Health Campaigns Together

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When Jeremy Hunt nearly went to Southall - **page 6**

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FOUR big Tory porkies – **page 3**

'Balance the books' ultimatum to NHS trusts will trigger new cutbacks

Now Hunt bullies bosses

"The floggings will continue until morale improves" appears to be the human relations strategy of Jeremy Hunt and Cameron's right wing Tory government in their approach to all sectors of the NHS.

Hunt goaded the Junior Doctors into unprecedented – and inspiring – strike action. But he has also cheesed off the majority of NHS staff with five years of real terms pay cuts and the threat of more to come.

And he has antagonised GPs with demands that they implement 7-day a week services that cost a fortune and put GPs under stress.

Ministers are pursuing their 7/7 NHS policy with absolutely no regard to evidence. Health Minister Alistair Burt told the Commons Health Committee he was "not bothered" whether patients used the extra appointments ministers are demanding GPs provide on Saturday afternoons and Sundays.

Where they've been tried patients have shown they don't want them.

But Hunt's latest diktat to the boards of NHS and foundation trusts shows he is keen to stick the boot into senior managers as well.

Worst-ever deficits

The tightest-ever squeeze on NHS funding since 2010 has brought the biggest-ever combined deficits, with almost every acute hospital trust and foundation trust deep in the red. Trusts face five even more savage years to come.

Already NHS performance is visibly falling back, bringing delays of treatment in A&E, delays in accessing cancer treatment, and record levels of delays in discharging patients for lack of community services or social care.

But instead of recognising these warning signs, Hunt has now demanded that trust bosses do the impossible – and "balance the books without compromising patient care" – or face whole boards being suspended.

It's a bluff in many ways: almost every hospital is failing on finances – and they can't suspend them all. But it cranks up the heat on already stressed hospital bosses, while giving them no way out.

So Hunt now tells trusts they are supposed to be "equally focused" on treating patients and on "how they can leave hospital" – much of which is out of the control of NHS trusts.

Social care chaos

The largely dismembered social care service has been hopelessly underfunded, fragmented and privatised to a statutory minimum by local councils in most areas. 80% of "Better Care Fund" projects to link health and social care were failing at the last count.

Hunt's statement itself shows the monumental task he is setting: it estimates that to save £400 million across the NHS it's necessary to make a 1% improvement in staff productivity.

This means that simply to clear the £2-3 billion or more of deficits that trusts will carry into the new financial year, "productivity" needs to be increased by at least 5% – and much more in heavily indebted trusts.

Hunt's previous involvement with the NHS was limited to signing up ten years ago with other right wing Tories in support of plans to break it up.

Now he is insisting that none of the £1.8bn "transformation" fund ostensibly allocated to the NHS in 2016-17 will be available to trusts who do not balance the books.

This latest ratcheting up of pressure on NHS management is likely to drive forward plans for cutbacks and closures by hospital and mental health trusts, rationing of care by local commissioners reducing the range of services available, and attempts to force staff to work under even greater pressure with unfilled vacancies.

Worse: Hunt's top-level bullying of managers and trust boards is almost certain to trigger a new round of bullying by these managers and their subordinates across the NHS.

And every "failing hospital" will of course be pilloried by an obedient mass media and Tory press as reasons why the NHS itself is "no longer sustainable".

This is no accident or mistake. Hunt and the Tories are not just blindly creating chaos.

Under attack

Since Andrew Lansley's first day as a Tory health secretary in 2010 they have been seeking ways to fragment the NHS, undermine confidence and public support for it, and give more contracts to private providers, more opportunities for private insurers to attract new customers, and more scope to promote the idea of imposing charges for NHS treatment.

That's why it's so important to develop a clear alternative approach from top to bottom, based on a commitment to dismantle the costly and wasteful market mechanisms begun under Tony Blair and now driven forward by Cameron. This means no more contracts with private providers, stopping any further haemorrhage of cash through PFI, and legislation to reinstate the NHS as a public service, publicly funded through taxation, and publicly provided.

The fight is on to unite health campaigns and campaigners locally and nationally with trade unions, community organisations and with political parties to build the biggest possible united movement against the biggest-ever threat to the existence of the NHS as we know it.

That's why Health Campaigns Together is organising an activists' conference on January 30 – and will be seeking support from every area as it gets going this year.

See back page for details.

Inspiring: the junior doctors' strike (this picture in Leeds). Further strike action now suspended for more talks. See BMA website for details

The managers who are expected to deliver these results are not at all convinced it can be done.

A survey of the Healthcare Finance Management Association in November found 88% of finance chiefs were unconvinced that their organisations could deliver 2-3% efficiency savings, and 84% believed NHS England's boss Simon Stevens' *Five Year Forward View* is unachievable for lack of funding.

NB: this printed issue is the online version published early December, with a new front page and revised masthead.

Flagship contract sunk after 8 months

Campaigners fought off private bids – but the contract was always underfunded

CAROLINE MOLLOY (Editor Our NHS, www.opendemocracy.net/ournhs) reminds us of the story behind the recent collapse of a contract for clinical care. A fuller version is available online at www.healthcampaignstogether.com.

One of the largest NHS 'market' contracts to date collapsed this month. The £800million originally £1 billion) deal to provide NHS care for older people in Cambridgeshire and Peterborough failed after only 8 months, deemed "financially unsustainable".

So what does this mean for the future of health care in the region? And for the government's preferred – and expensive – approach to offering up NHS contracts?

Back in 2013 Cambridgeshire NHS bosses created the largest potential privatisation to date. They claimed that only by offering all older people's healthcare to private sector bidders, could they deliver the 'innovative' services needed, 'joined up' with social care.

The controversial contract - delivered through the largely untested model of 'outcome based contracting' – included bold promises to reduce nearby hospital admissions by 20%.

As private firms like Virgin, Care UK and UnitedHealth submitted bids, a huge public backlash followed – including a successful legal challenge by local campaigners to find out more detail on the plans.

Several private bidders including Capita, Circle, Serco and Interserve pulled out, citing 'affordability concerns'.

A new NHS 'Uniting Care Partnership' (the local acute and mental health trusts) eventually took over, after a bidding process that cost the CCG over a million pounds (and cost the NHS hospitals that had to fight off the private health firms, considerably more).

Predictably perhaps, the 'Partnership' has now found they couldn't deliver the promised outcomes for the money on offer, either.

