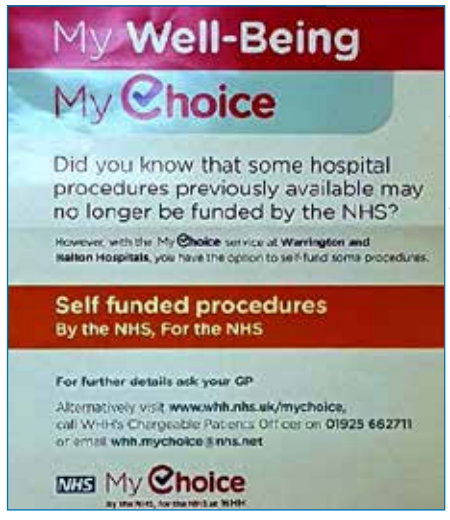
HEALTH CAMPAIGNS TOGETHER

#our NHS

● Quarterly ● No. 15 Summer 2019 ● FREE ● @nhscampaigns

shutterstock.com



shutterstock.com

OUR NHS UNDER THREAT!

Our NHS is facing more threats than ever the two candidates to be the next Prime Minister move ever further to the right to appease Tory Party members.

Jeremy Hunt, cynically distorting his real wretched record as Health Secretary, may now be claiming to have 'saved' the NHS – but he is also echoing Boris Johnson's threat of what would be a disastrous no-deal Brexit and promising a massive £15 billion increase in military spending – at the expense of health and welfare budgets.

So the prospect is whichever man wins, the NHS will lose out heavily.

At the beginning of June first the US Ambassador and then Donald Trump himself insisted that the NHS – and of course its budget of £120 billion a year – had to be 'on the table' in any trade negotiations.

Some Tory leadership hopefuls predictably hastened to distance themselves from any toxic association with Trump's demands – but Johnson, the front runner and Trump's favoured candidate, not only stayed silent, but later told a closed hustings meeting that the NHS "needs reform".

Former Tory Prime Minister John Major on BBC1's Andrew Marr Show in 2016 warned that Johnson's policy for the NHS was to charge people for health services.

Not safe in their hands

Of Johnson, Michael Gove and Ian Duncan Smith, Major summed up: "The NHS is about as safe with them as a pet hamster would be with a hungry python."

Trump, who like Johnson is notoriously inconsistent and cavalier with facts, appeared to retreat slightly from his original statement in an interview the next day with Piers Morgan; but it would be a mistake to take either his opening gambit or his subsequent statement at face value – or to trust a government led by either man to resist future US demands.

Indeed the NHS is *already* open to private companies to bid for contracts – from the US or anywhere else, and has been since New Labour's controversial "reforms" which opened up a competitive 'market' in clinical care from 2000.

It was exposed even further by the 2012 Health & Social Care Act which was pushed through by David Cameron's government with Lib Dem backing.

But up to now the main American health corporations have shown little interest in bidding for under-funded contracts to deliver patient care.

Nor are the major US insurers significantly engaged in Britain, even as gaps appear in the NHS.

It's not American-owned hospitals setting up to offer "self-pay" operations to NHS patients denied routine treatment in Warrington, but a British NHS Foundation Trust (see p7).

Minimal foothold

American hospital corporations HCA and Tenet have only a minimal foothold in England, and no large scale commitment to expand in Britain's small private hospital sector.

HCA's new Birmingham hospital is being built alongside a major NHS Foundation Trust Hospital – to ensure it can cash in on NHS-employed consultants, NHS-trained nurses and NHS-funded elective patients.

Far from wanting to take over the whole of the NHS, US companies like UnitedHealth subsidiary Optum have focused on focused, profitable opportunities, selling technology, IT expertise and "back office" systems.

The main potential money-spinner for the US is pharmaceuticals, especially if Trump could strip away existing regulations and NICE guidelines, and force British prices up to the inflated levels they are able to charge in the US market.

Successive British governments have shown they are happy to accept all of these, except perhaps the drug price hikes, which would push up public spending.

It has been BRITISH governments that opened up the NHS to EU competition laws, leaving our health system more exposed to private intervention than any other EU country.

France and Germany have protected their much bigger health care against competition laws and have little if any US penetration.

It's been possible for the Canadian government, the USA's next door neighbours, to reject any US involvement in their health care system, even after signing the NAFTA free trade deal.

There are no US hospital corporations or insurers involved in Canadian health care: Canadian drug prices are so much lower US pensioners organise trips across the border to buy cheaper medicines.

It's not Trump or the US who have so far privatised sections of our NHS but British governments, and predominantly British companies such as Virgin, along with South African, Australian and other private firms.

To make sure we keep our NHS public, we need a government committed to doing just that – and not one led by either of the right wing hopefuls lining up to replace Mrs May.

MENTAL HEALTH CRISIS SUMMIT
SATURDAY 28 SEPTEMBER
ROYAL FREE HOSPITAL LONDON

Mental health: the most privatised part of the NHS – p5

Reclaim Social Care launches as a campaign – p11

BMA joins fight to scrap NHS migrant charges – p3

Trust offers 'low value' ops for sale– p7

500,000+ say Keep NHS out of any trade talks – p9

John Gomez / Shutterstock.com

NHS faces "perpetual winter" – NHS Providers

A few days after midsummer NHS Providers is already keen to focus on the problems set to recur with winter this year. It is urging health leaders not to draw false comfort from the noticeable absence of stories about 'winter pressures' in the media earlier this year.

A new briefing, ***The Real Story Of Winter***, argues that while preoccupation with Brexit has diverted attention away from other vital challenges, performance against key standards continue to show the NHS remains in "perpetual winter".

It sets out the growing pressures facing our health and care services. An analysis of NHS England and NHS Improvement combined performance data shows a widening gap between the demand for care and the capacity of the service – in terms of staff and beds – to meet it.

The NHS is now treating more patients than ever. Last winter:

- There were 6.1 million accident and emergency attendances, an increase of 5% from the previous winter and a 16% increase since 2014/15.
- The NHS admitted 1/6 million emergency cases, a rise of 6% from the previous winter and up nearly a fifth (16%) since 2014/15.
- On average, 66,300 people were being admitted in England each day over winter.

Despite much milder weather, with a less severe strain of flu, last winter saw the worst A&E performance against the four hour target since records began, and the poorest performance recorded against key cancer standards.

Moreover, the elective care waiting list is at record levels, with more people waiting longer than the recommended 18 weeks for routine operations.

Ahead of next winter, the NHS is trialling a new set of standards. But NHS Providers warns that this is more difficult when performance is slipping against existing goals.

The director of policy and strategy at NHS Providers, Miriam Deakin said:

"We must ensure change is not recommended simply because the service is struggling to deliver existing targets."

94%
average bed occupancy last winter

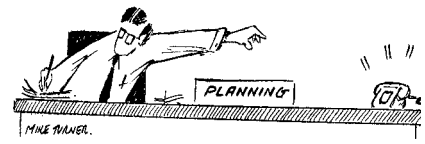
3,988
average weekly extra escalation beds

5.2 million
emergency admissions

Croydon's new A&E can't stop performance getting worse

Croydon's overstretched University Hospital has been bumping along at the bottom of the performance tables for some time.

In January 2019 it became the first hospital to dip below 50% of the most serious Type 1 A&E patients to be seen and treated or admitted within 4 hours.



Indeed Croydon Health Services Trust's 29 percentage point drop over 2 years – to just 49.1% type 1 performance in January 2019 made it the worst in the NHS, 27 points behind the 76.1% average.

But now it appears that a contributing factor to this has been the opening of a brand new £21m A&E department, almost 2 years later than scheduled, last December: there had been problems with contractors, plumbing and asbestos.

But the new department, which the trust claimed had been planned with the involvement of medical and nursing staff, has proved to be a liability rather than an asset. According to analysis by the South London Press:

"In the three months before the changeover, Croydon University Hospital's A&E was performing very similarly to the national average for Type 1 patients. … There was a small decrease in December, with an extra 5% of patients having to wait longer than four hours. In January, however, more than half of Type 1 patients in A&E waited longer than four hours to be seen."

In February the performance increased, but only to 63% of Type 1 patients waiting less than four hours, and in March it slumped again to 60%.

The trust's response has been to blame the problems on a significant increase in demand for emergency admissions and the lack of available beds. This is clearly a key issue. No matter how you enlarge the A&E as the entrance hall for patients, if the bed numbers are inadequate, performance will be limited.

This problem is a miniature version of the NHS as a whole, where huge amounts of management time and effort in recent years have been devoted to channelling away as many as possible of the less serious type 3 patients from A&E, even though these patients are not the ones facing the biggest delays and do not require beds.

Meanwhile they have been paying little attention to the growing delays for those in most serious need of attention. Since 2010 the UK population has increased by over 4 million and the numbers of older patients more likely to need health care has also risen.

However front line general and acute bed numbers in England have been cut by almost 6,000, with Croydon's trust's capacity declining almost 9% from 523 beds in 2010/11 to 477 (plus the flashy new A&E) in 2018/19.

- Despite being an integrated care trust, providing acute and community services, Croydon has now received the lowest score in England from the inpatient survey, partly down to people's experience of being discharged: it was the only NHS trust to be scored "much worse than expected" in the survey.

