

Health Campaigns Together

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Would May try to flog our cash-starved NHS to appease Trump?

As Theresa May flew out to her toe-curlingly humiliating encounter in Washington – holding hands and seeking a post-Brexit trade deal with the newly inaugurated, race-baiting US President Trump – she pointedly refused to comment on whether the NHS would be off the table in any future talks.

She would only say that she was committed to a health service that is free at the point of delivery, fuelling suspicions that health services could be offered up to grasping US insurance companies and the vast corporations that have made US health care the most expensive, exclusive, wasteful, inefficient and corrupt in

the developed world.

War on Want campaigner, Mark Dearn, said: "It would be no surprise at all if Theresa May offered up the NHS in a new trade deal with the USA when you consider that our government has already done exactly the same in TTIP.

"If public services are combined with a 'corporate court' mechanism in a trade deal – something both the USA and UK are very keen on – any future attempt to renationalise any or all of the NHS would see US health companies suing the UK for lost profits resulting from their lost 'market access'."

NHS ON THE BRINK!

Top doctors, MPs
and NHS Providers
call for more cash

A petition to ministers signed by over 2,000 senior doctors was prematurely publicised at the weekend, before even more could sign up. They were demanding the government back down on its relentless squeeze on NHS funding, after a winter of near-misses and system failures – with the prospect of two even meaner years of funding to come.

The doctors' appeal coincided with an urgent call from the hospital trusts' body NHS Providers, demanding a swift review of how effectively the NHS prepared for this winter, looking at how funding for winter pressures is distributed and how services are supported by social care and GPs.

"Since it is trusts who bear the burden of the current approach, they should have the chance to set out what has worked for them and what needs to change: expert organisations such as the Royal College of Emergency Medicine should also be consulted."

The NHS has, so far, just about managed this year's winter pressures without a meltdown. But it has been a close-run thing. Some trusts have failed to cope at times.

In some of the areas where those failures have occurred or come closest Tory MPs, wary of more cuts looming and the threat to close or downgrade hospitals, have also begun pressing Theresa May's government to reconsider its refusal to relax the vicious austerity squeeze implemented by George Osborne in 2010.

Meanwhile waiting times are lengthening, performance is falling back, the population is still rising – while ministers now admit funding is set to fall further behind in 2017 and actually drop by 0.6% per person in 2018.

In a written statement to the House of Commons, health minister Philip Dunne said NHS England's per capita real terms budget will have increased by 3.2 per cent in 2016-17 financial year (much

of which has already been swallowed by deficits).

However Dunne's figures show growth will fall sharply next year, down to just a 0.9 per cent increase in 2017 – well below the 4% annual increases in cost pressures. It would then go negative by 2018-19 with a 0.6 per cent fall in real spending per head in that financial year.

Growth would remain very low in 2019-20 at 0.2 per cent and 0.9 per cent in the years following.

So there's no time to lose: the March 4 demonstration we called for last autumn, expecting a winter of crisis, proves to be ideally timed, and promises to be big (see Back page).

Join us and bring your colleagues, friends and neighbours: demand an end to the cuts and closures, an end to privatisation – and fair pay and conditions for our precious NHS staff.

It's Our NHS! We need to fight for it – or risk losing it!



NATIONAL DEMONSTRATION
SATURDAY 4 MARCH 2017

#ourNHS

no cuts | no closures | no privatisation

12pm, Tavistock Square, London WC1 (tube: Russell Sq / Euston)
March to Parliament

Called by Health Campaigns Together & The People's Assembly
For info, coaches & supporting organisations visit:
www.ournhs.info



NOW 12 packed pages! Back Page: March 4 our NHS – latest support

Systems Failure

As this issue of *Health Campaigns Together* goes to press, the *Guardian* reports the NHS has experienced the busiest week in its history between 8-15 January, with record numbers of hospitals having to send patients elsewhere or declare a major alert.

In that week, 52 trusts had to be diverted to other hospitals, almost double the 27 similar occasions in the same week of 2016, and almost half of all English hospital trusts – 68 out of the 152 – declared an alert, 61 of them on a single day, another record.

Fifteen trusts were on alert continuously for 11 days in a row between 3 and 13 January, with Bath's Royal United Hospital running two weeks on "red alert".

Bed occupancy is close to maximum. On January 8, NHS England figures show average bed occupancy levels at 95.3%, while more than half of all trusts (78) had upwards of 97% of their beds occupied, and 36 trusts had more than 99% of beds full.

6-year cash freeze

The brutal 6-year freeze on NHS spending, which is set to tighten further in 2017 and 2018, has already brought a collapse of performance on a whole range of targets, from the maximum 4-hour wait to be treated or discharged from A&E through to waiting times for cancer treatment.

But the bed shortages flow not just from the NHS cash freeze but also the draconian cuts in council spending since 2010.

The beds shortages are inseparably linked with the desperate crisis in social care. In many acute hospitals up to one bed in five is filled with people who need no medical treatment, but cannot be safely discharged without support at home, or a care home place that is not available.

Six consecutive years of cuts to local authority budgets have led to 26% fewer pensioners obtaining care

from their local authority in 2015 than 2010. Over one million older people now have unmet care needs according to Age UK.

The CQC's annual State of Care report shows 81% of councils have spent less on adult social care in the last five years.

The funding outlook for the next four years looks even worse. Public spending on adult social care is set to fall to less than 1 per cent of GDP. Many local authorities will struggle to meet even basic statutory duties.

The marginal measures announced by the government, allowing councils to raise limited extra funding through increased council tax, will not meet a widening gap between needs and resources, which is set to reach at least £2.8 billion by 2019.

The resources for social care and services outside hospital have declined in inverse proportion to the increasing rhetoric from NHS leaders and politicians on the need for "integrated care".

But the disintegration is even wider still. Many of the plans to cut spending towards bridging massive projected shortfalls in NHS funding involve closing community hospitals, and reducing numbers of community based health staff and resources for mental health services.

At the same time budgets for public health measures aimed at reducing ill-health have also been cut.

And all the while GP-led primary care services face rising workload with none of the promised extra funding.

So it's no surprise the system is broken: six years of Conservative-led government have been methodically breaking it.

Without a reversal of the cutbacks, the crisis will inevitably deepen, dragging us back to the bad old days of the late 1980s.

2.8

Average number of beds per 1000 people in UK

5.0

Average beds available per 1000 people across OECD countries, despite having very similar lengths of stay.

4%

NHS cost and demand rises each year

<1%

Average annual rise in NHS funding 2010-2020

£3.7 billion

Underlying deficits of NHS & foundation trusts



Chris Hopson, chief executive NHS Providers, said on January 11:

"Can we all now agree there is a clear gap between what the NHS is expected to deliver and the funding available? Most people, including many senior leaders across the NHS, recognise the service can no longer deliver all its current priorities and performance standards within current funding."

"If the money is fixed, how do we identify what the NHS will stop doing? Once the hard choices have been made, how do we marry up the national debate with local plans to ensure we actually deliver what we know will be unpopular?"

"We can never assume the longstanding political consensus behind our current model will stay in place indefinitely, particularly if the public feel the NHS is overwhelmed or failing to keep up. When will we reach that point? Can we avoid it, if the current trajectory continues over the next three years as the lower levels of NHS funding kick in?"



False assumptions deepen crisis

A November report from NHS Providers explained that the Five Year Forward View in October 2014 "assumed that growth in acute hospital activity would be reduced by now from 2.9% to 1.3% per year through a range of transformation programmes. However demand growth is actually speeding up rather than reducing."

Performance figures in the NHS are now at their worst in a decade. This drop in performance is marked by:

- the large number of trusts missing their performance targets;
- the number of targets being missed;
- the scale of dropping performance – targets are now being missed by a much larger margin than

previously:

"Trusts have delivered annual savings of 1.4% on average between 2008/9 and 2013/14, against an unrealistic target of 4% set for the last five years."

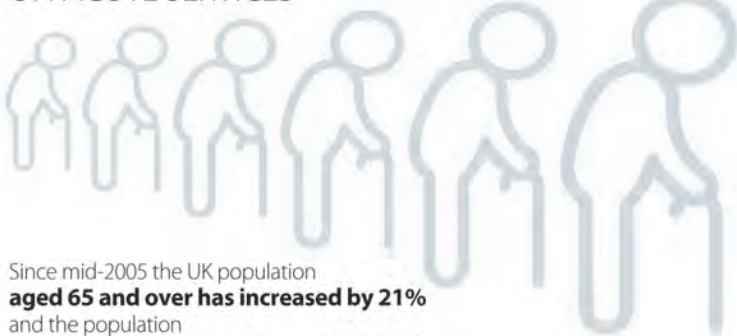
That level of year-on-year efficiency savings "has never been achieved in the NHS before and is unlikely to be delivered."

NHS Providers also stress that, contrary to the Prime Minister's claims:

"An extra £8 billion on the health budget was the lowest amount the NHS asked for over the spending review period."

"In reality, the health budget only received an increase closer to the £4.5 billion mark. Plans for the NHS to generate £22 billion in efficiency savings were too ambitious."

THE EFFECT OF AN AGING POPULATION ON ACUTE SERVICES



Since mid-2005 the UK population aged 65 and over has increased by 21% and the population aged 85 and over has increased by 31%

Councils versus STPs

NHS bodies have never been in any way democratic: since 1948 the key players shaping policy have been appointed to health authorities, hospitals boards and their successors in today's CCGs and NHS Trusts.

Foundation Trusts conduct elections for governors, but their non-executive directors are appointees. In other words they are in no way democratically accountable to the local communities they cover.

Now, by trying to engage local authorities into signing off STPs, NHS England has for the first time opened up a possibility of forcing some accountability – and councillors, elected every three years and representing much smaller constituencies, can be most vulnerable to pressure, and least easily contained by party discipline.