Disputes

There were problems from the start. Disputes with neighbouring hospitals including Peterborough and Addenbrookes over the promised service levels. Complaints from GPs that the new service was worse than the old, award-winning NHS provider, Cambridge Community Services.

Patients unimpressed when the boasted-about 'integrated one phone call' service turned out to be run by an ambulance trust based in a completely different part of the country.

The whole sorry story shows how, far from magicking up 'efficiencies', elaborate outsourcing schemes and grand 'integration plans' are achieving little and wasting huge sums.

Will the government heed the disaster and stop pushing such models on local NHS trusts? The runes aren't promising.

Similar 'outcomes based' 'lead provider' contracts are being implemented in Staffordshire (given its history, a soft target for experimentation) and more recently pushed in Warwickshire.

NHS boss Simon Stevens (formerly adviser to Tony Blair and then Vice President of United Health) is a fan – in his first post-election speech this year, he praised 'outcomes based' measures of success.

In the same speech he scrapped key old-style success measures - what he called "too mechanistic" targets for safe numbers of nurses – prompting both howls of outrage from campaigners Cure the NHS who saw that government promises post Mid Staffs had been betrayed – and widespread concern from experts including Sir Robert Francis, author of the report into that tragedy.

'Outcomes based commissioning' sounds great – who doesn't love a good outcome? We are told this is a more 'patient-focused' approach than the current system where hospitals are paid per procedure and set targets for things like waiting times.

But 'outcomes based commissioning' is no solution to the marketised mess in the NHS.

The contracts are also likely to favour private providers with deep pockets, who can go into debt whilst the 'outcomes' are awaited.

There are many questions on how the 'outcomes' are set, and how they are evaluated.

But Margaret Ridley of Keep Our NHS Public Cambridgeshire should have the last word on the expensive collapse.

She comments, "This appalling situation is yet more dramatic proof that the policy of opening up health care to competitive tendering is a scandalous waste of time and money, creating huge uncertainty for staff and patients.

Whilst campaigners do, of course, feel vindicated following the years of warnings about the outcome of this unnecessary and politically driven process, it does raise two major questions:

What is going to happen now?

And is anyone going to be held accountable for this shambolic mess?"

CARVE UP! Chaos for mental health in Manchester

Caroline Bedale, Steward, UNISON Manchester Community and Mental Health

After months of speculation about the future structure and organisation for mental health services in Manchester, the Trust Development Authority has at last decided to go for a short, open competition process for local mental health providers in the Greater Manchester area.

The Manchester Mental Health & Social Care Trust has been said to be unviable for some time, with a deficit of nearly £7m.

The most likely outcome is either Greater Manchester West (Bolton, Salford & Trafford) or Pennine Care (Stockport, Tameside, Oldham, Rochdale and Bury) taking Manchester on – or possibly a merger of all three Trusts to provide services across virtually all Greater Manchester.

A new Trust might even include the Wigan part of 5 Boroughs. Whichever organisation takes over / merges with MMHSCT, it will be working within the Greater Manchester devolution agenda.

And the deficit will not disappear, so proposed devastating service cuts are still on the agenda.

Over the last few years staff and services have gone through several restructures to try to save money, with about as much effect as reorganising the deckchairs on the Titanic.

They are close to breaking point. Staff faced with unrelenting pressures, from service users with more and more complex needs and acuity, are working extra hours (usually unpaid) to try and keep services going.

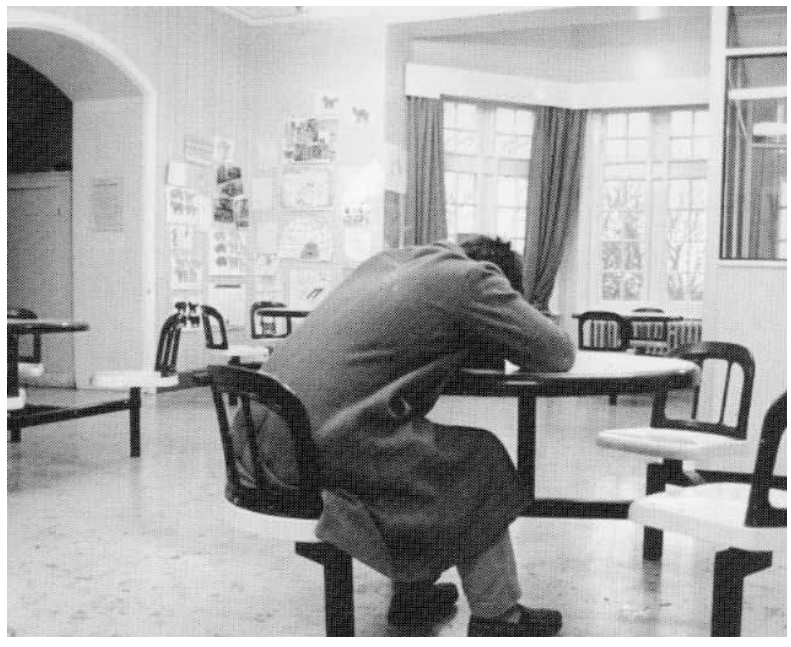
There is constant pressure to discharge patients as quickly as possible – whether from in-patient beds or from community mental health services – which staff often feel is not in the best interests of the service users, and may lead to readmission.

The future looks even bleaker, as MMHSCT now proposes to cut virtually all of the community based 'recovery' services and specialist psychological services, in a desperate attempt to make some dent in the deficit.

The proposed cuts of services which have been deemed 'non-core' are:

- **Benchmark** (woodworking),
- **Start** and **Studio 1** (art for well-being),
- **Green Wellbeing** (horticulture for wellbeing),
- **Individual Placement and Support** (to help service users to get jobs),

The Manchester Mental Health & Social Care Trust has been said to be unviable for some time, with a deficit of nearly £7m.



- **Chronic Fatigue Programme** (therapy for long term conditions),
- **Psychosexual Service** (for people with sexual dysfunction),
- **Specialist Service for Affective Disorders)**, **Perinatal Liaison Nurse**.

Together, the cuts will 'save' less than £1m, but will have a massive impact on the 800 current service users and those on waiting lists, and unknown number of potential users.

The Trust proposes to reinvest £200,000 – but this will in no way replace the range of services currently provided, and is not secure funding, since any new services set up will also be 'non-core'.

The UNISON branch in MMHSCT is mounting a vigorous campaign to save all these services.

They are supported by the Joint Trade Union Committee in the Trust: Unite, RCN, and doctors from the BMA.

