEA friends some could even be looking back at the grim period under Hunt as the ‘good old days’ for the NHS.

What we really need is not a switch of similar politicians but a change of government.

# Even after “extra” money is announced NHS is still in danger!

## Jonathan Ashworth MP, Shadow Secretary for Health & Social Care

In the face of intense pressure from health campaigners, NHS staff, patients, trade unions and the Labour Party, the government has announced a new funding settlement: but every expert agrees it’s not enough to make up for years of austerity and cuts.

What’s more there is no guarantee that the extra cash won’t find its way into the profiteers winning contracts as part of the ongoing Tory privatisation agenda.

Labour and the shadow Health team stand firm against privatisation.

We remain opposed to any moves towards so called American style ACOs that risk privatisation and invite big private firms to bid for multi billion pound contracts. Our EDM showed the strength of feeling on so called Accountable Care Organisations forcing the government to delay making arrangements.

A few weeks ago on an opposition supply day we brought a motion to the Commons demanding the government release all internal documents detailing their privatisation plans in the NHS.

Had that motion been passed it would have been the most significant advance against Tory privatisation in the Commons this summer.

I was proud as Labour’s shadow



Health Secretary to express my solidarity and support for those trade union members on strike, fighting to protect their terms and conditions in opposition to transfer to a wholly owned subsidiary.

Labour in the Commons – including Jeremy Corbyn at Prime Minister’s Questions – has raised scandals and fought successfully against the proposed privatisation of NHS Professions.

Shadow Cabinet Office Minister Jon Trickett has confirmed there will be a presumption that outsourced contracts across the public sector come back in house under a Labour government.

Labour in the Commons with John McDonnell has committed to bringing PFI contracts in house to ensure a better deal for taxpayers and demanded answers for those NHS ser-

vices left in limbo following the collapse of Carillion.

Our commitment to reinstate the NHS remains and takes on even greater importance. We will have to scrutinise carefully whatever is proposed, but it would appear the NHS landscape is potentially set to change again.

Furthermore there remain big public policy questions about the future of social care and how we place it on a long term sustainable footing.

But of course we recognise the status quo is not an option.

Jeremy Corbyn and the shadow Health team will begin over the coming months to consult on the future of NHS structures, including with relevant professions, trade unions patients and campaigners, about our proposals for the next Labour manifesto.

## Addressing the crisis in social care created by cuts and privatisation

# Care for people, not for profit

The number of older people receiving support has shrunk by more than 26% since 2010

Those who squeeze through increasingly tight eligibility criteria for help at home are means tested to contribute towards flying, 15 minute visits from rapidly changing staff employed by a vast network of private home care firms

Some will be offered personal budgets to sort out their own care but most older people don't want responsibility for recruiting their own carers, sorting contracts, wages, tax, disciplinary issues etc. which creates a handy niche market for private firms and opens up opportunities for abuse and exploitation.

Increasing numbers of people will be expected to rely on friends and family. We have 6 million unpaid carers already, many of whom are stretched to the limit.

The number of nursing care beds



has fallen and fewer people are getting financial support for any residential care. If you have over £23,500

savings, including the value of any property, you're on your own!

The Government was going to introduce a cap but that's disappeared into the ether.

### Inflated charges

To make matters worse, most care homes charge an inflated rate for "self funders" to subsidise lower fees paid by cash strapped, local Councils. Expect to pay over £600 per week for residential care or over £840 for a nursing home.

Residents in care homes can expect little security in their last years as almost all homes are now privately owned and run.

They can go bust overnight or close down if profits fail to meet expectations. 380 have gone out of

business since 2010.

Staff turnover is around 28% as companies drive down wages, conditions and training. This can only get worse under Brexit.

Firms bid low to get contracts but lack the means to provide decent care. Last year the Care Quality Commission rated over one third of care homes inadequate or requiring improvement.

Life expectancy in the UK has stopped rising and is falling in deprived areas although it continues to rise in most of Europe

### The latest cuts

Over the past five years UK spending on social care has been forced down to less than 1% of GDP. Council budgets have halved and the money spent

on supporting older people has fallen by 11%.

Meanwhile the number of people aged 65 is expected to grow by 20% in the next 10 years. Local Authorities are £2.3 billion short of the money needed just to maintain services this year.

They are raising council taxes specifically to improve social care but poorer areas won't be able to raise as much as richer areas yet have higher needs.

Since legislation in 1990 obliged Local Authorities to put contracts out to tender, 90% of what were council run services are now provided by over 19,000 independent organisations.

Big chains are taking over from small providers. If they pull out, thousands of vulnerable people will be stranded.

### What can we do about it?

Urge Local Councils to start taking back social care contracts from private firms

Press the Government to restore funding for Social Care and return to 4% annual increases to keep up with rising demand

Discussions continue on whether to nationalise existing services.

But in the meantime we need to insist that private firms delivering social care must be open to public scrutiny, pay UK taxes, implement UNISON's ethical charter, pay the living wage, provide training for staff, recognise trade unions, abide by the National Pensioners Convention's Dignity Code – and accept profit margins of 5% not 12%.

## Building a new broad-based campaign for social care

Health Campaigns Together is committed to building campaigns for full and safe provision of good quality social care, in place of the current chaotic, massively privatised market failure.

We urgently need a campaign that can link up social care service users and their relatives, local campaigns on the NHS, staff in social care and local government, and health workers and campaigners.

We need to create a movement that overcomes the divisions and speaks out clearly on the need for public, universal provision of social care as a vital adjunct to the NHS – social care run not for profit but as a public service, free at point of use and funded through taxation.

The complexity of the problem and the lack of a clear public voice for social care means that achieving this is a difficult task.

But in the 70th anniversary year of our NHS Health Campaigns Together is inviting anyone willing to campaign on these issues to join with us in the fight for both health AND social care.

We aim to build powerful local and regional networks that can bring maximum pressure to bear in defence of these vital parts of our public services and fight for OurNHS and social care to be defended and extended – and available free, for all, for ever.

## Advance notice: conference

# The crisis in Social Care Saturday NOVEMBER 17

Called by Health Campaigns Together

Details to be announced

**St Luke's Church Centre, Great Colmore Street,  
BIRMINGHAM B15 2AT**

(0.6 Miles from New Street Train Station only 10-15 minutes light walk. Buses 80, 80A, 98, X64, 61, 62, 63 and X61 are a light 5 minute walk)

## How did it get so bad?

What were once coherent services, provided by and overseen by local government, have been privatised, fragmented and disorganised by governments since the 1980s.

In 1979, 64% of residential and nursing home beds were still provided by local authorities or the NHS; by 2012 it was 6%.

Social work departments delivering adult social care have been heavily cut and broken up.

In the case of domiciliary care, 95% was directly provided by local authorities as late as 1993; by 2012 it was just 11%. The home help service that employed full time, dedicated caring staff has been replaced by a fragmented network of low-grade, low-paying profit-seeking contractors with largely casualised heavily exploited staff delivering piecemeal care under terrible conditions on zero hours contracts.

### Fragmented

Social care is now characterised by a multiplicity of fragmented, competing providers. The care home sector supports around 410,000 residents across 11,300 homes from 5500 different providers.

The situation in home care is even

more diverse with almost 900,000 people receiving help from over 10,000 regulated providers.

Nor is it any longer the case that the state is even the dominant commissioner of these services – the privatisation of care alongside tighter access to local-authority-funded care has resulted in a large growth of self-funding 'customers'.



Over 40% of community-based adult social care services inspected since October 2014 have been rated as 'inadequate' or 'requiring improvement' by the Care Quality Commission.

Worse still, since Margaret Thatcher's Act embodying some of the key elements of the 1988 Griffiths report on community care took effect in 1993, responsibility for long term care for older people has been in the hands of local government social services, not the NHS.

This means that patients are not only receiving patchy provision of poor quality care, but many are having to pay out of their own pockets through means-tested charges for what care they do get; and eligibility criteria ration care to make it available only to those with the most serious needs.