The STPs are proclaimed as “partnerships” with local government, even though it's clear that many, if not most councils, and almost all councillors, were deliberately kept in the dark as the key proposals were drafted.

So it's no surprise that as the STPs themselves were published in the first few months of last year, the list of county and district councils and

Mayors challenging their local STPs has grown.

It's not clear whether council opposition would be sufficient to force an STP to be rewritten or scrapped, but it's clearly a symbol of popular opposition making it much more difficult to proceed as planned.

So where councils have not yet decided, or where they decided in sketchy information to endorse STPs, they should be challenged, lobbied and driven to vote against.

Despite decades of feeble and inadequate engagement of local councils even with the powers they have to shape local health services, it clearly can be done.

As we go to press, we know that a

Local MPs feel the heat

There are also stirrings among local MPs, Tory and Labour alike, recognising the level of public hostility to cuts and closures on their patch, and that an election may come sooner than 2020.

The Tory Chair of the Commons Health Committee, Sarah Wollaston, whose Totnes constituency is in the midst of the Devon protests, has become an open critic of the continued squeeze on NHS funding by her Party in government.

If campaigning is to be successful, these rumblings of concern need to be built into rifts within the governing party that force Theresa May and Chancellor Philip Hammond to change course.



number of county councils, including Shropshire, Oxfordshire, and Warwickshire have either rejected their local STPs, or challenged the process and distanced themselves from the plans.

In Devon, where the STP runs alongside a so-called “success regime,” and plans for wholesale closures of smaller hospitals and vital community beds, County Council (DCC) members unanimously backed calls for commu-

nity bed cuts to be put on hold to allow MPs to lobby the Government for an ‘urgent and significant’ increase to NHS funding.

Telford & Wrekin in Shropshire was the first unitary council to oppose its STP, while Liverpool's Mayor Joe Anderson is perhaps the most high profile leader of a major council to have specifically opposed their local (Cheshire & Merseyside) STP. He said:

“I want to make it very clear that the proposals within the STP are rejected by the Council and this (Health and Wellbeing) Board, because it fails to address the key issues facing our residents and their health in the years to come.”

The same STP is also opposed by Sefton, Wirral, Cheshire West and Chester Councils.

Bristol campaigners have also persuaded their city council to pass a strong motion against their STP at a

meeting on January 17.

In Lincolnshire, South Kesteven council, hit by STP plans to downgrade Grantham hospital's A&E, has also voted to oppose the STP in its present form.

In London, where the revolt has been led in in NW London by Hamersmith & Fulham and Ealing councils, there is opposition from five boroughs in SW London, five boroughs in North Central London, and the first moves to opposition in Waltham Forest in North East London.

Isle of Wight's council executive Executive have been recommended by their Chief Executive and Deputy Leader not to endorse the Hampshire and Isle of Wight STP document, and to continue to lobby NHS England to ensure that the needs of Island residents are fully taken into account.

■ Do you know more? Pass it on at stpwatch@gmail.com.

How the Public could stop these cuts and closures Commissioners' legal duties are compulsory, not optional!

Nora Everitt, National NHS public Voice

All NHS commissioners have a legal duty to involve the public in decisions about, and in any proposals to change, how services are planned and delivered (Health & Social Care Act 2012).

All NHS Trusts have a similar legal duty to involve the people who use their services in all decisions about service delivery, including plans for changes (Health & Social Care Act 2006).

In 2013 NHS England, and Clinical Commissioning Groups, CCGs, were showing a commitment to direct public involvement, and also to transparency and accountability.

But this commitment has disappeared in the last two years with the development of the Simon Stevens' proposals that were to ‘reshape service delivery across the country’ and find ‘efficiency savings’ at the same time.

In 2015, ‘collaboratives’ of NHS providers, started redesigning some service delivery, e.g. A&Es. Then in 2016

‘collaboratives’ of commissioners, STPs, started redesigning ALL service delivery in their area.

No decisions about these changes, involved the public.

NHS England, CCGs and Trusts were all treating their legal ‘duty to involve us’ as optional!

In the summer of 2016, patient activists, including National NHS public Voice (NNHSPV), challenged this blatant breaking of the law.

NHS England hurriedly published a guidance document, in a week, that pointed out if WE the public were not involved, those excluding us were open to legal challenge.

Join our campaign. NNHSPV are challenging NHS England Board members on this – join us and let's challenge them legally.

WE, the public, could stop these cuts & closures as NHS England, CCGs and Trusts are breaking the law.

■ See <https://nhspublicvoice.wordpress.com/> or contact us on n.nhs.pv@gmail.com



Campaigners highlight ‘humanitarian crisis’ in NHS

The Junior Doctors Alliance, People's Assembly and Health Campaigns Together held an emergency protest in freezing rain at the Department of Health Whitehall on 12th January, against the arrogance of the Government's dangerous attitude to the NHS.

The rally highlighted the serious abdication of responsibility by Secretary of State for Health, Jeremy Hunt, during one of the most serious crises ever in the history of the National Health Service.

What will it take to get the Government to take responsibility for its role in creating the current crisis in the NHS? In the face of the public statement from no less a respected body than the British Red Cross that the NHS is facing a humanitarian crisis, Jeremy Hunt has retreated into spin and the use of several dishonest arguments.

In a week when two patients died on trolleys in Worcestershire Royal Hospital's A&E department awaiting a hospital bed, Jeremy Hunt blames too many patients coming to A&E unnecessarily. Yet during this last week *three times more people* (485) were waiting more than 12 hours for a

bed than during the whole of January last year.

The Red Cross is right – this is a humanitarian crisis and is a disgrace. But why is the NHS in this position? *The NHS is not facing unprecedented demand – it is facing unprecedented and deliberate neglect from this Government.*

Hunt blames irresponsible patients who do not know how to use A&E. We blame an irresponsible Health Secretary and deliberate Government underfunding of the NHS. Valuable finances are wasted on consultancy fees for developing sustainability and transformation plans in the 44 areas up and down the country, wasteful market processes and widespread privatisation, adding to the shrinking of viable public services.

Dr Tony O'Sullivan, retired paediatrician (Health Campaigns Together) said:

“The Government and NHS England insists that there are sufficient beds, and patients should be looked after in the community, but the cuts in social care and the poverty of resource in community-based health services make this plan unworkable and potentially dangerous.”

4 Privatisation round-up

Virgin empire expands

Virgin Care wins £700m contract to run health services in Bath and North East Somerset.

Virgin Care will be given a 7-year £700million contract to oversee more than 200 health care and social care services in Bath and North East Somerset - the first time a for-profit firm will deliver a council's social care for adults.

B&NES Councillors supported the deal with 35 votes for and 22 against, following a decision by health bosses to let Virgin Care run community health and social care services in the district.

This is thought to be the financially-largest deal the company has ever won from a single authority and Virgin are giving the impression they would reinvest any profit, although it's not clear what commitment has been made.

Since 2006 Virgin Care has scooped up a number of NHS contracts, although it appears they have yet to deliver a profit on any of them. In 2016 the company took over children's care services in Wiltshire, and won a £126 million contract to take over services at hospitals in Kent.

But unions and campaigners have all raised concerns. Lewis Carson from Unison said: "We're fighting to oppose the contract. We have concerns about what this means for staff conditions and service delivery."

Private firms - leeching more cash from NHS

While campaigners and NHS Providers correctly press the case for increased funding for the NHS, it's also important to keep an eye on where the money is being spent.

The latest figures suggest that since David Cameron took office in 2010 billions more of the inadequate NHS budget are now being squandered on purchasing services and health care from private providers, while NHS trusts have faced ever-increasing cuts in the tariff they are paid for patients.

The Labour Party now says spending on private providers rose to £8.7 billion in 2015/16, or 7.6 per cent of the NHS's day-to-day running costs, up from £4.1bn, (4.4 per cent) in 2009/10.

While the rate of increase is not as rapid as it was when it mushroomed from near-zero to billions under Tony Blair's government from 2000 to the 4.4% in 2009, it still indicates a dangerous erosion of the NHS.

Private firms of management consultants appear to have largely supplanted NHS management in shaping local plans. Tens of millions have been spent on drawing up STPs - and other controversial plans for hospital cuts, closures and "reconfiguration".

Meanwhile a *British Medical Journal* survey has revealed that tens of millions are also being spent by local CCGs commissioning private companies to

vet and restrict GP referrals of patients for hospital outpatient treatment.

New units politely named "referral management centres" can block or redirect GP referrals for procedures such as hip and knee replacements, treatment for allergies and cataract surgery, to manage outpatient activity at local hospitals.

Bedfordshire CCG has used two referral management "hubs," run by private companies, since 2014. One for dermatology services claimed it had reduced planned hospital attendance by a massive 65%, while the other for musculoskeletal services said referrals to the local hospital trust had been reduced by 30% in its first six months.

Private insurance still lacks appeal to punters

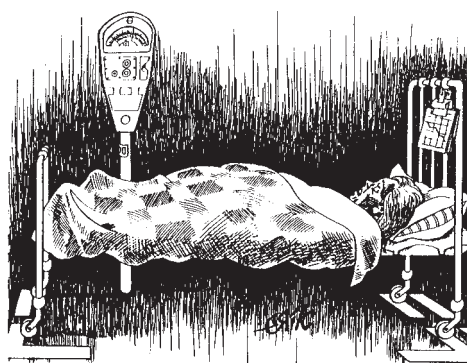
"Private insurance sales surge amid NHS crisis" said the *Guardian* (16 January) - but the facts fall well short of the eye-catching headline. The numbers are correct ... but not necessarily in the right order.

The figures, from private health-care analysts Laing & Buisson, relate not to the current period but to 2015.

Nor does the feeble 2% increase justify description as a "surge", especially when it turns out to be not the result of disgruntled individual patients giving up on lengthening waiting lists.

The increase is from company schemes, giving health insurance as a spectacularly useless perk to largely fit and prosperous staff.

