



Solidarity with pay battles: pay deals must be fully funded – see back page



Hewitt review ignores huge ICB deficits

Patricia Hewitt was a disaster as a New Labour Health Secretary from 2005 to 2007.

She drove through some of the most controversial privatising 'reforms' – including a second round of commissioning "[Independent sector treatment centres](#)," and proposals to force local Primary Care Trusts to hive off community services and create local competitive markets in health care.

When these proposals were first revealed – in a 2005 July circular by then NHS boss Sir Nigel Crisp – they triggered such a huge backlash from all sides that Crisp was forced out, and the plans had to be withdrawn ... only to be revamped and pushed through a year later, along with the hyper-babble of "[World Class Commissioning](#)".

And as NHS trusts battled to [wipe out massive deficits](#), with up to 8,000 NHS jobs at risk, Hewitt told Primary Care Trusts that by the end to 2005 **they had to be sending at least 10 percent of their NHS elective (waiting list) operations to private hospitals.**

She also set course to increase this still further, towards a longer-term target of 15%, and insisted that there would be "no arbitrary [upper] limits" on the share of the NHS market that private providers could capture.

Meanwhile Hewitt's tough financial regime triggered a series of battles against cuts and closures of hospitals across much of "middle England," allowing Tory MPs to pose as defenders of local services – effectively laying some of the basis for the Tory revival in the 2010 election.

Now, as the chair of an Integrated Care Board in Norfolk

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A&E crisis: new call for action

Responding to the lack of any clear commitment of politicians to address the growing crisis of the NHS and especially its emergency services, the Royal College of Emergency Medicine took the initiative at the end of last month and convened a 'Crisis Summit on Emergency Care' in the House of Lords.

RCEM President Dr Adrian Boyle summed up the aim as seeking to "build political will to address problems that will take more than an election cycle to fix."

He noted that 2022 had been the worst year ever for the emergency care system, with one in ten of the most serious Type 1 patients [waiting 12 hours or more](#) from their time of arrival to admission, and almost two thirds of 12-hour trolley waits affecting patients aged 60 and above.

Performance on the 4-hour target to treat and admit or discharge A&E patients slumped to a record low of 49.6% in December, just over half the 95% target.

The Summit drew speakers from the College of Paramedics, the British Geriatrics Society, the Society of Acute Medicine,

the Royal College of Paediatrics and Child Health and Health Foundation Director of Research Anita Charlesworth.

Two politicians were also on the panel, Shadow Health and Social Care Secretary Wes Streeting and the LibDem Lords health spokesperson.

Anita Charlesworth focused on the lack of both capacity and planning in the NHS. She argued that the NHS had "run too hot" for too long, with far too much focus on short term efficiency savings and not nearly enough on resilience: **the result was too few beds, with high occupancy levels, and too few staff.**

She also argued that the NHS has been hampered by a [long-standing lack of capital funding](#): "If we had matched the levels of capital funding of the EU14 countries the NHS would have invested an extra £33 billion by now."

Wes Streeting limited his response to the now rather stale and limited Labour mantra of "retention, recruitment and reform," However he outlined no proposals for increased funding that would ensure that any extra doctors or

other professional staff recruited through his plan would actually have jobs to go to.

He had left the meeting before the Lowdown correspondent warned that the new Integrated Care Boards (ICBs) set up last July have no new money to invest – and face demands to make "[savings](#)" of [£12bn by 2025](#), which in many areas will likely mean cutting services.

Anita Charlesworth responded, emphasising the impact of the long period of under-funding of the NHS:

"There is no route to a better NHS that is not an appropriately funded NHS," she argued.

A&E is one sector of the NHS in which the private sector has made no effort to intervene, seeing no possibility of profits to be made.

Ministers, focused only on elective care (in which the private sector does have a stake) have shown no interest in addressing or resolving the issues.

With another gruelling winter coming, it is vital to press opposition politicians to commit to at least the decade of sustained investment in the NHS that Tony Blair's government eventually committed to from 2000.

