Health Campaigns Together

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Latest carve-up leaves footprints all over our NHS

With no public consultation and a bare minimum of media reporting, the NHS is once more being subjected to a top-down reorganisation – this time at the behest of NHS England's Chief Executive Simon Stevens.

The latest shake-up, ordered before Christmas and announced in March, has seen the NHS across England carved up differently yet again, this time into 44 "footprint" areas.

The NHS in each area is also expected to work with the cash-strapped local authorities that have done so little to protect social care from cuts, and subjected it to wholesale privatisation.

Transformation

By the end of June 2016, these 44 bodies must each have formulated a 1-year and a 5-year Sustainability and Transformation Plan (STP) including proposals to:

- Bring their budgets into financial balance within 2016-17 - eliminating at a stroke the NHS's £3bn deficit;
- Implement the untested and potentially dangerous models of care outlined by Stevens in his Five Year Forward View – which committed the NHS to £22 billion of "savings" by 2020, in exchange for a measly £8 billion extra funding – AND, for no extra funding, deliver a "7-day NHS", whatever that's supposed to mean;
- Demonstrate how their plans will improve clinical outcomes and patient satisfaction.

In any area where the STP does not achieve all these aims, they will not qualify for a share of critical £1.8bn Transformation Funding and the threat is that new leaders may be imposed.

However it's clear already that the vast majority of NHS finance directors are unconvinced that Stevens' plans will deliver the required savings, or that £8 billion is an adequate increase in funding.

Many of them will already be painfully aware that there is no evidence to back up most of Stevens' plans.

The kind of improvement Stevens hopes for in public health – as a key to reducing demand on hospital services – would take years to achieve, even if public health funding was not being slashed back by government cuts.

No evidence

There is no evidence that spending millions on hi-tech "self monitoring" can generate meaningful savings, or that "personal budgets" are an appropriate answer to the complex needs of many older patients, even if they were affordable.

Shutting hospital beds and replacing A&E with urgent care centres will simply dislocate services and displace demand for care, resulting in disastrous collapses in performance, as we have already seen after A&E closures in NW London and Manchester.

There's not enough money in the system right now for NHS care, and increasingly even the private providers are pulling away from contracts recognising that there are no profits to be made.

Brutal choices

NHS Providers' chief executive Chris Hopson has warned that the best that can be hoped for on eliminating deficits is a £500m shortfall from trusts.

He argues that in 2017-18, there will be a choice to be made – between ministers finding more money for the NHS or the NHS making cuts to reduce services to match budgets.

In other words, as campaigners have been saying, the NHS is being deliberately starved of the funds it needs to deal with the growing health needs of an increasing population, while key services such as primary care, mental health and social care remain desperately under-funded and fragmented.

We need more funding from the NHS, but we also need an end to the bureaucratic waste of the competitive market imposed on it by Andrew Lansley's Health and Social Care Act.

Competition law

Even though the latest reorganisation may seem to ignore the Act, and place less emphasis on tendering and privatisation, new EU legislation could now force even more time and money to be wasted on putting almost all services out to tender.

So while the new "footprints" are coupled with calls for commissioners and providers to "collaborate" – the legislation tries to outlaw this as anti-competitive behaviour.

It's a shambles. We want our NHS back, properly funded, as a public service and accountable to the public in each locality.

That means we must act together as campaigns and unions to resist every cutback and privatisation that flows from the "footprints" and their Sustainability and Transformation Plans.

Junior doctors fight on against imposition of unfair, unsafe contract

See back page

Country carved up – get ready to defend local services!

See pages 2,4,5

JOIN US! Fight together for the NHS… or watch separately as we lose it. **See BACK PAGE**

Campaign rescues North London GP service from profiteer

Alan Taman

A private-health vulture has been sent packing in North London. A contract to award the GP out of hours service in north central London has been given to London Central and West Unscheduled Care Collaborative (LCW), a GP-led, not-for profit organisation.

This means it's been taken away from Care UK, after its shoddy standards were unveiled in a TV documentary last year.

Camden and Islington Keep Our NHS Public (KONP) groups were at the forefront of the battle to boot Care UK out of North London's GP services and were understandably delighted at this return of common sense in GP commissioning:

"This is an important victory for health campaigners," said Candy Udwin, chair of Camden KONP.

"We have been fighting a long and bitter battle to stop the private company Care UK taking over the service for the next five years. Care UK is owned by a secretive private equity company based in a tax haven, exactly the sort of company criticised for avoiding paying taxes and hiding its true ownership. Such companies should have no part in a publicly funded and publicly run health service."

Professor Sue Richards, Chair of neighbouring Islington KONP, echoed Candy's words:

"We in Islington KONP, part of the group of campaigners who have fought this all the way, are absolutely delighted by this news. We will draw on the lessons we can learn from this success and send it round. Fantastic to have such good news."

The out of hours service provides cover for local GPs at night and weekends when surgeries are closed. When you phone the GP outside normal working hours the service connects you to a medical advice line and doctors and other medical staff on call.

In Camden and Islington this service was originally provided by a consortium of local GPs. But in 2012 the contract was awarded to a private company Harmoni.

In 2013 Harmoni was criticised by the Care Quality Commission (CQC) and by Camden council after a number of failures, mainly due to staff shortages, including the death of a baby in its care.

In 2014, Harmoni was taken over by Care UK, Britain's biggest private healthcare company involved in one of the UK's longest running disputes in the health service – a strike by care assistants in Doncaster.

There was fresh criticism of the out of hours service and urgent care centres Care UK operates in north London after the bad practices revealed by undercover reporter in a documentary aired on ITV last July.

Camden KONP presented evidence about the failures of Harmoni and Care UK's out of hours service to Camden's health scrutiny committee – and lobbied the council hearings – at the start of 2014.

"As a result, in February 2014 the council urged commissioners to ensure that non-profit organisations such as local doctors groups were considered – and that contracts were not simply awarded to private providers who put in lower bids but provided a worse service. This was another considerable victory at the time," said Candy Udwin.

This shows how it can be done. With persistence, good local action, and coordination with other groups, we can win and we must. Care UK, and its flock of equally ugly corporate scavengers, have vast resources, the ear of Government – and no conscience or commitment to public service. Public action can stop them. It is up to campaigners to point the way.

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http://camdenkeepournhspublic.org.uk/

Crapita cocks up GP supply chain contract

Just over six months after private contractors Capita took over the delivery of primary care support services, under the misleading name of Primary Care Support England, GPs are reporting problems with supplies of basic items.

According to *Pulse* magazine, as stocks of prescription forms ran out, some practice managers were forced to chase up PCSE, and some practices also ran out of blood vials. It's a far cry from Capita's promise of "safe and secure delivery of existing services".