■ From ***The Lowdown*** June 8

RCM says it's time for NHS to care for midwives

Alice Sorby, Employment Relations Advisor The Royal College of Midwives

Staff health and wellbeing and flexible working as a way of supporting this are popular themes in the NHS. However without trade unions working to negotiate good local policies and supporting individual members all this theory won't translate to real positive change for NHS staff.

The National Maternity Review: Better Births, is a report that was published in 2016 and sets out the vision for maternity care in England, from this review the Maternity Transformation Programme (MTP) was developed to implement the recommendations it set out.

The NHS Long Term plan reaffirmed the NHS's commitment to this programme. One of the key recommendations was 'Continuity of carer'. This means that a woman receives their care from a midwife who they know, from antenatal right through the birth and the early days of parenting.

The RCM supports the vision for maternity services in Better Births, but for it to become reality there needs to be enough staff with time and resources.

It also means a shift in how midwives and maternity support workers work. As a trade union as well as a professional organisation our role is to ensure our members, midwives and MSWs are supported.

It's important to remember that working in a new way doesn't mean that existing policies and protections are thrown out of the window.

Trade unions have always fought to improve the working lives of their members though, so rather than just protecting existing terms and conditions the RCM wants this to be an opportunity for our members, to gain autonomy to develop working patterns that recognise the importance of work/life balance and health and wellbeing.

Going back to my original point flexible working can be key to achieving this.

Staff shortages

Midwives are leaving the profession due to lack of opportunities to work flexibly, and there is already a shortage of 3,500.

Unless we keep experienced midwives, who have so much to contribute to the service, we won't address the shortage of staff and realise the aims of Better Births.

The RCM has produced guidance on the benefits and different types of flexible working.

Although flexible working is great it isn't the answer to everything, more needs to be done.

The RCM's Caring for You campaign asks heads of midwifery (HOMs) to sign up to a charter to commit to work in partnership with the RCM to improve the health, safety and wellbeing of staff, foster a positive working environment, nurture a compassionate workforce and ensure NHS staff have access to occupational health and other policies for their mental and physical health, safety and wellbeing.

So far 144 NHS organisations across the UK have signed the Caring for You Charter.

This year RCM Workplace Representatives have been working with HOMs on action plans to ensure the campaign makes a real difference to midwives and MSWs.

■ ***https://www.rcm.org.uk/supporting/getting-help/caring-for-you/***

BMA offers doctors chance to report safety concerns

Dr David Wrigley
NHS GP, Lancashire
Vice Chair, BMA UK Council

Patient safety is at risk because there are not enough doctors to provide safe services. The BMA is calling on health and social care staff, staff representatives, patient representatives, employers and local and national policy and decision makers to join together and make the case for change.

The safety of our patients depends on health and social care staff working in a safe system. Due to the ongoing recruitment and retention crisis in the NHS, doctors no longer feel this is the case and fear that the health of their patients is at risk.

The Dr Bawa-Garba case focused attention on the problem of individual doctors taking the blame for system failures. This makes doctors fearful in their clinical practice.

BMA members have made clear their concerns at recent Annual Representative Meetings, passing resolutions highlighting chronic understaffing and calling for systems to be put in place to enable doctors to alert senior managers to unsafe staffing conditions.

Others have also recognised the problem - last year, the GMC published guidance for doctors working under pressure urging them to flag concerns about unsafe care

to those responsible for running services.

However, the facts remain, and doctors know only too well, that if an error occurs in an NHS workplace due to understaffing or lack of resources then very little sympathy will be shown towards the doctors at the coalface.

Training doctors

Governments across the UK have committed to training more doctors, but it takes at least 10 years to become a GP or consultant.

In the meantime, doctors need effective mechanisms to escalate their concerns about inadequate staffing levels, and to be freed up from unnecessary work so they can devote their time to direct patient care.

Alongside a campaign to secure legislation in England and Wales, the BMA are exploring the development of a safer working charter, in collaboration with partner organisations, and joint guidance on safe staffing for employees, employers, their representatives and local commissioners.

Working with HCT will bring a wider viewpoint and expert knowledge to our campaign and we welcome their involvement and look forward to our collaboration.

To inform this work we are inviting doctors to anonymously share their experiences of working in understaffed situations and about any individual or collective efforts to bring about positive change in their place(s) of work.

I really believe that, through this work, we can make a positive difference to the lives of doctors working across the UK and their patients.

Crisis -ridden mental health trust again branded 'unsafe' by CQC

The Norfolk & Suffolk Foundation Trust, already in special measures, has once again been branded as unsafe by the Care Quality Commission.

It found that high staff turnover, vacancies, staff away on courses and sickness all contributed to an unmanageably high case load for staff at the Ipswich home treatment team, juggling the needs of 50 patients.

Not surprisingly the result was care that was "variable and at times poor" said the CQC after an unannounced inspection.

Failures to visit patients

The inspectors also heard that in Norwich the mental health trust's crisis and home treatment team was not consistent in providing safe care, and that staff failing to visit patients as planned was a "daily occurrence".

A separate unannounced inspection of the trust's community-based mental health services for adults also rated it inadequate.

The trust was rated inadequate in the summer of 2017, and an interim inspection last August raised significant unresolved concerns.

After each of these inspections the current chief executive stressed positives in the report, while clearly failing to address the underlying issues.

Campaigners have been critical of what they see as ineffective CQC intervention since serious concerns were flagged up in 2014.

It's clear services have been struggling with staff shortages and underfunding by CCGs. In 2013 the trust faced a 20% cut in its budget, and in four of the following five years there were further cuts in funding.

However matters have been worsened by poor senior management, who redesigned services cutting staff and frontline teams.

Our call for a conference on safety

Health Campaigns Together at its February 2 affiliates meeting agreed to seek to advance our campaign to "Make our NHS Safe for All" by working to establish a broad-based national conference on the issue in the autumn of this year.

Since then we have approached the key unions involved, receiving a positive response, and progress has been made.

However although we now have a firm commitment from all of the main players, we are still unable to launch the conference campaign from this issue of the paper as we had hoped.

We do still hope to achieve the type of conference we have aimed for by the end of the year, and will post information on our website and alert all affiliates as soon as we have details agreed.

So please keep an eye on the website https://healthcampaignstogether.com/

BMA joins fight to scrap NHS migrant charges

The campaign to reverse reactionary legislation stemming from Theresa May's "hostile environment" to migrants has now gathered the support of almost all the professional bodies representing doctors.

In March the Academy of Medical Royal Colleges, covering all 24 medical royal colleges adopted a powerful statement rejecting the case for the charges and calling for the suspension of the regulations.

Now the BMA's 2019 Annual Representatives' Meeting has carried a motion from Tower Hamlets which calls for the regulations and all charges to be scrapped.

The campaign has been led by Docs Not Cops and Patients Not Passports, and supported by Medact. Health Campaigns Together and Keep Our NHS Public have also supported vigorous protests in Liverpool, Bristol, Birmingham, Brighton, Cambridge and London.

The case has been forcefully made to refute cynical claims by government and the right wing press that the charges are simply targeting "health tourists", and proving that the legislation is inherently racist, discriminatory, and contrary to NHS principles.

Evidence continues to emerge of people being deterred from seeking treatment and inappropriately denied access to care.

The fight is on to force politicians and ministers to take note.

Motion by **TOWER HAMLETS DIVISION**:

That this meeting notes that in a pilot to check eligibility for free NHS Care only 1/180 people were deemed ineligible and:

i) this meeting believes that it is not cost effective to monitor eligibility for NHS Care;

ii) this meeting calls for the policy of charging migrants for NHS care to be abandoned and for the NHS to be free for all at the point of delivery;

iii) that this meeting believes that the overseas visitors charging regulations of 2011 threaten the founding principles of the NHS and that the regulations should be scrapped.

Durham here we come!

Keith Venables
Co-Convener HCT Trade Union Group

Health Campaigns Together knows that alliances with trade unions are essential for our movement fighting for our NHS.

Finding common ground between unions, health workers and community activists has meant joint actions over opposing the outsourcing of NHS staff into wholly owned subsidiaries (see page 6), fighting together to oppose job losses, cuts and much more.

We've also spoken to large numbers of union activists in UNISON, Unite, GMB, Trades Councils, Fire Brigades Union and Bakers union by running stalls at their conferences.

Our next Stall is at the Durham Miners Gala on 13th July.

See you at the HCT Stall in the Marquee near the platform from 11.00 am.

Implementation Plan sidelines a batch of Long Term "priorities"

John Lister

Just six months in to the NHS Long Term Plan, a new *Implementation Framework* document has revealed that a substantial chunk of it has already effectively been put on the back burner, and the timetable for changes is slipping.

The new document makes clear that some of its long list of "priorities" are now identified as "critical foundations" – changes which all areas must try to do at once – while a series of other priorities are relegated to less of a priority.

It was published well after Treasury Secretary Liz Truss confirmed that the spending review, expected to be completed in the autumn, has been delayed by the chaos in the Tory Party, and will not now report until the new year. However this is not acknowledged as an issue anywhere in the document.

The delay immediately shoots down NHS England's hopes of submitting drafts of five year plans in September and finalising them in November. With no firm information on how much or little capital will be available, many possible service developments will remain as wishful thinking.

Still priorities

The priorities that have been prioritised by the *Framework* include primary care and community services (which are set to receive the largest allocations of additional funding up to 2023); mental health – the next largest allocation of extra cash; urgent and emergency care; cancer; increasing numbers of elective operations; 'personalised' care (which always seems to be laid down in a one size fits all formula) and digital primary care and outpatients – centred on the "digital first" mania in the Long Term Plan.

