HEALTH CAMPAIGNS TOGETHER

#our NHS

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Cuts, cash freeze and privatisation put

SAFETY AT RISK

Make our NHS SAFE FOR ALL!

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 ever-stretched 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

● Over 100 maternity services cases of death or severe disablement are being probed in Shropshire hospitals – while the trust plans to close one of the two A&E units.

● 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!

● Campaigning to Make NHS Safe for All - p2 ● Staff shortages no excuse for closures - p3

Barts campaigners protest "hostile environment" in NHS – p3

Conference called to Reclaim Social Care – see back page

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It's integration – but not as we know it! ICP consultation -p6

Make Our NHS Safe for ALL

Government must take blame for impact of austerity cuts

John Lister

Austerity policies have been deliberately imposed since 2010 by George Osborne, and knowingly maintained by Philip Hammond despite warnings from NHS Providers and almost every professional body and trade union.

As a result health spending has been virtually frozen in real terms for eight years, while the population has grown, and the more vulnerable 65+ population has grown even faster.

More patients are waiting longer for treatment in A&E and on elective waiting lists, the lists have increased to more than 4 million people.

NHS England's recent proposal for NHS hospitals to hold down waiting times by sending more waiting list patients to private hospitals – where there are far fewer staff and no proper intensive care or emergency systems – is another risk.

To make matters worse leeching money out of already depleted trust budgets to pay private hospitals will worsen the NHS crisis, and many of the medical and nursing staff needed to carry out the extra work will be poached from the NHS, where there are already tens of thousands of vacancies.

Ministers have created or compounded all these problems. David Cameron's government was determined to reverse the decade of investment which enabled the NHS to flourish from 2000, and cut health spending back to the pitiful levels of the 1990s, while saddling it with the costs and bureaucracy of a competitive market system that carves up NHS services into contracts for private contractors, and offers lucrative work for cynical private sector management consultants.

We need an urgent campaign to pile the pressure back onto government: they must take the blame for each and every crisis created by their policies.

The NHS is unsafe in their hands.

It needs more money, more staff and more beds to cope with peaks of demand: it needs the rhetoric on mental health to be matched with action, and real community health services, not just vague promises.

If this government is unable or unwilling to take the necessary steps to make this happen, we need to fight for a government that will.

BMA warns NHS no longer safe

Delegates at the BMA's annual representative meeting in Brighton on 25 June voted in favour of a motion which stated "the NHS is no longer a safe place for patients and staff."

Building a big campaign for a safe, sound NHS

The fight to make the NHS Safe For All has to be waged on the broadest possible front, to unite everyone, whatever their political views, who is ready to fight for policies that can address the staff shortages and unsafe systems that have been worsened by cuts and fragmentation of services.

As we go to press Health Campaigns Together affiliates have voted unanimously to launch a safety campaign and we are delighted to have already won support rom UNISON's Head of Head Sara Gorton who said "I am happy to support this important campaign for safe services."

Expressing their support, Unite's national health officers Sarah Carpenter and Colenzo Jarret-Thorpe said: "Staff are currently doing the best they can to hold our health service together. Health visitors have seen their numbers slashed by 22% since 2015, meaning caseloads are returning to dangerous levels.

"The government should not even contemplate asking them to do the impossible, so it's time to sort this out - for all our sakes."

BMA leaders are also supportive. Dr David Wrigley, Vice chair of BMA Council and a Lancashire GP said:

"The BMA recognises the extreme pressure doctors work under day to day in the NHS with inadequate staffing and resources. This has a direct impact on patients with doctors now feeling they can no longer provide safe patient care.

"This is a damning indictment of failed government policy and we will continue to press hard for adequate funding and staffing of the NHS for the sake of our patients.

"The Government speaks of new investment but in the same breath asks us to make £3 of efficiency savings for every £1 spent. In the name of safety and quality, austerity and savage cuts have to stop."

● If your organisation wishes to work with the safety campaign and help build it, or if you want to flag up local issues of safety that should be acted upon, contact us at *healthcampaignstogether@gmail.com.*

● We also welcome further affiliations to HCT – see back page.

We are certain there is much more support to be won if we continue to build the campaign focused firmly on the issues.

We are proposing urgent discussions on the development of a Charter for a Safe NHS, or equivalent general statement of aims, to be the basis of a larger and wider campaign to be launched at the end of November.

We can discuss whether we should be aiming for specific legislation or for amendments to strengthen the NHS Constitution – or both.

We are also proposing to work with all those who support these objectives to develop training for activists wanting to build local initiatives and pursue safety issues, and a major campaigning conference 'Make Our NHS Safe for All' in the spring of 2019.

Most staff worried by unsafe staffing levels

A huge majority of NHS workers were worried about staffing levels, according to a survey in March this year in a survey of more than 1,000 NHS staff who belong to the *Observer* and *Guardian's* healthcare network.

80% of respondents – including nurses, doctors and managers – raised concerns about there not being enough staff on duty to give patients safe and high-quality care.

Well over half said no action was taken, despite their unease being voiced. Almost half of respondents (48%) said care had been compromised on their last shift, while only 2% felt there were always enough people to provide safe care.

One junior doctor said:

"The youngest doctors in the hospital are given dangerous levels of responsibility; there is one newly qualified junior doctor to 400 patients on night shifts. The administration is in agreement, but confess there is not enough money to employ extra staff."

The survey findings also showed that:

■ 75% ranked safe staffing levels as the first or second most pressing problem facing the health service.

■ 77% had considered leaving their job in the NHS.

■ 76% often or always work beyond their contracted hours and 75% skip breaks.

Massachussetts nurses fight for Patient Safety Act on staffing levels

While NHS managers are struggling to cope with rising pressures and a dwindling real-terms budget, in the USA unsafe working is a by-product of the private hospital corporations' greed for profits.

The Massachussetts Nurses Association (MNA) is one of many US nursing unions that have been running determined campaigns to enforce safe staffing levels. They are calling for legislation, a Patient Safety Act, to be put to voters on ballot forms in next month's elections.

The Patient Safety Act will dramatically improve patient safety in Massachusetts hospitals by setting a safe maximum limit on the number of patients assigned to a nurse.

The MNA have also established a broad coalition in support of the Patient Safety Act, the Committee to Ensure Safe Patient Care.

The coalition is made up of campaigners across Massachusetts, including registered nurses, patients and family members, health and safety organizations, community groups, unions and elected officials.

In August the Committee met in front of the $464 million corporate headquarters of Partners HealthCare in effort to expose the multi-millionaire hospital executives and multi-billion hospital corporations that are the real opposition to safer patient care in the state's hospitals.

90 percent of Massachussetts nurses report that under current conditions they can't provide the care hospital patients need to be safe.

The corporations claim that they can't afford to meet the safe patient care standards called for by nurses – even while news reports detail enormous pay and perks packages for hospital CEOs, and the hospital industry in Massachusetts posted profits of more than $1 billion in 2017.

They are spending billions on new construction and hoarding more than $900 million in the Cayman Islands and other offshore tax havens – but claim they can't afford to provide safer patient care.

* The MNA is not simply trusting to the legislation of safe staffing: they are urging their members now to pile on the pressure by recording every instance in which they experience unsafe staffing levels.

They have issued detailed "unsafe staffing forms" to be filled in, and the guidance to members is clear: not only are they reporting failures of management to protect patients, but they are also putting their own objections clearly on the record.

"No unsafe staffing assignment should go undocumented.

"… It may be the single piece of evidence that could save your license to practice."

"An unsafe staffing form provides documented evidence that you were working under duress…"

Staff shortages must not become excuse for closures

Time and again in cash-strapped trusts across the country management have allowed vacancy levels to rise in units they wish to downgrade or close down.

The very announcement that the future of any A&E or hospital is under review is enough to blight its prospects of recruitment of medical and nursing staff.

However campaigners have pointed out that in almost every case the drive to "reconfigure" and "centralise" acute services in ever larger units, denying local access to care in the areas where cuts are planned is not linked with any viable or coherent plans to provide safe levels of inpatient services, or any genuine reprovision of alternative services "in the community".

The only convincing and detailed plans on offer are for closures and the numbers of beds and services to be axed.

It's clear that in these cases the prime concern of health bosses is cash saving and balancing the books: "safety" and staffing levels are being cynically used as a smokescreen.

Staff shortages need to be identified and addressed by serious workforce plans and incentive schemes, spending more if necessary – not by more downgrades and closures that are known to deter any potential staff, and will create new, bigger crises in the hospitals that remain open, and put even more patients at risk.

Staff shortages have been used as an argument for closing services at Ealing

Royal colleges press for safe staffing

The NHS "hasn't got a clue" how many doctors and other health professionals it needs to safely staff its wards, according to the Royal College of Physicians, who launched a major report on staffing levels in July.

It recommends running wards based on numbers of decision makers, with at least two doctors or other senior clinicians employed to cover a standard 30-person ward and six to eight on a 45 bed acute ward – where care needs are higher.

The RCP explains that this is not the number of people on the ward at any one time, but how many would be needed to cover it over a regular week, and absorb sickness absences and changes in demand that increase risk to patients.

RCP president-elect Dr Andrew Goddard told The Independent there was a complete lack of data and routine collection. The RCP is now saying for the first time ever 'this is how many doctors at different levels as well as other health professionals at other levels the NHS needs to provide safe care'.

"We want to know there are professionals there with the skills to look after us, care for us and provide effective treatment," Dr Goddard said.

The changes were welcomed by the Care Quality Commission and the hospitals watchdog NHS Improvement.

