HEALTH CAMPAIGNS TOGETHER #OUR NHS

NEWS
AUTUMN 2022

As inflation soars, unions gear up for NHS pay fight

Health unions are preparing or holding ballots on strike action in response to the £1,400 flat cash pay award for all but a few staff on Bands 6 and 7 announced in July.

All the unions have condemned the award as completely inadequate.

UNISON is urging members to pledge 'yes' to a full ballot for action.

Unite is holding a consultative ballot with a recommendation to vote 'yes'.

The GMB ballot opened on 30 August and closes on 27 September. GMB National Officer Rachel Harrison said:

"After more than ten years of pay cuts and a gruelling two years on the pandemic front line, NHS staff face yet more punishment from this pay offer.

"Health workers are using food banks and cancelling their pension contributions to make ends meet."

The RCN too is holding a postal ballot beginning on September 15.

Meanwhile the latest figures suggest energy prices will leap again next month to levels unaffordable for millions, and soar again in January.

More on pay: see page 3

Anura Wick/Alamy

RCN ballot on action starts on September 15

After a decade of under-funding

Worst-ever NHS crisis . . .

Alamy

. . . and Truss wants to cut £10bn more!

John Lister (much shortened from article in The Lowdown)

During the interminable and vacuous "debates" between Liz Truss and Rishi Sunak the elephant in the room has been the dire state of the NHS after more than a decade of real terms cuts in funding and increased pressures.

Truss's limited comments on the NHS were limited to a vague suggestion that she wants to "cut bureaucracy" – and slash £10 billion from NHS budgets to give to social care.

While there's no denying the shambolic social care system needs more funding, it should not come from the inadequate NHS budget. £10bn would be an impossible 7% outright cut in NHS spending on top of existing inflationary pressures and targets for 'savings'.

It would push many services to the point of collapse as well as driving out tens of thousands more demoralised staff, leaving patients at risk.

Even before Truss's threat of more cuts, the Nuffield Trust's Sally Gainsbury had shot down the boasts by ministers that Rishi Sunak as Chancellor has been generous in handing "record" funding to the NHS.

In July Gainsbury argued England's NHS faces a **3% real-terms budget cut this year** (measured against whole-economy inflation figures for the budget in March).

This, she argues, is only "the first and widest step in a **three-year plan to claw back the bulk of the extra funding given to the NHS to deal with the pandemic**, with the following two years scheduled to see budgets grow at less than half the NHS's historic real-terms average."

As a result: "one of the first tasks for the 42 new integrated care boards … **is to deliver over £5.5 billion worth of spending cuts this year alone ….**"

Outside the bubble of complacent and ill-informed Conservative members there is near unanimity that the situation has gone from bad before the Covid pandemic to much, much worse.

Matthew Taylor, chief executive of the NHS Confederation, which represents trusts and commissioners, and is not known for hyping up an issue, has warned that the "NHS is in its worst state in living memory … There is no escaping that the NHS is in a state of crisis."

Nurses' and doctors' unions have focused on the worsening staffing crisis – which has been even more linked in to the hotly-disputed pay award as inflation has hit double figures and energy prices have soared. The latest figures show 132,000 unfilled vacancies – a **25% increase in just 3 months** – including 47,000 nurses and almost 11,000 doctors.

The worst-ever crisis seems set to get even worse – and demands action from campaigners and trade unions to defend services and staff.

The SOSNHS demand for an emergency down-payment of an extra £20bn for the NHS (see page 3) is now the bare minimum needed to stave off major and damaging cuts and halt the haemorrhage of staff to better-paid, less stressful jobs.

Symptoms of the NHS crisis

The austerity regime from 2010 held down NHS spending below the previous average, while the population and the proportion of people aged 65-plus increased. By 2020 the BMA calculated the gap between what should have been the NHS budget had previous trends continued and the actual budget came to £50 billion per year, with a much larger cumulative gap.

This is why Trusts had a combined deficit (largely covered up by loans from the DHSC) of £14bn in 2020, when this was converted into "Public Dividend Capital" requiring trusts only to pay interest on their borrowing. It's also why the backlog bill for maintenance that should have been completed has grown in the last few years to top £9bn. **And it's why pay settlements for NHS staff have fallen so far behind the cost of living in the past decade.**

The lack of resources led to a constant pressure to squeeze down bed numbers, with front line acute beds falling from over 108,000 to just 101,000 since 2010, with an even bigger fall in the number of beds occupied in the aftermath of the crisis measures of the pandemic.

At the last count just 91,000 acute beds were occupied – 6,500 of them by patients with Covid, and 13,000 by patients fit enough to be discharged form hospital, but unable to leave for lack of social care. In other words one in five acute beds are unavailable for the 'normal' work of the NHS – emergency and elective treatment.