# March for the Women's Hospital

**For all our sisters, mothers, daughters & babies**

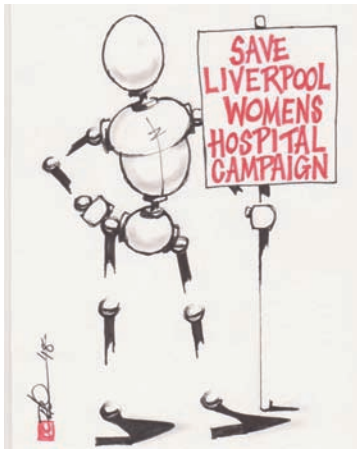
**22nd September 2018**

Assemble at the Women's Hospital,  
walk to the waterfront.

**No to Privatisation or Cuts.  
No to loss of beds.**



**Save-Liverpool-Womens-Hospital  
email: [SaveLWH@outlook.com](mailto:SaveLWH@outlook.com)**



**Save Liverpool Women's Hospital for all our mothers, sisters, daughters friends and lovers and for the babies born there.**

*Save and improve maternity care in the UK. Stop the cuts, stop the closures. Maternity care matters.*

More people use the NHS for maternity than use any other service in the NHS. Good quality care saves two lives, mother and baby. Poor care wrecks lives. Maternity care in the NHS needs more funds, more staff, more research.

In 2015 it was announced that Liverpool Women's Hospital would close, services would be dispersed and a smaller facility would be built on the site of the new (and troubled) Royal Liverpool University Hospital site.

Liverpool Women's Hospital is held in high regard and with great affection by the people of Liverpool. It also has a world wide reputation. It was built just 22 years ago, in landscaped grounds, low rise and set back from traffic, but easily accessible. It has an ethos of care and respect for women.

More than 8,000 babies are born there each year and 52,000 other appointments made.

**LWH is the largest hospital in Europe to**

**exclusively care for the health of women.** It is the recognised provider in Cheshire and Merseyside of high risk maternity care, including foetal medicine, the highest level of neonatal care, complex surgery for gynaecological cancer, reproductive medicine, laboratory and medical genetics. Relocation to RLUH would reduce and fragment these vital services.

*"All the staff at the lovely Liverpool Women's Hospital looked after us so well when my baby daughter was born there at the start of May. I had to go to the delivery suite due to high blood pressure, and it felt so reassuring for me and my husband to know that baby Elise and me were in safe, experienced and such obviously caring hands the whole time. If I was pregnant again, I would hope to go there again to give birth." Helen Cranage*

We campaign for no cuts, no closures, no loss of beds, no privatisation, no PFI. We say update the hospital onsite. Our online petition has gathered 42,000 signatures, and we have many thousands more on paper \*\*\*\*\*

**Professor Alex Scott Samuel** from Liverpool, Chair of The Socialist Health Association, medic, and specialist in public health says,

"As I understand it there is no data whatsoever showing any harm to mothers or babies resulting from the separate location of maternity and women's services

at the current LWH at the Crown Street site. The proposed move to the Royal site appears to me primarily for the benefit of doctors rather than the benefit of women." \*\*\*\*\*

### Maternity Care

All over the country maternity care is underfunded and in trouble. It is vital that the NHS trains, recruits and retains more midwives. Also, ensures that every mother and baby has enough time with their midwives, before during and after the birth by reducing workloads, and providing a better maternity tariff. The NHS should also pay a decent rate, train, recruit and retain more Obstetricians and ensure that safety is the priority in giving birth.

Further they should improve maternal and baby survival rates, provide safe places to give birth near home, and/or reduce journey times. They should provide timely access to emergency obstetrician care, good ambulance provision with an 8 minute response time, and a fully funded, fully staffed neo natal care, with professional breast feeding support, mental health care, and physio support to help recovery where needed.

There should be an end to "closures" of maternity units because they are full or short of staff. No more maternity units to be shut down and staff redeployed.

Every mother to have access to free

maternity care, which should a publicly provided service; no to the private for profit companies . Bring back bursaries for undergraduate and postgraduate studies.

Please support your local campaign. To learn more read: [publicmatters.org.uk/rhetoric-v-reality-can-the-new-models-of-maternity-care-deliver-a-safe-service](http://publicmatters.org.uk/rhetoric-v-reality-can-the-new-models-of-maternity-care-deliver-a-safe-service).

We do not accept the recommendations of Baroness Cumberledge. We want a fully funded publicly provided maternity service. In September the consultation on the proposals to close the site and move the hospital will happen. We have seen the new Royal Liverpool Hospital building abandoned following the collapse of Carillion, which will further delay its finish. This could have been the fate of the LWH. NHS campaigners warned about the dodgy Private Finance Initiative deal (PFI) at the Royal years ago and foresaw the likely collapse of Carillion, (who are also a firm who blacklisted trade union building workers). These PFI hospitals are 70% dearer than others to build, while private firms rip off the NHS. \*\*\*\*\*

### Maternity Care for All

Every woman living in the UK should get free maternity care, but many are charged up to £10,000 because of their migration status and the 'Hostile Environment'. If the debt is not paid, it can stop applications for citizenship. Nevertheless, if a woman needs care she is entitled to get it. The hospitals can charge, but not upfront.

Please contact MRANG

in Liverpool and Docs Not Cops nationally. We hear terrible stories of women not going to the hospital because of this.

### Midwifery Today

Overworked, understaffed, underfunded.

"I have worked in the NHS for coming up to 40 years, first as a nurse and now as a midwife, working at present as a Senior Lecturer in Midwifery. As I reflect on the past four decades, I recall many the gains midwives and maternal health has made, however I have never felt more concerned than I do now about



the present situation we work in.

"Gone are the days when I felt the NHS and we as midwives were valued, had a sense of job security and experienced job satisfaction. Now I can only feel despair when I consider the unprecedented challenges midwives face as a consequence of the uncaring treatment we receive by this cruel government.

"Talking with my colleagues and midwife friends, I know I am not alone here. They have concerns that not only affect ourselves but we know impact negatively on the care we provide to women and their families.

"The present day shortage of midwives is unparalleled. We are 3,500 midwives



short. As a result, midwives are reporting being overworked, stressed, and not able to give consistent, high quality care.



Exhausted and over-worked midwives cannot give the quality of care they want to. To cover this shortage a total of £97 million was spent in 2016 by maternity units on expensive temporary staff, including overtime, agency and NHS bank.

“By far the biggest area of spending was on NHS bank, which accounted for two-thirds of the bill. That the NHS is incurring such outrageous costs on such a scale shows how understaffed and under-resourced we are. How can anyone think paying agency staff £43.65 compared with £18.20 for a NHS staff midwife with 10 years’ experience make sense?”

“We cannot forget that we are all getting older too; the midwifery workforce across the UK is ageing with around half of the midwives reaching the current retirement age in the next few years, myself included. The big problem being there are not enough younger midwives replacing us. I know as a midwifery educator we are not training enough midwives to replace the older/experienced midwives heading towards retirement.

“There has been a 35% drop in applicants

for midwifery courses in England since 2013. With the removal of the training bursary I can only see the situation worsening. We know that applications for midwifery and nursing are down by 23% since Aug 2017 and this problem is compounded by the fact that fewer EU midwives are coming to the UK following the Brexit vote.

“Year on year we know our NHS maternity units close because they cannot cope with the demand; they are buckling under the strain. Figures unsurprising to many of us confirm that in 2016, 42 hospital trusts were forced to shut their doors at some point with many blaming staff shortages, and fourteen of them admitting they had to shut more than 10 times, with some taking more than 24 hours to re-open.

“This appalling treatment of women is largely due to staff shortages and lack of beds and cots. I am genuinely worried about the quality of care women are receiving and the safety of the service.

“There is an urgent need for a sensible and strategic long-term plan for the maternity services across the NHS. However, this does not seem to be coming.