Meanwhile the Royal College of Emergency Medicine has been setting out their critique of the status quo since 2015, and pressing for improved staffing, arguing that:

"Acute staff shortages in EDs are harming patients, harming staff, and causing failure to meet key quality and safety standards."

"Staffing models are often based around what is available, rather than what is ideal. The risk is that managers and clinicians become desensitised to the existence and effect of chronic understaffing."

Health visitors: well below safe staffing

Health visitors are struggling to care for families properly because they have "dangerously high" workloads in which some are looking after as many as 829 children, according to a Unite report.

Falling numbers of health visitors mean that only 18 of the 132 providers that supplied figures had average caseloads under the recommended maximum of 250 children under five, while 18 others had caseloads of 500 or more children.

Research by Unite official Dave Munday has found that the worst situation is in Hounslow, where health visitors have average caseloads of 829 children under five. In Luton and Peterborough the caseload is 756 under-fives per health visitor.

Last month the CQC warned Birmingham Community Healthcare NHS trust about health visitors dealing with an average of 500 families each.

The number of health visitors rose by 30% from 2010 to 2015, but with local government budgets, which fund health visiting, being cut year by year, this increase had almost been wiped out by May 2018.

Labour promise of action on safety

Labour has promised to force ministers to put improvements to patient safety "front and centre" of a major NHS review.

Shadow Health Secretary Jonathan Ashworth urged ministers to guarantee that the money will go on ensuring staffing levels, online safety and the NHS's medical examiner service are improved.

Mr Ashworth told the Dods Health and Care Forum reception at Labour's annual conference:

"If the Government fail to deliver on these demands then Labour will amend the upcoming Health Service Safety Investigations Bill to force these changes through ourselves.

"It's time to put patient safety ahead of the bottom line – a Labour Government will put patient safety at the very heart of our plans for the NHS."

Mr Ashworth said "squeezed budgets" in the NHS had "left patients increasingly at risk."

And he warnd that necessary work to ensure safe staffing had been "started and then abandoned, because the Tories refused to resource the workforce improvements that were needed."

Mr Ashworth added: "What's more, there is a huge threat to patient safety from the Health Secretary's rush to endorse privately run, online GP services without proper mechanisms in place to protect patients.

"There are serious questions to be answered about why he is going out his way to endorse this private service which has been so roundly criticised on safety grounds by actual doctors."

Barts Trust concedes to some demands – but campaign continues

By Terry Day, Waltham Forest Save Our NHS

NE London Save Our NHS campaigners have been celebrating partial success in getting Barts Health Trust to cease collaborating with the government's "hostile environment" toward migrants.

Campaigner have been asking questions about this at every public board meetings since January 2018. Eventually the Trust published a statement in July which sought to justify their actions.

At the Trust's AGM on 12th September campaigners delivered a letter signed by over 600 local organisations and individuals, which made 7 demands.

The Trust have now conceded to several of the campaign demands:

■ They have finally stopped asking all maternity patients at Newham Hospital, and all renal patients at the Royal London Hospital for 2 forms of ID, including photo ID.

They had initially done this as part of a government pilot carried out at 20 Trusts, but even though the pilot officially ended in October 2017, and the results have not been published, Barts Health had carried it on.

Home Office

Any patient who was unable to produce such ID had their details checked on the NHS spine, and/or their details sent to the Home Office.

Between July and October 2017 Barts Health asked 2,752 patients attending outpatient renal clinics at the Royal London hospital for ID.

Only two were found ineligible for free treatment and billed a total of £2,500.

In the same period, it also found 17 of 1,497 maternity patients at Newham hospital ineligible and billed them £104,706;

■ The Trust have issued an instruction to all their hospitals to take down the horrendous posters (provided by the Department of Health) which warned people not "permanently resident" that they may have to pay for their care.

Those posters weren't even in line with the law, which is that people not "ordinarily resident" are ineligible for free NHS treatment which is not urgent or immediately necessary;

■ They have stated that they will review their "pre-attendance form" which currently asks for lots of non-health-related information, including contact details of employer, and warns people that their data may be passed to the Home Office for immigration purposes;

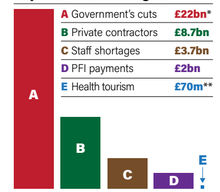
■ They have stated that they will conduct an assessment of the impact on equality of their policies and practices. In a response to a Freedom of Information request, the Trust had previously appeared to not be in any way concerned with the impact on equality of their processes, and had simply referred everything back to the Department of Health.

However, when campaigners met with the Trust CEO before the AGM, they pointed out that the Public Sector Equality Duty is not a delegable duty.

The Trust appear to have taken note, and they are supporting a research proposal from Queen Mary University of London, which will examine some of the implications of this policy for vulnerable people.

They have agreed to work with community groups and the campaign to continue to review their practice.

Impacts on NHS budgets



HOWEVER, they are continuing to pass details of up to 100 patients a week to the Home Office.

The Home Office is infamous for incorrectly identifying people as being in breach of immigration rules.

As well as doing what it is designed to do - instill fear into all migrants - sending data to the Home Office can only place people in jeopardy

While they continue to do this, many people will still be deterred from seeking healthcare at all, or will delay seeking treatment until their condition becomes an emergency.

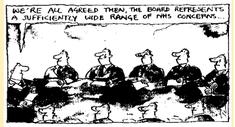
So the campaign is by no means over … but it's good to know that together we can make change happen.

Reclaim Social Care - conference Birmingham November 17 - back page

DRIP FEED

A round-up of news

In an AGM nobody can hear you scream



Perhaps as an impact of too much time spent watching The Bodyguard, Whittington Health trust bosses overdid the security on the venue and time of their 2018 annual general meeting – and wound up with an attendance of just one person -- a former governor of the Trust.

The *Ham & High* reports board chair Steve Hitchins admitting: "we aren't good at public engagement."

Even staff at the front desk of the hospital had not been aware the meeting was on.

Of course the absence of any public involvement did help ensure no awkward questions were asked.

'New care model' jargon is all Greek to MPs

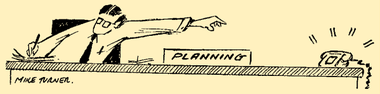
Shock figures from a YouGov survey, publicised in the Health Service Journal, suggest that only a third of MPs admit they do not understand the deliberately baffling jargon used to explain NHS England's "new models of care".

This makes Drip Feed suspicious that the other two thirds are simply lying, having never even picked up one of the confusing documents churned out by NHSE's obfuscation specialists.

Most of the 108 MPs surveyed said the language used was not simple or easy to understand: just one in eight claimed it was. Nobody has spoken out, despite the fact that one in five admitted they did not understand the term "integrated care, and more than half were baffled by references to "system approaches".

More than a third were flummoxed by the phrase "sustainable care". Labour MPs were three times more likely than Tories to claim they understood the concept of "holistic care".

The pattern of confusion seems to confirm that NHSE's "mushroom" comms strategy is working out as planned – keeping everyone in the dark, and occasionally showering them with sh*t.



"So gentlemen, we are in agreement: none of us knows the answer to any of the questions that have been raised"

More bad news from researchers for "integration" plans

Hopes that intervention by local management might rapidly reduce numbers needing emergency admission to hospital have become a cornerstone of almost every hospital downgrade and reconfiguration plan in recent years.

But there seems little evidence that the hopes are well founded. A May report from the Health Foundation points out that emergency admissions have increased by 42% in the past 12 years, with the fastest increase among older patients.

Even with reduced length of stay this requires more beds than in 2006/7 – although bed numbers have been sharply reduced since then.

However the report breaks the news that "it may not be possible to reduce demand for a large number of admissions even with effective out-of-hospital care".

"Unfortunately there are comparatively few well-evidenced examples of specific interventions achieving sustained reductions in emergency admissions…"

However the news gets worse with a September Health Foundation report on the first 23 months of the trail-blaizing Integrated Care Teams in North East Hampshire and Farnham.

The "integrated care" did reduce the patients' use of elective hospital services: but "ICT patients experienced emergency admissions 43% more often than matched control patients …" and "ICT patients also attended A&E 33% more often than matched control patients."

Of course the integrated care might have benefits for patients: but it's clearly no easy fix to cut back on A&E services and acute hospital beds.

It looks as if NHS England will need to change more than the jargon in its "new models of care" – and junk some of its less credible assumptions.

Shortages of NHS mental health beds = £120m business for private sector

Adult patients with acute mental health needs were sent on out of area placements due to a lack of local beds 8,285 times in the 12 months to May 2018, despite Government pledges to eliminate the practice. Some of the journeys are over 300km.

Mind says this can have a huge impact on their chances of recovery due to the fact that they are away from their support network of family and friends, and increase the risk of suicide.

New research has shown that people with mental health problems are at a hugely increased risk of dying from unnatural causes, including suicide, soon after they have been discharged from hospital.

They are at greatest risk of dying very soon after their discharge up until three months afterwards, according to new findings by a team led by Prof Roger Webb, an academic in Manchester University's centre for mental health and safety.

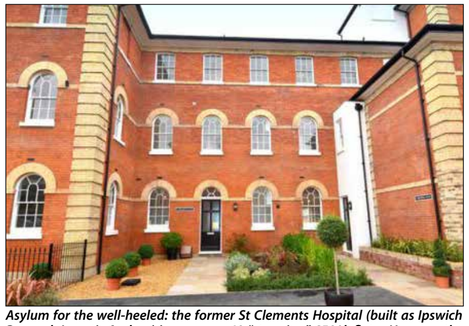
Newly-discharged patients with psychological or psychiatric conditions are also 32 times more likely to kill themselves than people who have not been admitted, they found.

