Despite the efforts of staff, our NHS is fast becoming unsafe – for patients, for staff, and for the wider public whose families depend on the availability of services.

Eight years of frozen real terms funding while pressures and demands on services increase, real terms NHS pay falling further behind inflation and rising numbers of vacancies for vital staff have all taken their toll.

Hospital budgets have been squeezed down year after year by "efficiency savings": so hospital trusts are having to subsidise A&E and other services where the costs now exceed the payment they receive.

NHS Improvement, the regulator, has made things even worse, by attempting to bully managers and pressurise trusts into signing up for even tighter "control totals" that would compel them to shed more staff and axe beds or services.

The fragmentation of care, and reliance on private providers for some key services is yet another risk.

And massive pressures on overstretched GPs and community based services are creating similar problems and dangers in primary care.

Now the inevitable cracks are starting to show:

- 65 deaths in Dudley Hospitals’ pressurised A&E are being investigated.
- A Norfolk hospital facing a shortage of nurses is considering closing its only elective surgical ward – cancelling even urgent cancer operations.
- The BBC reports that children with mental health problems are being turned away from treatment unless they are diagnosed as suicidal.
- A recent BMA survey found 95% of doctors, under constant strain, were fearful of making an error in their workplace.
- More such failures are certain as long as management and media blame and pillory individuals for errors forced by lack of support, adequate systems or safe staffing levels.

The potential dire consequences of such errors were illustrated by the case of Dr Hadiza Bawa Garba, the junior doctor who had to battle for 3 years to win back her right to practice medicine after being scapegoated for the tragic death of Jack Adcock in a systems failure at University Hospitals of Leicester. This must not be allowed to happen again.

System failures

Not only is it wrong to blame individuals for system failures, it’s disastrous to leave flawed systems unchanged: to do so guarantees future failures will follow.

There is a real danger that as more services fail, the public could begin to lose their confidence in the NHS – and staff could begin a full-scale exodus from the worst-managed hospitals.

A complete change of approach is required. Health Campaigns Together believes we need a campaign to make our NHS Safe For All – safe for patients and safe for staff.

It should aim to compel every NHS trust to take preventive action, with a full, open safety audit by every trust to identify potential threats to the quality and safety of patient care, with urgent action to address any problems.

We need to ensure senior NHS managers also commit to:
- listen to and act on warnings of trust management and staff;
- crack down on any manager who bullies or victimises staff who speak out on safety issues.

We must demand ministers make enough funding available for safe staffing of wards and services, with a safe skill mix of staff.

They must reverse the cuts in medical and professional training, reinstate the bursaries and act to reduce the burden of debt on newly qualified professionals and doctors.

Health Campaigns Together has repeatedly challenged inadequate budgets and bed numbers: now we must go further and demand a safe, sound, high quality NHS that can cope with rising demand.

We urge trade unions, professional bodies, patient groups and local campaigns to help us in this fight.

Join the campaign to make Our NHS Safe For All!
Building a big campaign for a safe, sound NHS

The flight to make the NHS Safe For All must be the priority for the opposition parties, the trade unions and all those committed to saving and improving our NHS. The flight to make the NHS Safe For All is not for the sake of party politics alone, but to protect the lives and well-being of millions of people. The flight to make the NHS Safe For All is not for the sake of party politics alone, but to protect the lives and well-being of millions of people.

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In an AGM nobody can hear you scream.

As part of the report on a survey by the Ipswich-based health and social care charity Scope, the organisation’s chief executive, Mary Phillips, said: “We heard how much our services meant to people, but it’s clear that there’s more we can do to make sure everyone has access to the support they need. We’re committed to working with our members and partners to make sure everyone has the care they need.”

More bad news from researchers for “integration” plans

“Integration” has become a buzzword in the health service, with many hospitals and health trusts aiming to create “integrated care systems” to improve patient outcomes and reduce costs.

There has been much debate about the effectiveness of such systems, with some researchers pointing to evidence that integration can lead to improvements in patient care and reduced healthcare costs, while others argue that the evidence for integration is mixed or even negative.

A recent study published in the Journal of the American Medical Association found that “integration” programs were associated with significant improvements in patient outcomes, including reduced hospital readmissions and improved quality of care.

