Health Campaigns Together

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March 4 was the biggest-ever march for #**ourNHS**: **WHAT NEXT?** pages 5-7

As NHS trust bosses warn of more cuts to come

Defending our NHS: "Mission POSSIBLE"

Jess Hurd/reportdigital.co.uk

Ministers may well choose to ignore the huge crowds of local activists, trade unionists and general public, estimated by police and the mainstream media at 250,000, who surged into London to join the massive demonstration for #ourNHS on March 4.

Big demonstrations have come and gone before: the test of ours is whether we can keep up and raise the momentum to build a sustained movement.

They may choose to dismiss as special pleading the growing pressure from senior doctors, Royal Colleges and health professional bodies warning that the relentless 7-year freeze on NHS spending, with at least 3 more years of even tighter spending limits to come, is threatening the quality of care, the range of services covered and putting vulnerable people at risk. Theresa May and her colleagues appear to have their eyes closed and their fingers in their ears singing the misleading la-la-la of "we're investing £10 billion extra for the NHS".

But one group that seldom speaks out on anything, and has seemed prepared to embrace any and every new line from government and implement it without question, has now joined the fray.

These are people we'd expect a Conservative government really to listen to: NHS Providers, representing the trust bosses who have to deliver front-line services in our hospitals, mental health, and community health services and wrestle with the shrinking value of funding while demand and costs increase.

NHS Providers have now produced a devastating new report *Mission Impossible* (see page 2), banging home the point that ministers who have decided to impose austerity cuts on NHS spending must be forced to face the actual consequences, and take responsibility for the chaos that results. Its CEO Chris Hopson says:

"NHS Providers has analysed what NHS trusts have to deliver from 1 April 2017 and compared it to the available funding. The result is an unbridgeable gap, with worrying implications for patients and staff."

We recently saw how this government can be forced to change course, when its own party is split in Parliament. That's what forced the rapid climbdown on national insurance payments for the self-employed.

We now see a cross-party coalition being formed to overturn government support for grammar schools.

But despite the concerns and campaigns in many parts of the country there is not yet a coalition that can split the government ranks on the NHS.

Maybe local Conservative MPs don't think their constituents care enough for them to stir themselves to fight against loss of beds, downgrading of services and other unpopular changes.

We need a movement strong enough to change their minds. What the huge response on March 4 shows us is that this is NOT an impossible mission: it's Mission Possible! Inside we look at the next steps we need to take, together, to save our NHS.

March contingents came from all over the country: that's where the fight must go on to force MPs – of all parties – to speak out and stand up for local NHS services or face the consequences.

Building #ourNHS Big Birthday Bash July 1 & July 5 – *www.ourNHS.info*

Trusts face demand to do more for less

Much was made last autumn of the Chancellor's budget promise of £2 billion extra over 3 years to local government for social care, £100m capital to put a GP at the entrance of every A&E department next winter and £320m capital – again over 3 years.

But a hard-hitting report by NHS Providers, the body representing trusts and foundation trusts, brushes aside suggestions that these marginal increases might be enough to avoid major problems in a deficit-ridden NHS in the coming two years of even-meaner funding.

"The impact of extra social care support on NHS performance in 2017/18 is uncertain given that there are no 'must benefit the NHS conditions' attached to the new funding. Extra capital of £425 million is marginal in the context of an estimated £2.4 billion a year required for STPs and a forecast maintenance backlog of £5.8 billion."

Moreover, aside from the practical problems of finding room in already congested A&E departments for an additional service, the question of whether sufficient GPs are available and not required to keep primary care services going, and the lack of any extra revenue to pay for their services, there is little or no evidence that putting a GP at the door makes much difference to the core demand for A&E.

Overcrowded A&Es are the result of increasing numbers of sick, elderly patients with complex problems, who need inpatient treatment but whose discharge is often delayed by the lack of social care and other services outside hospital.

NHS Providers argue: "The emerging evidence from the new care models programme suggests that it may be possible to reduce A&E demand over the longer term by integrating care more effectively, increasing out of hospital capacity and improving primary care.

However there is no evidence to suggest that these will be delivered at sufficient scale and pace to significantly reduce demand in 2017/18"

Meanwhile: "There are no current plans to significantly increase A&E capacity on a system-wide basis (much needed though this is) and, on current plans, no extra money available to fund such a capacity increase. … Without substantial extra investment, our judgement is that it is impossible … to achieve the 95% A&E standard across the year as a whole."

THEY SAY:

"All the indications are that this is impossible"

NHS Providers argue there are "two broad lines of approach."

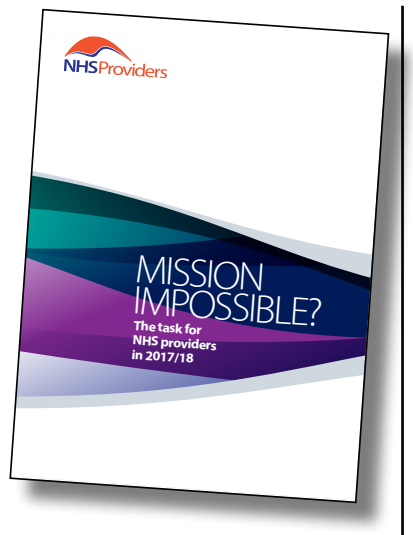
■ One is to deny there is a problem, acting "as though delivery of the requirements is still achievable. This risks setting an impossible task for trusts, misleading the public, … and placing an unsustainable burden on frontline staff."

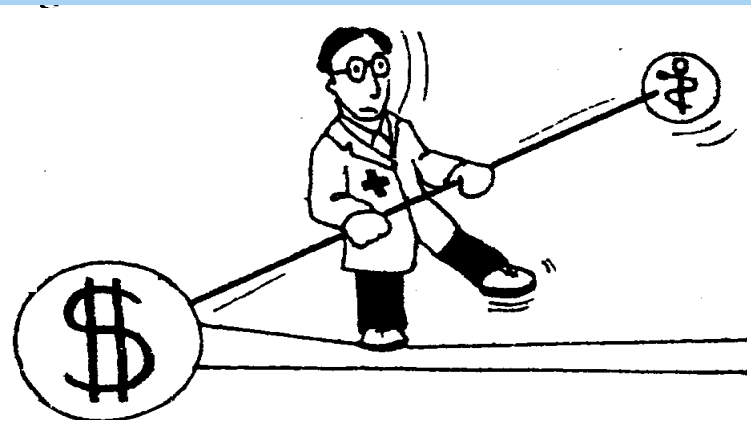
■ The second is to recognise that Trusts will miss many of the targets they have been set and to widen the goalposts accordingly.

WE SAY:

Step up the fight!

■ Don't give up on Our NHS! Health Campaigns Together argues we should campaign for the funds we need to defend the quantity and quality of services.





Yes to rational prescribing, NO to rationing

NHS England has resurrected a long-running debate on the prescription of a variety of drugs which have been confusingly lumped together as 'low value' items.

In an extraordinary claim, it declares it will: "work with clinicians and clinical commissioning groups to develop guidelines initially around a set of 10 medicines which are ***ineffective, unnecessary, inappropriate for prescription on the NHS, or indeed unsafe***, and that together cost the NHS £128m per year."

Apart from implicitly dismissing the decisions of thousands of GPs, the most pertinent point here is the amount a desperate NHS hopes to save by excluding large numbers of people from access to free drugs and treatment.

An NHS that was genuinely committed, as it claims to be, to developing proactive health care that could prevent the onset of more serious conditions would be seeking ways of making prescriptions free for all, as they are in Wales, Scotland and Northern Ireland, rather than forcing the sick and elderly to pay new charges.

For the last 20 years NHS managers have been trying to eliminate procedures, and now "products of limited clinical value (POLCV), collectively branded as 'the droplist'.

There is no disagreement that drugs that are ineffective should not be prescribed – or even produced, although drug companies make huge profits from selling them.

Do it yourself care

This also fits in with the current rhetoric of encouraging patients to "self care," and of course many community pharmacists' businesses depend on sales of over the counter medicines, many of which (such as cough mixtures) are less than effective, and cheaper in supermarkets.

However the policy lumps together cheap, effective drugs such paracetamol, with useless ones such as cough medicines, and potentially less safe ones such as coproximol, which has not been available over the counter since 2005 but is often prescribed.

The vast majority of prescriptions are dispensed free of charge – for over-60s, children and under 18s in full time education, for pregnant women till a year after birth, for those on benefits and low income, and a few chronic medical conditions.

Thus, while at £8.60 per item it makes no sense for those who pay for prescriptions to get paracetamol or other low cost drugs that way, the large majority who don't now pay for key items such as paracetamol would be compelled to pay.

This heavily discriminates against the poor and chronic sick, who already eke out an existence on unacceptably low income, and for whom all extra costs are a burden.

The knock-on impact is likely to be more problems for GPs and prescribers, with the risk that they are tempted instead to prescribe stronger medicines, especially if patients begin to insist on prescription only meds when they see the doctor.

Stronger alternatives are more toxic and dearer. Some are also unsuitable for older people seeking pain relief for arthritis and other chronic conditions (such as opioids codeine tramadol etc.) and combinations, which can lead to common side effects including confusion, constipation and belly ache, breathing suppression and dependency.

Other types of stronger painkillers such as naproxen, diclofenac or ibuprofen also have common side effects including ulcers, dyspepsia, bowel bleeding, raised blood pressure and risk of heart and kidney problems.