UNISON call for National Care Service

UNISON has launched a campaign for a National Care Service in England, explaining this as “a nationally recognised institution that will bring about consistent standards of care for older and disabled people, and consistent terms and conditions for the workforce.”

Since the system was last substantially changed by the [Thatcher and Major governments](#), with new laws that took effect 30 years ago, most social care in England has been commissioned by local government – and delivered by private and independent companies.

The system has been run down by a combination of huge funding cuts to councils and profit extraction by some providers.

National care standards are not properly enforced and care workers often face poverty wages and exploitation.

UNISON argues it is time for “fundamental change,” and has set out its ambition for a new National Care Service that:



- gives access to quality care for all those who need it;
- is focused on providing world-class social care, not delivering profits for shareholders;
- has national pay, terms and conditions for all care workers and a proper workforce plan;
- has the long-term and adequate funding for a high-quality care service; and
- includes an emergency pay boost for all care workers, helping to end the staffing crisis.

Launching the campaign, UNISON general secretary [Christina McAnea](#) said:

“If we needed any reminding of how the current government

disregards the care sector and its workforce, we got news yesterday that they are planning to halve the investment in the social care workforce which they announced in 2021.

“Social care now needs to moved to the front of the queue, not shifted to the back.

“It should not be run for profit, but to provide world-class, high quality social care for those who need it.”

A key element of the campaign, which will begin with a survey of care workers, will be to ensure that national politicians take responsibility for this vital public service.

GMB policy points to lessons from Covid

The GMB, which also represents large numbers of care workers, is also committed to campaigning for “A National Care Service, funded publicly through taxation, formalising a universal pay structure with excellent terms & conditions”.

The [GMB policy statement](#), published in 2020, also warns “Our social care system is in crisis. It is crumbling beneath us after

years of austerity and chronic underfunding. Social care is an essential part of the infrastructure of our society:

“An ageing population who need support and access to high quality and sustainable services to help them live with dignity.

“A social care workforce who are over worked and undervalued despite finally being recognised as the essential key workers they are.”

Like UNISON the GMB argues social care needs to be put to the top of any Government’s agenda:

“During one of the biggest challenges to our health and social care system, the lack of sufficient social care funding over many years quickly became apparent.

“This led to catastrophic impacts on the older and most vulnerable people and care homes across the country. These impacts will never be forgotten by the social care workforce.

“The social care sector could, with the right amount of funding take some of the pressures from the NHS to deal with much of the older people’s needs and requirements before NHS provision is required.

“The sector already has a skilled workforce that is providing nursing care which goes mostly unrecognised.”

The GMB also shares UNISON’s ambition to strip out the profit motive from the care sector.

But while proposing a National Care Service, GMB specifically calls for the care sector to be “brought in house under local government control.”



Hewitt review – from front page

she has been picked by Jeremy Hunt as a reliable stooge to carry out an inquiry into the ways the new ICBs function.

Hewitt now tells us, [in her review](#), just published, that as a Secretary of State, ‘I was a ‘window-breaker’ rather than a ‘glazier’. But this report seems far too vague to shatter any glass.

It steers well clear of any mention of the scale of the deficits already run up by ICBs less than a year after they were set up, or the £12bn-plus savings they are required to generate between now and 2025.

Campaigners will no doubt fear the implications of “allowing local leaders the space and time to lead”, and “balancing freedom with accountability”, but none of the proposals are clearly enough defined to result in any real changes.

Roy Lilley, in a [critical response](#) to the report sums up:

“Hewitt’s problem is threefold and isn’t new. There’s not enough money, people or kit. Ministers’ expectations trump everything in the system. And, the further away you get from Westminster the more power and influence is diluted.

“Her report finds no way to circumvent this terrible triumvirate.”



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Chancellor Hunt saddles NHS with “unrealistic budget”

The 2023 Spring Budget was good news for wealthy people adding to hefty pension pots, but informed observers appear unanimous in warning that Former Health Secretary Jeremy Hunt's failure to increase revenue or capital allocations to the NHS will have serious consequences.

