

HEALTH CAMPAIGNS TOGETHER

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Look what they've done to our NHS since 2010

NHS is UNSAFE in their hands!

If anyone wanted evidence the government is preparing for an election, possibly by the end of the year, the flurry of announcements appearing to throw cash at the NHS should be enough to confirm it.

Johnson was sacked from two previous jobs for lying, and has no previous record of affection for the NHS.

Indeed 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.

Major warned of Johnson and cabinet colleague Michael Gove "The NHS is about as safe with them as a pet hamster would be with a hungry python."

And it's not just Johnson: Dominic Cummings, his principal advisor steering Britain – following a token ultimatum to Brussels – towards a no-deal Brexit, said in 2017:

"I know a lot of Tory MPs and I am sad to say the public is basically correct. Tory MPs largely do not care about ... poorer people. They don't

care about the NHS. And the public has kind of cottoned on to that."

Johnson may not care about the NHS, but he does know it can win or lose him votes.

Apparently at the behest of hedge funds and speculators who fear new EU tax laws that take effect in January, he is set on a no-deal course that will anger at least half of the electorate.

That's why he is touring hospitals in shirtsleeves posing for selfies, eagerly seeking to convince people that he and his right wing government are born-again converts to NHS spending and massive investment in public services and infrastructure.

Wretched record

If you are tempted to believe them, look at what's actually happened.

A decade of big investment from 2000 put the NHS back on its feet, setting and achieving ambitious targets for waiting times.

But then Cameron's governments and more recently Theresa May have

effectively reversed that process.

Budgets have been virtually frozen in real terms as the population and health needs have increased, beds have been axed for acute and mental health services, and hospital maintenance and new building slashed to dangerous levels.

Staff shortages

NHS pay has been cut in real terms and bursaries axed, worsening massive staff shortages, waiting lists have soared to 4.5 million, trolley waits have proliferated. More than two thirds of trusts are missing targets for swift cancer treatment, and mental health services are failing to cope with soaring numbers of suicides.

Almost ten brutal years of austerity, coupled with so-called "reforms" that have disintegrated our NHS, carved up key services into contracts and privatised them.

They have left NHS trusts propped up financially by £14 billion of unpayable loans, crumbling hospitals facing

a £6 billion maintenance backlog, half of it urgent for safety issues, NHS Providers pleading with government for a serious investment plan, and a demoralised, burned out workforce.

Repair the damage

All this shows how successive governments really feel about the NHS.

It will take years of investment to repair the damage, not clever and deceptive soundbites, re-badging money already paid out to trusts, or promises of 34 "new hospitals" – to be built by a future government after 2025.

In the few months since he took office, Johnson has already been exposed time and again lying about the NHS: none of his promises are costed.

Neither Johnson nor his government can be trusted with the NHS. When the election comes we have to learn the lessons of the last decade and vote for a change of government to one committed to reverse and repair the damage that has been done.



LIE no. 1

Remember that lie about funding the NHS? The money announced is a tiny fraction of £350m/week



LIE no. 2

Remember Johnson's photo call in a hospital insisting to a distraught dad "there are no press here" – live on TV?



LIE no. 3

Within hours, BBC story of 40 new hospitals had to be deleted: the real figure is not even SIX!

SPECIAL 16-page issue: ● 4-page pull out on WOs ● Under the Knife film - p11

Hospital buildings programme is smoke and mirrors

Are we going to get 40 new hospitals, as Prime Minister Johnson has promised?

No. 34 out of the '40 new hospitals' announced by Boris Johnson in time for the Conservative Party conference yesterday, are in fact existing hospitals which are being given only £100 million between them for repairs.

Only six of the projects are to start now, and even these are not new as has been claimed. £2.7bn is allocated to rebuild them by 2025.

The remainder may never happen at all: 21

At least 8 of the 21 promised future new hospitals are in marginal seats. Not mental health trust to benefit from a new hospital



more schemes (one of which is for up to 12 small community hospitals – hence the inflated numbers) will not be funded or begin until at least 2025.

Johnson's plan for swift building of 40 new hospitals revealed

The misleading promise of a 'capital injection' has to be set against the current £6 billion backlog in maintenance, £3 billion of which is for urgent work to make crumbling hospitals safe.

No money at all has been announced for this. Meanwhile the 21 schemes that are being deferred are to share a mere £100m 'seed money' to begin thinking about the new hospitals in six years' time. The use of this term raises questions over how these additional projects are to be funded. Seed funding is normally followed by seeking the remainder of the cash from various banks and other sources.

While £13 billion is allegedly coming for shiny new acute hospitals, mental health services are left to struggle on with no new investment.

The pre-conference cash bonanza includes promises of a measly £70m for 12 mental health pilot areas, where the NHS is expected to seek help from charities and local councils.

After thousands of mental health nursing posts have been lost, ministers vaguely promise to recruit "about 1,000 extra specialist staff" to pilot areas: other areas with serious problems get nothing.

Where will the money come from?

Nobody knows. At the end of last year Philip Hammond (then Chancellor) announced the government would not sign off any more projects funded through the Private Finance Initiative.

We now have a new chancellor, but no declaration so far of a new policy: without it, we are likely to have no money – and no new hospitals. Health Secretary Matt Hancock telling Sky News's Sophie Ridge that the money for the 21 hospitals would be found "in the future" insisted it would not be private sector money – although that would be for a future government to decide.

If a government puts up the cash for the additional £10 billion to build the additional 21 new hospitals as Public Divident Capital it will incur 3.5% interest charges annually in perpetuity – another millstone round the necks of trusts.

New hospital buildings won't solve the problems of the NHS.

For nearly 10 years successive governments have starved the NHS of funding for - by over 25% - a £30 billion-plus shortfall in annual funding. Without new revenue funding, hospi-

tals will not have the funds to provide services.

Trusts are already in debt to the Treasury to the tune of £14bn in loans to stave off bankruptcy and have to pay interest charges on this.

Is it enough?

No. NHS Providers, which represents NHS and foundation trusts, has been running a campaign for a big increase in capital spending.

Its chief executive Chris Hopson argues that the allocation of £2.7bn, averaging of £400-500m per hospital, for 6 hospitals that "need rebuilding and already have full business cases" seems to be "full new schemes."

But the government has not so far said how much capital is to be allocated to the NHS after 2021, so while ministers claim the £2.7 billion will be "extra" there is less certainty.

Unless we see confirmation, the £2.7 billion could simply be taken from baseline funding.

The government is already facing stiff questions from the Office for Statistics Regulation over what turned out to be misleading claims by ministers that £1.8 billion of capital funding announced by ministers back in August was genuinely new money, when most of it was simply the release of money already in trusts' accounts.

Even if the £13 billion turns out to be real money for real hospital schemes, the other obvious question being widely asked is, what are the plans to deal with the other NHS capital needs (e.g. mental health, community, ambulance, digital, and the £6 billion backlog maintenance)?

The Health Foundation has argued that the NHS needs £3bn each year for the next 5 years to upgrade crumbling buildings and replace outdated equipment, but there is no significant money for backlog maintenance - and only £200m compared with the £1.5bn the Health Foundation argues is needed to bring scanner numbers up to EU average.



Capital punishment

The UK now spends only half as much on health service capital each year as comparable economies

No capital budget has been set for the NHS beyond 2020/21

The NHS' revenue budget has already been set for each year until 2023/24: but there remain real doubts over how much capital might be available for repairs and new facilities.

This means NHS organisations must make plans for capital projects – which can take many years to come to fruition – without being sure that the funding will be there.

"Current levels of NHS capital funding are insufficient to allow the NHS to stand still, let alone invest in the transformational technologies required by modern medicine."

The proportion of the NHS' budget spent on capital has fallen from 5% in 2010/11 to 4.2% in 2017/18 – mainly as a result of capital budgets being

raided to pay for day-to-day running costs.

If capital funding had kept pace with growth in revenue funding it would have grown by more than £2bn over the same period – enough to build the equivalent of four new hospitals a year.

The NHS' annual capital budget is now less than the NHS' entire backlog maintenance bill

The bill for backlog maintenance is growing by 10% a year, so issues like leaking roofs and broken boilers, ligature points in mental health facilities and outdated technology cannot be fully addressed, let alone any investment can be made in new buildings

and services.

In 2018/19 at least 76 hospital trusts in England out of 170 responding to a survey recorded incidents caused by "estates and infrastructure failures". Many involved sewage, including sewage coming through the floor on the ultrasound corridor of one trust in Yorkshire and the Humber.

Other incidents included leaks of wastewater and water into hospital wards, sewage coming up through the bathroom drains, broken lifts, inadequate heating systems, water running down walls and broken scanners.

July 2019 saw fire chiefs threaten to close down parts of four hospitals as they were so rundown they had become a hazard to patients and staff. The hospital trusts are required to make improvements or face legal action.

NHS trusts awash in a sea of debt

After nine years of effectively frozen funding, NHS trusts up and down the country have racked up massive cumulative deficits in the form of loans from the Department of Health and Social Care which they are in no position ever to repay.

Many have no plan to return even to a recurrent break-even position, and are relying on the expectation of continued rounds of "cash funding loan finance" to stave off bankruptcy.

On many annual reports, auditors are stating "a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern."

According to a recent Health Service Journal report, so many loans have been issued to prop up flagging finances that "trusts' combined debts to the department reached £14 billion by the end of 2018-19."

Loans from the DHSC are now half as much again as the £9 billion still outstanding in payments on 100+ PFI hospital projects: some of those in deepest trouble are running both a loan and a PFI contract. Four of the ten trusts with the largest relative loans compared to income have major PFI contracts.

The HSJ reports the most indebted as a share of trust income is Medway in Kent, with loans equivalent to almost 90% of annual turnover. The ten most indebted all owe upwards of 60% of their turnover: but the largest numerical debt is King's College Hospital in London which has run up a tab of £653m, equal to 59% of trust turnover.

Last year senior NHS bosses actually floated the idea of writing off these unpayable loans.

With so many trusts so deep in the red, NHS England cannot intervene in them all: and the scale of cuts required to balance the books would be politically unthinkable even for a right wing Tory government.

So they settle for adding critical notes to the accounts, leaving the loans to pile up – as a problem for any future government to tackle.



...along with even more A&E closures!

While PM Johnson tries to distract us with empty and incoherent promises of new hospitals to be funded six years down the road, actual frontline services are being scaled back in existing hospitals – arguing a lack of staff.

This is the excuse put forward for fresh efforts to downgrade A&E departments in Tyneside, Lancashire, and Cambridgeshire: battles over A&E are also going on in Cheltenham and Weston super Mare – see pages 8-9.

In Northumberland, Tyne, Wear the South Tyneside FT and Sunderland FT have merged, and now, as campaigners have predicted, the pressure is on to strip out services from South Tyneside Hospital to “centralise” them in Sunderland.

Since 5th August children’s A&E services in South Tyneside Hospital have been closed between the hours of 10pm and 8am: this will affect 3,600 children a year.

Senior consultants in the trust report that the numbers of children attending A&E almost quadrupled from 6,000 in 2012 to 21,000 in 2018. Every cutback further undermines the hospital’s future as a District General Hospital. (more on South Tyneside see page 8).

In Chorley in Lancashire the process of downgrading of the Chorley and South Ribble District Hospital is more advanced: its A&E closed completely for much of 2016 citing staff shortages, and despite the efforts of campaigners is now functioning only for limited hours.

A new document claims to be “clinically led,” but notes that its preferred options have been precluded by a lack of capital and the financial plight of the trust – which ended last financial year £46m in the red.