This lack of capacity has forced up the waiting list to 6.7m and rising, and brought huge problems in emergency departments many of which have been unable to find beds for patients, and therefore unable to receive additional patients from lines of ambulances waiting outside after blue light journeys in to hospital.

A&E patients, in particular the most serious Type 1 cases, many of whom need admission, have faced greater delays despite the fact that the A&E caseload has not increased from pre-pandemic levels and numbers of Type 1 cases are lower than in 2019. Numbers of patients kept waiting on trolleys over 12 hours for a bed have mushroomed.

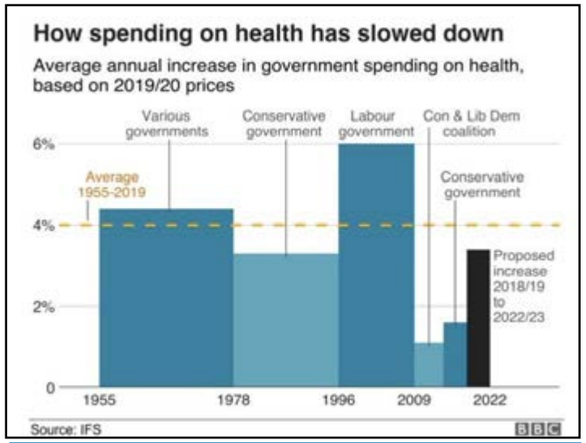
Delays in hospital inevitably knock on to reduced performance of ambulance services, especially for the Category 2 calls (heart attacks, stroke, falls, etc.) which in turn results in headline stories of (mainly) elderly patients waiting hours on end for ambulances to arrive.

The over-filled hospitals lead to failures to meet targets even for the most prioritised treatment – cancer, where only 60% of patients are seen within the target of two months, and performance has fallen back almost every year since 2010.

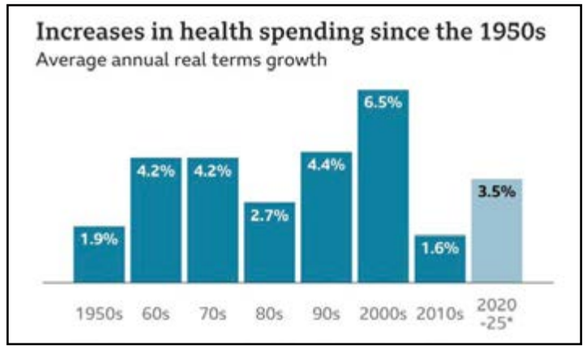
Numbers of occupied mental health beds have also been falling back year by year, while delay in accessing services, and numbers of patients referred to private units, often many miles from their homes, have increased.

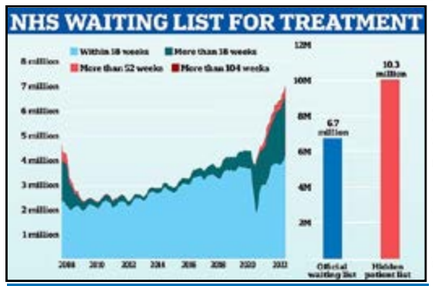
And GPs have had to work flat out to deliver increased numbers of appointments, two thirds of them face to face, despite reduced numbers of GPs and the closure of many practices.

All of these problems and pressures will be massively worsened if Integrated Care Systems seek to make £5.5bn 'savings' this year – and the system could face collapse in some areas if Liz Truss presses her call for a £10bn cut in health spending.



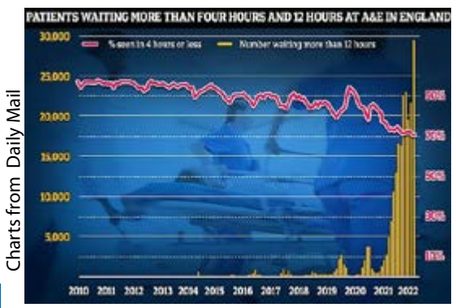
12 years of real terms £ cuts





Waiting lists - had DOUBLED 2010-2019

Charts from Daily Mail



A&E waiting times

THE lowdown

Regular fortnightly evidence-based online news, analysis, explanation and comment on the latest developments in the NHS, for campaigners and union activists.

The Lowdown has been publishing since January 2019, and FREE to access, but not to produce. It has generated a large and growing searchable database.

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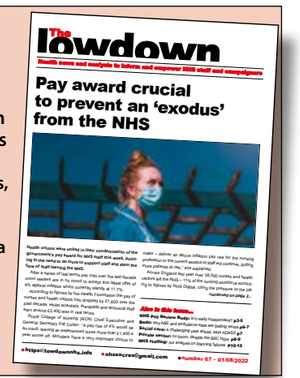

The Lowdown
Health news and analysis to inform and empower NHS staff and campaigners
Pay award crucial to prevent an 'exodus' from the NHS

Pay fight is vital to defend NHS

Health unions were united in their condemnation of the government's pay award for NHS staff in July, pointing to the need to do far more to support staff and stem the flow of staff leaving the NHS

After a series of real terms pay cuts over the last decade union leaders are in no mood to accept this latest award of a £1,400 flat cash increase (with a 4% increase for the top of Band 6 and the whole of Band 7) – while inflation stood at 11.7%, and has since increased, potentially rising to 20% and more.

