Accountable care – or care led by accountants? page 6-7

VAT dodge threatens 2-tier workforce – page 11

Labour's Jon Ashworth writes - page 3

HEALTH CAMPAIGNS TOGETHER
#our NHS
● Quarterly ● No. 9 January 2018 ● FREE ● @nhscampaigns

Ambulances queue, waiting list ops cancelled

AVOIDABLE CRISIS!

Last March the winter crisis helped us build the biggest ever demo for the NHS. This year the crisis is even worse: hence our Emergency demo on February 3

On January 4 Prime Minister Theresa May joined Health Secretary Jeremy Hunt in issuing a hollow apology for the state of the NHS.

Even as she spoke news was emerging of an 81-year old Essex woman who died waiting for an ambulance which took 4 hours to arrive, and two deaths of older patients waiting to be seen in an overcrowded A&E in the West Midlands.

None of this stopped May on January 7 telling Andrew Marr and viewers how 'proud' she was of the government's record on the NHS: in other words the apology was meaningless.

There's no point in apologising when the problem comes from deliberate government policy, which – despite repeated warnings from NHS Providers, the NHS Confederation, the health unions and almost every NHS professional body – has not changed since George Osborne imposed the funding freeze in 2010.

We have now had almost eight brutal years of frozen funding that have reduced spending on health and the numbers of hospital beds to the lowest of any equivalent country – reducing front line health services in many areas to "third world" conditions.

In those 8 years cost pressures have increased by 4% each year and the population has grown by 4 million – leaving our NHS starved of funding, with inadequate investment in staff and resources.

8,000 front line beds and 20% of mental health beds have closed – while 8 years of below inflation pay settlements have left 100,000 vacant posts for nurses, health professionals and doctors in all parts of the NHS, increasing the pressure on the dedicated staff who remain. Even now, austerity cuts are still government policy.

As a result on December 31 more than half the acute hospitals had at least 95% of their beds full, and 8 out of 10 hospitals had beds over 90% full.

It's why ambulances queue for hours seeking to hand over seriously ill patients, why corridors and other spaces are now routinely used as desperate, dangerous last resort areas for patients to wait for beds, and it's why mental health patients have to travel hundreds of miles to find a bed.

NHS England has ordered a halt to elective surgery until at least the end of January. Waiting lists and waiting times are increasing fast.

Meanwhile cuts and privatisation have reduced social care to chaos, and billions are being wasted on a costly and dysfunctional competitive "market" which hands NHS contracts to profit-hungry companies.

We don't want apologies, we want changes: that's why, with People's Assembly, we are calling a day of action on February 3 to press for:

- End the winter crisis with a cash injection to restore the NHS budget
- Commit to increased funding each year, at least 3% above inflation.
- End the cap on NHS pay
- No cuts, closures, or privatisation

SEE INSIDE, page 2

FIX IT NOW!

NHS

Saturday 3 February

Day of Protest – NHS in Crisis: Fix It Now!

Emergency Demo – London
Assemble: **12noon, Gower Street, London WC1E (near UCL Hospital)**
Rally: **Trafalgar Sq or Whitehall**
(to be confirmed)
Transport: check website for details

Regional protests
There will be local and regional events as part of the day of protest around the country. Details soon on HCT, PA and KONP websites

NHS 70th Birthday – celebrate & demand full funding July 7, London

16,900
Number of people left waiting in ambulances outside A&E between **Christmas Day** and **New Year's Eve**

Sarah Wollaston,
Tory Chair of Commons Health Committee, said NHS and social care "running at absolutely full stretch", & require more money. Asked if it was right to describe NHS as being in "crisis", she said "Of course".

15%
increase in A&E attendances since 2010
350%
increase in waits in A&E
550%
increase in waits for admission

37-40
Percentage of adult type 1 A&E patients admitted to hospital in **Aintree**, **Warrington** and **Whiston** Hospitals January–November 2017

170,100
total days **delayed transfers of care** in English hospitals October 2017, equivalent to
5,487
hospital beds

Photo courtesy of Paul Jacobs/picturesexclusive.com

Up to 24 ambulances queued outside Queen Alexandra Hospital, Portsmouth, just before Christmas

2018: a year for celebration – and protest

July 5 2018 is the 70th birthday of the NHS – and despite the frozen budgets, rising numbers of vacancies, plummeting numbers of beds, the piecemeal privatisation of services, rationing or exclusion of certain services and the constant threat of brutal cuts, we still have much to celebrate.

While its performance has now begun to deteriorate as a result of seven years of unprecedented squeeze on resources, the dedication and skills of over 1 million staff have managed to maintain remarkably high quality services for the majority of patients.

Even at the lowest point of last year an average of 85% of people attending A&E were seen and treated or discharged within 4 hours.

And although elective operations have been put on hold for January by NHS England in response to the latest winter crisis, the majority of patients can still access elective operations within the maximum 18 weeks laid down in the NHS Constitution.

But we must not underestimate the extent to which this is now put at risk by continued austerity cuts, the cap on NHS pay which has cut real terms salaries for staff by over 16% since 2010, and the plans for even more draconian steps to hold back spending.

The ten years of investment from 2000 which enabled the NHS to reduce waiting times have now been deliberately thrown into reverse since 2010, with increases averaging just over 1% per year in real terms while costs continue to rise by 3-4%.

That's why those of us who are proud and grateful of the NHS that has grown and developed since 1948

must not be simply celebrating in July, but also protesting at the spending freeze and the costly, bureaucratic competitive market system that has fragmented services and opened up the NHS budget to profit-seeking private corporations.

Health Campaigns Together is committed to organising a major demonstration and event on July 7, the Saturday closest to the NHS Birthday.

We are urging campaigners trade unions, pensioners groups, political parties committed to the NHS and anyone who wants to work with us to defend the NHS to work with us to make this a major display of support for health workers and oppsition to cuts and privatisation.

For more details follow our website ***www.healthcampaignstogether.com.***

Fighting back – local and national

February 3
DAY OF ACTION
NHS Crisis – Fix it Now!

London demonstration, local and regional events, called by Health Campaigns Together and People's Assembly, and supported by UNISON and Unite. For details see *https://healthcampaignstogether.com/Feb3Events.php*

May 12: London
TUC demonstration
A new deal for working people

July 7: London
NHS 70th Birthday
Celebration and protest, called by Health Campaigns Together

It's getting crowded at the top!

Numbers of senior NHS managers rose by a staggering 13% between October 2014 and April 2017 according to the Health Foundation, while the nursing workforce grew by just 1.1% – and official figures estimate over 36,000 vacancies.

While NHS trusts and commissioning bodies do need managing, it's clear from this lop-sided development that the purchaser-provider split has imposed hefty overhead costs with no sign of any compensating benefits.

Should we change NHS funding model?

"Everything else has changed: surely after 70 years we should update the way the NHS was funded?"

This is the question posed again and again to campaigners by largely ignorant interviewers on radio and TV and by equally ill-informed or ideologically driven journalists in the right wing press. Time and time again, at any moment of difficulty for the NHS, they take the opportunity to suggest that other countries somehow do it better.

The examples they quote – France, Germany, or more recently (after an article in the *Times*) Australia, all spend much more as a share of GDP and as actual spending per head of population than the UK.

Some even refer favourably to Switzerland, the highest spending country in the world.

What is the attraction of these other models? It's not just their performance that excites the Murdoch press, it's the fact that they make extensive use of private providers, paid for through collective health insurance funds.

Most of these private hospitals, like the tiny private hospitals in England, have fewer beds and deliver the same limited range of elective services – leaving all the complex, risky and costly care to the public sector.

The systems in France and Germany, based on social insurance (workplace taxes) are even more bureaucratic than the chaotic system imposed on the NHS in 2012. In France there are complex systems to reimburse **fees paid up front** for treatment. In Germany workers pay around 15% of salary into one of 130 separate insurance funds.