At a recent public meeting, they also gained wide support across Manchester, from the Manchester Users Network, various organisations working with asylum seekers and refugees (such as WAST – Women Asylum Seekers Together), anti-racist groups, campaigns against welfare cuts particularly those involving disabled people (such as Disabled People Against Cuts), and the regional committee of junior doctors in the BMA.

A petition against cuts and underfunding in mental health services in Manchester had already been circulating (https://goo.gl/yqOxSR).

The proposed specific cuts are now a focus for that petition, which already has over 1,000 signatures on hard copy and online.

There is, however, a possible stalling of the Trust's plans to cut these services.

The UNISON Branch Secretary and a representative from the Manchester Users Network addressed a meeting of the Manchester City Council's Health Scrutiny Committee at the end of October.

After a lengthy debate, the Committee made several recommendations including: setting up a conference / enquiry about mental health services and funding in Manchester; requesting a further report on the proposals.

This is required to include extra information on how these proposed cuts fitted into cuts the Trust had already made in 'backroom' and management costs, and more information on the impact on service users.

Crucially, the HSC were also clearly not impressed by the failure of either the Trust or the Commissioners to carry out any public consultation about the proposed cuts, and have said that this must be done.

A preliminary seminar will take place in early December, with a view to a wider conference being held in January 2016.

Lies that the Tories keep using

FOUR big Tory Porkies

1 The myth of 11,000 "avoidable deaths"

Junior doctors were quick to accuse Jeremy hunt of deliberately misleading MPs when he used a partial quote from a September article in the *British Medical Journal* to claim that "there are 11,000 excess deaths because we do not staff our hospitals properly at weekends".

The article, whose authors include NHS England's medical director Sir Bruce Keogh interestingly defined 'weekends' to include both Fridays and Mondays, to form a majority of the week. It did indeed question whether the increased mortality among patients admitted at weekends was "a case for expanded seven day services."

But the study explicitly rejected any clear conclusion from the figures:

"It is not possible to ascertain the extent to which these excess deaths may be preventable; to assume that they are avoidable would be rash and misleading".

Hunt has never flinched from being "rash and misleading" in pursuing his dispute with the junior doctors.

Back in 2013 he was again misquoting Keogh and figures from Prof Brian Jarman, to claim that poor care in 14 trusts had led to 13,000 "needless deaths" – over ten years.

But he has shown no serious interest in increasing the key issue then and now : staffing levels on a day to day basis. Instead he and ministers take every chance they can to knock and undermine public confidence in the NHS.

2 Extra hours – at whose expense?

7-day working improves care at weekends – for no extra cost

Research by Meacock, Doran and Sutton suggests that the increased mortality rate for weekend admissions was 9%, equivalent to a much lower number of deaths (up to 5,353).

These researchers again argued that there was "no evidence that 7-day services will reduce weekend deaths or can be achieved without increasing weekday deaths".

Indeed the limited pool of medical, nursing and health professional staff can only deliver a finite number of hours of work (and every attempt to drive up the length or intensity of the working week is visibly driving away the staff needed for quality health care).

Expanding work at weekends inevitably restricts capacity and staffing levels during the week.

The Meacock study also points out that the potential cost of staffing up hospitals to run the full range of services 7 days a week would be between £1-£1.43 billion.

In order to reduce that cost, and deliver 7/7 services while squeezing down the real terms spending on the NHS, Hunt has attempted to impose a new contract on junior doctors that drastically cuts enhanced rates for weekend and unsocial hours work .

The DH, too, has made no secret of its ambition to cut away the unsocial hours rates which are part of the Agenda for Change pay agreement for over 1 million NHS staff, and key to the living standards of many staff on the lower pay bands.

Other academics point out that before committing to such huge extra costs, a proper study should be done to investigate which areas and conditions are most subject to a weekend effect, and also on whether increased staffing can be shown to be effective in reducing it.

Such work is being done, but rather than wait for evidence, Hunt and Cameron have committed to impose 7/7 working regardless of the facts.

A different study in BMC Health Services Research by Mohammed and colleagues (2012) separated out the excess death rates of elective patients admitted at weekends, and pointed out this was higher than the weekend effect on emergencies.

So one obvious way to reduce such mortality would be to stop any further weekend admissions of elective patients. This would also free up more staff to assist with emergencies.

3 Rising costs mean the NHS is "unsustainable"

Whether it be new health minister Lord Prior suggesting charges, other right wing cranks from Reform roping in Blairite refugees from the Labour Party to promote "radical" new policies to undermine the NHS, or Simon Stevens trying to force through his plan for £22 billion of "efficiency savings," the line we hear time and again is that properly funding the NHS to meet growing demand is "unsustainable".

This is nonsense.

As a result of George Osborne's real terms freeze since 2010, and planned freeze to 2020 the amount of money the UK spends on health care is now actually *falling* as a proportion of GDP, and we are already below the OECD and EU average.

Adult social care has been hit even harder, with massive numbers of older people losing their care, relying instead on over-stretched NHS services.

This is a political decision; different decisions are possible.

Labour under Blair in 2000 decided to increase real terms health spending, and did so for 10 years: Cameron's Tories are determined to reverse all of that by 2020.

That's why the NHS is in the state it's in.

4 'We're increasing spending on the NHS'

When is £3.8 billion NOT £3.8 billion?

While national wealth (GDP) continues to grow, and is set to increase by about 25% from 2010-2020, health spending is growing at a far slower rate, and set to rise by just 15%.

Meanwhile the population as a whole is expected to grow by 4.6 million (7%) and the proportion of older people (65+) is also steadily growing, held down up to now by younger immigration.

The rising population and the continued upward pressure on costs from new drugs and treatments mean that current NHS cost pressures are estimated to rise each year by around 4% above inflation.

Every year the government falls behind that level of allocation the real value of the NHS budget is reduced.

Over the history of the NHS, spending has increased by an average of 3.6% per year, not least with the spending boost under Labour from 2000-2010.

But after a 5-year freeze from 2010-2015 that increased spending by an average of less than 1%, the current plans would add only 1.5% to 2020.

That's even including the whole of the "extra" £8 billion requested by NHS England boss Simon Stevens towards the projected £30 billion shortfall between costs and cash to pay them.