Kicked into the long grass, and left to the discretion of cash strapped commissioners and trusts, are a list of lesser – but potentially complex – "priorities" including prevention; maternity and neonatal services; children and young people; learning disabilities and autism; cardiovascular disease; stroke care; diabetes and respiratory disease.

Clearly some of these will also feature in any serious discussion of urgent and emergency care, primary and community care, cutting out 30 million outpatient appointments and increasing provision of elective operations.

Menu

The elective service agenda is also complicated by NHS England's insistence that commissioners adhere to the controversial "menu of Evidence Based Interventions" (EBI) which last year singled out 17 treatments for exclusion from routine referral.

This initial list has now in many areas been exceeded, as planned, by much longer lists of exclusions drawn up by CCGs – as we warned in this newspaper a year ago.

The *Implementation Framework* expects the EBI Menu will result in a reduction of 128,000 operations a year.

Despite its repeated claims to be seeking to eliminate variations in care, NHS England shows no sign of seeking to ensure that CCGs with long and unjustified lists that exclude cataract operations, hip and knee replacements and other proven effective treatments, are forced to think again.

The postcode lottery is not only alive and well, it is growing in scope, and NHS England boss Simon Stevens' limited criticism of the plans by Warrington and Halton trust chiefs to start charging patients for operations that have been added to the basic list by local CCGs (see page 7) indicates that is set to continue.

■ For a more detailed analysis of the *Framework* see ***The Lowdown*** July issues at ***https://lowdownnhs.info***

HCT's Northern Conference a success

John Puntis

Thanks to all who participated in a successful northern 'Health Campaigns Together' conference in Leeds on 29th June.

Over 75 campaigners representing a variety of groups attended from around the region, including Huddersfield, Halifax, Chorley, Liverpool, Manchester, Sheffield, Newcastle, South Tyneside, Airedale, York, Dewsbury, Bradford, Derby, Wakefield, Harrogate and Leeds.

The day was planned to cover not only what was happening in the NHS, but also to focus on social care and mental health.

A speaker from DEAL (Disability Empowerment Action Links) talked about the crisis in funding for children with special educational needs and the inspirational way that families are fighting back.

Topics discussed included the current extensive involvement of private companies in the NHS and the dangers of future trade deals; rationing disguised as 'evidence based medicine', and the sale of NHS care to 'self funding' patients; integrated care systems, loss of democratic accountability and the threat posed to comprehensive health care, free at the time of use; the crisis in general practice and the risks inherent in Primary Care Networks; campaigning on social care and working with councils to take it back from the privateers, as well as making it fully funded out of general taxation; arguing for comprehensive mental health services with true parity of esteem.

Hackney KONP's impressive photo-exhibition on the corporate takeover of the NHS was also on display.

Initial feedback from delegates was very positive, and through sharing experiences many left with reinvigorated feelings of solidarity and even greater commitment to the fight for a publicly funded and provided NHS, with social care as a right, delivered for the benefit of society as a whole.

NHS secrets – and lies

Richard Bourne

Those of us who campaign against outsourcing and privatisation often face a serious obstacle: we cannot get the information we need. Secrecy prevails, so we cannot show that what is said in public is simply not what was agreed in private.

The key to understanding what is planned will be in the Business Case.

Every NHS body contemplating a significant procurement must produce a business case, and that is the mechanism through which accountability is established. And the last thing most NHS bodies want is to be accountable.

Instead public bodies – fully funded by us – claim that in fact they are commercial bodies competing in a market and forced to protect their position by keeping everything secret, invoking "commercial confidentiality".

They refuse to provide information about what they are planning to do, and more importantly why they are planning to do it.

For every procurement there should be a clear statement about what it would require to build NHS capacity as an option. Then some test of overall social value ought to apply, not just the money.

But this is useless unless we can all see the case being made and put our arguments forward.

Which comes back to commercial confidentiality – and lying.

Information can be legally withheld … if disclosure would or would be likely to prejudice commercial interests.

Well, for a start, public authorities are rarely trading entities, and their interests are rarely commercial.

But there is a limitation placed on this anyway: the guielines require that to avoid the need for disclosure

"the chance of prejudice being suffered should be more than a hypothetical or remote possibility; there must be real and significant risk".

(see ***http://tiny.cc/izg18y***)

This justification has to be spelt out objectively, with facts, if a request for information is declined. That is incredibly unlikely ever to be he case.

There is strong guidance anyway from the FOI (Civil Procurement) Policy and Guidance) Version 2.0 2008 which sets out what can and should be disclosed during a procurement in respect of the Business Case.

This makes clear that all vision planning and strategy documentation – including the Business Case – can be disclosed once the bid documentation has been issued. Basically, the public has the right to know as much as the bidders.

So information should be available before any decision to award a contract is made. The only things that are genuinely confidential are matters flagged as such by bidders, such as trade secrets – and even then a public interest test can overrule that desire for secrecy.

Public bodies are not traders!

Yet while a few do publish the case in full on their web site – good for them – too many CCGs and Trusts routinely refuse to provide Business Cases even after contracts have been awarded.

It is time we stepped up the campaign to make sure NHS leadership make sure CCGs and Trusts act openly and transparently and stop hiding behind bogus confidentiality.

So far NHS leaders are complicit.

■ **This article is heavily abridged from a longer version in The Lowdown, June 22, *https://lowdownnhs.info/***

Summit will build new campaigning alliance for mental health

Tony O'Sullivan

Our September conference will help raise awareness about the extent of the mental health crisis and confront government policies that have created this storm.

We are excited by the confirmed speakers so far, including the wonderful film director, Ken Loach (I, Daniel Blake and Sorry we missed you) and shadow secretary of state for health and care, Jon Ashworth.

In partnership with Mental Health-Time for Action and Keep Our NHS Public, HCT is also working with the TUC, health unions and the Socialist Health Association.

We have plans for a wide range of speakers and workshops. The summit will explore why it is a public and well-funded NHS that can deliver the best mental health clinical services.

We demand safe community care with early intervention and preventative strategies and an end to reliance on private companies for inpatient care of people in mental health crisis.

The conference will hold workshops including: the social model; community mental health services for young people; impact of the hostile environment and racism; stress and mental health at work; and trauma.

John Harris reportdigital.co.uk

Ken Loach

We hope the conference will strengthen the commitment to campaigning for political change to overturn the policies and austerity that are killing so many and causing deep distress.

'Parity of esteem' in campaigning will aid the fight for better NHS and care services.

There is a CRISIS in our mental health services. It's time to act!

Almost 7000 mental health nurses were lost from 2009 to 2018. Meanwhile, the number of doctors in specialist psychiatric training fell by 20%, and beds available for patients with serious mental health issues fell by over 8000.

That's why we're holding a one-day conference in September this year to take a closer look at the mental health crisis – what's driving it, how government decisions have let it worsen over time, and what action we can take to set things right.

Our new video on the mental health crisis and the action we are demanding from government is at *http://tiny.cc/70f18y*

Speakers:

So far we are going to be joinedby:
Jonathan Ashworth MP Shadow Secretary for Health,
Ken Loach film director,
Diane Abbott MP Shadow Home Secretary (tbc),
Kevin Courtney National Education Union General Secretary,
Lowkey musician and activist (tbc),
Ian Hodson National President BFAWU,
Dr Louise Irvine Health Campaigns Together,
Rachel Bannister mother and activist,
David Munday mental heath lead Unite the Union,
Dr Vic Chapman from the Royal Free,
Cath Wakeman OBE trauma therapist,
Dr Nihal Fernando Consultant Psychiatrist
and many more…

Tickets: Unwaged/Low Pension: £5.00
Standard: £10.00
Solidarity: £20.00
If you're having difficulty paying and would still like to attend, please contact us at *nationaladmin@keepournhspublic.com* and we can sort out a free ticket.

Poor quality care for profit

Making mental health their business

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

"funding for independent sector mental health service providers increased by 15 per cent in real terms between 2011/12 and 2012/13 alone, while funding for NHS-provided mental health services decreased by 1 per cent". (page 6)

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

"robust revenue growth for independent mental health hospitals in recent years, amounting to 12% in 2015 and 4% in 2016, though pressure on prices by financially stretched NHS agencies has meant some diminution in profit margins. […]

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

"CCG block contracts with NHS Mental Health Trusts, which give the Trusts little incentive to expand their own in-patient capacity or even maintain what they have, limited NHS capital budgets, and risk averse behaviour of Trusts all contribute to the growth in demand for independent acute mental health bed capacity."

44% of CAMHS

However the imbalance is even more dramatic in child and adolescent mental health: recent reports reveal that no less than 44% of the £355m NHS spending on CAMHS care goes to private providers, and figures given in parliament last November again show how the private sector spend has grown by 27% over 5 years from £122m to £156m, although spending on NHS providers has risen faster (by 40%).

The private sector domination is most complete in the provision of "locked rehabilitation wards", in which a massive 97% of a £304m market in 2015 was held by private companies, the largest of which was the (now merged) Cygnet/Cambian (20-30%), with substantial involvement also of Acadia (Priory Group) with 10-20% and Huntercombe with 5-10%.

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

Cygnet's profit

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

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

According to the Competition and Markets Authority the market for mental health services was worth a total of £15.9 billion in 2015, 275 of which was for hospital services, and the private hospital sector had grown by 8% in the previous five years, while NHS capacity had been cut by 23%.