The Nuffield Trust's Sally Gainsbury dismissed the budget in a press release of just [five scathing paragraphs](#), noting:

“Just two weeks from the new financial year, the NHS has been left with an unrealistic budget for the year ahead. ...

“Our analysis of DHSC spending and government inflation projections finds that today's Budget leaves the NHS with a £2 billion real terms funding cut from April this year. The NHS has been left with little certainty over how it will meet growing demand or address a workforce in crisis.”

She concludes: “It seems almost inevitable that the Chancellor will have to return to Parliament to address this in the not-too-distant future.”

Workforce

The Health Foundation's CEO, Dr Jennifer Dixon, also [joins the consensus in warning](#):

“Without a credible plan for expanding and supporting the health and care workforce over the long term, the NHS will struggle to recover services and improve care for patients.”

The NHS Confederation,

representing both trusts and Integrated Care Boards also [responded with warnings](#) in a substantial report on the budget:

“There was ... confirmation that there will be no increase in either the NHS capital or revenue budgets over and above what was announced in the Autumn Statement.”

The Confed is above all worried that its members will be stuck with the bill for whatever pay settlement is eventually agreed with agenda for change staff and junior doctors:

“First, we have yet to see a resolution to the ongoing pay disputes. As the 2022/23 pay award was not supported by additional funding, this came at the expense of other investment, including various digital programmes.”

But of course the other huge issue is the continued absence of any plan to tackle the NHS workforce crisis, which [on latest figures leaves 154,000 posts vacant](#).

Again the Confed is unimpressed:

“The long-delayed workforce plan has failed to materialise ahead of Budget Day. We are disappointed that it has been delayed once again. Today's Budget presented an opportune moment to demonstrate the government's commitment to funding long-term workforce growth.”

The Confed returns to the issue, noting that “Industrial action across the public sector is largely down to pay and conditions, but [...] staff shortages are a key reason



behind the industrial dispute and the imperative to offer hope to staff that workforce numbers will increase. They will be left discouraged today.”

[Institute for Fiscal Studies director Paul Johnson](#) went further, with an unusually sharp criticism:

“There was no funding to be found to improve the pay offer to striking public sector workers, where £6bn might have been enough to make an inflation-matching pay offer possible this coming year. **That's a political choice: money for motorists, but not for nurses, doctors and teachers.**”

Funding pay deal

NHS Providers, representing trusts and foundation trusts, published a [pre-budget submission](#) setting out a series of concerns, which also centred on the full-funding of any pay award:

“Trust leaders would like to see the government being proactive in negotiations with trade unions regarding industrial action and come to an agreed settlement.

“The government must do all it can to ensure that the costs of resolving industrial action regarding 22/23 pay awards are

fully met and do not lead to cuts in health or NHS budgets.”

NHS Providers also [sound the alarm on consequences](#) if the eventual deal is not fully funded:

“... the government must commit to fully funding any pay award uplift for 2023/24 taking into account the fact that an assumption of only 2.1% is accounted for within the current NHS budget and we expect any pay settlements to be higher.”

If additional funding for a pay uplift has to be taken from existing budgets, NHS Providers warn:

“the NHS could be forced to make cuts to frontline services and reduce planned investment in primary care, mental health and cancer services.”

All the think tanks and employers' bodies know the scale and urgency of the cash and capital crisis after 13 years of inadequate funding.

But when push comes to shove it will be campaigners and the health unions that will have to wage the fight at local and national level to prevent another round of cuts and force ministers into investing enough to restore and expand our NHS.

■ Adapted from article in The Lowdown by John Lister

Budget frustrates mental health sector

Adapted from a Lowdown article by Martin Shelley

Leading voices across the mental health sector gave Hunt's Budget a ‘requires improvement’ rating, highlighting how government failure to address capacity and workforce issues risks undermining new support announced by the chancellor.