“The government’s recent promise to provide an additional £20 billion to NHS England’s budget over the next five years is nothing more than derisory. Does this government really think clinicians and educators will be

tricked by this? Do they think we are not aware of their cruel health cuts that are already evident; cuts that I understand are equivalent to £22 billion, cuts that have been hidden by the insidious Sustainable and Transformation Plans.

“A change of government with a promise to bring all healthcare back into public ownership is the only solution. Please let us not forget the NHS is an integral part of everyone’s lives, particularly maternity. We all have a duty to speak out and get involved to save our NHS. We are a rich country yet we have a crisis on our hands.  
**Dr Rebecca Smyth**  
*Senior Lecturer in Midwifery,*  
 \*\*\*\*\*



### The challenge of Children’s nursing

“I have worked in the NHS for 34 years, the last 29 years I have worked on a Paediatric Intensive Care Unit (PICU). I have seen a lot of changes in the nursing role, mostly for the good, but not always.

“Being a children’s nurse is a very privileged position to be in. It is a far cry from the ‘good old days’ were there was enough nursing staff on each ward and enough ancillary staff throughout the hospital. Our Nursing Officers knew our names, our wards were small and we knew all of the staff,

doctors, domestics, ward clerks, play specialists, social workers, theatre staff and technicians, each person having a definitive role to play in the care and health of the child and its family.

“Children’s nursing, in particular PICU, is constantly open to new cutting edge technologies and the nursing role is rapidly changing and evolving. These days we are no longer ‘just’ nurses who do the basic care and duties that I did in my early career. We are a technician, medic, surgeon, social worker, play specialist, ward clerk and at times a domestic and lots more. Sadly, our pay does not reflect this.

Children’s nursing does bring great rewards, we are part of a multidisciplinary team of professional and medical staff and we are at the forefront of decision making when we take on such roles as Advanced Nurse Practitioner, Nurse Specialist or Nurse Consultant.

However, there is a constant shortage of staff on a daily basis, you worry about the safety of your patients and how your colleagues are coping, so staff work extra shifts. By doing this we give up our days off, our holidays, our social life, our family, kids and friends. We frequently miss our breaks and (it is true) we often don’t have time to have a drink or to pee. Our body clock is all over the place with our shift patterns, we work long 12½ hour shifts and swap from day to night on a regular basis. Our mental wellbeing suffers

from stress & anxiety, especially from aggressive parents picking on everything you do during your shift thanks to ‘Dr Google’. This is happening more and more.

“Physically we are tired, lack energy from poor eating habits or sleep patterns, have headaches, muscle tension, burn out. Staff are emotional, overwhelmed, and irritable. They worry, and they feel guilty and sometimes have difficulty concentrating. We have no time for reflection if we have a death, critical incident or an extremely demanding day. We do not have debriefs; we have to pick ourselves up and move on to the next patient and the next day. None of these problems or issues are new, they have been happening in the NHS for years and staff are now starting to talk openly about it.

“Why would anyone starting out want a career in nursing? Despite all the negatives, we do a fabulous job. I still love my job and would recommend you give it a try.”

**Val Colvin**



**Young People** need excellent relationship and sexual health education and excellent services. Sexual health services have faced significant funding cuts over the last few years. The Family Planning Association has stated the UK Government has cut

public health budgets by £800m over six years.

Teenage pregnancy rates in England and Wales have almost halved in the last eight years, plummeting to the lowest level since records began but there is concern by leading sexual health organisations that the cuts to sexual health service could reverse this trend. However, sexually transmitted infections such as Syphilis and Gonorrhoea are on the increase with one case in the UK of Gonorrhoea resistant to treatment.

STI's can have a significant negative impact on young people's health if not treated, so the access to testing and appropriate contraception is vital.

There are 15 choices of contraception out there for young people to utilise. Long acting reversible contraception such as IUD/IUS coils being the most cost effective, and with the highest success rate for preventing pregnancy. However, hormonal contraception does not protect young people against sexually transmitted infection.

For STI's, condoms, femidoms and dental dams are the best defence. For young people who are at risk, regular check-ups to gain testing and treatment as soon as possible is key.

Some barriers when accessing contraception are lack of information. Many young people do not have adequate relationship and sex education, which allows them to explore contraceptive choices in a safe and supportive environment. Hopefully this will change with mandatory RSE in schools in 2019.



Another barrier is accessibility. With less funding some sexual health clinics across the country have reduced their services.

**Natalie Denny**

### **Poem for Liverpool Women's Hospital**

*This is a healing place,  
a place of peace and birth,  
Where the wounds of riot,  
flame, baton and shield  
Closed on a rolling grassy mound  
And the hopes of  
Liverpool rose again.*

*For all our sisters, mothers,  
babies, daughters,  
We march for the Women's  
Hospital again.  
Here, they built a place  
to end precarious childbirth,  
When the most beautiful,  
precious moment of life  
Could become a time of  
loss, motherless children,  
Widowed husbands,  
families torn and broken.  
For all our sisters, mothers,  
babies, daughters,  
We march for the Women's  
Hospital again.*

*Where women are poor  
and ignored,  
Where women are hurt  
and bruised,  
Where their men have  
broken and betrayed,  
They need a hospital of  
their own, a place secure.*

*For all our sisters, mothers,  
babies, daughters,  
We march for the Women's  
Hospital again.  
Because women fought for  
care because of need,  
Because in 1948, a  
universal service  
became a deed,  
Because privateers sit  
expectant, vultures on a tree,  
People gather today for a  
service meant to be free.*

*For all our sisters, mothers,*

*babies, daughters,  
We march for the  
Women's Hospital again.  
Because a woman's body  
is her own,  
Because in this hammock  
there is a baby grown,  
Because motherhood is  
about control and choice,  
This is why women must  
be heard, given voice.*

*For all our sisters, mothers,  
babies, daughters,  
We march for the Women's  
Hospital again.  
So wheel your buggies,  
take your children's hands,  
Raise your banners high,  
let them flutter,  
Let the drums beat, our  
protests rise in the Mersey  
air,  
Let the divine gospel of  
discontent stand for human  
care.*

*For all our sisters, mothers,  
babies, daughters,  
We march for the Women's  
Hospital again.*

**Alan Gibbons  
Save Liverpool  
Women's Hospital**



**Professor Wendy Savage** in supporting our campaign said:

*"Birth is a major psychosocial transition for a woman and her family and the setting in which this takes place is very important in providing a good experience which enables her to take on the important task of becoming a mother".*

Dr Wendy Savage is the winner of this year's BMJ (British Medical Journal) Award for her Outstanding Contribution to Health for her professional and campaigning work on the NHS and women's rights

## **The Community View**

"Every woman can go to the Liverpool Women's Hospital and feel at home. The local community values the services and the caring humane and dignified approach. People from all over the city come to Toxteth for world quality care. They see our community as it really is, not as the racists paint us.

This hospital is built on the place where David Moore, was walking to his grandmother's house when he was killed by a police Land Rover, driven at the crowd, during the riots in the 1980s. Project Rosemary was set up to heal the wounds of generations of racism and this hospital is part of it.

Black workers were employed on the building and in some small way it broke some barriers.

## **A Tradition of Struggle.**



Women fought for health care for mothers and babies a century ago and were crucial to the campaign for an NHS.

In their tradition we fight for Liverpool Women's Hospital, for the maternity units in Shropshire, for maternity care across the country.

**The people of Lewisham had a great victory and saved their hospital.**

**We can do the same**

## **How You Can Help!**

Donate on line via out blog or by post to Save Liverpool Women's Hospital Campaign c/o News from Nowhere, 96 Bold Street Liverpool L1 4HY.

Ask us to speak at your meetings

Help give out leaflets

Follow our Facebook page, or twitter @lwhstays

Organise friends to come to the demonstration.

Send us your stories. Get involved in the consultation.

Help us develop maternity campaigns across the country.

**Join our March  
22nd September  
2018**



12 noon from Liverpool Women's Hospital to the waterfront and Labour's Conference.

