

# Health Campaigns Together

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## Campaigners call for March 4 demo against NHS cuts and closures

Unite has been the first major trade union to respond positively to an appeal from Health Campaigns Together to health unions, local and national campaigns seeking support for a national demonstration in London on 4th March.

Other unions are due to discuss it after we go to press.

The letter, signed by Mike Forster of Hands off HRI campaign in Huddersfield and Dr Louise Irvine of the Save Lewisham Hospital Campaign states:

"We believe the time has come to demonstrate the breadth and depth of support for the NHS and anger and opposition to the destructiveness of Tory policies."

The timing allows a wide appeal for maximum support in every part of England, in the certain knowledge that the



wider public will become more aware of the threats we face:

"The NHS crisis will intensify this winter and there will be no let-up in the following months as drastic cost cutting Sustainability and Transformation Plans are rolled out across the country, leading to more cuts and closures."

The timing also means that the dem-

onstration can be linked to strengthening vital campaigns in each locality.

"By March the "winter crisis" will not be over, and the full reality of the STP plans will have become clearer to many more people.

"We believe this could be a massive demonstration, bringing together the growing number of community campaigns with the trade union movement."

'Health Campaigns Together' is a national network of over thirty NHS campaigning organisations and unions working together to co-ordinate action to defend the NHS. Find out more from Mike & Louise: email them at [healthcampaignstogether@gmail.com](mailto:healthcampaignstogether@gmail.com), or share details via Facebook at <https://www.facebook.com/events/1771664639725061/>.

After months of secretive discussion, arm-twisting and deception

## STPs emerge – as plans for CUTS

The publication, by various bodies, of the first 17 of 44 Sustainability and Transformation Plans (STPs) outlining 5-year plans for health and social care in England, has confirmed many fears and dashed a few hopes.

Since they appear to break down the division between the local commissioners of health services (CCGs) and the trusts which provide front line care, there was a theoretical possibility that STPs could offer local people and health workers a better way to engage in discussing the development of services without the obstacle of competition.

STPs seemed to be NHS England's way of getting around the fragmented 'market' system entrenched by Andrew Lansley's Health & Social Care Act.

But what NHS England wanted most to get around was local objections to closures and downgrading of services.

Indeed CCGs in some areas have continued with their projects for privatising the provision of key services – notably the massive £700m 7-year contract to profiteers Virgin to

**Councils break ranks to publish local plans**

deliver over 200 health and social care services in Bath and NE Somerset.

And far from a new dawn of constructive engagement, the STPs have been hatched up in obsessive secrecy, while the December 23 deadline for these plans to be formulated into contracts and implemented has drawn ever closer – confirming that any consultation will be a token effort discussing an already finished plan.

Worse, all of the STPs seek to make massive savings – with the most concrete proposals focused on ever more intensive drives for "productivity"

among trust staff – with substantial saving to come from so-called "back office" and other support staff.

Trusts face huge and probably unachievable targets for savings – while in some hospitals shortages of nursing staff is already leading to lapses in quality of care reminiscent of the disastrous failure of care in Mid Staffordshire Hospitals a decade ago.

Campaigners should not be deceived by the pages of truisms about public health, vague hopes that prevention schemes could magically reduce hospital caseload, or promises of new hospitals, improved primary care, expanded community services or enhanced mental health provision – for which there is no capital, no revenue,

no staff and no genuine commitment.