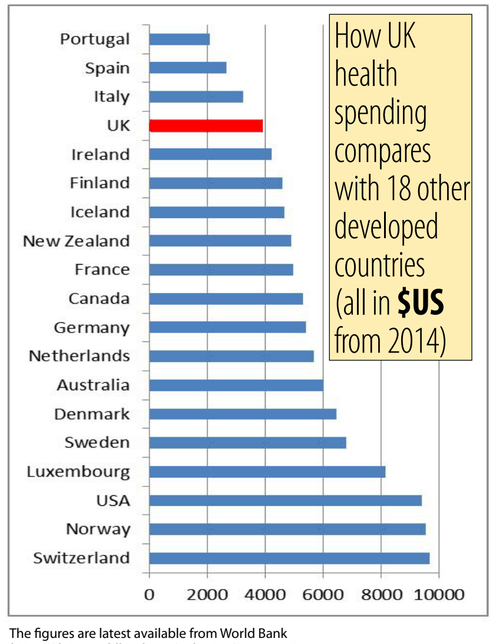
In Australia, government subsidies were used to press people into private health insurance: but public hospitals are more efficient.

Critics point out that up to 12 times more health care could be delivered in Australia if the private sector subsidies had been spent on expanding public sector care.

Meanwhile the Australian private sector coins in profits by caring primarily for the working age population of relatively young and fit people: people with serious health needs are often unable to afford private insurance cover, and left dependent on a much less well-resourced public sector.

Our NHS system, funded through general taxation, has the most efficient, fairest means of raising the money for health care.

The problem comes when a government decides to allocate insufficient funding, and imposes expensive and bureaucratic "reforms" that fragment the system and divert resources from patient care into private profits.



The figures are latest available from World Bank
https://data.worldbank.org/indicator/SH.XPD.PCAP

70%
proportion of British adults who believe there should be a cap on **social care** costs
Almost 50%
believe **the state should pay** for social care

Underfunding, cuts & privatisation have left the NHS on its knees in its 70th anniversary year

We should be celebrating 70th year of our NHS. Yet at the time of writing the NHS is going through one of the worst winter crisis on record.

The latest figures show over 75,000 people have so far been stuck in the back of ambulances unable to access the emergency treatment they urgently need, 150 ambulance diverts from A&E departments and bed occupancy rates remain dangerously high, averaging at 93.5%.

During the Christmas week, nearly 5,000 people waited more than one hour to be handed over to A&E staff: that's nearly double the previous week.

My own research found that on Christmas Eve a third of children's care units were running at dangerously full levels, defined as above 85% bed occupancy.

Our analysis in December revealed vacancies across the NHS of 100,000. No wonder hospitals have been forced to take to social media to appeal for any available doctors or nurses to come to work.

Ambulance Trusts in the North of England have asked the public to bring their critically ill family members into A&E, because of an acute shortage of ambulances. One Trust leader publically urged people to avoid the hospital's emergency department except in the case of genuine emergencies.

And in the New Year, the NHS was forced to advise hospitals to defer non-urgent operations until the end of January to ease pressures. The move was rightly met with a volley of protest from clinicians concerned by the additional pain this would cause to thousands of patients.

By Shadow Health Secretary Jonathan Ashworth

However all Theresa May could offer was a half-hearted apology but no contrition for the toxic mix of Tory ideological decisions that have brought the NHS to its knees.

The eighth year of austerity for the NHS means desperate funding settlements for the acute sector and general practise while community public health provision is cut back across the country.

Since 2010 we've seen capacity reduced with 14,000 beds lost, reductions in district nursing and walk in centres shutting their doors for good to take just a few examples.

Meanwhile more community health services are privatised and where Virgin Care fails to win a contract disgustingly they issues legal proceedings forcing the NHS to settle out of court. If ever there was a reason to sweep away the damaging Lansley 'reforms' and reinstate a public NHS then surely then this is it.

On top of this Jeremy Hunt refuses to answer our questions about the dash to so called Accountable Care Organisations and the implications for the private sector becoming the commissioners and providers of health services for large localities.

I've tabled an Early Day Motion in the Commons and am demanding full parliamentary scrutiny and votes on ACOs.

So we enter the 70th anniversary with a fight on our hands for the future of a universal public NHS. But it's a fight we in the Labour Party are ready for. I know you and the British people will be with us as we defend our nation's proudest achievement.

My own research found that on Christmas Eve a third of children's care units were running at dangerously full levels, defined as above 85% bed occupancy.

Massive failure in child mental health

Despite a constant flow of rhetoric and empty pledges from government about "equality of esteem" and improving access to mental health services, a shocking two thirds of children and adolescents referred for specialist care are not getting it.

The proportion of young people receiving the treatment they have been referred for has been steadily falling over the past few years: and performance is also patchy. In 2016 the Norfolk and Suffolk NHS Foundation Trust the number of CAMHS referrals progressing to treatment was just 20%.

The latest figures were revealed in a survey of 32 NHS trusts in England by the Spurgeons, the Christian children's charity. Figures from 59 A&E departments also showed that while there has been a 50% increase in admissions for self-harm through A&E departments, the numbers receiving outpatient treatment are falling.

This is in stark contrast to recent ministerial promises of guaranteed treatment within 4 weeks for children with anxiety and depression: the implementation of this latest empty promise has been postponed to 2021.

There is little sign that NHS England will be able to fulfil its promise to invest an extra £1 billion by that date to treat an extra 1 million people.

Nor is the situation any better for adult services: figures from Devon in December showed that 100 mental health patients had been dispatched out of the county to access inpatient beds in a 3 month period. Nationally the total is almost 2,000, with one in five away for at least 31 nights: 75 had to trek more than 300km for treatment.

Some of the care received from private hospitals is far from satisfactory. In Norfolk one private mental health hospital for children, Huntercombe, had to be closed at the end of November, after being found inadequate in a second report from the Care Quality Commission.

19 children had to be transferred to care elsewhere: but the Norfolk

and Suffolk Foundation Trust has also been found to be unsafe and inadequately-led by CQC inspectors, and put into special measures. Failings dating back to at least 2014 had not been addressed.

IN BRIEF

South Tyneside battle to save maternity services

Two weeks before Christmas, South Tyneside Hospitals bosses declared it was no longer safe for women to give birth at the hospital, after the Special Care Baby Unit was closed by a staffing crisis.

The announcement was followed by angry protests from local campaigners, who fear that there are plans to close the SCBU permanently.

Stroke services in South Tyneside recently closed, with services moved to Sunderland Royal Hospital, and there are fears similar moves on other specialties now that the two trusts are working together. So far no date has been giving for lifting the 'temporary' closure.

Contact local campaigners at ***www.savesouthtynesidehospital.org/***

Cornwall council to take on CCG's functions

Kernow Clinical Commissioning Group, best known for a succession of disastrous failures in their efforts to hand contracts to private providers, are to become a department of Cornwall Council.

The new lash-up is tied in with the long-running devolution plan and with the establishment of an "accountable care system".

The county's only acute hospital, the Royal Cornwall Hospitals Trust has been chronically short of beds: at one point in December a third of Cornwall's ambulance fleet was lined up waiting to hand over patients.

Many patients from the eastern end of Cornwall make use of hospital services in neighbouring Devon, which have also been struggling to cope with winter pressures.

It seems doubtful whether the furtive surrender to the right wing bureaucrats of Cornwall Council will offer any relief to patients: it's already clear it will not offer any genuine local accountability.

Campaigners win fresh support in fight to save HRI

A welcome new year statement from the Yorkshire Post has added fresh impetus to the legal challenge being mounted to stop the closure of acute services at Huddersfield Royal Infirmary.

The newspaper quotes from a leaked review of the plans for reconfiguration, which would shift services from HRI to Calderdale Royal Hospital. The review points to the assumption in the plan that 250 patients a week – 18% of the existing weekly caseload – can be prevented from needing hospital beds.

Even the NHS Transformation Unit admits this is a "challenging" target. Campaigners question whether it's achievable.

The plans have been referred to Jeremy Hunt by local councillors.

Leicester hospitals cancel operations

Not long ago, Leicestershire's Sustainability and Transformation Plan embraced long-running proposals for a drastic reduction in acute bed numbers in the country's three main hospitals.

The implication was that there was an excess of beds, and that the resources would be better spent on services outside hospital.

Since then the reality has not been so simple, and health bosses have been forced to rethink the plan and reduce the target for bed closures, as services came under strain.

But now the bed shortage has become so severe that all non-emergency surgery has had to be cancelled over Christmas and into the new year: the University Hospitals Leicester NHS Trust declared an Operating Pressures Escalation 4 (OPEL) – an admission that the hospital is full and cannot cope.

Time to ditch the rest of that STP.

Chief Executives speak out!

Since senior hospital managers were put on to short-term contracts in the 1980s, losing any longer-term security, it has hardly ever happened.