Unite general secretary Sharon Graham said: "The Government promised rewards for the dedication of the public sector workforce during the pandemic. What they have delivered instead, in real terms, is a kick in the teeth."

Society of Radiographers Executive Director, Dean Rogers commented "Since last year's pay award we've had National Insurance increases, increased student loans, the re-introduction of parking charges and we know around 70% of NHS staff will see pension contributions increase in October…. There is a real risk that this might result in more people choosing to leave the NHS."

UNISON is telling members: "You know the stress of understaffing. The NHS is in the greatest workforce crisis in its history, and it won't be solved by making you choose what to cut so you can heat your home."

Real terms cut

According to figures by the Health Foundation the real terms pay of nurses and health visitors had already dropped by £1,600 over the past decade, whilst scientists, therapists and technical staff earn around £2,400 less in real terms.

A survey of more than 9,000 health workers in England carried out by UNISON found that almost half (48%) are seriously considering leaving the NHS in the next year, and the union believes this trend, unless abated, will seriously undermine efforts to reduce the 6.5m strong waiting list.

The UNISON survey also found that of those thinking about leaving, three fifths (61%) were attracted by better pay, while one in five (21%) wanted to work in less-pressured working conditions.

Around two thirds (68%) of NHS staff say they will look for other, better-paying work, if this year's NHS pay award does not keep pace with the cost of living.

A subsequent UNISON survey – based on responses from more than 3,000 public service workers earning £20,000 or less, including care staff and porters – shows many are skipping meals to cope with the cost-of-living crisis,

Health affected

A total of 84% say rising bills and pressures on their household budgets are taking a toll on their health.

Strategies to make ends meet include switching off heating (80%), limiting car journeys to reduce petrol costs (64%), keeping lights turned off (60%) and avoiding visits to the dentist (30%). Nearly a third are skipping meals (31%), with some doing this in order to allow their children to eat (11%).

Indeed NHS bosses are warning that thousands of NHS community staff who rely on cars for work will be forced to leave their jobs because they cannot afford soaring petrol prices: community services could lose one in twelve of staff in the next year.

Meanwhile UNISON has set out the case for taxing wealth and big business to fund a pay rise for staff providing essential services. Independent economic analysis commissioned by the union identifies tax changes that would raise £30.58bn a year to tackle the cost-of-living crisis This includes

£10.1bn that could be raised from an annual 1% tax on household wealth above £5m, including second homes, buy-to-let properties and pensions, says UNISON.

In addition, the report says a 1p increase in both the higher and additional rates of income tax would yield £1.65bn.

Increasing capital gains tax rates to match those for income tax would raise a further £8bn.

Why the NHS needs an extra £20 billion

£14 billion is needed now to repair and rebuild crumbling infrastructure and reopen beds left empty since Covid-19 struck.

This includes:

£5bn to tackle the most urgent of the backlog maintenance issues, for which the total bill has soared to **£9.2 billion**: repair crumbling buildings and replace clapped-out equipment.

Up to £6bn needed sooner rather than later to **rebuild hospitals** built in the 1970s using aerated concrete planks, which are in imminent danger of collapse, and costly even to prop up.

And **£3bn** is needed to reorganise, rebuild and in some cases refurbish hospital buildings to enable them to **reopen beds** which were closed in 2020 to allow for social distancing and infection control and remain unused today.

NHS capital is also needed so new **community diagnostic hubs** and surgical centres can be built without depending on private sector involvement.

On top of this the Royal College of Psychiatrists has called for **£3bn** capital, and **£5bn** in additional recovery revenue over 3 years to equip **mental health services** to cope with the increased demands since the pandemic and expand services for adults and children.

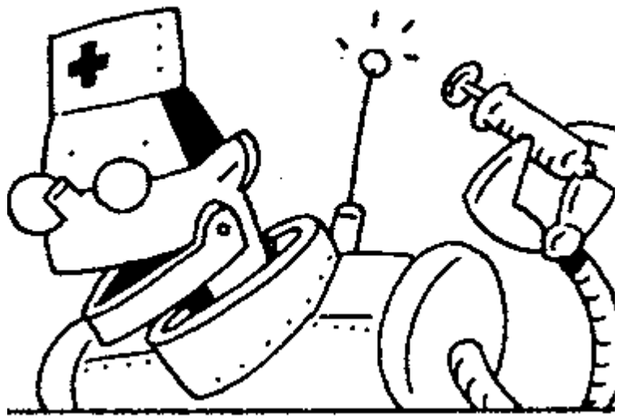
Rebuild public health: The Health Foundation has calculated that an **extra £1.4bn a year** by 2024/25 is now needed to reverse years of cuts in public health, which should be leading a locally-based test and trace system and preventive work to reduce ill health.