Instead it seems that their introduction of "new arrangements" and "consistent and easy to use services that help lower the administrative burden on primary care" has gone horribly wrong.

Chaos

If Capita have created this much chaos since September, just imagine how much more they can manage by the end of their 4-year £1 billion contract, which is also supposed to deliver "significant savings" for NHS England.

GPs are sadly not the first in the NHS to have a less than positive experience of the firm *Private Eye* calls "Crapita" in its regular exposure of incompetence. In June 2014 five of eight Liverpool NHS Trusts who had contracted their payroll and recruitment to Capita withdrew from the contract because of concerns about the quality of the service provided.

Three months later, West London Mental Health NHS Trust cancelled their contract for human resources services after Capita proved "unable to meet acceptable 'time to hire' targets", particularly for nurses.

Packed public meetings, lobbies and a 70,000-strong petition – even the loss of the local NHS trust from the consortium have all been ignored by doggedly determined CCGs hell-bent on contracting, egged on throughout by Macmillan

Failed contract no obstacle to Interserve taking over cancer care!

Cambridgeshire collapse triggers Staffordshire cancer contract inquiry

The high profile collapse of the 5-year "lead provider" contract for provision of older people's services in Cambridgeshire and Peterborough at the end of last year has raised fresh questions over an even riskier 10-year contract for cancer services in Staffordshire.

These two contracts had seemed like the flagships of a potential new wave of "lead provider" contracts: but it seems as if some of the flaws pointed out by campaigners have been as fatal as we thought.

In Cambridgeshire, where the CCG had to be threatened with legal action before they released any information, and grudgingly agreed a largely tokenistic public "consultation," a key weakness of an immensely complex scheme was always the lack of adequate funding.

This prompted a number of private bidders to withdraw, and when the NHS-led bid unexpectedly won, it was the factor that triggered the deal's collapse within eight months. NHS England now concludes it was underfunded by £14 million.

The Staffs project was already looking highly dubious even before NHS England decided in April to investigate it alongside continuing inquiries into the Cambridgeshire fiasco.

Again funding is an issue: a number of private providers had pulled out long before the end, echoing campaigners' warnings that there was not enough money in the £690m pot to deliver services and a profit.

Then, almost as soon as the contract had been awarded to a consortium led by support service contractor Interserve, the only provider of cancer services in Staffordshire, the University Hospitals North Midlands Trust, pulled out – also pointing to inadequate funding and that the contract implied treating an extra 10% of patients with no extra cash.

This left the only clinical provider as the Royal Wolverhampton Hospitals Trust, which isn't even based in the county – and should logically have ended the plan there and then.

But not only did CCG zealots press ahead regardless, but they have even insisted that the recent decision by Interserve to pull out of a failed support services contract in Leicestershire four years ahead of plan makes no difference to their suitability to run cash-limited cancer services.

It seems, bizarrely enough, that only the intervention of NHS England can now possibly bring any reality to bear on CCG chiefs who have ignored not only local communities and politians but now basic common sense!

Private sector fumes over missing patients

Private hospitals in recent years have come to count on the regular flow of NHS-funded patients as a way to prop up their finances and make use of their otherwise largely empty hospital beds.

Last year as the winter approached they expected a bumper crop of elective referrals from over-burdened NHS trusts endeavouring to hit something like their targets for waiting times, and commissioners who see the private sector as a way of covering up their failure to commission sufficient NHS activity.

They offered the NHS the chance to commission an extra 55,000 uncomplicated operations and 200,000 diagnostic tests, and sat back waiting for the patients to arrive.

Distress

Imagine the distress when February came and only the tiniest percentage of the expected caseload had materialised. According to a frustrated letter from the chief executive of the so-called "NHS Partners Network" that speaks for the private sector, less than 1% of the extra capacity had been used by the end of December 2015.

The letter argued that: "Behind every long wait for treatment is an individual patient story, and for those patients they want to know that everything is being done to give them quick access to safe and effective care."

More accurately, behind every unused place offered by the private sector is a loss of profit that will limit the dividends to shareholders.

Health Campaigns Together urges anyone sympathising with the private sector's plight to donate to the shareholder welfare fund, c/o Mr G Osborne, Downing Street.

(Left) Part of last year's Leeds demonstration: this year's promises to be even noisier. Contact: Gilda Peterson: gilda.peterson@aniger.org.uk (Right) 5,000 marched against threatened closure of A&E at Huddersfield Royal Infirmary.

Yorkshire feet set to hit the street in Leeds on April 16

By Gilda Peterson, Leeds Keep Our NHS Public

On 16th April the streets of Leeds will resound with the drumming of a huge PCS Samba band and the shouts of health campaign groups, NHS workers, trade unionists, political parties, patients and public.

On this, the fourth march marking the passing of the disastrous Health and Social Care Act, marchers will be particularly proud to be able to stand shoulder to shoulder with our brave junior doctors who refuse to be bullied into accepting the imposition of a contract that is nether safe nor fair and discriminates against women.

When Thatcher opened the door to privatisation of the NHS, at least most people knew what she stood for. We called her 'the Milk Snatcher' for stopping free milk for school children.

But Cameron speaks weasel words about caring for the NHS just as he invites his friends in private corporations to tear off any tasty bit of the NHS they fancy and take taxpayers' money to line the pockets of their companies.

Private companies are allowed to cover their tracks by putting the NHS logo on appointment letters so many people do not know who is providing their care.

People in Huddersfield, Halifax and Dewsbury are being reassured that they will not need the A&E Departments that are being closed and hospital beds that are being axed on the basis of a pie in the sky promise that privatised "care closer to home" schemes will reduce demand on hospital beds.

Not only is there no evidence that this is the case but many of the services touted as a new solution are exactly the services Local Authorities were trying to provide before the Government cut their budgets in half.

The 5000 people who took to the streets of Huddersfield in February were not fooled.

They know what it will mean to have to cross high, sometimes snowbound, Pennine roads for emergency care or visit sick friends and relatives in hospital.

The Government hope to dazzle Local Health and Wellbeing Boards by dangling the bauble of local control of the NHS budget.

However, Yorkshire Authorities are not falling over themselves to emulate Manchester.

They had a nasty dose of Government medicine when they were handed back responsibility for Public Health only to have the Government snatch back what amounted to £2.8m in the first year in Leeds.

A vital HIV counselling and support service was only salvaged by the skin of its teeth after lobbying from service users and supporters.

Cameron may be good at spin, he may have most of the press in his pocket, and many of his advisors pop up in Government one minute and in private companies the next, through an ever revolving door.

But on Saturday 16th April a noisy and lively message will be sent across Yorkshire and to MPs of all parties that we will not allow this or any other Government destroy our NHS.

Manchester deserves better mental health services!

By Caroline Bedale

The campaign has concentrated on nine services threatened with closure: five recovery/wellbeing and four specialist psychological.