The report concludes it’s not “clinically viable” to retain accident and emergency facilities at Chorley: but adds:

“It is clear from high-level

clinical activity modelling that the population health requirements could not be serviced by one of the two current hospitals” – and there is no money to build a new hospital or expand either to cope. Chorley is not even on the extended list of 21 projects Johnson has promised a future government will build.

The cutbacks at Chorley have had knock-on effects on surrounding hospitals as far away as Bolton.

Earlier this year Preston Hospital consultants, part of the same Lancashire Teaching Hospitals

Foundation Trust as Chorley, wrote to trust executives and used social media to raise concerns about its struggling emergency services, which have been among the worst performing in England against the four-hour

target.

In Cambridgeshire the first steps have begun towards downgrading A&E services at Hinchingsbrooke Hospital, (now merged with Peterborough hospital 24 miles away into the North West Anglia Foundation Trust).

This comes despite repeated categorical assurances during the merger in 2017 that services would remain on existing sites, and that merger was the ‘only way’ of maintaining services at Hinchingsbrooke.

The financially-challenged Cambridgeshire & Peterborough STP is now proposing to close all trauma services at Hinchingsbrooke, forcing patients to travel either to Peterborough or Addenbrooke’s hospital in Cambridge, 23 miles way.

This removes a key component of the A&E service, and will strengthen local concerns that it could be further downgraded, using the pretext of staff shortages.

■ Material in this article and the box of headline data (right) are both extracted from longer articles in *The Lowdown*, September 14 and 28: <https://lowdownnhs.info>



Jess Hurd: reportdigital.co.uk

Respect to the thousands of demonstrators braved torrential rain and the perennial rail engineering works on September 29 to protest outside the Tory Party conference in Manchester.

1,400%
the increase in numbers hospital “trolley waits” in A&E since 2010

372-fold
the increase in 12 hour waits for a hospital bed since 2010

57,694
number of patients waiting over 4 hours for a bed during the month, July 2019

8,779
fewer frontline “general and acute” beds now than 2010

22%
reduction in mental health beds since 2010

4.52m
patients in England now on waiting list for treatment

1 in 5
cancer patients has to wait up to 2 months for hospital treatment

69.9%
of hospital trusts miss target to treat cancer patients within 2 months of referral

The NHS will be at stake in the Election

by Jonathan Ashworth, Shadow Health Secretary



Britain is heading, sooner or later, for a general election and the future of our NHS will be a central issue.

With waiting lists growing to 4.4 million, thousands waiting longer for life saving cancer treatment and desperately ill children and young people denied mental health care every day we face the dismal consequences of nine years of Tory austerity for patients.

Austerity has meant thousands of operations cancelled and chronic staff shortages – 100,000 vacancies. Tory cuts have seen a £4 billion smash and grab raid on capital spending diverted into daily running costs, leaving hospitals crumbling, ceilings falling in, sewage pipes bursting into wards and equipment out-dated.

Financial rescue

Labour’s first priority will be a financial rescue plan to give our NHS the secure funding needed for the future and recruit the staff required, starting with the restoring the bursary for student nurses, midwives and other allied health professionals.

Just as we will bring forward a financial rescue plan, we’ll also bring forward our plan to secure a publicly provided and administered NHS with an NHS reinstatement bill.

Despite Matt Hancock promising ‘no privatisation on his watch’ over £9 billion worth of contracts have been handed over to the private sector. It leads to poor quality care

from unreliable private companies, undermining the fabric of public NHS.

Privatisation will end as we begin renationalising our NHS. But our mission becomes ever more urgent as Boris Johnson prepares to put the NHS on the table in a trade deal with Trump.

It would mean more contracts handed over to US healthcare firms and the current levels of market liberalisation locked in, making it difficult to reverse privatisation.

Not for sale

The stakes could not be higher. Labour Conference united in sending the clearest message that our NHS is not for sale.

Our third priority is creating the conditions where everyone can lead healthier, longer and happier lives. Its surely a shameful indictment that not only have advances in life expectancy began to stall, but they have even gone backwards for some of the very poorest.

Our child mortality rates have worsened three years in a row for the first time since the second world war, and health inequalities are getting wider and wider. Austerity and structural inequalities make people sick.

It’s unacceptable. We will legislate for a ‘health in all policies’ approach with obligations to narrow health inequalities. We will introduce a Future Generations Wellbeing Act to enshrine our commitments on health inequality in law.

Labour Conference is an opportunity for health campaigners to come together and prepare for the battle ahead. In a matter of weeks if not days we could be in an election campaign. This really will be a fight for the future of the NHS.



(Left to right) Ian Hodson BFAWU, Michelle Joseph, Rachel Bannister, Jonathan Ashworth MP, Ken Loach. Below (centre) Kevin Courtney, NEU, bottom left Dr Louise Irvine.

Mental Health Crisis

Cathy Augustine

The Mental Health Crisis Summit co-hosted by Keep Our NHS Public, Mental Health – Time for Action and Health Campaigns Together could not have been more timely, being held soon after the publication of a damning report revealing that suicides have risen to a 16-year high across UK.

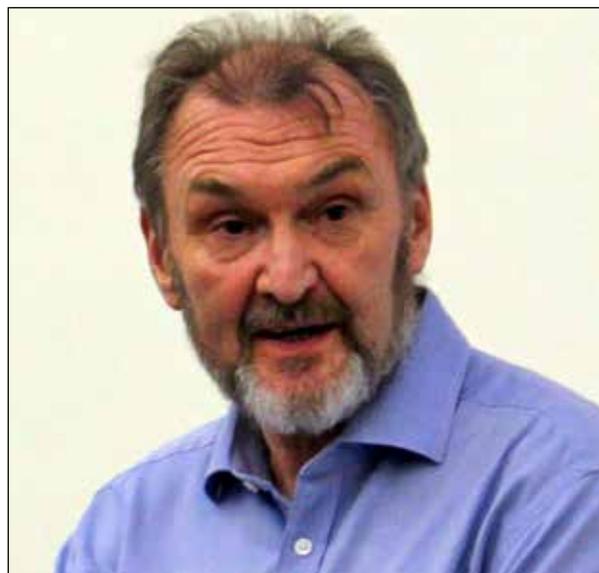
Perhaps most devastating of all is the figure that over 200 school age children each year are currently lost to suicide.

This is a damning indictment of devastating NHS de-funding and privatisation – hitting mental health services particularly hard – and 9 years of austerity by this Conservative Government.

The line-up of speakers at the event on Saturday 28th September at the Royal Free Hospital, London, was diverse, powerful and focussed on how we can make a real difference. Mental health activists, trade unionists, campaign founders and service users addressed almost 300 attendees in two plenary sessions and six workshops.

Ian Hodson, President of the Bakers, Food and Allied Workers Union – a powerful voice against austerity and advocating solidarity and unity in fighting all manner of oppression – opened the event with a clear, passionate and compassionate speech, clearly highlighting the links from austerity, the gig economy and precarious work to exploitation, stress and mental ill health and framing some of the key themes of the event.

Rachel Bannister, co-founder of Mental Health – Time for Action, a co-host of the conference; courageous campaigner for better mental health services; parent of a young person put through experiences that she and her family should not have been put through. Rachel campaigns with bravery so that families in future



have more appropriate care. "It is no measure of health to be well adjusted to a sick society".

Denise McKenna, leading member of Mental Health Resistance Network who strongly support the social model for understanding and supporting mental health issues.

"Did the medical model ever really work? A social model is about where we locate the source of the problem, and where we expect the solution to come from



"We know that as social problems rise so will mental health problems, so the issue is a political one."

Elizabeth Cotton of Surviving Work gave important insights into the neoliberal ideas that impact on services for mental health:

"We have an 'Uber-isation' of mental health jobs. 20% of MH workers deliver services for free and others are on zero hours contracts.

"By downgrading the jobs and profession you open it up to private providers who won't make the money today but stand to gain in the future as NHS services and trusts are further defunded and neglected.

"It is an open field now to introduce the digital companies who will benefit the most. Swiping right to choose a therapist should not be how people access therapy as it makes no room for the benefit of the therapeutic relationship."

The morning plenary finished with the first Patron of Keep Our NHS Public, film maker, socialist and tireless campaigner for the vulnerable and oppressed – the wonderful **Ken Loach**, who

reminded us that only a Jeremy Corbyn-led Labour government will restore our NHS to be the publicly run, publicly funded, publicly owned, free at the point of need and universally accessible.

"17,000 people have died whilst waiting to see if their work capability assessment was granted. Food bank use has risen 18% in a year, with half a million users now being children.

"Jeremy Rogers who at age 20 got 2 parking notices £65 each, couldn't pay them, took out a payday loan and bailiffs took his motorbike which he needed as a courier. He killed himself.

"We need social politics to renew our health services where we remove the causes that help to generate the stress and difficulties people face, we need to tackle the causes."

Afternoon workshops covered the social model for mental health; children and young people's mental health; the hostile environment and racism in mental health; the mental health of workers; untangling the threads of trauma and mental health campaign strategies.

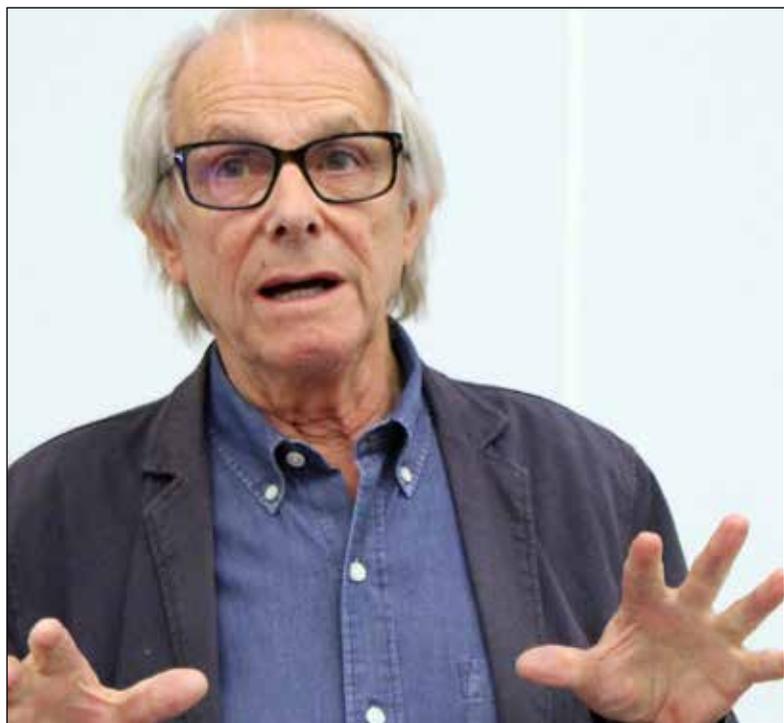
The closing plenary began with **Kevin Courtney**, Joint General Secretary of the National Education Union and supporter of Junior Doctors, and our nurses in the Bursary struggle.

"Young Minds looked at 7000 young people and found that 22% said discrimination was a factor, 69% said body image. 77% said issues around pressures to do well at school

"Academic anxiety is now usurping all other issues around young people and mental health.

"The reduction in expressive subjects is a factor in mental ill health, the lack of good jobs available increases the pressure on children to succeed against their peers."

As joint head of a union of teachers on the frontline, Kevin spoke about the increased stresses school age children undergo with the pressure of continual testing, the inadequate support that teachers receive in trying to help vulnerable students with mental health difficulties and the need to review the entire structures of testing and support.



Summit

Michelle Joseph, actor and campaigner shared her extremely moving story of how she has personally experienced the changes in mental health care and particularly admissions processes over a period of years.

Jonathan Ashworth MP, Shadow Health Secretary – a staunch supporter of those fighting to highlight and correct the gaps in mental health services.