**For all our mothers, sisters, daughters, friends and lovers, and for the babies born there.**

*Image Credits: to Amanda Greavette, for paintings from 'The Birth Project', <http://amandagreavette.com/birth-project-gallery/>, Danny Crone (Cyrano Denn), for the 'Save Liverpool Women's Hospital Campaign' manikin image, <http://cyranodenn.com/>, and Finn Joseph Dowling for the campaign poster.'*

# Impossible for all GPs to offer appointments via NHS app

Promises by now former Health Secretary Jeremy Hunt that every patient in England would be able to book GP appointments through an NHS app by the end of the year were made without consultation with GPs – and cannot be delivered, according to the BMA.

Hunt made the promises in the days leading up to the NHS 70th birthday: he told an obedient media that all patients would also be able to use the app to order repeat prescriptions, manage long-term conditions and access advice from NHS 111, and claimed it would sound 'the death-knell of the 8am scramble for GP appointments that infuriates so many patients'.

The app is not even due to be tested in pilot studies until

September, and GP leaders say they have yet to see how it works.

Dr Farah Jameel of the BMA's GP Committee said the lack of consultation with the profession over development of the app was 'unacceptable'.

"I was quite amazed they had come so far along without consulting with us," she told GPonline. "I am not opposed to the app, but I think the process needs to be more collaborative."

"We don't know how they wish to implement the app – are they going to say all GP appointments need to be made available through it?"

"One of the things we have highlighted is that each practice will go about their appointments system differently. If a practice is offering

complete doctor triage, there will be no appointments available to book. Others might have appointments in three weeks."

Delays in accessing appointments flow from factors including rising workload, increasing complexity of patient problems and the fact there are not enough GPs on the ground.

■ GP vacancy rates are at the highest level ever recorded, with one in six positions currently unfilled, a major *Pulse* survey has revealed. *Pulse's* annual vacancy survey of 658 GPs found that 15.3% of GP positions are currently empty, up from 12.2% last year, and 11.7% in 2016 – and seven times the level at the time of the last official figures on vacancies, back in 2011.



*You didn't really believe me, did you?*

## Exodus from Babylon

Over 20,000 patients across London signed up to use the controversial 'GP at Hand' app promising easier access to see a GP between November 2017 and June 2018: but in the same period up to one in five of the new recruits changed back and re-registered with their original GP practice, according to *Pulse* investigation of Lambeth CCG board papers.

GP at Hand is run by private company Babylon, and based in a West London GP practice. Encouraged by NHS England, it has made use of the out-of-area registration scheme, social media and friendly promotion by BBC and news media to recruit patients.

It promises an online GP appointment within minutes: but the catch is that by signing up, patients opt to remove themselves from the list of their existing local GP. It seems from the high rate of patients switching back that some people are not aware of the consequences.



## Private sector snapping up smaller community contracts

A recent report from NHS Providers argues that the private sector holds the largest single portion of the community health service provider market.

39% of community contracts are held by private firms, compared with 21% of the NHS and 11% in the nonprofit "third sector," making the private sector penetration much larger than in other sectors of the NHS (of the rest, 12% are held by GPs, 13% "other" and 5% "missing").

They quote research undertaken by the Health Foundation in 2017 which showed that private providers tend to hold small, single service contracts in a particular area rather than very large contracts across a large footprint.

But while NHS trusts hold fewer contracts, they account for over half (53%) of the total annual value of

contracts awarded for community services. Private provider contracts add up to just 5% of the total annual value.

In other words private providers generally hold a large number of low value contracts, while NHS trusts hold the relatively small number of high value contracts, deal with more serious health issues, and take greater risks.

**39%**  
of community health service contracts won by private firms  
**= 5%**  
of actual contract value

## Virgin practice falls from outstanding to inadequate in less than 2 years

Virgin Care Services Ltd, a subsidiary of Virgin Care, has worked its magic on a GP practice in Essex, which has been placed in special measures after going from an official rating of "outstanding" before Virgin took over to "inadequate" less than two years later – despite increased funding.

The previous GP partners pulled out of their contract at Sutherland Lodge practice in Chelmsford in 2016, following a £400,000 cut in funding. The partners argued that the scale of the cutback would force a cut in services and staff:

"We feel very strongly that after the inevitable rise in the doctor to patient ratio, which will move from 1:1890 to 1:4000 we will not be able to continue to provide the current level of services."

NHS England claimed then that the decision to cut funding from Sutherland Lodge surgery would help make mid-Essex GP care 'sustainable'.

Up to that point, the practice had been among the 4 per cent rated outstanding across England.

Then Virgin took over. A Care Quality Commission (CQC) inspection carried out in December 2017 – just



18 months after Virgin Care took over – and published in May has now rated the practice as 'inadequate' on four of the five key measures looked at with the other rated "requires improvement".

The regulator found that "risks to patients were not being appropriately assessed or their safety monitored and managed so that they were supported to stay safe".

A lack of continuity of care reported by patients "had a detrimental impact on the quality of patient treatment and care", services were "not always planned or delivered in a way that met patients' needs", appointment systems were "not working well" and the practice had "no clear leadership structure", inspectors concluded.

According to a freedom of information response from NHS England, seen by *GPonline*, the "contract value rate" of the APMS deal awarded to Virgin was 14 per cent higher than the previous contract.

Dr Tony O'Sullivan, co-chair of Keep Our NHS Public, told i:

"The Government has seriously underfunded general practice to the point where it cannot cope. This is the end result, and it is a tragic example of the effect privatisation can have on our NHS."

"Here a contract has been handed over to private providers at the expense of patient care

and safety simply because of lack of government funding. With the withdrawal of funding from GP practices it leaves many in an impossible situation and provides fertile ground for companies to profit. This end result clearly highlights how businesses running NHS services for eventual profit does not work."

● *GPonline* reports hundreds of patients have left the Sutherland Lodge practice as its performance has declined.

Analysis by *GPonline* of NHS Digital data on patients registered with GP practices show that patient numbers at Sutherland Lodge have fallen by 5% since Virgin Care's contract began – dropping by 606 to 11,070 at the start of May 2018.

Measured from three months before the takeover, the practice's patient list has fallen by 7% – contrasting with a 2% increase in patient numbers across the Mid Essex CCG area as a whole.

**NHS FOR SALE**  
Myths, Lies & Deception  
Jacky Davis, John Lister, David Wrigley

'Essential reading in the battle to save the NHS before private companies bleed it dry.' – Ken Loach

All proceeds to Keep Our NHS Public. Order online at <https://keepournhspublic.com/shop/books/>

### Profiting from failure

Virgin Care has built up a portfolio of more than 400 contracts worth a total of £1 billion, many of them for community health services.

But few make any profit. Virgin has now shown that losing a contract can be as lucrative as winning it, by suing six clinical commissioning groups NHS England and Surrey County Council after losing an £82m contract for children's medical services.

Virgin claimed the procurement process was flawed – and the court for some reason agreed. The settlement, just revealed, added up to almost £2m of taxpayers' money; not a bad return on failure.



## Keep the Horton campaign continues

### Roseanne Edwards

Keep the Horton General (KTHG) group in Banbury is still waiting to hear whether it will get leave to appeal against the dismissal of a High Court action over the lawfulness of Phase One of the Oxfordshire Transformation Plan.

KTHG challenged the CCG's plan to replace the consultant-led maternity unit with a midwife-only unit at the Horton, remove the special care baby unit to Oxford 30 miles away, close 45 beds, and downgrade intensive care.

However the lead was then taken by Conservative-controlled councils – Cherwell, South Northants, Stratford on Avon and Banbury Town. The councils said an appeal was “not in the public’s interest”.

The campaign group went ahead alone. It is still waiting to hear whether it may appeal. This has been subject to lengthy delay, reportedly because of a log jam of challenges by other campaigns against Accountable Care Organisations. Meanwhile, Oxfordshire Health Overview Scrutiny Committee had referred the obstetrics matter to the Secretary of State. An Independent Reconfiguration Panel (IRP), in a very critical report, requested a review of evidence used to justify the downgrade at the Horton.