**The STPs are about cuts, about balancing the books, about bridging the £22 billion affordability gap by 2020 identified by NHS England.**

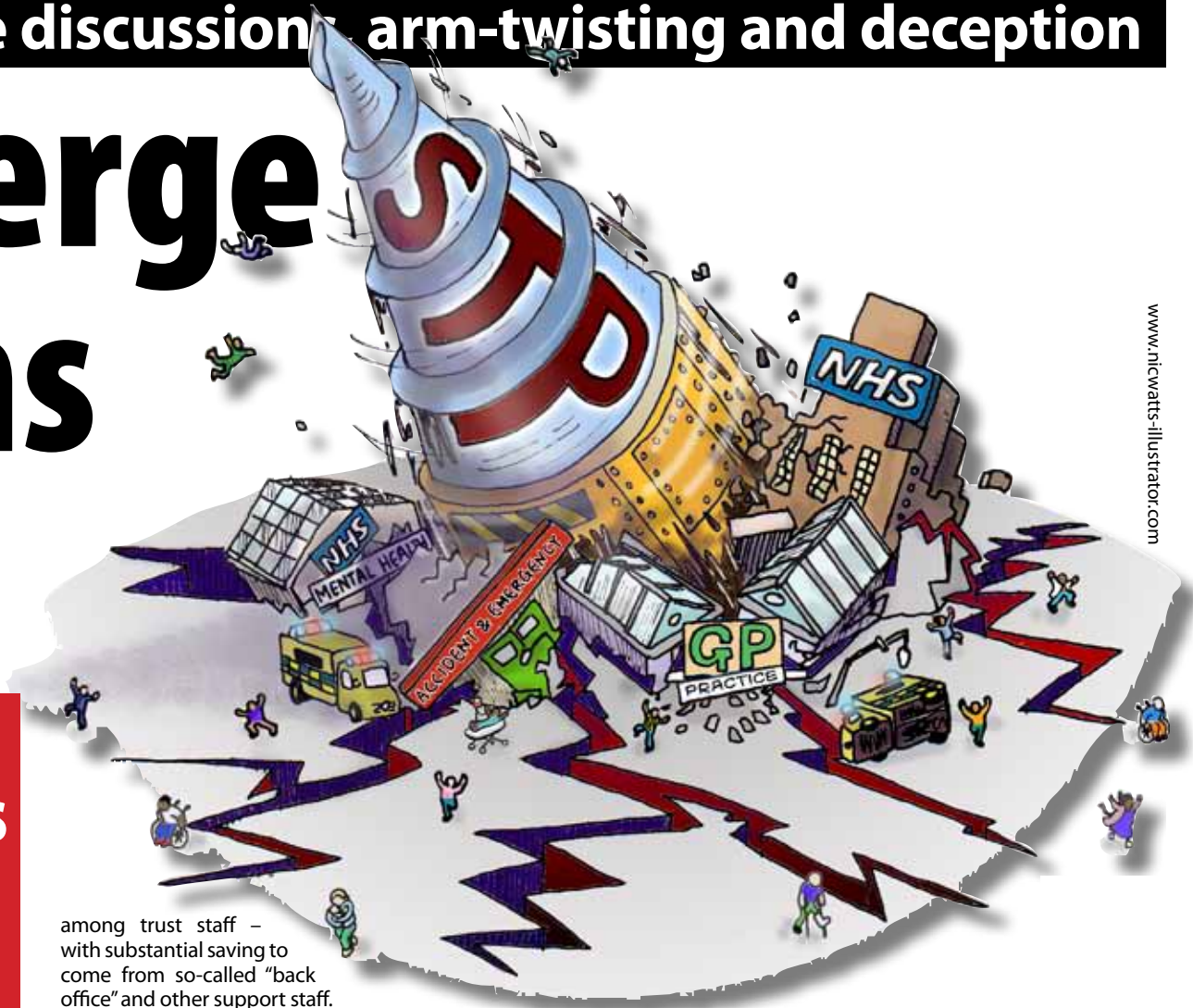
As Dr Mark Spencer of the New NHS Alliance has said, many STPs are "a mile wide and an inch deep": most of their content is a smokescreen, or wishful thinking.

Birmingham GP leader Dr Robert Morley has dismissed their local STP as "simply undeliverable". Julia Simon, until recently NHS England's director of commissioning, has dismissed

them as "lies," "madness" drawn up in desperate haste. The leading think tanks are increasingly critical, as is the Commons Health Committee.