"I think this conference is a great idea, and I think we should hold it every year!

"Last year was the anniversary of 70 years of the WHO (as well as the NHS). The organisation told us that health wasn't just about physical health, but about mental health as well.

"This focus on MH has been ignored, forgotten and not given the priority it deserves, and it definitely isn't been given a priority under the current government.

"CAMHS has had their budget raided repeatedly and been used in other areas of the NHS. Very vulnerable people are being sent hundreds of miles away, and often to receive a sub-standard level of care in the private sector. MH issues have been exacerbated by a lack of nurses and the removal of the nursing bursary."

Ashworth repeated his commitment to reversing privatisation:

"We don't want the NHS to be the preferred provider, we want the NHS to be THE provider."

Dr Louise Irvine, GP, Chair of Save Lewisham Hospital Campaign that defeated Jeremy Hunt to keep Lewisham Hospital open and tireless campaigner with HCT and KONP closed the event.

She summed up the key themes from the workshops

as well as the positive and productive mood throughout the summit, with a determination to refine our demands and develop a strong campaigning manifesto for mental health.

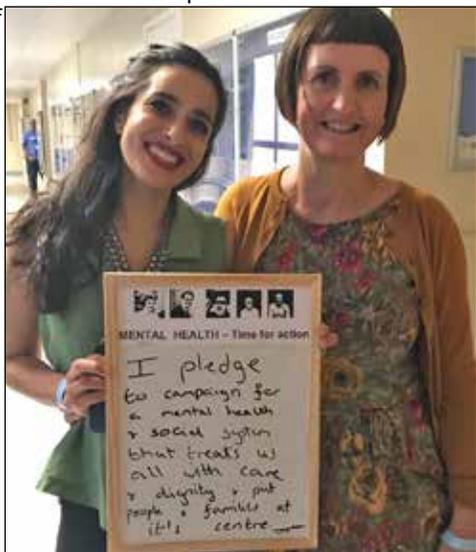
"When I first started we could refer to play therapy, and to services in the community; all this has gone and now CAMHS is all that is left, and it's only there for a minority.

"The ones that have got help [through me] have been suicidal.

"People say you can't just throw money at the problem, but money means staff and staff are humans that can help.

"Around 100,000 children are turned away from CAMHS every year as they do not meet the threshold. GPs are told to use services in the community, some of which have closed down and no longer exist."

Feedback from attendees says it was educational, insightful, action-focussed, inclusive and uplifting. Next steps will be to take comments and ideas from the six workshops and build those into a charter of demands – through a number of follow-up events.



Dr Sonia Adesara and Rachel Bannister

Soaring suicide figures – a grim product of austerity

Dr Mona Kamal,
Consultant Psychiatrist

Lost amid the Westminster high drama was a stark reminder of the human consequences of austerity, with news that 2018 saw the highest rate of recorded suicides in almost 20 years.

According to the report by the Office of National Statistics 6,507 suicides were registered in 2018, an increase of 11.8% on 2017 figures alone, and the highest since 2002.

The figures included suicide rates among young people aged 10 to 24 years which had climbed to a nineteen year high.

This must be understood next to the background of years of deliberate underfunding of Child and Adolescent Mental Health Services (CAMHS), most notably during the early years of coalition government austerity: **by 2017, one third of all CAMHS teams faced either downsizing or closure.**

The consequences of this: an average of 150 children per day, according to the NSPCC being denied access to mental health treatment.

In addition local council funding per child has been cut by over a third since 2010, leaving thousands of children in socially deprived areas at risk of abuse, criminal exploitation and mental illness – all this at a time when the proportion of children living in relative poverty is on course to hit a record 37% by 2023.

Men living in deprived areas are



found to be 10 times more at risk of suicide than those in the more affluent areas: but cuts to community psychiatric services mean that accessing timely specialist support when experiencing mental health crisis has become the preserve of those who can pay for it.

590 suicides were linked specifically to Work Capability Assessments and disability benefits sanctions.

Surely there is no greater indictment of the despair and alienation caused by this government than the crisis in mental health that we are witnessing.

We have the hypocrisy of Sajid Javid making empty declarations that 'austerity is ended,' whilst what can only be described as the austerity death toll, just keeps rising.

■ On September 10, #SuicidePreventionDay, representatives from Keep Our NHS Public, Health Campaigns Together and Mental Health: Time for Action staged a protest on College Green against the shocking level of child suicide.

Shadow Health Secretary Jonathan Ashworth and shadow mental health minister Barbara Keeley were among those who came to support.

CQC forces closure of CAMHS hospital

Child and adolescent mental health services in a North East Foundation Trust where two girls died in two months have been closed as the result of enforcement action by the Care Quality Commission.

The service is comprised of five units across West Lane Hospital, West Park Hospital and Roseberry Park.

The units at West Lane Hospital in Middlesbrough have been closed, and 32 young people have had to be shipped to other units, which are likely to be crowded and further from their homes.

The CQC's enforcement action followed on concerns raised by inspectors at the trust in June 2019, which were confirmed by a return inspection on August 20 and 21, although the report identifying the most recent findings has not yet been published and will appear "in due course".

Concerns

The June report, which the CQC says was "prompted by concerns raised about the treatment of

young people receiving support, low staffing, a poor culture and a significant number of self-harming incidents at West Lane Hospital" noted a marked deterioration in services that had been rated Good overall, and Good for safe, effective, caring and well-led services only a year previously.

This time child and adolescent mental health wards were rated Inadequate overall and for safe, responsive and well-led services, and Requires Improvement for caring and effective services.

Insufficient staff

Staff told the CQC that staffing was insufficient to support the complex needs of the young people using the service.

There have also been allegations of staff ill-treating patients, and using inappropriate techniques for moving patients. Middlesbrough Labour MP Andy McDonald told the BBC that the CQC action was evidence of a systemic failure.

Meanwhile the lack of government commitment to address

desperate lack of resources in child and adolescent mental health is illustrated by a recent press release trumpeting the relatively trivial allocation of £3.3m across local projects to help prevent mental illness in children and young people.

The Local Government Association has called for a complete overhaul of children's mental health services to ensure young people receive better care and support.

The LGA is calling for more government funding and resources to ensure early diagnosis for children.

The councils argue that councils have had to use their own reduced budgets to pay for services to plug the gap to get young people the urgent treatment they require, while fragmentation and in the system forces young people and their families into a complex struggle with multiple practitioners and agencies.

■ This article first appeared in The Lowdown on August 31 <https://lowdownnhs.info/mental-health/cqc-forces-closure-of-mental-health-unit/>

Evidence proves need for nursing skill mix to ensure safe care

John Lister

In the past five years numbers of nurses in England have risen by 4.6%: but the numbers of hospital admissions have risen by 12.3%. One in nine nursing posts are vacant. But if nurses are to be brought back in to the profession and new students attracted they must be given the hope of delivering a safe, effective service to patients.

Campaigns for improved nurse staffing levels in NHS hospitals, many of them modelled on similar campaigns in the US, Australia or less ambitious proposals that have become law in Wales and Scotland, all tend to refer with more or less

precision to the proportion of patients to qualified nursing staff.

There is indeed a clear link established between higher levels of admissions per Registered Nurse and increased risk of death during an admission to hospital.

Research highlights the possible consequences of reduced nurse staffing and points to the need to reject any policies that encourage the use of nursing assistants to compensate for shortages of RNs.

Hospital management and ministers in England have been primarily seeking to avoid adopting any fixed nurse:patient ratio, even steering clear of the suggestion of a maximum of 8 patients per registered



Queensland Nurses and Midwives Union are now pushing for ratios for care of older patients

nurse set out in the Francis Report.

Instead management and government preference, especially in the light of staff shortages, and the problems of recruitment, has been to substitute warm words for hard action, despite evidence in California that firm action to ensure the quality

of care helps recruit and retain nursing staff.

UNISON's 2017 report *Ratios not Rationing* explained clearly the positive impact a fixed ratio can have:

"In California, the number of actively licensed registered nurses increased by nearly 100,000 following the enactment of a staffing ratio law.

"Vacancies for registered nurses plummeted when the ratios were first implemented and turnover and vacancy rates have fallen far below the national average. There has also been a dramatic increase in the number of students interested in nursing as a career.

"These improvements show that ratios could be the answer to the current staffing crisis in the health service in the UK."

The most substantial recent case study outside England also points to the need for a fixed maximum ratio of patients per nurse – and far fewer than 8:1. In Queensland the introduction of a mandatory ratio "has saved almost 150 lives and helped the government save millions of dollars."

The study, reported in *Nursing Times* looks at the actual impact of imposing a legal ratio of **one nurse to four patients** for morning and afternoon shifts, and one nurse to seven patients for night shifts for selected acute surgical and medical hospital wards and mental health units across 27 hospitals in Queensland since July 2016.



Doctors: not enough staff to provide safe NHS care

David Wrigley, BMA UK Council vice chair

In February I launched a BMA-wide project which would look at ensuring all doctors work in safe environments and all patients receive the best care.

It is now widely accepted that years of underfunding has left the NHS chronically understaffed; NHS staff cannot continue to take the blame for system failures and under resourcing.

That's why the BMA is campaigning for the introduction of laws that mandate the provision of safe staffing levels across the UK. Earlier this year Scotland led the way in passing new legislation, and BMA Scotland was instrumental in securing it.

The Health and Care (Staffing) (Scotland) Act 2019 describes how staffing in the NHS in Scotland should be arranged to improve standards and outcomes for patients.

Ministers, NHS National Services Scotland and regional health boards must deliver comprehensive services that are decided transparently, take into account patient needs and staff and patient views, respect patient dignity, ensure staff wellbeing, allocate staff efficiently and effectively and promote multi-disciplinary team working.

The Act specifies duties to recruit sufficient numbers of staff, such as constant monitoring of staffing levels, formal reporting arrangements for staff to raise concerns and to seek clinical advice in relation to required staffing levels.

Compliance will be documented



by Health Improvement Scotland and Scottish Parliament will receive annual reports on progress, challenges and future plans to tackle severe and recurrent risk.

Wales in the lead

BMA Wales has called for statutory safe staffing provisions in its response to the stage 1 consultation on the Health and Social Care (Quality and Engagement) (Wales) Bill.

We are seeking to discuss our suggestions with the Welsh Government at the earliest opportunity.

In England we are gathering feedback from doctors on the personal impact of unsafe staffing and considering what legislation would look like

in all healthcare settings.

We're also planning a conference in early 2020 bringing together many unions and NHS staff to look at this whole issue. We will work alongside Health Campaigns Together and others to achieve our ambitions.

Despite the huge challenges we are all currently facing, I am convinced that we can turn this situation around, improving working conditions for staff and ensure all NHS services are safe for patients.

This will enable us to do exactly what motivated us all to become healthcare professionals in the first place – provide the best care possible to our patients.

"They have also avoided 255 readmissions and 29,200 hospital days, with an estimated cost saving of between \$55.2m to \$83.4m (£30.7m to £46.5m). In addition, the average nurse on wards included has seen their workload reduce by one to two patients during the day, and one to three on a night shift.

"Reductions of one patient per nurse were associated with a 9% less chance of a patient dying in hospital, a 6% less chance of readmission within seven days, and a 3% reduction in length of stay."

These are important findings, and undermine the routine claims of staff shortages and added cost.

But there is also evidence of the advantage of a proper skill mix on wards, which can also save lives.

Research in the USA points out the need for adequate staffing levels of "nursing support" – which in England are normally Health Care Assistants – not as a substitute for registered nurses, but as important additional support.

Researchers found that additional support staff alongside registered staff helped improve patient outcomes.