Invest in fair pay: this is essential to help restore morale. Each 1% increase in England is estimated to cost **£340m**, so even to match inflation rising towards 8% needs an **extra £2.7bn**. The long-promised promised additional **50,000 nurses** will cost at least another **£1.7bn** – plus a pay award for all staff to help recruit, retain and grow the workforce.

This list has not even mentioned 48 new hospitals. £20bn is just a down payment.

OVER 300,000 people have now signed the SOSNHS petition demanding emergency funding. Help get it to 500,000!

Virtually useless



With 'virtual wards' being the latest big idea for NHS England to square the circle of trying to expand capacity with reduced revenue and no capital, all 42 Integrated Care Systems are required to establish them 'at pace'. So we might expect to find a wealth of explicit guidance for local NHS management seeking to set them up.

But no. A search through NHS England's virtual ward web page for more information reveals that there is no discussion at all about assessing the home circumstances of the patients, and none of the concrete guidance we might expect.

Published NHS England guidance does say that "The virtual ward workforce commonly consists of:

"consultant geriatricians (hospital or community based); advanced clinical practitioners; pharmacists; nurses; AHPs [Allied Health Professionals such as therapists and radiographers]; GPs with specialist interest; health and care support staff; social care workers; plus operational support and third sector organisations."

But many of these staff are in desperately short supply, and no numbers are given to indicate how many of each per cohort of patients might be required to ensure safe cover (allowing for sickness and holidays) for "a minimum of 12 hours a day (8am–8pm), seven days a week, with locally arranged provision for out-of hours cover, enabling flexibility of service provision as determined by local need."

In other words the staffing requirement – and up-front cost – is substantial, and could in many areas only be delivered by reducing resources and staff cover elsewhere.

Some information is promised by a new range of private companies seeking to profit from this latest way of delivering health care, such as Current Health, Homelink Healthcare (whose Head of Business Development has previously held senior roles with IBM and United Health), and Spirit Health. But these are all selling a product, ignoring the real problems, and making extravagant claims of cash savings per patient.

NHS England's web page features a film apparently showing a virtual ward in action at Norfolk and Norwich University Hospitals NHS Foundation Trust.

The too-perfect picture conjured up is reminiscent of the Jim Carrey film The Truman Show: there always seems to be the right member of staff on hand with time to take on the necessary tasks to make each aspect of the virtual ward – down to promptly delivering prescription drugs to patients at home – but there is no mention of how many clinical and non-clinical staff are in the team.

The film shows a relatively young, articulate patient being given a beautifully packaged box of pre-programmed equipment including a tablet computer, oximeter, blood pressure monitor, and more.

Nobody discusses how much such a box of kit costs, or where a trust seeking to set up a virtual ward can obtain a stock of them.

But as well as the technical questions there is the big practical question: if the patient does feel unwell and pushes the 'red button' for immediate assistance, how likely is it, with the current chronic problems of ambulance and emergency services, that they will get the promised instant answer?

Is each virtual ward supposed to have its own team on hand 24/7 to deliver emergency response? What happens if two or three real patients in the virtual ward feel unwell at the same time?

Will actual care really be there if patients get really ill at home?

How realistic is it to assume that all 42 ICSs can establish little islands of safe staffing – and beds for any virtual patients needing hospital care – while the rest of the NHS faces 110,000 unfilled posts, huge delays and a worsening shortage of beds?

The web page explains "Support may also involve face-to-face care from multi-disciplinary teams based in the community, which is sometimes called Hospital at Home." But this is limited to a short-term intervention of 1 to 14 days. A March 2022 guidance document on virtual wards also emphasises the same time limit, which appears therefore to relate to ALL virtual ward provision.

So what happens after 14 days are up and patients still need support? Do they have to join the queue for an ambulance and a hospital bed?

Another NHSE guidance document does mention funding, but states that the extra £200m this year and £250m in 2023 is only temporary: **"No ringfenced recurrent funding will be made available from 2024/25. "**

The guidance does not say what the money – equivalent to less than than £1.5m per acute hospital trust – is supposed to cover, or what additional costs may be incurred.

Even 7,000 virtual beds would still leave the NHS with one in eight actual beds unavailable for emergency or elective care. As a practical solution to today's actual problems, it seems virtual wards are virtually useless.

No evidence to justify roll out of virtual wards

Dr John Puntis, co-chair KONP

Recently, measures to deal with the NHS crisis over winter were announced. Headlining was a commitment to create an extra 7,000 beds mainly through 'virtual wards'. When interviewed on the Radio 4's Today programme, Jeremy Hunt even went so far as to outrageously claim this was equivalent to opening seven new District General Hospitals.