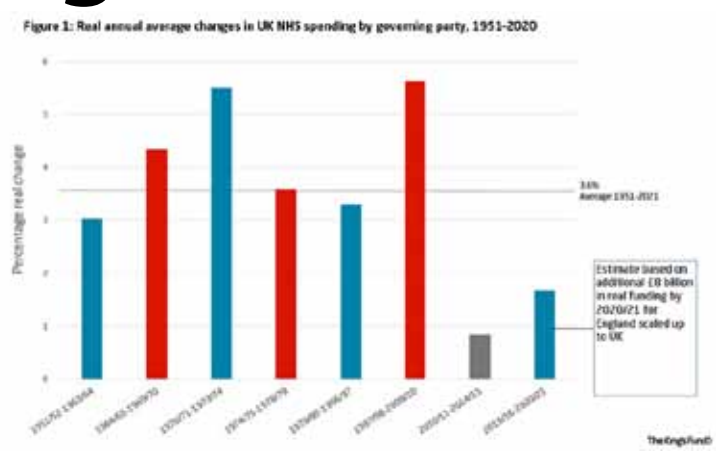
It's now becoming increasingly clear that the £8 billion request was inadequate, and that the £22 billion "efficiency savings" is impossible.

The ten years up to 2020/21 are likely to see the largest sustained fall in NHS spending as a share of GDP in any period since 1951 – with a real-terms loss of around £14 billion in today's prices, according to King's Fund analyst Jon Appelby.

On top of this there are the real and obvious pressures.

From next year's "extra" £3.8 billion, deduct **£1bn** for additional National Insurance payments, **£1.8bn** for a so-called "transformation fund" to be held by NHS England.

We must also remember NHS and foundation trusts go into 2016-17 carrying **£2billion** and more in deficits.



With the crisis continuing, there's little doubt that a hefty share of the remaining £1 billion will be squandered on the snake oil salespeople of the big management consultancies, "advising" health chiefs on how to make the cuts that the Tory masters are demanding.

£3.8bn "extra" still means cuts!

East London: protest against threat of cuts that threatened to force practice closures

The fall of the GP

General practice is falling apart through massive underfunding and over-work: and it's deliberate, writes David Wrigley*

Things are not good in general practice. Over recent years we have seen year-on-year systematic reductions in overall funding to general practice. This has been a cold, calculated tactic and due to political decisions made at the highest level.

Some say it is being done as "punishment" for what was perceived as an over-generous contract deal in 2004. In fact Jeremy Hunt even said as much at a recent conference [1].

Mr Hunt has recently had to handle the issue that his misguided decisions caused: 98% of junior doctors in England voted for strike action. Yet his actions – driven by ideology, not evidence – also threaten general practice with calamitous collapse.

All in the name of "marketising" a system that never needed it, never wanted it – and was certainly never voted for.

This is not a new problem but is becoming a critical one. At one time funding was over 12% of the NHS budget for general practice whereas now it is around 7%. Those of us working every day in our surgeries see the effects of this. GPs are burnt out, leaving the profession, suffering mental illness, having to close their practices as they can't recruit doctors or nurses and some are going bankrupt.

General practice is desperate for more funding. We have the perfect storm of falling recruitment and retention.

No longer attractive

Doctors are no longer attracted to a career in general practice. GPs in their fifties are desperate to retire as soon as they can and often leave many years earlier than they would have done. Very experienced GPs are then lost to the NHS.

Workload has rocketed with many GPs working 13-14 hour days and dealing with upwards of 60-70 patients a day. This is neither safe nor desirable from the point of good patient care.

What the NHS needs is more funding. It has had flat-line funding rises just above inflation since 2009 along with a political drive to save (cut) £30bn from the budget.

No health economy has ever successfully done this. Why are politicians demanding this? Surely they will know it will decimate the service, drive doctors away, diminish patient care and leave the NHS struggling to cope – all things we see already.

Many feel it is deliberate, to diminish the service and push through the sale of more NHS contracts and services to the private sector. The UK is a rich country.

We can afford the NHS and we can afford to increase its funding. Politicians have decided not to do so.

Why not have a windfall tax on Google or Amazon so they pay adequate tax in the UK? Why not hypothecate tax from the tobacco or sugary food and drinks industry to fund the NHS? The answers are there – it just needs the political will to do it.

These circumstances have led to the BMA General Practitioners Committee (GPC) to call a "Special Conference" – in effect a crisis conference – due to the parlous state of the service.

The last time a "Special Conference" was called was in 2003 when a new contract was desperately needed to shore up the then failing service. GPC have called this conference for January and GPs from across the UK will come together on Saturday 30th January to debate what action is needed.

Action

It may even decide what action GPs are prepared to take. Some talk of undated letters of resignation, some of resigning from NHS general practice and some of refusing to comply with the ludicrous demands and costs of the ever-growing quango that is CQC.

GPs have to fund this inspection now and the average practice will see fees treble to around £10,000 soon: £10,000 that could go towards funding another nurse or member of the admin team in a surgery.

There are so many attacks on the NHS across many fronts and the profession must unite to protect those who work in the NHS and to protect the service itself.

If politicians continue down the current misguided policy route then the NHS as a publicly funded, publicly provided and publicly accountable service could be a thing of the past.

Reference

[1] Pulse (2015) [online] available at: http://www.pulsetoday.co.uk/your-practice/practice-topics/pay/gps-unfairly-punished-on-funding-bma-tells-ddrb/20030248.fullarticle

*This article first appeared in the Doctors for the NHS Newsletter. David Wrigley is a GP in, Carnforth, Lancashire; a BMA Council member; and Chair, Doctors in Unite (formerly Medical Practitioners Union of Unite the Union)

Patients pay pri
that break up th

Christina McAnea, UNISON's Head of Head

The NHS funding announcement in the recent Spending Review should not in any way be taken as meaning the health service is out of the woods. Far from it.

David Cameron is now likely to preside over the largest sustained fall in NHS spending as a share of GDP since the 1950s. Even with the extra billions going into the NHS, the share of GDP going on healthcare will be just 6.7% in 2020-21, down from an already very low figure of 7.3% this year.

The amounts we spend on our NHS are now lower than countries such as Finland and Slovenia. We need to be getting back to a position where health spending in the UK is comparable instead to countries like France or the Netherlands.

The result of this chronic underfunding are all too apparent-growing waiting lists, targets missed and an increasing number of trusts in deficit.

And of course beyond the headline spending figures from

Christina McAnea

the Spending Review, lie a whole plethora of major problems for the NHS in future.

Unachievable savings

The extra money is still based on the assumption that the target of £22bn in so-called "efficiency savings" can be generated across five years, which virtually no one in the NHS thinks is even remotely achievable.