While support staff are "not formally trained in patient assessment and monitoring, nonetheless contribute to these tasks as part of their contact with patients and through a developed ability to recognise patients who may need attention by others on the staff."

"When nursing support staff are less available, this contribution to the safety of patients is reduced."

The evidence is clear: we need sufficient qualified staff per patient, supported by sufficient support staff – HCAs, clerical, housekeeping and porters – to allow them to do their job. Without the full team the safety of patients can be jeopardised.

The campaign needs to be taken forward to learn these lessons and demand safe staffing on NHS wards.

■ This article is abridged from *The Lowdown* October 1, <https://lowdownnhs.info/analysis/safe-staffing-its-not-just-about-nurses-and-doctors/>

HEALTH CAMPAIGNS TOGETHER

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NHS

SPECIAL PULL-OUT SUPPLEMENT

INSIDE

● UNISON,
Unite and
GMB on the
fight to stop
Wholly Owned
Subsidiaries

The fight to stay 100% NHS



Campaigners were hoping that they had seen the end of the toxic trend of NHS trusts creating “Wholly owned Companies” (WoCs) as a tax fiddle. This time last year the dishonesty had been uncovered, the right questions were being asked by MPs and it seemed as if the leadership of the NHS were finally reacting.

Unions were told that in future these companies would not be permitted unless the case for creating them stood up to proper evaluation. They had to stand as sound proposals for income generation even if the tax advantages were ignored.

But nothing has changed. Instead senior NHS bosses are actually working hard to free up the next phase of this policy.

Unless industrial action, political pressure and campaigning can stop the plans, up to 20 further WoCs could get the green light.

Sadly this is all possible because of the new culture of secrecy.

Once upon a time claims were made about how the NHS was the most open and transparent health system in the world. No longer.

Boards agree in private the opposite of what

they say in public, they suppress and doctor reports ... but more generally they just hide things as a matter of policy.

Bradford Hospitals Trust refuses to release the crucial details of its plans which it claims are “commercially confidential”. They argue our NHS really is now a market, and what a Trust plans to do with our money is now secret.

Bradford is trying to set up a WoC, transfer an initial 500 staff out of the NHS and later to transfer further staff – clinical as well as non-clinical.

Same staff, same jobs

We know this from their original Business Plan which did come out. That plan acknowledges the same staff will be doing the same jobs – and they have proposed they keep the same terms and conditions (although this can't be guaranteed). They are offering this because they gain financial advantages because of the different tax treatment.

They claim they can market their services to local schools, local GPs, the University and local authority – but these claims are backed by no market testing and made by people who have

no experience or knowledge of selling services.

The reality is, because it's a tax dodge, even if they never get a single customer outside the NHS they would still get 90% of the financial benefits.

It's shocking that Bradford's plans, based on a 'business case' that has holes like a giant fishing net, were regarded as exemplary by the NHS Improvement, but it should not be a surprise. The same regulator also wears another hat, under which it has for years been actively promoting and driving the creation of WoCs – sometimes even against the wishes of the Trust they pick on.

Empty business case

Nothing in the Bradford business case stands up to even the mildest testing. In tribute to Morecambe and Wise, it has all the right headings but none of the right information.

It is assertions based on guesswork and hope, with a flood of words to hide the basic fact that the advantages from tax changes amount for 90% plus of the benefits.

It ignores better options and has ignored any

concept of working in partnership with its staff, its commissioners, the STP and with wider NHS.

It's the ultimate acknowledgement that fragmentation is the way ahead – let everyone sell services to everyone else in a new competitive market.

Integrity

So it's down to NHS staff in trusts like Bradford, Frimley and elsewhere to wage the fight for the integrity of the NHS and to keep it as a public service.

To management transferring hundreds of staff to a shell company may seem like a brilliant wheeze to dodge millions in taxes (though why the Chancellor has not intervened to knock this on the head is a mystery).

But for support staff in Bradford and elsewhere faced with losing the national terms and conditions they have as NHS employees and a future of insecurity and the two-tier workforce, being pushed into a private firm is a major threat.

That's why they and their unions are fighting to stay 100% NHS, and urging campaigners to support them.

Privatisation: the reinvention of failure

It was 35 years ago this year that Margaret Thatcher's government began driving through the privatisation of hospital support services – especially cleaning, catering, and laundry.

Hospital management came under increasing pressure not only to put so-called “hotel services” out to tender, but to take the lowest bid from whatever cheapskate contractor claimed they could undercut the competition.

The results, predictably, were disastrous. A plunge in the quality of cleaning – with reduced numbers of staff working fewer hours, and with worsened pay and conditions effectively casualising the service – brought a collapse of hygiene standards and an increase in hospital borne infection including MRSA.

Thousands of experienced and loyal domestic staff who had given extra support to patients were axed or left in disgust at reduced pay and hours and heartless management, leaving nursing and other professional staff increasingly having to cover gaps in poorly drafted contracts for cleaning.

Many privatised contracts have since been brought back in-house: but an estimated 40% of hospital cleaning is still contracted out, despite research evidence that the marginal cash savings come at a cost of dirtier hospitals.

Hospital catering was also undermined by privatisation and tight-fisted spending limits, with increasing dominance of commercial interests axing hospital kitchens and skilled

staff, and ending any local preparation of fresh meals for patients and staff – substituting bulk-processed cook-chill meals and sandwiches. Standards have now sunk so low both main political parties have now committed to bringing catering back in-house.

Privatisation has since been extended to other areas with equal lack of success: private firms have failed repeatedly in patient transport services: a firm with numerous contracts for 999 ambulance services has just gone bust.

Clinical services have been contracted out, too, generally leaving companies with minimal profits and recruitment problems, and patients with poorer, fragmented services.

Perhaps the most tragic aspect of this is

NHS management's failure to learn from any of their failures.

Instead they keep relentlessly coming back to try again, hoping the same failed approach will work eventually.

Now NHS trusts clearly hope the same approach will work when staff are hived off into the new Wholly Owned Companies.

It won't.

The NHS runs best when it's centred on patient care, not cost cutting or profit-seeking at the expense of staff and patients, and when staff are all valued as part of an NHS team.

Privatisation is bad for healthcare – and a trademark of bad management.

After 35 years it's time to change course.



WOSs are just another way of attacking the NHS

Rachel Harrison, National Officer, Public Services Section GMB

GMB has no confidence in the Tory Government management of the National Health Service in England, or in its commitment to preserve the NHS as a nationwide service free at the point of delivery.

Our NHS is being attacked and Wholly Owned Subsidiaries are just another way of doing this.

The GMB continues to fight against the creation of new WOS. Most recently is the campaign at Frimley Park Hospital NHS Foundation Trust.

700 staff

The Trust, which is made up of 3 hospitals – Frimley Park Hospital, Wexham Hospital and Heatherwood Hospital, was originally proposing to transfer 700 staff into a new WOS.

This has now increased to 1000+ staff, in non-clinical roles such as catering, housekeeping, security, estates and porters. GMB and other trade unions have been actively opposing the transfer.

However, this has proven to be very difficult due to the lack of transparency in the whole process.

Our members who all choose to work within a public NHS service are opposed to this and actually feel very angry that their hard work and high standards of delivery and professionalism are being discarded by an employer they trusted as they are thrown into the open market of privatised providers outside the NHS.

NHS Improvement in September 2018, issued a statement, calling for a pause on all future creation of Wholly

Owned Subsidiaries until they issued further guidance. This was as a result of many concerns raised directly with them about value for money and transparency within the process.

The new guidance was published on 26th November and is intended to place a greater burden on Trusts to produce a business case demonstrating to the Secretary of State that the subsidiary will be income generating, and that there will be full consultation with staff.

However, the guidance has failed to ensure business plans are truly transparent and available to the public from the outset.

Trade unions have been able to demonstrate to NHS Improvement that the system is still not working and is grossly unfair.

What is needed is full disclosure of all details at the start of the trust beginning to consider the establishment of a WOS.

The staff, trade unions and public should be able to access the full business case as soon as it is ready. All staff should be party to a full and

proper consultation including their trade union representatives and it not just being a tick box exercise.

Political pressure

At Frimley, political pressure has been applied with the involvement of local MPs and Councillors.

As a result of the campaigning a delay has so far been achieved. Originally the transfer was due to happen on 1st November. NHSI has now intervened and asked for further information from the trust and so the potential transfer date has been extended to 1st February.

The GMB has also started to see an increase in already established WOS being expanded by even more NHS staff being transferred into them.

On the whole, all of this is very worrying for GMB members. NHS staff transferring are covered by TUPE, so get NHS rates on the date they transfer, but new staff do not and, furthermore, are not allowed access to the NHS Pension Scheme.

No guarantees

There is also no guarantee that future NHS pay increases will be honoured, and in fact, in our experience, in many cases changes to NHS pay and terms are not honoured. This leads to a two-tier workforce, and creates a divisive culture and inefficiency. Loyal NHS staff are removed from national collective bargaining arrangements.

Many NHS staff are proud of their status of NHS employee and do not want to work for another employer.

GMB has no faith in the current system and are strongly opposed to the decisions being made purely with a financial interest, in the ability of the Trusts being able to dodge tax within a WOS.

There needs to be more transparency and more consultations with staff. WOS make money by short changing hard working staff who have borne the brunt of this Tory Government's austerity agenda.

The creation of Wholly Owned Subsidiaries is backdoor privatisation.

They are immediately outside of the NHS and could later evolve into partnerships with the private sector, or be sold to private for profit companies.

Patient care is also affected as it adds yet another management structure, making it harder to recruit and retain the necessary workforce to maintain standards.

The GMB has been made aware of a few more NHS Trusts who are now considering creating new WOS. The likelihood is that they are awaiting for the outcome of Frimley before progressing and the real fear is that if Frimley succeed in their WOS, then the floodgates will open.

Staff, trade unions, community campaign groups and the general public need to come together now, unite and oppose all future WOS.

For the NHS ALL staff

Sara Gorton, Head of Health, UNISON

For many hospital leaders, worrying how to balance the books is what keeps them awake at the small hours. Being placed in special measures would be the stuff of nightmares to them.

NHS managers are facing relentless pressure to keep trusts from falling into deficit. So it's no surprise increasing numbers are taking an increasingly length approach to delivery of some services.

But the rise in these subsidiary companies or subcos – represents a worrying trend for thousands of staff affected, and for the future direction of the health service.

The government may have committed an extra £20bn for the English NHS, but this is merely sticking plaster. The money does little to allay financial woes triggered by inadequate funding settlements.

With resources stretched to breaking point, subcos are seen as an immediate money-saving solution, with significant sums recouped through VAT exemption.

Privatisation

However, they effectively represent privatisation through the back door, and will contribute to growing staff shortages by leaving employees feeling even more undervalued.

Those transferred to subcos are often low



Fighting back against WOS





NHS to be a model modern employer, must be properly valued

UNISON paid workers such as porters and cleaners which sends out a message that parts of the healthcare workforce are non-essential.

That they're disposable so can be removed from the NHS without any impact on quality of service.

Subco staff may still be working alongside their colleagues but in a different uniform. Or on inferior terms and conditions if newly recruited by a subco. Staff might still do NHS work, but they won't be an NHS worker.

Just because something can be done does not mean it is the right thing to do.

Loyalty

Being part of the NHS is a source of pride for its dedicated staff. It's like being part of a close-knit family to which they actively wanted to belong. Their sense of loyalty runs deep hence the strength of feeling against subcos by employees, as demonstrated by the many campaigns UNISON activists have run.

Over the past two years UNISON members, backed by other unions, the public and local politicians, have been forced to take industrial action at many of the trusts threatening to set up subcos, a number of which have backed down.