However among the products also lumped in with the NHS England hit list is prescription of gluten free food for those diagnosed with coeliac disease.

Gluten free food is expensive for those who need it, and gluten does long term damage if those who are intolerant consume it. Just because a lot of other people feel gluten doesn't suit them does not give an excuse to remove free scrips from coeliacs.

Safe clinical care means not prescribing ineffective items – not removing effective ones.

Private sector gets biggest slice of extra cash

A new report by The Health Foundation (***A year of Plenty?***) looks in detail at what happened to NHS budgets in 2015/16, and warns that private providers are growing at the expense of NHS trusts.

As a result, with an increased proportion of beds taken up with emergency cases that offer a very limited margin, and more of the profitable elective services going to private hospitals, the NHS is being forced into becoming an emergency only service.

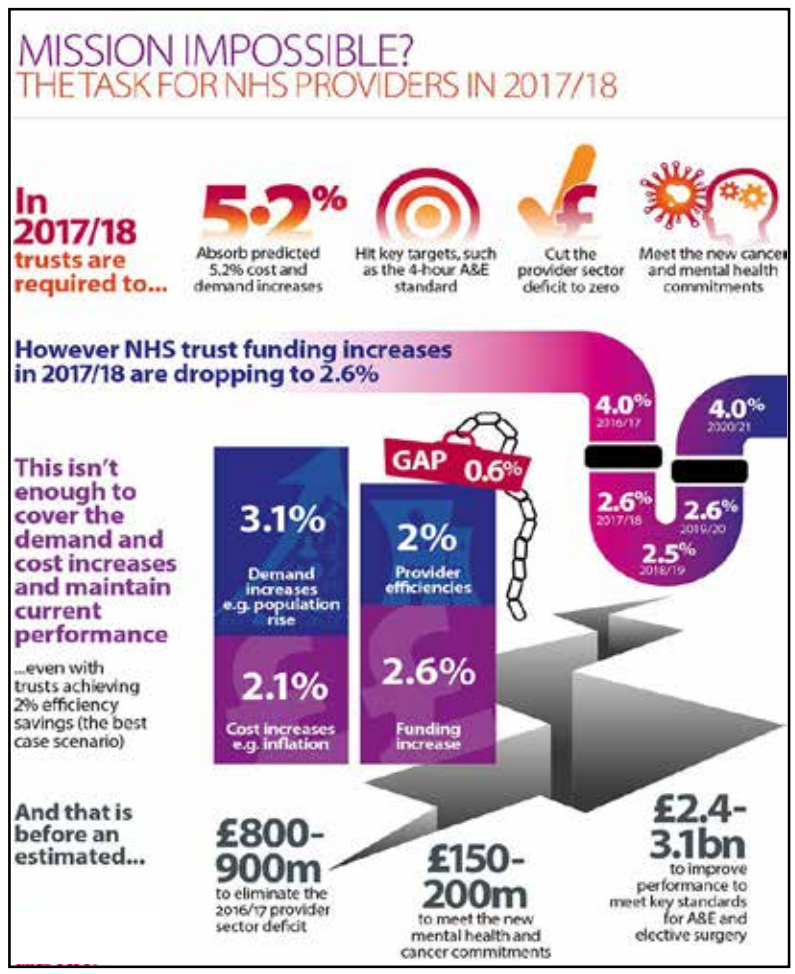
"NHS providers received just £650m of the £2bn of extra funding for commissioners. This was less than the £900m of additional funding that went to pay for care provided by non-NHS bodies."

In addition to this, NHS trusts and foundations themselves also found themselves reliant on using private sector beds in order to avoid falling further behind on elective treatment targets and facing cash penalties:

"Between 2014/15 and 2015/16, spending by NHS trusts on non-NHS providers increased by 18.0% from £810m to £960m."

"Non-NHS bodies providing care include Independent Sector Providers (ISPs), local authorities and the voluntary sector.

"In 2015/16, the majority of spending by commissioners on non-NHS providers went to ISPs (71.3%)."



STPs like Leicestershire build on and take forward cuts and reconfiguration plans that have been mooted for years: STPs are designed to make it easier to override local objections – and accountability.

Facing STP or other NHS cuts?

Pile on the pressure!

Local authorities ought to be the soft underbelly for those looking to challenge cutbacks, downgrading and loss of local access in the 44 Sustainability and Transformation Plans, drafts of which were finally published in December.

While CCGs and trust boards are largely appointed bodies (with CCG leaders elected by those local GPs who bother to involve themselves with the business of commissioning services, and some foundation trust non-executives elected by "members"), every STP is supposed to be developed in collaboration with the relevant county councils, boroughs and unitary councils which run social care.

They are elected every three years, and the wards they represent are much smaller than parliamentary constituencies, with smaller numbers voting in elections: a well-based local campaign should be able to secure the attention of the local councillor, and in many cases pressure can force them to speak out against local NHS cuts and closures – for which in any case their local authority is not formally responsible.

Push enough councillors, and it's possible to put pressure on council leaders, and for leaders where necessary to put pressure on the unelected chief executives and officers who have often been drawn into discussing local STPs, leaving councillors in the dark.

Councils also have residual powers of scrutiny over local changes in health care, and Health and Wellbeing Boards which can be used as ways of challenging unacceptable local plans.

At the end of last year it looked as if a growing number of councils were beginning to resist the pressure to sign up for plans which offer councils a distant promise of peanuts in the future in exchange for agreeing to cuts and downgrades in the here and now, and leaving councils firmly saddled with the responsibility for a growing social care "cash gap."

According to a petition circulated by 38 Degrees "At least 26 Councils oppose their 'footprint' STP."

That may have been true at the high point last November, when David Mowatt MP - Under Secretary of State for Community Health and Care, under pressure, said:

"STPs should be regarded as incomplete and should not go ahead if councils believe they have been marginalised."

Mowatt was the only minister to make any such statement, and there has never been much to prove he meant what he said or that it carried any weight with NHS England or Jeremy Hunt.

NHS England has been looking for ways to give greater powers to new "leads" in each STP to override local CCGs – despite the fact that existing legislation means they are the legal entities with statutory responsibility for commissioning health services, and the STPs have no legal standing at all.

Gloucestershire campaigners getting stuck in to the fight against cuts

Many of the STP plans themselves are very obviously incomplete, shoddy documents, lacking any financial details, any actual plan for implementation, any realistic plan to ensure adequate staffing, or any evidence many of their core assumptions are key proposals can actually deliver.

Nonetheless, for whatever reasons, sadly a number of the councils that at first took a stand, complaining they had not been properly involved, have been dragged back into collaboration with their local STPs, including Warrington in David Mowatt's own constituency, as well as St Helens, and West Cheshire.

It's a one-sided process, in which the councils give a spurious credibility to the STPs, but get nothing back: not one of the 44 plans – even the few that have been nominally led by local government bureaucrats – has any serious proposals to help address the social care cash gap: all of them are first foremost and finally about solving NHS problems with a fig-leaf of political cover from gullible or conniving councillors.

The petitioning needs to be targeted at councillors and council leaders of all parties as well as local MPs.

Campaigners need to raise the volume, pile on the pressure and make life miserable for any elected politician who wants to endorse plans that reduce local access to services and ignore the local needs of the communities in their electorate.

If we do this hard enough and strong enough we can make many councils and MPs listen. We need to challenge comfy rural Tories, complacent urban Labour councillors and all those who just want a quiet life.

We have a right to make a noise: we have a right to demand those elected to public office serve the local public. It's Our NHS!

Brexit and bursary axe threaten nurse staffing

Christina McAnea, Head of Health UNISON

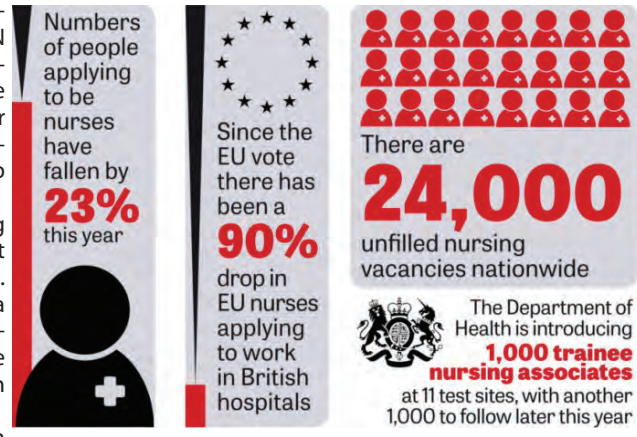
There is much concern that the government's approach to Brexit will have a serious impact on an already over stretched NHS workforce. There has already been a 90% drop in the number of EU nurses applying to be registered with the NMC, since the referendum. Taken with the 23% fall in the number of students applying for nursing courses, following the removal of student bursaries, it's not difficult to foresee a nursing shortage problem turning into a crisis.

At the same time we see the development of nurse associate roles which has caused some alarm bells to ring about how they will be employed, and more importantly deployed.

For some people the nursing associate initiative is seen as a dangerous experiment, while the government present the removal of the bursary as the solution to the perennial problem of workforce planning.

UNISON believes that although both are experiments, nursing associates are at least being piloted, with an independent evaluation, a national curriculum framework and the prospect of minimum competence standards set by the Nursing and Midwifery Council.