And the wider Department for Health budget has been cut by a quarter, which will prove highly counter-productive with less money for important work such as health education and the preventive work of public health.

But the major problem is the impact of the devastating cuts in social care resulting in a greater demand on A&E and ambulance services and patients being kept in hospital beds who neither want or need to be there.

The future supply of nurses, midwives and allied health professionals to the NHS is now also threatened by this government's decision to scrap the NHS training bursary from September 2017, to be replaced by student loans.

This will leave students with potentially crippling levels of debt and will deter many from taking up these careers in the NHS. The nursing intake, in particular, UNISON believes, will be adversely affected. The average age of nursing students is 28 and half have childcare or other caring responsibilities.

Little remarked upon in the Autumn Statement were announcements of more encouragement for the NHS to create "long term partnerships" with the private sector, with a par-

Unite will fight to the las

By Colenzo Jarrett-Thorpe, National Officer Unite the Union

Unite the Union is under no illusion about the severity of challenges now facing the health service. The General Election in May has left the NHS facing an existential crisis as the Tories continue to mismanage, ration and sell off chunks of the service.

Our ability to resist these next five years will have huge implications for generations to come. It is a battle that we simply cannot lose.

Without doubt the most urgent challenge is to secure more money to end the crippling funding crisis now gripping the NHS. George Osborne's small increase in funding in November was only a drop in the ocean compared to what is needed.

Funding per head of population is actually falling in real terms since 2010 and UK public funding for health is now significantly below many comparator countries.

Creaking at the seams

The NHS is creaking at the seams as costs grow from increased demand, wasteful reorganisations, and the management of unnecessary internal and external markets.

Many Trusts are now hobbled with unsustainable debts from PFI contracts and facing greater strain in acute services, as cuts to preventative services like social care through local government place additional strain on the NHS.

The calamitous and wasteful reorganisation under the Health and Social Act 2012 has led to rocketing privatisation, with 67% of all clinical health care contracts now being won by the private sector.

The onset of trade agreements like TTIP and CETA are expected to make this much worse. This wasteful process continues to drain NHS resources, illustrated by the spectacular collapse of the £800 million contract

for Cambridgeshire and Peterborough older people's care services after less than a year.

The NHS is now facing yet more reorganisation, this time by stealth through decentralisation to regional devolved administrations and the uneven

ce for "savings" ne NHS team

UNISON activists lobbying parliament against the anti-union Bill, November 2 2015

ticular focus on diagnostics and developing new models of care.

Undoubtedly the latest stage in the Tories' plans to break off as much of the NHS as they can from the public sector and sell it off to their friends in the private healthcare industry.

UNISON is particularly concerned that new initiatives such as the Carter Review could lead to a renewed drive by hospitals to outsource their support services. The union's One Team campaign has been set up to combat the damaging narrative that such "back office" functions can easily be privatised.

NHS staff, whatever job they do, play an important role in providing services to patients.

The reality is if you cut the "back office" the "frontline" feels the pain.

t to defend NHS in 2016

process of integrating health and social care.

This chaotic process threatens to create increasing divergence in NHS standards and risks undermining the universal high standards of NHS care.

Staff pay and terms are also under attack. Over the last 5 years most NHS staff have lost over a sixth of their basic pay in real terms while other terms and conditions have also been lost.

Staff who have been outsourced have had even worse experiences as they fall outside of the national agreements. Those same national pay agreements are again being threatened with a review of the agreement underway and devolution leading to separate agreements across the four UK countries.

It is vital that all NHS staff stand firm and united on this, much like the junior doctors have.

The NHS staff survey is showing the impact that these strains are having on the service with huge problems with staff morale, sickness and bullying.

Attacking unions

Rather than tackle this unfair treatment the Government is obsessed with attacking public sector trade unions.

The Government knows that through their trade unions NHS staff can defend themselves and the service so we are now facing an onslaught on our ability to organise and take industrial action through the introduction of new Anti-Union legislation.

This is why we need a united campaign more than ever! If we are to defend the NHS for future generations we need to be united and link together with all those who share that aim.

This is why Unite has fully endorsed the Health Campaigns Together conference on the 30th January 2016.

Defending our NHS

A conference for campaigners and trade union activists

Jan 30

10.30-4pm LUNCH PROVIDED
London Welsh Centre, Grays Inn Rd WC1

Speakers confirmed so far include:

- Dr Yannis Gourtsoyannis (BMA Junior Doctors Committee)
- Christina McAnea (UNISON Head of Health)
- Colenzo Jarrett-Thorpe, National Officer Unite the Union
- Rehana Azam, Acting National Secretary Public Services, GMB
- John Lister (Secretary, Keep Our NHS Public & joint author NHS For Sale)
- Paul Evans (NHS Support Federation)
- Caroline Molloy (Our NHS),
- Nat Whalley (38 Degrees),
- Allyson Pollock (joint author NHS Bill)
- Dr Louise Irvine (BMA National Council)
- Sally Ruane (Chair Leicester Campaign against NHS Privatisation)
- Emma Corlett (Campaign to Save NHS Mental Health Services in Norfolk and Suffolk),
- **PLUS** plenty of time for debate!

Information, discussion & debate on

GP crisis ● Community and Social care ● Privatisation, PFI & TTIP ● Cuts & Reconfiguration ● Defending NHS pay & conditions ● Mental Health ● Getting the message across ● NHS Bill ● Mobilising & social media ● Tactics to make an impact ● Reaching out to build alliances … and more

Book early to avoid disappointment

Because we are providing lunch and refreshments for all those attending, we need firm numbers. So please book yourself a place, FREE online at ***https://www.eventbrite.co.uk/e/defending-our-nhs-tickets-19746374939***, or checkout the Health Campaigns Together website ***www.healthcampaignstogether.com.***

The day Jeremy Hunt nearly came to Southall

Oliver New, Ealing Save Our NHS

Ealing campaigners heard a rumour that Chief NHS destroyer Jeremy Hunt was coming to Southall. This is the man who has recently closed two nearby A&Es, causing emergency waiting times to shoot up to the highest in the country.

Apart from that, and closing Ealing Hospital Maternity department, servicing an area with high birth rates, he intends to oversee the knocking down of Ealing and Charing Cross Hospitals, closing their blue light A&Es and slashing hundreds of beds.

It did seem hard to believe that he was to be the so-called "guest of honour" at a Conservative Club dinner, just a mile from Ealing Hospitals. *Guest of Honour!*

But it turned out to be true. We had four days to spread the word and spread it we did, with phone calls, e-mails tweets and Facebook.