In recent months, plans have emerged that would affect more than 1,500 staff in total in the

West Midlands in Birmingham and Solihull, in Frimley in Surrey, and in the West Yorkshire city of Bradford. Following talks at conciliation service ACAS, strike action in Bradford was suspended in August 2019 to allow UNISON to put its case to the Trust board.

These projects follow previous plans earlier in the year to force through a subsidiary in Chesterfield. This is despite the insistence of staff that they hadn't been properly involved and consulted about a decision that affects them so profoundly.

Loophole

Apart from creating anxiety among the workforce, subsidiaries are effectively a tax dodge. They allow trusts to exploit a VAT loophole, despite the Treasury – and NHS Improvement – making it clear this should not be their main reason for setting them up.

And the money saved in reduced tax does not benefit the NHS. Instead, what happens is that other parts of the service have to make up the shortfall in receipts owed to the Treasury.

Moreover, such plans go against the prevailing direction of health reform and the latest push to make the NHS the best place to work.

NHS Improvement issued revised guidance at the end of last year that should, in theory, have ensured that trusts were at least forced to demonstrate some

form of staff buy-in or engagement.

This was before they were allowed to go ahead and set up new subsidiaries (or alter existing ones).

For healthcare staff, the hope was that this would put a brake on the majority of subcos but unfortunately this does not seem to be the case.

Folly of market

The NHS Long Term Plan recognises the folly of the market measures imposed on the health service. It favours a more collaborative approach to service delivery, with the onus on the NHS working as a series of local systems rather than a range of providers operating in isolation.

The use of subcos undermines system-level working, as trusts look to cream off tax advantages at the expense of the wider NHS.

The ongoing trend of trusts using subsidiary companies to bail themselves out of financial holes cannot be permitted to continue.

NHS Improvement must improve its scrutiny of trust plans, and intervene to protect the ability of the NHS to retain its workforce.

The NHS wants to be a model 21st century employer. But if healthcare staff continue to feel under threat and undervalued then this will never be achieved.

And subcos will be a major factor in this vision never becoming reality.



WOCs – and winning

Solid ballot votes for strike action have managed to repel efforts to establish WOCs without even taking action in Mid Yorkshire Hospitals (furthest right), and Princess Alexandra Hospital in Harlow (right), and Rotherham. in Wroughton Wigan and Leigh (left) it took weeks of strikes.

But if you don't fight you can't win!

Meanwhile the appeal for funds to support Bradford staff who have taken three weeks of strike action is continuing: please donate via <https://uk.gofundme.com/f/unison-bradford-healthstop-the-wosstrike-fund>.



Battle for fair pay from contractors

An estimated 100,000 low-paid cleaners, porters, security guards and catering staff who work for private contractors in hospitals across England are being treated as “second-class employees”, thanks to a growing pay divide between public and private sector workers.

Last year, as part of a three-year deal negotiated by health unions, the lowest-paid workers in the NHS were given a £2,000 pay rise.

But the overwhelming majority of health staff employed on private contracts received no equivalent increase unless they have taken or threatened strike action.

Many staff employed by private contractors are on the minimum wage, which is £8.21, equating to an annual salary of £16,052, or £1,600 a year less than what the lowest-paid worker in the public sector is paid.

Earlier this year support staff employed by private contractors around the country have had to wage similar fights to secure a pay increase to bring them back into line with the latest NHS pay agreement.

In Doncaster and Bassetlaw NHS Foundation Trust two days of strike action won the required increase from Sodexo.

Staff at Liverpool Women’s Hospital who took action against contractors OCS are also now being paid the full NHS rates, having won a pay rise worth some £2,000 a year for fulltime staff.



Hot autumn of action for outsourced staff

September has been a month for industrial action by staff employed by contractors – especially in the North West.

Engie

The latest to join the fray have been staff employed by private contractor Engie Services Ltd within Salford Royal NHS Foundation Trust have unanimously voted to take strike action over their employer’s failure to pay NHS rates.

They work for the multinational outsourcing company as security guards and some are paid only the

minimum wage rate of £8.21 an hour.

The lowest rate for staff employed directly by the NHS is £9.03 an hour and the difference of 82p an hour is worth £1,500 a year for full-time staff.

UNISON North West regional organiser Amy Barringer said:

“Security staff put themselves in danger to keep patients and staff safe.

“The 100% mandate for strike action shows how strongly these dedicated hospital staff feel about this issue. Engie must put hands into pockets and do the right thing before hospital security staff are forced to

take strike action.”

Compass

Around 300 staff employed by private contractor Compass within NHS trusts in St Helens and Blackpool have also taken three days of strike action – angered by the company’s failure to match health service pay rates and working conditions.

UNISON has condemned Compass for silencing its workers, after the firm disciplined hospital workers at St Helens & Knowsley Teaching Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust who had spoken out about low

pay. UNISON regional organiser Pat Woolham said:

“It’s plain that Compass is aiming to silence the strikers and suppress staff in an attempt to force them back to work. But the strikers are united, determined and will take further action if necessary.”

The September action was the third round of action on the issue by these hospital workers.

More strikes have been called for 14/16/18/20/22/24 October Addaction

In Wigan, 31 drug and alcohol support workers employed by Addaction are

have been taking action over pay and broken promises.

The staff were previously employed by the NHS but the service, commissioned by Wigan Council, was transferred to the London-based charity.

Workers continued to receive pay rises in line with those of NHS employees and were given assurances by the organisation’s managers this would continue into the future.

But when the 1% pay cap in the NHS was removed from April 2018, Addaction refused to implement the promised wage rise.

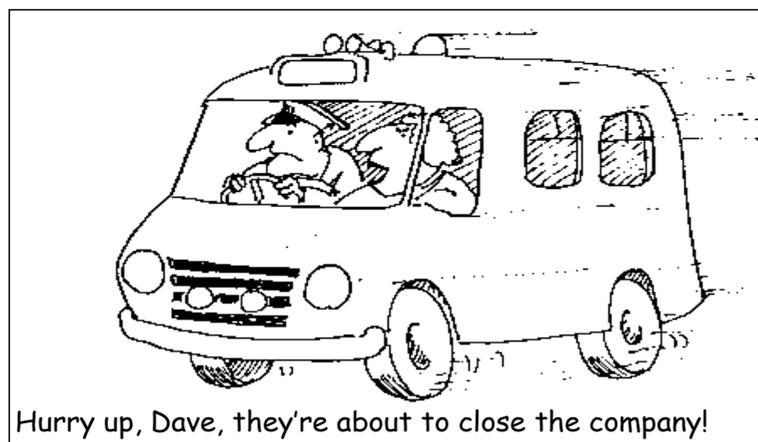
When contractors fail ...

During this year there have been a series of contract failures and outright collapses by private companies that have taken over NHS support services and other work.

In each case the company seems free to walk away leaving a trail of chaos and failed patients, leaving the NHS to pick up the pieces. Too often, stupidly, CCGs and trusts then go on to ignore the lessons of a contract failure – and simply had the contract to another company.

On the clinical front we have seen failures or companies walking away from contracts in community services (with Virgin deciding to pull out of an under-funded contract in East Staffordshire three years early) dermatology, where Concordia decided with no notice to terminate its contract in North East Essex two months before its end date, and midwifery, where Neighbourhood Midwives ended a contract in Waltham Forest giving just a week’s notice, leaving Barts Health and the NHS to pick up the pieces and continue maternity services.

Failures have continued on patient transport services, even while commissioners sign new private deals. Liquidators winding up failed Sussex firm Coperforma found just a few thousand pounds in the company’s



bank accounts, while the company folded owing £11.3m to unsecured creditors, including NHS organisations and suppliers of ambulances and staff.

Perhaps even more worryingly 999 ambulance services have also been entrusted to private providers, and a number of trusts across the country were hit by the recent collapse of SSG UK Specialist Ambulance Support Ltd, which provided services for ambulance trusts in South central, East of England, North East and London.

In primary care Capita has finally been stripped of its contract to run cervical screening after repeated

failings, and the service has been brought back in-house. The cervical screening service was part of the huge £330 million Primary Care Support Services contract, that Capita was awarded back in 2015, which has seen a regular stream of contract failures.

In Swindon the abrupt withdrawal of private company Integral Medical Holdings (IMH) from its contract to run Swindon GP practices left thousands of patients in the lurch. One common factor running through all of these experiences is the unreliability of private contractors, who always put profits before patients.

Curse of PFI strikes again

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

Both the Royal Liverpool Hospital and Birmingham’s Midland Metropolitan fell victim to the collapse of construction giant Carillion: work on both unfinished hospitals halted immediately, and has yet to resume.

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

In Liverpool ministers have rejected calls for a full public inquiry into the scandal of a building which was not only left incomplete, but also unsafe: major sections of the work built by Carillion have had to be demolished after major structural issues were identified by the new contractors Laing O’Rourke.

The trust is seeking another £300m to complete the 646-bed hospital in addition to the £76m loan to the trust to help buy out the failed PFI contract, which initially costed the new building at £335m.

Meanwhile the Sandwell and West Birmingham hospitals trust is still waiting for the go-ahead to restart a £358m contract to complete the Midland Met.

A recent IPPR report reminded us that PFI charges of £55 billion remain to be paid on 100-plus other hospital schemes: £13bn of hospitals will cost over £80bn.

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

Free personal care for older people as a “first step” to tax-funded National Care Service

After many years of campaigners demanding a progressive policy to address the growing gaps in social care services, which now leave upwards of a million people without the care they need, Labour’s conference has finally announced plans for “the first building block in a new National Care Service”.

With the backing of shadow Chancellor John McDonnell the next Labour government is now committed to introduce free personal care for all older people in their own homes and residential care, providing help with daily tasks such as getting in and out of bed, bathing and washing, and preparing meals.

The cost of this change is estimated by the Kings Fund to be around £6bn in 2020/21. Currently in England, only people with low levels of savings receive publicly-funded personal care: services that are only used by poor people tend to be poor services, and bringing the whole population into a universal service is the best way to build a political consensus for adequate resources.

Free personal care is already available to adults in Scotland who need these services.

Provide care rather than outsource

In addition, in response to the poor quality of profit-grabbing companies that have driven down the quality of domiciliary care and other social care, and consistent with Labour’s policies to end privatisation in the NHS, the party has also now declared that it will support local authorities to directly provide, rather than outsource, care.

McDonnell went on to commit to address the growing funding gap that has been created by years of outright

cuts in council budgets, and to support the care workforce better, to ensure that older people receive support from trained staff who have the time and skills needed to provide care.

As part of the National Care Service, Labour has pledged to raise standards of care by ending the use of zero-hour contracts, ensuring that carers are paid a real living wage, including for travel time; end 15-minute care visits; and improve access to training and development for care staff.

Reduce burden

At present people with dementia face the highest costs for care: free personal care will ensure people they receive the same care as those with other conditions, reduce the burden on unpaid carers – and benefit the NHS by reducing delayed transfers of care from hospital and admissions to care homes and hospitals.

The Labour Party points out that free personal care has been supported by the Lords Economic Affairs Committee, which declared in July in its report *Social Care Funding: Time to end a National Scandal Today that:*

“To address unfairness in the system the Committee proposes bringing the entitlement for social care closer to the NHS by introducing free personal care, which would include help with washing, dressing or cooking”.

Free access to care for the minority who need it has also been supported by the IPPR think tank, and by charity Independent Age, whose have claimed survey findings suggest the policy is supported by three quarters of adults in England.

Labour also argues that free personal care will remove the distinction between health and care needs that has been particularly

devastating for people with dementia and their families, ensuring more people receive publicly-funded care. It states it will consult on eligibility criteria to ensure this system works for all, including people with complex conditions such as dementia.