They are also 41 times more likely than the general population to die as a result of intentional self-poisoning, 90 times more likely to perish from a drugs overdose and 15 times more likely to die any unnatural death.

However undesirable this might be for patients and for the NHS trusts which have to arrange and pay for the placements, long distance placements are a nice (and no so little) earner for private mental health institutions which are able to cash in on the gaps in NHS provision.

In May, around 80% of all the facilities that received a mental health patient sent out of area by their local NHS were private hospitals. Some of these are also the long-distance placements: patients in Devon have been sent to a private hospital in Darlington for treatment.

The median cost of one bed day was £540, and patients spent a total of 220,000 bed days on out of area placements – suggesting a total cost of around £120m.



Asylum for the well-heeled: the former St Clements Hospital (built as Ipswich Borough Lunatic Asylum) is now over 40 "stunning" £500k flats. However the Norfolk & Suffolk Foundation Trust is in special measures - and lacking beds.

No mental health care for children unless they are suicidal

At least one area of child and adolescent mental health service (CAHMS) has been revealed to be rationing care, according to BBC News.

In some cases children with mental health problems are only receiving treatment when they are in crisis or even suicidal.

Leading psychiatrist Jon Goldin condemned the services as "not fit for purpose."

The government has announced plans to invest an extra £1.4bn in child mental health, but so far there is little sign of the money being made available to frontline services: many CCGs are still cutting back on mental health spending.

The BBC's Panorama released a leaked letter from the Waltham Forest service in London stating that it raised its threshold for treatment for six months earlier in 2018, so that only the severely unwell children were treated.

Among the conditions outlined as reaching the appropriate level for treatment were "psychotic presentation" (psychosis), "severe OCD", "serious self-harm", "signficant depression" and "suicidal ideation"

Panoarma reports North East London Foundation Trust, which runs Waltham Forest CAMHS, saying they have lowered the threshold again.

However the BBC also found that only one in four children with a mental health condition currently receives treatment in other services.

5,648

Number of young people assessed as needing specialist mental health care who have waited more than 18 weeks.

539

Children who waited more than a year for mental health care.

30

Percentage of children assessed within four weeks of referral for specialist mental health care

24

Number of Clinical Commissioning Groups which cut spending on mental health last year

2,000 staff per month leaving mental health

Shocking figures on NHS staffing show mental health professionals have been leaving at a rapid rate, with an average of almost 2,000 per month jacking it in over the 12 months to May 2018.

There is now a shortfall of 22,000 staff – almost one in ten of what should be a workforce of 210,000.

Last year previous heath secretary Jeremy Hunt famously promised an increase of 21,000 mental health staff overall, 19,000 of them NHS staff, by 2021. Since then there has been barely any improvement, with an increase of less than 1,000.

According to NHS Providers less than a third of trust bosses believe that despite their promises the government will recruit enough staff to match ministerial promises of treating an extra 1 million patients and delivering care 24/7 by 2021.

Oxon CCG's 'serial underfunding' of mental health

Unite has branded Oxfordshire CCG as a "serial underfunder" of mental health services after finding that the county has lost a massive 90% of the most senior clinicians in psychological therapies in the last 10 years.

Last year Oxfordshire spent just £74m out of its £868m budget on mental health (8.5%) – well below the average of 10% of Department of Health budgets allocated to mental health.

But another problem is that while mental health trusts provide most mental health services, they have been receiving only a small share of the increased spending by CCGs.

Instead a growing share of the money is going to "talking therapies" provided through primary care, and to private sector and voluntary sector providers of less complex care, especially in drug and alcohol addiction services – leaving the trusts with reduced resources to deal with the most serious cases.

Unions welcome pause in creation of "subco" companies

A short note buried in the Provider Bulletin published by the regulator NHS Improvement has provided a belated and welcome relief from efforts by trusts across the country to chisel savings at the expense of privatising their support staff by creating "wholly owned companies" – widely known as "subcos."

The Bulletin instructs trusts throughout England to halt their plans:

"Please pause any current plans to create new subsidiaries or change existing subsidiaries.

"We'll be consulting on a new regulatory approach to this in October and following the consultation we will be issuing new guidance."

The health unions have been challenging the creation of subcos for the past year, with an intensifying series of confrontations which have seen a subco plan blocked in Bristol, one dropped after repeated strikes at Wrightington, Wigan and Leigh, and another dropped in Mid Yorkshire to avert a 3-day strike. Last week threatened action by UNISON led to Tees, Esk and Wear Valleys NHS Foundation Trust scrapping plans to transfer around 600 staff to private firm Tees, Esk and Wear Valleys Estates FM Ltd.

Further conflicts were taking shape as the NHS Improvement announcement was made.

NHS Improvement must tell trusts not only to drop plans still in the pipeline, but must review and reverse the privatisation that has already taken place, that has stripped thousands of staff of their status as NHS employees and opened the danger of a 2-tier workforce with new employees on inferior conditions.

Responding to NHS Improvement's announcement UNISON head of health Sara Gorton said:

"This whole policy has been a damaging distraction. Valuable resources that could have gone on improving care have been wasted. Saving money has been the sole motive for outsourcing jobs to private companies. Cash-strapped trusts have seen it as an opportunity for solving their financial woes.

"But they didn't anticipate the outrage among staff and including porters, cleaners and those in catering who want to stay in the NHS. Recent threatened action by UNISON at Tees and industrial action at Wigan successfully stopped subco plans in their tracks.

"The NHS is already set to face another tough winter. Trusts must now plan ahead and work with unions to make the best possible use of resources."

Unite, too, has hailed 'a significant victory' in its campaign to stop NHS trusts in England setting up wholly owned subsidiaries designed to avoid paying tax. But the news came as Unite members at East Kent Hospitals University NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust were gearing up to take strike action in separate disputes about being transferred to a subsidiary company.

Unite is concerned that trusts are forming these wholly owned subsidiary companies in England so that they can register for VAT exemption and compete on a level playing field with commercial competitors who register for VAT exemption for their work in the NHS, when NHS trusts can't.

Unite is calling for HMRC to close the tax loophole, so NHS trusts are not forced to consider outsourcing NHS services to private limited companies in the form of wholly owned subsidiaries.

Commenting on NHS Improvement's intervention, Colenzo Jarrett-Thorpe said:

"We regard this as a significant victory in Unite's long-running campaign to stop the creation of such subsidiaries – and then to reverse them."

Unite pickets standing firm outside East Kent hospitals

Virgin unpicks £270m lead provider contract

News that Virgin Care was set to lose a £24m a year contract for children's health in Devon has been swiftly followed by the company's decision to pull out of all of the commissioning elements of a 7-year £270m "lead provider" contract in East Staffordshire, awarded back in 2015.

The two blows are the latest setbacks to a company that admits it has made next to no profit from its hundreds of mostly small-scale community health services contracts with the NHS, and suggest that maybe Virgin is pulling back from a strategy of hoping loss leaders will be followed up by renewed contracts at higher, profitable levels of funding.

The Staffordshire contract had been the subject of an 18-month dispute with the CCG over the company's demand for an extra £5m in funding on top of the fixed price of the contract. Virgin had committed to commission and "integrate" hospital-based services, and services for frail elderly patients and people with long term conditions.

The CCG is now going to have to negotiate these contracts directly with the NHS providers.

A recent NHS Providers report on community health services highlighted the fact that most of the community health service contracts awarded to the private sector have been relatively small-scale contracts, with most of the larger, riskier contracts being retained by NHS trusts.

No More WoCs!

By Richard Bourne

After more than a year of campaigning we are winning the argument about NHS Trust's forming Wholly Owned Companies (WoCs) to avoid tax. Trade union action has ensured several will not now go ahead and even the Regulators appear to have woken up and are starting to impose conditions that will stop the trend if they are actually applied.

Setting up these WoCs always involves taking low paid staff out of the NHS and usually offering new staff inferior terms and conditions. Aside from that they are just a tax scam which allows financially challenged NHS Trusts a chance to balance their accounts. It does nothing for patients.

The scam has been nodded through by the impotent regulator – NHS Improvement, which is anyway now focused on rearranging its own deckchairs as it is reconfigured. Ineffective and supine Trust Boards simply nod through changes based on assurances – and with fingers crossed.

Evidence compiled for UNISON has shown that these schemes rely on tax changes for 85 – 90% of the benefits they claim. Actually the tax changes are the only benefit that has any evidence to support the claims. This is tax avoidance.

Work continues on compiling further analysis to counter the nonsense being peddled by the trade body NHS Providers that these WoCs are really all about 'better services' and more 'staff flexibilities'.

That work is hampered by the refusal of Trusts to provide information – they claim this is all 'commercially confidential' – despite the obvious fact that some of the more honest Trusts have published everything!!

The Business Cases are not being released mainly because this would show how shallow the case is without tax avoidance. From what has been released it is clear that in reality no business cases (in the usual sense) are being produced to allow proper scrutiny – this is not a business change - it is business as usual with tax advantages and worse paid staff.

One of the leading proponents of forming WoCs is QE Facilities, itself a WoC formed by Gateshead Health Foundation Trust.

The selling of magic solutions by this kind of in-house consultancy is dangerously similar to the dreadful behaviour of the now wholly discredited Strategic Projects Team.

The now wound up SPT claimed all kinds of success and was backed by senior NHS leaders; and eventually failed spectacularly. There are also serious questions over why some of the initial WoCs were set up – actually to get VAT advantages from construction costs – nothing to do with services at all.