While there is much confusion around this term, a 'virtual ward' aims to reduce pressure on the system by preventing inappropriate hospital admissions as well as improving flow through hospital by allowing patients to be discharged sooner.

While virtual wards can play a useful role, the Royal College of Physicians considered that they should be only one element in a raft of innovations to relieve pressure on hospitals.

NHS England's first rollout of virtual wards when numbers of Covid patients were overwhelming hospitals was criticised by the Society for Acute Medicine and the Royal College of Physicians, who feared that they could put patients at risk as well as increase demands on staff given that the workforce pressures of virtual wards would have been significantly underestimated.

All 42 of the NHS' new Integrated Care Systems must now create 40-50 virtual ward beds per 100,000 population by December 2023 – creating a staggering 25,000 virtual beds across England. Not surprisingly, NHS internal figures suggest that this deadline is likely to be missed.

The emphasis on rapidly increasing virtual beds is perhaps not surprising given that Health Secretary Steve Barclay has been described as serving up 'a succession of quickfire nonsense ideas which display a near-complete ignorance of the way the NHS works and indifference to the consequences of his proposals'.

The proposals actually envisage virtual wards decreasing hospital occupancy and not just coping with surge in demand, although the Manchester team supporting patients at home with telephone calls and monitoring say their service 'is not about admission avoidance'.

However, unless there is adequate resourcing including the necessary hospital teams and community infrastructure, virtual wards will remain another example of how to justify underinvestment in hospital staff and services by promising resources for community care that then fail to materialise.

Meanwhile, private firms are likely to be the beneficiaries of any limited increase in funds that do find their way to home care.

In Watford West Hertfordshire NHS trust, nearly 400 patients with Covid-19 were monitored through phone calls from a team of clinician. It was estimated that this saved a modest 100 bed days/week over three weeks at the height of the pandemic.

However, hard evidence in relation to overall costs and benefits is lacking.

David Oliver, a former president of the British Geriatrics Society and visiting fellow at the King's Fund, considered that the virtual wards model was "not a magic bullet" and it was too early to be attaching "ambitious national targets" to their use, particularly since we did not actually know how patient outcomes were affected.

New services where the needs of patients are poorly understood can increase workloads for existing staff and have unintended consequences in terms of risk, for example, by spreading an already stretched workforce even more thinly.

Some have observed that reducing hospital bed days is currently the ultimate currency in healthcare, with large amounts of money being diverted from tried and tested workforces into new services, new jobs, and new technology aimed at preventing patients being admitted to hospital.

While some of these new ideas could work, others have the potential to be a catastrophe. Virtual wards lack an evidence base, including assessment of the burden put on family carers at home.

Northern Conference
Campaigning for Health and Social Care

SATURDAY October 22
11- 4pm in Leeds
at St George's Conference Centre, 60 Great George St. LS13DL,
(behind Leeds Town Hall, next to the LGI, adjacent to St. George's Church)

Speakers:
SALLY RUANE Deputy Director of the Health and Policy Research Unit at De Montfort University
COLIN HUTCHINSON Chair of Doctors for the NHS and Calderdale Councillor
FELICITY DOWLING Save Liverpool Women's Hospital Campaign
plus trade union activists, northern health campaigners, disabled activists et al
Lunch and refreshments provided but donations welcome.

KONP & NEU TUC fringe: Government Covid response 'Misconduct in public office'

Tony O'Sullivan, co-chair Keep Our NHS Public

The National Education Union and Keep Our NHS Public together are holding a fringe meeting on Covid at the TUC conference 12 September. KONP organised the People's Covid Inquiry (PCI) in 2021.

The Government's message that the pandemic is over is dangerous and misleading. Daily deaths with Covid on the death certificate (averaged weekly) remain close to 100.

Total deaths in the UK now exceed 206,000.

The risk to health and safety in the workplace endures. Disruption of children's education and of NHS and care services is severe: the pandemic is not over.

The coronavirus pandemic laid bare the lack of preparedness of the country and its public services to meet the dual challenge of protecting the public and frontline staff from Covid and maintaining urgent and key services including NHS care for patients with non-Covid conditions.

Michael Mansfield with (left) Dr Sonia Adesara

Lockdowns were late and prolonged, damaging people's lives, the economy and children's education.

Key workers were left exposed and too many thousands died. Now thousands are dying from failures of care.

Dr Sonia Adesara, NHS doctor will share her experience working in the NHS during this time.

Dr Louise Irvine, Doctors In Unite and KONP will discuss current risks and simple, inexpensive and vital measures that can be implemented.

The NEU's Kevin Courtney will talk of the NEU's experience and Matt Wrack FBU and Matt Dykes TUC on how unions should respond now. The Covid Pledge to support the safety of staff and the public was launched by Independent SAGE and the Hazards Campaign.