■ From ***The Lowdown***, May 25

New round of strikes to challenge privatisation

■ In Birmingham, about 40 NHS porters, housekeepers, domestic assistants and maintenance staff at Birmingham and Solihull Mental Health Foundation Trust, who face being transferred to a wholly owned subsidiary (WOS) staged three days of solid strike action on 24-26 June (pictured right).

This followed a 92% vote for action against being transferred to a 'wholly owned company', Summerhill Services Ltd from 1 July.

■ Over 200 UNISON members at a Bradford Teaching Hospitals Foundation Trust – 97% of those voting – voted to take strike action in July amid fears over "backdoor privatisation" of some of its services.

UNISON balloted its 313 affected members after the Trust unveiled plans to set up a wholly owned subsidiary company – securing a 70% turnout, and recruiting another 37 members.

The Trust plans to transfer around 600 staff from its estates, facilities and clinical engineering departments into the new company, but denies it is privatising services.

■ About 1,000 NHS housekeeping, estates management, equipment maintenance, catering, procurement and security staff at Frimley Health NHS Foundation Trust could also face being transferred to a wholly owned subsidiary (WOS).

The Frimley trust provides NHS hospital services for about 900,000 people across Berkshire, Hampshire, Surrey and south Buckinghamshire.

Has NHS England given green light for WOCs?

John Lister

The new round of proposals by NHS trusts and foundations to launch "wholly owned subsidiaries" comes after a series of strikes and battles last year challenged and defeated similar moves, most conspicuously at Wrightington Wigan and Leigh FT, where a succession of strikes eventually forced a change of policy.

In the late summer NHS Improvement, seeking to avoid further bruising clashes, announced there would be a review of the guidance issued to trusts on how to carry out such changes, and urged a pause in any further creation of subsidiaries.

By November, fresh guidance was published, which was seen by the unions as putting fresh hurdles in the way of trusts seeking to hive off their staff.

The document rather ominously stated: "This framework strikes a balance between assuring us [NHSI] and respecting NHS freedoms and the ability of the NHS to innovate."

The tone is almost apologetic:

"We recognise that this updated approach increases the regulatory burden on some providers and we commit to reviewing the approach after one year to consider whether it is still appropriate and proportionate." (1.3)

The focus of the new guidance was on the obligation of each trust to produce a convincing business case, which "must demonstrate to the Secretary of State that the subsidiary is income generating" (1.2). Up to now business cases have been of poor quality, and little more than flimsy fig-leaves to conceal a hope of escaping VAT costs by establishing companies that can claim exemption.

The powers of trusts to set up such companies are based on legislation and guidance brought in by the New Labour government back in 2006. This stipulates that an income generation plan

- must be profitable and provide a level of income that exceeds total costs…
- the profit made from the scheme … must be used for improving the health services
- and the goods or services "must be marketed outside the NHS."

The guidance emphasises that "[Services] being provided for statutory or public policy reasons are not income generation" …

"the general legal power of NHS trusts to do anything that appears necessary or expedient in connection with their functions does not allow them to form or participate in companies for the purposes of core NHS healthcare provision. Trusts should not seek legal advice at the public expense on this issue." (2.1)

It also refers to more recent DHSC 2017 guidance and Treasury advice which make clear that:

"tax avoidance arrangements should not be entered into under any circumstances. We expect all NHS providers to follow this guidance when considering any new arrangements or different ways of working. … trusts should not spend money on private sector consultancy support in the development of tax avoidance arrangements as this represents active leakage from the healthcare system."

However the NHSI guidance is very tentative in spelling out what will be done where these principles appear to be breached. In lesser cases, "we request evidence in the form of a certification that the parent trust board has satisfied itself in relation to key areas of risk." This certification "should be submitted to and agreed with us before the trust enters into any legally-binding arrangements in relation to the subsidiary transaction."

Weak language like "requests" and "should be" implies little commitment to restricting trusts' actions. In more serious cases "we undertake a further detailed review".

Despite the weak language it is clear that creating subsidiary companies currently requires the consent of the Secretary of State. And if the NHSI review panel rates the risk of a proposal as Red rather than amber or green "we can use our regulatory powers to stop the transaction if required" (p12).

So the fact that three new proposals are being pushed forward now, despite the opposition of staff, suggests NHSI has given them a green or amber light and the plans have been rubber stamped by Matt Hancock.

The government and NHSI have not learned the lessons of last year's strikes and confrontation – and are headed for more, similar confrontations – yet again making a nonsense of NHS England's rhetoric earlier this year about "integration" and seeking to scrap the sections of the 2012 Act which require competitive tendering.

■ **From *The Lowdown* June 22. https://lowdownnhs.info**

Strike threat forces trust to keep services in-house

Domestics at Princess Alexandra Hospital in Harlow called off planned strikes after their employer dropped plans to outsource their jobs and pledged to keep the service in house.

The Trust had been market testing its cleaning and catering services with the aim of putting them out to tender.

Domestics voted by 99% to strike against the changes and were preparing to take six days of action, backed by UNISON.

Trust offers 'low value' NHS ops for sale!

Momentum Halton and Weaver Vale

John Lister

Under the supremely inappropriate label of "My Choice," Warrington and Halton Hospitals Foundation Trust decided to cash in on frustration at the growing list of treatments excluded from the NHS by cost-cutting CCGs in Merseyside and Warrington, and launch its own private NHS patient service.

Although trust bosses retreated from this almost immediately after it was splashed across the front page of the ***Mirror***, and suspended the scheme while they reviewed its impact on waiting lists, there are fears that this is the new, increasingly commercial face of the NHS.

According to ***HSJ*** reporter Lawrence Dunhill Simon Stevens said the trust was 'misguided' in launching the self-pay scheme, but that he meant the marketing around the scheme - rather than the service itself.

Policies are being shaped by almost a decade of austerity on NHS funding, and six years of legislation that urged Foundation Trusts like Warrington to make up to 50% of their income from private medicine.

The My Choice scheme offered patients whose painful and debilitating health problems are now on a list of 71 branded as "Low Clinical Priority" by commissioners, despite their proven value, then chance to purchase some of these operations – for cash up front.

The trust congratulated itself on its "affordable self-pay service," charging customers "the local NHS price, previously paid for by commissioners."

But of course it means that – just as it was before the NHS was founded – patients who can afford it are urged to stump up the cost of treatment themselves, while for the many who can't afford to pay there is not even a sympathetic shrug.

The trust's website boasts that whereas My Choice was originally created in 2013, "the service has been significantly extended to include the large number of procedures no longer available on the NHS".

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

Chief executive Mel Pickup says: "Procedures of low clinical priority do not mean low value to our patients, and we are pleased to be able to make a large number available at a really affordable price, at their local hospitals."

But this is not a Private Patient Unit. Patients are warned not to expect any special treatment: they are simply paying for NHS treatment that was once free.

"There are no private rooms and they will join the same waiting list as NHS patients. The major benefit is access to outstanding NHS treatments at a fraction of the cost of those undertaken by private providers."

It may not be long before other NHS trusts in the area and elsewhere in the country are following the Warrington model, excluding large numbers of elective treatments from the NHS for those without the money to pay.

The same long list of 71 excluded services has been imposed by all seven CCGs in Merseyside and Warrington, under the pretext of helping to "reduce variation" of access to NHS services in different areas ("sometimes called 'postcode lottery' in the media") and "allow fair and equitable treatment for all local patients."

To promote this massive shrinking of NHS cover as "My Choice" adds insult to injury.

Anyone accessing the service would choose for the NHS to pick up the tab rather than fork out themselves, and be told that by paying out thousands of pounds they are enabling the Trust to "make use of spare capacity and generate additional income to support our other services."

Campaigners (some pictured above) urged local MPs to step in and hold the seven CCGs to account.

Questions also need to be asked of the Trust's board of governors whose sanction is needed before such policies are implemented – and why they, and so far silent Health Secretary Matt Hancock, are conniving at, or driving such an erosion of the NHS.

● **Updated from *The Lowdown* June 22.**

Joy for campaigners as Circle loses its lucrative Nottingham contract

Circle Healthcare have failed in their attempt to force local NHS Commissioners to award them the new contract to run the Nottingham Treatment Centre at the QMC.

The High Court of Justice in London agreed that the contract should go to the Nottingham University Hospital Trust, as originally proposed.

This means that all services at the Treatment Centre will now return in-house and the profits Circle have enjoyed for the last eleven years will now go towards treating NHS patients.

The decision also means that Circle will lose the right to run their exclusive private hospital – from which NHS patients are excluded - in the same building.

Mike Scott (Nottingham/Notts KONP Spokesperson) said,

"This is excellent news for NHS patients and is the commonsense decision we were hoping for.

"It's difficult to understand how Circle could even have taken this to Court in the first place.

"They seem to believe they have some sort of right to suck money out of the NHS for their own profit.

"Having lost out twice to the Nottingham University Hospitals Trust in the new contract to run Treatment Centre services, Circle claimed the Trust can't possibly treat NHS patients for less money and that bringing the contract back in-house would be "unrealistic" and "not in patients' interests".

Failures

The controversial company has had a number of major failures in the past, including the collapse of acute dermatology services at the Queens Medical Centre hospital after they took over that contract and handing back the contract to run Hinchingbrooke Hospital near Cambridge in 2015 because they weren't making enough profit.