‘[Shifting the dial](#)’ support initiatives announced in the Budget include an expansion of the individual placement and support (IPS) scheme, a ‘WorkWell’ pilot scheme to combine

employment and health support, support for individuals returning to and remaining in work – all part of a [£400m package](#) for those unable to work due to mental health problems.

Royal College of Psychiatrists president, Dr Adrian James, said:

“Unfortunately, these interventions will have a limited impact if people cannot get the mental health support they need when they need it.

“Last year, mental health referrals reached record levels of 4.6 million [but] [there are just simply not enough psychiatrists to deal with this surge in demand.](#)”

Recent NHS workforce statistics

also show [a shortage of mental health nurses](#), with more than 1,000 fewer employed in England than in 2010.

A review last year by Health Education England identified about [11,300 nursing vacancies at mental health trusts](#) in England: the [most recent figures](#) show **almost 13,000 vacancies**.

Meanwhile the [HSJ reports](#) that the four-week waiting time ‘standard’ in mental health, proposed two years ago by NHS England, is yet to be introduced: **nearly 75 per cent of adult patients are currently waiting longer than that for treatment to start.**

Another [recent report](#) commissioned by Look Ahead Care Support and Housing warns that young people are unlikely to be admitted to mental health in-patient care unless they have “attempted suicide multiple times”.

The DHSC has effectively abandoned a previously stated ambition to develop a [ten-year standalone plan](#) for mental health.

The message from the mental health sector seems clear – insufficient capacity within the NHS, driven by the lack of a long-term workforce strategy, is still undermining the limited support packages on offer.



SOS NHS demonstration March 11

Take heart – the world is watching

'Often (and in recent times especially) it can feel like our cause is too difficult to fight, but take heart and keep going – the world is quite literally watching.' SAMANTHA WATHEN, KONP Press Officer discusses media coverage of the SOSNHS Demonstration

On Saturday March 11th we collectively held our first national NHS demonstration in nearly 5 years.

Around 10,000 campaigners, NHS supporters and staff came from across the country to the 'End the Crisis – Support the Strikes' demonstration, willing to stand up and be counted in defence of our NHS.



Numerous coaches were organised bringing large groups of enthusiastic people, while some journeyed solo or brought family along for the experience.

I am very pleased to report that the national press and media coverage of the day that we received was excellent. Both print and broadcast media featured the demonstration prominently.

I was very encouraged to see

that local coverage was also comprehensive, with local BBC stations covering, as well as national radio outlets and many local papers very supportive.

In my role as press and media officer, it is gratifying to note how (contrary to popular public opinion) very many journalistic colleagues are actually quite sympathetic to the plight of the NHS, its patients and staff, and this is evident in the space and time given to us in defending it.

The demonstration was an excellent vehicle to both encourage and develop cohesion and solidarity between unions and campaigns, with speakers in attendance representing many of our major SOS NHS affiliates.

Keep Our NHS Public are very grateful for the input and support of unions including Unite, GMB and the BMA as well as like-minded organisations such as We Own It, the Socialist Health Association, Frontline19 and Just Treatment – to name but a few.

Speeches

Speeches were all well received by the audience and are available to view via our recorded live-stream on our Facebook page, which you can access at: rb.gy/bzxf

Many of our speakers commented on the enormous pressures NHS staff were under, as well as highlighting the damaging effects current government policy was having on patients.

Press and media coverage obviously plays a key role in populating our message, particularly in taking it to places it wouldn't normally be heard.

The fact that we were so successful with this action in the mainstream media (even though demonstration coverage generally is very hit and miss) speaks volumes about how significant people are now perceiving the NHS crisis to be.

Broadcast Media

The day started with a strong lead from broadcasters, setting the tone of the day.

Keep Our NHS Public Co-Chair Dr Tony O'Sullivan, as well as SOS NHS campaigner and A&E doctor, Andrew Meyerson, were both broadcast live on LBC radio talking about the need for the demonstration and why it had been organised.

Of particular note (and always a good ally in our demonstrations) was Sky News. Our Head of Campaigns at Keep Our NHS Public, Tom Griffiths, appeared live on Sky News Breakfast talking about the plans for the demonstration and why it was so important.