Human rights lawyer, Michael Mansfield QC, chaired the People's Covid Inquiry and took evidence from over 40 witnesses: experts, unions leaders (including Kevin Courtney and GMB's Rehana Azam) and frontline workers.

Avoidable

He will refer to the evidence that tens of thousands of Covid deaths were avoidable.

The Inquiry concluded from the evidence that senior politicians should be investigated for the common law offence 'misconduct in public office'.

There are manifestly obvious lessons to be learned that will save lives if acted upon now. The Government refuses to engage. The UK Covid-19 Inquiry (https://covid19.public-inquiry.uk/) officially launched 28 June 2022 but will not hear evidence in public till summer 2023.

The Government claims it 'got all the big calls right' on Covid.

The UK Inquiry must hear evidence, including that available to the PCI, that points to gross governmental dereliction of duty.

As winter approaches, Covid poses a clear and present danger to the health and safety of union members and the public.

Refusal to respect and implement basic public health measures puts workers, school children's education, the NHS and social care at risk once more.

The detailed findings and recommendations in the PCI's 'Misconduct in Public Office', published by KONP in December 2021, are available in full and in summary at www.peoplescovidinquiry.com and in print.

Read more about SOSNHS, its three core demands, and SIGN the petition at https://sosnhs.org

Please affiliate or reaffiliate to HCT for 2022 – back page *www.healthcampaignstogether.com*

Shropshire plan slashed by 40% to fit cash limit – but what has been sacrificed?

A triumphant press release from Shrewsbury and Telford Hospitals Trust on August 30 proclaimed "a significant step forward" had been taken after DHSC and NHS England formally approved the Strategic Outline Case (SOC) for the reconfiguration of acute hospital services – which has been stalled for several years.

But no sooner had the misleading statement been issued than it emerged that some parts of the controversial plan will have to be axed to ensure the project fits the inadequate £312m cash allocation.

While the plans include the 'core elements' of the original proposals for Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH), some parts 'will not feature.'

And they are likely to be quite large parts – since the projected cost had risen to £533m at the last count – so cutting back to £312m is a reduction of over 40%.

The local press reports health bosses "will try to apply for future funding to complete all of the original aims of the plan:" – but with no funding in sight for the bulk of the 48 new hospitals promised by Boris Johnson, and a new Prime Minister looking to cut NHS funding there is little chance of any extra cash this decade.

Local campaigner Gill George comments:

"How dare they? This project is a complete shambles.

"Much of the plan they consulted on – all the fluff and nonsense about benefits to patients – has been ripped out. We're down to 'core elements'.

"This means a massive downgrading to Telford's Princess Royal Hospital, including the loss of the A&E and Women's and Children's services. but they are also taking away planned care from the Royal Shrewsbury.

"That means worse access to care for all of us – and in a cash-strapped system, it means the services that are left will be cut to the bone.

"One thing they MUST do – and they're refused and refused and refused – is to PUBLISH these plans and the previous ones, so we can see what's been cut out.

"They have refused to publish the last three Strategic Outline Case documents. The whole 'system' has basically taken a decision to withhold information on everything.

"And the second thing they MUST do is RE-RUN PUBLIC CONSULTATION. They're trying to pretend nothing important has changed and it's business as usual – but it's clearly not going to be the same plan they were talking about. This – excuse the language – is taking the piss."

David Bagnall/Alamy

2018: protestors defending A&E at Telford's Princess Royal Hospital

140 doctors unite to demand change at crisis mental health trust

A Norfolk Tory MP has backed calls from Labour and mental health campaigners for health ministers to take direct control of a major mental health trust that spans two Integrated Care Boards, in Norfolk and Suffolk, covering Lizz Truss's and Therese Coffey's constituencies.

North Norfolk MP Duncan Baker has followed Labour MP Clive Lewis, local councillors and campaigners from Norfolk & Suffolk Mental Health Crisis in calling for top-level intervention after a saga of failure to address major problems going back many years.

The campaigners have lobbied MPs urging them to support calls for an independent public inquiry into the trust, not least to establish firm data on how many patients have lost their lives while in the Trust's care, and why demands by the Care Quality Commission for changes to address problems have still not resulted in action.

Duncan Baker told the Eastern Daily Press: ""I raised specifically my wishes for special administration to now follow, and gave my belief that the trust is not able to improve itself within the six-month Care Quality Commission (CQC) window."

This followed an extraordinary letter to the Trust chair from the trust's medical staffing committee, backed by more than 140 doctors, saying they "lack confidence" in the organisation's leadership, and warning that doctors at the Trust are carrying huge workloads and that services are "unsafe".

They requested an urgent meeting with chair Zoe Billingham, who responded by holding an extraordinary meeting with members of the medical staffing committee to discuss their concerns.