This has allowed UNISON and other unions to secure agreement for a consistent approach to job descriptions, pay banding and support for trainees. It gives us a chance to ensure the role develops with consistency and definition that roles like assistant practitioner have never had.



In the past most nursing support roles have been created ad hoc, with little standardisation in their design, training and education requirements or continued development. As a result, we have an overabundance of job titles, uncertainty around schemes of delegation, varying pay bands for the same types of work and a glass ceiling for many dedicated support staff.

The big risk with nursing associate development is that they'll be used as substitutes for nurses. Nursing shortages will only be exacerbated by Brexit, the worsening economic outlook and changes to student funding. Employers are bound to try to fill the gaps with nursing associates.

On the other hand, the removal of the student bursary really is a reckless experiment, a leap into the unknown. The prospect of over £50,000 of debt and increasingly uncompetitive pay for graduating nurses will prove a major deterrent for those thinking of nursing as a career.

The reality of removing the bursary is that many working in the NHS who would have applied to study nursing can't afford to give up their job, and incur such massive debt. For them, the work-based nursing associate training could be an attractive alternative, allowing them to qualify as a nursing associate and then do a further 18 months' study to become a nurse, while continuing to be employed.

UNISON will campaign, lobby and negotiate to ensure that the nursing associate role offers genuine role enhancement, skills development and career opportunities and does not become an opportunity to exploit dedicated care support staff.

Alongside this we are continuing our campaign to reinstate the bursary – indeed rather than cutting this, UNISON believes student nurses and midwives should actually be paid a wage for the work they do on clinical placements.

And we are members of the Cavendish Coalition which is bringing together trade unions, professional bodies, employers and providers in health and social care to argue for an unequivocal right to remain for EU nationals.

We need to end the uncertainty for existing EU nationals working here and continue to make the UK an attractive option for healthcare professionals.

ACOs: Accountable to whom?

GREG DROPKIN gets the discussion started on what NHS bosses mean when they propose "Accountable Care Organisations" – as they do in 32 of the 44 STPs.

What do you think?

"Accountable Care Organisations" are mentioned 18 times in the Cheshire & Merseyside STP with no details or background. Massive reorganisation plans are now surfacing in Warrington, St Helens, and West Cheshire. Notorious management consultants PwC, who helped write the STP itself, are guiding developments.

Accountable Care is a concept from the US health insurance market. NHS England boss Simon Stevens' former employer UnitedHealth has US contracts with more than 800 ACOs, and has just launched a national accountable care organization, NexusACO.

In an ACO, firms take responsibility for providing care for a given population for a defined period under a contract with a commissioner.

ACOs use market-based mechanisms to lower costs whilst achieving pre-agreed quality outcomes. They 'align incentives' between providers and commissioners, sharing any savings between hospitals, doctors and commissioners.

One model uses 'capitated' payments to providers for all or most of the care that their patients may require over a contract period, adjusted for severity of illness, and regardless of how many services are offered.

Clearly, it is open to offer only as much care as required by the contract.

Care may not be comprehensive, and patients may be only those registered with specified GPs.

One model, the Multispeciality Community Provider, is based on primary care and prevention in localities, using risk stratification to identify patients at risk of hospitalisation.

All ACO plans simply accept the massive NHS funding cuts. They assume that pooling NHS and local authority resources, and expanding new models of care in the community, will justify cutting hospital budgets.

The National Audit Office and the Nuffield Trust have recently demolished those assumptions.

Warrington

Warrington has agreed to pool CCG and local authority health and social care budgets, and are "determined to move away from a national tariff-based payment system to a defined capitated budget."

The ACO Board will be established by 1 April with an independent chair, and comprise:

Warrington Borough Council
Warrington CCG
Warrington and Halton Hospitals Foundation Trust
Bridgewater Community Health FT
Five Boroughs Partnership FT
Warrington GP representatives.

Board tasks include designing:

- Shared accountability and risk share.
- Pooled/aligned budget arrangements.
- Arrangements for commissioning/contracting from the ACO to the health and care market.

Options for the eventual ACO structure include Corporate Joint Venture and (full) merger of partners.

St Helens

St Helens is setting up an "Accountable Care Management System" (ACMS) with the CCG, health providers and St Helens Council.

In April 2018 it intends to transfer these services to the ACMS: Adult Social Services, Children's Social Services (excluding Youth Justice), Public Health, Community health services, Adult Care Services (excluding maternity), Primary Care, Mental Health Services, Community Safety Services, Community fire safety, Mental health street triage, Victim support services, Probation services, Ambulance.

Others may transfer later, excluding only Youth Justice, Community fire protection, and Road safety.

The ACMS may compete for tenders as a collective, and / or issue tenders and procure services from others.

Private sector

PwC are involved in ACO plans in Tameside, Wigan, Manchester City, Oldham, Cheshire, St Helens, Hounslow and Richmond, Northumbria, Mid-Nottinghamshire, and Croydon.

Northumbria, intended as the first UK ACO, has been postponed indefinitely as the CCG is £41m in deficit.

West Cheshire CCG appointed PwC to undertake an initial 'due diligence' phase.

In St Helens, the Project Management Office is supported by PwC with input into Governance, IT, Business Intelligence, Communications and Engagement. PwC staff give specialist advice.

The St Helens ACO plans are developing under a People's Board, including a group managing former council housing, and a privatised probation service 75% owned by Interserve, a facilities management company with PFI and other health service contracts.

The private sector is funding the Newcastle Ways to Wellness programme through a Social Investment Bond which includes £1.65m from Bridges Social Sector Funds. Bridges Fund Management describes itself as "Capital that makes a difference".

The End Game

The implications for wages, terms and conditions of NHS staff when employers merge across care sectors under PwC guidance, with local structures which will threaten national agreements, are immediate.

Looking further ahead, no private company is big enough to buy the whole NHS. But once the STP plans are implemented and ACOs are established across England, health transnationals will see discrete local systems with budgets of £1bn or less, with structures compatible with the US health insurance market. They could be bought and sold.

Theresa May insists that the NHS will remain free at the point of use.

She does not mean a comprehensive, universal service, with treatment according to clinical need, publicly provided, publicly accountable, funded out of general taxation. That's what we're fighting for.

■ A fuller version of this edited report is available at ***www.healthcampaignstogether.com.*** Comments are welcome:, and the best will be published in the next (July) issue. Send comments up to 400 words to us at ***stpwatch@gmail.com***.

Exposing the private sector

Part of St Martin's Hospital, Bath, now private housing

St Martin's Hospital houses the headquarters of Bath Clinical Commissioning Group (CCG) and, up to 2016, Sirona Care, a social enterprise which took over most of Bath Social Services in 2011.

In November 2016, in spite of strong local opposition, Virgin Care was chosen over a consortium led by Sirona for a £700 million contract for social services and most non-hospital health services.

This is the first time core adult social work services will be run for profit.

The procurement cost over £1m. Campaigners pointed out the serious lack of detail in Virgin's bid and 'incredible' financial claims.

Virgin Care was criticised by the Care Quality Commission in 2013 for using un-trained receptionists to assess patients' needs. Bath health chiefs said: "We have not been notified of those concerns."

Although it has contracts worth over £1 billion since 2010, Virgin has paid no tax. Its parent company is based in the British Virgin Islands, which is a tax haven.

Under government plans, more buildings like this are likely to be sold for luxury housing. As a result of the Virgin Care takeover more of the St Martins hospital site is likely to be sold off for private housing'

Serco ended its GP Out-of-Hours contract in Cornwall early after falsifying data and delivering a 'short-staffed and substandard service'.

In Suffolk Serco announced 137 health job cuts, and failed to meet 3 Key Performance Indicators, withdrawing from the contract in September 2015 as 'unprofitable'.

In a joint venture it overcharged the NHS millions for pathology services.

Serco has many contracts across Government.

It is currently being investigated by the Serious Fraud Office over concerns of overcharging millions for electronic tagging by charging for

Serco Corporate HQ, Palm Court, Richmond overlooking the river

prisoners who were either in prison or dead.

There have been repeated investigations into claims of sexual and verbal abuse by staff at Serco-run Yarl's Wood immigration removal centre.

Every photo tells a story

Marion Macalpine's PHOTOGRAPHIC EXHIBITION 'How Come We Didn't Know?' includes 24 photographs and brief information highlighting some of the major corporations involved in privatisation of the NHS.

The exhibition explores the diverse forms that privatisation takes, including: * PFI contracts; * private health companies masquerading as NHS, including many GP clinics and diagnostic centres; * private hospitals which cherry-pick 'low risk' patients; * lucrative contracts for highly specialist treatment; * healthcare corporations with a history of fraud or tax avoidance; * scandalously poor care practice that is no barrier to winning new contracts; * private corporations driving government policy; * STPs; * and now privatisation of Social Services, with Virgin taking over in Bath and NE Somerset.

It has been shown at a wide range of venues across the country, from Liverpool to Southampton.

Some examples of feedback from viewers:

"The information was overwhelming and shocking. It should be in the news every day, but I can imagine why it is not. I am glad I came to the exhibition."

"This is a brilliant exhibition, terrifying and incredible because it is so direct, easy to take in and understand the huge implications for all of us."

"An excellent presentation that make key points so well. Few people know the extent to which PFI and privatisation is stripping funds from patient care."

■ The exhibition is available from Hackney KONP to borrow to help with your campaign. Contact ***marion.macalpine@gmail.com***

It's Our NHS demo March 4

It was a fantastic day, a fine, sunny day after weeks of gloom, and a march much bigger than any of us had expected.