Mike went on to say,

"No-one should forget that the Government are to blame for allowing them to do it. Work in all parts of the health service should be done by the NHS. That was the basis it was founded on in 1947, because it obviously made sense. It still does.

"The whole tendering process is enormously expensive and needs to be scrapped. The NHS is short of money because of this sort of totally unnecessary waste."

This is significant victory for Nottingham Keep Our NHS Public and also for NHS campaigners as a whole.

It also proves that campaigning works. Contact:
nottskonpcampaign@hotmail.co.uk
Mike Scott (07443-611823)

UHB Birmingham Trust takes private partners

Work has begun on building a new £100m 138-bed private hospital on University Hospitals Birmingham's Queen Elizabeth Hospital site as part of a partnership agreement between the Trust and US hospital giant HCA.

HCA is financing the construction and will use 66 beds for private patients, leasing the rest to the Trust.

Meanwhile the Trust has also embarked on a potentially risky link up with the unproven technological solutions offered by Babylon, the company behind GP at Hand, the controversial online GP service.

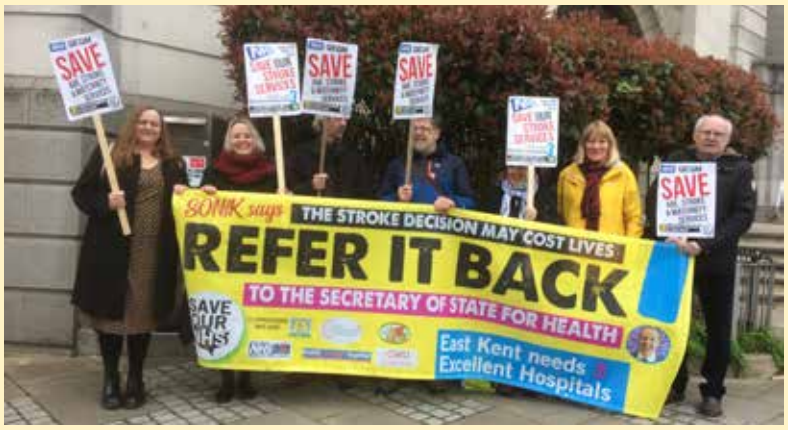
Babylon is led by Ali Parsa, the mercurial salesman best known for creating Circle Health, which runs small, unsuccessful private hospitals and which failed so spectacularly on a 10- year contract to manage Hinchingbrooke Hospital.

Parsa left Circle before it hit the buffers at Hinchingbrooke, and is now busily talking up what he claims is an "artificial intelligence" chatbot, and using this and a huge expansion of the workforce as the basis to attract up to $400m of investment income.

The UHB board has now agreed to explore ways of using Babylon's services, including video appointments and digital triage, in the hope it might help divert pressure from its severely strained hospitals.

Just two days after the UHB board rubber stamped a board paper to give the scheme the go-ahead, Hammersmith & Fulham CCG published a worrying review by Ipsos Mori raising questions over the effectiveness of Babylon's 'GP at Hand' system and the extent to which it appeals to older patients.

Artists' impression of the HCA building – larger than average private hospital



'SHAVE' OUR NHS IN KENT!

BY CARLY JEFFREY, Save Our NHS in Kent

MARGATE CENTRAL Councillor Helen Whitehead (right) has announced she will be doing a 'sponsored shave' to raise money for the judicial review into the closure of stroke units across Kent.

The campaign group SONIK (Save Our NHS in Kent), of which Helen is a part, have launched a legal challenge against the decision, and need to raise £15,000 for legal costs to ensure their case gets to court.

This latest bid to raise funds might raise eyebrows in the council chamber, as Ms Whitehead aims to shave off her hair, and dye the remaining stubble a colour to be chosen by the donors to the GoFundMe page.

Helen's head will only be shaved if the £1,200 total is reached, and the 'big trim' will take place in front of an audience at a public place in Margate - location to be confirmed.

Determined

Cllr Whitehead said: "I'm determined to ensure that QEQM keeps the services we need, and the Judicial Review is now the best way to do it. We need to hit our target of £15,000, and having a bit of fun whilst doing it and getting people involved seems like a great way to do it."

"If we lose our stroke service, we could be looking at losing linked services; this is the frontline for QEQM, and we all need to do everything we can to keep the services we need."

"Please, if you can, donate what you can; and make sure to choose a colour and have fun with this!"

The GoFundMe page can be found at http://tiny.cc/b0ky8y.

A spokesperson for Save Our NHS in Kent said

"Three HASUs (stroke units) for all of Kent is not enough, and Thanet made that message clear in the public consultation last year. But we have been ignored, and now we need the whole community to come together and help us to keep fighting".

SONIK are also planning 'Hold Hands for the Hospital' - a protest on Saturday August 3rd outside QEQM, "to symbolise the community's wish to protect the QEQM, the hospital we rely on and value very much".

More about the event here: https://www.facebook.com/events/337193153626784/

Secrecy and silence over Oxford PET scan contract

The *Banbury Guardian*, which first broke the story of the privatisation of specialist PET-CT scanning services at Oxford University Hospitals Trust has been battling for weeks to get access to documents that might explain the trust's U-turn.

Although some of the missing papers have now been released, the paper's reporter Roseanne Edwards revealed that some correspondence between the Trust and NHS England, relating to the announcement in March that the private company InHealth had been selected as "preferred provider" for the contract, has still not been included.

The *Banbury Guardian* has called for this to be supplied as soon as possible. Oxford East MP Anneliese Dodds has been calling since April for an inquiry into the handling of the contract, and even the normally docile Health Scrutiny Committee of the Tory-led County Council has voiced strong criticism in referring the issue back to Health Secretary Matt Hancock – who promptly refused to take it further.

The Oxford and District National Union of Journalists branch held a special public meeting in June to address the press freedom issues arising from NHS England apparently threatening to take legal action against health professionals who warned publicly that the privatisation.

Adrian Harris, Professor of medical oncology at Oxford University, has warned that patients, especially in Milton Keynes and Swindon will receive a less safe service since the portable scanners that InHealth wants to use in Milton Keynes and Swindon are nowhere near as high definition as the fixed unit, at Oxford's Churchill Hospital.

Bill MacKeith of Keep Our NHS Public Oxfordshire told the Banbury Guardian: "NHS England have muddied the waters by introducing the concept of a 'partnership' whereby InHealth still gets the contract, but sub-contracts the Oxford service to the OUH which currently provides this world-class service."

Conference to respond to maternity crisis

Save Liverpool Women's Hospital campaign have called a national meeting on Sat 5th October to discuss the crisis in maternity in the NHS and how we can oppose the Tory government agenda for maternity.
Dr Rebecca Smyth, Senior Lecturer in Midwifery explains to Lesley Mahmood.

I worry about the current situation of midwifery as well as the future. Having a shortage of 3,500 midwives without doubt impacts on the care midwives can give women.

Poor and inadequate care due to the shortage of midwives leads to poor outcomes for women and their babies as shown in the recent MBRRACE-UK Perinatal Confidential Enquiry (2017).

The report outlines how heavy workload and staff capacity issues can affect care provided, leading to delays in transfer to hospital, plans for induction of labour being postponed and difficulty in providing some elements of advanced life support when a baby requires resuscitation after being born.

The report's stark findings attribute some babies dying to staffing issues, including paediatric shortages, lack of hospital beds and high clinical activity.

What changes have you seen in the last few years?

A consequence of poor staffing leads to midwives being overworked, which then results in midwives leaving the profession, either mid-career or retiring early. Midwifery was always a job for life, a vocation.

However, so many midwives are at breaking point, I see my colleagues leaving the profession much earlier than they previously had and the reason they give is plain and simple; they are overworked, exhausted and feel dissatisfied with the quality of care they give.

It is both sad and worrying; this was never the case in the NHS.

What concerns do you have about the current government agenda for Maternity?

Better Births really worres me, and in particular Personal Budgets. The personal budget will be given to women for them to 'buy' care, care that is already provided in the NHS free of charge, so buying is not necessary, unless you are a government that wants to bring in payment / privatisation of healthcare.

The budget would then be useful in opening the way to full-scale charging, and we know the poorest of society are in the most need of health care, often needing additional investigations and treatments linked with their poor health status.

How can the shortage of midwives be overcome?

The easy answer is train more midwives and as a consequence midwifery teaching departments at universities are being strongly encouraged to take more students.

However, at present there are not enough clinical midwifery mentors, clinical placements, educational institutions or educators to facilitate this.

Resources are lacking too, booking classrooms for a cohort of 75 students in many universities is impossible, meaning classes are split into two, therefore doubling the number of lecturers required. So it is not an easy fix.

As way of dealing with the lack of clinical mentors (caused by understaffing as well as increase in student numbers) the Nursing and Midwifery Council has revised the national standards and now the traditional Mentoring model has been replaced with a new Coaching model.

So instead of student midwives having their own personalised mentor they now share this person with two other students. The rhetoric is that it encourages students to support each other and shares the responsibility of practice learning among the whole team.

Or put it another way, it dumbs down clinical mentorship. Midwives learn to be midwives in the clinical area, the teaching in the clinical area is fundamental; if this goes, lives will be lost.

Why come to the national maternity meeting in Liverpool on 5th October?

The problems with the maternity services feel so overwhelming this is a chance to come together. On a day-to-day basis as a midwifery educator, I am reminded of the crisis we are in.