But as this winter's crisis has developed, and it has become clear ministers were determined to ignore repeated warnings throughout the year from NHS Providers and others that the service could not cope without more funding, something has shifted.

NHS chief executives in the north west and Birmingham took to Twitter, warning of a "perfect storm", warning that waiting times were lengthening again as they did in the 1990s, warning that "It's hard to watch us lose all we have achieved since 2000", and complaining of frustration that the resources they need are not there.

Now the silence has been broken, more must speak out: it helps us pile on pressure for change.

GPs face crisis as hospitals fill to bursting

TWO THIRDS of GPs warned that their practices would struggle to cope this winter, in a GPonline poll before the snow in early December. Even more (90%) of those responding expected that the NHS as a whole would be struggling to cope.

Many practices reported having taken measures to ease pressures, recruiting extra staff, delivering more flu jabs and offering more same day appointments.

But GP practices are not

resourced to deal with all of the problems that come their way when beds fill up in their local hospitals: in the first week of December hospital bed occupancy in England averaged 94.5%, making it much harder for GPs to refer the patients who need hospital care.

The problems are accentuated by the cold weather, which puts frail older patients at risk of falling on ice as well as increased bronchial and other problems.

The pressure on GPs is further underlined by a survey by Pulse magazine in early December showing that almost one in ten GPs had already closed their practice lists to new patients, and more than a quarter (28%) were considering doing the same.

Those doing so claim it is the only way to ensure the safety of patients, given the problems in recruiting and retaining GPs and other practice staff.

GP numbers have fallen by a hefty 1,193 in the last year, despite Jeremy Hunt's promise back in 2015 to recruit 5,000 GPs by 2020.

The problem is compounded by the reduction in numbers of places for training doctors as GPs: the overall reduction of 70 places in England includes significant drops in places in London and the West Midlands.

The BMA has been warning that funding for GP services is way below the target set out in the GP Forward View in 2016.

Social care: could Hunt takeover kick-start drive for ACOs?

Since the Theresa May's largely abortive "reshuffle" Jeremy Hunt has not only clung on despite the odds as Health Secretary, but added responsibility for social care – which was previously handled by a junior health minister.

He has been tasked with delivering a new Green Paper on social care which had been among the responsibilities of disgraced former deputy PM Damian Green.

The paper has not yet been drafted, and ministers have been eager to avoid any engagement with anyone who has any front-line knowledge of

the problem. Hunt seems like an ideal person to take over.

The problem is a long standing one: social care is under-funded, largely privatised and often of very poor quality.

Since Margaret Thatcher's bill embodying some of the key elements of the Griffiths report on community care took effect in 1993, responsibility for long term care for older people has been in the hands of local government social services, not the NHS.

This means that patients are not only receiving patchy provision of poor quality care, but many are having to pay out of their own pockets for what care they do get.

Over 40% of community-based adult social care services inspected since October 2014 have been rated as 'inadequate' or 'requiring improvement' by the Care Quality Commission.

All we know so far is that ministers have decided to abandon the promise to cap the amount that an individual patient should pay out.

Will Hunt now use his position to promote the notion of 'integration' with Accountable Care Organisations spanning health and social care?

Building a strategic alliance in Derbyshire

Keith Venables, Convenor, Derby/Derbyshire SONHS

Campaigners in Derbyshire's Health Footprint want to win. We want the NHS to be based on Nye Bevan's original principles and be properly funded.

But after half a dozen years of collecting thousands of signatures and shaking up Commissioning Group and Council meetings we are asking ourselves "How can we act to score a victory?"

That's where the idea of a strategic alliance came from. Everyone wants the NHS. Yet, the key decision-makers are taking it away from us. So, we need to challenge all those decision-makers with the intention of getting them to change their minds.

Council Health and Wellbeing Boards and MPs are elected; we are making it plain, especially to the marginal Tory MP, that unless he backs Nye Bevan's NHS, we'll do our best to unseat him, come a General Election.

The Commissioning Groups think they are untouchable, but in some parts of the country, they have been forced to go back on decisions.

We are looking to the future, to challenging the newly-appointed 'tough' overall health manager, with informed questions, public debate and media coverage.

But how do we get a whole wagon load of people to help us undermine the NHS managers' decisions?

This is where the alliance comes in. Two of our recent events were flung open to everyone. A lobby of Derby City Council reminded them to shout out in favour of Our NHS.

A Motorcade and Rally invited health workers and their unions, community campaigners, Labour Councillors, the Fire Brigade and teachers unions, as well as pensioners and others to present their own understanding of why the NHS matters.

More than hundred people attended and this was covered by regional TV, radio, print and social media.

Our alliance wants to taste victory!

Time to bin Future Fit nonsense

Campaigners in Shropshire who have witnessed his stonewalling and refusal to speak up for local services will shed no tears for the departure of junior health minister Philip Dunne, a local MP.

But the next target must be to put the long-running and increasingly ridiculous 'Future Fit' plan for reconfiguration of the county's two general hospitals out of its misery.

Hospital trust bosses have for some time argued that their favoured option would be to keep both hospitals.

Given the national shortage of NHS capital there anyway seems little chance of securing the £300 million required for capital investment to centralise emergency services in Shrewsbury, reducing Telford's Princess Royal Hospital to elective services only.

In 2016, Telford & Wrekin Council threatened legal action over the proposals. Its leader Shaun Davies has said the plans do not make sense, while the leader of the Conservative opposition, has called for another option – a new specialist county centre for emergency care – to be considered.

Health campaigner Gill George, from Shropshire Defend Our NHS group, has called on the process to be axed altogether. She said: "Future Fit is an utter shambles.

"It's got zero credibility. It's on the brink of collapse. It's time for health bosses to admit it's past its sell by date. It's about cuts and closures. It will lead to worse care wherever you live."

● Contact: ***https://www.facebook.com/ShropsDefendNHS/***

Fight to stop "dangerous" STP plans in Mid & South Essex

Mike Fieldhouse. Secretary – Save Southend NHS
savesouthendemergency@gmail.com

Having been delayed by nearly a year due to objections from local campaign groups, the Mid & South Essex STP was belatedly published for public consultation on November 30, amidst much controversy and fresh concerns over local clinicians' lack of involvement in drafting of the proposals.

At a meeting of the Joint CCGs STP Committee on November 29, three out of the five clinical commissioning group chairs in mid and south Essex abstained from a vote over publishing a consultation on plans to reconfigure local hospital services.

One abstainee, Southend CCG chair Dr Loberra said GP chairs abstained "to highlight our view that the mid and south Essex health and care system needs further investment in primary care".

I had previously raised concerns that the formation of a joint committee of the CCGs, bound by its constitution to abide by majority votes, would bring individual CCGs into conflict with their statutory duties to provide the best care they were able, to their own populations.

However these suggestions were rejected by the committee: I was told there was a firm legal basis for the committee's formation and that decisions would be reached in most cases by consensus.

Photo © Gaz de Vere

Photo: Save Southend NHS Committee and supporters. (permission granted to publish, please credit photographer). L-R: Dr Caroline Howard (Lead consultant Southend A&E), Ben Mudd (Paramedic ambulance), Kate Sheehan (Committee), Clare Fletcher (Treasurer), Mike Fieldhouse (Secretary), Tim Sneller (Chair), Norman Traub (Committee), Claire Wormald (Committee/ Unison), Sulie Anstis (Committee).

The formation of joint committees of CCGs and local authority scrutiny committees are being used throughout the country as a means of railroading decisions through accountable bodies, making the process more opaque and less democratic.

On top of local GPs' concerns that the STP's financial sums simply don't add up, lead clinician of Southend A&E Dr Caroline Howard has publicly stated that some of the new proposals concerning transferring seriously ill patients between hospitals are "the most dangerous I've ever seen".

A letter signed by 29 consultants, including all three clinical leads of Southend, Basildon and Chelmsford's Broomfield hospitals, and obtained through a Freedom of Information (FOI) request by Save Southend NHS has also revealed that the STP's predecessor, Mid & South Essex Success Regime, were made aware of clinicians' objections to previous plans as far back as December 2016.

Despite this, the Success Regime continued to peddle the line to both the public and politicians that their plans were 'clinically-led' whilst failing to make clear it was clinicians on their own payroll and not the ones on the frontline in our hospitals.

As NHS England and this government grows ever more desperate in its efforts to force through these swingeing and potentially catastrophic cuts to our health services that are already in crisis, it is imperative that we, as campaigners, do everything within our power to show the public what is really happening and expose their deceit.