This review will be carried out by a new ‘Super-HOSC’ (Health Oversight and Scrutiny Committee) that includes South Northants and South Warwickshire, whose patients use the Horton but whose councillors had not been involved.

That group is being formed and will meet for the first time soon.

## Privatisation in Oxfordshire

French outsourcing firm, Bouyges, which is in a six-month trial to take

over the Carillion contract at the John Radcliffe hospital, has porters checking the outside cladding on the PFI-funded Children’s Hospital every hour against fire risk.

Oxfordshire KONP is calling for all work previously done by Carillion to be brought back in house.

Smoking cessation services, previously provided by GPs, have been transferred to a private firm, SmokeFreeLife Oxfordshire, part of Berkshire-based Solutions4Health, and is only available at the John Radcliffe Hospital and Temple Cowley, leaving most of the county with no local access.

The minor eye condition service has been privatised through opticians. Provision of MSK services was sold to Healthshare.

## InHealth in Witney

### Leslie Lovell

The private company, InHealth, has been given a contract by the CCG to perform endoscopies at the Windrush Medical Centre in Witney.

In need of an endoscopy, the local GPs automatically send us off to the clinic in Witney, inaccessible from my village unless by car, and I couldn’t drive.

NHS ambulances don’t take us there, only to Oxford hospitals. My GP didn’t know why the JR had put this department in Witney. The JR and the Horton still do this test.

InHealth is a private company with some hundred clinics across the country.

It has annual revenues of £121 million and is owned by a Trust owned by another Trust.

A main director is also director of six different companies and has been director of 13 other companies, all dissolved. InHealth also runs Preventicon, which tries to stop ‘unnecessary’ tests.

● Oxfordshire KONP holds public meetings, 2nd Tuesday of each month at 7.30 pm in Oxford Town Hall



## KONP AGM 2018

TWO excellent guest speakers gave food for thought and inspiration to a very well attended and lively KONP AGM in London on June 16.

In the morning, after the KONP Officers Reports and discussion on motions, David McCoy, professor of health policy, Queen Mary University London (pictured above) spoke on European health systems, funding and potential comparisons with

NHS on delivery and on alternative funding proposals for NHS.

In the afternoon session Baba Aye, from Public Services International, the global alliance of trade unions, gave an international perspective on campaigns against health privatisation and the fight for the right to health.

Health Campaigns Together will run news from PSI in future issues.

## Essex campaign vindicated as CCGs opt for 3 A&Es

A meeting of five Clinical Commissioning Groups covering Mid and South Essex have met to rubber-stamp plans that will keep blue light A&E services at all three existing general hospitals – Basildon, Chelmsford and Southend.

However there are still undisclosed plans for centralising some specialist inpatient care, which may prove controversial.

A new specialist stroke centre will be located in Basildon, while the other two hospitals will also keep their ‘local’ stroke care units.

The proposals represent a major retreat from the initial plans for a massive centralisation of A&E and acute services at Basildon, threatening a downgrade of Southend Hospital and Broomfield Hospital in Chelmsford with its costly PFI bill to pay.

Campaigners, who never gave up even when they were confronted by an apparently obdurate NHS “success regime” now point to the latest medical advice which is that all three hospitals and A&Es are needed.



John Harris, www.reportdigital.co.uk

**NHS** Keep Our NHS Public

“Join the movement to save our NHS from privatisation and cut backs.”

# JOIN KONP TODAY

If you want to join a campaign as an individual, Keep Our NHS Public has branches all over the country: check it out at <https://keepournhspublic.com/local-groups/>

Defend Whittington Hospital Coalition (DWHC) has just won its campaign to keep Grenfell construction company Rydon out of their hospital.

This followed the announcement in 2017 that Whittington Health would be teaming up with the firm linked to the Grenfell Tower fire.

DWHC has now said: “We won! Rydon are OUT of our hospital. And the Estate Strategy will be managed in-house as we demanded.

“If or when Rydon sue for breaking the agreement or whatever, we will be on the streets.”

## Protest at collapsed Brum PFI

The Keep NHS Public Birmingham protest at the Midland Met Hospital on July 5 (above) was a major success with 100 people from diverse communities in attendance.

There was a very positive response from passing traffic and many people held pro-NHS placards. The protest was well supported by Unite WM and Unite Community, Birmingham.

A special poster demanding a government takeover of the collapsed PFI/PF2 hospital project

following the Carillion catastrophe was produced for the event.

We marched a short distance from the protest site on Grove Lane to the entrance of the hospital where we were addressed by campaigners, local activists, a union official, a local Labour councillor and a representative of Disabled People against the Cuts.

The question many people are now asking is “what are our local politicians doing about the collapse of the hospital project?”

# KONP North East steps up fight for info on STPs



KONP North East, Gateshead and Durham, together with Save South Tyneside Hospital Campaign are still pressing for answers from local health bosses to questions they have been raising since January.

An unsatisfactory response dated "April 20182", with no address or contact details was forwarded to campaigners by the NECS Communications Team in Stockton, but since then the silence has been deafening on two specific questions:

1) The initial draft Northumberland, Tyne, Wear and North Durham STP went to public consultation in November 2016.

Please clarify when you envisage

an updated draft STP being made public for further engagement, consultation and agreement.

2) Please clarify as to why the CCG has taken the decision for Workstreams / Boards to carry a definitive STP title, when an updated draft STP plan has yet to be made public and agreed.

There is record, for example, of the "STP Prevention Workstream" and the "STP Prevention Board" – but, in point of fact, the "STP" for NTWWD has yet to be decided.

The campaigners also pressed for information as to how these committees can continue to carry out business in a credible manner

without further formal engagement, consultation and agreement with members of the public, given it is now more than eighteen months since the first draft appeared.

Back in March, North Tyneside Council voted unanimously for a motion opposing ACOs/ICSs which agreed that there is "a growing body of evidence questioning the wisdom of a key project from the NHS 5 Year Forward View: Accountable Care Organisations/Integrated Care Systems (ACO/ICS)."

It also declared "This council agrees to oppose any proposal to implement the delivery of health care in North Tyneside via an ACO/ICO."

## Windrush anniversary a timely reminder Migrants always vital to our NHS

**Dr Sonia Adesara, Junior Doctor and member of Keep Our NHS Public**

This year we are celebrating two anniversaries that are inextricably linked.

On June 22 1948, two weeks before the NHS was founded, the Empire Windrush docked at Tilbury, bringing the first wave of immigrants from the Caribbean.

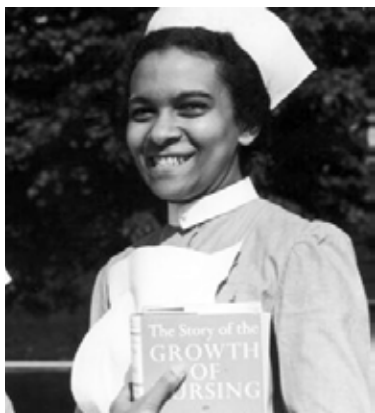
Many of the new arrivals were some of the first people to work in the newly formed health service launched days later 5 July.

In the following year, there were mass recruitment campaigns across the empire, inviting British subjects to the 'motherland' to help re-build post-war Britain.

It is estimated that between 1948 and 1971, 100,000 nurses from the Caribbean and Africa came here to train. By 1960, 30% of junior doctors were from the Indian sub-continent. By the turn of the century, 73% of the GPs in the Rhondda Valley in South Wales were South Asian.

It is undeniable, that this institution we cherish, has been built and sustained by the black and brown migrants from the Empire.

70 years on, the NHS could still not function without its migrant and ethnic minority workforce. The NHS is the biggest employer of people from



black and minority ethnic (BME) background in Europe.

Over 40% of doctors are from BME background and 25% nurses and midwives. Many have spent their lifetimes working for the NHS.

And yet, despite those from BME background making up over 20% of the workforce, at senior levels in the NHS, less than 7% are from BME backgrounds.

The Royal College of Nursing has reported that nurses from black and ethnic minority background have much less chance of being shortlisted for promotion than their white counterparts.