The fight is not specifically against STPs, but against cuts that damage our health care and put local communities and vulnerable people at risk – in the name of austerity.

Health Campaigns Together welcomes the new TUC campaign for increased funding of the NHS, a demand that should be raised with politicians of all parties as we fight to keep what NHS we have.



● A look at the first 17 STPs – Centre pages ● More at [www.healthcampaignstogether.com](http://www.healthcampaignstogether.com)





Just six weeks from planned December deadline for signing binding contracts. . .

# 17 STPs published: 27 still secret

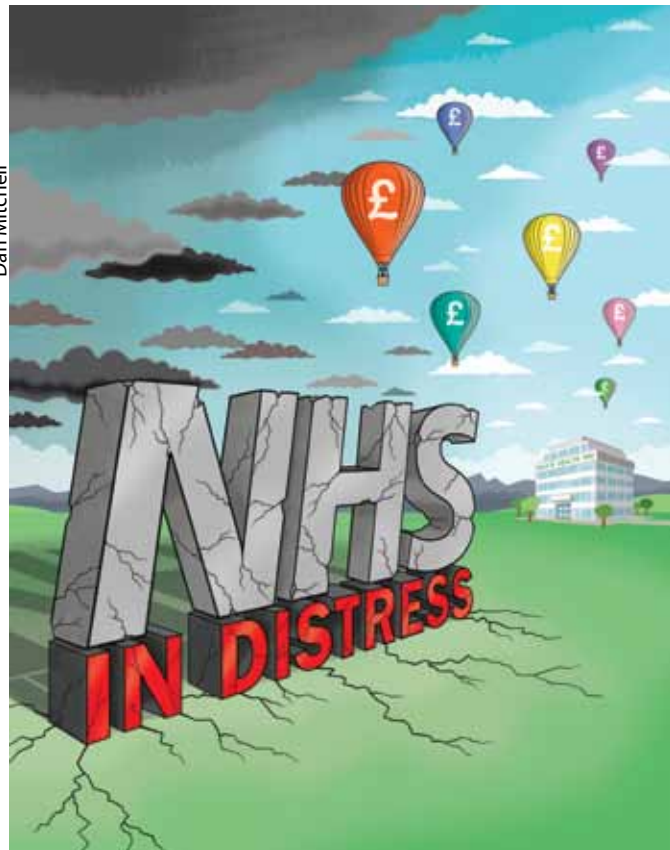
Drib by drab, more Sustainability and Transformation Plans which are seen by NHS England as the way to force through the 'transformation' of the NHS alongside balancing the books, are being published – some by local councils, others by NHS bosses.

As this issue of *Health Campaigns Together* goes to press we have 17 reasonably full drafts (June or October versions) that have appeared, although some of them still have figures missing and some are conspicuously separated from Appendices and technical reports that really tell us what the plans represent.

### No consultation

It's clear that despite token statements about "engagement" with "stakeholders" that there is no possibility of any serious consultation with public or NHS staff on far-reaching 5-year plans which NHS England wants to see implemented from the new year.

Local council leaders, who



are supposed to be partners in the STP process, have in many cases been presented with often substantially incomplete documents which have already been through dozens of re-writes, and pressed to sign the equivalent of a blank cheque to endorse plans that are presented as a fait accompli.

It's this combination of arrogance and secrecy that has created the openings for some of the STPs to be published.

One common feature is that all the STPs so far (and we can predict all 27 still to surface) begin from arguing the need to bridge a massive "gap" between NHS & social care funding versus the needs for health and care that will grow between now and 2020-21: the total gap for the first 17 STPs is almost £12.5 billion.

### Frozen funding

It's from this standpoint, a situation deliberately created by six years of frozen real terms NHS spending, and another 4 years to come, that every STP argues

that "no change is not an option".