These vicious cuts are less than £1m of the £7m deficit facing Manchester Mental Health & Social Care Trust (MMHSCT).

But Greater Manchester's much-vaunted 'Devo Manc' brings no hope of additional funding, as councillors have accepted Osborne's inadequate health budget.

It appears a desperate attempt to placate the government, even though the cuts nowhere near meet the deficit, and the Trust itself has no future.

The deficit reflects long-term underfunding, high acuity and complex mental health needs, and redundancy costs – because Manchester City Council passed on huge public health cuts.

MMHSCT's future is subject to a bidding process by the other two main Greater Manchester Mental Health Trusts. Manchester, with some of the worst physical and mental ill health, will face more cuts, whichever organisation wins.

Despite a petition and arguments against cuts presented to Central

Manchester CCG, GPs have not spoken up on behalf of patients, and agreed the threatened services are not 'core' MMHSCT business.

A public consultation, required by Manchester Health Scrutiny Committee, focused on how the Trust should spend £200,000 to replace some services, not whether they should all be closed.

The huge response led MMHSCT to employ Eventure Research, costing £2,000, to analyse the responses. The MMHSCT consultation report had glaring omissions: on the costs of providing other services or alternative community facilities to mitigate the detriment to disabled people identified by Equality Impact Assessments.

The UNISON branch (Manchester Community and Mental Health) consultation response raised such issues*; they await answers to questions on the report on the MMHSCT website.

Despite a lively lobby by staff, service users, and local supporters, the MMHSCT Board agreed all the closures, and to use the £200,000 to replace three services with a new 'streamlined' creative wellbeing service, at less than half their current funding.

Trust Board members said the closures would be done 'sensitively'! 29 staff face redundancy. The services will close in August.

ITV/Granada Reports featured the protest in a report on Devo Manc, with an interview covering the failure of local councillors to fight the cuts.

The *Manchester Evening News'* report, video clips and stories are on their website: **http://www.manchestereveningnews.co.uk/news/health/manchester-mental-health-cuts-reaction-11121090**

Lobby of MMHSCT Board meeting on 31st March

Campaign – Plans and Actions

The campaign has widespread support – from KONP, the Trades Council, People's Assembly, Manchester Users Network, and many local organisations.

Manchester MPs have written to the Trust, the CCG, the Secretary of State and tabled Parliamentary Questions asking whether the Dept of Health has required the Trust to make cuts, to make alternative provision to meet service user needs, and to monitor the impact on service users.

Manchester residents will write to existing councillors and candidates in the local elections, asking what they will do to oppose cuts.

The UNISON Branch is considering what action could be taken by members directly involved and those in services which will bear the brunt of the closures.

Patients' Group representatives on the CCGs, will be asked to encourage GPs to raise questions and for the CCG to reconsider additional funding.

*UNISON MCMH Branch and MDB-MHS documents are on the websites **www.mcmh.org.uk** and **www.manchesterdeservesbetter.com**

Devo Kernow faces instant £50m cuts

An Australian multinational hospital corporation is set to cash in on the misery of spinal surgery patients in Devon and Cornwall. The regional centre at Plymouth's Derriford Hospital, which covers Cornwall, has just announced it will not add any new patients to the 1500-plus on its burgeoning waiting list for 12 months.

Referral rates to the unit have been a staggering 96% above plan – suggesting that both commissioners and providers have got their planning terribly wrong. Yet Derriford is already facing a £40m deficit and fines for failure to meet waiting time targets.

Patients are no longer able to take the option of seeking treatment at Bristol's Southmead Hospital, where the specialist unit has also closed its waiting list as numbers rose out of control.

Private provider

But for the less complex surgery there is now the option of seeking NHS-funded treatment in Truro, Bodmin or Torquay facilities run by Australian-owned for-profit company Ramsay Health Care.

NHS England has also decided it is appropriate to offer Devon and Cornwall patients the chance to use Ramsay's clinic in Salisbury, 70 miles or more away for most Cornish residents.

As if this was not bad enough, Cornwall's CCG NHS Kernow, which recently signed up eagerly to a new "devolution" deal, has discovered that its budget for year one of devolution involves a massive £50 million cut (7% of its total allocation) – equivalent to £91 per head of the county's population.

Tory cuts intended to create NHS crisis

By Colenzo Jarrett-Thorpe, Unite National Officer

This Government is presiding over the biggest decline in NHS funding in its history and it is patients and staff who are paying the price.

The NHS unions continue to grapple with the issues caused by chronic underfunding of our health service. In the ten years up to 2020/21 David Cameron and George Osborne are predicted to have presided over the largest sustained fall in NHS spending as a share of GDP in any period since 1951.

Even as the economy is growing, the UK will devote a smaller slice of funding to health care.

Funding per head of population is actually falling in real terms since 2010, and UK public funding for health is now significantly below many comparator countries.

The reduction of around 0.7 percentage points of GDP would take spending as a share of GDP back to the level in 2008/9 and represent a loss of around £14 billion in today's prices.

We should be under no illusion that the NHS faces a financial crisis that is entirely political in its origins. Even the heartless Ian Duncan Smith now describes austerity cuts as "enacted in order to meet the fiscal self-imposed restraints that … are more and more perceived as distinctly political rather than in the national economic interest".

Welcome – but not enough

George Osborne's small increase in funding in November was welcome but not sufficient to plug the gap. In fact recent allegations from a former Coalition cabinet member imply that David Cameron may have lent on the NHS to understate the crisis.

All this is before the cost of increased demand, wasteful reorganisations, unsustainable debts from PFI contracts and the management of unnecessary internal and external markets are taken into account.

The result has been that staff shortages are becoming a real issue

Even as the economy is growing, the UK will devote a smaller slice of funding to health care. Funding per head of population is actually falling in real terms since 2010

in many parts of the NHS.

Two groups of staff have recently come under particular scrutiny. Nurses have recently been added again to the Migration Advisory Committee's list of shortage occupation, with recruitment now allowed from across the globe to plug shortages.

Rather than pumping more incentives and resources into training more nurses the Government has in its wisdom decided to abolish student bursaries for nurses and allied health professionals which unless replaced with something of equal value will result in a further decline of UK trained staff.

Ambulance crisis

Ambulance services are similarly poorly off, with high workloads, deskilling and shortages of paramedics.

The joint ambulance trade unions, Unite, GMB and Unison are working together to raise these issues both with employers and through the pay and collective bargaining structures in the NHS, but it is clear that in many areas the ambulance services is under severe strain.

Osborne's budget has included further cuts to the NHS too, for example hidden in the small print there is a 30% cut to NHS capital maintenance budgets.

Similarly with the transfer of public health functions including health visiting contracts, these services are now subject to the much larger cuts being faced by local authorities.