Sky News continued their broadcast live from the march, interviewing comedian and actor Rob Delaney, as well as Dr Andrew Meyerson, and Dr Tony O'Sullivan.

This broadcast was then repeated on hourly news bulletins late into the night, ensuring a very wide reach indeed.

The BBC also reported from the demonstration, interviewing patients and staff, as well as KONP Co-Chair Dr Tony O'Sullivan who was able to explain that the strikes were about far more than just pay.

The following evening (on Sunday) Channel 4 News carried a piece, again featuring A&E doctor and SOS NHS activist, Andrew Meyerson in which he



Paul Mattison, reportdigital.co.uk

Paul Mattison, reportdigital.co.uk



explained that doctors did not want to strike, but that they were being left no choice under a government intent on running down the NHS.

As well as the BBC, Sky News and Channel 4, ITV News was also in attendance, and again, interviewed both Dr Andrew Meyerson and Chair of the BMA council, Professor Philip Banfield.

Al Jazeera covered the demonstration in some depth, speaking to our KONP Co-chair as well as working members of staff who took part in the march.

Press and Print

The demonstration also did very well when it came to print-based coverage. Of particular note was the space afforded to the march in the *Daily Mirror* and *Sunday Mirror*. On the day of the action, the story took up all of page two, whilst on Sunday the *Mirror* carried a hard-hitting double-page spread on pages 8 and 9.

In addition to this, there were good pieces in the *Evening Standard*, *Euronews*, *Huffington Post*, *GP Online* and the online news blog *Left Foot Forward*. Keep Our NHS Public Co-Chair Dr Tony O'Sullivan wrote a hard-hitting piece for *Tribune* which was published in the days prior and *The Morning Star* also featured the demonstration on their front page on the following Monday.

And it wasn't just the UK press and media that turned out in large numbers to cover our demonstration. There were journalists present from France, Germany, the Middle East and the US who all came to report on and broadcast the circumstances around the NHS crisis.

Often (and in recent times especially) it can feel like our cause is too difficult to fight, but take heart and keep going – the world is quite literally watching.

Why SOS NHS is fighting for an extra £25 billion

The SOSNHS alliance was built on the call for emergency funding of £20 billion in early 2022. Its petition attracted over 300,000 signatures, and SOSNHS won support from over 50 organisations including UNISON, Unite and GMB.

The £20bn figure was agreed before the big hike in the cost of living and NHS pay strikes: that's why we have increased the total.

A total of £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 almost £11bn) to repair crumbling buildings and replace clapped-out equipment.

Up to £6bn needed sooner rather than later to rebuild 1970s hospitals built using aerated concrete planks. There is a danger they could collapse. It's expensive even to prop them up.

And £3bn is needed to

reorganise, rebuild and in some cases refurbish hospital buildings to enable them to reopen beds which have been closed since 2010, including some closed in 2020 to allow for social distancing and infection control.

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.

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

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 settle the ongoing disputes with the unions, but also crucially to help restore morale. The

[government has claimed each 1% increase in pay](#) for the whole non-medical workforce in England **costs around £900 million**, although they later [revised this down to £700m](#). This still means that to finance the current pay offer and a deal for junior doctors without cuts in services will need **extra funding**.

Additional funding is also needed to tackle pension problems facing the most senior doctors.

The long-promised additional 50,000 nurses will cost at least **another £1.7bn**.

This list has not even mentioned **capital funding to build new hospitals**, or the expansion of primary care and community health services that need to run alongside **major investment to expand social care**, and address the problem of delayed discharge of 13,000 patients.

So £25bn is just a down payment to begin to restore the real terms cuts since 2010.

It has to be linked to a commitment to another decade of real terms annual investment in the NHS, to rescue it from an even deeper crisis than New Labour dug it out from in 2000-2010.

How to raise the extra money

Chancellor Jeremy Hunt has said he accepts that the NHS is "on the brink of collapse."