Questions are also emerging about a WoC not even paying the living wage and then paying senior staff high salaries and bonuses – the WoCs may be wholly-owned, but they tend to get out of control.

This is a terrible idea – just give the trusts the money: don't make them go through idiotic pantomime changes.

Have they not learned that a two tier workforce is not the way to go?

We may have paused the rush to form WoCs, but we need pressure to ensure every scheme that has already gone through is subjected to proper independent scrutiny – scrutiny which will expose the dishonesty that underpins this whole saga.

Babble On

A trendy new online service for gullible hypochondriacs

Just login on your phone and #babble on

Speak to a robot in minutes, for free

Or prattle on to a GP you have never met, and who knows nothing about you

… all paid for by NHS England, whether you like it ot not

Get a prescription online with no tedious prior examination

Say goodbye to your current GP, with their boring checks and examinations, and busy waiting rooms filled with sick kids and elderly patients

Say hello to slick, soulless conversations with AI gizmos that even Matt Hancock does not believe are always working right

Just make sure you are young, don't have anything serious wrong with you, any children who might need proper access to GP services, or any likelihood of needing a real GP

Sign up today … and keep your fingers crossed!

Reclaim Social Care - conference Birmingham November 17 - back page

Q: 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) – a gesture that makes it clear 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 "Accountable Care Organisations" first referred to in NHS England's 2014 *Five Year Forward View*, and which many campaigners have argued represent a threat of 'Americanisation.'

And while integration of NHS services and better coordination with social care are both desirable objectives, ICPs would not deliver either.

They would carve the NHS into large, long-running contracts, parts of which could potentially be privatised.

As with "Accountable Care", the words mean almost the opposite of the normal meaning. The so-called "integrated Care Providers" would be outside the existing NHS structures, and not actually integrated at all.

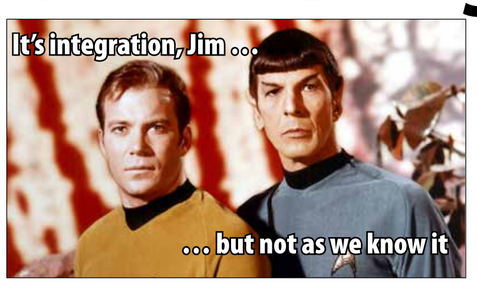
No end to contracting

Existing legislation means they could not bring an end to contracting out services: nor would they be accountable to local people. The care they might provide would be based on cash limits, not local needs.

And they are free to sub-contract all or part of the work – to private providers if they choose.

In what seems to be a giant parody of so many spurious local "consultations," NHS England planned just FOUR consultation events, all in mid-September, in London, Leeds, Exeter and Birmingham.

In other words, anyone living any distance from these carefully stage-managed events would be ignored. The document was quietly lodged on the NHS England website: it seems no copies have been distributed, nor is there any media campaign to make sure the wider public is even aware of the consultation.



The densely-worded, slippery and misleading 40-page consultation document concludes with 12 oddly-framed questions which few members of the public and a minority of active campaigners would feel confident to handle.

It offers no way for people to raise wider and deeper concerns about the fragmented, market-style system consolidated by the 2012 Health & Social Care Act.

Health Campaigns Together will continue to challenge the legitimacy of the consultation.

But the issue is important: for this reason we also urge campaigners to respond to the consultation, and not to allow NHS England to claim widespread acceptance or "apathy" on the future shape of our NHS.

■ **Full information for people responding is available at *www.healthcampaignstogether.com/ACOmonitor.php***

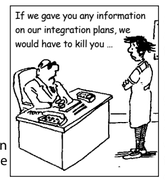
■ **Sign the We Own It petition organised with Health Campaigns Together and Keep our NHS Public, at *https://weownit.org.uk/ICP-petition-NHS***

South Yorkshire: "Integration" versus accountability

Anyone seeking proof that "integrated care" models exclude any local accountability need to look no further than the newly-launched South Yorkshire and Bassetlaw Integrated Care System, which has been set up to take charge of services in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield – with no public consultation whatever.

The entire process of lashing the ICS together took place behind closed doors with no serious exposure in the local news media from early 2016 when NHS England pressed for the formation of Sustainability and Transformation Plans.

Throughout the various back-room deals that have put the new scheme in place NHS bosses have worked in cahoots with local authority chiefs who are equally as unconcerned about any views or needs of local people, and unwilling to allow them any say on the future of health and care services.



The South Yorkshire and Bassetlaw STP argued that the area faced a funding gap of £571m, but no credible plans to bridge that gap – least of all the gaping holes in social services budgets, which have remained firmly in the lap of local government.

As we reported in HCT#11 the move towards "integration" is in any case pretty much a fraud, since the five CCGs involved have jealously guarded their surpluses, while none of the trusts was eager to help the deficit-ridden Rotherham Foundation Trust with its likely shortfall.

The purchaser/provider split is alive and well beneath the warm words about "breaking down barriers" and "seamless and coordinated care"

Meanwhile who would gamble any money on the new ICS, secluded from any public accountability, not moving swiftly to contract out more services to the private sector?

The fight to haul these shady bodies into the full glare of public scrutiny has to go on, while other areas need to learn from the SYBICS experience that when it comes to "integration" local people are the very last people who will be asked or told anything.

Manchesters devo commissioners disintegrate Bolton's diabetes service

Amid all the rhetoric about "integration" it's useful to remember that the underlying, disintegrating framework of the 2012 Health & Social Care Act remains firmly in place – and with it the often abysmally incompetent "commissioners" of services – the local Clinical Commissioning Groups.

Many CCGs have been among the most avid proponents of carving up and contracting out services to create fragmented and increasingly unsuatainable patterns of provision.

Time and again contracts are awarded that leave local NHS trusts saddled with a sharply reduced budget to cover complex and chronic care and services that the private sector recognises as unprofitable.

However the Manchester Health and Social Care Partnership, which is increasingly taking over CCG functions as part of the devolution project in Greater Manchester seems to have set a new standard for incompetence with their recent decision to contract out part of the diabetic screening service that was previously integrated, and provided by Bolton NHS Foundation Trust.

Now the eye service contract has been awarded to a private company, ironically called Health Intelligence, which has contracts many miles away – in East Anglia and Dorset.

But the routine check of diabetic patients' feet, another vital aspect of the service, was not put out to tender, and will still be done by the Trust.

In other words patients will now have TWO completely separate appointments for screening, in place of the one they had before. No matter how much cheaper the private company might be, this arrangement saves money only at the expense of inconvenience and dislocation of services for the patient.

The Trust's chief executive argued that the CCG were "just as disappointed" as the Trust: but nowehere near as hacked off as the patients will be.

999 campaigners seek to crowdfund appeal

999 Call for the NHS is still working hard to stop NHS England from introducing its Accountable Care Organisation contract – now rebranded as the Integrated Care Provider contract.

The campaign group have a two day hearing in the Court of Appeal this autumn (date to be confirmed), in order to challenge the lawfulness of the contract, on 7 grounds, and on 21st September, they launched their fifth CrowdJustice crowdfunder - this time to raise the £18k they need to cover the costs of the Court of Appeal hearing.

A lot has happened since both 999 Call for the NHS and JR4NHS set out to bring the Accountable Care Organisation contract to court. Neither of us could have got this far without everyone's support.

It's a real opportunity to raise the Accountable Care issues in public again. The Accountable Care Organisation/Integrated Care Provider contract is a complex lead provider contract for the new care models NHS England put forward in its 5 Year Forward View. Because its payment arrangement does not fix the cost of NHS treatments, the contract would allow providers to bid for it on the basis of price competition.

This would create a race to the bottom in terms of patient and staff safety and patients' access to NHS treatments. It would be a nightmare to procure and manage. And its cost-cutting payment mechanism would drive down safety standards and restrict patients' access to care. Its wide loopholes would allow greater privatisation of NHS services.

Rational, democratically accountable planning and delivery of NHS and social care services must be restored through enacting the NHS Reinstatement Bill

Please keep an eye out for more information about the consultation that will soon be on the 999 Call for the NHS Judicial Review news webpage. ***http://bit.ly/999Appealing***

And in the meantime, please give whatever you can afford to the CrowdJustice Stage 5 -Court of Appeal fundraiser ***http://bit.ly/999CourtofAppeal***

'Essential reading in the battle to save the NHS before private companies bleed it dry.' – Ken Loach

All proceeds to Keep Our NHS Public. Order online at *https://keepournhspublic.com/shop/books/*

Handing in the petition – PCCC/CCG people hold our poster up for the camera

Sheffield campaigners win 3 year reprieve for MIU and walk-in centre

Deborah Cobbett, Sheffield Save Our NHS

Campaigners have won a victory in Sheffield over plans to close the Minor Injuries Unit and city centre walk-in centre and open an Urgent Treatment Centre on the outskirts of town at the Northern General Hospital.

They ran street stalls and collected thousands of signatures, and the consultation was extended – with the CCG apparently hoping they might find somebody who agreed with them.

The issue was easy to get people to respond to – they were snatching petitions out of our hands, pleased to have a focus in the face of devastation of our NHS, pressures on staff and so on.

Petitions with about 10,000 signatures were handed in at the end of consultation meeting in January. In June a public reference group meeting was held to hear more from the public.

On September 20 the Primary Care Commissioning Committee voted to extend current arrangements till 31 March 2021 while they think again about how to address public concerns.

Thank you KONP for the idea of the People's Review! We seem to have touched a nerve with that one.

Hundreds back SOS Pilgrim Hospital march

Lincolnshire is a large county with a scattered population of 750,000, and fighting on several fronts to defend its limited hospital services against plans to "centralise" them, downgrading local services in Grantham, Louth and Boston.