Come the Thursday night in question, hundreds of people turned up, with banners, placards, horns, megaphones and very loud voices.

TV was there too. It was the same day doctors voted by 98% to 2% to take strike action in defence of pay and health services.

A huge cheer went up when it was announced that Mr Hunt had changed his plan and would no longer come to Southall. Jeremy Hunt had bottled it. It seems the last thing he wanted was to be on the news surrounded by angry local residents on the day the doctors had defied him.

Tories run the gauntlet

Tory diners had to run a gauntlet of protestors only to find they had paid £30 to just to hear a local Councillor. Shame.

What Mr Hunt's Government has done is unbelievable. In North West London emergency care is teetering on the brink, not only because of national cuts and the privatisation and break up of services, but because of a diabolical plan called 'Shaping a Healthier Future' which has promised to improve local health services by wholesale close of hospital services.

If implemented, it would mean people would die who could have been saved.

But this is fantastic stuff for management consultants, who in two years have been paid over £33 million pounds from money supposed to go to health care in North West London.

One firm, McKinsey & Co has been paid £27,000 **every day** for the last year. That alone could have been used to pay for over 300 new nurses.

Meanwhile Children's services at Ealing Hospital face closure in the summer and later on 300 beds are set to go. Multi-millionaire Mr Hunt has approved the plans to knock down Ealing and Charing Cross Hospitals and sell the site to property developers for flats, leaving just small clinics, now renamed 'local hospitals'.

It seems inconceivable, because these services are needed – they are not luxuries people can manage without. No wonder people are getting angrier and angrier with "honourable" Hunt.

Lewisham conference links up campaigners

On December 5 the Save Lewisham Hospital Campaign held a conference in Goldsmith's University, on the crisis in the NHS and what we can do to defend it. Over 100 people attended and took part in lively discussion.

The conference was opened by Heidi Alexander, shadow Secretary of State for Health, who is MP for Lewisham East and actively supported the Save Lewisham Hospital Campaign in the successful campaign to save our hospital from closure.

Louise Irvine, SLHC chair, gave an overview of the main issues facing the NHS in England: funding cuts to health and social care; privatisation; attacks on NHS staff pay and conditions, and hospital closure plans. She talked of the many positive examples around the country of people campaigning to defend the NHS.

Dr. Shruti Patel, of the Junior Doctors Committee of the BMA and Dr. Helen Fidler, Lewisham Hospital BMA representative argued that the outcome of the junior doctors struggle was vitally important not just for junior doctors but also for all NHS staff groups, and for the NHS as a whole.

Jane Mandlik, SLHC campaigner and member of Lewisham pensioners Forum talked to her paper on PFI (published on SLHC website). She talked about the damaging effects of PFI on our health services and possible solutions around which campaigners could organise.

Peter Roderick talked about the NHS Bill 2015-16 tabled by Caroline Lucas MP to be debated in Parliament in March. Peter argued that the harm being done to the NHS by the fragmentation, chaos and costs of the market can only be reversed by legislation that abolishes the NHS market and restores it as a true public service.

In the afternoon Dr. Gurjinder Sandhu of Ealing Hospital, Dr. John O'Donohue of Lewisham Hospital, Dr. Sally Ruane of the Leicester Campaign against NHS Privatisation and Anne Drinkell of the NW London Save Our Hospitals Campaign critiqued the arguments justifying hospital closures.

They referred to the recent report by Michael Mansfield into the NW London reconfiguration, which warns it would lead to dangerous deterioration in services there and calls for it to be halted.

John O'Donohue demonstrated how data on weekend mortality rates is abused by the government to justify hospital closures. Speakers highlighted the serious deficiencies in social and community care funding and showed that there was no evidence that improved community care could replace A+Es and hospital beds.

Dr Brian Fisher, Lewisham GP, talked about the adverse impact of austerity on health.

A summary of the conference talks and links to You Tube videos of the talks can be found on the campaign website – www.savelewishamhospital.com

Remember A&Es are not just for Xmas!

Patrick Barron, Chair Save Our Hospitals Hammersmith and Charing Cross

Hammersmith and Charing Cross Save Our Hospitals campaign (SCXH&H) are not going away!

Most of you will know by now that campaign to save A&E's within North West London affected by the reconfiguration agenda of 'Shaping a Healthier Future' (SaHF) has been vigorously contested by Save Hospitals Hammersmith and Charing Cross campaign(SCXH&H).

For over three years concerned residents and supporters have fought the closures of Hammersmith, Central Middlesex A&E's (September2014), the sell off much of the Charing Cross site as a functioning blue light' A&E.

There is no doubt the campaign has made inroads into this Government's 'experiment' to close services and reduce access to the NHS provision in the North West London configuration.

We believe that without the campaign the A&E at Charing Cross would already have been 'down-graded' along with other cuts (over 300 beds gone!).

"I'm not Dr Jekyll – I'm Mr Hyde the accountant"

The SOH Campaign has continued to expand its work with local residents.

As well as holding a number of highly successful public meetings we hold weekly stalls at various parts of the Borough both listening to local residents comments on their health provision and giving out up to date information. We attend all CCG and Imperial Board meeting and ask well researched questions.

A year ago our presence at these bodies was hardly acknowledged but they now feel obliged to give highly detailed, if often highly evasive answers to our questions. The local NHS bosses know that we have a large public audience and they know that we are not going away!

Mounting evidence suggests NHS is at breaking point. Official NHS figures show the trusts that run St Mary's, Charing Cross, West Middlesex, Ealing and Northwick Park hospitals have all failed to meet A&E waiting time targets as recently as December 2015.

A significant event in November was the long awaited Mansfield Commission Report (a summary can be found at http://www.lbhf.gov.uk/) which was funded by the boroughs affected by the SAHF reconfiguration.

The Commission's findings argue that the SaHF is 'deeply flawed' . Its conclusions were widely reported media both in London, on the BBC and on social media. It recommends that SaHF and should be halted immediately, and strongly suggests the boroughs affected by SaHF seek judicial review, not least because the cost of the reconfiguration – now estimated at a massive £1.2 billion – is more than the claimed savings.

The predicted population increase would make closures of A&E's unsustainable, vindicating SCXH&H scepticism regarding these financially driven cut backs (they don't even have a published business plan!).

Scarily, these attacks are located in the poorer, deprived wards in the boroughs.