In fact we are told further down the article that there was a 1.7% FALL



in numbers of individual subscribers.

Far from a surge of support, the current total of people paying for their own health cover is now over 7% LOWER than that in 2008.

This suggests many people have recognised what a rotten deal private

insurance and private health care represent, given the private sector's stubborn failure to offer any of the services most pressurised in the NHS.

There is NO private sector A&E, only the most limited private maternity care - and NO private hospital wanting to take on the treatment of any of the frail elderly who are filling front line NHS beds.

Nor indeed does the new fractionally enlarged total of

4.022 million people equate to anything like the "10.6% of the population" as stated in Patrick Collinson's no doubt hurried and insufficiently checked article.

The current UK population was

64.3 million in 2014 according to the ONS - meaning that private insurance for 4 million covers just over 6% of the population.

It appears that the inflated figure reflects the fact that the health insurers are really only interested in covering around 63% of the whole population - those of working age (16-64 years old) - leaving the more risky, expensive (and often poor) millions of children and older people to the NHS.

This selectivity helps ensure the bloated profits that are correctly cited in the second half of the *Guardian* article.

The insurers banked £4.7 billion in premium payments, but forked out just £3.6 billion to pay for treatment - laughing all the way to the bank with truly gross profit margins of 26.7%.

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The Socialist Health Association is a democratic membership organisation campaigning for a fairer, more equal and healthier society. We helped to persuade the Labour Party to set up the NHS. Since 1948 we have been working to defend and extend it. We stand for:

Universal Healthcare meeting patients' needs, free at the point of use, funded by taxation

Democracy based on freedom of information, election not selection and local decision making

Equality based on equality of opportunity, affirmative action, and progressive taxation

We campaign for an integrated healthcare system which reduces inequalities in health and is accountable to the communities it serves.

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Anger over Cornish STP

A public consultation meeting in Penzance ended in chaos on January 10 as an angry crowd refused to be "organised" into small workshop groups and instead spent 30 minutes telling NHS chiefs that they should focus on securing more investment for Cornwall's health service.

About 400 people listened to Garth Davies, of the Royal Cornwall Hospital Trust, outline the basis for a Sustainability and Transformation Plan (STP) aimed at cutting £260 million from the local health budget.

Many fear that Cornwall's network of community hospitals are at risk of closure – and health chiefs have flatly refused to rule out the possibility.

But as Mr Davies sought to describe the current situation – in which up to 100 patients per day, who are not ill, have to stay in a hospital bed because they cannot be cared for at home – it was clear that the meeting was not going to plan. One after another, people stood up and demanded information which the health chiefs said they simply did not have.

The meeting (pictured above right) broke up early, without any of the workshops. Leaflets distributed by Labour and Liberal Democrat party activists claiming the STP was simply an excuse for budget cuts.

One pointed out that Cornwall Partnership Foundation Trust has already closed 29 in-patient beds in community hospitals.

Former St Ives MP Andrew George, a former member of the Parliamentary Health Select Committee, has warned that the STP is "fundamentally budget-driven" and that it "merely rearranges the diminishing deckchairs of the NHS."

Health chiefs claim the deficit could reach £277 million by 2020 if they do nothing.

■ Reporting courtesy of Rashleigh MacFarlane and Julia Penhaligon, www.cornwallreports.co.uk



www.cornwallreports.co.uk

STPs lag behind NHS England plans

The variegated and inconsistent series of 44 'Sustainability and Transformation Plans' that were grudgingly and belatedly published at the end of last year have clearly fallen far short of NHS England chief executive Simon Stevens' hopes a year ago.

It was clear from the flurry of NHS England directives that began just before Christmas 2015 that new structures were expected to crank up the NHS to drive through a streamlined process that would speed up cash-saving measures, implement long-delayed hospital closures and reconfigurations, and impose a "transformation" to as yet experimental new models of health care.

But this revolution in thinking has not been completed. A *Health Service Journal* poll in January 2017 found six people out of seven had never even

heard of STPs, and in many areas the figure would be little higher for front line NHS staff. The secretive process has meant no real engagement with staff or public.

Some STPs have successfully roped in gullible local politicians and pliable MPs prior to publication, to give blanket support and semblance of authority to plans which many of them clearly had not even seen or read.

A year ago these plans were seen as the future: but now they are way behind schedule, could even be sidelined.

To judge from the increasingly sceptical line of coverage and reports in the HSJ, NHS England directors and Simon Stevens himself have begun distancing themselves from the STPs, describing them as "proposals" rather than plans –

although they are still seen as "the only game in town".

Indeed looking at the plans as published it does not take long to see that they will not deliver the promised results:

- most STPs offer no viable or sustainable plans for staffing or management of the "innovative" proposals to divert services away from hospitals, so the services proposed are not sustainable;

- there's virtually no capital available from NHS England to finance any serious transformation;

- and in many STPs the numbers plainly don't add up, and there is little or no evidence that some of their key proposals can work in practice.

We know that STPs in general seek to cut jobs, bed numbers and hospital admissions, but many of them lack

WARNING



BULLSH*T DETECTED

any financial detail, and almost none of them have any worked-through practical plan for implementation.

But however vague the STPs, it would be a mistake to underestimate the determination of NHS managers to drive through far-reaching changes and reductions in services to deliver on their savings targets.

CCGs may lack public support but they don't lack determination, and their plans remain a threat.

Cumbria carers abandoned

Alice Bondi, Alston Moor branch Labour Party

Before STPs emerged into public awareness, NHS England decided that three areas of the country needed to be 'sorted out'. One was a huge swathe of Cumbria, from the west coast across to Alston Moor in the North Pennines.

The key proposals from the Success Regime (SR), charged with undertaking a clinical review, are to downgrade services at the West Cumberland Hospital (WCH) in Whitehaven and close three community hospitals.

Alston community hospital serves about 2,500 people (including some over the border in Northumberland). Four of the five roads go over high passes, often snow-blocked in winter.

20 miles from any care

It's at least 20 miles to any other healthcare. The hospital has seven inpatient beds, a 24-hour minor injuries unit, and is the base for community nurses and professionals allied to healthcare.

The GP practice, with pharmacy, is in the same building. The GPs provide medical cover for the hospital, and all health professionals work as one team. If the hospital goes, the GP practice warns that it might not be

sustainable.

There is no public transport worth mentioning.

The GPs and the hospital's League of Friends have presented a plan to bring together the care home, sheltered accommodation, hospital beds and GP surgery, providing integrated health and social care, a declared aim of the SR and STPs.

The SR boss, Sir Neil McKay, has expressed some support, but the future is unknown until the consultation responses have been 'analysed' and the Clinical Commissioning Group makes its decision, some time in March.

At the western side of the area, the 'preferred options' for WCH include

removal of consultant-led maternity and in-patient paediatrics.

Women expecting a straightforward labour could give birth at the midwife-led unit at WCH, all others having to go to the Cumberland Infirmary in Carlisle (CIC).

Approximately one in four births runs into problems unexpectedly, and then women in labour would travel by blue-light ambulance along 40 miles of very slow road.

There is no doubt that babies would die, and possibly mothers, on the hour-plus journey to Carlisle.

As for sick children in CIC, the journey for west Cumbrian families to visit would be exceptionally difficult.

'Preferred options'

Meanwhile, the STP was published. This assumes that the SR's 'preferred options' will all go ahead.

The lack of understanding of the realities of rurality and the life of carers is shocking. There is concern that carers, often elderly, a majority female, will attempt to care for their partner, relation or friend well beyond the moment when they should be in hospital, because once the patient is in a hospital far away, they will be unable to visit.

Health breakdown of carers can be expected as another strain on the

NHS.

The Equalities Impact Analysis (EIA) absurdly states that because patients and babies are roughly equal male and female, there is no gender impact of removing consultant-led maternity from WCH, nor hospital beds from the three affected communities.

Ignored

It's as if carers and families don't exist. Similarly, having stated that rurality is an equalities issue, the EIA then ignores the impact of such things as lack of public transport.

CIC is already over-crowded. With much-reduced convalescent, end-of-life and low-risk beds at community hospitals, and more pregnant woman and children transferred from WCH, the pressure on CIC will be intolerable.

The STP fantasy is that telemedicine (in an area with often slow broadband and no mobile signal) and self-care advice will result in such a drop in hospital admissions that 100-150 beds can be removed from WCH and CIC by 2020.

Removing community beds that keep pressure off acute hospitals; risking babies' lives; ignoring distance and slow roads; fantasising about telemedicine...

We can only wonder what planet these people live on.



Norfolk demo February 25

NHS Norfolk Action Group will be having a Save our NHS demo in Norwich 25 February, meeting 11.00am at St Peter Mancroft Church.

It will be a lively event, with a samba band, singing, a 'Howl for the NHS' at the end of the march as well as speakers, so please join us, bring your musical instruments, whistles, pots and pans and placards, and let's make some noise for the NHS!

More info: email norfolkpeoplesassembly@mail.com



West Yorks STP sets its sights on £1bn savings

The full draft of the West Yorkshire Sustainability and Transformation Plan (STP) was finally revealed in November. It raises more questions than it answers.

While it's impossible to disagree with many of the declared objectives for improving the public health, reducing their need for and dependence on health services and prolonging healthy life, it's hard to have much confidence in a document which offers no evidence for extravagant and ambitious plans, and appears to have been drafted on Fantasy Island.

The West Yorkshire "footprint" reaches from Calderdale in the south, through Kirklees, Wakefield, Leeds and Bradford, to York and Harrogate in the north – covering 2.6 million people, around 2000 square miles, 11 Clinical Commissioning Groups, 13 NHS trusts and 113,000 health and social care staff, with a total budget of £4.7 bn.

Each of the localities and providers will be forced to jockey for position and resources, and as the NHS cash freeze deepens in 2017 and 2018 any area could find its resources squeezed by alliances of any of the other 10 CCGs.