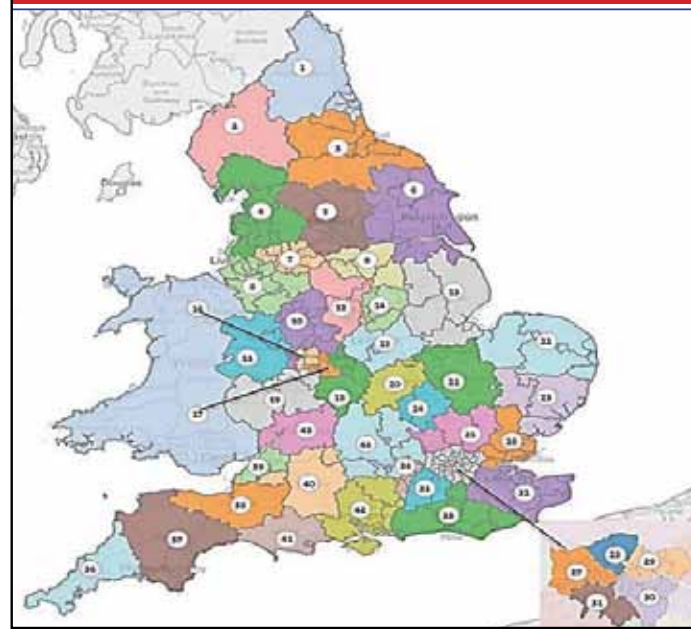
The apparent gap appears in every instance to be deliberately widened by contrasting projected rising costs of treating an increasing population with an unrealistic "do nothing" projection that assumes trusts would stop the year-by-year quest for 'efficiency savings' which have been a feature of the NHS since the 1980s.

Yet each STP sets out its financial plan, they all add these savings back in, often described as "Business as Usual".

Indeed it seems that the productivity they hope to force out of an increasingly overstretched and stressed out NHS workforce is the most tangible hope of generating actual savings.

Many of the other proposals are much more an exercise in wishful thinking than serious planning: STPs all parrot the same stream of ideas.

These may sound harmless, or even sensible in themselves, but lack the resources to make



them work, or any evidence they can deliver at all – let alone in the short timescale to 2020-21.

### Targeting staff

Many target so-called "back office" and "support" staff, with little if any consideration for the vital role they play in ensuring trusts can run efficiently and that clinical staff can focus on their clinical roles.

Many of the plans point towards reconfiguration of acute services, with loss of beds and downgrading of hospitals, although few offer any firm details.

Some also looking to re-shape and scale down community hospital provision – Devon notably is looking to close four of them.

These changes are inevitably discussed while ignoring or belittling the geographical distances to alternative services – some potentially 50 miles or more – and poor transport links. No wonder some of the strongest resistance has come in rural areas.

### Journeys

In what NHS bosses may regard as unfortunate phrasing, the Devon STP, looking to close a staggering 590 acute and community hospital beds by 2020, talks of the need to "engage fully with our stakeholders on future direction of travel".

Yet it's precisely the distances they will have to travel for health care that is so infuriating local protesters.

There is no reassurance to be drawn from the lack of any details in a local STP

on the "reconfiguration" and downgrading of services they propose to carry through: in many cases the STPs have simply picked up existing controversial projects, and driven them forward.

This type of long-planned "rationalisation" and "centralisation" of services is being implemented in West Yorkshire (where Huddersfield Royal Infirmary and Dewsbury Hospital are each facing a major downgrade as part of plans to prop up floundering PFI hospitals in Halifax and Wakefield).

These cash-saving cutbacks now run alongside and have been integrated with the STP drive for over £1 billion worth of cutbacks.

### Speeding up cuts

So where local services have been under threat – as in Bedford and Milton Keynes, Leicestershire, Essex, Dorset, Worcestershire, Lincolnshire, Sussex, Darlington or North Tees, and many more areas – the STP either deepens or speeds up the cutbacks already under way.

By merging CCGs into wider "footprint" bodies NHS England hopes to make it easier to override local objections.