They are also more likely to be formally disciplined than their white counterparts. Black and ethnic minority doctors receive more formal

complaints than white doctors, and the GMC is currently carrying out an investigation after concerns of racism.

The outcry over the treatment of the Windrush generation last month had a sense of poignancy and irony.

The Government politicians that expressed outrage, were the same people who implemented and support the 'hostile environment' policies. Last week, the NHS institutions held an awards ceremony to show their appreciation for their Windrush workforce.

Yet, it was these same institutions that brought the discriminatory, racial policies of the Home Office into the health service.

Policies that allow the Home Office to access GP records of suspected migrant patients, as 'they' don't have the same rights to confidentiality as the rest of us.

Today, as we celebrate the anniversary of the Windrush generation, we must honour their contribution to the building and development of our cherished NHS.

But we must also challenge the racism and discrimination that lies within the institution.

And we must fight back against the hostile, discriminatory policies of this government – and we must stop those policies being played out within our NHS.



## Vulnerable migrant women face massive bills for NHS maternity care

**Rayah Feldman, Maternity Action**

In the year of the NHS' 70th anniversary it is timely to return to its founding principles which, say NHS Choices, remain at its core:

- that it meet the needs of everyone
- that it be free at the point of delivery
- that it be based on clinical need, not ability to pay

For many migrants living in the UK, none of these principles apply.

The Windrush scandal highlighted the refusal of cancer treatment to 'Albert Thompson' aged 63 who has lived in the UK for 44 years but who never had a British passport and was treated as 'undocumented' by the Home Office, and so was liable to pay for his NHS care.

The restrictions that acted to deny Albert Thompson his cancer treatment affect many other non-EEA nationals with visitor visas, or who have irregular immigration status.

The devastating impact of NHS charges for secondary care can be illustrated by its effect on pregnant women in need of maternity care.

Women are now facing bills of up to £6,500 for their maternity care. This is because migrants who do not have Indefinite Leave to Remain and have not paid the Immigration Health Surcharge of £500 for 2½ years' leave, are chargeable at 150% of the normal tariff for NHS hospital care.

Maternity care must not be delayed or refused if a woman can't pay, but she will be billed, and if she owes more than £500 for two months the hospital will report her to the Home Office, who may refuse further immigration applications.

Many people affected by charging are destitute or living in exploitative

conditions. Fear of being reported to the Home Office deters many from seeking timely healthcare.

For pregnant women who may suffer from underlying health conditions, such as high blood pressure or diabetes, antenatal care is essential.

BME women are already at much higher risk of pregnancy complications and maternal mortality.

Punitive NHS charging for maternity care increases barriers to accessing care, and makes women with irregular immigration status more

**Olivia has lived in the UK for 10 years and has 3 children born here. Because of her immigration status she is not allowed to work or claim benefit. She lives apart from her husband because there is not enough room for him in the house where a friend puts her up with her children.**

**Olivia was charged £5838 for her NHS ante-natal care and delivery, so she refused to attend further antenatal appointments. But her blood pressure increased and she couldn't eat or sleep, and she became very depressed. Eventually she was admitted to hospital a day before her due date with very high blood pressure.**

**After she gave birth she said she had pains all over her body and could not sleep, but "I can't go to the hospital to get it checked because I am scared of getting more bills. I don't have the money. My life is at risk at the moment but I just have to keep praying to God to help me."**

vulnerable.

After 70 years, defending the NHS means defending its availability to everyone who needs it, whatever their immigration status or ability to pay.

■ For updates on our campaign against charging for NHS maternity care contact [rayahfeldman@maternityaction.org.uk](mailto:rayahfeldman@maternityaction.org.uk)

■ For more information and advice about NHS charging for maternity care visit [www.maternityaction.org.uk/maternitycareaccess](http://www.maternityaction.org.uk/maternitycareaccess) or phone our Advice line: 0808 800 0041 (Freephone) Thursdays 10am-12noon only or email [maternitycareaccess@maternityaction.org.uk](mailto:maternitycareaccess@maternityaction.org.uk)



# South Yorkshire financial fiddle

The NHS Birthday, July 5 was the date chosen by Sheffield CCG to push through a Financial Framework for Integrated Care Systems in the relentless drive to get a new system up and running in this financial year.

Sheffield is part of the South Yorkshire and Bassetlaw Integrated Care System, (ICS) a “vanguard” scheme that has been pieced together largely in secret since 2016, with the connivance of local government but no public consultation.

A precondition for taking the next steps to an ICS, all 13 NHS bodies

(5 CCGs and 8 trusts) have to “take on collective responsibility for their system financial performance” by agreeing to comply with a single “financial control total” – which is then binding on all of the organisations.

In the SYB ICS the CCGs signed off on individual targets and a collective control total in March, believing that they face no financial problems. However trusts, carrying most of the risk, stand to miss out on “Provider Sustainability Fund” (PSF) hand-outs of up to £16.3m if they miss their targets.

In other words, the “integration” is not really integration at all; CCGs and providers are still divided.

A major stumbling block has been the chronic deficit and projected further £24m deficit this year at Rotherham Foundation Trust. Were the other organisations to go for the full-on “integration,” then they would need to deliver a combined surplus of £24m to avoid losing out on the promised extra cash.

To avoid this they have instead opted for a lesser version, Option 3, which offers less extra funding, but caps potential penalties – and would allow this clearly less than seaworthy arrangement to launch as a “live” ICS this year.

The promised benefits above a possible £7m PSF funding include “favourable access to capital funding” [an illusion since there is little or no capital]; “continued ability to shape and influence national policy [a joke given the hoops local NHS bodies have had to jump through]; and (undefined) “increased freedoms and flexibilities”.

HCT will follow this latest exercise in smoke and mirrors as it takes shape.

## LIVERPOOL: councillors face both ways at once

### Greg Dropkin

Liverpool Councillors are in denial while setting up an Integrated Care System, caught between Labour Party policy and a juggernaut driven on orders from NHS England.

Back in December 2016, Mayor Anderson pre-empted 150 protesters at the Health and Wellbeing Board by declaring total opposition to the Cheshire and Merseyside STP.

But after NHS England promoted Accountable Care, the Health and Wellbeing Board in June 2017 received a CCG report on Accountable Care Systems (ACS).

Mayor Anderson said “this opportunity needed to be taken up by all partners”. Campaigner Sam Semoff questioned the U-turn, and was told “There is no connection

between the STP and any Liverpool developed Accountable Care System between the Council and the NHS”.

The HWB proposed a Liverpool Integrated Care Partnership Group, intended as the governance framework for Accountable Care and published on 21 Sept 2017.

It referred to an “agreed risk/gain share” and stated “all providers who provide care in the City will have accountability for delivery of outcomes... and to each other for this delivery”, meaning that public and private sector providers of health or social care would be accountable to each other and share risks across the system.

Five days later, Labour Party Conference unanimously adopted Composite 8, rejecting Accountable Care point blank.

As Sam Semoff died, another mass protest heard Mayor Anderson deny that Liverpool is setting up an ACS. He offered to draft a joint resolution with KONP to full Council.

But our proposals to reject any risk gain share agreement with the private sector, and to publish the evidence for any proposed reorganisation – were brushed aside.

However, the Council did declare total opposition to the STP, and Accountable Care Organisations/ACSS.

Meanwhile, Board meetings of Mersey Care and the Royal Liverpool Hospital mentioned STP plans for ACS in the same breath as the Liverpool Integrated Care Partnership Group (LICPG). And in February, NHS England renamed ACS as ICS – Integrated Care Systems.

The Health and Wellbeing Board faced another protest on 7 June as they adopted revised terms of reference for the LICPG, including reference to a CQC Action Plan demanding strategic planning with the private sector, and to the CCG’s “One Liverpool” plan for Integrated Care.

This includes 85 specific projects, many of them already being implemented – but only 4 of which face any public consultation.

Labour Councillors have yet to confront the contradiction between their own actions and Party policy, let alone an NHS Reinstatement Bill.