Only through the mobilisation of massive public opposition to these plans do we stand a chance of winning the war to preserve and rebuild a truly National Health Service that is adequately funded and properly staffed.

New bodies: not accountable, and don't care

Thirty three of the 44 Sustainability & Transformation Plans published at the end of 2016 contain proposals to develop towards 'accountable care' models. However there is no consensus – and precious little detail – as to what exactly is meant by "accountable care" or how it's to be achieved.

Accountable Care Organisations have developed in several countries, most conspicuously in the USA, where the big insurance companies have used them as a way to contain costs and transfer risk to hospitals and other provider organisations.

As Sustainability & Transformation Plans (STPs) in England have been increasingly discredited and effectively paralysed by the government's lack of a majority to push through new legislation or regulations, the focus has switched to developing "Accountable Care Systems" (ACSs). In an ACS existing providers and other bodies are linked together to serve a local population and deliver a defined package of services within a single cash limited budget.

Taking over commissioning

This is seen as a step towards "Accountable Care Organisations" (ACOs), unified bodies which take over similar contracts, effectively commissioning and providing services.

In each case the claim is made that competition and the "purchaser/provider split," which have divided up the NHS since Margaret Thatcher's "internal market" reforms in 1990 are phased out. Whether that results in any increased accountability is the subject of controversy.

The idea was first put on the NHS

agenda in 2014 by NHS England boss Simon Stevens in the *Five Year Forward View*, where ACOs were described as 'new models of care', examples of which could be found in "Spain, the US, Singapore and a number of other countries".

The very mention of the US, (even though the example most frequently referred to, Kaiser Permanente, which notches up huge surpluses, is technically a 'not-for-profit' company) inevitably sets many hackles rising for those familiar with the high cost, poor value, largely privately provided and privately funded healthcare for which the USA has become a byword.

Hunt in denial

Jeremy Hunt of course, for what it's worth, has been quick to reject any suggestion that the NHS is moving towards a US-style system, and it's clear there is not the slightest possibility of securing public acceptance for any plan to hand over any NHS services to any US company.

However the secrecy that surrounds the plans for ACOs and the conscious avoidance of any consultation or debate in parliament or in the public arena – coupled with Hunt's refusal to respond to questions from *Private Eye's* Phil Hammond, seeking a guarantee that ACO contracts would not be awarded to the private sector – mean that suspicion lingers over the real intentions of the government and NHS England.

And government plans to push through a series of regulatory changes in the new year to pave the way for ACOs – with no public debate – resulted in Labour's shadow health secretary Jon Ashworth tabling an Early Day Motion before Christmas to demand a parliamentary debate .

The draft contracts for ACSs that have been drawn up by NHS England make clear that ACSs can include or be delivered by private sector or public sector providers.

The contracts allow for the establishment of "special purpose vehicle" companies (SPVs). Similar firms are the means through which hospital PFI contracts are run, and through which large sums of money from "unitary charge" payments are funnelled offshore to avoid UK taxes.

SPVs can (as ACSs in Nottinghamshire and Frimley ACS plans already do) include private companies as well as NHS organisations.

In the minds of many people to move away from competitive tendering is a welcome step: but to replace competition with complex contracts that allow the possibility behind the

ACOs are largely an American idea: but do US firms hanker after under-funded NHS contracts?

scenes of involving profit-seeking private companies – US or otherwise – is not a positive but a negative move.

Some fear that ACOs could result in simply carving up the NHS into bite-size chunks for wealthy US and other corporations to buy into – although the levels of funding of the NHS fall far short of the much higher (3-4 times higher) per capita spending for an ACO in the US, only half of which have made money.

New Zealand

There are some examples where there is no market or significant private sector involvement, for example in New Zealand, in the Christchurch 'accountable care'-model. But it seems clear that despite the language, Accountable Care Organisations in England are likely to be undemocratic organisations that are in no way accountable to local people, and which regard health care as a business.

The complex contracts on which ACOs would operate will also almost inevitably be drawn up and influenced by private sector management consultants and so-called experts (such as US insurance giant UnitedHealth, which currently has NHS IT and "back office" contracts, and the US insurer Centene that has also been brought in, initially on a one-year contract, to help design – but possibly then run – an Accountable Care System in Nottinghamshire).

There are also questions over the cash limits that will constrain the services to be provided through ACOs.

NHS England is already warning the government that its inadequate extra allocation of funding to the NHS in the budget will mean that some services will have to be cut or performance targets dropped.

That's bad enough: but to have such decisions taken in each locality behind closed doors by new bodies lacking even the current inadequate levels of accountability – with private companies possibly creaming off a profit while front line services are reduced – would be widely seen as unacceptable.

To make matters worse, while the rhetoric of NHS England tries to persuade us that competition is a thing of the past, we still have the 2012 Act in force, and we still have the statutory bodies, the CCGs, in place.

Despite the talk of "integration," some CCGs (and county councils that have been put in charge of public health budgets) are persisting even now in carving up more services, putting them out to tender and – learning nothing from the track record of failures – signing away services to private profit-seeking companies.

Time to reinstate the NHS

It's time for a change of direction from the chaotic course outlined by the Health and Social Care Act in 2012. But it's also essential to turn back the extra-legal mechanisms (STPs, ACSs) that are being put into place by NHS England that claim to be accountable in words but offer no actual accountability.

The *Health Service Journal* has tried to pooh-pooh the legal challenge to the introduction of ACO contracts, downplaying the danger that the new contracts will pave the way for cuts or privatisation. But HSJ has to admit that the concept is hugely controversial, and lacking in any legal standing.

We need to see a halt to competitive tendering and privatisation of clinical and other services, which has predictably delivered nothing in terms of quality, efficiency will cost savings.

And we need to prevent Jeremy Hunt and NHS England foisting upon a largely unwitting and deliberately uniformed public new forms of organisation that have the potential to undermine any remaining local accountability and national pooling of risk.

That's why Health Campaigns Together has supported the legal challenge to ACOs that was initiated by Professor Allyson Pollock and Peter Roderick, and which has now been backed by a growing list of academics and personalities including Professor Stephen Hawking (see below left).

There is a need for healthcare and social care to work more closely together: we need to address the chronic underfunding, fragmentation, privatisation, and erosion of social care that is now compounding the problems of hospital and community health services.

But establishing STPs, ACSs and ACOs at best adds another layer of complexity, and more opaque and undemocratic bodies to an already insufficiently accountable system.

Carve out a slice

Without doubt, they could easily also offer more possibilities for the private sector to carve out what it hopes will be profitable slices of management and commissioning costs from the NHS budget, while the core clinical services of the NHS remain desperately underfunded within the public sector.

That's why the starting point has to be steps to reinstate the NHS as a public service, publicly provided and publicly accountable, through the repeal of the 2012 Act, restoring the original duty of the Secretary of State to secure and provide health care, scrapping the costly and wasteful apparatus of the competitive market, and working to end privatisation of services and the haemorrhage of excess payments through private finance initiative contracts and management consultancy.

And while strategic planning must be developed as a way forward from the fragmented and confused CCGs created in the 2012 Act, where possible linking with local government, this has to be on open, democratic and locally accountable basis.

There is no prospect of bodies such as STPs and ACOs, which have emerged through such furtive and secretive processes, hatched up behind closed doors, ever winning the trust of local communities.

Both the model and the plans are fatally flawed, and it's necessary to look to other means to move towards integration of health services and social care.

Hunt may claim innocence, but he has pressed for accountable care

JR4NHS hits funding target

Forcing ACO debate into the open

JR4NHS is an initiative launched by 4 committed campaigners for the NHS (pictured above, left to right) Prof Allyson Pollock, Dr Colin Hutchinson, Prof Sue Richards, and Dr Graham Winyard – joined by Professor Stephen Hawking.

They are seeking a judicial review to stop Secretary of State for Health Jeremy Hunt and NHS England from introducing new commercial, non-NHS bodies to run health and social services without proper public consultation and without full Parliamentary scrutiny.

These non-NHS bodies would be called "Accountable Care Organisations" (ACOs). They would be governed by company and contract law and can be given "full responsibility" for NHS and adult social services.

ACOs would be able to decide on the boundary of what care is free and what has to be paid for. They will be paid more if they save money. They can include private companies (e.g. Virgin in Frimley, Circle in Nottinghamshire), including private insurance and property companies, which can make money from charging.