I visit the clinical area to see my students and feel for the staff. You can often see the overcrowding of a labour ward, the noise of unanswered buzzers, the midwife grabbing a long needed bite to eat at the desk and others charging from one room to another.

I know many midwives who have worked in this environment for many years and they have my upmost respect.

Yet at times in the press, they are treated like uncaring incompetent beings. They cannot win.

I myself feel completely overworked, I have a large group of personal students, which is an oxymoron really as you never get to know them on a personal level, you just fire fight with them in the hope their journey to becoming a midwife is successful, rewarding and enjoyable, just as mine was.

The nub of it all is the shortage of midwives, clinical and educators.

Midwives say to me there are easier jobs. The job was never easy, but we had enough staff to look after the women and our students.

Enough staff to forge friendships, get to know each other in the quiet times, so when things got tough you knew your work colleague, she was your friend, and you all mucked in together.

Working relationships, sharing the burden of a busy shift is a priceless component to good care. But without good staffing levels and a real acknowledgement by the government nothing will change.

Midwives I know are amazing people and we all know how privileged we are.

Supporting a woman through pregnancy and particularly birth is an honour. At the last SLWH rally a woman came up to me. I had delivered her grandson. He's now 24. You can't beat that can you ?

Contact SLWH C/O News from Nowhere Book Shop, 96 Bold St, Liverpool L1 4HY

Facebook *https://www.facebook.com/SAVELWH/*

Email *savelwh@outlook.com*

Twitter *@lwhstays*

Swindon primary care left stranded by contract failure

Samantha Wathen

The mismanagement of general practice in Swindon and subsequent abrupt withdrawal of private company IMH means that five GP surgeries, over 100 members of staff and 54,000 patients now face an uncertain future.

An unannounced inspection at one of the surgeries affected found there had been "insufficient management infrastructure and insufficient leadership capacity and capability."

The CQC issued IMH (trading in Swindon as the Better Health Partnership) with an enforcement order to improve: the next day IMH announced their intention to withdraw from the five surgeries they were managing.

The company was brought in to relieve the burden on clinicians. However IMH have a troubled history. In March 2017 the company hit the headlines when one of their practices in Kent was found to have five receptionists but no doctors after full time members of staff resigned, leaving the practice relying on locums.

Last year the Swindon Advertiser reported how the company quickly cut their costs by reducing essential administrative staff at practices by 50%. Patients complained of dangerously muddled prescriptions, and long delays to access appointments.

After a protest outside the CCG by Keep Our NHS Public campaigners the CCG finally informed IMH the contract had been breached, issuing a remedial notice requiring improvements.

Pressure from Shropshire campaign is winning ground as top boss departs

Pete Gillard, Shropshire Defend Our NHS

On Monday, 3 June Simon Wright. the Chief Executive of Shrewsbury & Telford Hospital Trust (SaTH) announced he was stepping down. He was being seconded to Nottingham STP.

It was obviously a unanticipated decision.

After an unannounced visit the previous Friday by Prof Ted Baker, the CQC's Chief Inspector of Hospitals, Wright reportedly told a meeting of his consultants that all was well, and he was in it for the long haul.

Why was he pushed?

It might have been because the long drawn out acute hospital reorganisation, Future Fit, is not going well. Unusually, the Secretary of State's Independent Reconfiguration Panel have required more evidence.

They are unconvinced by the clinical model put forward by SaTH that requires the closure of an A&E and downgrading of one of the two district hospitals.

They are visiting Shropshire to investigate and have scheduled a 2-hour meeting with Shropshire Defend Our NHS to review its evidence.

The reason might also be that SaTH was given an inadequate rating by the CQC last autumn. In particular, the organisation's leadership was picked out as inadequate. Since then, the trust has been placed in special measures, and there have been a further three enforcement notices issued against SaTH.

We can assume that the CQC might be unhappy with the progress made.

The latest news on the maternity investigation will not have helped either. It has just been revealed that Donna Ockenden, leading a review of SaTH's maternity services ordered by the Secretary of State, is now investigating over 550 'cases of concern' including baby and maternal deaths.

That is over double the number of cases investigated at Morecambe Bay.

SaTH being found guilty and fined by the courts over an asbestos case is probably just the icing on the cake. But sacking the whistle-blower was probably not the most intelligent move.

Just after the fine was disclosed, it came to light that another building had to be closed for 6 months for asbestos removal – the building they spent half a million renovating last year. Just an oversight?

Shropshire Defend had called for Wright's removal.

But it also has campaigned effectively on all the issues which might have forced him out.

The Campaign provided significant material for both the CQC and maternity investigations provided by its supporters.

On Future Fit, the five-year battle has put the health bosses on the defensive time and time again.

And the evidence provided has been sufficient for the IRP to halt the process at least temporarily.

It is not just in the acute sector that the Campaign has been successful. The CCG have removed proposed cuts to community hospital beds, closure of MIUs, and cuts to multi-disciplinary assessments of older people from their plans.

The reaction of a 600 strong public protest meeting in Ludlow, n which Philip Dunne, the local MP, was literally shaking as he tried to defend the health bosses, has eventually made them decide they could not risk putting these cuts out to consultation.

However, with the Shropshire health economy required to make £51.6 million cuts this year, the Campaign can only try to hold back the tide, without an increase in finance.

The latest letter to the Campaign from Philip Dunne(who is Jeremy Hunt's campaign manager), shows the Campaign's political pressure is also becoming effective.

For the first time, he has admitted Shropshire needs more money: 'I shall continue to press for fairer funding for health'.

And the good news for Nottingham is that Simon Wright has decided not to take up the job there.

He is 'going to spend more time with his family' instead.

Support floods in for our Trump petition

500,000+ say "Keep Trump's hands off our NHS"

While the NHS is clearly under serious threat from commercial interests on both sides of the Atlantic, our huge petition – and the massive anti-Trump demonstrations which had concerns about the NHS at their heart – prove it's the will of the people to defend it from attack.

Shockingly, Donald Trump had the effrontery to say that the NHS would be on 'on the table' in any future trade deals with the US 'or a lot more than that', while outgoing Prime Minister Theresa May stood by and facilitated the sorry scene at a press conference at Downing Street.

He has since backtracked, saying: 'I don't see it being on the table' while on Good Morning Britain the next morning.

But we know that Donald Trump is not to be trusted on the NHS or indeed much else – he was revealing his true intentions for US corporations to further parasitise the NHS in England.

The huge and immediate backlash was perfectly encapsulated by the 'Donald Trump: Hands Off Our NHS!', Change.Org petition that was launched within hours by Keep Our NHS Public and KONP member Dr Sonia Adesara.

At the time of writing the petition has 535,000 signatures and rising!

Dr Sonia Adesara, who started the petition on behalf of Keep Our NHS Public, said:

"Our NHS is precious. We will not stand by and watch whilst this government dismantles and sells it off to US corporations.

"This country loves and cherishes our NHS, we will fight for it. I do not want to work in a healthcare system where patient care comes second to share-holder profits.

"The number of signatures on this petition shows how much this country loves and cherishes our NHS and it must be protected."

Keep Our NHS Public Co-Chair Dr Tony O'Sullivan said:

Don't be fooled by Trump's bully boy antics to disrupt and then pretend to backtrack: there is no way he's taking the NHS 'off the table'. He believes his own lies – like Farage. He will exploit the NHS unless we continue to shout about it. Trump, Farage and Liam Fox all want a fully commercialised NHS.

"Trump has previously said the NHS was "not working", but the strength of feeling here by British people shows they clearly do not agree.

"We demand our government declares now that the NHS is a public service outside of all trade deals.

It's a disgrace that our current government was sitting down with Trump in the first place, while 75,000 demonstrators gathered on the streets outside to say loud and clear that Trump was not welcome in the UK, including lots of people concerned about the NHS.

Many of the demonstrators carried placards and banners warning Trump to keep his hands off our NHS.

Almost all of the speakers referenced Trump's NHS 'blunder' in blurting out his true intent – those statements invariably received huge cheers from the big crowd that filled Whitehall, creating a deafening noise that all those in Downing Street will undoubtedly have heard.

Speaking from the stage, Frances O'Grady, General Secretary of the Trades Union Congress, said:

"The real reason Donald Trump is here is he wants a slice of our NHS and our NHS is not for sale."

Jeremy Corbyn said:

"We will not stand for that. We will fight with every last breath of our body to defend the principle of a healthcare system free at the point of need for everybody as a human right. They all need to understand: Our NHS is not for sale."

Jonathan Ashworth MP, Shadow Secretary for Health, also sent the same clear message to Donald Trump.

We need to build the movements that can make the case for our NHS and make sure politicians listen to the will of the people.

To help us do that we urge you to join Keep Our NHS Public today.

Keep NHS out of trade deals!

The message to Trump and the UK Government is clear: 'Keep your hands of our NHS in US trade deals!'.

Let's use this momentum to give an even clearer message to our government. Keep our NHS out of all trade deals!

Tell your MP you want a government guarantee: Keep the NHS out of the market! We won't re st until our NHS is fully back in public hands – free for all, forever!

Get your MP to tell government ministers that we want our NHS to return to the status of a protected public service – not a commercial stamping ground for exploiters.

If Scotland, Wales, New Zealand Canada, France Germany can protect their public services, why can't the British Government do the same for the NHS in England?