Watch this space!

## BLMK: councillors pull out

The *Health Service Journal* reports a threat to pull out of the Bedfordshire, Luton and Milton Keynes (BLMK) “Integrated Care System” by three of the four council leaders that appeared to be involved.

Pete Marlan, leader of Milton Keynes Council; Hazel Simmons, leader of Luton Borough Council; and Dave Hodgson, mayor of Bedford Borough Council have written to their local CCGs stating that they “are prepared to disengage with the BLMK STP and withdraw our resources from the process” after becoming “increasingly frustrated” that the views of local government are being “overlooked”.

This is not surprising in view of the track record of the BLMK ‘Sustainability and Transformation Plan’, which since 2016 has morphed obscurely into a proposed “Integrated Care System” and been hailed as one of the more advanced of the “vanguard” schemes.

As far as local government is concerned, they have felt not so much like

the vanguard leading the charge, more like the guard’s van at the back, taken for granted by arrogant and secretive Clinical Commissioning Group bosses who have run the process like a wholly-owned NHS project.

NHS bosses’ continued refusal to consult or engage properly with local government has been matched by the absence of any attempt at consultation with the local public or with the NHS staff who are supposed to be drawn into the process of “integration”.

The BLMK situation appears to be typical of other STP and so-called Integrated Care projects.

All of them have been dogged by chronic lack of capital and revenue for developing any new services or resources, staffing problems – and the continued disintegrated structure imposed on the NHS by the 2012 Health and Social Care Act.

As a result, the new organisations NHS chiefs want to set up lack both legal legitimacy and public support.

## Possible U-turn over HRI closure plan?

New plans for a £10m upgrade of A&E and intensive care wards at Huddersfield Royal Infirmary have further raised local hopes that Trust bosses might finally be considering a U-turn on plans for its closure.

In May Jeremy Hunt intervened to delay the plan, after he received a critical report from the Independent Reconfiguration Panel (IRP).

The Panel had been called into play by an objection to the plans belatedly lodged by the joint scrutiny committee of Calderdale and Kirklees councils.

However their objection was weak and limited in its scope, meaning that a number of key issues questioning the viability of the plan to centralise acute services at Calderdale Royal Hospital were not touched upon by the panel’s report, which endorsed the plan to close one of the two A&E departments, but criticised the plan on a number of fronts.

Hunt gave HRI chiefs three months to come up with revised plans in co-operation with councillors and members of the clinical commissioning groups. An update on progress so far was expected at a meeting of the Calderdale and Kirklees Joint Health and Scrutiny Committee on July 6, but the bland



document for that meeting just reiterated public information on the IRB and Hunt’s letter.

In what also looks like a response to the situation, Calderdale and Huddersfield NHS Foundation Trust has now set aside £9.7m for improvements to the resuscitation area in the emergency department and a refurbishment of the Intensive Care Unit (ICU). Neither facility would continue at the hospital if the closure plan is implemented.

Hands Off HRI chair, Mike Forster, told the local Examiner newspaper that the news confirmed rumours they had heard.

“If they are about to spend that amount of money it would seem like they need to keep it open.

“Hopefully this is the beginning of a u-turn. It would be ridiculous to spend that much otherwise, but I would like to see the details.”

As a result of Hunt’s intervention and the delay to the process, campaigners agreed that their judicial review claim, which was due to be heard on 12th to 14th June 2018, should be stayed to allow the local NHS organisations to undertake the further work recommended by the IRP.

The court approved a stay in proceedings until 24 September.

More info at <https://healthcampaignstogether.com/ACOMonitor.php>

## Julian Tudor Hart

Dr Julian Tudor Hart, for so many years a leading voice fighting all forms of marketisation and commercialisation of health care, died aged 91 on July 1.

He was a founding member of Keep Our NHS Public and a supporter of its work to build Health Campaigns Together as a wider alliance fighting in defence of the NHS and its basic principles.

His insights and support for campaigners will be much missed.

An obituary discussing his contribution is online at <https://healthcampaignstogether.com/remembering.php>.

## Coverage of other UK countries

Health Campaigns Together has up to now only worked in England. But a number of factors are pushing us to consider links in the other UK countries, including:

- the recent welcom conference decision of Northern Ireland union NIPSA to affiliate,
- the excellent demonstration and solidarity events in Belfast
- the growth of campaigns and support in Wales
- and the circulation of our June 30 supplement of the Morning Star in Scotland.

We will therefore attempt to cover campaigns and issues in these countries – but urge supporters to assist by feeding us information and pointing to appropriate sources.

Our next issue is October. Contact us any time at [healthcampaignstogether@gmail.com](mailto:healthcampaignstogether@gmail.com)

# Ontario faces even tougher cuts regime

In early June Canada's most populous province, Ontario, elected right wing populist ("Progressive Conservative") Doug Ford to lead the provincial government, despite – or perhaps because of – the lack of any clarity on his policies, especially with regard to the public health care system.

Just 24-hours after being sworn in Ford's government issued a press release on the Canada Day weekend revealing a plan to cut public drug coverage to those aged 24 and under, hitting families with the sickest children hardest.

It turns out that Ford's plan is to cut funding for public programmes and services including health care by \$22 billion over three years – much more than previous right wing premier Mike Harris.

With cuts on this scale, there are only a few options – significant downsizing of the workforce, an attempt to restructure through mass amalgamations, dramatic privatisation, and cuts to services.

Every previous round of cuts has spawned a costly army of consultants and managers to "find efficiencies." The Provincial Auditor calculated the cost of the hospital amalgamations and closures under Mike Harris to be \$3.9 billion – to save \$800 million.

After 40 years of downsizing, campaigners have been trying to push all political parties to make firm commitments to restore public hospital funding and reopen closed wards and operating rooms.

By the best evidence hospitals need 5.3 percent funding increase per year for four years in order to stave off cuts. Ontario, which has cut beds to a level unheard of in Canada — or among our peer nations – needs urgently to reopen beds.



Shades of Trump – and Tories – Doug Ford

Campaigners did succeed in establishing the crisis of hospital overcrowding as a key issue.

Doug Ford's promise was simply to "end hallway medicine" and that there will be "no cuts" without any commitment to any level of funding.

In Wallaceburg, at a donut shop appearance, local health campaigners also asked Ford not to privatize hospitals – and he promised this. They taped him on their cell phones. he will have to be held to that.

So the key question remains this: how will Doug Ford cut billions from provincial revenues when Ontario already funds its hospitals (and in fact all our public services) at the lowest level per person in Canada?

In addition to the budget cuts, there is reason to be wary. The Ford family's record of trying to privatise long-term care at the City of Toronto — a plan that campaigners successfully stopped — may be an indication of things to come.

He has now appointed one of his closest health care advisors Reuben Devlin, former Conservative Party President and CEO of Humber River Regional Hospital, to be the Chair of a new Premier's Council on Improving

Health Care & Ending Hallway Medicine' and 'Special Advisor on Ending Hallway Medicine.' The positions come with a \$348,000 per year salary.

Devlin closed 3 hospitals at Humber River in Toronto, to build one P3 (PFI) hospital, which cost an eye-popping \$1.76 billion due to the exorbitantly expensive P3 financing and privatisation model.

One of the hospitals he closed down was in one of the poorest neighbourhoods of Toronto.

Devlin was recently interviewed in the media and churned out the same long-used health policies that have led to the crisis in access to care: more

closure of hospital services and movement of services out to privatised sectors where patients face long waits, co-payments and user fees; he also focused much on "modernization" and the "hospital of the future" without any real substance reported on what this means.

"Ontarians don't want to be greeted by a robot at the one privatised regional hospital left after all their local hospitals have been shut down," noted Natalie Mehra, executive director of the Ontario Health Coalition.

She was alluding to the "modernization" at Humber River. "The discussion now has to be about rebuilding capacity – reopening beds and ORs, restoring funding – not centralizing, cutting, closing and privatization our local hospitals. We are deeply concerned and we are asking Mr. Ford to provide some reassurances about his plans."