They could also include GP practices, in which case people on their lists would automatically transfer to the ACO in order to be entitled to services. New patients would also have to register with the ACO. They will be allowed to sub-contract all "their" services.

Against the Public Interest

Such commercial ACOs would fundamentally change the NHS and many could profit from a radical reorganisation of health and social services. They would have control over the allocation of NHS and taxpayers' money.

Their accountability for spending it and their obligations to the public would be under commercial contracts, not statutes. This is not in the public interest.

It is also against the public interest that they are being introduced by stealth, without proper public consultation and without full Parliamentary scrutiny.

Just to be clear. Integration of health and care services is a desirable aim, but not whilst their funding and population bases are so different and without new primary legislation. This affects everyone in England.

The campaign has been seeking to raise funds through crowd funding, with tremendous success. On January 4 2018 the Round 2 target of £144,000 to fund the legal action was reached, with over 5,000 donations, an average of £28, and by January 7 another 300 donations had taken the total to over £150,000. JR4NHS sends grateful thanks to all those who have shown such strong support.

The next phase will be crucial in holding Jeremy Hunt and NHS England to account for their secretive and undemocratic plans.

● More details at ***https://www.crowdjustice.com/case/jr4nhs-round2/*** or via Twitter

We've spotted the problem: but perhaps they don't mean ACOs?

Belief in magic key to NHS RightCare

GREG DROPKIN tests out the value of using NHS England's magical "RightCare" incantations to shape health policy in Cheshire and Merseyside.

According to Liverpool Clinical Commissioning Group:

"The NHS Five Year Forward View modelled the need for the health system to generate £22 billion of efficiencies by 2020/21.

"The NHS RightCare programme is a critical part of NHS England's approach to driving allocative efficiency in order to meet this need."

NHS England instructed CCGs to identify targets for improvement, using RightCare, and most CCGs appear to have done so.

In the opening line of a *New Statesman* article, NHS RightCare national director Prof. Matthew Cripps describes this NHS England programme as

"a proven approach that delivers better patient outcomes and frees up funds for further innovation,"

This phrase appears on RightCare webpages and is echoed in CCG documents. A "proven approach" might mean a convincing majority view from peer-reviewed articles in mainstream journals, in favour of the methodology.

Liverpool CCG lobbied last year by pensioners and Keep Our NHS Public

However despite the endorsement by NHS England and the involvement of Public Health England, no such articles turn up in PubMed, the archive of medical literature.

For each CCG, RightCare assigns a fixed comparator group of ten "similar" CCGs, and then, for any particular outcome, finds the "Best 5" of those ten.

The CCG is invited to measure itself against the Best 5 average, and potential savings and/or quality improvements are calculated by comparison with that average.

For lung cancer mortality below 75 years, Liverpool's Best 5 are Brighton, Bristol, Sheffield, Newcastle, and Stoke.

RightCare suggests that 80 lives per year could be saved if Liverpool CCG matched their average mortality for this disease. Across England, 1842 lives per year could be saved, apparently.

Lower incidence

But Liverpool isn't Brighton, Bristol, or even Sheffield.

Compared with Liverpool, these three areas have much lower values of lung cancer incidence and health deprivation, key factors which drive lung cancer mortality; their different performance is predictable, and doesn't signal an opportunity for Liverpool CCG.

Using an appropriate model leads to different comparator groups, and 1842 turns out to be 168, with no significant savings for lung cancer mortality in Cheshire & Merseyside or Greater Manchester.

The RightCare method would find significant opportunities 12% of the time even if there were no differences between the CCG and its "Similar 10".

Magic can't improve services if £22 billion is being cut.

However, even with the money restored and appropriate comparisons drawn from models which actually fit the data, CCGs may be unable to control deprivation, stress, occupational and environmental hazards, incidence or undiagnosed disease, either immediately or in a few years time.

Perhaps NHS England never expected RightCare to be a "proven approach", but welcomed it to justify budget cuts.

But the NHS is supposed to deliver evidence-based medicine, and clinicians are trained to think that science underpins therapy.

You may want to invite medics and your CCG to read "RightCare: wrong answers".

● A longer version of this article appears at ***https://blog.oup.com/2017/12/questioning-nhs-rightcare/***.

● The *Journal of Public Health* has published "RightCare: wrong answers" at ***https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdx136/4596536***

NHS in crisis: fix it now! Join the national day of action Saturday February 3

Demo at Kings Hospital after Chair resigns

Unite members, staff and campaigners from four London KONP groups demonstrated their condemnation of NHS Improvement's bully boy actions against Kings College Hospital NHS Foundation Trust outside Kings on Denmark Hill on Tuesday 19th December.

The Chair of the trust, Bob Kerslake's, resigned on the 11th of December, warning that the trust was not going to meet targets as it was being asked to do the impossible with the funds given.

Kerslake wrote a Guardian opinion piece entitled 'I'm quitting as a hospital boss: dire NHS funding problems give me no choice.' It explained that that he was resigning because "the Government … are simply not facing up to the enormous challenges that the NHS is currently facing".

Through the article he spoke of his respect for the staff at Kings and his love for the hospital but how they had had to take over responsibility of another hospital since 2013 (Princess Royal University Hospital in Bromley, with £30 million annual PFI payments) and make savings of £80 million over the last two years – all leading to financial deficit:

"After two years of delivering or getting close to the deficit target agreed with our regulator NHS Improvement, King's has moved significantly away from its planned figure for this year. We're far from alone – almost every hospital in London is struggling – but the scale of the deficit and the change means that we will be put into financial special measures."

Kerslake's resignation is a massive blow to the NHS and its wide reportage will hopefully show the wider public what a dire predicament the NHS is in.

As a crossbench (not party-aligned) member of the House of Lords, Kerslake adds his powerful voice of experience to the many now speaking out about underfunding.

As a former head of the civil service he also quoted the Care Quality Commission from their recent draft inspection report, in his article, preempting those who will choose to defame him rather than look at what is really happening in the NHS.

Campaigners outside Kings Hospital

KONP's 2017 reviewed

A year of constant campaigns for NHS

January 2017: Winter – crisis of Government policy

At the start of 2017, nothing highlighted more clearly the level of neglect shown by this government towards the NHS, and the risks to safety they have allowed, than this image: a sick two year-old waiting in A&E for initial assessment, including the possibility of meningitis, lying across two chairs in the A&E waiting room where there were no beds or cubicles.

Two deaths were reported of adult patients waiting on trolleys in Worcestershire Royal Hospital A&E in for admission to the wards and for treatment.

One patient had been waiting 35 hours before eventually succumbing still on a trolley in A&E.

February: Think Tanks tell NHS England, Stevens and Hunt to 'think again' on STPs

NHS England's Simon Stevens had railroaded through the signing of operating plans by NHS trusts and CCGs end of January that are totally unrealistic.

Stevens imposes draconian 'financial control totals' in order to deliver dangerous levels of underfunding demanded by Jeremy Hunt – through radical cuts, mergers and closures contained in England's 44 so-called 'Sustainability & Transformation Plans' (STPs). Emperor Jeremy Hunt has no clothes, and everyone knows it:

There is no compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity …

The Departments have not yet established a robust evidence base to show that integration leads to better outcomes for patients … do not yet have the evidence to show that they can deliver their commitment to integrated services by 2020, at the same time as meeting existing pressures on the health and social care systems.

While out-of-hospital care may be better for patients, it is not likely to be cheaper for the NHS in the short to medium term – and certainly not within the tight timescales under which the STPs are expected to deliver change. The wider problem remains: more patient-centred, efficient and appropriate models of care require more investment than is likely to be possible given the current funding envelope.

March: 250,000 demonstrate greatest ever support for #ourNHS

The biggest march ever for the NHS condemned Government policy to underfund and privatise the NHS. See the summary of media coverage of this truly historic occasion – it changed the mood of the country about the NHS.

Organised by Health Campaigns Together and The People's Assembly Against Austerity, with Keep Our NHS Public, the demands were simple and clear:

For a fully funded, publicly owned, NHS & social care service

No cuts, no closures, no privatisation

End pay restraint for NHS staff

Alongside a demand for an end to racism towards patients and NHS staff, this is a clear and relevant manifesto to save our NHS.