However, a review of the evidence by the Cochrane Collaboration found that while some “integration” programs may be effective in improving patient outcomes, there is little evidence to support the claim that they are universally effective.

The study also noted that many “integration” programs are complex and difficult to implement, and that there is a lack of consensus on what constitutes an “integrated care system.”

In the opinion of some researchers, the focus on “integration” has sometimes been at the expense of other important aspects of healthcare, such as patient education and support, and should be balanced with other approaches to improving patient care.

In summary, while “integration” may be an important goal for improving patient outcomes, there is a need for more rigorous research to determine the effectiveness of such programs and to ensure that they are implemented in a way that is evidence-based and patient-centered.
When does “integration” not really mean integration?

A: When it’s a cunning plan from NHS England

NHS England chose the school holidays to launch a 3-month consultation on new contracts for “Integrated Care Providers” (ICPs) back in 2017, a move that makes it that they wanted to minimise public awareness and participation.

For those unfamiliar with the latest terminology, ICPs are the latest incarnation of the many times-rebranded bodies referred to as “Accountable Care System” or “Accountable Care Commissioning” in the NHS. While the ICP soundbite may appear palatable and in tune with an era of more integrated care, the reality is that the consultation allows NHS England to cherry-pick responses to the consultation and to allow ICPs to claim local and integrated care while in truth they are anything but.

The consultation is not open to all, limited engagement with local governments and the consultation was extended – again.

And in the meantime, please give whatever you can afford to the CrowdJustice Stage 5 - Court of Appeal fundraiser...
Keith Vaz gave £15,000 on Monday to the Keep Our NHS Public campaign, which he launched in 2006 to fight hospital closures and other NHS cuts. The campaign website is www.keepournhspublic.com.}

**Government is taking secrets for mugs!**

Samantha Wathen Keep Our NHS Public Public Policy Manager

Volunteers have always held an envious role within our health service. The very idea was established as the Women’s Volunteer Nursing and Midwifery Corps in 1917, which set to work in Midland Hospitals in 1918.

Eighty years on around 5,000 Veterans’ carers have been trained so far, with 360 still on going. More modern roles for volunteers have evolved, like the work done by the National Association of Blood Donors.

The site also supports patients remotely discharged from hospital. In addition, volunteers are very well placed to provide feedback to a range of commissioning services, with particular reference to patient and front-line roles within patient pathways.

**Issues for the unions**

For some, volunteering can be a personal reward into an NHS career. Individuals can develop skills and a future role for patients and carers.

However, unpaid volunteers are more at risk of exploitation, leading to moral and ethical issues.

**Why not volunteer to help?**

Central to our rationale for this campaign is the lack of volunteers in the overall workforce.

The NHS has to rely on their support to deliver services and support patient recovery.

According to the NHS, most volunteers in their organisations are either employed by the NHS or supported by the NHS.

The campaign has therefore set out to challenge this lack of volunteers.

**Volunteer organisations**

NHS volunteers are highly valued and they are an asset to the health service.

However, the current model of volunteering in the NHS is under threat.

Our aim is to highlight the problem of volunteering, specifically why volunteers are being increasingly relied upon.

Due to staff shortages and a competitive recruitment market, the use of volunteers is seen as a last resort.

This is the only way to deliver the standard of care that patients need and expect.

This article is dedicated to the work of the volunteers who save our NHS charities during its campaign in 2015.

**References**

CRN (Community First Responding Network) is an umbrella organisation that assists people in overcoming emergencies and difficulties in their home environment.

Volunteers are seen as a valuable resource, a way of meeting the emerging needs of the aged population, a cost-effective and efficient way of delivering care.

Volunteers are also able to make an important contribution to the health care system.

When volunteers are employed it is vital to ensure that the process is fully open and transparent, so that all those involved are aware of their rights and responsibilities.

Volunteers should only be offered work if they have experience, either as a paid staff member who employed in the same role or in a related position.
Clarrion call for a renewal of anti-fascist work in England

Our fight for a public NHS continues

Ontario Health Coalition calls out 23 protest outside parliament

Bus services from all over the province have joined with the national campaigners to the Queen's Park gates. TORONTO. OHC DIRECTOR NAIKA DEHRAZI EXPLAINS why.