37% was cut from the Local Government budget between 2010 and 2015 (IFS) and a further 56% is due to be cut by 2019/20.

A cursory look at social care cuts over the last 5 years does not bode well for public health functions in the years to come. Health and social care integration in places like Greater Manchester is likely to put a spot light further on the crisis in social care that so far the Government has managed to sweep under the carpet.

Mental health services are another major concern and we should applaud the Labour leadership's initiative to raise the profile of mental health services.

Overall cuts to funding are deeply affecting an already underfunded mental health service.

Mental health accounts for 21% of all NHS cases but receives just 12% of the overall funding despite the clear links with mental health problems and other costly clinical issues.

These cuts to services are unsustainable and as the Junior Doctors are rightly pointing out the impacts on staff of long hours, stress and under-resourcing pose significant risks to patients and the public as a whole.

Such an approach to our health service is nothing short of cavalier and we will all be paying for the consequences for years to come.

Austerity – a weapon to attack Europe's public health services

April 7 was designated a Day of Action against Commercialisation of Health Care in Europe by a coalition of organisations including the European federation of Public Services Unions (EPSU), trade unions in France, Belgium and Netherlands, a number of NGOs, and the Peoples Health Movement.

A busy day of events in Brussels began with a Press Conference which heard powerful summaries of the situation from the EPSU, a number of health networks, and first-hand accounts from Belgium and Spain.

This was followed by an all-too-short conference which heard even more hard hitting reports from Spain, from the Republic of Ireland, from Belgium, Turkey, Greece and the Netherlands, before hearing overview analysis.

Although the health care systems vary from country to country across Europe, the main outlines of the offensive against collectively and publicly-provided health care, and the drive for privatisation and competitive markets are remarkably similar.

In each country it's easy to see the cynical use of "austerity" cuts in the aftermath of the banking crash as the starting point for a continued downward pressure on public funding of healthcare, and opening up increased space for private companies to cream off the services they find most attractive.

Perhaps the most cynical of all is the Turkish model, in which the deceptive rhetoric of "universal health care" is used

Footprints that lead to ca

By John Lister

We are at a turning point in the growing cash crisis of the NHS. In many areas the threat of cuts and closures could soon be a reality.

A February survey of 155 acute trust finance reports shows 25 have deficits over £25m – and the average deficit is almost £15m. Acute trusts deficits totalled £2.3bn by December.

In January Jeremy Hunt demanded NHS trust managers clear deficits before they receive any of the inadequate £1.8 billion 'transformation fund' in 2016-17.

He included weasel words urging trusts to balance the books "without compromising patient care". But he must know this can't be done.

Hunt insisted trust boards which fail to clear deficits would be removed and replaced – although it's far from clear how so many trusts could all be subjected to this treatment.

Nonetheless a letter from Monitor and the Trust Development Agency explicitly urges trusts in deficit to agree cuts including "headcount reduction" – in other words large-scale job losses.

According to King's Fund figures cutting 25 nurses saves £1m. So by that measure the average trust would need to axe 375 nurses to balance the books that way!

But the other way to make "savings" and cut staff is to close wards, services and whole buildings. These desperate measures could now be adopted.

Three days before Christmas the Care Quality Commission, Health Education England, NICE, NHS Improvement, Public Health England and NHS England joined forces to spell out a new approach, in which trusts are now required to work together with CCGs and local authorities in local "footprint" areas.

By the end of June 2016, these 44 bodies, announced at the beginning of March, must each have formulated a 5-year Sustainability and Transformation Plan (STP) including proposals to:

- bring their budget into financial balance within 2016-17 - eliminating at a stroke the trusts' likely £3bn deficit at the end of the financial year.
- implement the untested and potentially dangerous models of care set out by simon Stevens in his Five Year Forward View.
- demonstrate how their plans will improve clinical outcomes and patient satisfaction

If the STP does not achieve all these aims, they will not qualify for a share of critical £1.8bn Transformation Funding and new leaders may be imposed.

The CQC, HEE, NICE, NHS Improvement, PHE and NHS England have also published a rigorous checklist of hurdles that all trusts and CCGs have to surmount.

Each STP needs to be drawn up swiftly, and trusts will be required to deliver "the key must-dos" from the "list of nine must-dos" developed by NHS England.

This sounds like – and is – a load of bureaucratic hocus-pocus. No matter how you dress it up, only hefty cuts will balance the books.

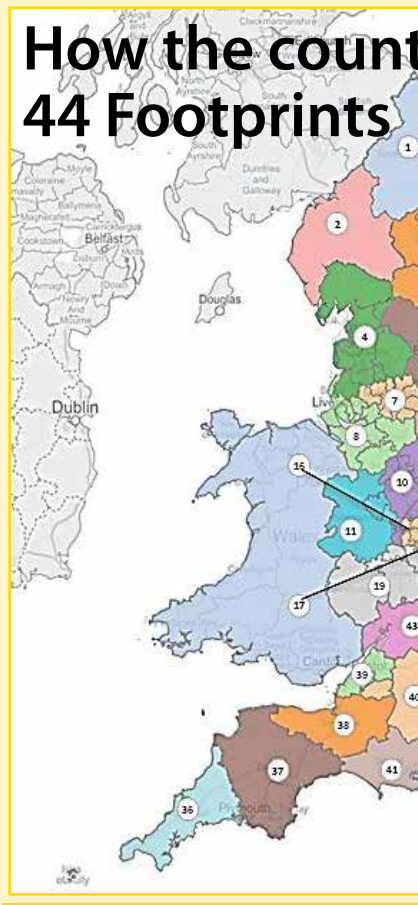
The reality is that England's NHS is being carved up into 44 STP "footprints,"

DH gives lessons on cooking the books

The Department of Health is to send teams of accountants to 20 trusts with the biggest deficits, to show them ways of massaging the figures to make them look better.

One finance director told the *Health Service Journal* that the plan seems to go "against the grain of professional accounting" by removing the "concept of prudence".

It may be policy now: but who takes the blame when it all goes wrong?



1 Northumberland, Tyne and Wear
2 West, North and East Cumbria
3 Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby
4 Lancashire and South Cumbria
5 West Yorkshire
6 Coast, Humber and Vale
7 Greater Manchester
8 Cheshire and Merseyside
9 South Yorkshire and Bassetlaw
10 Staffordshire
11 Shropshire and Telford and Wrekin
12 Derbyshire
13 Lincolnshire
14 Nottinghamshire
15 Leicester, Leicestershire and Rutland

Delegations from 15 European countries attended the Day of Action in Brussels

to describe the limited insurance cover available to those who pay the premium, but which funds only a part of the cost of care, leaving individuals to pay the rest.