April: Theresa May calls General Election on Brexit

But our response was to ensure the electorate voted on the NHS and on social care – the NHS Roadshow was born the next day, set up by junior doctor, Aislinn Macklin Doherty for the Health campaigns Together, Keep Our NHS Public, People's Assembly alliance who had staged the dramatic 4 March #ourNHS demonstration.

May: NHS Roadshow – #VoteNHS

NHS Roadshow, Health Campaigns Together, Keep Our NHS Public and People's Assembly combined once again and intervened in the General Election campaign to ensure that the NHS had a high profile. NHS Roadshow Twitter (renamed as Health Campaigns Together's @NHScampaigns) Twitter was the fourth most effective Twitter stream on the election.

And highly effective videos were put out including 'So you're thinking of voting Conservative' which reached 11.5 million people.

June: General election

The election result was a disaster for the Conservatives and a major step forward for campaigners for the NHS and against austerity cuts to health, social care, education.

The hung parliament meant that the Tories had to buy support from the Democratic Unionist Party in the North of Ireland for £1bn.

Difficult and controversial decisions would be ever more difficult to push through parliament – we had made a very real contribution as NHS campaigners to the outcome of the election.

Our job was very far from done.

But the relationships and alliances forged in the making of the 4 March demonstration and the NHS roadshow stand us in good stead for the future.

July: NHS Birthday – new KONP website relaunched – new threats for NHS

Saturday 1 July and Wednesday 5 July saw events up and down the country to mark the 69th birthday of the NHS – a mixture of celebration and thanks to the NHS and staff and of anger and demands to government that they change direction and stop deliberate underfunding and privatisation of the NHS.

KONP's campaigning new website went live on 24 July – with heartfelt thanks to Geoff.

Notice of Hunt's intention to privatise NHS Professionals – the in-house NHS agency staff organisation saving over £70m per year by-passing private agencies. The effective response launched by We Own It was supported by Keep Our NHS Public – see 'September'.

August: Hawking backs NHS and destroys Hunt's posturing

An important debate on the future of the NHS took place at the Royal Society of Medicine 19 August. Very well organised by Bring Back The NHS, the debate was put on by Discourse and attracted the brilliant presence of Professor Stephen Hawking, as well as a range of informed speakers including Sarah Wollaston, Conservative MP for Totnes and Chair of the Commons Select Committee.

The importance of the debate should not be lost, but the overwhelming impact was the decision of Jeremy Hunt to challenge the analytical abilities of Stephen Hawking – the rest is history.

Hunt came off significantly the worse in reputation and credibility. Thank you to Professor Hawking. What follows is a brief history of that time:

September: NHS Professionals saved from privatisation; Labour commits to NHS

September was a boost to NHS campaigners: following We Own It's campaign with KONP in support, Justin Madders referred the threatened privatisation of NHS Professionals to the Audit Commission. Jeremy Hunt backed down and the Department of Health announced its withdrawal of the plan to privatise.

Then came the Labour Party annual conference: health campaigners, KONP activists, Socialist Health Association and LP members mobilised to get a staunch defence of the NHS and a call to end the market in healthcare on the agenda. Composite 8 was passed unanimously – this was a great day. Read more below.

October: Legal challenge to undemocratic Accountable Care Organisations (ACOs)

Simon Stevens, Chief Executive of NHS England moved quickly between December 2016 and the summer.

● December/January he imposed plans to deliver so-called "savings" annually of £25 billion by the end of 2020/21 – through 'cost control totals' and the threat of special measures if NHS trust, clinical commissioning groups in the 44 local 'footprint' areas failed to 'balance the books.'

This involved 'thinking the unthinkable' (literally a message given to senior NHS managers).

● March saw his plan to force through implementation of the plans and deadlines for financial plans to cut services to meet the cost controls by end of June; and he outlined his vision for accountable care systems to be put in place, which would develop to accountable care organisations (ACOs) more or less quickly – where the budgetary control and governance of the NHS would be broken up for ever into 44 areas, run by 44 organisations controlling the delivery of health care within a tight financial control

● June saw explicit threats to 14 footprint areas to enforce £450 million of cuts or to be put in special measures; a furore saw some rowback and a reduction of target to a still damaging £250 million of cuts

● August saw model contracts for managing the ACOs – including the explicit provision that tendering would include private companies or an alliance in the form of 'special purpose vehicles' notorious for being the holding 'vehicle' for private finance initiative contracts. There is no primary legislation allowing for this and no debate in the House of Commons had taken place nor was it planned.

So – four doctors and academics announced their intention to mount an judicial review against Jeremy Hunt and NHS England. These four became 'The Famous Five' when Professor Stephen Hawking joined them in December.

They are still crowd-funding for funds to cover legal costs – please support here and read more below:

November: Tories' budget heightens reckless, heartless neglect of NHS & Social Care

The Autumn Statement was 22 November. Campaigning to highlight the need for emergency funding for health and social care came from many quarters – NHS Providers, NHS England and Simon Stevens himself, the major thinktanks, Sarah Wollaston Chair of the Commons Health Select Committee and of course campaigners.

The People's Assembly Against Austerity held a rally in Whitehall at Downing St the night before to highlight the impact of universal credit vindictiveness, foodbanks and cuts to health and social care.

The next day Chancellor Philip Hammond refused to fund the NHS safely and failed to even mention social care.

December: Evidence of privatisation racing on

Despite the blatantly false denials from Jeremy Hunt that he is privatising the NHS, the scale of privatisation has been confirmed by The Guardian at year end: 70% of 386 NHS contracts tendered in 2016/17 financial year went to private companies!

£3.1bn of health services – including a shocking £1bn of contracts to Virgin over the last year – the very same company that has sued the NHS for failing to renew the Surrey contract (above).

However it was heartening to hear a clear message on this given out on one of the mainstream media outlets at year's end on LBC.

KONP Northeast

KONP Northeast have had a busy 2017 and need your help in 2018 to help them campaign against cuts and cash driven closures to demand a fully funded, universal, publicly owned and publicly provided NHS.

A video round up of their busy 2017 can be found on their YouTube channel and to join them in their excellent work please visit ***www.konpnortheast.com***

Virgin cashes in

Virgin has taken a £2 million pay-off – at least – from six South West and North West Surrey Clinical Commissioning Groups – money that many of Surrey's most dependent and vulnerable patients will not see again. This is all happening in Jeremy Hunt's own back garden – his constituency is SW Surrey.

In a callous, retaliatory response to losing the community children's health services 3-year contract, which it held 2012-17, Virgin sends the playground bully's message across the NHS: 'Don't mess with us – if you take contracts back we'll make you pay'.

The underlying message is clear: Virgin's priority is to put their finances before patients and NHS front line care.

Lead commissioner, Guildford & Waverley CCG and Virgin Care said jointly that 'an agreed resolution on the litigation concerning the Surrey children's procurement has been reached to a satisfactory conclusion for all parties'. (HSJ)

The HSJ uncovered the partial truth on the size of the pay-out: one of the six CCGs involved, NHS Surrey Downs CCG, published their liability of £328,000.

The detail in their finance paper has since been removed from its website after HSJ's enquiries about the settlement.

We have discovered through an NHS England source that the total payment is £2million. It looks like very close to the sum of six shared contributions from the sued CCGs – plus or minus legal costs.

This money is desperately needed for NHS front line care and should not be bolstering Richard Branson's bottom line.

Council hands another child service contract to Virgin

There is fury in Lancashire as Virgin are awarded a £104 million contract by the council

Richard Branson's Virgin Care company has beaten Lancashire Care NHS Foundation trust to run the County's 0-19 Healthy Child Programme for the next 5 years.

The Canary and Vox Political have reported on this. The former quoted Azhar Ali, leader of the labour group on the council, as calling the decision 'privatisation by the back door'.

This is yet another example of Virgin's parasitic campaign to take over profitable slices of the NHS.

Based on need, not ability to pay

Bevan's 1948 NHS: the ultimate modernisation

Labour's post-war Health Minister Aneurin Bevan

JOHN LISTER opens up the discussion of the implications of the NHS 70th birthday, which Health Campaigns Together will celebrate with allies at a major event in London on July 7

ALMOST SEVENTY years after it was launched to a tremendous wave of public enthusiasm and relief, Britain's National Health Service has expanded massively and changed in many respects it is respected internationally for being cost effective and accessible to all who need it.

But it has remained for much of seven decades the subject of furious debate over values, resources and policy.