So NHS bosses be warned: we're not going away. In the New Year we will take Mansfield conclusions to our community and planning in public meetings, stalls, social media – whatever it takes.

Lewisham is singled out for one of five pilot schemes in London; At the end of November Lewisham Hospital had no beds at all available for emergency or other admissions. Of course the pilot will not address this!

Devolution – or dumping debt?

John Lister of Health Emergency gives a quick reaction to the latest plans for "devolution" of NHS and social care budgets. We welcome comments and alternative views from HCT supporters.

The surprise announcement on December 15 of a new "devolution" agreement covering the 33 London Boroughs and 32 Clinical Commissioning Groups covering the capital's rapidly-growing 8.6 million population shares many characteristics with the previous biggest scheme – in Manchester.

Devolution as a term has until Manchester generally had a positive meaning, an aspiration for unions and campaigners: now something very different is being imposed from the top downwards.

In each case the new deal was announced by and clearly led by Chancellor George Osborne, with local government and health leaders playing a subordinate role.

Neither in Manchester (still) nor in London has there been any prior attempt made to run any public consultation on the proposals: they have been rubber-stamped in each case by CCG chairs and council leaders without reference to their CCG boards or elected councillors, let alone any wider discussion.

No parliamentary debate

Nor have MPs been able to discuss the principles properly in the Commons: the Tory legislation to extend devolution across England did not initially make any reference to the NHS. Section 18 which was added as an amendment requires prior consultation.

Indeed the London announcement seems to have taken even NHS England boss Simon Stevens by surprise: it came just a couple of days after Stevens had told the *Health Service Journal* that he did not expect any rapid spread of devolution plans beyond the Manchester experiment. Next thing the man in charge of the CCGs was being quoted in a George Osborne press release endorsing an even bigger plan than Manchester.

As we have seen in Manchester, deals which begin in such furtive fashion cannot subsequently develop into anything but secretive, bureaucratic deals excluding any democratic accountability, transparency or genuine devolution of power to local people.

There is a conspicuous silence in the proposals on the controversial plans in North West London to close Ealing & Charing Cross Hospitals, with the loss of over 600 beds. Will that now be pushed through under the new powers?

Austerity

And as we might expect from a hard-faced, austerity-obsessed Chancellor, neither plan offers any new money on the table to develop new services (London faces a target for 'efficiency savings' of £4 billion by 2020, while many of its CCGs and almost every London NHS and foundation trust is deep in the red).

It's obvious to anyone but a gullible, power-grabbing councillor, mayor or CCG chair that the government plan is to "devolve" responsibility for massive debts and unpopular cuts and closures, dumping the blame onto dim-witted or ill-informed and unwary councillors and GPs.

Particular blame in each city must land on the Labour council leaders, who in each case are a clear majority of those declaring support (Labour leads 20 or London's 33 boroughs, with the Tories currently leading only 9 in the run up to London elections in May 2016).

At the same time this new fragmentation of the NHS offers possibilities for driving through sales of "surplus" NHS land (one of the pilot London projects is to focus on just this, in the five boroughs of "North Central London").

Of the handful of specific plans it proposes, the one setting up an Accountable Care Organisation 'integrating' health and social care is centred in Barking & Dagenham, Havering & Redbridge.

PFI debt

But the local Barking Havering & Redbridge hospitals trust is mired in massive debt as a result of a hugely expensive Private Finance Initiative contract for the £240m Queens Hospital in Romford, and seeking to make savings by closing the busy A&E at King George Hospital in Ilford.

With a plan so blatantly undemocratic, signed off by council leaders with such a grim record of failure to stand up in defence of local services, there are real fears that the "integration" of health and social care will mean the plundering of already inadequate NHS budgets to prop up local government services.

Social care has been plagued for decades by cuts, outsourcing and piecemeal privatisation of services, leaving many staff on zero hours contracts and service users with bewildering 15 minute sessions of 'care'.

Charges for care

Now there is the danger that in some localities services could be "integrated" under local authority rules which levy means-tested charges for services, rather than the NHS principle of services funded from general taxation and free at point of use.

Nothing that has been said so far should reassure campaigners or staff working in health and social care that the new plans mean anything other than fresh attempts to cut back and privatise services to fit dwindling budgets which Osborne has pointedly decided not to adjust to meet the costs of the growing population and other cost pressures.

This is not devolution but dumping blame.

Thousands more staff needed

The NHS would need to spend more than £4 billion extra each year to bring its workforce up to the average levels of the wealthier countries of the Organisation for Economic Cooperation and Development (OECD), according to the Nuffield Trust. The UK would need another 26,500 doctors and up to 50,000 extra nurses to provide the average level of coverage other countries take for granted.

Hunt for charges

Jeremy Hunt is determined to see the NHS levying charges on overseas visitors and migrants who need health care – claiming that his proposals would generate an "extra" £500 million a year. The figure is hugely inflated (some estimates put the costs of treating so-called "health tourists" as low as £35m a year – and many health tourists are already private patients, paying (or dodging) the fees of NHS and private hospitals.

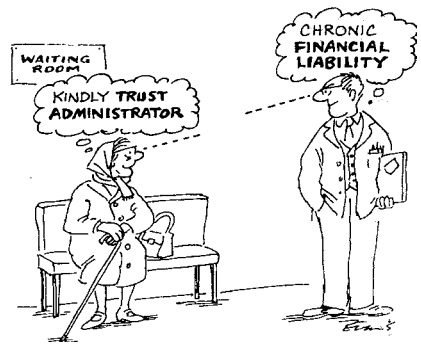
Hunt takes no heed of the costs and waste of clinical, admin and managerial time and resources in efforts to collect the money, or the complexity of separating "foreign" patients from those who already live and pay taxes here.

But even £500 million is less than half of one percent of the NHS budget. It seems that the Tory priorities are firmly skewed to placating their UKIPish xenophobic right wing rather than addressing the real financial problems of the NHS.

Regulators call to cancel ops

With trolley waits increasing, and NHS management opting to cease regular publication of delays in ambulances transferring emergency patients to hospital, comes news that every hospital in the country has been told by Monitor and the NHS Trust Development Authority to cancel non-urgent operations over Christmas and into the new year.

The Labour Party is predicting that there will be over 100,000 patients in hospital beds in December for lack of alternative care.



Quest for more migrants

While Tory ministers are trying to find more ways to reduce immigration, the care sector is crying out for skilled migrant workers willing to do demanding work for minimum wage. The Chartered Institute of Personnel and Development's magazine People Management points out that restrictions on migration could leave the care sector short of 200,000 staff to do jobs which British home grown workers find "unattractive".