So when the STP argues that the current provision of five Hyper-Acute Stroke Units is too high to be sustainable, there are real grounds to fear that one or more will close – and the locality affected community will have no means of preventing the change.

There's a promise that "The people who make up the workforce will be energised, happy and fulfilled in their work and not limited in their ability to care." Wouldn't that be lovely?



West Yorkshire "gap" £1.074 billion

The figures have not been developed by NHS managers, but expensively compiled by a management consultancy (PWC).

The STP insists the potential "Do nothing" "finance and efficiency gap" in 2020/21 would be £1,074m across the whole STP.

But these figures aren't real: they are deliberately inflated to scare people into accepting ever increasing cuts and workload. "Do nothing" is an imaginary situation: in fact trusts have had to make "efficiency savings" every year since anyone can remember.

Even without the STP, these "business as usual" savings would continue, so the real gap would be nowhere near as big.

The STP does not give any proper financial details to show how much might be saved this way: but the gen-

eralised figures show that over £300m across West Yorkshire – a third of the planned NHS savings – are to come from unspecified "provider efficiencies" – squeezing more work for less from a reducing workforce.

What else does the STP propose? A series of measures, none of which are explained or supported by any evidence, to reduce smoking prevalence, reduce the numbers developing diabetes, increase early detection and treatment of cancer, and cut cardiovascular admissions by a massive 10% – all by 2020-21.

All of these would be great, as would any measures to reduce youth unemployment and tackle loneliness among older people, both of which are also mentioned – but there are no clear ways in which the services, staff or resources would be developed to make them happen, let alone quickly.

And, like every other STP there is a huge question mark over how delayed discharges of care and the collapse of social care could be resolved given the massive, continuing cuts to local government budgets.

At the end of the day if there's no extra cash services will run out of money and old-fashioned cuts and closures will be used.

Already the STP hopes to save £50m a year by restricting access to what are called "low value clinical procedures and interventions" and there will be more patients deemed ineligible for treatment.

● This is an edited version of a report in Mid Yorkshire Hospitals Branch UNISON's magazine *Union Eyes*.

167 beds to close plus A&E downgrade in Staffs

The STP for Staffordshire and Stoke on Trent declares that the "do nothing" gap for health alone is £286m by 2020-21, with almost the same again – £256m – for social care.

It's claimed that on top of this the result of doing nothing would be an extra 28,000 in-patients per year, requiring another 267 beds and 1302 staff (59 of them consultants).

"Apart from being unaffordable, this is also not practical from a workforce and bed capacity perspective."

So the focus is on reducing the "unit cost per citizen" of health and social care services. The plan wants "harsher" implementation of restrictions on "procedures of limited/no benefit".

But solutions are hard to find. Already it seems the CCGs have made a pig's ear of commissioning decent services. According to the STP, "community services remain disjointed, overburdened and with many of the staff demoralised" while the "workforce and workload crisis" in the area "fast rendering General Practice un-



sustainable." Five of the six local CCGs were in the bottom 30% of CCGs for early detection of cancer.

Of course none of this prevents the STP proposing to dump more work onto overloaded GPs and community services. Indeed the STP proposes to close 167 community hospital beds, 68 of which have already gone, creating massive problems discharging patients from Stole's University Hospital. At the same time the STP proposes "increased community and primary care interventions."

They hope the combined plan will

reduce non-elective admissions by a massive 23%, while at the same time discharging patients faster from hospital with "re-ablement packages."

For patients with Long Term conditions the STP wants an "enhanced model of primary care so that the GP can manage uncertainty in the community".

One of the three sites currently delivering A&E and acute hospital services is to be downgraded – a choice between Burton on Trent, Stafford, or the costly new PFI hospital in Stoke.

It's a no-brainer. It's clear to all that Stafford's hospital, which has been constantly under fire since the Mid Staffordshire Hospitals collapse of care over a decade ago, is again in the frame for cutbacks.

Meanwhile the CCGs are pressing ahead with their hugely controversial plan to privatise the management of cancer and end of life services to privately-led consortia, with support service firm Interserve set up to take charge of cancer care on an underfunded, untested five-year contract.

DRIP FEED

A round-up of news

Don't ask for costly treatment in Yorkshire

Two West Yorkshire CCGs, North Kirklees and Greater Huddersfield, have stopped offering expensive treatments not usually provided under the NHS in a bid to save an estimated £750,000, according to The Commissioning Review.

The ban is initially in force for six months, and is expected to take effect immediately but, according to recent board papers, will exclude those with a condition that is immediately life threatening or where a delay would cause "a real and imminent risk of harm".

According to a joint statement from the CCGs, the decision was "driven by a financial challenge and the need to invest the local NHS budget to benefit the health of the whole population and ensure value for money".

One in 5 waits too long for cancer care

The NHS in England has been unable to meet its target for cancer waiting times for nearly three years according to new data.

Monthly cancer waiting times data shows that nearly 25,000 people had to wait longer than the targeted 62 days for treatment in the past year. The target has now been missed for 11 months in a row and has only been met four times in three years.

The data shows almost one in five (18%) of the 12,808 patients referred by their GP in November 2016 to start their first treatment for cancer and a record number waited for more than two months for treatment to start.

Nurse staffing targets missed – by almost all

214 acute hospitals – 96 per cent of those reporting – failed to meet their own planned level for registered

nurses working during the day in October 2016, according to *Health Service Journal* analysis.

Eighty-five per cent – 190 hospitals – missed their target for nurses working at night.

Tougher caps on agency spending resulting in a fall in agency staff on hospital wards have made it even harder for trusts to meet their planned nurse staffing levels.

Last crust

The Royal Shrewsbury Hospital is so broke it has been deferring payment for salads and sandwiches normally available for staff and patients.

The unnamed current sandwich supplier pulled the contract in January after firms supplying Royal Shrewsbury Hospital and Telford's Princess Royal were told they would not be paid until April.

Lee Herkes, RSH League of Friends shops manager, told the local paper: "There have been a few people worried that if the Trust can't afford to pay for sandwiches, how are they going to pay staff?"

Pre-Brexit panic

The *Daily Telegraph* reports that ahead of Brexit, the NHS is trying to recruit hundreds of GPs from EU countries such as Poland, Lithuania, and Greece with promises of £90,000 salaries and "generous relocation packages" in a bid to plug shortages of family doctors.

The plans aim to bring 500 doctors in from the EU after warnings that rising numbers of patients are being forced to wait a month to see a GP, with estimates of a shortage of up to 10,000 GPs by 2020.

The 12 weeks preliminary training recruits will have to undergo in Poland will provide medics with English language lessons.

And maybe health ministers should be forced to attend some of the sessions that will also be run on the "culture of the NHS."





Campaigners call for pause, disclosure and consultation on Cheshire & Merseyside STP

Dear Liverpool CCG Governing Body member,

We are writing following the unambiguous decision of the Liverpool Health and Wellbeing Board on 1st December to reject the Cheshire & Merseyside STP, which has been widely reported.

This follows the rejection of the plan by Cheshire West and Chester Health and Wellbeing Board on 16th November, Sefton Council on 17th November, and the Overview and Scrutiny Committee of Wirral Council on 28th November.

As you will also know, there is growing public opposition to the plan, shown in the ongoing press coverage, and in recent unanimous decisions of Garston and Riverside Constituency Labour Parties, and by the lobby of the Health and Wellbeing Board at the Cunard Building.

To proceed with the final negotiation of contracts to comply with the budgets imposed for 2017/18 and 2018/19 as part of this STP, would be to ignore the clear decisions of local authority bodies and a gathering storm in the public arena.

We are sure that you do not wish Liverpool CCG to be fighting this battle with patients and their representatives.

Yet so far, there has been no consultation with the public, Councillors, NHS staff and their trade unions.

Engagement exercises do not constitute consultation, nor is it possible to consult without transparency, including the full financial details of your plans.

The contracts which you are negotiating with providers will enforce your share of the cuts inherent in



the STP. You have yet to disclose the details, but it is not possible to take £188m out of the Cheshire & Merseyside NHS budgets in 2017/18 and £360m in 2018/19, dwarfing any contribution from the Sustainability and Transformation Fund, without severe

consequences.

In the circumstances, we ask you to pause your contract negotiations, disclose the full detail of your plans, and begin a wide ranging full consultation to include the public, elected representatives, NHS staff and their trade unions.

As health professionals, you will want to act in the best interests of patients. We call on you to do so.

Yours,

Dr. Alex Scott-Samuel, MB, ChB, MCommH, FFPH Retired Senior Lecturer (Clinical) in Public Health Founder Member, Keep Our NHS Public

Fears grow of merger and downgrade in Tyne & Wear

The Northumberland, Tyne, Wear and North Durham STP sets out plans in response to a claimed £641m gap in the health system by 2021, plus another £263m gap in social care.

Its plans include £241m "provider efficiencies," potentially clashing with another £105m CCG efficiencies and £31m to be saved through "back office" cuts. The plan also calls for £89m to be saved through "out of hospital" services and another £44m through cuts in specialist services commissioned by NHS England.

There are obvious concerns among NHS staff and campaigners that with references through the

STP to the need to reconfigure services and the problems sustaining seven acute hospital sites, that the South Tyneside FT and Sunderland FT coming together to be managed under a single management could be a prelude to a merger in which one hospital or the other would be downgraded – leaving patients from the other area to travel much further for treatment.

These concerns will not be placated by the evasive wording in the STP, which states:

"Whilst South Tyneside and Sunderland hospitals recognise the importance and value of having a local hospital providing a range of services, they equally recognise the urgent need to rebalance services across both organisations as it is no longer safe or sustainable for either organisation to duplicate the provision of services in each location."

In other words, they are clearing the decks ready for unpopular announcements to come.

Notts plans to axe nursing staff and 200 acute beds

Nottinghamshire's STP is unusual in spelling out the scale of proposed reduction in the NHS workforce – with a net reduction of 562 staff (2.7%) to help bridge a "do nothing" gap estimated at £628m.