Declare the NHS a public service outside of commercial competition altogether!

https://www.change.org/p/keep-our-nhs-out-of-us-trade-deals

International campaigning

Ontario fights fresh attacks

Ontario's right wing Premier Doug Ford made three core election commitments for health care prior to his election last year: an end to "hallway medicine" and hospital overcrowding; improved mental health care; and improved access to long-term care with the expansion of long-term care (nursing home) beds.

The Ontario Health Coalition (OHC) notes that the Ford government has reneged on two of those promises and has failed to act on the third.

- Hallway Medicine: Despite the fact that Ontario's hospitals have been downsized almost without respite for thirty years and Ontario now has the fewest of any province, by far, in Mr. Ford's recent budget, hospital funding has been set at less than the rate of inflation. This means real dollar cuts to hospitals. Hospital service cuts are being announced across the province virtually every day.
- The Ford government has let surge funding run out, meaning surge beds have been closed again and hospital cuts are underway.
- Mental Health: Last summer Mr. Ford cut the 2018 budget's planned increase to mental health funding by more than $330 million per year.
- Long-Term Care: The Ford government has included in its numbers of new long-term care beds 1,000 beds announced and tendered by former Liberal government. Critical shortages of staff mean there is no capacity to open the beds.

The Health Coalition has not been able to find any evidence that any new long-term care beds have been built or opened.

Now he has appointed a **Minister of Long-Term Care** who has publicly campaigned to revise the Canada Health Act to allow for private health care delivery, and an **Associate Minister of Mental Health and Addictions** who is linked to a religious group that claims that harm reduction strategies (such as safe needle exchange programs) and treatment of addictions with methadone are "inhumane and should be avoided".

The fight to defend health services in Ontario will be a tough challenge.

The OHC is tracking the cuts at *https://www.ontariohealthcoalition.ca/index.php/mounting-health-care-cuts/.*

Solidarity with jailed Turkish doctors

The European Public Service Union EPSU has joined with global and European doctors' organisations - WMA and CPME - in condemning the prison sentences imposed on 11 members of the Turkish Medical Association (TMA) and has written to the European institutions calling for action.

The doctors were put on trial for the publication by the TMA Central Council of a press release entitled 'War is a public health problem' in January 2018. This statement highlighted the human, social and environmental cost of war and called for peace – but the Turkish authorities brought criminal charges against the Central Council for 'propagandising for terrorist organisations'

On 3 May a Court in Ankara sentenced the 11 to 10 months in prison for the press release, increased by an additional 10 months for the publication of a 2016 press release entitled 'It is quite possible to live in peace and equality on this land.' One doctor was accused of additional charges resulting in a total sentence of 39 months.

The trial is the latest in a series of attacks by the Turkish authorities on the TMA in recent years, along with the trials and prison sentences imposed on other trade unionists representing doctors, nurses and medical staff.

EPSU continues to follow these cases, confirming its support for all those defending medical ethics and the provision of healthcare services accessible to all. The joint letter to the European Union from the CPME and WMA can be read at *https://www.cpme.eu/eleven-turkish-doctors-sentenced-to-prison/.*

French emergency staff fight back

On June 10 emergency workers from across France staged a national day of action, following on from strikes and protests which began in Paris back in March, and which have now reached to 95 emergency departments across the country.

The strikes have been backed by unions CGT, Sud and Force Ouvriere.

The emergency staff are demanding more beds, 10,000 more staff, and a €300 per month increase in pay. They have forced action from Health Minister Agnes Buzyn, herself a former hospital doctor.

She has announced five immediate measures to tackle the situation,

including accelerating the renovation of dilapidated emergency department buildings, the creation of a bonus for paramedics who carry out duties normally carried out by a doctor, and the extension of another bonus which already exists for paramedics to cover more staff.

Spin doctor brazens it out after NW London closure plan is axed

John Lister

Health Secretary Matt Hancock and NHS England belatedly scrapped their long-running efforts to reconfigure hospital services and close Ealing and Charing Cross Hospitals at the end of April.

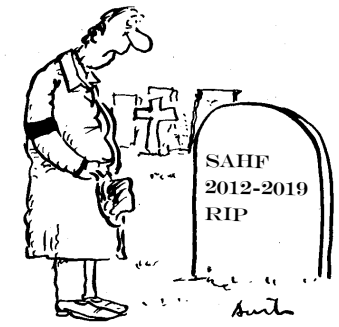
North West London health chiefs, who now admit spending £76m on consultancy fees between 2010 and 2018 as well as other costs related to this half-baked and bitterly unpopular plan, might sensibly have stayed quiet for a while, or even better offered an apology to local people for the money and effort wasted since 2012.

Instead campaigners have seen a leaked crib sheet hatched up by NW London communications boss Rory Hegarty to brief managers on how to respond to awkward questions.

It's clearly a challenge: while Mr Hegarty is happy for managers to boast of a 38% reduction since 2012 in occupied bed days, he does not connect this with the 40% increase in numbers of patients waiting for operations.

And while keen to stress that just 7 acute beds have actually closed in NW London in the last 7 years, Mr Hegarty is not keen to link that to to the successful efforts of campaigners to delay and block the SaHF plan, which included absurd claims that over 1,000 beds could safely be closed.

He is keen for managers to



emphasise the increase in numbers of patients attending A&E, but apparently reluctant to admit this proves campaigners were right to challenge huge and implausible claims that the numbers needing emergency care would be reduced by an expansion of community based care.

Unconvincing plan

The collapse of the grotesquely misnamed Shaping a Healthier Future (SaHF) project is consistently blamed in the cribsheet on the lack of capital.

No mention is made of the earlier rebuffs to local health chiefs whose lack of a business plan failed to convince NHS England … or the massive increase in the projected cost of the scheme – from an initial £192m to £250m in the Decision Making Business Case, then rocketing to £1.3 billion before the plan was knocked on the head.

Even the creative Mr Hegarty appears to find it impossible to find suitably complacent answers to some of the potential questions: for example "How will you change the way you make decisions in future to ensure millions more pounds of taxpayers money isn't wasted" the response is simply **"??".**

Similarly there is no answer as to "why the closures of A&E and beds at Charing Cross and Ealing hospitals were not taken off the table sooner," and whether local health chiefs still believe as they claimed that if the SaHF changes are not fully implemented "the whole system would fail financially and fall over within 10 years."

He fails to answer clearly on whether Charing Cross and Ealing A&Es are now secure, and offers no answer on whether future plans "include looking at the number of A&Es in NW London".

Hegarty's crib sheet offers no apology, and responds simply "No" to the question on whether anyone responsible will resign. He answers many questions with a stonewalling mantra listing SaHF's claimed "achievements," most of which result from the plan itself not having been fully implemented.

He also insists that the services stripped out of Ealing will not be returning. That's the next challenge for local campaigners.

CCG mergers threaten local voice

John Lister

Meanwhile NW London health chiefs have already floated another unpopular plan.

This time they want to merge all eight **CCGs in NW London** into one mega CCG covering 2.2 million people and a patch stretching from Heathrow Airport to the middle of London, and from Putney to the M25.

The very notion of this as being in any way "local" or responsive to communities within this large area is laughable. It is very different indeed from the verbal commitment to localism that was used to sell the 2012 Health and Social Care Act, which set up the CCGs, and remains the legal framework of the NHS.

In fact it seems that a major attraction of the merger is precisely the hopes of being able to push through controversial plans in future by outvoting any CCGs and local boroughs which disagree, as NW London health chiefs tried to do with their "Shaping a Healthier Future" (SaHF) project until it was belatedly killed off (see above).

Even at a time when other CCGs have been merging, its 2.2 million population would make NW London CCG an enormous monster, with more than double the population of the Devon CCGs that merged last year, and 1 million more than Birmingham and Solihull.

The paper arguing the case for the merger predictably cites the NHS Long Term Plan, but it conveniently ignores specific NHS England guidance on CCG mergers that has been published since January.

The CCGs cannot answer many of the key issues raised in that guidance, which requires the proposers of a merger to have sought the views of local authorities and other relevant bodies and show, "what those views are, and how the CCG has taken them into account". (p8).

NHS England also calls for evidence on "the extent to which the CCG has sought the views of **patients and the public.**"

Since the track record of NW London CCGs on seeking and taking on board any critical views from local authorities or the public has been appalling throughout the long-drawn out effort to push through SaHF.

Indeed two of the eight NW London boroughs, Hammersmith & Fulham and Ealing, refused in 2016 to support the Sustainability and Transformation Plan which mirrored the SAHF proposals.

That's why on page 6 of the document the CCGs state that the health and care system in NW London comprises 30 organisations including only **six** local authorities, even though . On page 8 the area includes **eight** local boroughs.

> The track record of NW London CCGs on seeking and taking on board any critical views from local authorities or the public has been appalling

Their document claims evasively that the NHS "will need to be clear about … **how we will work with our local authority partners** in integrated care partnerships at borough level." (p8). Are Hammersmith & Fulham and Ealing included as "local authority partners" – or ignored?

The document predictably argues that a mega-merger could save money on admin costs, while downplaying any possible loss of jobs for CCG staff and claiming that they would retain "a strong and visible local representation in each borough".

But given that the entire operating cost of all eight CCGs is admitted to be no higher than £5.4m a year, £680,000 per CCG, even scrapping all of them completely would save just 0.2% of NW London CCGs' £2.9 billion combined budget. If this microscopic saving comes at the expense of any real accountability to local communities it's a poor trade-off.