The debate has not centred on the "Beveridge" proposal for a government (tax)-funded provision of health care to fill in the gaps left by free-market capitalism: the need for such provision became a point of consensus between all three major political parties. Beveridge's report was commissioned by a Tory-led coalition, written by a Liberal and eventually implemented by a Labour government.

Indeed there is no 'private' health care system in the world that does not now depend crucially on substantial subsidies from public funds to prop it up.

The differences have centred on the extent to which Aneurin Bevan's model of a National Health Service broke from the market system, creating a new type of service, one which has been uniquely based on need rather than on profit and ability to pay – and the extent to which this has been a positive and progressive step.

The Conservative right wing has never been able to accept the progressive impact of the changes that were ushered in on July 5 1948.

This includes those who – for whatever reason, be it the hopes of personal profit or advancement, or ideological conviction – have never been reconciled to the notion of any public or state responsibility to provide or fund health care.

Inverse care law

Whether they like it or not, there is an 'inverse care law' which means most people with most serious health needs (the old, the poor, chronic sick and very young) lack the means to pay the full cost of their care.

As a result, public funding is vital to ensure any significant coverage of the population: even in the USA well over half the health care spending is via Medicare and other public funds.

However the Conservative Party has always retained a backwoods wing which has argued against the nationalisation of hospital services and in favour of some form of system based on private sector provision, or health insurance involving greater reliance on individual contributions.

Health Secretary Jeremy Hunt himself was a co-author of a book along these lines as recently as 2005.

More recently it has been the tax-funding of the NHS and the elimination of fees for service which rankled the right wing, who explicitly pressed ministers of New Labour and now Tory-led governments to roll the wheel of history back towards a new "mixed economy" of health care in which an expanded private sector and extensive use of co-payments and "top-up" payments would become the norm.

Denied any popular base for such fundamentalist views, the political right wing in Britain has instead sought every opportunity over the years to carp at and play upon some of the obvious shortcomings of the NHS. So they have pointed at the bureaucracy, the waiting lists, the inefficiencies – implying, without any real attempt to produce supporting evidence. With a blind eye firmly closed to the staggering additional costs of apparently more advanced and responsive insurance-based systems in the USA, Germany and elsewhere, they claim greater privatisation and an insurance-based system would somehow solve all of these problems at little or no extra cost.

Equitable and efficient

They all struggle with the reality – that tax-funded systems are relatively low in overhead costs, as equitable as the taxation system (in that they draw contributions linked to the ability to pay), and share risk on the widest possible (and most equitable) basis.

Prior to 1948, health care in Britain was a fragmented mix of mostly small-scale private, "voluntary" and larger municipal hospitals, with primary care dependent upon GPs who jealously guarded their independence and private fees, even to the extent of opposing the expansion of hospital specialist and outpatient services as a threat to their livelihood.

The 1948 NHS opened up a new relationship with hospital doctors nurses and professionals (making career structures and national training systems possible) and with GPs (who battled to prevent the NHS being established, but have since seen the benefits of developing a system of primary care).

It also created for the first time the conditions for collaboration and co-operation between previously separate hospitals, and the development of modern medicine and improved access to specialist care for the whole population.

The NHS made possible the planning of services and with more equal and rational allocation of resources than could ever have been achieved in a market system.

All of these are precisely the strengths of the NHS that have been undermined by successive reactionary so-called 'internal market' and other market-style "reforms" and privatisation since Margaret Thatcher's "review" in 1988

By no means all of the possibilities were even imagined at the point where the NHS itself was first launched.

Emerging as it did as the outcome of a series of political compromises, established on the basis of nationalising a financially-challenged, shambolic and unplanned mish-mash of public and private services, created in the aftermath of the economic devastation and social turmoil of World War 2, in a country dependent on US loans to avert bankruptcy, and still to undergo another 5-6 years of rationing and shortages of basic goods, the NHS could never have begun perfect.

Courage required

But we should not underestimate the courage of those that took those first crucial steps along a previously uncharted route. The new NHS cost £402 million in its first year, more than double its allocation of £180m.

Ophthalmic services, for example, at £22m, cost 22 times the projected budget. In a war-ravaged economy, still subject to widespread rationing, the pent-up demand for spectacles swiftly outstripped the capacity of the industry to supply them.

Bevan had to face up to what then appeared to be unlimited, runaway increases in costs, and explain to his cabinet colleagues that much of this was the result of working people properly accessing services they had always needed, but could never previously have afforded.

On that basis he was proud to boast that – in pretty desperate economic conditions – in its first year the NHS issued 187 million free prescriptions: by contrast today punitive prescription charges of £8.60 per item are levied (only in England) on low-paid workers.

There seems little doubt that if the tight-fisted attitude that has prevailed for much of the last 40 years had been taken in 1948, the service would never have been established on sufficient scale to win its current pride of place in public affections.

It's now seen by many as the very heart of the welfare state.

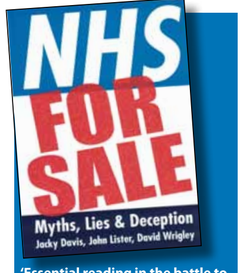
While the 1948 NHS was by no means perfect, it still represented a fundamental, radical and historic break, on a level that is not sufficiently appreciated today.

It was a "modernisation" of a completely novel type, in that it completely superseded the failed "mixed economy" and "market" in health care that had evolved over two centuries of capitalism.

The NHS in July 1948 brought in a new, progressive system which effectively "decommodified" health care: in other words access to services was no longer linked to the ability to pay. This was an aspect of the NHS which never applied to the other industries nationalised after the war, such as railways, coal and steel.

It is this dynamic modernisation which has made the core principles of the NHS in 1948 a target for the neoliberal right wing to destroy – but also an attractive and popular rallying point today for those resisting a slide back towards a market-style system and greater reliance upon private sector providers.

● This article is updated and abridged from John Lister's 2008 book *The NHS at 60: for Patients or Profits?*, Libri



'Essential reading in the battle to save the NHS before private companies bleed it dry.' – Ken Loach

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Health Campaigns Together Conference Nov 4

Unions and campaigners stronger together

John Lister

Our well-attended conference on November 4 brought over 400 campaigners and activists to Hammersmith Town Hall, where speakers included film director Ken Loach, Ontario health campaigner Natalie Mehra, BMA Council chair Dr Chaand Nagpaul, campaigners from Devon and South Tyneside, front line health workers and a specially produced video from Shadow Health Secretary Jon Ashworth).

There were also speakers from two health trade unions, Unite, which has 100,000 health members, and UNISON, the largest health union with over 400,000 members.

UNISON's Head of Health Sara Gorton, in a strong appeal for unions and campaigners to work together confirmed that UNISON is now affiliated nationally to Health Campaigns Together, arguing that in working together with campaigning groups unions can improve services for the people who use them as well as the staff.

Referring to the recent campaigning success in fighting off plans for the privatisation of NHS Professionals, Sara stressed the value of forging strong local level links between campaigners and UNISON branches, which is crucial in the fight to stop the sale of assets over the next few years.

She went on to outline three key areas where UNISON will need support from campaigners: on pay, the "land grab" threatened by the Naylor proposals, and the creation by trusts of "special purpose vehicle" companies to employ non-clinical staff – with the threat of a return to a two-tier workforce (see feature below).

Sara Gorton, UNISON

John Harris www.reportdigital.co.uk

Sarah Cook, Unite

John Harris www.reportdigital.co.uk

She argued that the cap on pay is one of the reasons we're getting so many staff shortages, resulting in a vicious circle where people are given more and more work in an unsustainable working structure, the staffing levels are undermined, and people are put off from working there.

Although the cap on pay had been dropped in words, turning this into a significant increase in pay would need strong campaigning: "We know we have public support in lifting the pay cap in the NHS. But getting money off the Treasury will not be easy."

On the land grab, Sara pointed to the "double speak" of giving it the name 'Project Phoenix'. UNISON was not opposed to making use of unused NHS assets, but asset-stripping, to give a one-off cash injection that is soon spent, was not the way to go.

As a union that represents all sectors of the staff who work in the NHS, UNISON is opposed to the creation of new companies to exploit tax loopholes which also exploit staff who work in support roles.

These companies treat support staff as second-class citizens, making out they don't matter. Sara pledged UNISON will be campaigning to see they are treated fairly.

She urged conference delegates to build links with UNISON health branches, and invite them to get involved with local campaigns.

"We can work together to keep the NHS property public, and the people who work in it out of the pockets of the privateers."