In an Appendix to the STP figures show that 218 posts in Bands 1-4 would be cut, and 644 Band 5: the aim is to recruit instead an extra 153 Band 6-7 and 146 "advanced" staff above these grades including medical staff.

More for less

The aim is to expand community and primary care staffing by 24% while still saving £12m a year on pay.

But since one of the key challenges is difficulties in "attracting and retaining key staff groups," including senior



medical staff in a range of settings, hospital pharmacists, care home nurses and home care staff, it's not clear how they expect to pull this off.

The STP also calls for a "system redesign" to enable a reduction of 200 beds in acute hospitals – almost one in eight – over the next 2 years, with pro-

vision of care in 'alternative settings.'

Since the STP also wants a 25% reduction in admissions to nursing and residential homes, this requires the development of extensive services in "the community."

The STP wants to see a huge 20-

40% reduction in non-elective admissions in Greater Nottingham / South Nottinghamshire, a 15.1% reduction in A&E attendances – and a 19.5% reduction in non-elective admissions in Mid Notts leading to a 30.5% reduction in non-elective acute bed days.

Derbyshire hopes to axe 535 hospital beds

Derbyshire's STP, seeking to close a financial gap of £287m by 2020, calls for the closure of 535 hospital beds, most of them acute hospital beds, but also 85 community beds are to be axed.

What is even more unusual is that 188 of these beds are to close at the Royal Derby Hospital, a brand new £334m PFI hospital opened in 2010: another 112 in Chesterfield – and the others out of the county.

Since the Royal Derby Hospital Trust is already running at a deficit,

worsened by the fixed and rising cost of its PFI contract for another 23 years or so, the consequences of cutting the funding for 188 of its 1100 beds are likely to be disastrous, but are not addressed in the STP.

Enormous

These enormous cuts in hospital care are apparently to be achieved through a switch to "proactive" case management of 5 per cent of the population: 50,000 patients – an enormous task.

On top of that another 150,000 people will be "supported to better manage their ongoing care needs."

This requires the development of "multi-disciplinary proactive care teams," spanning Primary Care, Community and Mental Health together with "voluntary sector," Social care and "Specialist input."

But since it's all supposed to contribute to saving money, it's not clear how this enhanced level of community services can be achieved.



Bringing East London's health campaigns together

Sign our local anti STP petition:
<https://you.38degrees.org.uk/p/NoSTP>

We support 4th March NHS Demonstration

Contact us through: nelondonsaveournhs@gmail.com

Or our local groups

Hackney: konph@hackneykeepournhspublic.org

Newham: newsononhs@gmail.com

Tower Hamlets: THkeepournhspublic@gmail.com

We are Waltham Forest: wawfsaveournhs@gmail.com

Outer London: <https://www.facebook.com/SaveKingGeorgeHospital/>
<https://peoplevsbartspfi.wordpress.com>



North Lancashire : Vanguard Footprint

Margaret James-Barbour is the group's coordinator:

"According to our STP health and quality of life in large parts of this area are amongst the worst in the country, plus we have a potential £572m funding gap by 2021.

"Implementing the Carter Review financial recommendations would potentially only save £176m in Lancashire and South Cumbria.

"Our CCG is a Vanguard footprint. It is changing from North Lancs to incorporate South Lakes, creating a huge and varied area.

"It straddles two County Councils and will morph into Bay Health Care Partners. It will join four other Lancashire areas to form an even bigger footprint.

"At times we have worked with the Labour party, Green party, Lib Dems, Momentum, Unite, No Health Sell off in Morecambe Bay, 38 Degrees, Global Justice Now, Stop TTIP and others on various issues and occasions; and we have Dr David Wrigley! (Local GP, seasoned campaigner, KONP member and currently BMA Deputy Chair.)

"We have good contacts with some local and county councillors and have had six one-to-one meetings with Tim Farron about NHS and TTIP, and outsourcing the hospitals' pharmacy.

"Some of us were on the picket line with Junior Doctors in Lancaster on every strike day. We have written letters to the government, and councillors, attended and sometimes spoken at meetings in Lancaster and South Lakes, and are currently trying to re-invigorate South Lakes Health Action Group in Kendal.

"We have been attending Hospital Trust Board meetings and AGMs for years, likewise the CCG, and have good communication with both."

• North Lancashire KONP:
margaretjbarber@gmail.com

Bristol Victory Bristol Protect Our NHS (KONP Affiliate)

Bristol Protect Our NHS (PoNHS)

have recently succeeded in getting their city council to reject their STP.

In common with many other local health campaign groups around the country, Bristol PoNHS had already stepped up its activities since September, in preparation for the emergence of that city's STP.

They have been questioning the CCG, briefing Bristol's Mayor and key councillors about the real implications of the plan, lobbying the three local authorities involved and encouraging the people they talk with at their regular street stalls to sign their petition calling on the Council to reject the STP.

One encouraging spin-off from all this activity is that a motion (joint Labour and Green) put to Council on 17th January attacking the STPs and associated NHS and social care cuts was passed.

Bristol City Council's refusal to endorse Bristol's STP and instead committing itself to call for increased funding for health & social care in the city is important because it will commit Bristol City Council to lobbying Ministers and local MPs on the issue.

It's really encouraging to see a positive response from the hard work undertaken by PoNHS.

Reclaiming/ rebuilding the NHS

The group are also working on positive aspects about the future of the NHS too. They have been focusing on promoting the NHS Bill. Following a successful interview about the current state of the NHS with a local radio station Ujima, they have been asked to do a specific slot on why the Bill is so important and how to campaign for it.

They are working towards a public meeting about the Bill later this year, with a platform of some of the key national figures involved in trying to get it passed through Parliament.

• Bristol Protect our NHS:
campbell.dongola@blueyonder.co.uk

Birmingham: 2 STPs to watch

John Caffrey, Birmingham KONP's Secretary:

"Our main focus has been on the two STPs of Birmingham and Solihull (BSOL) and the Black Country.

"We have worked closely with Solihull KONP on the BSOL STP and have engaged with Birmingham City Council.

"We have contact with the Trades Council, Momentum, the WM Pen-

sioners' Convention and Regional Unison, and are about to embark on a joint campaign with Unite WM.

"We helped press the SWBH trust into admitting that there might not be enough beds planned for their new Metropolitan Hospital."

• Birmingham KONP:
btuchcc@hotmail.com

Reports from around the country

Starting the fight in Dorset

Dorset KONP is a recently established group which started last year. Debby Monkhouse is the local contact:

"We formed following announcement of CCG plans to downgrade or close 1 of 3 A&Es, 1 or 2 of 3 Maternity Services, and close or lose beds from 6 of 13 Community Hospitals.

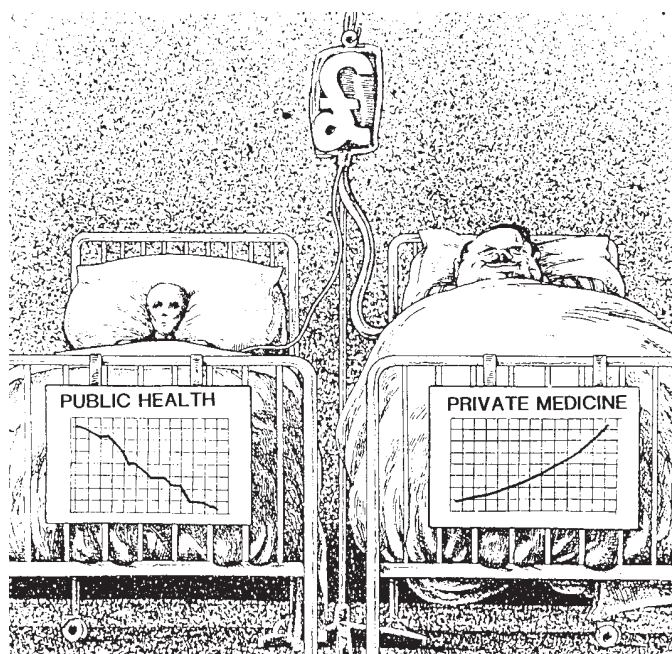
We work with Dorset Health Campaign who formed to protect Maternity, Neo Natal and Paediatric Services in Dorchester County Hospital: Save Kingfisher/Special Care Baby Unit, which have been under threat for some years.

Since forming we also work with other local groups fighting for our NHS including Save Poole Hospital, Swanage Senior Forum, and to a lesser extent, Unite and Unison.

We had a March on 15 October in Poole against Dorset NHS cuts and to Save Poole A&E and Maternity which was widely covered before and on the day by local press. We have had leaflet stalls to engage with the public in Poole, Dorchester and in Swanage.

We've tried to hold the CCG and Councillors to account by asking questions, and are working with Labour councillors to try to get a proposal to fully scrutinise the STP. We've met with the Chief Executive of Poole Hospital and been approached by a Tory MP regarding closure of the community hospital in his constituency.

• Dorset KONP:
debmonkh@aol.com



Leicester: Heart Centre battle

Leicester KONP's Sally Ruane:

"The Campaign Against NHS Privatisation in Leicester, Leicestershire and Rutland (which incorporates the local KONP group) has focused in recent months on the STP and the threatened closure of the congenital heart centre which serves families throughout the East Midlands but is located within the Leicester acute hospital trust.

"We have collaborated with the Trust, councillors, with the local newspaper's patient panel and with other campaigners and together have organised a public meeting, two demonstrations and a petition which has gained more than 120,000 signatures.

"The care given at the heart centre is excellent as are its outcomes. Should it close, there would be no congenital heart centre on the eastern side of England between Newcastle and London. This apparently poses no concerns for NHS England who are under the impression Birmingham is only 15 minutes away from Leicester (presumably by Taxis).