Cath Byford, deputy chief executive at NSFT, said: "We share the concerns raised by our medical colleagues. We value their views and are committed to working closely with them as we continue to make improvements on behalf of our service users and their families."

However campaigners are not convinced, and continue to declare their lack of confidence that the Trust can really reform itself:

"Since NSFT first entered 'special measures' in 2015, we have raised serious issues with successive CQC inspectorate teams and the wider network. The unsafe situation at NSFT has been allowed to continue for too long.

"CEOs and Board Chairs have come and gone, people have died, and services are the worst they have ever been.

"Across two counties, people in mental distress cannot access a service, people in crisis are not safely responded to, carers live in fear of harm coming to their loved ones, and staff are demoralised and exhausted. This cannot be allowed to continue."

There is specific criticism of NSFT chief executive, Stuart Richardson, who describes himself as 'new' to the trust despite having served for 3 years as Chief Operating Officer at NSFT prior to his appointment as CEO. And campaigners are unimpressed by the stream of excuses from his deputy Ms Byford:

"Since the appointment of his new deputy (Mr Richardson) has withdrawn even further, and she is fielded to the media to do the apologies and to trot out the platitudes about learning and change."

The campaigners note that despite repeatedly flagging up key issues (with supporting evidence) that concerns raised in that letter are ongoing or unresolved. In particular they are concerned at what they see as a deterioration of Safeguarding; Waiting list 'management'; Medical & clinical staffing crisis; Leadership; and Inpatient Crisis, while issues on Service-user and carer participation and Learning from deaths – remain unresolved.

Social care - a world-wide private sector rip-off

A UNISON report, researched by the Centre for the Understanding of Sustainable Prosperity at Surrey University and Trinava Consulting, has exposed profiteering in the care home sector even during the height of the pandemic.

Researchers found that six of the 10 biggest adult social care providers for whom data was available had seen their underlying profit margins widen between 2019 and 2020, the first year of the pandemic.

The social care system is perfectly set up for investment firms to take their pick: "Investment firms are drawn to the sector for similar reasons: an aging population with growing needs, asset rich care providers, **and guaranteed government funding."**

Indeed while social care pleads poverty and points to shortages of front line staff, many paid less than £10 per hour, a table shows that companies owned by key investment firms generating high double-digit profits: HC-One 17%; Care UK, and Signature Senior Living 20%; Barchester 31% and Avery Healthcare 42%.

Their chief executives also pick up huge inflated salaries, with directors averaging eleven times the salary of care staff.

The growing "financialisation" of residential and nursing care homes, now means, according to CQC data, that more than one in eight (12%) care beds are now in the hands of investment firms, including private equity, hedge funds, and real-estate investment trusts.

A new report from Public Service International, the alliance of public sector unions, entitled ***Care Givers and Takers How finance extracts wealth from the care sector and harms us all looks at this and similar changes around the world,*** sums up what happened in England:

"In 1979 nearly two thirds of residential and nursing home beds in the UK were provided by the State; by 2017 this had fallen to one in twenty. At the same time, austerity in many countries has meant that government spending on the sector has stagnated or fallen."

It explains the growing phenomenon of financialisation:

"financial actors, such as private equity firms, hedge funds or banks, have become increasingly active in this sector as financial investors. They often deploy tools, techniques and tricks – each quite legal, many highly acquisitive, often involving large-scale borrowing - to syphon wealth out of this sector for themselves, instead of investing for better care."

The PSI report is focused on action, stressing:

"the possibility for massive organising, by making connections beyond care to many other sectors, across constituencies, and across borders, to help build a global movement to take on the same, shape-shifting financial adversary. Its conclusions support many traditional trade union remedies, such as minimum wages; more public funding for the care sector; an end to tax loopholes, and the reversal of widespread privatisation."

As the Truss government discusses how much to take from the NHS budget to hand to a dysfunctional, privatised and exploitative social care system, future issues of ***The Lowdown*** and ***HCT NEWS*** will return to these valuable reports and the debate on how best to fight for social care.

We believe that an SOS NHS Conference in 2022 will be a vital opportunity to bring together and mobilise key campaigners and all NHS supporters to create a solid and actionable vision to save our NHS.

The NHS is failing, not because of inherent flaws, but because the Government wants it to fail. Neither the new Prime Minister Liz Truss, the Health and Care Act, or Jeremy Hunt's recent proposals for 'virtual wards' will deliver what we need. We demand a health and care service fit for all - and we invite you to play a part in winning just that.

Please note: This event will be a hybrid event both in person and online. To access the registration code for the online event please buy the appropriate ticket.

For updated details of speakers and registration click HERE, use QR code, or go to sosnhs.org.