The plans are flawed, as is the process that ignores local opinions, and aims above all to cut NHS services back to fit the inadequate, frozen budget that is set to get meaner to 2020.

That's why we must demand the plans are published, and any cutbacks they propose must be opposed by local politicians.

Local politicians in east Cambridgeshire and Fenland have been challenging controversial plans by Cambridgeshire & Peterborough CCG to close minor injuries units (MIUs) at Doddington, Wisbech and Ely. 33,000 patients a year use the units, and could face lengthy, awkward and uncomfortable journeys to Cambridge, Peterborough or Kings Lynn to seek treatment.

A confidential internal report was leaked to NE Cambs MP Steve Barclay, and his challenge to the plans was echoed by the Mayor of Ely, the leader of Fenland District Council and other councillors. One councillor described the proposed closures as "Utter madness".

Some concessions have been made by the CCG to councillors and MPs over the potential loss of local outpatient services: the same pressure needs to be maintained until the CCG sees sense over the threatened MIUs.



Mass turn-out in a meeting in Ely protesting at potential cuts to Minor Injury services in Cambridgeshire's Fenlands

## Digital solutions leave millions of people off the map

As local health bosses watch their balance sheets sliding inexorably into the red, many have pinned hopes for future savings on the use of new apps and other technology to reduce direct patient contact, and thus save some money.

Every STP includes extravagant plans for investment in a "digital roadmap" which is seen as central to the "efficiency savings" they hope will help bridge the gap between needs and resources.

There's only one problem: the punters aren't going for it. Patients are not using even the most basic new technology that has been expensively developed for them.

The pace of progress could best be described as glacial. Indeed an HSJ analysis has found just 4 per cent of GP appointments – 14 million appointments out of 340 million estimated total appointments – will be made or cancelled online in 2016.

The number of patients using this relatively basic technology has increased by around 50% from the low base of just 9.5 million the year before. But it's now clear why NHS Digital has not published data showing the take-up by patients.

The deputy chair of the British Medical Association's general practice committee, Richard Vautrey, told HSJ the figures reflected the fact that "most patients still preferred to contact their practice by phone or attend their local surgery in person to speak to local reception staff, who they will often know, rather than using online services".

"This is particularly the case for older patients, who are the main users of GP services."

Even one of the bosses of a firm supplying the system admitted to the HSJ that "social issues such as the millions of 'digitally disadvantaged' people who have little or no digital access", were also factors.

Many of these will also be people with serious and long term health needs. The Digital Roadmap seems to be leading to a virtual cul de sac.

## Push councils to publish local STPs... and resist cutbacks!

From Barnstaple in Devon to Cheshire, from Labour leader in Hammersmith in London to Lib Dem Mayor in Bedford, one striking factor emerging in many fights for the NHS is the engagement of previously passive council leaders and mayors.

It's by no means automatic for councillors who have no formal responsibility for health care and until recently little direct influence over NHS policies to get involved.

The detachment has been worsened by the long-standing and widespread habit of relegating positions on Health Oversight & Scrutiny Committees to the most docile, and naive councillors.

And in recent years many councils have been even more reluctant to rock the boat for fear of encountering even worse financial settlements from central government.

Yet councils have since 2003 had residual powers to hold up controversial changes in local health services pending a decision of the Secretary of State, and these powers were left intact by the 2012 Health & Social Care Act, which

also set up Health & Wellbeing Boards, led by councils.

There is real potential power in the hands of councils to influence or if necessary challenge and obstruct NHS plans where they impact on access to services for local communities: and where they have dragged their heels they must be pressed to do so.

Where councillors and council majorities are from opposition parties, challenging unpopular cuts and closures in local NHS services offers an easy

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option to speak up for local residents and galvanise political support.

The rhetoric of "integrating" health and social care has increasingly handed more responsibility and less resources to local authorities.

Now the Sustainability & Transformation Plans contain a specific requirement for councils to be involved and to endorse local STPs, many of them enticed by the skinny carrot of a few million extra towards their dwindling social care budgets – in several years time.