The Coalition is seeking assurances that a mega restructuring plan — to amalgamate all 146 Ontario hospitals covering 224 local hospitals into 40-50 mega hospitals — will not be imposed by this new Council or by the Ford government.

■ news from Ontario Health Coalition, [www.ontariohealthcoalition.ca](http://www.ontariohealthcoalition.ca)

## Philippines bans hospital privatisation

The Philippine House has passed a bill to ban the privatization of public hospitals. There were efforts to privatize the state-run Philippine Orthopedic Center (POC) in 2015 but they were defeated by widespread public protests.

"The bill defines privatization as a process in which non-government actors become increasingly involved in the financing and the provision of health care services which includes outright sale, public-probate partnership, corporatization, contracting out of equipment, joint venture, franchising, management control and leasing and user changes. Likewise, the bill provides that at least 90 percent of the total bed capacity of all public hospitals should be allotted for indigent or poor patients.

"This will address the lack of access and inequality in health care brought about by the privatization of public health services," the Committee Report on the measure read. "For a third violation of the law, that person will be perpetually disqualified from holding any public office.

■ From PSI <http://www.world-psi.org/en/issue/privatisation>

# US nurses battle profiteers for pay and patient care

**Tristin Adie, primary-care nurse practitioner and VFNHP member**

NURSES AT THE University of Vermont (UVM) Medical Center have voted to strike to demand safe staffing levels and fair compensation — including a \$15 (£11.29) an hour minimum for all hospital jobs and salaries compatible with other hospitals in Vermont. This works out at 18% over 3 years rather than the 7% offered.

The Vermont Federation of Nurses and Healthcare Professionals (VFNHP) ballot resulted in 94 percent "Yes." vote. The union managed to turn out three-quarters of its membership despite being forced to vote outside of hospital grounds — mostly in the parking lots of nearby stores.

Management have freely admitted that they are in excellent financial shape, with a \$69 million surplus. But the hospital is prioritizing pay for its executives and its bond rating, which allows the hospital to borrow more money to spend on capital projects.

They keep their bond rating up by keeping wages low.

Members of the community have organized a support alliance including other local unions.

One of the most successful events since the strike vote was a "Nurses' Town Hall", which highlighted the impact of understaffing at the hospital.

"We have a physician who spoke

to the board of trustees yesterday," said VFNHP vice president Deb Snell to the crowd. "At their clinic, there was one nurse for twenty-two providers. That's a crisis."

The high number of vacancies at UVMHC have resulted in an unsafe environment for nurses and for patients.

Another nurse noted that the hospital has used video monitors as a replacement for direct nurse observation for some of its most critical patients.

Local activists have also organised a Queer Solidarity Alliance bringing together nurses and members of the queer community in Burlington. The Alliance has connected the hospital's mistreatment of nurses with its failure to treat LGBTQ patients with respect and dignity. For example,

charts have no way of handling name or pronoun changes during transition, leading to confusion about treatments and medications.

Nurse Kristy Wyckoff put it this way:

"What the union is asking for is not unrealistic or unreasonable. The money is there, and it is just being used in other ways. We need to invest in Vermonters for our future.

"The nurses don't want the focus of this to be on money, but it is the answer to all of our priorities. Our priorities are the patients, safe staffing, RN recruitment and most importantly RN retention."

In other words, it is striking nurses who are the ones fighting for patients, and hospital bosses who put their own selfish interests above those of their "clients."

## Solidarity from US nurses

**Bonnie Castillo, Executive Director of National Nurses United**



failure to establish a humane healthcare system has deadly consequences.

U.S. nurses will never give up on our fight for guaranteed healthcare for all Americans as a human right. It's increasingly what the people demand—with 63% of U.S. registered voters in a recent survey supporting Medicare for all.

And on the eve of its 70th anniversary, we would like to thank the NHS for fueling our will to keep fighting forward. The NHS has shown us that it is possible to provide a high standard of healthcare without outrageous co-pays, premiums and deductibles, in a system that belongs to the people.

Working people cannot just depend on our elected officials to put public health over private profit. It's up to all of us to use our collective voice, and our willingness to take to the streets, to demand what is moral and just.

And together, on behalf of patients everywhere, we will win.

● The full text of this heavily edited statement is on our website (below)

On June 22–24, National Nurses United, the largest union of registered nurses in the U.S., played a leading role in the Single Payer Strategy Conference, a major national convergence of workers, patients, grassroots activists and everyday people, marching through Minneapolis to demand, "Medicare for all, now!"

Just days later, on June 30, thousands of people in the U.K. marched through London, demanding the NHS remain "free, for all, forever."

While U.S. activists are moving forward, toward a health care system that belongs to the people, U.K. residents are saying there is no going backward to a time before the existence of just such a system, which provides care based on patient need and public health, not on ability to pay.

Nurses, more than anyone, are keenly aware that our own country's



# Join us – and help us fight on until we win!

The June 30 celebration and demonstration for the 70th anniversary of the NHS, which we called and built with People's Assembly and the TUC unions, is just one of the major events we have organised through Health Campaigns Together.

We already have plans for more events at local and regional level: a national conference on social care in Birmingham in November and regional conferences to strengthen networks and link up campaigners in stronger local alliances.

We are working with local campaigns and the health unions to fight the attempts to hive off thousands of hospital trust support staff to "subcos" (see pages 2-3).

We have also recently won agreement from Labour's leadership and shadow health team that

HCT will play a role with other campaigners in shaping draft legislation for reinstatement of the NHS, in a Labour Queen's Speech.

Our quarterly newspaper now has a regular paid circulation of over 10,000: this July issue contains a special 4-page supplement from the campaign to save Liverpool Women's Hospital, building for their demonstration on September 22.

Our website is attracting thousands of hits per day, and carries a wide range of news and information.

All this work to help local unions and campaigns would be much better with your organisation involved; we urge all organisations who share our commitment to defending the NHS to join us now and help shape our campaigns. With your help we will win more victories.

# HEALTH CAMPAIGNS TOGETHER



# Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of over 100 organisations. We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.

**REAFFILIATION DUE NOW FOR 2018. 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.

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

■ **Pay us direct ONLINE** 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 102 Corve Street Ludlow SY8 1EB.

We have produced Health Campaigns Together newspaper **QUARTERLY** since January 2016. The next issue (12) will be in early October. It is still **FREE ONLINE**, but to sustain print publication we need to charge for bundles of the printed newspaper:

**Cost PER ISSUE** (inc post & packing)

- 50 copies £25 (£15 + £10 P&P)
- 100 copies £35 (£20 + £15 P&P)

- 200 copies £40
- 500 copies £70 (£40 + £30 P&P)

For intermediate quantities – see <http://www.healthcampaignstogether.com/newspaper.php>.

Bundles of papers will only be sent on receipt of payment, and a full postal address preferably online.



## Affiliate your organisation for 2018

Affiliation is by calendar year, and the money we raise this way helps support the campaigning work of HCT across the country. It also **entitles your branch to send a delegate to affiliate meetings** which are the decision-making body of Health Campaigns Together.

Our constitution can be viewed online at <https://healthcampaignstogether.com/constitution.php>

We are delighted to have a number of unions affiliated nationally to HCT: but we are also keen to link up with **local** union branches and other organisations to help develop campaigning in every town, city and region in England, and wider still if we can build sufficient support in Scotland, Wales and Northern Ireland.

(For subscription rates for the newspaper see above: for online back issues our website [www.healthcampaignstogether.com](http://www.healthcampaignstogether.com))

## Please affiliate us to HCT for 2018

YOUR NAME .....

Position held .....

Email address .....

Phone .....

Organisation .....

Affiliation fee £..... Additional Donation £ .....Cheque total £.....

*Please make cheques to Health Campaigns Together, & send c/o 102 Corve Street Ludlow SY8 1EB*

**Contact us at [healthcampaignstogether@gmail.com](mailto:healthcampaignstogether@gmail.com). [www.healthcampaignstogether.com](http://www.healthcampaignstogether.com)**