As the numbers of vulnerable and dependent people aged 80+ continue to increase, social care spending has been cut by 11% since 2010, with more and bigger cuts to come.

"Uncertain hours, low pay and stressful working conditions" with little job satisfaction for many means that staff turnover rates in the care sector are a massive 24% each year, according to the CIPD.

TUC Infographics, compiled with input from Health Campaigns Together, are available to download, together with a wide range of additional useful facts for campaigners. All are available on the Health Campaigns Together website www.healthcampaignstogether.com, which also has a link to the TUC's Touchstone blog, giving updates on the NHS.

Junior doctors fight Hunt's brutal contract

Seizing the pump handle

The Junior Doctors' dispute has to be seen in its wider, political context as part of the battle to save the NHS, writes YANNIS GOURTSOYANNIS

Many of us know the tale. Dr John Snow, on linking the outbreak of cholera to a contaminated well in Soho, London, in 1854 persuaded the authorities to remove the pump handle. Heroic genius saves the people.

Except he didn't. Snow himself admitted that the outbreak may have been in decline by the time the pump was rendered useless.

But the point was, there was a deeper principle to Snow's actions. That of acting in the public good. Something doctors have always done.

Was this a political act? Of course it was. Removal of handles is not in itself a treatment, and a whole population was Snow's concern.

As doctors, our principles allow us to act in the public good just as resolutely as when treating an individual patient. Acting to reduce health inequalities fits just as strongly with that as removing pump handles.

Why is it, then, that our recent actions in defending standards of safety and fairness in the work we do – surely as clear an indicator of preventing harm as you could wish for – have been criticised as being "political", or "too political"?

I sit on the Junior Doctors' Committee at the BMA. The sheer scale and iron will of the protests by my colleagues, sparked by this government's arrogance in applying a change to our contract that would create unsafe and unfair practice as the norm, has been inspiring.

But all too often, at the highest levels of the BMA, over the last year, I have encountered the view that we should not be overtly politicised and that "we do not seek to change governments but to change government policy with equal vigour towards all".

My attempts to reach out to other unions, for example, have been perceived as dangerously political. I would also add that being political is regularly conflated with being in "party" political alignment. This is not the case.

In my view there is also no escaping the fact that debates around the NHS more generally have been at the centre of political discourse:

The NHS regularly tops polls of the public's view of how important various political issues are.

It is at the centre of the debate both between the political parties vying for power and at the centre of debates within those parties. The NHS is the cornerstone of the twentieth-century's social democratic consensus. This is the very reason why it is under systematic attack. "Social democracy" as a concept has been attacked and undermined systematically [2].

To unlock the trap will take overtly political actions with health workers and campaigning groups to link together and work in a common defence of the NHS, such as Health Campaigns Together.

For many formerly apolitical junior docs concerns over a privatised NHS have come to the fore during the present contract dispute.

Deficiencies in health and health systems both domestically and globally exist for political reasons (for example in Greece [2] and in the UK [3]).

Given the facts just stated and given the need to respond to the global financial crisis of 2008 in a certain way; the government has no choice but to politicise the health service by driving through neoliberal "reforms". And the proposed junior doctor's contract is straight out of the neoliberal playbook! As was the Health and Social Care Act 2012.

The BMA's reluctance to "get too political" is now resulting in the impasse which we in the BMA find ourselves.

"Triple lock"

Our negotiations with Hunt have been "triple-locked" in my view. And we as a union and as a movement need to find a way to break through each of those "locks".

The first of Hunt's safety locks is the pernicious DDRB report and its modified "November proposal" form [4].

The second safety lock is the timeframe of likely imposition.

And the third safety lock is the "neutral pay envelope" and expansion to a "7 day NHS" (in the context of cuts to NHS funding)… in a word: austerity.

And we won't be able to break through those locks alone. To unlock the trap will take overtly political actions with rigorous, ethical principles of the public good driving them. In particular:

For other groups to keep things political: to do and say that which the BMA cannot (or chooses not to!) do, and to ensure that doctors, other health workers and public are educated about what is at stake.

Link up

For unions, health workers and campaigning groups to link together and work in a common defence of the NHS, such as Health Campaigns Together.

To make the reasoned, objective argument that it is the conservative ideology itself which is absolutely devoted to destroying the very existence of a safe, efficient, publicly funded, publicly provided NHS.

We must cease to be bound by simple assertions of becoming "too political". Only by continuing to engage with each other and the wider public can we fight the greatest attack on public health: the undermining of our NHS.

* (First published in the *Doctors for the NHS Newsletter*. Yannis Gourtsoyannis works as a junior doctor in a London hospital. His views expressed in this article are his own and do not neces-

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Health Campaigns Together is an effort to link up campaigns and trade union organisations – national and local – in defence of the NHS, against cuts and privatisation, and where possible unite efforts and build even bigger campaigns.

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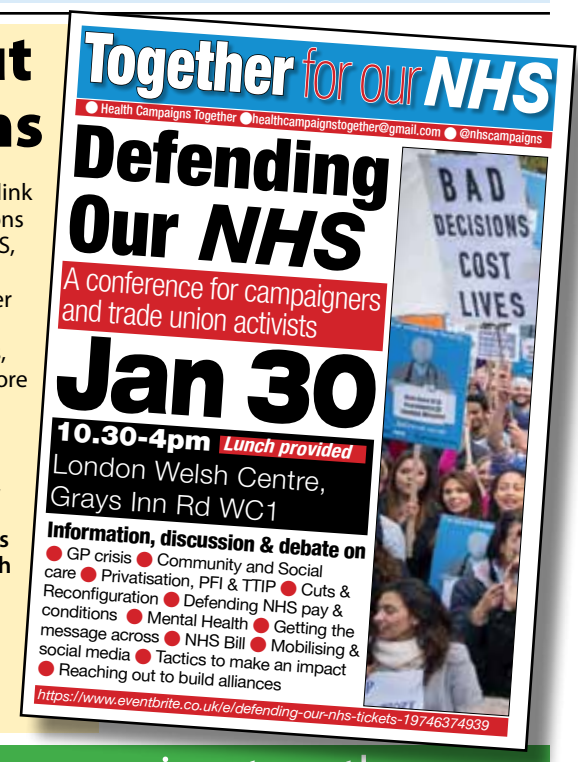
With your help we can build a useful resource for all campaigners.



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