And as a Netherlands report made clear, the long-term care of frail older people is everywhere being split away from publicly-funded health care, just as it has been here. It's being used as a way to milk pensioners of their savings, and generate profits at the expense of low-waged, exploited labour.

The positive spirit of resistance at the conference, echoed, despite the torrential rain in the protest rally outside the European Commission, denouncing the EU's draft trade agreements, was enjoyable despite the heavily-armed troops everywhere after the terrorist bombings.

There is a commitment to sharing lessons and experiences, building solidarity, and linking the fight for health and against austerity to the fight against the growing demonisation of refugees and migrants.

A new website Health Not For Sale is being developed as a database on privatisation and austerity cuts. We will have links to it. We have common enemies across Europe – and potential allies too!

rve-up, cuts and closures

try is split into

16 The Black Country
17 Birmingham and Solihull
18 Coventry and Warwickshire
19 Herefordshire and Worcestershire
20 Northamptonshire
21 Cambridgeshire and Peterborough
22 Norfolk and Waveney
23 Suffolk and NE Essex
24 Milton Keynes, Bedfordshire and Luton
25 Hertfordshire and West Essex
26 Mid and South Essex
27 North West London
28 North Central London
29 North East London
30 South East London
31 South West London
32 Kent and Medway
33 Sussex and East Surrey
34 Frimley Health
35 Surrey Heartlands
36 Cornwall and the Isles of Scilly
37 Devon
38 Somerset
39 Bristol, North Somerset and South Gloucestershire
40 Bath, Swindon and Wiltshire
41 Dorset
42 Hampshire and the Isle of Wight
43 Gloucestershire
44 Buckinghamshire, Oxfordshire and Berkshire West

78 hospital trusts – half of all acute trusts – are showing deficits above £10 million – that's the figure that triggered the crisis at Mid Staffordshire Hospitals Trust in the mid-2000s, where management, desperate to clear deficits, slashed numbers of nursing and medical staff as scores of patients were left to suffer – reducing services to disastrously poor levels resulting in a national scandal.

each with an urgent agenda for action against a tight timetable.

Even councils, normally servile supporters of any reorganisation that is depicted as "devolution", are complaining they are being left out of the process.

Controversial plans for "reconfiguration" – i.e. closures of hospitals and A&E units – are likely to be revived and driven forward in STP footprints, as the way to balance the "local health economy".

But we need to be aware that more cutbacks may be implemented by trusts and CCGs without even going through the rigmarole of writing a plan or any consultation – often on grounds of "safety" after creating chronic staff shortages.

Resistance

While the public may be largely unaware of many of the smaller scale cuts and the complex reorganisation, cuts and closures – and any plans proposing them – will be resisted.

Hospital trusts are not just missing financial targets, but also missing targets for treatment of A&E patients, cancer patients, waiting list patients – and massively failing mental health patients.

20 additional trusts have now been placed in a "turnaround" regime – at an estimated cost of £10m. The 30 trusts with the worst A&E performance have been summoned to a meeting in London to be hauled over the coals by regulators.

But the Tories could pay a heavy political price for their decision to reduce the NHS to a cash-strapped shadow of the service they inherited in 2010. The junior doctors' dispute has given a clear signal to the government where public trust lies.

Red ink on balance sheets might not motivate voters but closures and waiting lists do. Most of those affected are over 65 – many voted Tory in the last election.

Carter plan for cash savings – divide and privatise

By Christina McAnea, Head of Health, UNISON

UNISON members working in the NHS in England are facing almost constant and unprecedented pressure and change.

From new care models, regional/city devolution, vanguards, Sustainability and Transformation Plan Areas (STPs) and all the issues arising from commissioning decisions – the changes have made providing healthcare more complex than ever before.

Looming large in the near future is the potential impact of Lord Carter's review.

Although it is fair to look at differences across health trusts and providers and to question differences in costs, it was disappointing that for administrative and central services, Lord Carter's recommendation was to go for a "one size fits all" approach.

His recommendation that the costs in these areas are cut to no more than 7% by 2018, then 6% in 2020 takes no account of differences in geography, demographics or local health needs and plans.

Even more disappointing was his view that if providers cannot make these savings, then outsourcing is the answer. Yet there is no evidence or rationale provided for this conclusion. The only sure thing about privatisation and outsourcing is it means public money goes into profits for shareholders.

This focus on outsourcing also ignores the long history of failure associated with privatisation in the NHS and the fact that outsourcing is likely to prove damaging for staff and the services they provide, but will also be highly counter-productive given the failure of the private sector to deliver savings in the past.

Lord Carter also lapses into the lazy use of the term "back office" to describe non-clinical functions in hospitals, a term that UNISON refuses to recognise in the NHS. Too often "back office" services in the NHS is a pejorative term – synonymous with being wasteful and unnecessary.

UNISON has 450,000 members working in the NHS in the UK. About 60% work in clinical areas and the rest

Lord Carter's recommendation that the costs in these areas are cut to no more than 7% by 2018, then 6% in 2020 takes no account of differences in geography, demographics or local health needs

provide specialist, technical, support and managerial services all of which we believe are essential to providing quality care.

UNISON's "One Team" campaign is about highlighting this fact and through this we will be fighting against and resisting privatisation of these services and jobs.

It's not easy to forget the mass privatisation of hospital cleaning services from the 1980s onwards, which contributed to a huge reduction in the number of cleaners, and in turn played a part in the rise of hospital acquired infections in the 1990s and 2000s.

More recently, trusts across Liverpool opted to pull out of a deal to buy payroll and recruitment services from outsourcing giant Capita as a result of concerns about the quality of service provided.

UNISON is concerned by the fact that management and administration costs are constantly equated with wasted money and the "One Team" campaign will continue to challenge this notion.

The fact is that better run hospitals also tend to produce a better quality of care, and cuts to administration budgets run the risk of clinical staff spending more time carrying out non-clinical tasks.

UNISON has consistently highlighted the importance of support services to the delivery of a joined-up, seamless delivery of services and to an improved patient experience of care.

Short-sighted "savings" from cuts in 'back office staff' hit front line services

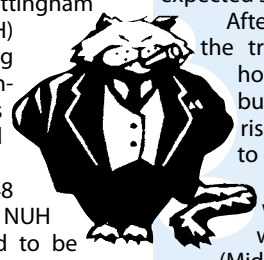
Is this a dramatic Tory U-turn on PFI debts?

By Mike Scott (Nottingham/ Notts Keep Our NHS Public)

A secret Government U-turn on PFI debts has been revealed at a meeting to discuss the impending merger between two hospital trusts in Nottinghamshire.

The Sherwood Forest Hospitals Foundation Trust is effectively bankrupt as a result of massive PFI charges for the rebuilding of its main hospital, King's Mill in Mansfield.