The police, not known for exaggerating the numbers on protest marches, told us there were 250,000, and the figure was widely used in news reports. But the precise numbers don't matter – it was huge by comparison with any previous march specifically on the NHS.

People converged on London from all corners of England – from Carlisle to the Isle of Wight, from Ipswich to Penzance (many of them in the fleets of coaches generously funded by local and national trade union bodies), from the Midlands, the South Coast and the North East. There were even contingents from Northern Ireland and Scotland.

The police were few and far between, good natured and supportive: as drums beat out a rhythm and bands played, the mood was confident as the march surged through busy streets, crossing London's theatre land.

One enthused theatre-goer, a health worker, joined the march for several blocks holding the end of the Health Campaigns Together banner before rejoining her bemused family at the theatre door.

The march also went through tourist traps like Trafalgar Square and Whitehall, gathering support, culminating in Parliament Square.

Shouts of 'Whose NHS?' were loudly followed by louder shouts of 'Our NHS!' as the lively march gained hundreds or thousands of supporters on the way to the Square, by which point many, footsore, hungry and weary melted away for refreshment, but still leaving a full crowd to hear national speakers including Unite leader Len McCluskey, junior doctors, civil service union (PCS) leader Mark Serwotka, who recently had his life saved by a heart transplant, as well as some of the march organisers.

If you were there, you will have enjoyed it. If you were not, you missed a good day out and a little bit of history, but you are not too late to help us make more important progress in building a movement to defend the NHS.

Stefano Cagnoni/reportdigital.co.uk

A historic step forward

March 4 2017 in London was a major qualitative step forward for campaigning in defence of the NHS.

After 20 years in which problems stopped us building any national coordination of the increasing range of local and campaigns, we have managed to pick a moment when concerns over cuts and the looming threat of privatisation had been highlighted by the most severe winter beds crisis for years and weeks of national and local press headlines.

For 20 years campaigners have struggled to secure trade union support for initiatives, finding themselves unfairly branded and disregarded by some union leaders who viewed them as small-scale or splinter movements, hollow 'fronts' for far-left activists, or simply not relevant to trade union concerns.

Hammersmith council leader Steve Cowan spoke strongly on fighting cuts

This time, having issued the call for the march not only against cuts, privatisation but also demanding an end to pay restraint on NHS staff, and working with the People's Assembly, Health Campaigns Together managed to overcome many of these problems.

The concerns of union members as citizens facing the threat to their NHS coincided with concerns of health workers for their jobs, pay and conditions as employers seek savings by cutting staff, increasing workload, downbanding or deskilling.

As a result we were able to enlist support of all the main TUC health unions, plus the BMA, with well over a dozen national unions signing up in support, with several – notably Unite, NUT, PCS and RMT – also giving us generous financial and practical support. Many more local and regional union bodies generously subsidised travel costs from towns and cities to maximise attendance.

The Labour Party remains a tougher nut to crack, but there were many Labour Party banners on the march and we did secure statements of support and platform speeches from Jeremy Corbyn and John McDonnell.

In addition Hammersmith & Fulham council leader Steve Cowan, speaking in Tavistock Square, gave hope of building more resistance in local government to the relentless attacks on health and social care inflicted by Theresa May's government.

Let them (health workers in local hospitals, health centres and GP surgeries) eat cake!

July 1-5 week of action to celebrate and defend the NHS

In terms of national coordination, Health Campaigns Together, along with the People's Assembly, supports calls for a week of events and action in every area to coincide with the NHS 69th Birthday on July 5 and starting with key events on the 1st July.

Local action along these lines could include:

- Picnics and parties to celebrate the NHS and its values, where possible seeking endorsement and involvement of councils, MPs and local community organisations
- Celebrations outside (or where possible with trade union support inside) local hospitals, serving birthday cake to staff, especially those threatened with possible downgrade, loss of beds or closure, and sharing information on local plans.

During the summer and autumn, HCT will concentrate on:

- building regional and locally-based campaigning networks, and regional conferences – for example in the South West, East of England, North West and Midlands –
- and a major national conference in London on Saving Our NHS to take place in the autumn after the main party conferences.
- We also want to build on the support for the March 4 Demonstration from over a dozen national trade unions, and the many local TUCs and trade union bodies that mobilised so strongly and made a big turn-out possible.
- We invite all of the supporting organisations to affiliate to HCT and work with us locally and nationally on future events.

Get more details – and register your local event – at ***www.ournhs.info***, or via the HCT website: ***www.healthcampaignstogether.com***

Turn up the heat on MPs

Our task is to turn up the heat on local politicians of all parties wherever the NHS is under threat – and that means everywhere in England.

Build or strengthen LOCAL campaigning on the NHS in every town and city and build networks in rural areas fighting cutbacks in services.

Depending on the situation in each area, this may mean:

- organising city-wide, STP-wide or regional CONFERENCES to develop more detailed understanding of the key issues in each area, reaching out to community organisations, faith groups, and any organisations with substantial local support.
- And/or building networks of neighbourhood-based organisations, united in opposition to cuts and privatisation.
- We also need to organise systematic lobbying of local CCGs councils, HWBs, Scrutiny Committees, and trust boards.
- Lobbying MPs' surgeries and other local political events, especially where local elections and by-elections take place.
- Local comedy or cultural events, fundraisers, festivals etc working with local musicians, comedians and others.
- Local stunts, photo opportunities, press releases, coordinated letters to local newspapers and news media, briefing local and national journalists to secure improved reporting (see page 9).
- Resources, advice and support for new groups available from us at ***www.healthcampaignstogether.com***

People came in coaches, special trains, cars, bikes and on foot: and converged on London, with one message: It's OUR NHS,

March 4: 250,000 say

It's OUR NHS!

March 4 was great, but what should we do nex

HOW TO ... organise neighbourl

VAL KNIGHT tells how they got going with local groups in Sussex

I first went along to Sussex Defend the NHS's monthly meetings about three years ago. Every month we looked at more and more evidence that the NHS was being privatised, piece by piece, secretly!

We constructed "difficult questions" to present to the CCG and HWB and our MP. We attended the public part of their meetings and presented our questions and two things became clear:

1) we would never get straight answers.

2) the members of the CCG / HWB and most professional health workers did not really understand what was happening themselves!

After a few months I realized that 40 of us meeting monthly and harassing the CCG/HWB, plus two leafleting stalls per month, was not going to cut it!

We needed millions of people to rise up angrily against what was happening. But most people had no way of knowing what was happening! How could 30-40 of us get the message to 350,000 people in greater Brighton?

Then I had three conversations in quick succession that suggested a possible solution. Acquaintance, to whom I was talking about the NHS changes: "I believe you, but I can't bear to think about it, it's just too scary and too big! What can just a few people do?"

To my politically aware daughter: "Why don't you come to the NHS meeting with me tonight, you need to know what is happening."

Reply: "Mum, by the time I have dealt with the kids, I don't even get to eat till nine o'clock at night and the baby wakes me up, and I cannot face bussing into town and not getting home till ten at night."

BUT she did go to a Mum's group meeting at the end of her road a few days later!

And finally, after a very well attended public meeting held by Defend the NHS, I was contacted by a woman who said: "I am so incensed by what I heard at your meeting that I have written a letter to my neighbours, telling them what is happening, please would you fact check before I deliver it?"

And a light bulb lit up!!

To get the maximum number of people involved and informed a campaign needs to be a positive message of what can be achieved – not just piles of terrifying facts.

It needs to be local:

• because people are more likely to walk down the road and come with a friend or neighbour, than bus around town probably on their own

• because changing your neighbourhood is more achievable than changing the world (and helps you get to know people in your community)

• because it feels tolerable - delivering just five leaflets to neighbours is OK if that is all you can do – ANY help is achieving more than doing nothing. We always stress this.

Just prior to this I thought that if we had a highly visible poster that people could put in their window to show support for the NHS – a symbol of the growing unrest about the changes to the NHS - this might also get conversations going and create a network.

So we designed one, with information on the back (attached), and 25 people delivered 10,000 across Brighton. Everyone in Brighton has now seen them!

To start the first Neighbourhood Group, as they are now known, we chose the area with the highest NHS poster display response. We wrote a "Dear Blue poster displayer" letter asking if those people would help us start a group in their local streets, by delivering 500 "Dear neighbour" letters offering a meeting at a local venue. 5 people stepped up and delivered, and we got ten attendees at the first meeting and 3 apologies.

Those people were gold dust and have helped grow the group, so within 6 months we have about 20 -30 active supporters and another 50 locals who want to be kept informed and will help occasionally.

We discussed what we could do and came up with:

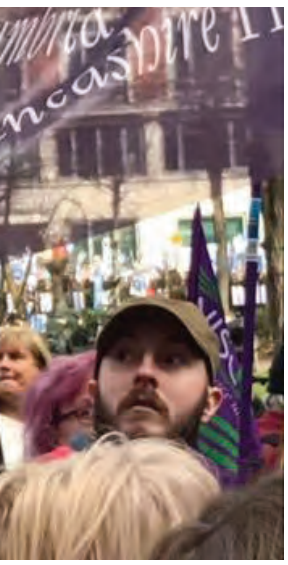
• talk to our neighbours and friends about the NHS

• blue poster delivery door to door locally, talking to those who are willing to talk/deliver information leaflets to those who are out

• do regular local stalls giving out leaflets and more posters

• send out digital information to people who sign up at stalls – they are

and we demand a halt to cuts, closures, privatisation and frozen pay. To win, we need to reach even deeper and wider.



xt? GO LOCAL, say Sussex campaigners

hood groups to defend the NHS

encouraged to send this info out far and wide

• show films such as "Spirit of 45" about the NHS (Ken Loach) and "Sicko" about the American Health system by (Michael Moore). A local cinema manager in one group has shown one of the films, followed by our speakers and Q&A.