Sarah Cook, London and Eastern Regional officer for Unite, said her union is rightly proud of its tradition of being a fighting Union, and had waged successful strikes with a wide range of employers – including BA, the Bank of England, and Barts Health.

Work in health is a challenge, she said. The service is under enormous strain, and being purposefully deprived of funding: "Our members always put patients first but they are stressed by the continual squeeze they are facing at local and national level."

Unite has been part of supporting HCT from the beginning, as well as KONP, and many local campaigns, allowing them to use our resources, our political networks, to raise issues and support local campaigns.

John Harris www.reportdigital.co.uk

Front line experience: Dr Gurjinder Sandhu spoke of the pressures on North West London hospitals

Unite has community branches throughout the country which campaign on issues of importance to them, and their retired members branches are also very active. A couple of years ago Unite held the London Peoples Inquiry on London's NHS, which showed how trade unions can widen out campaign work.

Unite alongside other health unions has put in joint NHS pay claim to the Pay Review Body. It's about respect: pay fairly and end pay restraint, treat staff with dignity. Some members are even having to use food banks.

In addition Sarah said "We are fighting cuts to mental health services, and campaigning against STPs that are founded on £22 billion of cuts. No one objects to the principles of planning, but where is the funding for community health services?"

■ (video of all the platform speakers is available at ***https://healthcampaigntogether.com/conference-20171104.php***

Sneaky Privatisation Vehicles

Thousands of Estates, Facilities and Information Management and technology staff in West Yorkshire are under threat of being transferred from their current NHS employment into arms-length companies in a desperate quest for cost savings.

The West Yorkshire Association of Acute Trusts (WYATT), which covers six Trusts (Airedale, Bradford, Calderdale and Huddersfield, Harrogate, Leeds and Mid Yorkshire) has floated the plan in a briefing which refers to the possible creation of 'wholly owned subsidiaries' for some services.

Four of the Trusts, Bradford, C&H, Leeds and Mid Yorkshire are cooperating jointly and forming a 'Special Purposes Vehicle' (SPV), which is a separate private company owned by the Trusts, into which NHS staff could be transferred. This has already been registered at Company House.

The briefing fails to mention that the SPV would be outside the NHS, and there remains the possibility that once established, the SPV or a controlling stake in it could be sold on to profit-seeking private sector companies.

This means that although existing staff would have their terms and conditions protected in the short term,

the SPV would in future have freedoms, including paying staff outside the NHS national Agenda for Change Terms and Conditions.

It could save the trusts money at staff expense, by introducing a two tier workforce, with inferior terms and no access to the NHS pensions for new staff.

Back-door privatisation

This is potentially the privatisation of many NHS departments by the back door – a return to the wholesale contracting-out of support services begun under Thatcher from 1983.

The briefing has the nerve to claim that one of the potential benefits of "working collaboratively in this way includes … valuing and supporting our staff", although it's likely that few staff would feel valued or supported if they were to be dumped out of the NHS and into a private company with inferior terms and conditions.

The only staff to benefit from this would be highly paid project managers. Trade unions have formally objected to the briefing and told the four trusts that they will not cooperate with the formation of the company.

They have warned they will lodge a collective dispute if the plan goes ahead.

The four Trust Boards seem determined to forge ahead regardless and plan to discuss the Full Business case at their Board meetings in December/January, although the document was still awaited at the beginning of December. It could trigger a major dispute across all four trusts.

The proposal stands in stark contrast to the cosy phrases of the Mid Yorkshire Hospitals trust's 2016-2021 Workforce Strategy, which aspires to "Inclusive leadership to inspire and deliver improvements and meet required standards and obligations", promising "Leaders and managers who manage in a respectful and compassionate manner, whilst delivering their core objectives".

Trust bosses may find they need to offer more than warm words if they wish to convince staff: and clinical staff will be anything but reassured to see the ways in which their terms and conditions could also be potentially undermined if the trusts succeed with this experiment on support staff.

The Yorkshire plans follow similar lines to Trusts in the South West. Unions have also reacted angrily to plans to move 350 estates and facilities staff in Yeovil to a subsidiary company or "subco" that will initially be owned by the trust but will not be part of the NHS.

And in Gloucestershire 900 staff in the already low-paid estates and facilities departments, covering services like portering, cleaning and maintenance are also fighting back against plans by the Trust to pursue an alleged VAT saving by selling services to itself.

Managers there have been open about their desire to refuse new staff access to NHS pensions once staff are no longer NHS employees.

Fiasco of privatised patient transport

The NHS has wound up almost £1m worse off after an ill-conceived contract for patient transport services with failed private firm Coperforma finally collapsed.

The company is to be wound up, but the NHS has picked up some of the unpaid liabilities, including an £650,000 ex-gratia payment for unpaid wages and £180,000 for pension payments.

Seven Sussex CCGs agreed to award to contract to Coperforma – but then heard a barrage of complaints as the firm failed to deliver, leaving thousands of patients waiting for hours.

Meanwhile UNISON is demanding an inquiry into another collapsed patient transport outfit, Private Ambulance Service Ltd, which caused havoc in Bedfordshire, Hertfordshire and north west London before going bust with 2 days notice.

NHS in crisis: fix it now! Join the national day of action Saturday February 3

HEALTH CAMPAIGNS TOGETHER

#our NHS

Affiliate now for 2018

If you like what we're saying and support what we are doing for fight for our NHS, why not get your organisation to affiliate to Health Campaigns Together.

Affiliation is administered by calendar year, so any organisation that affiliated prior to our November 4 conference in 2017 needs to sign up again to remain affiliated.

We are very proud of the number and diversity of organisations that have joined out alliance – among them the two main national trade unions active in the NHS UNISON and Unite, and trade unions defending other public services like the National Education Union and the Fire Brigades Union both of which affiliated to us at the close of last year.

We urge local branches of these unions to get involved as well, by affiliating directly and subscribing to the newspaper.

We also welcome other trade unions, national and local campaigns, parties committed to defence of the NHS, pensioners groups, student unions – anyone who wants to be part of the fight.

Our website has details of affiliation, making clear that while we expect trade union branches and similar bodies to pay at least £50 (and a number have made much more generous additional donations), we also welcome smaller groups, and we can be flexible on the level of affiliation fee.

As an alliance of organisations we are not open for individuals to join – but we welcome support, subscriptions to the newspaper, and donations from individuals. Details at *https://healthcampaignstogether.com/joinus.*

AGM April 14, London

Your chance to shape policy and elect officers

Our AGM last year was attended by over 50 affiliated organisations. It heard reports of the work that had been done and established a system for electing officers and an action committee, and shaping policy for the year ahead.

The AGM is only open to affiliated organisations – so to get involved make sure you are signed up in good time!

Hammmersmith & Fulham council leader Steve Cowan was one of the opening speakers at our successful November 4 conference in Hammersmith Town Hall (below). Other speakers included film director Ken Loach (bottom picture). More details INSIDE page 11.

Please consider a donation to help build our events

In 2017 we put Health Campaigns Together on the map and the NHS high on the political agenda with our massive March 4 demonstration through London, organised with People's Assembly.

We managed to cover our costs and raise some vital funding to help resource our work around the general election and party conferences, and subsidise long distance travel to our November 4 conference in London.

But 2018 is a new year with new demands upon us as campaigners, and we are urging all the organisations and individuals who support the work we are doing to make a donation, as generous as you can.

Your donation will support the publicity and campaigning for the **February 3 Day of Action** around the country and of course for the major NHS Birthday event we are planning in London on **July 7**.

Please put the dates in your diary – and send us whatever you can afford: details at ***www.healthcampaignstogether.com/donate.php***

Our New Year bargain offer:

4 for price of 3!

For **THIS MONTH ONLY**, we are offering any sized bundle of all **FOUR** quarterly issues in 2018 for the price of **THREE**, paid in advance.

But you have to hurry! Offer must close **January 31**.

Order online at ***http://www.healthcampaignstogether.com/newspaper.php.***

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations.
We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.
REAFFILIATION DUE NOW FOR 2018. 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 produced Health Campaigns Together newspaper QUARTERLY since January 2016.
It is still FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper:
Cost PER ISSUE (inc post & packing)

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

For intermediate quantities – see ***http://www.healthcampaignstogether.com/newspaper.php.***

Bundles of papers will only be sent on receipt of payment, and a full postal address preferably online.

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