But it's a county mobilising to fight back, and hundreds of campaigners travelled to Boston to on September 23 to back local efforts to save services at Pilgrim Hospital.

Alison Marriott from the SOS Pilgrim Hospital said organisers believe at least up to 500 adults from across Lincolnshire and beyond, including local MPs and councillors, were counted at the 'family friendly awareness march'.

"It really united the whole county," she said. "We wanted to get the message out that this is not just a Boston issue, it affects all of Lincolnshire."

The 2016 Sustainability and Transformation Plan for Lincolnshire underlined local concern, aiming to make savings of £671m over 5 years, with the loss of 550 staff, and £106m in savings from "clinical services redesign".

The health bosses who drew up the plan without any engagement with public or local authorities hoped that technology such as self-care apps would enable them to cut A&E attendances by a massive 27% over 5 years, emergency and mental health admissions by 10% – and even cut community health services by 21%.

SOS Pilgrim – Call to Action can be contacted on Twitter @savepilgrim, or Facebook *https://www.facebook.com/groups/1318971434820429/*

General practice under threat from apps – and GPs

General practice is under attack on many fronts – with pressure from NHS England to force GPs to merge practices to form ever-bigger "hubs" that threaten the local access, problems of escalating workload and burn-out, problems of recruitment, and of course the spread of 'GP At Hand' and other app-based and online arrangements in place of long-term links with a specific practice and continuity of care.

There are fears that private firms offering appointments by app are drawing more GPs away from the NHS, and making the situation worse.

Increasingly the most worrying attacks are coming from empire-building GPs themselves.

Many patients and GPs will be concerned to learn that in the West Midlands the Modality GP superpractice reached 380,000 patients in July, with the takeover of a further eight GP practices with a combined 33,000 patients. A spokesperson told Pulse magazine it was likely it would exceed 400,000 'by autumn'.

Modality, which brands itself 'the first national super-partnership in England', also runs GP practices in Birmingham, Yorkshire, Hull and the South East of England.

A spokesperson for NHS Walsall CCG claimed: "By merging several GP surgeries, we are creating more appointments and therefore, offering patients more opportunities to see a GP."

However there are no additional GPs, and no new premises being opened, so the only expansion could come from the GPs being made to work harder or spend less time with each patient.

Critics argue that with Modality patients almost never see a GP. Instead they are 'triaged' and dealt with by phone if at all possible: or they might get an appointment with a Nurse or Physician Associate, or as a last resort an inexperienced GP who you have never seen before … and will never see again.

STPs: Neither sustainable nor integrated

If NHS England had got its way in 2016, Sustainability and Transformation Plans would have potentially represented a landmark moment in the development of the NHS in England.

A brief survey of what has transpired since in the six STPs in UNISON's Eastern Region shows that many of the hopes for what STPs might represent and achieve have proved unrealistic.

Few have progressed to any extent down the path of genuine collaboration and local partnership.

Much of the "integration" that has taken place has in fact been alliances and mergers of commissioners on the one hand and providers on the other – leaving the NHS "purchaser/provider split" substantially intact.

Most of the proposals for developments in service that have emerged from STPs depend for their implementation on

● availability of capital (in desperately short supply),

● increased revenue funding (while STPs seek cash savings)

● and of course adequate numbers of suitably qualified staff (while vacancy rates have continued to increase, and with them spending on agency and bank staff to fill the gaps created).

Another crucial weakness is the limited engagement with local government, and the near-universal deficits facing acute hospital trusts across the six STPs.

Some of the CCGs have built up substantial surpluses – but show no inclination to move towards any genuine integration or sharing of resources and decision-making.

Nowhere is there any evidence of the bold, swift and decisive moves equired to make over £2.5bn of savings.

If NHS leaders have got things so wrong in these 6 STPs, how far adrift have the others gone?

■ See the Report: ***https://healthcampaignstogether.com/pdf/Whatever-happened-to-the-STPs-3-web.pdf***

84,000

The reduction in consultant-led NHS operations in England in the first seven months of 2018 compared with last year– 675 fewer per day according to the Royal College of Surgeons (RCS)

4.1 million

Number of people waiting for operations in June 2018 – the highest for 10 years.

3,464

Patients waiting more than a year for treatment, more than nine times the number five years ago.

130,553

People in England who waited over two weeks for their first appointment with a cancer specialist after being urgently referred by a GP.

£4.3bn

The admitted underlying deficit of NHS trusts, without the "provider sustainability fund"

£11bn

Total of outstanding loans owed by trusts to Department of Health

£7.3bn

Total of "interim revenue support" loans to prop up trust finances.

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Tipping over the Tories in Derbyshire

Keith Venables

In Derbyshire, as elsewhere, we've been outraged by the privatisation and underfunding of Our NHS. Local hospital closures, the overall removal of 535 beds, £91 million to be sliced off the county budget. And no real consultation.

So, half a dozen local groups combined into one, covering the whole "NHS Footprint", made an Action Plan, and systematically began to implement it.

It said "Tell Everyone, Challenge All Decision-makers and Respect Health Workers and their Unions."

Both the County and City councils are Conservative-controlled and, in every way we could, we lobbied, questioned and leafleted them, the Commissioning Group and local MPs.

Our information is of a high quality and, after a while, several of the Patients Participation Groups took up our cause.

Crucial here was the role of the County Health Watch whose intelligent criticism of the NHS managers for poor consultation and bad financial planning really put the cat among the pigeons.

One of the County's Labour MPs (Ruth George from High Peak) secured a debate in Parliament, emphasising the vicious funding cuts on the voluntary sector.

Further, after months of well attended protests, the (Conservative-controlled) County Scrutiny Committee also openly criticised NHS management and insisted they return for more scrutiny, narrowly losing a vote to insist that Derbyshire's Commissioners write to the Secretary of State to demand proper funding.

Campaigners have not won yet, but we feel we are tipping the balance in our favour. There's much more to be done.

"What do we learn from this?"

Lesson One: challenge EVERY decision-maker, especially those who have to stand for re-election.

Lesson Two: slowly and patiently provide high quality information and cross the bridge to make common cause with every ally we can.

Close to 100 people were in attendance at a Save Our NHS Leicestershire public meeting at the end of September. The room was united in its call for a full public consultation on the removal of intensive care beds from Leicester General Hospital. Very little accessible information has been published so far.

Cautious welcome for a 'publicly funded' Midland Met Hospital

Keep Our NHS Public Birmingham Secretariat

It looks like we've won our campaign for a publicly-funded (non-PFI) Midland Metropolitan Hospital in Smethwick/West Birmingham.

The construction of the Midland Metropolitan Hospital in Smethwick collapsed after the construction firm Carillion crashed spectacularly in Jan 2018 leaving the hospital half-built.

Then, in June, the bankers behind the 'private finance initiative' pulled the plug on the deal, so KONP Birmingham immediately organised a protest outside the hospital site demanding that the Treasury, health ministers, and the Government should fully fund the Midland Met hospital and run it properly under government and NHS control.

The protest, held on the NHS's 70th Birthday on 5th July, was a major success with 100-120 people from diverse communities.

A month later, the Sandwell and West Birmingham Hospitals Trust Board voted to tell the Government that the only viable option for the completion was direct Government-funding, a full vindication of the KONP Birmingham campaign argument.

Two weeks later, the Government and Hospital Trust reached an agreement to finish construction work with the Government providing funding for the remainder of the building work at Midland Metropolitan Hospital – which will see the new hospital built by 2022.

It's a very cautious welcome to the news. Firstly, because there is a delay in starting completion until early summer 2019, partly because the half-built hospital was rotting away without any protection for 6 months and an extra £20m worth of work will have to be done from this September.

Additionally, the Trust's Chief Executive has been dropping phrases in to his announcements such as 'making cost improvement programmes above national norms', 'limited reconfigurations', etc, which reflect the concern in Dr John Lister's 2016 review of the privately financed hospital published by KONPB and BTUC when the Midland Met was first mooted.

Notwithstanding our continuing concerns, we believe that the Midland Met fiasco is a final nail in the coffin of successive governments' love affair with PFI. However, it's a long time till 2022, so we will keep you updated and we'll keep campaigning where necessary.

● ***This article is dedicated to the late, great & fantastic Jolyon Jones who started this campaign in 2015.***

● **The half-built Royal Liverpool hospital has major construction faults, and the government has had to step in with public finance after Carillion's collapse. Their subcontractors are still waiting to be paid, the new hospital is not expected before 2020, and staff will face maintenance problems in the existing site. The Trust will be paying some of the investors' costs, despite the so-called "transfer of risk" to the private sector.**

But if public finance for the Royal Liverpool hospital signals the end of PFI in the NHS – and the rest of the public sector – it really will be a victory.

Government is taking volunteers for mugs!

Samantha Wathen Keep Our NHS Public Press Officer

Volunteers have always fulfilled an essential role within our healthcare system. Ten years before the NHS began in 1938 the Royal Voluntary Service (RVS) was established as the Women's Voluntary Services for Air Raid Precautions.

Eighty years on around 5,000 volunteers provide support in hospitals such as helping with patient transport and providing ward trolley services.

More modern roles for volunteers within our NHS have evolved into clinical transportation services in the National Association of Blood Bikers (NABB), helping people get to flu clinics, greeting patients at surgeries and assisting them to register or fill out paperwork.

They also support patients recently discharged from hospital. In short volunteers are very well utilised in a range of complimentary services enriching and adding to, not detracting from, the very idea of a socialised healthcare system.