• join existing community events and give out leaflets, talk to people

• offer to talk to local parent groups/ residents associations/ church groups

• offer local meetings with speakers who explain what is happening to the NHS

• leaflet outside local sixth form and higher education colleges

• a GP group has formed in one area of mainly retired GPs who are trying to activate GPs!

• and anything else that a member of a Neighbourhood group comes up with – ownership is very important!

Since then we have set up four more neighbourhood groups all of which are operating in similar ways.

At our last public meeting we put out sign-up sheets for various Neighbourhood areas around town and now have so many groups waiting to start up that we can hardly keep up!!

We believe that this is the way to move towards a mass rebellion against privatisation of the NHS.

So here we go……

1. Identify up to 20 areas within your area. Try to choose a cross- section of demographics

2. If you have not NHS Blue Postered your area you could start with a well publicised public meeting and put out Email sign- up sheets for the local areas identified you have.

3. Ask the sign ups to suggest a free (or cheap) venue in their immediate locality for the first meeting. We have always managed to find one, especially if the venue supports our cause! (Good to involve people's local knowledge immediately)

4. Choose a date – Mondays to Thursdays work best and 8.00-ish for start so people can get home from work, eat, put kids to bed and WALK to meeting.

Create your Dear Neighbour Letter with date time and venue of meeting and first names of a couple of people as signatories – personal touch is more effective.

Ask the people who sign up in each area to deliver 500 "Dear Neighbour" letters to 5-6 streets in their Neighbourhood. Always start small – it is more likely to happen and get support if each person does not need to deliver

Local organising is vital in rural areas like Devon where Red Tide has fought cuts

more than 100 leaflets (half an hour). Deliver during evenings or Sunday pm as people are less likely to scoop up letter with piles of junk mail and stick it in recycling!!

Laminate blue posters and put three or four up in each of your Dear Neighbour streets, with meeting details attached to top or bottom. These posters reinforce and remind people and may get round the letters ending up unread in the recycling!!!

DO NOT BE DOWNHEARTED IF YOU ONLY GET A HANDFUL OF RESPONSES – it will grow!!

10. Have material ready that offers people a clear narrative of what is happening to the NHS which you can send digitally to every person who attends, enquires or sends apologies.

Use this for a half hour/forty five minute introduction to meeting and tell them you will send it out with minutes after the meeting so they don't have to remember everything that is said or make notes.

They can then be asked to send this out on every social network they belong to, to inform more people! After speaker, allow 20 mins for questions and clarification: THIS IS THE IMPORTANT BIT

We are not here to bemoan all this, we are here because we want to get information to all our neighbours and build up serious resistance.

So the last hour of the meeting is all about devising manageable ways of doing this within our immediate neighbourhood. See list above- not exhaustive!!

This strategy builds good neighbourhood links and allows people to send material out far and wide.

We have a target for everyone to bring another recruit with them to the next meeting!

We have come across people with invaluable skills and contacts which have helped us.

ALWAYS respond to any contact as soon as possible and in a reasonably personal manner.

■ More information including sample letters can be found on our website: ***www healthcampaignstogether.com.***

NHS NOT FOR SALE

Keep our NHS public

Manchester action conference 25 March

Hugh Caffrey

Greater Manchester KONP (GMKONP) helped organise a very successful action conference for Health Campaigns Together in Manchester on 25th March, which drew over 40. The meeting decided on the following points for immediate action and/or discussion:

Demonstrations / lobbying:

Agreed to mobilise for the Leeds demonstration, Saturday 1st April. Suggested a Greater Manchester event. Health Campaigns Together is proposing a week of action on/ around the NHS's birthday 5th July.
Agreed to do something locally. Action at neighbourhood level: prepare a poster of facts which also says `if you support this – put it in your front window'. You can see by walking around what level of support you have and revisit people with posters on display.
We need to split the Tories. Junior health minister David Mowat is MP for Warrington South which is a marginal constituency, we should consider what action should be taken.

Trade Unions:

Highlight the Unison Ethical Care Charter which has the improvement of social care at its heart.
Promote healthworkers coming together with social care workers, via "Health Workers Together" network.
Promote joining a trade union. Get trade union branches affiliated to GM KONP.
Local BMA has been rejuvenated: they will build on the links made and consolidate what was achieved last year.

Information:

We have more leaflets, Health Campaigns Together newspaper, etc all available for campaigners.
Local design expertise is available.
Preparation of a `dossier` about the 10 Boroughs. The `dossier` can be collated and distributed as leaflets.
New leaflet summarising the GM STP/ locality plan cutbacks.

Organisation:

GMKONP will continue to help coordinate and link up local campaigns.
Organisations need to affilliate to Health Campaigns Together: the HCT AGM is in London on Saturday 22nd April. To attend you need to have affiliated.
Social media paid-for adverts were suggested.

Policy:

We know what we are campaigning **against** and we are reaching the point where we need to think what we are campaigning **for** e.g. to be more radical, support free social care.
We need loads more psychiatric provision, community services are short of staff: be radical, agitate for e.g. free social care and free prescriptions.
Manchester Mental Health Unison branch are working on a charter.
We need to say what a good mental health service would look like, this needs to be developed.
Counteract the allegations about non-UK people using the NHS in the context of Brexit and nationalism.
Dignity for social care workers and their clients.

Accountable Care Organisations:

We need to inform ourselves about Accountable Care Organisations: we will then circulate information.
We need a national briefing for unions.
Are ACOs happening in Greater Manchester?
CCGs are employed by the NHS, but the Local Authority is not and can say 'this is rubbish`.
Medics and nurses are also in a very strong position – they are **irreplaceable** and in a relative position of **power**: they can say 'this is not working` . They have the potential for action.
We need to go to our CCG meetings, and Health and Wellbeing Boards: set this up in your area, know what is going on, discuss, bombard people with information in demonstrations/ disruptions.

- Manchester KONP: ***konpmcr@hotmail.com***

Reports from groups around the

Pushing beds to save beds: united action in Derby

Peter Robinson

The STP plan for Derbyshire is called "joined up care". It talks about making £219 million cuts, sorry savings, across the county but is not very clear about the specifics. However it makes great play upon the how paying more attention to social care and peripheral services will alleviate pressure, and therefore makes grandiose promises about saving 535 hospital beds across the county, over the next few years.

Derby is blessed with the newly built Royal Derby Hospital, where whole wards are threatened, as are some of the community hospitals in the county.

While the other campaigns in Derbyshire are concentrating on those community hospitals, SOS NHS Derby chose the threat to the 535 hospital beds, much to the annoyance of the STP proponents, who say these saving will only come about as a result of lessening the pressure. We say that even promoting this 'vision' acts as a smoke screen to the real impending threats.

Hence we organised a cross county petition through 38 Degrees (important because they can email all the signees through the 38 Degrees interface) and, subsequently, a bed-push and rally in Derby on Saturday March the 25th. We bought the bed on eBay, couldn't fit wheels, and eventually carried it for more than 2 miles with the aid of supporting poles.

It turned out to be a great publicity aid, highly recommended. We also arranged for printed balloons, doctors' and nurses' costumes and invited people to come dressed up. There were activities for children, and cupcakes as well.

An estimated 60 people joined the bed push and at the rally we had more than 100 people at any one time. We were able to include a spectacular Bhangra dance crew (at some cost but well worth it) and also two singer dancers from a local rock-pop group.

We hit the local BBC TV, the press and the radio. The support from the Derby Unite Community branch has been a catalyst but at the end of the day our success, so far, has been reliant upon our capacity to involve all sorts of people. We still have a long way to go.

Keith Venables, Convenor, Derbyshire Save Our NHS:

"In Derbyshire Footprint we said 'How can we get the message across that the Health Plan will mean cuts all over the county to hundreds of thousands of people? Can we get the CCGs to change their minds, and get councillors and MPs on board? Who are our allies – in the community, in workplaces, in trade unions, in civil society?'

"So, all the campaigns in Derbyshire are working together – whether it's with bed pushes, protests outside and inside CCGs, politicians surgeries, Health and Wellbeing and Scrutiny Boards – to challenge all health decision-makers and support all health staff.

"Ultimately, we are building a movement to say 'Teresa May, it's time for a U-turn – stop messingwith Our NHS and fund it properly'."

- Derby SOS NHS: ***marcus.james2@ntlworld.com***

Fighting cuts i

The fight continues in Oxfordshire. KONP here are opposing Oxford CCG's 'Oxford Transformation Programme' (OTP), its STP, which would see a catastrophic closure of 194 acute beds and downgrading the Horton Hospital in Banbury, to put Healthcare 'nearer to home'.

Oxfordshire KONP are maintaining pressure on the Clinical Commissioning Group, Trusts, HOSC and the Local Authority (who have declared themselves as 'consultees'), with lobbies, interventions and written questions. The HOSC has referred the downgrading of the Maternity unit in Banbury and the closure of the Deer Park medical centre in Witney to the Secretary of State; and the Banbury closure has been passed to the Independent Reconfiguration Panel for decision.