Although the proposals have been announced as a “first step” there have been complaints from campaigners that free personal care for the elderly falls well short of their aspiration to a national service to promote Independent Living for disabled people and those of working age who are also users of social care.

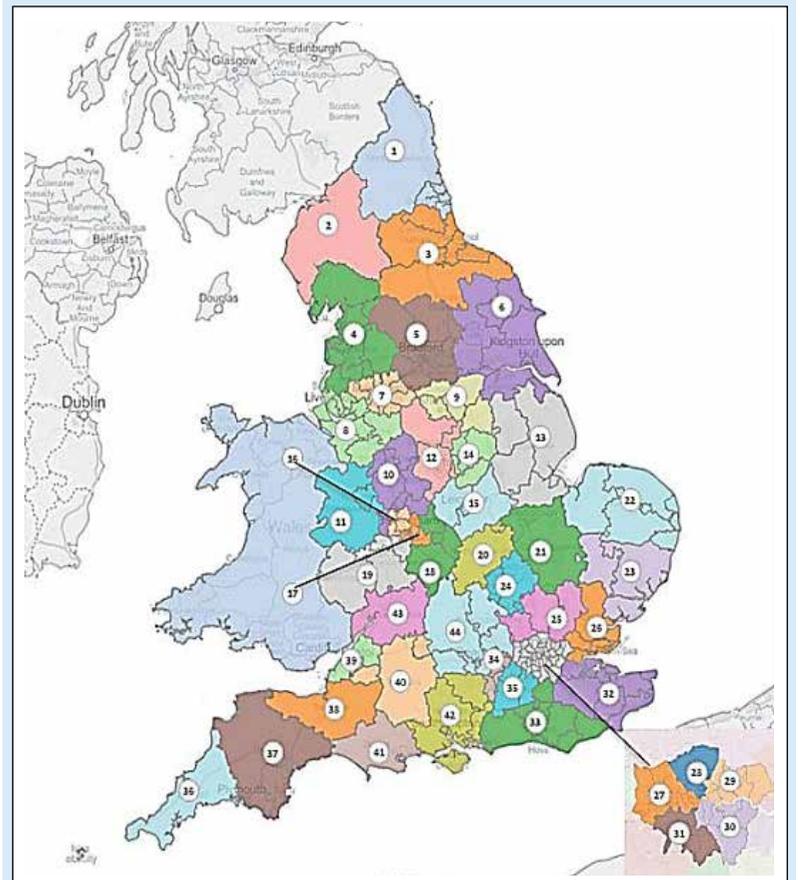
The policy sets out steps in that direction: “To enable us to introduce free personal care for working age adults, we will collect data on the level of unmet need for care among this group. This will enable us to reduce this unmet need and work towards our ambition to extend free personal care to all working age adults.”

Carers

Labour has also committed to “improve support for unpaid carers through an increase in carers allowance in line with the national living wage and will publish a proper National Carers Strategy.”

The debate will no doubt continue on how far and how fast the changes should go: but however limited it’s clear that a first step in the right direction is a positive move.

■ If you want to discuss in more detail, why not join Reclaim Social Care, the organisation that has been created in the aftermath of Health Campaigns Together’s successful conference on social care in Birmingham last November. Contact Ann Bannister: reclaimsocialcare@gmail.com.



CCG mergers – the latest top-down reorganisation

If NHS England gets its way the days of any local accountability of Clinical Commissioning Groups (CCGs) could be numbered: according to an HSJ report NHS England is stepping up the pressure for groups of CCGs to merge: the latest proposals could see the current 191 CCGs in England reduced to just 40.

However one planned merger – of the six CCGs in Staffordshire – has now been formally scrapped after a majority of GPs in five of the CCGs voted to reject the idea. The GPs were told the plans were “driven by NHS England”, by Dr Paul Scott, chair of the North Staffordshire Local Medical Committee, who advised his members to reject the merger.

Campaigners have argued that one of the reasons behind the drive to merge CCGs into such large units is to further minimise any local voice or dissent while controversial closures and downgrades of hospitals and services are pushed through, although few CCGs have any great track record of standing up for local communities.

“Tricky decisions”

In Lancashire and South Cumbria, where 8 CCGs are planning a giant merger alongside the formation of an “integrated care system”, the director of finance and investment has now openly stated to the *Health Service Journal* that he wants to be able to push through “tricky” decisions:

“The place we need to get to is where we can enforce decisions on a majority basis.”

Councils of various political complexions in London and elsewhere have resisted mergers and warned of the impending loss of accountability: in Essex, where there are plans to merge 5 CCGs, the Conservative Leader of Thurrock Council, Cllr Rob Gledhill said:

“We understand the need for the NHS and all public sector bodies to work as efficiently as possible, but that should not be to the detriment of residents who rely on the vital services our local CCGs are involved in providing.

“We would strongly urge NHS England to think again about these dreadful proposals to avoid irreparable damage to a health service we are all very proud of.”

Telford says no

In Shropshire, Telford & Wrekin council, which has been fighting against the ‘Future Fit’ plan to downgrade the local hospital and move services to Shrewsbury, has also come out firmly against a merger of CCGs.

In North West London, where another 8 CCGs have postponed plans to merge into the biggest CCG covering 2.2 million people, NHS bosses are still smarting from the collapse of their 7-year effort to force through hospital closures. They are being challenged by Hammersmith and Fulham council, which has been taking legal advice.

In fact despite regulations requiring them to do so, few if any of the planned mergers involving 86 CCGs have involved any genuine public consultation, or taken any real notice of the views of local councils which in theory should be regarded as partners.

The mergers are another top-down bureaucratic reorganisation.

If NHS England brazenly it out and pushes through these mergers, council health and scrutiny committees, which still retain powers which date back to the 1970s to delay and challenge changes in services, may become the last vestige of local accountability in an increasingly centralised and monolithic “integrated” NHS.

THE Lowdown

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We have just published our tenth 16-page pdf edition, breaking new stories and giving insight on others as they develop.

Make sure you get each issue as it appears, by registering your email address at <https://lowdownnhs.info/>.



South Tyneside campaigners win right to appeal

Eight months after an initial judicial review failed to rule against the downgrading of Children's A&E and Maternity by South Tyneside and Sunderland Foundation Trust, a judge has approved an appeal to be heard on either November 5th or 6th.

The judge said the "appeal is properly arguable and real prospect of success," although the fight now is to reverse cuts which have gone ahead in the meantime.

Problems accessing funding from NHS England have forced the Trust to postpone the further closures in Phase 2 of their plan until next year.

The Trust's attempts to get loans of £35m and £15m respectively from South Tyneside and Sunderland Labour Councils to help implement a scheme strongly opposed in South Tyneside have so far been blocked by the strength of the campaign.

The campaigners and legal experts have now been granted permission from the Court of Appeal to appeal the outcome of the judicial review and once again take their concerns about the closure of the hospital services to court.

Helen Smith, the specialist public lawyer at Irwin Mitchell's Newcastle office representing the Save South Tyneside Hospital Campaign Group, said: "Despite the conclusion of the judicial review, we have always remained concerned by the processes used to make this decision regarding absolutely vital hospital services.

"This is a hugely important issue which affects healthcare access for a great number of people in the region and it is clear that any decision should be taken with the utmost care.

"It is welcome that the Court of Appeal has allowed us to challenge the original decision and we are determined to once again ensure our clients' voices are heard on this matter."



Want to fight with us to defend the NHS?

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

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

Judicial Review nears on decision to cut Kent's stroke services

Jon Flaig, Save Our NHS In Kent (SONIK)

A judicial review which could prove crucial for the future of stroke services in Kent will be coming to the high court in a matter of months.

In February 2019 health commissioners for Kent and Medway decided to reduce the county's six existing stroke units down to just three. This would mean that the only stroke unit serving the whole of East Kent would be in Ashford — a journey time of more than an hour for people in coastal areas such as Thanet.

NHS bosses said that the three remaining units would be upgraded to Hyper-Acute Stroke Units (HASUs), which they claimed would improve treatment.

But campaigners have produced evidence that longer journey times would lead to more people dying or being left disabled.

The HASU plans were approved by local commissioners despite wide public opposition and large scale

■ Kent was involved in yet another Boris Johnson lie – when he claimed marginal Canterbury was among the towns listed for one of the 21 "new hospitals" in the far future. It excited local news and politicians – until the story collapsed when it was revealed the Department of Health knew nothing about it.

protests led by Save Our NHS In Kent (SONIK).

SONIK is now campaigning for at least four HASUs across Kent and Medway, so all patients might get the care they need within 35 minutes.

In addition SONIK are arguing for one of the HASUs to be located in Thanet — a part of Kent where long-term poverty means strokes are sadly more prevalent.

As part of its campaign SONIK, with huge public support, raised £15,000 to support a judicial review of the process the health commissioners used to decide on the three HASU sites. The review will ask



whether they made the best decision based on the available evidence.

SONIK's solicitors are Leigh Day who represented the campaigners in the successful Lewisham hospital case.

It looks as though the case will be heard in the high court early in December. It is likely to take three days and a decision may take up to a month.

The case will be heard at the Royal Courts of Justice in London, in open court with a public gallery.

SONIK will be attending the hearings and is encouraging its

supporters to come, too. For those unable to make it we hope to run a live news feed during the case.

Judicial reviews are notoriously difficult to win. However, win or lose, the case means the arguments will be examined in court and the people's voice heard. And, whatever the result, we will carry on the fight against the break up of the NHS.

They've knocked down Welwyn Garden City's QE2 hospital – now they're cutting Urgent Care!

Campaigners are fighting back against the proposal by East and North Herts CCG to close overnight services at an urgent care centre set up to reassure patients as their local Welwyn Garden City's QE2 hospital was knocked down.

This is the latest in a long line of cuts to local NHS services with the A&E department cut under David Cameron's NHS reorganisation plans, the Ambulance Station pulled down, the shuttle bus service to the Lister Hospital in Stevenage cancelled and now the plan to leave local people without overnight care.

In a rally outside the QE2 Urgent Care centre, Rosie Newbigging, Labour's Parliamentary Candidate for Welwyn Hatfield led concerned residents against plans to cut the overnight care provision in Welwyn Hatfield – a service that was promised to the people of Welwyn Hatfield.



Rosie said "I've spoken to hundreds of people who are concerned at these plans that will see residents having to travel to the Lister Hospital, a hospital that is already struggling to cope with patient numbers."

Lenny Brandon, Leader of Hatfield Town Council said "people are saying that the night time closure of the Urgent Care centre is the thin edge of the wedge. I believe the thin edge

of the wedge disappeared long ago.

"We have a growing population in Welwyn Hatfield, with proposals for an extra 20,000 homes looming just around the corner – this isn't good enough. Not only do we need to save our urgent care centre from closing through the night, we need a hospital in our borough with 24 hours A&E."

Notably Liberal Democrats and Conservatives were absent, despite the rally being open to the whole community. Kieran Thorpe, Leader of Welwyn Hatfield Labour called on residents to act now to save this vital service and to "fight for the NHS and fight against all these cuts. Or get ready to watch the services you rely on disappear even more than they already have"

Sign the petition: <https://www.whlabour.org.uk/hands-off-our-urgent-care-centre/> Make sure you click yes to staying up to date.

New threat to Huddersfield services

NHS England and NHS Improvement North East and Yorkshire have begun a dangerous and potentially life threatening consultation on the future of vascular services in Huddersfield.

Currently the specialised vascular services in West Yorkshire are delivered from three centres – Leeds General Infirmary, Bradford Royal Infirmary and Huddersfield Royal Infirmary. NHS bosses want to reduce the number of specialised vascular centres from three to two.