Taken for a ride

The contribution of NHS volunteers is highly valuable and their efforts are to be commended.

However, with the latest announcement over recruiting unpaid laypeople to drive ambulances, it is surely time to ask; is this government taking volunteers, and our NHS for a ride?

Due to staff shortages and a concern over capacity this coming winter, East of England ambulance services trust are now considering using the military and volunteers to drive their vehicles. A senior paramedic employed by the trust was said to be "absolutely horrified" by the prospect;

"I have never heard anything like this in all my years. CFRs [Community First Responders] fulfil a very important role in their respective communities, but they should be there in their communities, not on frontline ambulances."

It is a ridiculous state of affairs in the sixth largest economy in the world that the government have neglected the NHS to such an extent that hard pressed trusts are now resorting to unpaid labour in potentially life-threatening situations just to ensure essential services can operate.

The trust maintain that volunteers will only be utilised in non-emergency situations such as supporting elderly people after a fall, but what happens if a patient's condition suddenly deteriorates?

Even amongst professional paid staff it has long been asserted that the NHS runs much of the time on goodwill. The government have created a situation where unpaid overtime is sadly the norm with employees doing whatever it takes to care for patients and keep the system running.

Issues for the unions

For some, volunteering can be a good springboard into an NHS career. Individuals can develop skills and a taste for patient care or medicine.

However, unpaid labour in inappropriate areas risks undermining professionals' positions within the workplace.

Why not volunteer to help build your local health campaign or KONP group?

Check out your nearest group at *https://keepournhspublic.com/local-groups/*

Contact KONP at *nationaladmin@keepournhspublic.com*

CFR's [Community First Responders] who it is now being proposed may assist paramedics in driving ambulances, receive just 5 days intensive training in life saving measures.

As well as being potentially very dangerous, their utilisation sends the wrong message to staff that their years of training may be condensed and there is the potential if volunteering were to become widespread, for them to be undercut.

Managed properly

When volunteers are employed it is vital to ensure that the process is managed properly. In one hospital 400 volunteers were being managed by a single part-time staff member who had no contact with senior managers – and no effective safeguarding training.

There is a discrepancy as to just how many volunteers there are in the NHS. If the government wish to inappropriately substitute staff members in some instances they must at least have a handle on their numbers and ascertain that proper safety measures are in place.

The NHS does not currently retain a comprehensive plan on how to manage volunteers. Appointing and utilising resources on an ad hoc basis is not good enough, especially in a clinical environment when there are serious issues around confidentiality and safeguarding.

A report this year on volunteers in general practiceby David Buck, a fellow at the King's Fund, found a "surprising lack of knowledge" about the role and contribution of volunteers in the NHS, despite a long history of volunteering. The report says;

"Volunteers are not a substitute or saviour for the NHS; they largely provide additional support, which is neither free nor infinite, and requires significant investment and support…"

Papering over the cracks

Employing volunteers inappropriately risks papering over the cracks in an underfunded system. Covering up for a lack of beds and a crisis in staff recruitment and retention also leaves them open to the risk of litigation which is potentially dangerous for the patient, emotionally damaging for the individual and costly for the NHS.

However skilled and or well-meaning volunteers are they cannot, nor should they, attempt to compensate for years of government mismanagement and underfunding.

Adequate staffing, funding, and the reinstatement of housands of hospital beds is what is needed this winter to avert another crisis, not setting volunteers up to fail by asking them to become makeshift paramedics.

Charities or well-intentioned individuals hould not attempt to cover up for a system the government has run into the ground.

Nobody should be volunteering for that.

Shropshire's trust bosses just keep making things even worse

Pete Gillard, Shropshire Defend Our NHS

"Staff across all areas and grades raised concerns with us about [boarding] and told us they felt it was unsafe, demeaning, undignified, and disgusting. Two staff members told us they felt patients who were boarded were treated like 'animals' and 'cattle'."

This is a quote from a formal letter from the Care Quality Commission (CQC) to the Shrewsbury and Telford Hospital Trust (SaTH) issuing enforcement notices.

The letter quoted multiple examples of situations where patients were put at risk because of the poor staffing levels.

These were just the issues discovered by the CQC. Whistle-blowers have told Shropshire, Telford and Wrekin Defend Our NHS about many more issues. One was about stroke rehabilitation: *"no staff are able to properly feed or give adequate fluid and a Nurse has hinted that patients are dying not from the brain insult but of dehydration and malnutrition"*

SaTH is in crisis. Underfunded. Projected deficits increasing substantially every month. And a reputation that is making it difficult to recruit staff.

But it is the crisis in maternity services that has received most media coverage.

The independent Ockenden inquiry was originally announced in April 2017 in response to 23 cases in which "women, infants and new-born babies had died or suffered harm." The number has kept climbing, and now over 100 families have asked for their cases to be considered.

"The alleged poor care includes the deaths of babies and mothers as well as stillbirths and new-borns being left with significant brain damage. The cases are believed to span more than two decades with some of the most recent deaths taking place in December last year when a mother and two babies died in separate incidents." (HSJ)

Defend Our NHS has been working with Donna Ockenden to enable families to come forward who had been reluctant to complain directly to SaTH in the past.

The doubling of the size of the investigation team has been a direct result of information the campaign has received from parents and whistleblowers. And the inquiry has now demanded 20 years of maternity records.

Cutting midwives

SaTH has been cutting the number of midwives it employs for some years to save cash. It did this while also saying it had no problems in recruitment.

The Trust was eventually forced to midwive recruitment last year as the scandal gradually came to light but has only been recruiting midwives recently out of training ("Band 5s") rather than the experienced midwives desperately needed.

SaTH has also increased the medicalisation of births with consultants rather than midwives generally taking charge. It has one of the highest rates in the country of births in obstetric units rather than midwife led units.

This was a conscious policy: the consultant who heads up the obstetric unit has said publicly that he believes giving birth in a midwife-led unit is no safer than giving birth in a supermarket.

Giving birth in a consultant-led unit is more dangerous than in a midwife-led unit for normal births. Consultants 'intervene' more - it's what they think they are there for.

The consultants are mostly male, and the midwives are female, introducing a streak of misogyny into the dynamic. In virtually all the cases that Defend our NHS has come across, the women have said their views had been ignored.

The medicalisation of births provides increased income to SaTH. The NHS tariff is higher for the obstetric units.

There was therefore a financial incentive to increase the proportion of births in the obstetric unit no matter what the inherent dangers.

Cover-up

The health bosses have consistently attempted to cover up the scale of the crisis and to avoid being held accountable. The parents of Kate Stanton-Davies who died in 2009 had to fight for eight years to get an apology. The independent report into Kate's death said the trust "abdicated its responsibility".

In September, the SaTH Chief Executive was being questioned by the Health Overview and Scrutiny Committee over maternity deaths.

He did not mention that SaTH had just been slapped with an enforcement order over maternity care by the CQC and the size of the inquiry had doubled. It was only because a health activist from Defend Our NHS raised it at the end of the meeting that the Committee knew. The health bosses had conveniently made a quick exit.

At each step, the SaTH bosses are compounding the problems. Their hospital reorganisation plan, 'Future Fit', will leave and area 3½ times the size of Greater London with a single A&E.

They've just announced the temporary closure overnight of the A&E they want to close permanently. This leaves Telford as the largest town in England without a 24-Hour A&E. Ambulances will now need to convey some paediatric emergencies up to 65-70 miles over country roads at night.

Defend Our NHS has call for the Chief Executive and Medical Director of SaTH to resign. There must be justice for the families whose lives have been irreversibly impacted. And we cannot trust them to guarantee patient safety for the future.

And the fight to stop the closure of the Midwife Led Units in three rural market towns carries on.

● ***https://www.facebook.com/ShropsDefendNHS***

Ealing campaigners unite to repel Virgin privateers

Oliver New, Chair Ealing Save Our NHS

Patients in Ealing – or anywhere - need Virgin running our NHS services like they need a hole in the head, particularly as we have some of the most deprived communities in London.

So we were horrified to discover that Virgin Care is bidding for a ten-year contract to run Ealing's Out of Hospital Services.

To make it worse, two NHS trusts have pulled out because the contract wouldn't allow them to run good or safe services.

The contract is potentially worth £1.3 billion over 10 years. Ealing CCG says it wants a 'single provider' to run services, including district nurses, specialist children's services, physiotherapy, mental health services, dementia support, audiology, occupational therapy and much more.

But it's not enough cash to interest London North West University Healthcare NHS Trust (our local trust) or the Central London Community Healthcare NHS Trust, whose CEO, Andrew Ridley, was quoted in the *Health Service Journal* as saying the financial value of the contract was too low to "provide the safe, responsive and high quality services that we are committed to."

If all this goes through Ealing CCG will be relieved of much of its responsibilities – leaving key decisions to the contractor.

The CCG declines to explain how the contractor would be accountable to the public, nor why they claim the contractor would be a 'single provider' when it's obvious there would be a huge amount of subcontracting.

Close hospital beds

And Ealing CCG, described by leading analyst as one of the worst in the country, hasn't stopped there. It wants the successful contractor to provide out of hospital community services so they can close scores of hospital beds.

Mysteriously, and without evidence, they claim that care in the community can replace hospital care.

What's in it for Virgin? They don't stand to make huge profits at this stage but if they won this massive contract they would positioning themselves to seize a future multi-billion pound NHS market which the Tory right and their other neoliberal friends are trying to establish.

At short notice Ealing Save Our NHS organised a protest outside a Virgin Care PR event; it was attended by 50 people including the leader of Ealing Council and a local MP.