Dr Ken Williamson, Chair, Oxfordshire Keep Our NHS Public:

"We are working with Community Hospital campaigns in the county and have just made contact with the Save Our Hospitals campaign (fighting the loss of 20 community beds in Thame and Marlow).

"We are having to wait for phase 2 of the consultation until June or later which will include crisis ridden GP, community and social care integration with shrunken acute services. There are two suggestions currently: that social care will become the responsibility of the NHS; and that Simon Stevens will seek powers to force through such changes while still cutting £30 billion from the NHS!

"At the full, Tory dominated, Oxfordshire County Council (OCC) meeting on 21st March, two resolutions were passed.

"The first, in response to phase 1 of OCCG's consultation on the OTP,

Newcastle d

KONP North-East – a group recently 'rejuve
NHS rally on 4 February in Newcastle, which
Whalley said: "This clearlly reflects the very
- KONP North-East: ***drhelengroom@hot***

country

in Oxfordshire

resolved 'on balance not to support the proposals based on lack of information on the impact on council services and that of the public'. Many Tories wanted stronger wording, eg 'strongly object to'.

The second, on an amended Labour motion, resolved 'to explore a process to create a directly employed workforce (of carers) with training, CPD, fair pay and conditions of service at its core'; this passed unanimously.

"These were taken following addresses by myself and KONP Oxford member Larry Sanders, in which we made the point that STP Footprints are designed to DEFUND the NHS by a further £30 billion (20% of revenue) and add destaffing and a total lack of workforce planning.

"The Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP has the task of removing £600 million. The OTP demonstrates the priority attached to protecting the interests of the largest and most powerful NHS trust – OUHT – with a masterplan that would effectively make it into some kind of super-trust, while marginalising the rest of the NHS in Oxfordshire.

The plans will place an additional 30% reliance on GPs, community services and social care, all of which are in crisis.

"Cynically, on March 3rd, Simon Stevens instructed that there should be no bed closures until alternatives are put in place. Those alternatives do not exist in Oxfordshire, are not being consulted on until phase 2 starts in June or later and will not exist, for a prolonged period, without major funding, planned recruitment and training."

- KONP Oxfordshire: ***bmackeith@gmail.com***

emo success

nated' – helped organise this popular
made regional news. Co-ordinator John
high level of concern in the North-East".
mail.com

Extra, extra? DON'T blame the media... at least not for everything

Alan Taman, Assistant Editor

Close to a quarter of a million people – ten Wembley stadia's worth, to reflect the 'football pitch' unit of measurement used by the media* – did not make front-page news on March 4th. The biggest NHS demonstration ever did not command the lead in any paper, over any broadcast, or head the home page of any news outlet's website. Why do health campaigning messages fail to make big headlines very often? Are the media doomed to be biased against us? Deliberately conspired to be damning of us, in fact?

The problem is a complex one. It may not be headline news – but the media are not against health campaigners automatically. But there are so many other things that are.

First, how is news judged as news by journalists? This must be subjective. A lasting way of summarising what makes news is to look at news values. Weighing these up will determine how newsworthy a story is. Health has value in itself, as does the NHS. Cuts and threats to these are valuable as news. Or celebrity has value – if a celebrity is saying something or is involved, it will weigh in more heavily. Linking a new point to an existing news story again adds value, as does controversy (but that can misfire if the group is seen as 'unreliable', see below). But countering that are questions around what would the particular audience find interesting (the most obvious example is a local event which is of great interest to local people, but of little interest nationally; and what interests the reader of the *Daily Mail* as opposed to the *Guardian*?), the timing of a story (how new is it, what does it add to what is already known, and has it already been told?), and the credibility of a source.

The last point is worth stressing. Journalists have to be convinced you are believable as someone to quote or even talk to. Here health campaigns often suffer from being drawn under the same 'umbrella' as many campaigns with a broad left (or what is perceived as left leaning) set of principles. A set of assumptions can then govern how these are weighed up in the unbelievably short time a journalist usually has to frame, write then file a story. Which place campaigns if journalists are not familiar with them as 'unreliable'; 'given to emotional outbursts'; 'not backed by fact'. Yes, it is bias – but not personal, or even particularly conscious, and certainly not part of an orchestrated master conspiracy.

This is true for left values in general. The prevailing political set of beliefs – reflecting the values of those in power (a hegemony) – can make all others seem less worthy or reliable. We've had over 30 years of the current set dominating our lives. Which assume that socialist principles are a bad idea and by association anyone espousing them seems less 'trustworthy'. Journalists can be just as prone to that.

In a better news industry, they wouldn't be. Good journalism is about questioning prevailing values, about being critical, about weighing up sources even handedly. About holding the powerful to account. But that takes time, support, and an awareness that the 'status quo' is not the only reference point. Unfortunately nearly all of the media are under the influence of the same pressures to cut staff numbers and promote capitalist values as the NHS is. Or, as Andrew Marr himself said, 'It's all about the bloody shopping'.

The numbers of health correspondents, with specialist knowledge and training, has been plummeting for years – especially on local titles. The time journalists have to corroborate anything, with a few noble exceptions, has

Credit: Lee Martin / Alamy Stock Photo

The National Union of Journalists is fighting for better standards and to keep local titles

followed suit. Journalists no longer typically ground their craft in years spent on local titles, learning about the values and stories of people with vastly different backgrounds to themselves.

And public relations has a lot to answer for. The number of 'PRs' has been climbing in recent years, meaning fewer journalists with less training and with less time to question anything are being inundated with more and more PR copy: churnalism. That has a price.

It is all too easy to copy and paste the slick, seemingly well written press release rather than risk an editor's wrath by delaying and checking. A grim picture. The Department of Health has invested millions in past years on PR, though that number was reported as reducing more recently – at the same time as a list of 20 'PR agencies' were recommended to handle government communications (according to *PR Week*). Campaign groups – with little to no budget and having to battle to gain any credibility – face a tsunami of professionally honed, constantly produced PR copy proclaiming the message that all is well, the government is spending more on the NHS than ever before, and 'patient choice' really will mean we will all be better off.

The real news: hope grows

It is not hopeless. The media do not have it in for us on principle. There are gains to be made and it is worth trying.

Local news matters. Where there are still local titles, it is still often easier to gain the confidence of a local journalist about local issues than it is to catch the eye of the national press. Basing arguments on good evidence but making points with emotion are often key. The National Union of Journalists upholds the principles of good journalism and PR, and has recently run a 'Local News Matters' campaign (***https://www.nuj.org.uk/campaigns/local-news-matters-week***) trying to boost awareness of how important local news is. Health services are going to be cut locally. This is where the front-line fights will be. Local journalists should be approached and a good relationship fostered. Ask them: what do you want?

Social media matter. There are some journalists who swear they never look at a press release any more, but pick up their stories from the likes of Twitter. The influence of social media cannot be over-emphasised. But the same consideration on values applies: who would want to read the tweet or post? Could it grab someone's attention and hold it long enough to get the campaigning point across?

Reputation matters. The best way of overcoming the 'whacky leftie' label is quite simply to prove it wrong. Have the facts. But don't hold back the anger they rightly trigger. Channel it. Journalists will appreciate that. And if they don't, keep looking for one who will!

Relationships matter. A journalist is in fact a human being, albeit one with a personality flaw, according to at least two US Presidents (including the latest: pot, kettle). They will appreciate and respond to regular contact that gives them stuff they can use. Don't waste their time – but take the time to build stories for them.

Finally: bad journalism happens. Were you on or off record? Or was this complete fiction, and damaging? Every prominent health campaigner has suffered from being mis-quoted or downright misrepresented. This can be out of the reporter's control, or bad reporting. It's important to know how the outlet committing the 'error' works, and how to complain – but nearly always better go back to the reporter and ask for the chance to be reported on better next time. Hard when it hurts.

Mainstream media are a powerful way to reach people and change minds and hearts. Which is why the powerful still invest so much time and money in trying to control or own them. But there are plenty of chances to get the point across: the NHS is under threat, and people need to know.

Health Campaigns Together has recently convened a media/social media group to look at better ways for health campaigns to reach the media locally and nationally.

**Others are the double-decker bus, Nelson's column, and Wales. Getting numbers across is a challenge in itself in journalism.*

Footprint 33 says a resounding "No" to STP
Coordinate the resistance!

Sussex Defend the NHS

The 44 Sustainability and Transformation Plans (STPs) have been developed behind firmly closed doors, with no public oversight or accountability, no parliamentary mandate and no legal basis.

To cap it all NHS England recently announced plans to give unprecedented powers for STP Boards to over-ride any organisations disagreeing with the plans. Quite apart from destroying our NHS they are trampling our democracy.

Like many other regions we have no date for the proper release of this footprint's STP – still described as a "work in progress". All we know is that the "do nothing" deficit of £854 million to be cleared by 2020/21 keeps rising and NHS Improvement are crawling all over two hospitals and one ambulance trust.

Implementation

We know that many NHS managers are busying themselves in the meantime with planning the implementation of the still unpublished plans.

In Footprint 33 (Sussex and East Surrey) we started a few months ago with just 3 campaigns deciding to get together to write to the STP Board.