The proposed recommendation being consulted on is that those centres should be at Leeds General Infirmary, and Bradford Royal Infirmary.

The proposals could result in all specialised vascular surgery that requires an overnight hospital stay

being transferred from Huddersfield Royal Infirmary to Bradford Royal Infirmary, which would potentially affect up to 800 patients a year.

This is a devastating proposal which has left campaigners very angry. Once again, it means that Huddersfield people are being asked to travel further afield to secure vitally needed care which is always going to be urgent. Specialist care is of course essential, but not at the expense of patient safety.

Hands Off HRI is appealing for everyone who has an investment and interest in local health care provision to turn up for these events and make their voices heard.

A local spokesperson said: "Why is Huddersfield always being overlooked? We fear this is all part of a wider plan to downgrade and

wind down local NHS services in Huddersfield. This proposal is another body blow to our town and must be resisted.

"We are appealing to all local people to attend these consultation meetings to make sure the NHS bosses get the message loud and clear. Our services are urgently required in this town."

Hands Off HRI will be developing its own response to the proposals which will be made public when they are completed.

The consultation will run until the end of November 2019.

Public Consultation Meeting on Huddersfield Vascular Services
Tuesday 15th October
6.00-8.00pm, John Smith's Stadium, Huddersfield HD1

What does it take to win in Ilkeston?

Keith Venables for Derby and Derbyshire KONP.

Ilkeston is one of those parts of the East Midlands where jobs have vanished over recent decades.

Standing up against the subsequent depression has been Ilkeston Community Hospital – for years a key centre of the community. Yet, using spurious data, the Derbyshire Health Trust and the Clinical Commission Group (CCG) decided to continue to close beds, over a period of years, such that the number of beds plummeted from 34 to 16.

A local community hospital is invaluable for patients, friends and relatives alike. And the much vaunted health care "closer to home" simply doesn't exist.

So after a couple of stormy and well attended meetings, the local Protect Our Hospital group said "Who can help us with this fight?" County Scrutiny asked some challenging questions on our behalf. Lobbies of CCG and Trust meetings were sparkling but didn't get them to change their decisions. Local newspapers, TV and Radio helped spread the message and a glorious demonstration (see picture) showed that the community were behind us.

Ilkeston/Erewash is a politically marginal seat, occupied by Conservative, Maggie Throup. A meeting was called and both Ms Throup and her Labour rival, Catherine Atkinson, were invited to support our campaign. Ms Throup didn't attend but sent a message, supporting the cuts. Ms Atkinson and her Labour friends put their back into the campaign to protect the beds.

How will this end? Will the community campaign eventually win out? Or do we need a General Election to get more than the extra funding needed but also a coherent community, primary care, acute and national NHS strategy.



Weston A&E permanent closure referred to Health Secretary

The Save Weston A&E campaign, a cross party campaign group consisting of Green, Labour, LibDem and non party political supporters is fighting on to prevent Bristol, North Somerset and South Gloucestershire CCG keeping Weston Hospital's A&E closed overnight permanently.

They have just organised two lively demonstrations, the first on September 30 outside the Town Hall in Weston, where North Somerset Council's Health Overview and Scrutiny Panel was meeting to discuss the plan to and consider whether to refer it to the Secretary of State for Health: the second on October 1 in the Italian Gardens, where the CCG met to make the final decision.

40-page response

The campaign group had produced a detailed, 40-page response to the CCG's 'Healthy Weston' consultation and its pre consultation business case, emphasising issues including the projected population increase, the transport difficulties relatives of patients who have to travel to Bristol or Taunton, and the associated costs.

The campaigners were successful in persuading the Scrutiny Panel to refer the plan to the Secretary of

State, but this made no difference to a CCG that predictably closed its ears to the protesters and rubber stamped the plans to make the "temporary" night time closures of the A&E a permanent fixture: indeed they are now already warning that they might go further and close it altogether.

The campaigners argue that with the size of local population, distance to the nearest major hospital and emergency ambulance journeys to Bristol or Taunton having to traverse the all too often jammed M5, an Urgent Treatment Centre is not sufficient – even if the CCG could recruit GPs to staff it:

"Weston and North Somerset is not some sad little backwater where the elderly go to live out their remaining years. To the contrary, it has a dynamic and rapidly expanding population with a big influx of young families.

"We should do the same as other local authorities around the country and fight to retain our own A&E"

69% of people who responded to the Healthy Weston consultation said that they did not want A&E closed overnight permanently.

More on the campaign: <https://savewestonae.wordpress.com/>
Twitter @SaveWestonAandE



Almost 750,000 demand Hands Off Our NHS

Dr Sonia Adesara

As part of his visit to the UK, Donald Trump said that the NHS must be on the table as part of any trade deal with the UK after Brexit.

This is a serious and direct threat to the NHS that we all know and love – so I'm calling on our government to guarantee that our health service will never form part of **ANY trade deal**, never mind one with **Donald Trump**.

Our NHS is a **vital public service**, it must **remain protected from commercial exploitation**.

Decent healthcare is a human right and should never be a commodity to be bought and sold.

Let's send a message to Donald Trump to keep his hands off our NHS and ask the UK government to explicitly guarantee that it will never form part of a trade deal with America, nor any other trade deal

Our NHS is there for all of us at the best and worst times of our lives, it's part of our identity, and it is not for sale.

Please sign my petition to help protect our NHS.

As this bulletin is prepared for press 733,368 have signed the petition, with more signing all the time. It can be found at: <https://www.change.org/p/keep-our-nhs-out-of-us-trade-deals>

Oxfordshire fighting on two fronts

Keep Our NHS Public campaigners in Oxfordshire are having to fight both cutbacks and privatisation as they fall victim to poor decisions from local and national NHS bureaucrats.

The cutback is the potential permanent loss of obstetric services from Banbury's Horton Hospital, which has effectively been rubber-stamped by Oxfordshire CCG on September 26.

Technically the decision is to

prolong a "temporary" closure, but nobody seriously expects the CCG would willingly restore the service.

If they are having problems recruiting staff now, this will not be resolved as long as the unit stays closed, despite assurances from OCCG chief executive Lou Patten.

She assured residents if service demand increases in the area, "the current arrangements would be reviewed;" it's not clear if anyone really

believed her.

The decision will be challenged because the Horton HOSC agreed moved to refer the issue to the Independent Review Panel.

Meanwhile the continued pressure from all parties have not succeeded in deflecting NHS England from its determination to hand over a contract for mobile PET-CT scanning services to InHealth after a secretive process with no consultation.

Cheltenham business chiefs fight downgrade

An unusual but potentially powerful campaign against the downgrade of A&E and acute services at Cheltenham Hospital is being led by ... the local Chamber of Commerce!

The challenge from this unlikely quarter has been triggered by the launch of Gloucestershire Hospitals Foundation Trust of a 'Fit for the Future' document which campaigners – and now business leaders warn is misleading.

They have analysed the proposals and rewritten the questions it asks, to pose the issues more clearly for local people.

The main concern is plans to remove Cheltenham Hospital's emergency and inpatient general surgery.

57 consultants and senior doctors at Cheltenham General Hospital have signed a letter stating the move could put patients at risk. Cheltenham General serves a population of at least 200,000 in Cheltenham, Tewkesbury borough



and the North Cotswolds.

A cross-party campaign group called REACH (Restore Emergency at CGH Ltd) is opposing the change, and has invited trade unions and campaigners to join in common cause. It's chaired by Michael Ratcliffe, who is also Chairman of the Cheltenham Chamber of Commerce. He said:

"There has been a serious failure of due process, lack of transparency and lack of consultation. Shifting all major emergency and elective general surgery to GRH would be

a grave mistake, and is strongly opposed by many eminent doctors.

This 'pilot' also appears to be a full-blown service delivery change in all but name. So we make no apology for fighting these proposals tooth and nail, on behalf of the people of Gloucestershire and surrounding counties."

The new campaign follows loud complaints by the local Tory MP in early August that the plans meant the town's A&E unit was to be downgraded, and a call by the Conservative group leader on Cheltenham Borough Council, for an emergency meeting for the full council to back the call for these proposals to be "dropped completely."

Local NHS bosses paused their "engagement" process for a fortnight in response to these claims, before relaunching its drive to win public acceptance of its plans to create "centres of excellence" ... in Gloucester, 10 miles away.

Manchester KONP focused on fighting privatisation

Manchester campaigners are fighting a wholesale privatisation of diabetic eye screening services, which on April 1 were moved from NHS hospitals and opticians to the private company Health Intelligence (HI), which describes itself as "a leading software provider of information management solutions for health organisations in the UK. Our main areas of focus are on Diabetic Eye Screening services and population based data analysis to improve Long Term Conditions diagnosis, promote prevention and identify cost savings."

HI is a subsidiary of InHealth, the provider of managed diagnostic services and healthcare solutions to the NHS, which has been embroiled

for months in a row over a contract to deliver PET-CT scanning services in Oxfordshire, Swindon and Milton Keynes.

The privatisation was not the result of any failures by the NHS: patients were told "Health Intelligence, the new provider, will continue the excellent service you used to receive."

The combined value of the two 5-year contracts is estimated at £27m. Because each part was worth over £615,000 they had to be put out to tender: and HI won.

After High street and hospital staff told campaigners that they are worried about patient safety under the new arrangements the campaigners are now calling on Greater Manchester Mayor Andy Burnham to join them in demanding that local health commissioners (the Greater Manchester Health & Social Care Partnership) end the contract with HI and bring this service back in house.

A poke in the eye

Everywhere in Greater Manchester: diabetic eye screening run for profit Bolton cataract eye surgery: run for profit

Reverse privatisation of NHS eye services in Greater Manchester!





A glimpse of some speakers – all committed to keep NHS out of trade deals

HCT on the fringe at Labour conference

An enthusiastic audience of 40-50 people at Health Campaigns Together's first-ever fringe meeting at Labour Conference on Sept 21 heard upbeat and inspiring contributions from a panel of speakers.

The meeting began with NHS doctor and campaigner Sonia Adesara, who launched the hugely successful petition against the NHS being included in any trade deals.

Hammersmith & Fulham council leader Steve Cowan spoke of ways councils can assist the fight against closures and stand up for local, Labour and KONP activist Cathy Augustine spoke movingly of the need to scrap NHS charges on migrants.

Shadow health secretary Jonathan Ashworth pretty much stole the show with an energetic and off the cuff speech that turned out to have foreshadowed his speech next day to conference.

Ashworth promised to bring privatised services back in-house, axe charges for migrants in NHS hospitals, reverse the the 2012 Health & Social Care Act to reinstate "or renationalise" the NHS -- and much

more.

Concluding the meeting, HCT Editor John Lister from the chair added a warning on the impact of merging CCGs to gag local voices and force through controversial cuts and closures.

He urged Labour Parties to affiliate to HCT and individuals to join local KONP groups to help make sure defence of the NHS is central to the coming election.

Outside Labour conference a team of a dozen or so volunteers handed out 2,000 copies of a special 4-page HCT newsletter.

Health Campaigns Together and KONP also participated in The World Transformed events at Labour Party conference; contributing to two well attended and lively Seminars, called Taking the NHS off the Table (organised with National Nurses United of from the USA) and a Policy Lab on Primary Care.

Every day TWT held "policy labs" on various topics, in order to produce a "Manifesto" based on attendees' input.

NHS England's limited plan to break from compulsory competitive tendering

John Lister

NHS England has drawn up a shopping list of reforms it wants pushed through Parliament in new legislation.

The Guardian report flagging these up is optimistically headed "NHS privatisation to be reined in under secret plan to reform care."