In this summer's Ontario provincial election the newly formed Front for workers' health (FFW) targeted the Ontario health care system for its 2017 election advertising campaign. During the election Ontario's health minister, Eric Hoskins, launch a campaign claiming that our health system is the most expensive in the world. As the election results are announced the FFW have called for a sit in of the provincial parliament on September 17th.

The Ontario Health Coalition has called for a three day protest and sit in of the parliament. The event is being advertised as being a way for the people of Ontario to come together to protest the privatization of their health system. The coalition is calling for people to come together to protest the privatization of their health system.

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Not safe: not fair; not working
End the crisis
in social care

The number of older people receiving social care support has shrunk by more than 26% since 2010. Those who squeeze through increasingly tight eligibility criteria for help at home are means tested to contribute towards fleeting, 15 minute visits from rapidly changing staff employed by a vast network of private home care firms.

Some will be offered personal budgets to sort out their own care, but most older people don’t want responsibility for recruiting their own carers, sorting contracts, wages, tax, disciplinary issues etc.

This creates a handy niche market for private firms and opens up opportunities for abuse and exploitation.

Increasing numbers of people will be expected to rely on friends and family.

We have 6 million unpaid carers already. Many of them are stretched to the limit.

The number of nursing care beds has fallen and fewer people are getting financial support for any residential care. If you have over £23,500 savings, including the value of any property, you’re on your own! The Government was going to introduce a cap on costs but that promise has disappeared without trace.

To make matters worse, most care homes charge an inflated rate for “self funders” to subsidise lower fees paid by cash strapped local Councils. Expect to pay over £600 per week for residential care or over £840 for a nursing home.

Residents in care homes can expect little security in their last years. Almost all homes are now privately owned and run and they can go bust overnight or close down if profits fail to meet expectations. 380 have gone out of business since 2010.

Staff turnover is sky high at 28% as firms drive down wages, conditions and training. This can only get worse under Brexit.

Companies bid low to get contracts but lack the means to provide decent care. Last year the Care Quality Commission rated over one third of care homes ‘inadequate’ or ‘requiring improvement’.

Why is Social care in such a shocking state?

Over the past five years UK spending on social care has been forced down to less than 1% of GDP. Council budgets have halved and the money spent on supporting older people has fallen by 11%. Local authorities are £2.3 billion short of the money needed just to maintain services this year.

Meanwhile the number of people aged 65 is expected to grow by 20% in the next 10 years.

Ministers have allowed council taxes to increase specifically to improve social care, but poorer areas won’t be able to raise as much as richer areas yet have higher needs.

Since legislation in 1990 obliged Local Authorities to put contracts out to tender, 90% of what were council run services are now provided by over 19,000 independent organisations. Big chains are taking over from small providers.

If they pull out, thousands of vulnerable people will be stranded.

Conference called – Nov 17
Health Campaigns Together is working with the SHA, the NFC and campaigners from the working committee set up at our conference in Hammersmith Town Hall last November to build a major conference on social care, intended to kick-start a much-needed campaign.

Speakers include John Lister, Health Campaigns Together; Eleanor Smith, MP for Wolverhampton South West; Judy Downey, Relatives and Residents Association; Conor McGurran, North West UNISON Dignity in Care Campaign; Bob Williams-Findlay, “Being the Boss”/ Reclaim our Futures in Birmingham; Jan Shortt, President of the National Pensioners Convention; Gill Ogilvie, GM8 fulltimer, ex DWPCPSC; Prof Peter Beresford; Dave Watson, Head of Policy and Public Affairs, UNISON Scotland; and Simon Duffy, Centre for Welfare Reform.

Come along and debate the way forward, and help us build a real campaign for a publicly funded and publicly provided social care system.

RECLAIMING SOCIAL CARE CONFERENCE Saturday November 17
Birmingham
Carrs Lane Conference Centre
Carrs Lane, Birmingham, B4 7SX
Lunch provided. Registration required: www.healthcampaignstogether.com

We have produced Health Campaigns Together newspaper QUARTERLY since January 2016. It is still FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper:
Cost PER ISSUE (inc post & packing)
50 copies £25 (£15 + £10 P&P)
100 copies £35 (£20 + £15 P&P)
200 copies £40
500 copies £70 (£40 + £30 P&P)


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

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