He admits there are "massive pressures in the NHS ... with doctors, nurses on the frontline frankly under unbearable pressure".

But he still argues a tighter squeeze on public spending is needed to help "fix" the economy – which has been broken by years of austerity since 2010.

His autumn statement gave the NHS just **HALF of the additional £7bn it needed**, leaving NHS England committed to **£12bn of savings over 3 years** and no new money for any capital investment.

[The Lowdown has explained](#) how four measures that could raise an additional £40bn a year to fund public services without taxing anyone earning under £80,000 per year:

- scrap non-dom tax status (raising **£3bn**);
- a 1% tax on wealth above £5 million (**£10bn**);
- a 45% tax on pay above



£80,000 and 50% tax on pay above £125,000 (**£6bn**);

● tax **dividends and capital gains** at the same rates as income tax (**£21bn**).

It's hard to see a good argument to explain why this approach should not be implemented to get the wealthiest – who have gained most since 2010 – to pay a fairer

share towards public services.

It would raise more than enough to meet the pay demands of health workers, teachers, university staff and others fighting now, as well as increase funding for NHS and social care – and reverse recent cuts in Universal Credit and other benefits to ensure more support for the poorest and lowest paid.



Lack of NHS capacity is the main driver of use of private beds – but only for elective treatment

Sunak seeks powers to force ICBs to use more private beds

John Lister (much shortened from full text in The Lowdown)

According to a recent [report in the \(Epaywalled\) Times](#), Rishi Sunak's so-called "elective recovery task force," steered no doubt by its [private sector participants](#), is planning new legislation this summer to compel NHS commissioners to increase the numbers of patients sent to private hospitals.

The *Times* misleadingly sums up the legislation as a step to "improve patient choice," and "spell out the rules that the health service should follow when deciding to give contracts to private companies."

This is not new. The phrase "patient choice" was invoked ad nauseam by New Labour government ministers who in the early and mid 2000s first began to restructure the NHS and its finances to facilitate the use of private providers of clinical care.

"Choice" imposed

It was a misnomer then, because "patient choice" was from the outset **imposed upon the NHS**, by Department of Health bureaucrats [signing national-level contracts](#) for privately-run "independent sector treatment centres" (ISTCs), initially run by overseas companies.

It was all part of a New Labour experiment with using private providers of clinical care, two decades after the Thatcher government began privatising support services.

Many campaigners warned that the creation of a new, government-sponsored "independent" sector would seriously weaken existing



NHS hospitals, depriving them of vital income and disrupting the training of doctors. Many of these concerns were echoed in 2006 by the [Public Accounts Committee](#), which found gaping holes in the arguments put forward for further expanding the network of ISTCs.

Staff shortages

Compelling more use of private providers of clinical care now would be even more of a problem, since any expansion of private sector caseload can only be achieved by recruiting more from the same limited pool of qualified staff that the NHS itself relies upon.

One limitation then and now has been the reluctance of many NHS commissioners and trust bosses to buy in to this policy, for fear of undermining all of the core NHS services that the private sector has no wish to provide: emergency services, more complex waiting list treatment, maternity care, and health care of the chronic sick.

There was also a widespread reluctance of patients to go to ISTCs: commissioners had to effectively compel patients into the new units for fear of losing their place in the waiting list.

There was growing concern that NHS hospitals which lost out as patients chose to go elsewhere could be forced to close

departments – [or close down altogether](#).

The very fact that Sunak and his ministers are now contemplating more legislation to force increased use of the private sector exposes the extent of NHS reluctance to go back down the road that was found to be a dead end 15 years ago.

No boom in sight

Despite the huge increase in NHS waiting lists, the private sector is not booming in the way many expected. The [sheer cost](#) of most operations is out of reach for many, especially in these times of a worsening cost of living crisis.

Claims of large increases in private hospital treatment and a ["surge" of patients](#) to private GPs are [not borne out](#) by the actual figures. Private health bosses are looking to Sunak to help them out.