The contemptuous reply from its Chair – Michael Wilson – swatting our criticisms aside, outraged and inspired us. With 5 CCGs and 6 local authorities, two unitary authorities and several across the region and God knows how many NHS Trusts, we thought – what if all the groups fighting STP or remotely thinking about it came together to share ideas and strategy?

What if there were 20 or more of us signing letters and threatening action? Could we possibly get that many campaigns, groups, parties and trade unions working together?

Our last letter to the STP Board had 11 signatories. We are now up to 21 campaigns etc signed up with more getting agreement to joining – among them NHS and anti-Austerity campaigns, People's Assemblies, Trades Councils, migrant solidarity groups, Pensioner action groups, Green party groups, CLPs, and Trade Union branches.

We have representation from virtually every big town and city in the region, all in a matter of weeks.

The next stage – no time for hanging about – is a regional meeting. Alternatively, with such a big region (132 miles along the coast from Emsworth in West Sussex to Rye in Kent, 50 miles from the coast to Crawley in the North) maybe we should aim for more locally-based meetings with common agendas and speakers.

Solidarity inspires more solidarity. The"Oppose STP" genie has been let out of the bottle in our region. With much greater collective realisation of how we are all being manipulated into submission by this government we cannot see the genie disappearing back into the bottle any time soon. Whatever emerges from our campaign, it can only help the cause of defeating the STP.

ST JUST, CORNWALL: one of a series of protest events across the county in solidarity with the March 4 demonstration in London. Campaigners also gathered in Falmouth, Penzance and Truro: the county has to organise in one fight -- they only have one acute hospital trust, and every cut means a long journey.

Campaigners dent Circle contract

Louise Irvine

Last summer Greenwich CCG decided to award a £73 million 5 year MSK (musculo-skeletal) contract to private hedge fund owned company Circle Health. Circle would get the contract as prime contractor and could then subcontract back to Lewisham & Greenwich NHS Trust (currently the main MSK provider) or other providers, while taking its profit share.

This is classic cherry picking of lucrative contracts that in other areas has resulted in serious destabilisation of local NHS services. Save Lewisham Hospital Campaign and Greenwich Keep Our NHS Public launched a vigorous campaign against this.

We got advice from a similar campaign in Sussex, and co-operated with Greenwich Council Scrutiny Panel in providing arguments and evidence.

As a result the CCG was forced by the Scrutiny Panel and campaigners to commission an assessment of the impact on L&G NHS Trust. The CCG had not already done so, despite the risk of destabilisation of the Trust, the major health provider in the area. The PCW report identified significant risks to the financial stability of the Trust, as well as staffing and training issues.

Yet despite severe criticisms from the Scrutiny panel on the basis of the PWC report, strong objections by campaigners from Greenwich KONP and the Save Lewisham Hospital Campaign and a blistering attack from Clive Efford MP, Greenwich CCG decided, at its meeting on 8 March, to go ahead and award the contract to Circle.

Better terms for trust

Nevertheless these interventions meant that Circle was forced to agree to better terms for Lewisham and Greenwich Trust:

1. A break clause which will pause and, if not remedied, annul the contract – should L&GT's elective surgery activity fall by more than 14% and consultant outpatient activity fall by more than 47%.

2. L&GT will be given first option by Circle to be the provider of community MSK clinics in the five 'hubs' in Greenwich.

3. Agreements for robust and transparent contract monitoring and scrutiny from Greenwich Scrutiny panel.

While disappointed and angry at not winning our fight, we've demonstrated that there is strong and well organised local opposition to privatisation, learned important lessons for future campaigning and succeeded in reducing the potential harm to our local NHS Trust.

We will remain vigilant and continue to hold the CCG and Circle to account.

This is a partial victory and shows it's always worth fighting, even if you don't always win.

■ Full information about the campaign can be found on ***www.savelewishamhospital.com***

■ ***STOP PRESS: Circle's Board has agreed to sell off the company to Bidco, a subsidiary of London based investment firm Toscafund [no we have not heard of them either!]. Circle, which has never made a profit, but has two tiny private hospitals and a number of NHS contracts, is valued at £74m.***

Fight grows for Essex A&Es

The Mid and South Essex 'Success Regime' proclaims that with an overspend of £100 million in the local healthcare budget, projected to rise to £406 million by 2020-21, the financial situation is "unsustainable".

They claim that the implementation of their "Sustainability and Transformation Plan" (STP) over the next 5 years will save around £28 million as a result of the three hospitals in Mid and South Essex, Basildon, Broomfield and Southend " working together".

They also claim by "shifting care to community settings", they will be able to avoid spending £100 million on rising demand for hospital care. They carefully avoid using the word cuts when considering how to reduce the health budget deficit.

One of the most controversial proposals in the STP is the downgrading of two of the A&Es, Broomfield (in Chelmsford) and Southend, with Basildon the only 'red' hospital providing 24 hour fully staffed Emergency Department A&E care.

Broomfield, with its costly PFI rebuild, is to be an 'orange' hospital, with a fully staffed daytime Emergency Department, but with overnight ambulances going direct to a red site.

It has not yet been decided whether Southend is to be a 'yellow' site, providing a 24 hour walk in facility – with all emergency cases going to a red centre – or to be an 'orange' hospital.

Up in arms

The public in the region are up in arms about these proposals. They are rightly concerned that patients requiring emergency care would have to travel long distances from the more remote parts of the region, bypassing their own hospital's A&E to be treated in Basildon.

Basildon itself has been on black 9the most serious) alert more often than not this winter, and the situation would get much worse there if the plan was implemented, with ambulances facing long delays waiting to discharge their patients to the care of A&E staff.

As a yellow hospital, Southend would provide only elective but no longer any emergency surgery.

The hospitals with downgraded A&Es will also be deprived of other services. In the case of Southend it is not clear what paediatric care will be provided, as the Paediatric Centre will be based in Broomfield, 20 miles away.

It will be difficult to recruit staff for the downgraded hospitals, as clinical staff prefer to work where the facilities for treating patients are optimum. Just how downgrading two A&Es will enable the three hospitals to cope in the face of their own admission that there has been a 15% increase in A&E attendances and 12% increase in admissions over the last five years, the Success Regime does not say.

But they hope downgrading A&Es will save £53 million yearly.

Joining up

The Success Regime generalises about the need for joining up health and care for people at home, in local surgeries and hospitals, arguing that working better together would mean GPs and local services could see more people and be more effective. But they do not say how they are going to achieve this.

Nor do they discuss the depletion of community care staff and district nurses as a result of previous cuts or the funding crisis of local councils and the knock-on effect this has on their ability to provide adequate social care for the elderly.

They want to encourage GPs to work together in 'hubs' and place mental health nurses and social workers in GP practices but don't say how the cuts in funding and shortage of GPs in practice are being tackled.

They give no evidence that joining up health and care in the community will lead to big reductions in patients being admitted to hospital.

The opposition to these cuts has been growing. In Southend, KONP, the Trades Council and Southend Against The Cuts brought a coachload to the March 4 demonstration in London. There were many young faces on the coach.

Following the demonstration, Southend KONP organise a successful public meeting, stressing that we have to present a united resistance against the downgrading of any A &Es.

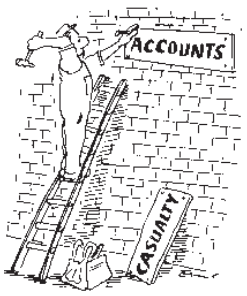
In Chelmsford (where local MP Sir Simon Burns has supported the cutbacks) a public meeting was followed a few days later by an evening march against downgrading the A&Es.

Greater Manchester STP

Not one shoddy plan – but TEN different local ones

Greater Manchester hit the headlines with the "Devo Manc" plans to hive off control of health and care budgets to the new combined authority – and the STP covers the same ten boroughs, but offers no plausible way to bridge the massive £1 billion projected shortfall by 2020.

So-called "do nothing" deficits (imaginary figures that assume trusts make absolutely no effort at efficiency savings for the next 3 years) are used as a way to bully trusts, commissioners and local councillors to sign up for policies without looking too hard for evidence that any of them will work or deliver real savings.



The numbers look scary, with Bolton facing the biggest headache with a £162m 'do nothing' gap, Manchester £149m, Wigan £136m, Stockport £130m, Bury at £125m; Oldham £123m Trafford £111m, Rochdale £71m, Tameside £69m and Salford £65m.

And far from being a single STP for the 2.6 million population, the STP turns out to be ten separate Locality Plans, which have little in common with each other and in many cases fail to identify the required savings. Oldham expects to fall £27m short of its savings target: Manchester £32m.

Among the desperate efforts to deliver savings, several of the plans lose sight of what are supposed to be priority services: Manchester wants to cut £14m from mental health and £7m from learning disabilities.

Stockport NHS Watch estimates that the plans would close 247 hospital beds (30% of the total), axe 50% of hospital outpatient appointments and 33% of GP appointments: these figures have not been contested by the CCG.

In Bolton a new system for urgent and emergency care is proposed which would divert ALL patients with less than 'life threatening illness' into primary care services away from the hospital – regardless of the lack of evidence this is safe. Grasping GPs seeking to exploit this are trying to negotiate how best they can line their pockets from this arrangement.

The complex details of all ten locality plans, each shot full of holes and contradictions, are still being worked through by campaigners. A fuller report by Caroline Bedale appears at http://www.healthcampaignstogether.com/STPplans.php.