"In relation to the STP, we have been monitoring closely plans for

service reconfiguration and have watched these morph into what we now know as the STP. These proposals have always been problematic since they threaten the closure of acute beds (when we already don't have enough), the closure of community hospitals and a downskilling of the workforce as a whole. We investigated and learnt that moving services into community settings often neither permits the closure of acute beds nor releases cash savings. With this, we knew the underpinning assumptions of the STP were flawed.

"We have attended Health and Wellbeing Board and Scrutiny meetings, making interventions when allowed, tabling questions and on one occasion a petition demanding effective scrutiny. We have met with the acute trust Chair to discuss our concerns.

"We meet monthly with a second monthly meeting for steering group members; we've also developed good partnerships with local branches of Unite."

• Leicester KONP:
sruane1@btinternet.com

Southend: A&E threat

Norman Traub is the group coordinator:

"In the past few months Southend KONP have been concentrating their attention on attacking the Mid and South Essex Success Regime STP.

"We have been working together with the Southend Trades Council and Southend Against The Cuts (SATC).

"Among the proposals being considered in the STP are the downgrading of two A&Es and the conversion of the third into a major trauma centre.

"It is believed that Basildon will be the major trauma centre, which will handle all emergency cases. Broomfield Hospital in Chelmsford and Southend Hospital will have their A&Es downgraded and will handle minor trauma.

"This proposal has met with opposition from the public, who are naturally concerned that the lives of emergency cases, having to be transported many miles from all corners of Mid and South Essex, along busy roads, where there are often hold-ups, will be placed in jeopardy or suffer deterioration in their condition.

"We have held a very successful rally against STP in Southend High Street, where we distributed leaflets, with signing of petitions. Our rally was filmed by BBC East television. We presented petitions against A&E downgrading to the CCG, first holding a demonstration outside the building housing the CCG and we were then allowed to speak when handing over the petition.

"We also set up stalls in Southend against STP.

"We asked questions at the Scrutiny Committee of Southend Borough Council about the downgrading of the A&Es and were told by the chair she would have to be assured that the plans would be to the benefit of patients before approving them. We are also working with Labour and Momentum locally. We have had good local press coverage.

"We supported the JDs strike and were on the picket lines with them. We also held a successful rally in Southend in support of the strike.

"We have planned a public meeting in Southend in February against STP and are trying to build up a united resistance in Southend, Basildon and Chelmsford against the downgrading of the A&Es."

• Southend KONP:
normantraub007@aol.com

Welcome, Jeremy! Islington KONP



Labour leader Jeremy Corbyn joins KONP

Sue Richards (right, in picture) for Islington KONP:

"We formed a joint campaign group last summer with other campaigners in the North Central London STP footprint - Camden KONP, Haringey Defend our Services (full affiliate of KONP) and other campaigners in Enfield and Barnet.

"We called ourselves NCL STP-watch and campaigned together against the STP. We focused

attention on the Joint Health Overview and Scrutiny committee of the five boroughs, first alerting them to the importance of the issue, then working with them to set up a panel inquiry in the STP in North Central London, providing them with briefing.

"Three of us sat with them as the STP top team gave evidence and asked probing questions on the committee's behalf.

"We subsequently gave evidence ourselves and also lobbied our council leaders separately, achieving a joint position for all five leaders, including Conservative Barnet, that they would not endorse the STP until they were convinced that the case had been fully made for change, together with full financial details and public consultation.

We are planning the next stage of the campaign, likely to involve being present at many of the public engagement meetings to ensure that they do not get hijacked by the facilitators working for the STP team but actually focus on the crucial issues.

"We have already been mobilising public opinion against the STPs, and held a very successful public meeting in November.

"Both of Islington's MPs spoke from the floor at the meeting and Jeremy Corbyn MP became a member of KONP at the meeting.

"We will be trying to wake the general public up to the threat to the NHS.

"We have a further public meeting in Islington Town Hall on 16 February at 7.30. This will use a 'question time' format and on the panel will be Sue Richards from Islington KONP; Janet Burgess, deputy leader of Islington Council and lead member for social care; and a local GP.

We will use these meetings and any other vehicle we can think of to ensure that as many Islington people as possible join the march to save the NHS on 4 March."

• Islington KONP:
triciabarnett2012@gmail.com

South Warwickshire: Council opposes STP but...

Anna Pollert is the group contact: "Coventry and Warwickshire STP was one of the very last in the country to publish. It finally did so on December 6th.

"We campaigned with both Coventry City Council and Warwickshire County Council, informing them of the dangers of the STP. During November we increased our campaign with the councils not to endorse the STP once it was published. Meanwhile, several SWKONP members attended consultations run by South Warwickshire Foundation Trust about Out of Hospital Services. Our members also tried to raise the issue of the STP at the regular South Warwickshire CCG PPPG meetings, but were stonewalled.

"At the beginning of December, parts of the STP were leaked to the press, that maternity and A&E would be moved from George Eliot Hospital, Nuneaton, to University Hospital Coventry and Warwickshire, while stroke care throughout the footprint would also be moved to UHCW. We sent Health and Wellbeing Board elected members on WCC briefing notes.

"I also spoke to a few Labour councillors on Coventry City Council and Bedworth and Nuneaton. We are now in contact with a sympathetic journalist at the *Coventry Telegraph*. We are now co-operating with the paper, which has set up a campaign to save A&E at the George Eliot Hospital, Nuneaton.

"When the STP was finally published, we got good media coverage on our views that not only was it late, but it was meaningless, lacked any financial detail, and was full of empty jargon.

"On December 13th, one of our SWKONP members and a Labour Councillor on Warwickshire County Council, successfully put a resolution through to the full Council Meeting to oppose the STP. It was unanimously passed.

"Despite this vote, on 23rd December, South Warwickshire Foundation Trust (SWFT) signed a contract with South Warwickshire CCG on Out of Hospital Services. I wrote to the CEO of SWFT, pointing out that all contracts associated with the STP should have been suspended. The reply was that a lot of work needed to be done, and that NHSE would allow variations in contract signed, and that the contract signed was only a 'financial envelope' and didn't tie SWFT to any details of service provision!

"To date, no changes have taken place on the STP. A series of Health and Wellbeing Board meetings are scheduled, but we are finding it hard to know which are public, and when Overview and Scrutiny Committee meetings are to be held.

"As well as publicising what is happening, we are holding monthly SWKONP Saturday stalls."

• South Warwickshire KONP:
anna.pollert@gmail.com

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Our patients are our virtue

We believe in a publicly provided, funded and accountable NHS, free from the pernicious effects of the Health and Social Care Act and the disruptive effects of the internal market. Free from the invasive fragmentation of privatising services. Free for all when they need it. Free from the fear of not being able to afford medical treatment or private insurance, or the growing alarm at an NHS failing after years of cuts. Free from the daily struggle our colleagues face just to keep things going as the government ignores the growing chorus of alarm, warning and anger.

We put our patients first by supporting the call to stop the breaking apart and selling off of the NHS. We support Health Campaigns Together and the NHS Bill.

Join us in our fight to halt the attack on our patients' greatest hope and this country's greatest single achievement: the National Health Service.

DOCTORS FOR THE **NHS**
SERVICE NOT PROFIT

www.doctorsforthenhs.org.uk
@Doctors4NHS

London snapshots

An e-mail to staff at Ealing and Northwick Park Hospitals instructed them to find ways of sending patients home early to make room for more:

"We are asking for your assistance in undertaking an exercise to release 100 extra beds through expediting patient discharges over the next two days."

The email, signed by bosses of the London North West Healthcare NHS Trust, went on to claim this was because of unprecedented demand for hospital services.

However figures released by health researcher Colin Standfield from NHS data show demand in NW London is in fact no different than previous years.

Oliver New, chair of campaign group Ealing Save Our NHS said "Kicking patients out early is totally and utterly wrong. NHS North West London should admit their

policies are wrong, dump the decision to close Ealing Hospital A&E and restore the much needed A&Es at Central Middlesex and Hammersmith Hospitals.

They should also re-open A&E facilities for children at Ealing. All of those A&Es were there because they were needed and they are still needed today. If they are brave enough to do this, they would also boost morale of health staff, which is currently at rock bottom."

Plans to slash NHS jobs and services in NW London have been developed in secret by NHS bureaucrats and only been uncovered thanks to a Freedom of Information request by a Brent health campaigner.

This revealed the NW London Delivery Plan for the STP Oct 16 labelled "strictly confidential not for

wider circulation" and unseen even by some of the councils involved.

The plans include:

- The loss of 3,658 NHS jobs in NW London next year 17/18 - rising to 7753 job losses by 20/21

- Almost 50,000 planned admissions and 222,370 outpatient appointments cut by 20/21. Already patient waiting times for planned operations are at record levels - these plans will only make things much, much worse.

- The loss of 500 - 600 hospital beds with the closure of Charing Cross and Ealing as major acute hospitals

- A reduction in A&E attendances by 64,175 in the next 5 years.

There is NO evidence that there will not be a need for these departments and acute beds in the future.

Merril Hammer, Chair of Save Our Hospitals, said "These plans threaten

patients' lives. We need more beds and more staff, not ongoing cuts."

Olivia O'Sullivan, secretary of Save Lewisham Hospital campaign reports that Lewisham Hospital - the hospital they wanted to close three years ago in order to 'save 100 lives every year' (Keogh, Hunt) - was described in the *Guardian* as so full on 9 January it had run out of beds, and an email to [trust] staff described the situation as "critical" and "not safe".

"We are now campaigning against tenders for the services going outside the Trust. We have challenged the SE London STP directly in face to face meetings with Our Healthier South East London (OHSEL) - particularly the double counting we have uncovered in their budget - and in council, JOSC and CCG meetings.

"We have briefed Councillors extensively and in Lewisham several



have been very proactive on this issue. The full Council voted on 23 November to demand publication of the STP in full, including the financial appendices, which had been denied by OHSEL even to the Chairs of Committees. OHSEL published it in full the next day."