As a result, bids were invited to take it over and the Nottingham University Hospital (NUH) Trust won out, beating bids from Sheffield – withdrawn before process was completed – and Derby.



Given the current £48 million deficit at the NUH trust, this move seemed to be self-destructive. The local KONP branch (Nottingham/Notts) has been trying to find out what was going to happen to the SFH PFI debt since the original announcement.

A meeting for NUH Trust members – a sort of Supporters' Club – finally revealed the truth. The Chief Executive, Peter Homa and Trust Chair, ex-banker Louise Scull, stated explicitly that "the merger will not cause deterioration in NUHs finances" and "NUH will not inherit SFHs PFI debt".

Detailed questioning resulted in the further clarification that while the Government will not agree to pay off PFI debts or renegotiate their terms, the Department of Health has set up a dedicated fund to pay them off at the original (extortionate) rate and to the original timetable.

It's arguable that this will do more to protect the privatisers' profits than NHS services.

KONP were also told that other trusts in the same position would be treated in the same way. Homa speculated that in the future, hospitals would be run by "Trust chains", presumably along the same lines as the Academy Trust chains planned to run all state schools – yet another move towards the break-up of a truly national health service.

The enormous debt resulting from the PFI scheme caused the crisis at SFH, but there is no sign that the Government is going to admit to this any time soon.

As with the banking crisis, it's a case of privatising services while nationalising debts.

How can it possibly have been moral (or even sensible) to saddle a trust with payments of £2.5 billion to pay for a rebuild costing £300 million? This is Mafia economics.

What people need – and KONP will continue to fight for – are good local hospitals within easy reach, not empire-building by faceless and unaccountable hospital chains covering massive geographical areas.

PFI payments up, up . . . & away!

From Mid Yorkshire Health UNISON magazine *Union Eyes,* Spring 2016

Mid Yorkshire Hospitals NHS Trust is forking out an increasingly huge sum of money each year to the private consortium that owns both Pinderfields and Pontefract Hospitals: but UNISON has been investigating where the money goes to.

The PFI unitary charge payment that covers the lease ("availability charge") of the hospital buildings and support services Pinderfields and Pontefract ("support charge") was expected to rise each year by 2.5% or inflation, whichever is the higher, from £33m in 2011-12.

But as can be seen from the chart below, the actual payments have from the outset been racing ahead of the projected level, leaving the trust already £52m worse off than expected since 2011.

After just 5 years payments the trust has paid £252m on hospitals that cost £311m to build: and the payments, still rising, have another 25 years to go!

The original PFI deal was struck back in 2007 with Consort Healthcare (Mid Yorkshire) Limited, the small company 'special purpose vehicle' through which PFI funds were raised and now the profits are funnelled back to shareholders.

Consort Healthcare is made up of Balfour Beatty, which was the main building firm and provider of support services in the new hospitals, the Royal Bank of Scotland and HSBC.

Soon after Pinderfields hospital was completed RBS started to sell off its shares in the PFI project, selling 50% in 2011 – to HSBC Infrastructure Company Limited (HICL), incorporated in the tax haven of Guernsey.

The sale raised £32.8m, and Consort subsequently reported that they had made £6.2m profit on the deal.

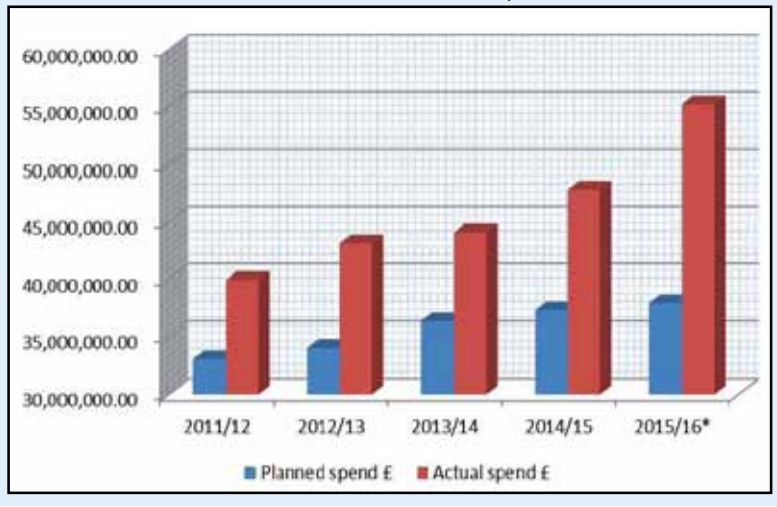
Then in the autumn of 2014 the remaining 50% of shares were sold off, again to HICL.

This time the purchase price was much higher, at £61.5m – which the company claimed was £13.5m more than expected, yielding a massive £42.2m profit.

So the profits from selling shares add up to a hefty £48.4 million in just 7 years – from an original investment of just £30m by Balfour Beatty and RBS.

Consort Healthcare (and with it the Mid Yorkshire Hospital trust's buildings) is now entirely owned by the offshore outfit, making it one of more than 100 HICL investments in health, education and transport, valued at more than £1.8 billion.

The unitary payments on the PFI disappear into the tax free void as the trust struggles to pay the rising bills of a rip-off contract.



Ernst & Young have finally left the building . . .

One gravy train has finally hit the buffers for management consultants EY (Ernst & Young).

They have lost their long-running contract with the struggling Mid Yorkshire Hospitals Trust.

But UNISON's Branch secretary Adrian O'Malley has calculated that they racked up a massive £13m in fees before they left.

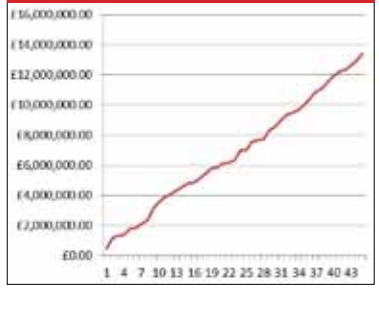
And now UNISON, is demanding a proper audit of just what the Trust got for the £13,389,513.98 it spent.

The latest figures show the Trust heading for a £21.5m deficit by March 2016, after paying EY a total of £2,356,839 in the 2015/16 financial year.

Every request UNISON has made for an explanation of what the money was spent on and what value for money E&Y delivered has been met by silence under the cover of "commercial confidentiality".

Paula Sherriff MP for Dewsbury has also demanded an explanation of what this money was spent on and what benefits the Trust has received. UNISON is calling for the Freedom of Information Act to be extended to include all private contractors working for the NHS.

Month by month into the red: how the money mounted for EY



Ealing Hospital faces closure by stealth – even though business plan still unfinished

Campaigners attempting to defend Ealing Hospital against the long-standing project to close it down, and sell off most of the site, are warning of a new looming danger.