NHS Bill gains support, but loses time

Tony O'Sullivan

91 MPs supporting now support the NHS Bill 2016-17 – for reversal of the 2012 Health & Social Care Act and abolition of the NHS market.

This is the largest number in its lifetime since it was first presented to Parliament in January 2013 by Lord David Owen.

Nonetheless the once again received no parliamentary time on 24 March, and is technically down on the agenda for second reading 12 May 2017, where it has been added to a pre-existing agenda.

Meanwhile, the bill's sponsor Margaret Greenwood Labour MP for Wirral West and campaign supporters have been successfully gathering support in Labour's ranks, main of whom have now been photographed holding the 'I support the NHS Bill' poster. See http://www.nhsbill2015.org/mps-that-support-the-nhs-bill/

35 Labour MPs have now publicly supported the NHS Bill alongside the stalwart Caroline Lucas (Green), the entire Scottish National Party group of 56 MPs, John Pugh (LibDem) and Hywel Williams (Plaid Cymru).

The work goes on explaining the bill to listening MPs, to update it as required and to keep it in the parliamentary and public domains.

West, North, East Cumbria – Scrutiny subverted

Alice Bondi, Alston Moor branch Labour Party

In the last issue of the Health Campaigns Together newspaper, I wrote about the proposals from the 'Success Regime', and our considerable concerns about three key areas covered in it: the removal of consultant-led maternity from the West Cumberland Hospital (WCH); no in-patient paediatric beds at WCH; and to close all beds at three community hospitals, including ours in Alston.

An analysis report of the huge number of responses was published the day after the Copeland by-election (WCH constituency).

The general population and many current and retired medical professionals were opposed to most of the proposals, and strongly so in the three key areas.

Outcry

On 8 March, the Clinical Commissioning Group (CCG) met.

There had been such a massive outcry about the proposed removal of consultant-led maternity from WCH that the CCG produced a complex decision giving consultant-led maternity one year.

During this period a maternity-led unit would be developed; if the consultant-led unit failed to attract relevant staff (who will commit on a short-term contract?), then the original preferred option would be implemented, with a midwife-led unit at WCH for 'simple' births, from which the roughly 25% of women who ran into difficulties would travel by dedicated ambulance for at least 50 minutes to the Cumberland Infirmary in Carlisle (CIC).

And if THAT option was perceived not to be working well, then ALL maternity would be concentrated at CIC – a 70-mile journey for some in West Cumbria.

They went with their preferred option for paediatrics. This makes no sense as clearly paediatric care and maternity go together.

Finally, the CCG opted to close all beds in three community hospitals – Alston, Wigton and Maryport. They then gave an 'endorsement'. Alternative plans proposed by groups in those communities would be granted 12 months to work up to a 'business case'.

But they had stated there could be no medical beds – a key part of the Alston proposal – and twelve months is simply not long enough. We were appalled.

Scrutiny

Our last chance was that the HSC, Cumbria Health Scrutiny Committee (County and District councillors), would opt to refer these decisions to the Secretary of State, not actually Hunt himself but a group which would review the referred issue.

At the meeting on 22 March, the CCG presented their views to the councillors, and if councillors wanted to refer, they had to provide specific grounds.

On each of those three issues, they voted by 10-1 to refer. We were utterly delighted.

BUT – there is a further stage of negotiation, which normally takes place over a week or two. Probably because of the 'purdah' period before the local elections at the beginning of May, the Chair had opted to do that stage then and there.

So after some 'behind closed doors' discussions between lead councillors and CCG members, the HSC reconvened, the CCG presented their reasons why things should not be referred, and a further vote was taken.

By this point, four councillors had left!! The result – two of the three referral decisions were overturned, by tiny majorities (ONE VOTE) of the remaining councillors, and with councillors we had believed supportive changing sides.

Only the maternity decision is to be referred.

Appalled

To say that campaigners are appalled is an understatement.

There is a possibility of a recall on the procedural issue of a third of the HSC having left before the crucial votes (those councillors are now saying they didn't realise the situation…).

Whatever happens – there is no doubt that efforts to secure the healthcare we need will continue, and I know the Alston group is determined to work up the plan as originally intended, and hope that sense will prevail.


UNISON
Union eyes
UNISON Mid Yorkshire Health Branch
No. 24. Spring 2017
Short of beds, staff – and CASH!
2017 Branch AGM
Thursday March 2
5.30 - 8 pm
Wakefield Labour Club
nomination forms & details and Secretary's Report p6-7

Many plans half-baked: all lack evidence and capital

STPs threaten local access to health care

Sustainability and Transformation Plans (STPs) drawn up last year in 44 "footprint" areas of England, are seen by NHS England as the way to tackle trust and CCG deficits, cope with increased costs on frozen budgets, and improve and "transform" services – all at once, with virtually no capital investment.

But half the STP plans (22/44) show that local health chiefs, with or without any involvement of local government (who are also supposed to be drawn into a partnership to facilitate greater "integration" of health and social care after successive years of brutal cuts in social care funding) have simply bottled out of putting any clear proposals forward.

Devon's STP removed detail from the June draft that outlined plans to close 590 beds.

Some have deferred big decisions or (as in Oxfordshire) chosen to run some schemes separately.

Others, such as West Yorkshire, are already part-way through a process of downgrading or closing A&E units and hospitals in Dewsbury and Huddersfield: in North West London the STP takes on plans to close A&E and acute services at Ealing and Charing Cross hospitals.

Other STPs are planning downgrades of A&E – with Durham and Darlington STP proposing to cut from 4 A&Es to 2, Herefordshire and Worcestershire and Mid Essex both going from three full A&Es to one specialist A&E, downgrading the others. Leicestershire wants to go from 3 acute hospitals to 2, closing 243 acute beds, along with 38 community hospital beds.

Staffordshire & Stoke on Trent plans to downgrade one of its 3 A&Es (almost certainly Stafford) to an urgent care centre and slash numbers of acute and community beds.

Bedfordshire, Luton & Milton Keynes STP carries on previous delayed plans for "reconfiguration" of services with the downgrading of either

Bedford or Milton Keynes A&E (possibly even both) to "centralise" services in Luton, 20 miles away. This and other STPs talk of "local" access to hospitals up to 50 miles away.

Hundreds of beds also face closure, on assumptions that rapid strides can be taken to achieve highly optimistic levels of reduction in attendances at A&E and average length of stay (which of course requires expanded services outside hospital and social care).

Derbyshire is the largest explicit planned cutback, aiming to axe 530 beds by 2020. Kent & Medway wants to close almost 300 acute beds, Hampshire and Isle of Wight 300, Nottinghamshire 200 and Herefordshire & Worcestershire 202 community beds and 55 acute beds.

Nottinghamshire is one of a number of STPs that explicitly seek to reduce numbers of jobs and shift towards cheaper, less qualified staff. NW London published financial plans that threaten to axe 8,000 jobs – only to deny its own figures when challenged.

Not one STP has published credible evidence to support their plans, none has published a viable workforce plan, few have published any financial detail or any clear plans for implementation, and none have addressed the growing cash gap facing social care.

Moreover not one has conducted any equality impact assessment that might identify the problems faced by deprived and vulnerable people and communities that are forced to travel further to access "centralised" A&E services or more distant "hubs" to see GPs or other primary care professionals.

The plans are set to be pushed through more energetically by NHS England in a statement just after we go to press – despite the fact that the STPs lack any legal status and any democratic legitimacy or accountability to local communities.

The fight to prevent serious damage being done to local services by cash-driven, half-baked plans with no evidence, insufficient staff and no capital for investment in new facilities and services has to begin by building local campaigns that can challenge local politicians.

BUILD THE BIG #ourNHS BIRTHDAY BASH – see pp 3,5,6&7, and details at *www.ournhs.info* and *www.healthcampaignstogether.com*.

SCRAP THE CAP ON NHS PAY!

Unions say millions of public sector workers are being "taken for granted" after being given a 1% pay rise, and a reminder that they can expect no larger rise until after 2020.

NHS staff will receive a below inflation average 1% increase in basic pay in 2017-8, following the recommendations of pay review bodies. But NHS staff quite rightly feel that they have been singled out for especially mean treatment after 7 years of pay freezes and caps. The real terms value of many NHS pay bands has been eroded by upwards of 15% in the seven mean years.

Since 2010 an MP's salary has risen by 17%, from £65,000 to £76,000: their 1.4% increase this year is worth over £750 per year.

Over the same period NHS Band 5 Agenda for Change salary scales have increased by just 1.1% at the lowest level (from £21,176 in 2010/11 to 21,409 in 2016/17), and 3% at the top increment – from £27,500 to £28,462.

As we all know there is no shortage of MPs, whereas the NHS is wrestling with growing demand while numbers of unfilled nurse vacancies have been rising.

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.

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

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

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

We have decided to produce Health Campaigns Together newspaper QUARTERLY in 2017.
It is still FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper: Cost PER ISSUE (inc post & packing)

- 10 copies £10 (£5 + £5 P&P)
- 50 copies £25 (£15 + £10 P&P)
- 100 copies £35 (£20 + £15 P&P)
- 500 copies £70 (£40 + £30 P&P)

PLEASE NOTE to streamline the task of administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.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March 4 was the biggest-ever march for #ourNHS: WHAT NEXT? pages 5-7
As NHS trust bosses warn of more cuts to come
Defending our NHS: "Mission Possible"
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