But those councils which are lured by this carrot are letting down their local communities – and could suffer the consequences if they are seen to sign up for hospital closures.

People fighting to keep local services despite the financial plight of the NHS need all of the support they can get – and that means lobbying ALL politicians, of all parties, to use the real power they have, and stand up and fight, demanding all STPs are published, all planned cuts rejected ... and ministers forced to halt the freeze and fully fund our NHS.



'Given present NHS funding constraints Mr Jones, I'm afraid we can't afford for you to go on living'.

## As ministers waffle about "integration" Task Force scrapped as social care is slashed

The more ministers talk about 'integrating' health and social care to allow patients to be supported to live without need of hospital care and more swiftly discharged after treatment, the less they provide in the way of support to make it happen.

Theresa May has scrapped a high-powered Health and Social Care Implementation Task Force that was only set up last year by David Cameron, chaired by Jeremy Hunt, charged with taking forward a strategy for an integrated health and care system.

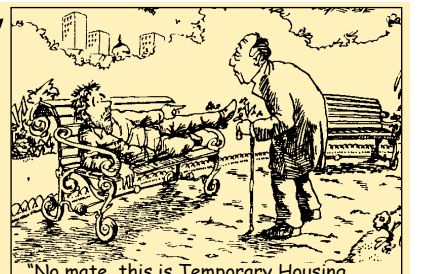
The Task Force itself had made no impact, but the message is clear: May's government doesn't care about the mounting crisis its cuts and spending freeze has

created, and sees no urgency in making the disjointed system work any better.

'Social care' is of course controlled not by the NHS, but by local government – whose budgets have been repeatedly and brutally cut for the last six years as part of the government's austerity regime.

As a result social care, unlike the NHS, has since Thatcher's reforms took effect in 1993 been subject to means-tested charges – forcing clients in many areas to pay out of savings or pensions for often sub-standard, privatised services, or care in privately-run nursing homes.

So talk of "integrating" this disintegrating service with the NHS has always been controversial, even with people



"No mate, this is Temporary Housing... the next one along is Intermediate Care"

who want hospitals and social services to work together.

The logical call to nationalise the shambolic mess of social care and integrate it within the NHS, delivering services free to all is also controversial, since it would cost more money, and of course remove another service from at least the pretence of local democratic control.

Meanwhile the Commons Health Committee and three major health think tanks have begun warning of the growing cash gap in social care – which is now supporting fewer frail older people than five years ago – and its impact on an already stretched NHS.

## Familiar phrases which aim to confuse, not clarify

Phrases like "demand management," "prevention," "out of hospital" and "care closer to home" all remind us how many years we have been

told that hospital beds and services were about to be replaced by GPs or services "in the community."

Yet year by year elective

and emergency caseload has continually increased.

If the ideas in the STPs were really affordable and worked, managers would have done them by now – at least somewhere in the NHS.

Nonetheless, undeterred by experiences so far, once again the STPs gamely trot out a new set of plans to switch services out of hospital, some to be located "in the community," others dumped onto unwitting GPs.

In other cases the hopes are that health promotion or "prevention" initiatives – vaguely described, poorly understood and lacking in evidence – could ensure hos-

pital caseload simply melts away: in Somerset prevention is expected to help save nearly £100m by 2020.

Dorset STP tells us "Housing interventions to keep people warm could save the NHS £70 over 10 years for every £1 spent". It may well be true: but of course there is no money to spend.

Least of all is there any capital for new buildings: NHS England has had to warn STP leaders to abandon many ambitious schemes that presume capital is available.