After Ealing's maternity services were closed last summer, the focus of local commissioners has been on squeezing the life out of paediatric service and the closure of the Charlie Chaplin children's ward in June.

This in turn would certainly be followed by a blight on the remaining services at the Hospital, resulting in the accelerated run-down of the already reduced A&E at Ealing, before its predicable closure without consultation on "safety" grounds.

From there, the gradual run down to the hospital's remaining services would be relatively straightforward.

It's not rocket science: it's route 101 for cynical managers wanting to close services that the public supports.

But of course nobody will ever admit this is the case. Instead there has been a grand smokescreen of a NW London plan "Shaping a Healthier Future" (SAHF), a £63m project complete with literally thousands of pages of text, expensively compiled by McKinsey and other high-charging management consultants.

The long-awaited SAHF Business Case has still not been completed: but that was never the main focus for CCG chiefs. They knew they would never win acceptance of the closures of 4 A&E units, along with Ealing and Charing Cross Hospitals – a net loss of over 700 beds. A Labour victory over pro-closure Tories in Hammersmith Council meant they faced especially strong resistance over Charing Cross.

So after closing two A&Es they have focused on undermining Ealing Hospital.

They are being fought all the way by the Ealing Save Our NHS campaign ***www.ealingsaveournhs.org.uk***: but they need a decisive intervention by Ealing Council's Health Overview & Scrutiny Committee to force a pause while the closure plan is reviewed.

Contractors staff fight for real living wage

175 GMB members working as cleaners and hostesses at Maudsley, Lambeth, Lewisham And Bethlem Hospitals made history on March 21 history by leading the first strike against US corporation Aramark in the UK, having voted 97% in favour of industrial action.

They have been seeking a living wage and fairer arrangements for sick pay and unsocial hours payments from the outsourcing company, whose profits of $1.4bn mean they can well afford to pay their staff a proper wage.

Many of the staff who keep the hospital sites clean and prepare and serve food to patients are paid as little as £7.38 per hour and receive only 10 days of sick pay per year.

Sick pay is only provided after the first 3 days of illness and workers in their first year of service receive no sick pay at all.

Nadine Houghton, GMB regional organiser said: "Aramark make a profit by paying workers as little as possible. GMB members in South London and Maudsley NHS Trust are now saying enough is enough, they should be rewarded properly for the work they do."

A good crowd of activists, including an official contingent from Unite the Union, MPs, Lord Owen and the NHS Bill's main authors supported a vocal and lively lobby of Parliament on March 11, as it was due to be moved by Green Party MP Caroline Lucas. Events to draw attention to the Bill and its objectives were held in other towns and cities. The fight will go on.

Down but by no means out: the fight to reinstate our NHS

PETER RODERICK reflects on what happened to the NHS Bill in the Commons on 11 March 2016

It was exactly one year since the cross party NHS Reinstatement Bill was tabled in the House of Commons.

One year in which the initial Bill fell and was re-tabled, in which the privatisation of the NHS in England has proceeded unhindered, and in which the Labour party's leadership has changed – many hope for the better.

One year of campaigning efforts by thousands to get the majority of MPs to wake up to what is happening to the NHS and to pass a law to stop it. And the upshot of all this? 17 minutes of debate in the Commons.

After the spirited proceedings outside the Department of Health and the crowd at the rally outside the Commons, I went inside to listen to the debate. What a difference.

The first thing to hit you was the emptiness. Hardly anybody there. Perhaps as many as 40 MPs, certainly fewer than 50.

Oh, it's Friday, say the Westminster cognoscenti, nobody's there on a Friday. But what about the tens of thousands of people who have asked their MPs to be there? That made no difference to the vast majority of them.

Then there was the filibustering. The "usual suspects" on the Tory backbenches were going on and on about how we need a law to exclude foreigners convicted of crimes to be excluded from the UK.

The Deputy Speaker said she couldn't stop them talking. When they were challenged by Caroline Lucas and the SNP, they feigned offence. 4.5 hours for them, 17 minutes for us. Fair play?

Perhaps the most disappointing impression was the small number of Labour MPs who turned up – perhaps 15, certainly no more than 20 (hard to count with the comings and goings).

Full marks to those who did – and to the strong showing from the SNP – but there's a long way to go.

And finally, the most abiding impression. If enough Labour MPs had turned up, it might have been possible to stop the Tory MPs talking by putting a closure motion.

When this was pointed out by Caroline Lucas, the shared smirks on the faces of silent Heidi Alexander, Labour shadow health minister, and the junior health minister Ben Gummer, gave the game way.

The Tories didn't want a proper NHS debate – neither, it seems, did Labour's health team. Together they made sure it didn't happen. Body language speaks louder than words.

Filibustering, empty benches, silence, smirks and front bench deals are contemptuous responses to tens of thousands of people. They are also counter-productive.

This second NHS Reinstatement Bill will fall. But the spirit is high and the commitment to bring a third, and a fourth, and a fifth – until a proper public NHS is restored – is stronger than ever. More updates at:

http://www.nhsbill2015.org/

■ **Activists have since been invited to a meeting with Shadow Chancellor John McDonnell to discuss possible future campaigning: Health Campaigns Together and Keep Our NHS Public will be pressing for any new Labour-sponsored Bill to be based firmly on the key principles of the NHS Reinstatement Bill.**

Battling on for bursaries

By Danielle Tiplady
(Extracts from a longer article in Our NHS (*www.opendemocracy.net/ournhs/*)

George Osborne's attack on nurses and doctors is setting our NHS up to fail, even as austerity is making patients sicker.

On the same day as the doctors' strike last week, the government launched its 'consultation' on its plans to scrap bursaries for nursing students and other NHS trainees, announced in Osborne's spending review.

NHS students work incredibly hard. We are the glue of the NHS, entirely committed to our professions and patients.

To take away an already small bursary is insulting. It marks the complete death of state education of nurses, and a huge threat to the future workforce of the NHS.

Since the bursary cuts were announced, students have demonstrated, protested, and lobbied MPs. I even had the chance to debate MP Ben Gummer over the issue. He claimed we had the same interests in the NHS!

The government are not listening to us – but our protests are growing. On February 10th we walked out of placements for one hour to show solidarity with the junior doctors and defend our NHS bursary. This was a historic moment - the biggest stand student nurses had so far taken against this government and their destruction of our NHS.

And last Wednesday, during the junior doctors' strike, we walked out again between 10am-12pm.

We cannot let our NHS be pushed any further into crisis. It's up to all of us to take action if we don't want to lose the NHS forever.

As healthcare professionals and patients we are faced daily with the devastating cuts which carve deep into our NHS, affecting the most vulnerable.

And the threat to NHS students is severe. George Osborne plans to end the bursaries not just for student nurses, midwives and all of the associated healthcare professionals.