We have challenged the CCG every step of the way and have been pressuring NHS Improvement to monitor the tender process, which they have confirmed they will do closely, no doubt to ensure there is not another disaster as in Cambridgeshire!

The CCG has effectively ignored any possible impact on our local NHS trust, which runs many of these services and could threaten the future of Ealing Hospital and greatly increase the Trusts debts.

We have called on Ealing Council Scrutiny Committee to make the CCG carry out an independent impact assessment of the local health economy.

In our view the whole contract plan is a disaster and at serious risk of failure,. Given the inadequate funding that caused two Trusts not to bid, the successful contractor could well walk away if it doesn't work, or there could be a serious deterioration in services. There could be legal battles, with clever lawyers 'clarifying' the contract – perhaps both sides being paid with NHS money.

Ealing CCG has been at the heart of cuts in North West London, where CCGs have already spent £66 million of NHS money on 41 different management consulting firms.

As well as the consultants, the local NHS has multiple layers of management - even before coming up with this contract plan. It's a gravy train for some and growing all the time

● More details from ***www.ealingsaveournhs.org.uk***

Reclaim Social Care - conference Birmingham November 17 - back page

Unions slam Trust decision to axe sick pay

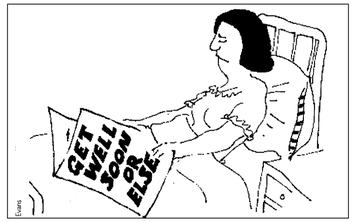
UNISON, Unite, CSP, GMB, RCN and RCM have condemned a decision by Medway NHS Foundation Trust to scrap the national terms and conditions around sick pay and impose harsh new conditions.

Thse include withholding sick pay for the first three days of absence, with every other month of sickness absence to be reduced to half pay.

Daniel Heppell, RCN Officer for Kent says: "This decision beggars belief. At a time when the Trust needs to urgently recruit new nursing staff, changing the national terms and conditions to something significantly worse than that of neighbouring employers is naïve and simply not thought through."

Patt Taylor, Regional Officer with the physiotherapy union CSP said:

'Elsewhere in the NHS, trusts are investing in schemes that help to keep staff healthy and treating patients, which in turn cuts sickness absence costs and reduces waiting times.



'These proposals, on the other hand, will encourage people to work when they are clearly unwell, increasing the chances of a longer sickness absence as a result and greater costs to the trusts.

Jacqui Berry, UNISON NEC member says:

"The Trust are proposing short sighted austerity measures in an attempt to reduce their financial deficit. Our NHS is chronically underfunded: however to expect staff to make up the shortfall out of their own pockets adds insult to injury."

Our fight for a public NHS continues

Jonathan Ashworth, Shadow Health Secretary

Campaigners, unions and patients came together this summer to demand an end to NHS austerity and privatisation as we celebrated 70 years of that great socialist endeavour, our NHS.

While we celebrated, our determination to fight for our NHS has remained steadfast

Waiting lists have now ballooned to over 4 million. NHS England bosses are urging hospital trusts to pay for operations in the private sector to deal with growing queues. So years of Tory austerity and cuts mean the private sector is set for a bonanza, with NHS hospitals forced to pay over the odds, while already facing underlying deficits of £4.3 bn.

The new Health Secretary has no plan to rescue the NHS. Instead he promotes the private sector's Babylon GP app, ignoring all concerns about patient safety and risks.

Dogma and ideology trumps the interests of patient safety and wellbeing yet again.

Investment

Investment in new technology and equipment is of course necessary to ensure our NHS provides patients with the most up to date treatment and medicine. But our hospitals are currently crumbling, facing a £5 billion repair backlog and increasingly reliant on out of date equipment.

Labour's answer is a £10 billion infrastructure investment fund. In contrast, my research recently revealed the Tories are forcing hospitals into a fire sale of assets – 718 plots of NHS land and buildings have currently been put up for sale.

The staffing shortage grows and impacts patient care.

Last year, for example, around half of maternity wards closed their doors at some time to expectant mothers because they had neither beds nor staff to provide safe care for mums and new born babies.

Finally the privatisation agenda continues unabated. We stand in solidarity with unions taking industrial action to oppose Trusts in creating 'wholly owned subsidiaries'.

Let me be clear: we will end privatisation and restore a universal publicly provided and administered National Health Service.

That's why in recent months we tried to force the government to release to Parliament all privatisation plans and why I was happy as shadow Health Secretary to endorse Eleanor Smith's efforts to table the Reinstatement Bill as a Ten Minute Rule Motion.

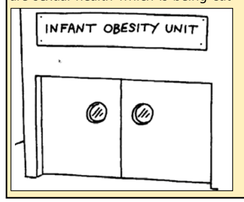
Speaking on the 10th anniversary of the NHS, Nye Bevan asked us to be the custodians of the NHS – so as Labour's Health spokesperson working with campaigners, patients, staff and unions that's exactly what we will continue to be.

85% of councils reducing public health budgets as £96m cuts hit

New analysis by the Labour Party has exposed devastating cuts to public health budgets this year.

The Government is forcing councils to make £800m of public health cuts over six years, and s a result:

- 130 out of 152 local authorities (85%) plan to reduce their public health budgets in 2018/19
- In total £96.3m will be taken out of public health compared to 2017/18
- Among the worst hit services are sexual health which is being cut by 95 councils and loses £17.6m, and substance misuse which is being cut by 114 councils and loses £34m
- Public health budgets aimed specifically at children are being cut by a total of £25.9m year on year.
- Smoking cessation budgets will fall by £3.1m and obesity budgets by £1m.



The new round of cuts follows a string of evidence that improvements in life expectancy have stalled, with the ONS saying the UK's slowdown is second only to the US among developed nations.

- Drug related deaths in England and Wales have hit an all-time high
- Rates of smoking among pregnant women have risen for the first time on record
- Obesity rates among year 6 children have hit a record high

Public health was ignored in the Prime Minister's announcement about the long term plan for the NHS.

NHS private spend reduced

Campaigning pressure seems to have been a factor in a small but welcome reduction in the amount spent by the NHS on private providers in 2017/18.

Spending on the for-profit sector fell by 2.7% to £8.8 billion – although spending on voluntary sector/non-profit providers doubled to £1.6bn.

Another factor is the under-funding of many of the contracts offered up for tender.

Clarion call for a restoration of health visiting in England

Jane Beach and Su Lowe

The health visiting profession in England is once more in crisis with all the negative impact on the physical and mental wellbeing of families and children, some of them living in very vulnerable circumstances.

The high water mark for health visiting came in October 2015 when health visitor numbers peaked at 10,309 full time equivalents, following the national health visitor implementation plan instigated by the coalition government.

Since then there has been a sorry tale of decline with a 20 per cent drop in health visitor numbers. There were 8,244 full time equivalent health visitors working in the NHS (December 2017), which is the lowest number since August 2013.

Behind these bald figures, there are human stories of distress as health visitors, stretched wafer thin, struggle to deal with cases of postnatal depression and possible domestic abuse.

Prevention is best

Our argument is that prevention is a better policy than allowing the NHS to be overwhelmed tomorrow because nothing has been done today.

It is time for a dramatic sea-change in government policy and Unite, with 100,000 members in the health service, is calling for a three-pronged approach by the health and social care secretary Matt Hancock.

- reinvest in health visiting services
- revisit the commissioning of health visiting services from local authorities, which have been under the financial cosh since the Tories came to power in 2010. The case for ring fencing council public health budgets is strong.
- restore the bursary for health students so those eager to enter the 150-year-old profession don't have to rack up ruinous loans.

The main reason behind the fall in health visitors is the slashing of council funding by the Tory chancellors George Osborne and Philip Hammond which means the services they commission have been redesigned to reduce cost. This has led to health visitor posts being axed.

A key example of this pernicious trend is what is happening to health visiting services in Birmingham which are in meltdown, following a damning review by the independent regulator the Care Quality Commission (CQC).

Birmingham Community Healthcare Trust, where Unite has 600 members, has been told by the CQC to make 'significant improvements' in the quality of its healthcare by March next year.

Unite, which embraces the Community Practitioners' and Health Visitors' Association (CPHVA), said that since the warning notice was delivered to the trust's chief executive Richard Kirby in August (2018) a veil of secrecy had descended about what steps the management is taking to rectify the situation.

The CQC review highlights that the average health visitor caseloads per whole time equivalent post is about 500 families at this particular trust – double the 250 figure recommended by the CPHVA for safe and effective practice.

On a general note, the cuts to health visitors across England come at a time when families need support more than ever as the impact of the government's austerity agenda continues to seriously erode the services for children.

Unite will continue to protect its members in the face of extreme difficulties and challenges to their professional practice. We have been overwhelmed by the passion and courage of health visitors speaking out for families and children, in an environment where their concerns are not acted on as swiftly as they should be by management – sometimes the voicing of these legitimate fears go unheeded altogether.

Public Health England has recently released the Health Profile for England 2018. This pinpoints what happens during pregnancy and the first year of life influences physical, mental and emotional development in childhood, which, in turn, can have an adverse impact in adult life.

In the light of Public Health England's report, Unite will be campaigning strongly into 2019 to restore health visiting to its rightful place as a fully resourced praetorian guard for public health for the benefit of families and children.

Jane Beach is a Unite lead professional officer and Su Lowe is a Unite regional officer in the West Midlands.

Ontario Health Coalition calls Oct 23 protest outside parliament

Buses from all over the province will be bringing campaigners to the Queen's Square parliament in Toronto. OHC Director NATALIE MEHRA explains why.