Manchester bosses sign up for austerity cuts

Caroline Bedale

When the STP process was initiated, Greater Manchester was already a long way ahead of other areas in producing plans about transforming services, new models of care, improving outcomes, and radical upgrades of population health and prevention.

The Plan, 'Taking Charge of our Health and Social Care', was produced in December 2015, with minor updating in July 2016. This was submitted as GM's STP.

The devolved health budget for GM was originally £6 billion - which meant the city region would be £2 billion short by 2020/21. Even the extra funding they got for the Transformation Fund was woefully short - they had calculated at least £1 billion would be needed, but they got just £450m.

Local leaders of Devo Manc appear to have been ready to accept the illusion of power with the reality of blame for cuts.

Massive gap remaining

By late 2016 the projected deficit had fallen to £1.1 billion, because the NHS allocation to CCGs and the social care precept and the Better Care Fund were added to the opening position. Clearly this still leaves a massive funding gap.

The Plan is full of wishful thinking about how different models of care, health improvement, people taking responsibility for their health will reduce 'demand' for expensive (hospital) services, on the assumption that:

"We can tackle this [deficit] by reducing demand on expensive, reactive public services, through greater integration, prevention and early intervention" and

"We are supporting residents to become increasingly independent, resilient and better connected to the opportunities of economic growth."

The original projected 'savings' in the GM Plan (£88m from prevention, £446m from better care models,



£140m reform of NHS trusts, £21m commissioner collaboration, £736m NHS provider productivity savings, £100m from provider joint working) appear now to have been overtaken by the individual boroughs' hoped-for savings.

The Plan is also tied in with 'Healthier Together', which was mostly about concentrating specialist services in four 'super' hospitals (Central Manchester, Oldham, Salford, Stockport) which coordinate shared single services - teams of medical staff working across different hospital sites in each of the four sectors.

It also claimed not to be about closing A&E departments - but some had already closed or been downgraded.

Locality Plans

All the 10 Locality Plans follow the GM Plan's line in terms of areas they identify for potential savings, and all are as unrealistically optimistic about their chances of success in reducing 'demand' for hospital services by more prevention of ill health, by better self care and better management of health conditions.

Hospitals will be much smaller - even more bed cuts are proposed

- and referrals for hospital care will be tightly controlled, especially for elderly people.

GM is also one of four pilots for shared services and functions (such as finance, payroll, HR, IT, estate management, and pathology), in the hope that this will save £100m - but with unknown costs to staff.

They expect providers to make much higher levels of savings than they are currently achieving. Bury's plan shows about a third of the funding gap should be filled by providers savings, but admits:

"This is a high risk assumption for the locality given that our main local acute provider is currently not delivering its CIP target this year"

In Salford, "2015/16 marks the first time that Salford Royal is forecasting a financial deficit (circa £17m across all services of which £9m relates to Salford locality). Whilst GMW [the mental health trust] is planning to break even in 2015/16, it has signalled that future years will be difficult to break even."

Yet the providers are expected to contribute £42m towards bridging the funding gap of £65m.

There are indications that some hospital buildings/estate could be sold to raise money, but the oldest

and most unfit buildings tend to be in areas with the lowest property values.

There is a major problem with the cost and the unreliability of the current private provision of social care, both in terms of inadequate care in people's homes and reducing longer than necessary hospital stays.

Many boroughs plan to make more use of the voluntary sector (whether paid staff or volunteers) to provide a range of community mental and physical health and wellbeing projects.

The assumption by all the 10 boroughs, and by the GM Health & Social Care Strategic Partnership, that they can provide adequate services within the budget constraints, means that their plans give credence to the government's claim that enough funding is being provided, and that commissioners and providers just need to work more efficiently.

Accepting cuts

The 'Stockport Together' plan sums up the way GM boroughs are accepting cuts:

"It is evident that certain types and levels of provision that have been made available for many years will have to be removed and replaced by lower cost alternatives which ideally will also deliver improved outcomes.

"Furthermore, there will need to be a slowing down in the rising demand for high cost services and a greater reliance placed on community based provision and preventative measures."

Andy Burnham, the Labour candidate for GM Mayor, has said that he would like to see social care brought within the NHS team, with proper training and career opportunities for social care staff along the lines of UNISON's Ethical Care Charter.

He has also accepted that privatisation of health care has been a disaster, a 20 year experiment which has failed. Interestingly, over a series of public and trade union meetings, he

appears to have shifted from arguing that there is no chance of getting any extra funding, to saying that as mayor he would be willing to argue that the funding deal is not good enough.

Projected Deficits

All the boroughs forecast funding gaps totalling £992m by 2020/21 unless they are able to make savings and/or receive an allocation from additional NHS funding or protection of adult social care funding.

The Manchester Locality Plan is an example of how figures are manipulated to show how they might bridge the funding gap.

It provides two scenarios, an Upside and a Downside. In the former, the outcome would be a surplus of £21m by 2020/21 - based on getting extra NHS funding, protection of social care funding, transformation of services, and providers making massive savings.

In the Downside there would be a deficit of £149m by 2020/21. The £48.6m of savings includes £14.1m to be cut from mental health services, £7.4m from learning disabilities, £19.1m from neighbourhood care, £7.9m from urgent care first response, £10m from primary care, and £6.9m from community intermediate care and reablement.

There is no indication how any of these savings can be made without severe detriment to services, in particular mental health, which has consistently been underfunded.

Manchester Mental Health and Social Care Trust is merged with Greater Manchester West from January 2017. However we don't know how this will affect services. It's also proposed to create one hospital trust to run the three acute hospitals.

In many ways that would be rational, but as the driving force is financial - to save £20m - it's likely that already stretched services would be further 'rationalised' across the 3 sites.

Good intentions can't rescue NHS

By Christina McAnea,
Head of
Health,
UNISON



Better integration of health and social care, patient centred services, focussing on patients and forward planning based on the needs of local communities.

They're all laudable aims that few, if any, would object to or want to oppose.

I'm sure most of the people who sat in small rooms around England, drafting Sustainability and Transformation Plans (STPs) did so with the best of intentions – with the aim of meeting all those objectives.

Professor Jane Cummings, Chief Nursing Officer at NHS England wrote eloquently last month on the challenge of STPs, and claimed it would mean: "more people can be looked after with care personalised to their needs".

Mammoth in the room

But the huge mammoth in the room is funding, or more specifically, the lack of it. The NHS has been starved of cash year on year since 2010.

The government's claim to have 'protected' the NHS simply means ministers have not slashed the budget in health as drastically as they have in other public services.

It is dishonest to pretend, as Theresa May is doing, that cuts in social care, the lack of investment in low-cost housing and draconian cuts to welfare benefits are not having any impact on the NHS.

Weekly, if not daily, there are reports of A&E targets being missed, ambulances queuing outside hospitals because they can't handover patients and operations being cancelled due to lack of beds.

As the last bastion of care free at the point of use, the NHS is becoming the safety net for many people with social needs as well as health ones. If STPs are genuinely to deliver better health and care services this cannot be done at a

time of financial crisis.

Transforming care and delivering genuine integration comes at a cost. There may be savings in the long run through fewer hospital admissions but not if the social care model is built on a system of low pay, zero-hours contracts, and staff with little or no training and support.

In the short term costs may actually go up as there may be double running of services and to provide training for staff working in new ways or new settings. And all this at a time when local authority budgets are being slashed.

Opposing some of the massive changes being proposed is not because unions are dinosaurs and want to maintain the status quo at all costs.

Our members who work in health are not opposed to change – indeed the opposite is true – they work in a sector where change is part of the job. They are certainly not opposed to improving services for patients and their families.

But the danger is STPs will be overly optimistic about the effect of cutting beds, departments and even whole hospitals. The Association of Directors of Adult Social Care has estimated that £4.6bn was cut from social care budgets between 2010 and 2015.

Care homes closing

The number of care homes in England fell from 18,068 in September 2010 to 16,614 by mid 2016, and recent BBC research has suggested a quarter of care homes will close in the next three years due to funding problems.

Cutting NHS services before there is secure social care infrastructure in place would be catastrophic.

Meanwhile, this year, winter pressures in the NHS haven't even peaked and already the system is at breaking point. The NHS and social care need an urgent and immediate injection of cash. Genuine integration of health and social care around patient needs must be done **with** patients, communities and **with** the workforce – not by a small group in a dark room – no matter how well intentioned.

Huddersfield campaign unbowed by setback

Mike Forster

HandsoffHRI recently celebrated its 1st Anniversary following the announcement of the proposed closure of A & E and the downgrading of Huddersfield Royal Infirmary.

In that time the group has maintained a strong community based campaign with huge public support. This has been sustained by creating a number of local groups where people completely new to campaigning have just got stuck in.

To maintain momentum, we have organised monthly activities which has continued to attract big crowds and generate huge publicity.

Following our two big protests in February, we had a sponsored walk, a peoples debate at the university, a huge mobilisation at the first public meeting of the CCG well over 2,000 and another similar mobilisation where they were forced to call another meeting due to lack of room at the first one.

The campaign then got stuck in over the Summer raising funds for our legal challenge. Huge amounts were raised at festivals, fetes and fayres.

We held our own festival in September in Huddersfield's largest open air park, which attracted over 7,000 people with a large feeder march and protest from the hospital to the park. This was our most successful community event which raised just over £6,000 for the campaign.

To date we have raised just under £40,000 and have two public meetings with our legal company.

Although the CCG voted in October to proceed to full business case, we are advised we have a good chance of winning our legal challenge; it is inevitable Joint Scrutiny will call in their decision and local GPs are considering a vote of no confidence in the CCG.

The campaign begins 2017 with renewed vigour and we look forward to seeing you all in London on 4th March



Bill authors Allyson Pollock and Peter Roderick with Margaret Greenwood MP

NHS Bill 2016-17 next steps

The NHS Bill, introduced by Margaret Greenwood (Labour) MP for Wirral West under the Ten-Minute Bill procedure in July, failed to get any parliamentary time at second reading on 4 November.