These students will be paying over £50,000 to train in courses which see them work and directly contribute to patient care for 2300 hours, if not more.

These hefty loans will then be paid back from a salary which is capped at a 1% rise over the next four years. In real terms nurses, midwives and all associated healthcare professionals have lost 10% pay since 2008.

HCT Jan 30 conference – what was decided

Almost 200 people from many areas of England packed the launch activists' conference of Health Campaigns Together in London on January 30. Full reports and speeches from key speakers are available on the website.

But the main conclusions of the Workshops are summarised here: as you can see, they have been acted upon.

For the workshop on "building inclusive campaigns" (Louise Irvine) the four outcomes were:

1. Support for the junior doctors contract campaign (taking part in the rally on 6 Feb and supporting them on strike days for example) and support for the NHS students' bursaries campaign.

2. A national day of action on 11 March to support the NHS Bill with events in London and around England, with a template leaflet produced by HCT that groups could adapt and use locally.

3. Motions to political party branches to support the NHS Bill.

(Above) The opening platform at the January 30 conference, which heard 17 platform speakers but also reserved time for workshop sessions

4. An educational event for campaigners on the issue of devolution.

For the workshop on the same theme run by Gail Gregory:

1. Work with those you wouldn't normally choose to work with. Concentrate on what you share not what separates you.

2. Use the skills you have and broaden those by having the widest membership base you can. Under pinning all this you may need to take account of cultural differences relevant to your area (single sex meetings etc)

3. Create links with all levels of the health community. Staff are feeling beleaguered and may need assurances of confidentiality etc but they need to know that criticism is not of them but of organisational structures and management etc. Build on the BMA head of steam.

For the workshop on "getting the message out to the public" (Alan Taman) the outcomes were:

1. The need to centralise resources, to avoid repetition between campaign groups and allow easy distribution within the groups and their publics.

2. The need for strategic thinking and planning for campaigning actions and communications, to allow better coordination and increased effectiveness nation-wide.

3. The need for simple messages that engage people on an emotional level, but with the salient facts and evidence-based argument easily accessible and explainable to reinforce that engagement.

There were also specific suggestions of coordinated actions to demonstrate these, eg a national "Poppy Day for the NHS" or equivalent on 5 July (its foundation day), holding hands around hospitals etc.

More updates and information at ***www.healthcampaignstogether.com***

Thoughts from the picket line

By Dr David Wrigley, Co-author 'NHS for Sale'

I arrived at the picket line at Royal Lancaster Infirmary at 8am on Wednesday just as the photographer was arriving to take some pictures for his latest story.

There is still significant media interest in the strikes - which are the first set of doctors strikes in 40 years.

The junior doctors had arrived and were getting their banners ready and it was fantastic to see some local teachers turn up to support our doctors.

The rain didn't dent our spirits and we spoke to many passers by who supported us and hundreds of cars honked their horns in support as they drive by.

As a GP I support our junior colleagues 100% in this fight for a safe and fair contract and what is in effect a fight for the NHS.

I know they don't want to be on strike but they have been forced into this by Cameron and Hunt who now see doctors as their enemy and are trying to crush them.

Consultant brings coffee

A consultant came out to the picket line and brought coffee for us and I had a chat with him. He said the consultants were showing huge support for the junior doctors and would continue to do so during the next escalation to a full walk out in late April.

In most democracies if a Health Secretary had handled the situation so badly that junior doctors had gone on strike he would have been sacked. But not in this country.

We have a government prepared to bully doctors and force through and implement a contract that is manifestly unsafe, unfair and what we have recently seen is actually discriminatory – to women on the whole.

With a crushing workload, no time to think or take stock of the 50-60 patients we see at 10 minute intervals each day, the GP profession is on its knees, and many are walking away because they can't continue.

Junior doctors have been left with no choice as Cameron and Hunt refuse to talk. The doctors are livid at how they have been publicly vilified by politicians prepared to lie about statistics in order to justify their misplaced ideology.

It made me think once more how GPs have it bad at the moment too. With a crushing workload, no time to think or take stock of the 50-60 patients we see at 10 minute intervals each day, the GP profession is on its knees, and many are walking away because they can't continue.

Killing primary care

12-14 hour non stop days are the norm and it is killing my specialty. I am so angry at what is being done to what was once the jewel in the crown of the NHS. Many GPs say they no longer feel safe in their day to day work given all the government has piled on us.

In a way I would like GPs to be on strike side by side with our junior colleagues to show the dreadful state the NHS is in due to the neglect of this government. Year on year real cuts to the NHS budget has left the service close to collapse.

While the NHS needs 4% increases each year to keep up with the care needed it has been getting 0.9% for the past 6 years.

When the junior doctors change jobs in August (as they do each year) there will be huge gaps in rotas as doctors will have gone abroad or just left medicine.

Their morale at work is so low they do not want to work under this imposed contract. I think some hospitals will seriously struggle to fill rotas leaving doctors to care for ever increasing numbers of patients overnight and making it less and less safe.

The government should be ashamed of itself having brought the service to its knees but they continue to ply us with their lies about the NHS doing well and care improving – when every NHS staff member knows the exact opposite is true.

It is a national scandal. It should see a government fall. It should see millions of us on the streets.

The only way to stop what is happening is to get angry and get active. Join campaigning groups, get family and friends to write to their MPs, write to the local press, oh and above all support your junior doctors and tell them you stand shoulder to shoulder with them.

They are fighting for your NHS. An NHS that might not be around much longer.

Subscribe!

We will be circulating this newspaper Health Campaigns Together free online, but will need to charge cost price for bundles of the printed newspaper (initially 8 page tabloid, full colour), per issue:

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☐ **For organisations unable to make payments online, cheques should be made out to Health Emergency, and sent c/o Keep Our NHS Public, Hackney Volunteer Centre, Unit 13, Springfield House, 5 Tyssen Street, London E8 2LY.**

Tell us all about your campaigns

Health Campaigns Together is an effort to link up campaigns and trade union organisations – national and local – in defence of the NHS, against cuts and privatisation, and where possible unite efforts and build even bigger campaigns.

We want to help share news of victories, learn lessons of setbacks and defeats, explore the many issues locally and nationally.

That's what this newspaper and the conference are all about.

So if you have a local campaign going, and want to share your knowledge or concerns with other campaigners write us an article for this newspaper or the Health Campaigns Together website.

Contact us at healthcampaignstogether@gmail.com.

With your help we can build a useful resource for all campaigners.


Health Campaigns Together
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When Jeremy Hunt nearly went to Southall - page 6
Junior docs - the issues Back page
FOUR big Tory porkies – page 3
'Balance the books' ultimatum to NHS trusts will trigger new cutbacks
Now Hunt bullies bosses
Under attack
NB: this printed issue is the online version published early December, with a new front page and revised masthead.