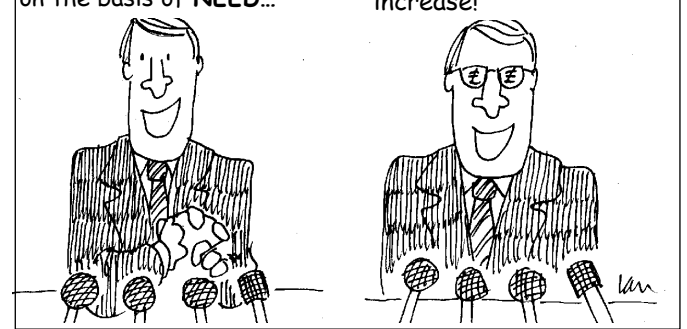
That's bad news for Cheshire & Merseyside, where plans rely on an extra £750m for a new hospital, and NW Lon-

don, where they are hoping for over £1 billion.

But perhaps the most striking feature of the 17 STPs we can see is the huge variation in style and format, the widely different vocabulary various documents employ to discuss the same basic ideas, and the lack of any common approach, making it a very complex process to compare the plans with each other.

Some documents seem willing to lay the facts out clearly, others seem most eager to keep the discussion vague. Given what we can see between the lines, it seems they have plenty to be vague about.

Of course our plans are clinically-led and taken on the basis of NEED...



... Our need to BALANCE THE BOOKS while costs increase!



Some of the 4,000 people who surged into Barnstaple in the biggest of the See Red protests

## Devon holds red line to save hospitals

The brilliant See Red campaign being waged in North East and West Devon has managed to mobilise local MPs and councillors including the Mayor of Barnstaple in support of the fight to protect the county's rural acute and community hospitals.

Devon faces the double whammy of a "success regime" which has set out with "no red lines" to cut services to bridge a claimed £430m funding "gap" and stem losses by local CCGs and trusts, coupled now with the STP driving in the same direction.

Devon MP Peter Heaton-Jones had to battle to make himself heard above shouts of "no cuts" from the crowd, but pledged his support to the campaign.

## Docs warn against Cumbria cuts that would put lives at risk

Annette Robson on behalf of the We Need West Cumberland Hospital Group

Campaigners are fighting to retain a consultant-led maternity unit in the new West Cumberland Hospital in Whitehaven.

Clinicians either support or are divided in this issue and would request that all future reports reflect our true stance.



sustainable – but there is no will on the part of the Success Regime or the Trust to make it happen.

## Sussex fight for proper scrutiny

Sussex Defend the NHS Brighton & Hove health commissioners were forced to admit that they have no idea when a draft 5-year plan for health and social services across the city will be open to scrutiny by the elected council or the public.

The final draft plan was submitted to NHS England for approval that very day, but it has not been seen by anyone in the Council other than a couple of Chairs of committees.

from Sussex Defend the NHS said, "No-one wanted to address the elephant in the room which is the STP. "There's going to be no time left for our Councillors and indeed us, the public, to properly scrutinise the implications of this draconian government requirement to wipe out all the local debt."



## Staffs campaign placards hammer home the message

Richard Duffy

In Stafford, like many other areas, such as the Alexandra Hospital in Reddich, or the Horton in Banbury, we have suffered the withdrawal of services on 'safety' grounds: this is a catch-all method of withdrawing services without due public consultation.

cal campaign group felt that this required publicising and highlighting to the local community, and were determined not to see this service simply withdrawn.

## Yorks CCGs give two fingers to two thirds of public

Calderdale & Greater Huddersfield Clinical Commissioning Groups decided unanimously in October to go ahead to prepare a full business case for the Right Care Right Time Right Place (RCRTRP) proposals.

In the process, they overrode two Joint Health Scrutiny Committee recommendations that the CCGs should hold off on deciding whether or not to go ahead until they have developed a detailed description of the model of an urgent care centre and how it will be resourced.

The JHSC also wanted the Yorkshire and Humber Clinical Senate to have declared itself satisfied that the new model of care will deliver the required standards of care.

Ignored The CCGs have effectively ignored the 67% of the public who responded to the consultation saying the proposals would have a damaging effect on them and 64% who rejected the proposals.