It states that the proposals, drawn up by NHS England and NHS Improvement after protracted engagement with various organisations and individuals, are expected to feature in the promised Queen's speech.

Section 75

The most substantial proposals centre on repealing section 75 of the 2012 Health & Social Care Act and the sections establishing the Competition and Markets Authority's (CMA) roles in the NHS, and going further to remove the commissioning of NHS healthcare services from the jurisdiction of Public Contract Regulations 2015, and abolish Monitor's specific focus and functions in relation to enforcing competition law.

Between them these changes would remove the compulsion to put NHS healthcare services over £615,000 a year out to competitive tender. As such this proposal has been welcomed by UNISON's Head of Health Sara Gorton, who said:

"This is long overdue. These proposals would protect the NHS from the worst excesses of privatisation and end the situation where different parts of the health service have had to compete against each other."

UNISON has also joined with 17 other organisations including NHS Providers and the Local Government Association in signing a letter calling for a Bill to be included in the Queen's Speech, which "should be tightly focused on the issue of care integration to foster collaboration within the sector, including removal of section 75 of the 2012 [Health and

Social Care] Act with its unnecessary procurement processes."

However the proposals set out by NHS England and NHS Improvement would not reverse any of the privatisation that has already taken place, or prevent commissioners or NHS trusts from choosing to put further services out to tender.

They don't go as far as Shadow Health Secretary Jonathan Ashworth feels is necessary. He is concerned about the additional elements of the Bill, and told the *HSJ*:

"We want to see the Lansley Act repealed, we want to restore a public universal NHS. We want to end fragmentation, to see care delivered on the basis of planning, not on the basis of markets and competition."

The GMB union, which has also campaigned for the removal of Section 75 and its regulations, also argues that the new Bill does not go far enough.

Accountable – or not?

Other proposals put forward by NHS England include:

- Some apparent concessions on local accountability of Integrated Care Systems, although these would remain outside the existing legislation, making any "accountability" purely tokenistic.

- A new 'triple aim' for NHS commissioners and providers alike, of "better health for the whole population, better quality care for all patients and financially sustainable services for the taxpayer."

- Allowing NHS commissioners and providers to form joint decision-making committees – on the argument that to create ICS as new statutory bodies would "necessitate a major NHS reorganisation."

- Local authorities should be able "actively encouraged to join ICS joint committees" with full membership – but only as long as they do not interfere on decisions over cutbacks and closures ("not introducing a new local government



veto over the NHS's discharge of its own financial duties").

- Changing the 2012 Act to support the creation of integrated care providers as NHS trusts, and to ensure that "only statutory NHS providers should be permitted to hold NHS Integrated Care Provider contracts."

A number of NHS England's initial proposal have now been dropped, most notably "NHS Improvement's proposed power to direct mergers between Foundation Trusts", which was rejected by the Select Committee, NHS Providers and the NHS Confederation, and "not supported by the NHS Assembly".

Mixed bag

It's a mixed bag, in which only the limited retreat from further privatisation is explicit. Campaigners would be critical of many of the other proposals.

Whether the Bill even appears in the Queen's Speech, and whether it might be passed through the Commons, given the government's lack of a majority and the quite deliberate stoking up of opposition anger is an unanswered question.

The invitation to NHS England to take the lead in formulating legislation to deal with the fragmentation and contracting out of services entrenched by Andrew Lansley's 2012 Health and Social Care Act first came from Theresa May in the summer of 2018.

But in November Health Secretary Matt Hancock made clear the government would only proceed if Labour would effectively sign off on the NHS England proposals without amendment or addition.

Even if he does get the nod to push it forward, Hancock is clearly preparing to duck and run if he can't get the support he wants.

■ This article is abridged and amended from a fuller version in The Lowdown October 1

The story of PFI ... up to date

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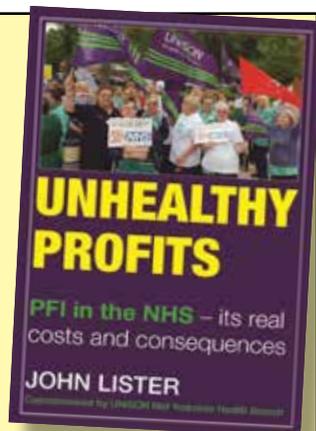
Unhealthy Profits by John Lister

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



Pledge to scrap prescription charges

The Labour Party has finally committed to scrap NHS prescription charges.

They currently only apply to ten percent of prescriptions in England – while Wales, Scotland and Northern Ireland have already abolished them.

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

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



Abuse of patients' data sanctioned by NHS Improvement

Tony O'Sullivan

As if the hostile environment could not get more shameful, is NHS Improvement now guilty of blatant breach of data regulations?

Under the cover of 'non-discriminatory' ways of checking which patients are not eligible for free-at-the-point-of-use NHS care, NHS Improvement has pressed 51 NHS trusts to use personal credit checking company Experian to process mass batches of patients seeking treatment – without NHSI itself checking the legality, let alone morality, of their policy.

Patients are routinely not told and not given an option to refuse permission for their details to be processed by Experian.

Consent

Where trusts may claim they have a clause on their website, how dare they call that meaningful consent!

In an email to the 51 trusts, NHSI explain the aim is

'to refine ... a system that can conduct bulk residency checks on all admissions and referrals in secondary care which can quickly identify the most chargeable patients.'

Shamefully for the NHS, Experian first developed this data processing system in partnership with Lewisham & Greenwich NHS Trust at least as far back as 2015.



Experian assume that patients having a credit history in England are resident in the UK and entitled to NHS care without charges. It shares the information with the trusts who concentrate their invoicing on those without credit history.

Interviewed by HSI, Phil Booth, of the data privacy campaign group Med Confidential said:

"People who need hospital care from the NHS do not expect their data to be handed over to a credit finance agency.

"It is extraordinary that a national body, not having even determined

the legality of what they are doing, appear to be doing everything they can through this carefully designed process to wash their hands of any consequences and put them on to any trust foolish enough to join this pilot."

By the summer, several trusts have been sharing patient data with Experian. NHS Improvement is placing responsibility on trusts for following the policy NHSI is promoting!

Reckless

This is another breath-taking example of the reckless, inhuman, nasty and possibly illegal methods of the government pursued through its agencies.

It fosters the hostile divisions in society on which first May, and now Johnson base their search for populist support.

The campaigning and professional backlash against this particularly cruel policy is gaining momentum.

But meanwhile, people are suffering and many have died, denied treatment by NHS services or staying away in fear of unpayable bills or being reported to the Home Office.

This has to be one of the most important issues for campaigners to take up across the country.

Labour commits to scrap charges for NHS treatment

In what seems certain to be the last Labour conference before a further general election, decisions were made to call on a future Labour government to scrap charges that stand as an obstacle to people accessing the NHS treatment they need.

A wide-ranging composite motion called for repeal of sections 38 and 39 of the 2014 Immigration Act and subsequent regulations which enforce up front charges of 150% of the cost of treatment on people who cannot prove they are normally resident in the UK.

Shadow Health Secretary Jonathan Ashworth had earlier lent his support to this proposal at a conference fringe meeting and it's likely to survive Diane Abbott's subsequent statement that Labour will not take on all of the points of the immigration motion.

Nye Bevan, founder of the NHS insisted that services should be free to all, and rejected calls to charge "foreigners," arguing it would raise little money but require everyone to prove identity. Theresa May's racist "hostile environment" policies scrapped this principle, and NHS trusts are now required by law to check patients are entitled to free care.



Save Lewisham Hospital Campaign discovered that 18% of 9,000 women who gave birth in 2017/18 in Lewisham and Greenwich hospitals were challenged to prove their entitlement to NHS treatment, and 541 were charged £6,000-£9,000 for their care.

Now the Royal College of Midwives has demanded these charges be suspended until it can be proved they are not harming women.

BMA vice chair David Wrigley has also warned that doctors will not assist the imposition of a "hostile environment": "It is a doctor's job to treat the patient in front of them, not determine how the treatment is being paid for."

People fighting to scrap the charges will of course have to combat the right wing media and their false and malicious claims on the costs of "health tourism".

FREE screenings
between 14–18 October at a venue near you

NHS **TOGETHER** **Mirror**
Keep our NHS public

UNDER THE KNIFE

Anyone that wants to save the NHS must see this film...

Or scan here

BOOK FAST Register for a FREE ticket here: www.undertheknifefilm.co.uk/screenings
Or call **020 3633 8477** to register

Under the Knife – new film finds eager audience

"Films, like words, can be weapons. This film is a weapon in our struggle to save the NHS. There should be details of the film in every hospital reception, every GP's waiting room, every community centre."

Film director, Ken Loach, Bafta winner & twice recipient of the Palme d'Or

With the real threat of a trade deal with the US looming, *Under the Knife* reveals an NHS under attack like never before. This feature-length documentary demonstrates the importance of the NHS and how it is being systematically dismantled and undermined. Directed by Emmy award-winning Susan Steinberg Narrated by Alison Steadman *Under the Knife* gives hope to those fighting to keep the NHS safe for future generations. As we go to press free showings have been arranged all over England for the mid October, and many of the venues have already been filled

with advance bookings. The free showings have been supported by the Daily Mirror, whose associate editor Kevin Maguire said on Twitter last month "New film @UTKNHS about saving and reviving the NHS feels more important than ever after that upset dad confronted Boris Johnson over the care of his ill week-old daughter." ■ If you want to see the film hurry now to book a place online. ■ Follow on Twitter @UTKNHS #itsworthsaving and Facebook @UTKNHS to stay up to date.

BOOK FAST Register for a FREE ticket here: www.undertheknifefilm.co.uk/screenings
Or call **020 3633 8477** to register

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| Bristol | North Shields | Stroud |
| Brighton (x2) | South Shields | Dumfries |
| Hastings | Durham | Somerset |
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We ALL need the NHS

- 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

However 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



Part of HCT's team at Durham Miners' Gala

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 over 100 affiliated organisations including branches and regions of unions, local Trades Councils and Labour Parties.

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

Proud to be supported by



WE NEED YOUR SUPPORT

Get your branch/region/national trade union to

- affiliate now to HCT
- order and distribute copies of our newspaper
- make a donation to our organising work – this year we are attending even more union conferences
- send us news and updates for our website and newspaper.

Check out details of HCT and forthcoming events now, and affiliate online at www.healthcampaignstogether.com, or contact the campaign at healthcampaignstogether@gmail.com

Reaching out to build support

A team of two dozen volunteers worked to help promote Health Campaigns Together and keep Our NHS Public at this year's Durham Miners' Gala in July.

For the first time we were able to agree a leaflet urging affiliation endorsed by all three health unions, UNISON, Unite and GMB (the text is reproduced on the left).

At the event HCT Trade Union group ran a very successful stall, distributing 2,500 of the A5 leaflets and 1,000 copies of Health Campaigns Together newspaper.

Many thanks to all involved.

John Whalley of KONP North East summed up:

"Great to be in Durham again, with KONPNE and Health Campaigns Together members distributing thousands of leaflets and HCT newspapers – very well received, and many conversations with people present ... Durham was flooded with sound and colour, and our NHS message was received loud and clear..."

This followed successful stalls that have been run this year at UNISON's health and national delegate conferences, GMB conference, and most recently our first ever Health Campaigns Together fringe meeting at Labour conference in Brighton (see inside page 10).

We are now supporting the public showings of the important new film Under The Knife (see p11).

● HCT is eager to receive invitations to speak at trade union branch and regional meetings, local campaigns, Constituency Labour Parties, other political parties that campaign in defence of the NHS, and especially Student Unions and societies.

Contact us at healthcampaignstogether@gmail.com.

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.

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.



■ 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.

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