It has been moved to Friday 24 February where it is added to a previously scheduled agenda. However, it is seventh on the order for the day and chances of debate time are vanishingly small.

The only way forward is for a concerted effort by the Labour Party to organise as a party to back future efforts to present the Bill and to forge an alliance with MPs in other parties supporting the bill – notably the original sponsor, Caroline Lucas (Green), John Pugh (LibDem) and the SNP en bloc.

If 100 MPs attend in support, then it is possible to move changes to the agenda in parliamentary private members' bills sessions. Efforts to gain such commitment from the Labour Party continue.

The Campaign for the NHS Reinstatement Bill will do its best to ensure that the NHS Bill will be represented in future parliamentary sessions.

NHS England in Leeds refuse to take a letter

Campaigners from Yorkshire region met on 23 December 2016, in Leeds to mark the day contracts were supposed to be handed in to NHS England in a great rush, three months earlier than normal and valid for two years rather than the traditional one year.

Christmas carols with appropriate words for explaining the Slash Trash and Privatised plans were sung by the sizeable crowd gathered at the NHS England headquarters at Quarry House, Leeds, before the hand-in of a letter signed by hundreds of people.

G4S security at the door went to the offices of NHS England to let them know there was a letter waiting – but NO ONE was prepared to come down to receive it.

What did they think would happen?

Campaigners recognised that this was their Martin Luther moment, but in the absence of a nail and a wooden door to bang it into, resorted to tying the letter to a pillar before leaving to blend in with the throngs of Christmas shoppers.

The text of the letter is available to read here: <http://www.stoptheps.org.uk/open-howl-at-stp/4593415239>

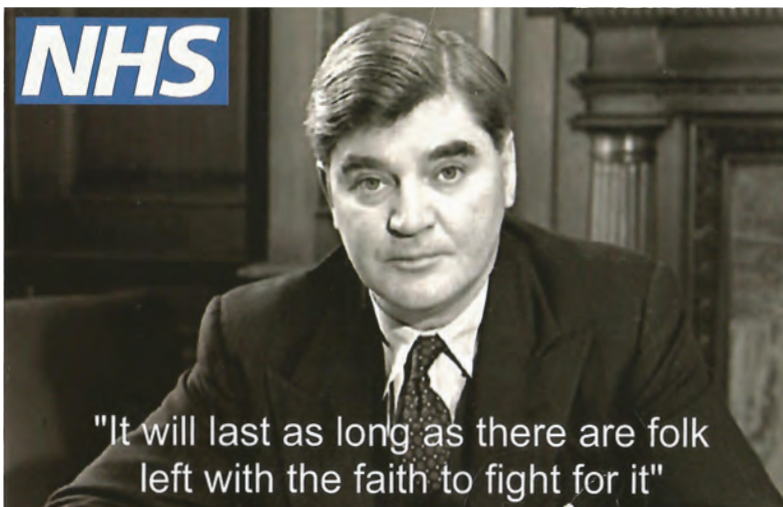
200 acute beds face axe in Oxon

The Oxfordshire component of the Berkshire Oxon and Buckinghamshire (BOB) STP turns out to include the loss of 200 acute beds, seeking to bridge a claimed "do nothing" gap of £200m by 2021.

Other cuts include "centralisation" of stroke and critical care services, and the loss of more services from Banbury's Horton General Hospital to Oxford, 28 miles away.

The STP-wide "do nothing" gap is put at an improbable £479m, with Oxfordshire's providers facing the largest deficits.

Campaigners are already challenging the plan and its assumptions.



"It will last as long as there are folk left with the faith to fight for it"

Health Campaigns Together is delighted that the Aneurin Bevan Society wishes to be a supporting organisation.

LEEDS DEMO APRIL 1

11.30 outside Art Gallery

● Councillors, MPs and Ministers must reject Sustainability & Transformation Plans, end cuts and closures and insist that our NHS is fully funded.

● Stop privatisation and restore our publicly funded, publicly provided NHS!

<https://leedskeepournhspublic.wordpress.com/>

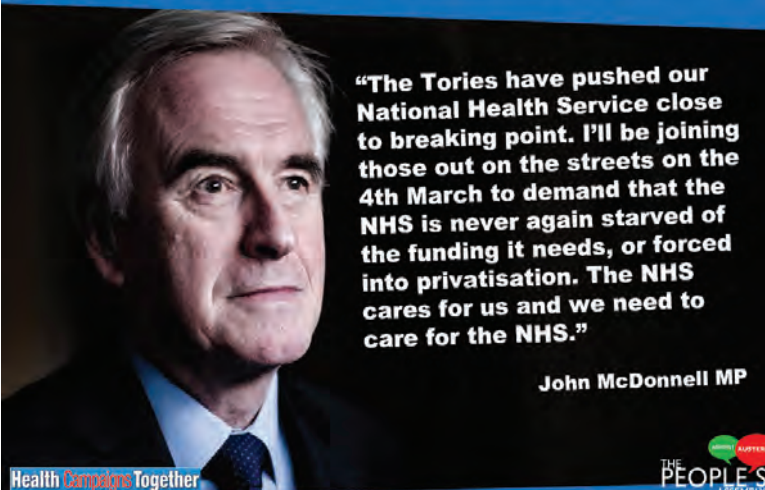


It's Our NHS demo **London March 4:** www.ournhs.info

March 4 Our NHS!

12 noon March 4
Tavistock Square London WC1
(tube Russell Square or Euston)
March to Parliament

#OurNHS no cuts | no closures | no privatisation



"The Tories have pushed our National Health Service close to breaking point. I'll be joining those out on the streets on the 4th March to demand that the NHS is never again starved of the funding it needs, or forced into privatisation. The NHS cares for us and we need to care for the NHS."

John McDonnell MP

Health Campaigns Together

THE PEOPLE'S ASSEMBLY

NATIONAL DEMONSTRATION SAT 4 MARCH 12PM TAVISTOCK SQUARE, LONDON

Support is constantly growing for the national demonstration called in London on March 4 by Health Campaigns Together and People's Assembly.

Among recent national supporting organisations we have been pleased to welcome the BMA and the Royal College of Nursing, whose activists will be marching alongside TUC health unions, other trade unions and campaigners from a wide political spectrum and across England.

The demands of the march are simple and inclusive

- No Cuts, Closures & Privatisation
- End Pay Restraint for NHS Staff!
- For A Fully Funded, Publicly Owned National Health & Social Care Service!

Coaches are being booked from many areas – details and advice for organisers at www.ournhs.info/

For us in health Campaigns Together the key is ensuring that the campaign effort is redoubled after the March. This is no one-off protest. We are fighting till we win!

Organisations supporting the march as we go to press . . .

BFAWU (Bakers, Food and Allied Workers Union)
BMA – British Medical Association
CWU Communication Workers Union
GMB – General, Municipal and Boilermakers Union
NAPO – The Union for Probation & Family Care Workers
NUT – National Union of Teachers
PCS – Public and Commercial Services Union
POA (Prison Officers Association)
RCN – Royal College of Nursing
RMT – Rail, Maritime and Transport Union
RMT London Region
UNISON North West region
UNISON South East region
UNISON Mid-Yorkshire Health
Unite the Union (national)
Unite: Doctors in Unite (previously MPU)

UNIONS: Trades Union

Councils and related

Leeds Trades Council
Ealing Trades Councils
Huddersfield Trades Council
National Shop Stewards Network
Worcester TUC
NATIONAL CAMPAIGNS
999 Call for the NHS
Big up the NHS
Bursaries or Bust
Doctors for the NHS
Hands Off Our NHS
Health Campaigns Together
Health Emergency
Junior Doctor Alliance
Keep Our NHS Public
Momentum
National Pensioners Convention
NHS Reinstatement Bill Campaign

NHS Solidarity
NHS Support Federation
Open Democracy – ourNHS
People's Assembly against Austerity
Politics of Health Group
Socialist Health Association

LOCAL CAMPAIGNS

Defend Our NHS Chester
Birmingham KONP
Bristol Protect our NHS
Defend Our NHS York
Ealing Save Our NHS
Greater Manchester KONP
Hands off Huddersfield Royal Infirmary
It's Our NHS Worcestershire
Keep the Horton General
Merseyside KONP
Newcastle KONP
Oxfordshire KONP
Save Lewisham Hospital Campaign
Save Our Hospitals Hammersmith & Charing Cross
Save Our Hospital Services Devon
SOS Grantham Hospital
Stroud against the Cuts
Support Stafford Hospital
Sussex Defend Our NHS
Wirral Defend Our NHS

POLITICAL PARTIES, national & local branches, politicians

East Devon Alliance Party
Ellesmere Port Constituency Labour Party
Green Party
John McDonnell, Shadow Chancellor, Labour Party
Hackney North & Stoke Newington CLP
Kilburn and District Labour Party
National Health Action Party
Yorkshire Regional Labour Party

Get YOUR trade union, political party or local campaign to support: details and suggested motions available from the demo website <http://www.ournhs.info/>

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. That's why we're asking 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.

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

■ Pay us direct online – or with PayPal if you have a credit card or PayPal account at <http://www.healthcampaignstogether.com/joinus.php>

■ For organisations unable to make payments online, cheques should be made out to **Health Campaigns Together**, and sent c/o 28 Washbourne Rd Leamington Spa CV31 2LD.

We aim to produce Health Campaigns Together newspaper QUARTERLY if we can gather sufficient support.

It will remain FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper: (postage will rise from Issue 6 to post the larger newspaper).

Cost PER ISSUE:

- 10 copies £5 + £3 post & packing
- 50 copies £15 + £8 p&p
- 100 copies £20 + £10 p&p

- 500 copies £40 + £15 p&p

To streamline administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.



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