## Greenwich CCG to assess Circle contract

Tony O'Sullivan, Lewisham & Co-chair KONP

In June 2016, Greenwich CCG Board decided to award the musculoskeletal contract (MSK) worth approximately £15m to Circle Health, the private hospital company as 'prime contractor.'



## Fight goes on for NHS Bill

About 100 campaigners from various parts of London, Oxfordshire, and as far afield as Grantham and Cornwall, Labour MP Margaret Greenwood. Some went, some came.

## Oxfordshire campaign groups unite to fight government plans

Members of 38 degrees, Keep Our NHS Public (KONP), Save the Horton and other campaigns have joined up to make their voices louder in opposition to the ongoing cuts and privatisation within the NHS.

## Unified campaign

The first combined event was in Abingdon on Wednesday 19/10/16 to coincide with the "Big Conversation Roadshow" being held by NHS England in the town centre.



# Campaigns work together to fight cuts and closures

Campaigners from Hands Off HRI (Huddersfield), Fight4Grantham A&E and Keep the Horton General (Banbury) descended on Trafalgar Square to join campaigners from Ealing Save Our NHS, Save Our Hospitals Hammersmith & Charing Cross and Keep Our St Helier Hospital – four London hospitals under threat.

After a rally with support from Keep Our NHS Public, Save Lewisham Hospital Campaign and many others, the campaigners marched to Downing St, the Department of Health and Parliament, to deliver petitions and lobby their MPs.

The Save Chorley A&E also lobbied Parliament the same day.

Hands off HRI delivered a petition of 154,000 signatures – only to hear a few days later that their local CCGs have voted to ignore local communities and press ahead with their plan to close the Huddersfield A&E.

The fight is far from over, however and the campaign is planning its next moves. The important development was the coming together of so many campaigns to support each other and join as one in this escalating battle for the NHS.



## Yorkshire campaigns link up

OVER 90 attended the Leeds Health Campaigns Together to Win conference on October 15 and contributed their knowledge, ideas and enthusiasm so freely and to our three speakers, Dr David Wrigley (pictured above), John Lister and Dr James Chan.

There was a great fighting spirit in the room from a wide spread of campaigners, health workers and trade unionists from Wakefield, Dewsbury, Halifax, Huddersfield, Leeds, Harrogate, Bradford, Ilkley, Otley, Keighley, Barnsley and Sheffield, with two very welcome activists from Manchester.

Nick Jones took some video snippets, available on Leeds Keep Our NHS Public facebook : <https://www.facebook.com/groups/141710829185241>

# Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. That's why we're asking organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.

**WE WELCOME SUPPORT FROM:**

- TRADE UNION organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local and national NHS CAMPAIGNS opposing cuts, privatisation and PFI
- pressure groups defending specific services and the NHS,
- pensioners' organisations
- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- £500 for a national trade union,
- £300 for a smaller national, or regional trade union organisation
- £50 minimum from other supporting organisations.

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

We aim to produce Health Campaigns Together newspaper QUARTERLY if we can gather sufficient support.

It will remain FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper (8 page tabloid, full colour).

**Cost PER ISSUE:**

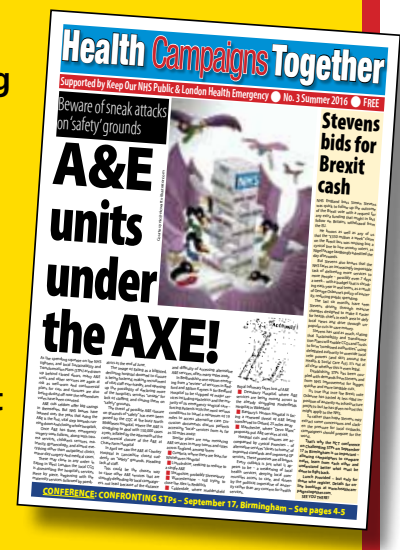
- 10 copies £5 + £3 post & packing
- 50 copies £15 + £8 p&p
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To streamline administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.

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



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