So the first meeting of Rishi Sunak's newly constituted [task force](#) tried to kick start (or "turbo-charge") a fresh increase in NHS use of private hospitals, allegedly "to help clear record waiting lists." The [government press release](#) states openly that the role of the taskforce is to increase use of "existing capacity in the independent sector".

Rishi Sunak says he is "comfortable" with the NHS giving patients "choice", including "options to travel to a hospital further away for faster treatment."

But recent polling from the Health Foundation has confirmed that most patients' choice is to be able to access timely, safe care from a properly staffed NHS hospital close to their home: "89% support giving patients more choice over where they are treated, for example, the option of being treated in a hospital in their local area if there is a shorter wait".

Few if any would choose to transport themselves hundreds of miles away from family and friends to seek treatment in a private hospital they have never seen or visited.

The private sector claims

around 6% of NHS elective admissions are now going to private hospitals: **so the NHS is still handling the other 94% of elective work – as well as 100% of the emergencies, complex and chronic care.**

Private hospital bosses would prefer to be able to fill beds with self-pay and privately insured patients who pay higher fees, but there are not enough of these patients around: so most private hospitals have become dependent upon NHS-funded patients to fill otherwise empty beds.

They also depend upon NHS-trained and often NHS-employed medical and nursing staff to deliver treatment and care.

In 2020/22 the first year of the pandemic brought a [massive \(26%\) leap in spending on private providers of clinical care – to £12.1bn](#) (up 25.6%). This effectively bailed out the private sector. However [little of the extra capacity was actually used](#).

So the big increase in spending was followed by a 10% reduction to £10.9bn in 2021/22, with the private sector share of total NHS spending falling from 7% to 6%.

Moreover, despite NHS England pressure, latest figures, backed up by board papers in several Integrated Care Boards suggest that NHS trusts and ICBs have been **pulling back as much work as they can in-house**, rather than see precious NHS funds flow out to private providers.

No relief

There is no evidence that making more use of private hospitals lifts any burden from the NHS: instead it increases trusts' costs for bank and agency staff to fill gaps as doctors and nurses moonlight elsewhere.

Making the NHS more dependent upon the use of private hospitals can result in a chronic dependency that leaves the NHS lacking resources to cope with emergency pressures (for which the private sector has no services to offer).

Unions and campaigners must oppose any new laws designed to force more privatisation onto NHS management who have shown in practice that they don't believe it to be a viable policy.



"We're working in partnership: he's private sector, I'm NHS England. ..."

Solidarity with unions fighting for fair pay

Pay deals must be fully funded

Keep Our NHS Public and Health Campaigns Together (KONP/HCT) totally support the health unions, their members and the NHS in fighting for pay justice.

Pay justice is vital to maximise retention of current staff and the recruitment of new staff to fill the 154,000 vacant posts.

Without the courage and determination of the health unions and their members who balloted for and took strike action, this government would not have budged at all.

At the beginning of this dispute, the government was making it clear they would not move from the Pay

Review Body proposals and called on staff not to strike. It is clear that the government has had to retreat from that position and offer an enhanced pay deal.

We remain proud to stand with, and offer unconditional support to, the struggle of NHS staff for better pay. Union members now face the difficult task of deciding how to vote on the offer extracted from this arrogant and vindictive government.

KONP/HCT chooses not to comment publicly about the details of the deal since this is the business of union members.

Our reason for existence is to work together with unions, staff, patients and the public to defend the NHS as a public service and to fight for proper public funding for the NHS.

Fully funded

We will, however, campaign hard to ensure that whatever settlement is agreed, all pay increases must come from new government money and not from existing overstretched budgets.

Health union reps coming away from the end of the negotiations believed that the Government had committed new money for the NHS. That commitment is now very much in doubt and is still to be confirmed.

Part of the current offer, however, is non-consolidated and will represent a one-off lump sum



payment. This therefore will not address the inbuilt low pay that is driving the loss of staff from the NHS and the failure to recruit in sufficient numbers.