Speakers so far include:

- **Dr Tony O'Sullivan** – Co-chair Keep Our NHS Public
- **Mike Forster** – Chair of Health Campaigns Together
- **Dr Andrew Meyerson** – A&E Doctor
- **Kate Osborne,** Labour MP
- **UNISON** Speaker tbc
- **Unite the Union** Speaker tbc
- **Dr Sonia Adesara** – NHS Doctor and member of Keep Our NHS Public
- **Holly Turner** – Nurse and co-founder of NHS Workers Say No
- **Ian Hodson** - President of BFAWU
- **Holly Johnston** - Nurse and activist
- **Alia Butt** – NHS Psychologist & Chair of NHS Staff Voices
- **Helen O'Connor** – GMB organiser and NHS activist
- **Michael Mansfield QC** - Chair People's Covid Inquiry and human rights lawyer

HEALTH CAMPAIGNS TOGETHER #our NHS

Battle stations to defend NHS as Truss team takes over

Alamy

No it's not a joke: it's our new Health Secretary

If we need clues on what Liz Truss and her hard right cabinet represent, and who influences them we don't even have to dig for the details. A delighted Telegraph article in July summed it all up neatly in listing her campaign team:

"Liz Truss has used her knowledge of the world of Right-wing think tanks to plunder the best of Westminster wonkland to help run her campaign. The Foreign Secretary knows the value of policy advice, having helped to play a role in the development of the centre-Right think tank Reform."

No surprise then when, as PM Truss appointed Matthew Sinclair, a director at Deloitte and former head of the obscurely-funded "TaxPayers' Alliance" as chief economic adviser, and added more advisors from the far right and equally secretive Institute of Economic Affairs (IEA) best known for vilifying the NHS.

Truss is also one of an 8-strong Parliamentary Board of the **1828 Committee**, whose 'Neoliberal Manifesto', published jointly with the Adam Smith Institute in 2019, condemns the NHS record as "deplorable" and calls for the UK to "emulate the social health insurance systems as exist in countries such as Switzerland, Belgium, the Netherlands, Germany and Israel, among others."

Open Democracy has also pointed to Truss's long-standing links to right wing think tanks which appear to be the source of many of her ideas on the economy and the cost of living crisis.

In line with all of this Truss has appointed an even more hard-line right wing cabinet, selected for total lack of compassion, empathy with normal people, ethical behaviour, competence or respect for accountability.

Coffey

Truss's choice to replace unpopular and clueless locum Health Secretary Steve Barclay is **Thérèse Coffey,** misleadingly described in a Guardian headline as a "convivial pragmatist", while a colleague of hers points out more pertinently:

"Her political views are of the free market and the hard right wing, including strong anti-abortion views."

A less sympathetic summary on Twitter describes her as a

"Cigar-chomping Uncle Fester impersonator, and all we've come to expect from a Tory health minister: backs privatising the NHS, smokes, drinks, is clinically obese, and only last week was accused of hiding 9 reports into needless deaths her last dept had caused."

Slashed benefit

Coffey had been Work and Pensions Secretary since 2019, so played a part in the decision to slash the £20 supplement from Universal Credit last October.

This imposed a £1,040-a-year cut to the incomes of one in five working-age families, and was described by the Joseph Rowntree Foundation as "the biggest overnight cut to the basic rate of social security since the foundation of the modern welfare state."

Coffey managed for over a year to block publication of government-commissioned research report that found low-income people reliant on disability benefits are struggling to meet essential living costs such as food, rent and energy bills.

She is also still preventing publication of a raft of documents on the benefit cap, deaths of benefits claimants, the impact of universal credit (UC), and benefit sanctions.

Now as she takes over it's even less likely government will pay attention to warnings from NHS bosses of the need to safeguard vulnerable families and individuals against the impact of energy bills, including having their supplies cut off by grasping energy companies … and more likely information on the effects of such decisions have on people and on the NHS will be suppressed.

Ken Butler, a policy adviser at Disability Rights UK, said of Coffey in charge: "We're talking about a whole swathe of reports about important aspects of the system. The DWP are operating behind a wall of secrecy."

Now, with new powers conferred by the recent Health and Care Act, Coffey will be in charge of the NHS. In her first interview she did not deny that the Truss government would cut £10bn from NHS spending to pump in to social care.

Be afraid – but be angry: she needs to be fought from day one.

AFFILIATE for 2022

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations, launched at the end of 2015 that has mobilised conferences, and events including the massive demonstration in March 2017.

We are now working with Keep Our NHS Public, NHS Support Federation, trade unions and others to initiate the even wider SOS NHS campaign .

So we are asking all the organisations that support what we are doing to affiliate (or re-affiliate) for 2022 to facilitate the future development of joint campaigning.

WE WELCOME SUPPORT FROM: 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.**

SIGN UP ONLINE, and pay by card, bank transfer or cheque – check it all details at *https://healthcampaignstogether.com/joinus.php*