With more questions than answers, and a track record of indifference to local views, it would not be surprising if a groundswell of opposition to this merger plan emerged in NW London – inspiring similar challenges elsewhere, including the equally half-baked plans across the river to merge six South West London CCGs into one.

● ***Adapted from an article by John Lister in The Lowdown June 22***

Social care directors warn of escalating crisis

Tens of thousands of older and disabled people are being denied basic support such as help with washing and dressing as a result of almost a decade of budget cuts and now the government's failure to get to grips with the escalating financial crisis in social care.

Association of Directors of Adult Social Services (Adass) reveals this and many other grim facts in its annual survey, which notes that nearly a fifth of councils surveyed now admit the quality of life for people using care has got worse.

Adass said social care in England was adrift in a "sea of inertia" caused by years of budget cuts and Brexit-related Whitehall policy paralysis – now compounded by the Tory leadership contest: the promised Green Paper outlining ideas for the longer term has been repeatedly postponed and no seems unlikely to appear until after the next election.

No new money

While former health and social care secretary Jeremy Hunt has admitted the cuts have gone too far, neither of the two candidates to be the next prime minister has promised any new money for social care.

Some of the statistics are very revealing. Age UK has previously warned that tightening eligibility criteria for council-funded social care have meant 627,000 people – nearly 900 a day – have been refused social care since March 2017.

The latest Age Concern estimates suggest 1.4 million older people now have unmet care needs, an increase of 20% in two years.

But social care is not by any means all about older people: according to the new Adass report, 39 per cent of Directors of Adult Social Services (DASSs) (more than twice as many as in 2017/18) say the biggest pressure to adult social care budgets is from working age adults.

Councils spend on average 38p of every pound they spend overall on adult social care – up from 34p in the pound in 2010, but more than a third of them overspent their adult social care budget last year, many covering the extra cost by cutting other council services.

Clearly a campaign on social care, going beyond its impact upon the NHS and focused on the needs of service users, is urgently needed.

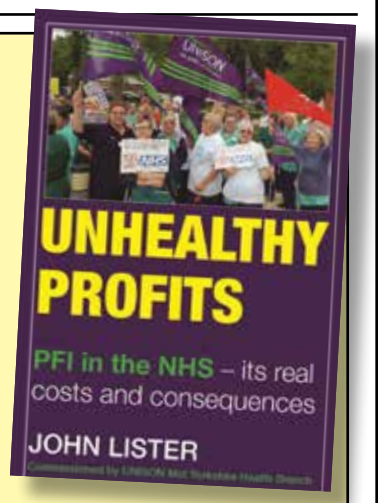
£700 million
savings planned to adult social care budgets in 2019/20

£7.7 billion
cumulative spending cuts since 2010

1 in 7 older people
now live with some level of unmet need.

The story of PFI … up to date

Ebook (£7.50) and 280-page paperback version (£9.99) both now available via Amazon



Unhealthy Profits by **John Lister** charts the story of PFI in the NHS from its beginnings in 1992 through to Philip Hammond's announcement that no more PFI contracts will be signed.

It also follows the story of PFI in one hospital trust - Mid Yorkshire Hospitals – and the battles that have been fought there by the UNISON branch, which has fought PFI from the outset and commissioned and published the book.

A chapter discusses what to do about PFI: and a postscript looks at the growth -- and costs -- of PFI world-wide.

For single copies order via Amazon. For discount on orders of 10 and above contact *midyorksunison@aol.co.uk*

Reclaim Social Care steps out and steps up

20 plus members of Reclaim Social Care packed into a committee room in the Houses of Parliament to put pressure on Labour MPs for the need for a radical new system for social care and support.

Eleanor Smith MP, who is the co-chair of the All Party Parliamentary Group (APGG) for Adult Social Care, hosted the meeting, and also in attendance were a representative for the shadow social care Minister, Barbara Keeley, and Rachael Maskell MP (Chair of APPG for older people).

Speakers representing disabled people, the National Pensioners Convention, carers and campaigners emphasised that social care and support covers all age groups, must be free at the point of need, publicly provided and funded, and promoted independent living.

By Reclaim Social Care Officers

We have decided to become an independent organisation, affiliated to Health Campaigns Together, and have agreed our name, Reclaim Social Care, which in our publicity will be linked to an explanatory phrase "campaigning for social support, independent living and care".

We have adopoted a constitution and elected officers: Brian Fisher is Chair, Ann Bannister and Gilda Peterson are Joint Secretaries and Anne Pridmore is Treasurer.

We seek a Comms Officer – anyone interested?

Since our Conference last Autumn RSC has been developing a strong national coalition of activists from disabled rights groups, health campaigns, Socialist Health Association, National Pensioners Convention, trade unions et al. Ealing Lewisham and Haringey have local campaign groups on social care, and Yorkshire campaigners have organised a northern HCT Conference which brings together health and social care.

There have been a growing number of local actions challenging the cuts to staffing and services.

More local Councils are beginning to break the mould and consider following the lead of Hammersmith and Fulham offering free home care and exploring insourcing and new models of care like the co-operative provision in Cornwall.

We have been trying to make an impact on Labour policy by promoting a resolution on Social Care to Labour Conference which has been taken up by LP branches and CLPs round the country as well as some trade union branches.

We have also held a successful meeting in the House of Commons hosted by Eleanor Smith MP, co-chair of the All Party Parliamentary Group for Adult Social Care and have made links with Rachael Maskell who is chair of the APPG for older people and aim to stay involved with both groups.

We are fleshing out our commitment to social support, care and independent living services to be publicly funded, publicly provided and free at the point of use with discussion papers/ policy documents which arm us with the arguments to take the campaign forward.

Policy document

We already have an excellent policy document spelling out why and how free at the point of use social care and support is affordable.

Next up will be one which argues Local Government needs to be overhauled and democratised to deliver the kind of social care and support we need and exposes how 'co-production' is often a thin cover for cuts and top down managerialism.

Coming soon will be more on getting the market out of Social Care: and our legal subgroup is just getting off the ground.

We find ourselves challenging long established ways of thinking about 'Care' which have roots in the Poor Law as well as current NHSE notions of integration of health and social care.

Having now agreed a constitution we plan to step out from under the HCT umbrella and work as an independent organisation. We are planning a campaign strategy to reach out far and wide to build our coalition and unite on common ground.

We will have a public launch with another conference, probably in January.

Meanwhile keep in touch, come to our regular national meetings, check out the HCT website and look for us at Labour Conference in September. RSC is stepping out and stepping up!

■ *www.healthcampaignstogether.com/socialcare.php*

Support from Centre for Welfare reform

The Centre for Welfare Reform fully supports the Reclaim Social Care campaign and will continue to offer support to it.

The Fellowship of the Centre includes disabled people, family members and other experts in social care.

In our view it is time for radical change to the social care system, not tinkering or the addition of a little extra funding. The system has been designed around the wrong principles and we need a new starting point.

■ See the Centre's Manifesto and much more at *https://www.centreforwelfarereform.org/manifesto/social-care-reform.html*

We ALL need the NHS . . .

The NHS is under sustained threat. Budgets for the NHS have been virtually frozen, while the population has increased and demand for services has increased, successive governments have chipped away and fragmented the NHS to pave the way for piecemeal privatisation, encouraging private firms to cherry pick the services they expect to be profitable.

The fight to stop further privatisation, along with damaging cuts and closures has made access much harder for many older and vulnerable patients; A POWERFUL ALLIANCE IS NEEDED.

That's why Health Campaigns Together was launched in 2015 as a way to enable local campaigners, health unions and the wider trade union movement to work together and reach out to the wider public.

And that's what we've done.

We are a non-party but very political campaign that stresses the need to focus our efforts, combining strong local campaigns with largescale national events and protests.

The aim is to build a movement strong enough to put pressure on politicians from all parties to force them to speak up in support of the services we all need.

In alliance with the trade union movement and Peoples Assembly, Health Campaigns Together has delivered several major national demonstrations and with our message, helped influence the 2017 election.

We have also organised a series of conferences, supported unions fighting "wholly owned companies" and the outsourcing of NHS staff, helped with a campaign on social care, worked with Patients Not Passports protests,– and on many other issues helped win local victories and worked to avenge defeats.

HCT has a quarterly newspaper, a busy website, and is currently campaigning with health unions to build a Mental Health Crisis Summit on September 28 and a conference to 'Make Our NHS Safe For All' after that.

All decisions are taken by quarterly meetings of affiliates. Health Campaigns Together is a coalition of organisations, backed by the main health unions UNISON, Unite and GMB, by other national unions, and by well over 100 affiliated organisations including branches and regions of unions, local Trades Councils and Labour Parties.

The more affiliates we have, the wider we can reach to gather and share information, the more effective we can be in defending our NHS.

Get your union branch, local campaign or Labour Party to join us!

ONLY the NHS offers the full range of health care services to all

ONLY the NHS offers emergency services, complex and long-term care

ONLY the NHS trains doctors, nurses and other health professionals

. . . but now it needs us to defend it

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations.
We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.
WE WELCOME SUPPORT FROM:

- **TRADE UNION** organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local and national NHS CAMPAIGNS opposing cuts, privatisation and PFI
- pressure groups defending specific services and the NHS,
- pensioners' organisations
- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

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

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

☐ For organisations unable to make payments online, cheques should be made out to **Health Campaigns Together**, and sent c/o 102 Corve Street Ludlow SY8 1EB.

We have produced Health Campaigns Together newspaper QUARTERLY since January 2016.
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. If possible please order online.

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