In this summer's Ontario provincial election the neo-liberal front-runner (now Premier) Doug Ford promised to "end hallway medicine" – that means reopening & restoring services.

But, in contradiction to this, he also has planned to make massive cuts to taxes for the wealthy and for corporations.

In fact, he is proposng cuts of $22bn to provincial revenues -- that is the funding for our health care and all our public services.

That would be the biggest cut in the history of the province and would, without question, require massive restructuring, cuts and privatization in health care.

In fact, Ford has chosen, for his fiscal adviser, Gordon Campbell, the former premier of British Columbia, who manufactured a financial crisis in his own province (in fact, there was a surplus when he started).

Tax breaks … and cuts

He gave massive tax breaks to the rich, then told the public that he had to bring in 'financial discipline' which involved massive cuts to public services, privatization of hospitals, lay offs of thousands of hospital workers, the firing of 11,700 civil servants in one day, two-tier medicare and thousands of dollars in illegal user fees for patients seeking surgeries and diagnostics

Campbell is the main financial advisor in Ontario now. Last week, Ford had consultants release their report calling for all kinds of privatization of health care and public services. Already, in the short time since the election Doug Ford has cut OHIP (the government-run health plan for Ontario) and mental health funding.

We cannot let the government create a budget "crisis" and cut vital health care and services. We need to stand up and insist that the government live up to its election promises -- and we need a massive show of strength to do it -- and we need to make them afraid to try to cut and privatize our public health care.

We need to make sure we have thousands of people out in front of the Legislature and we will ask all of the political parties to come out and make commitments to all of us to restore and improve public health care, not to cut and privatize it.

■ Next issue we will have an on the spot report by John Lister on the growing campaign effort in Toronto.

US nurses' leader: Your fight is our fight

Speech by National Nurses United leader BONNIE CASTILLO to The World Transformed fringe meeting of Labour conference in Liverpool.

Greetings from the land of the train wreck, which is about the most polite way I can refer to our present government in Washington.

I am especially pleased to be here with you today, among my global sisters and brothers who are working every day for a more just, humane world based on equality, respect for human dignity, and a quality life for all.

And, how refreshing to be in a country that is celebrating 70 years of a rational, humane, health care system, one that is not based on profit. We have a very different reality, of course, in the United States.

We're Number 1! – Well that is in what we spend on healthcare, far more than any other country.

We are also Number 1 in per capita deaths from preventable disease or complications.

It's no wonder – in the US 40 percent report they haven't had needed medical treatment, tests, or doctor visits, due to high costs. We are working to change this – to break the grip of the for-profit healthcare industry and join the rest of the developed world with a more humane health care system.

And, we're gaining ground.

Today, in part due to the activism of millions of Americans, especially young people, a majority of Americans now support a guaranteed national healthcare system, Medicare for All.

With November's major election approaching Medicare for All has become a defining issue. Surprising upsets have recently been won in primary elections by Medicare for All candidates.

Medicare for All Bills now have more co-sponsors than ever before – and we have the formation of the first ever Medicare for All Caucus in the US House of Representatives.

Meanwhile the acolytes of our broken healthcare system, with the help of establishment Democrats, Republicans, and the corporate media, are labouring feverishly to discredit this effort.

Three decades

Ultimately, I am confident we will win. I'm proud to say that nurses, and National Nurses United in particular, have played a major role in building this movement. For nearly three decades we have been helping patients and families harmed by our broken system to tell their healthcare horror stories to the public.

We've also sponsored legislation, ballot initiatives, and been a force in the political arena and media on our signature issue: Medicare for all.

Now we are doubling down our boots on the ground – building an army of people to build enormous pressure for Medicare for All.

The landscape for this organizing has never been more promising. To build the broad-based movement we need to pass Medicare for all, we are engaging in a massive, national door-knocking, crowd canvassing and phone banking campaign.

These conversations focus not on policy but on humanity and morality. The failure to provide healthcare to its citizens by the richest country in the world is not a failure of policy – it's a moral failure.

In California we successfully passed a single payer bill through the State Senate – only to see it get stalled by State Assembly Democrats acting on behalf of their corporate healthcare donors.

So we went around them, to their constituents, and found how out of touch these Democratic politicians are. We knocked on tens of thousands of doors, called though entire district lists and ID'd single payer voters throughout the state.

This is the model we are deploying nationally. And we are coalition building with community allies— activating the work of the grassroots healthcare activists in our movement.

Our communications campaign is robust, from social media to traditional media and everything in between.

We are internationalizing this fight and joining forces with broad-based movements such as in Canada in the fight to include pharmaceutical coverage, and here in the UK to protect the NHS from privatization.

We stand with you in your fight to protect the NHS. Your fight is our fight, and you can count on us to help in any way we can.

What we know is that all of us – across the planet – have common interests, and a common fight.

That's why five years ago, we joined with nurses around the world to form Global Nurses United – now based in 25 countries. We came together to oppose neo-liberal policies such as privatization of public services, and to improve living standards for all the world's peoples.

It's impossible to over-state the importance of these bridges of international solidarity. The international right wing wants to divide us. They have the money, their politicians, and their media: but we have people power.

For nurses, it begins with guaranteed health care. We are committed to working together, and so proud to be linking arms with you today.

Staunch defence of admin & clerical staff

NIPSA, the public service union in Northern Ireland, recently affiliated to Health Campaigns Together. We hope to carry regular reports from them in future issues. This story dated August 28 is extracted from their website's Campaigns page.

NHS administrators came under a full-frontal assault on Wednesday with two articles in the *Belfast Telegraph*. One attack, led by the editor in the Belfast Telegraph opinion column, opined 'NHS is too top-heavy with administrators'.

NIPSA's immediate response is, if you get rid of administrators and clerical staff, who then would do this essential work?

If, for instance the editor found they were on a 'patient journey' who would then write the referral letters from the clinical diagnosis to senior health practitioners in the hospital. Is the editor suggesting the front-line medical staff break away from their duties of care to become, in the paper's demeaning view, 'pen-pushers'.

No suggestion was made in the warped editorial as to who would do this much-needed work.

The opinion piece begins by saying: "Most people will be shocked to learn that around a fifth of the NHS workforce in NI is made up of administrative and clerical staff."

The editorial claimed that admin staff were responsible for the diverting 'badly-needed resources away from front line care'.

This warped assertion is something that NIPSA would vehemently deny, and ridiculously the editor goes on to clearly state that the problem lies with funding the service.

What's the Real Agenda?

The direct attack on our members, NIPSA asserts, has now become part of the 'alt-right agenda', which sees the NHS starved of resources and as it flounders blame the workers ... hopefully leading to the break-up of the NHS which will lead to more outsourcing and privatisation of services to companies friendly to the Tory-DUP Government and the newspaper's owner and friends.

In direct contrast, the A&C staff received support on three fronts, with the Permanent Health Secretary, Richard Pengelly, weighing in on the issue with comments supporting the work they do, arguing:

"Everyone who works in Health and Social Care plays an important role in the care we provide and should be valued for it. No organisation - in any sector - can function effectively without an efficient back office.

"Administrative and clerical staff cover vital areas and without them doctors and nurses would have a great deal less time for patients. The reality is that, in their absence, the health service could not function for a day."

The admin and clerical staff were further supported when Charlotte McAdam, Chief Nursing Officer NI with RN, said on Twitter:

"Who does @BelTel think arranges clinics, appointments, clinical notes, answers phones, orders stock, recruits staff, pays staff and more. HSC would collapse without ALL staff. Allows nurses to nurse".

Reclaim Social Care - conference Birmingham November 17 - back page

Not safe: not fair; not working

End the crisis in social care

Philip Wolmuth, www.reportdigital.co.uk

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 ky 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 increas 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.

Scandal sends warning on dangers of privatisation

This revelation that a major company charged with safe disposal of clinical waste has stockpiled a massive 350 tonnes, including human body parts, is a stark reminder that contracts are no guarantee the private sector will deliver the promised services.

Nonetheless the disastrous 2012 Health & Social Care Act still requires local commissioners to put an ever wider range of services out to tender.

Some of the biggest-ever contracts now going out to tender are for pathology services, which following on the various Carter reviews are to be lumped together into 29 large contracts, one of which is a £2.25 billion 15-year contract to cover trusts across South East London and beyond.

Most of this process is being conducted with the secrecy that has become standard for any controversial move by NHS England.

The contracts are so large that in many cases there will be no NHS bidder, allowing the private sector to pick up this vital work: 70% of all patient diagnoses involve blood and tissue analysis.

Save Lewisham Hospital Campaign has sounded the alarm over this, and pressed the board of the Lewisham & Greenwich NHS Trust to stay out of the SE London pathology contract, stand firm and look for an NHS solution.

One such solution would be to halt the carve up altogether and allow NHS trusts to establish or maintain their own in-house provision of pathology services rather than be locked into a 15-year deal with companies no more secure than Carillion or the many other firms that have walked away from failed contracts.

Conference called – Nov 17

Health Campaigns Together is working with the SHA, the NPC 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, GMB fulltimer, ex DWP/ PCS; 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

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations.
We ask 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.

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

- Pay us direct **ONLINE** – or with PayPal if you have a credit card or PayPal account at ***http://www.healthcampaignstogether.com/joinus.php***
- For organisations unable to make payments online, cheques should be made out to **Health Campaigns Together**, and sent c/o 102 Corve Street Ludlow SY8 1EB.

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)

For intermediate quantities – see ***http://www.healthcampaignstogether.com/newspaper.php.***

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***