We therefore understand the anger of health workers whose pay has been eroded over the last 13 years. With inflation remaining stubbornly high, this is an issue which staff and unions will need to come back to next year if the deal is accepted.

● KONP/HCT supports the demand of the **SOS NHS coalition** for an immediate cash injection of at least £20 billion for the NHS; the bringing of all outsourced NHS services back in-house; and a long-term health plan (rather than a quick fix) which addresses built-in low pay across

the NHS. See pages 4-5.

● Junior doctors are about to stage a 96-hour strike as this bulletin goes to press – as a result of the stubborn refusal of Health Secretary Steve Barclay to negotiate or even table a credible offer.

He prefers to whip up anger against the doctors' organisations than to open talks that could avert what could be a damaging strike.

Pay for junior doctors has fallen in real terms by 26% since 2010, and it's already clear that if nothing is done to rectify this many are looking to take their skills overseas to health systems that value and reward them fairly.

KONP/HCT stands with the BMA, HCSA and Doctors in Unite in their fight for an acceptable pay deal.

Public health spending drops below 2015 levels

Excerpt from longer [Lowdown article](#)

With just two weeks to go until the end of the financial year, the government finally announced the [Public Health grant allocation](#) – how much money councils will have to spend on public health services in 2023/24.

The government is giving local authorities a 3.3% cash terms increase to their public health grants, with the total allocation in 2023/24 up to £3.5 billion. Inflation currently [hovers around 10%](#).

In addition, there will be time-limited investment up to 2025 of £516 million going to local authorities to improve drug and alcohol addiction treatment and £170 million to improve the Start for Life services available to families.

However according to The Health Foundation, spending on public health services has [fallen by 26%](#) since 2015/16, and the latest increase does nothing to address the growing need.

The [Faculty of Public Health](#) said the allocation “represents an inadequate investment in essential public health services at a time when populations across England are in desperate need of support to protect and improve their health.”

Professor Jim McManus, President of the Association of Directors of Public Health (ADPH) said it was “once again far too little, far too late.”

AFFILIATE for 2023

Health Campaigns Together is a broad campaigning coalition of trade unions and health campaigners, established in 2016. All three major health unions are part of HCT, and we support them in their fight to win a fair pay deal for staff. We also have great support from non-health unions.

Last year HCT and KONP played a key role in the establishment of the broad SOS NHS coalition launched in January 2022. This coalition now has the support of 55 organisations including 18 trade unions. The immediate demands of SOS NHS are: Emergency funding to save a struggling NHS; investment in a fully publicly owned NHS; and to pay staff properly - without fair pay, staffing shortages will cost lives.

SOS NHS gathered over 345,000 signatures on a petition early last year demanding emergency funding for the NHS. It held a successful conference in November with speakers from several trade unions. And we held a national demonstration on March 11th – see [centre pages](#).

We hope your branch or regional committee will wish to affiliate for 2023. Health Campaigns Together merged with Keep Our NHS Public in 2022 and continues to play a vital role within KONP in broadening the alliance and strengthening the

work of KONP and HCT with trade unions. Your affiliation to HCT will also bring with it the option of a complimentary affiliation to KONP.

HCT holds affiliates meetings online, and our affiliates decide policies and campaigning priorities.

We are only as strong as our affiliates. We value your support.

Please affiliate (or reaffiliate) for 2023 – if possible ONLINE at <https://healthcampaignstogether.com/joinus.php>, which gives details on how to pay by bank transfer to our Coop Bank account:

● ANNUAL SUBSCRIPTION RATES ARE AS FOLLOWS:

● £500 for a national trade union,
● £300 for a smaller national, or regional trade union organisation

● £50 regular rate for local organisations such as union branches, labour parties or local campaigns – unless your organisation is unable to afford £50, in which case please contact us at healthcampaignstogether@gmail.com.

● If you wish to pay by cheque or communicate with us by post, please contact us at:

**Health Campaigns Together, c/o KONP,
PO Box 78440, LONDON SE14 9FA**