NHS England is miles off its target of ensuring the waiting list is “no higher in March 2019 than March 2018.” Instead the 9-year funding squeeze on the NHS, cuts in numbers of acute beds and a succession of winter crises have combined to force waiting lists up to record levels, increasing from 4.1 million to 4.3m in the six months March-September 2018.

Numbers waiting more than 52 weeks for elective treatment are also up – by almost 14% to 3,156. Last winter NHS England made matters worse by telling trusts to halt up to 50,000 elective operations, to free up beds for emergencies. Worryingly, however it seems that NHS Improvement has a cunning plan: they want trusts to consign thousands more NHS elective patients to the questionable care of private hospitals, even though they lack the intensive care, emergency response and multi-disciplinary teams of NHS hospitals.

NHS Improvement has even drawn up a list of 54 trusts which it feels may need to contract out operations to hold down waiting lists and cope with pressures on beds. A third of the 54 are in London, with other major hospitals listed in Leeds, Kent, North Lincolnshire, Oxford, Derby, Leicester, Staffordshire, Plymouth, Southampton, crisis-ridden Worcestershire and many more.

However the list, which was leaked to the Health Service Journal in early December, was not intended to be sent to the trusts – many of those on the list were unaware of its existence. Instead it was to be sent to private hospital chains such as Spire Healthcare, Care UK and Nuffield Health – effectively giving them the nod to press the target trusts for lucrative business to fill their otherwise empty beds. They have been predictably delighted.

United campaigns needed to defend NHS

Mass protest helped force Shrewsbury & Telford trust to halt A&E closure - p2

Telford trust to halt A&E closure - p2

54

Number of trusts identified by NHS Improvement as possibly needing to contract out elective work to private hospitals

But it’s a disastrous deal for NHS trusts, which would be left with inadequate capacity to get through an average British winter without triggering a crisis – while the NHS hands a bonanza of extra income to the private hospitals, many of whom will need to poach even more NHS staff to cope with any significant increase in caseload.

The reason the private sector has so many empty beds is because there is no viable market even for elective treatment; the private sector has only been able to function through hidden subsidies – cherry picking only straightforward elective work, utilising staff trained by the NHS, and depending upon NHS hospitals to deal with their emergency situations when planned operations go wrong.

Lifeline

The HSJ estimates cutting the waiting list back by 200,000 to its March 2018 level could cost £400m-£600m. If this money flows out of the NHS it would throw a lifeline to a flagging private sector, which has been struggling as NHS trusts have managed to limit their use of private hospital beds.

This policy of boosting private hospital budgets might seem very clever to NHS England and NHS Improvement bureaucrats. But it is likely to go down like a lead balloon with local politicians when they see their local NHS hospitals and their emergency services plunged into deepening crisis while extra cash flows to a parasitic and unpopular private sector.

The task of local campaigners is to make sure all MPs and councillors are aware of the mess being created in our NHS – and know if they do nothing they will be held responsible for any damage done to services.

Divide politicians

United campaigns can force nervous politicians of any party to intervene to stop dangerous plans, as we have seen in Shropshire, Essex and elsewhere (see inside pages).

Let’s make 2019 the year we unite to divide and derail those whose policies are undermining our NHS. Work with us to make it happen. Join Health Campaigns Together!
Hands Off Hill has come a long way since its launch in the autumn of 2016. The coalition of Hill supporters has grown from the original intention which was to save the hill for the people of Shrewsbury and Talbot and all of the NHS. Through our work, we have forced them to consider that the hospital will be staying open and we have won.

However, we know that this is just the beginning of the battle. We have to fight to stop them changing the services and closing them down. We have already faced a charge that we will be ‘slipping back’ and that we will not be able to stop them closing the Emergency Services.

For a Peuples’ Commission

The successful Lowton campaign pulled together a very powerful Peoples’ Commission which organised a public hearing to take evidence from experts and campaigners to demand full A&E & Services. They organised their evidence. They conducted two public meetings, the first at Hilton Court, Shrewsbury and the second by the river Severn in Rush hour. This is the next stage of our fight.

Demand Proper Staff Levels

Diabetic aid is running below plan. They have for a ‘single expert care model’. They will do all the best they can to do this. This was a battle won, but not the end of the fight.

Back to the Court

We have not yet completed the Judicial Review. We are waiting for the final decision of a judge as to whether RSH was closed down wrong and it is still operational. The Court will try to argue that the whole plan was illegal and that their silence was in breach of the promise on the one thing that has been promised.

The SOS

It is that is important to us, and that the SOS model has been forced to consult again. If they fail to do so, then they will be held on course to pay for services.

We are now entering our third year of the legal battle. We have alternative plans. To make sure the Trust goes back to the drawing board with the new year plan.

NHS Improvement’s strategy for the NHS Downgraded RSH in Shrewsbury

This was followed up with a demand for a rescue plan. This was a battle won, but not the end of the fight.

Hands Off Hill is an alliance of community, trade union and health professionals. It is run by a board of volunteers. We are run by a board of volunteers. We are a legal entity and we work in a democratic way.

If you know of any health professionals who could help us, please contact the board.

The project provides all the evidence that we will need all the evidence to fight them. We will need all the evidence to fight them. We will need all the evidence to fight them.

The closure had been due to start in November. The campaign organised a public meeting in the Royal Shrewsbury Hospital to demand that the closure was stopped. The meeting was advertised on all local Facebook groups, and we had over 12,000 local signatures by the day. In Shrewsbury it is a high profile issue.

As the Trust has refused to have an independent review, it is the only way we can get the truth. We have asked them to prepare a report and we will demand them to make sure the Trust goes back to the drawing board with the new plan.

The Trust has now assumed it has been given the green light to go ahead. However, the Trust has no legal or proper consultation and produce independent plans and the plans they have are not viable. They are run by people who are not from the local community and they are not run by people who are not from the local community and they are not run by people who are not from the local community.

The Trust has already lost the first stage. We are now in the final stages of the legal battle. We are now in the final stages of the legal battle. We are now in the final stages of the legal battle.

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First elements of the NHS Long Term Plan appear • Another top-down plan to make our NHS even less accountable

John Lister

The proposed NHS Long Term Plan (LTP) is being outlined in a four-page document this week as an alternative to the Five Year Forward View (FYFV), which took place in 2014. This is the first time since 1828, when the Royal London Hospital was established by a doctor, that there has been a major attempt to produce a forward view of the health service.

What's in the LTP document?

The document outlines a five-year plan for the NHS, with a focus on improving public health and reducing demand for acute services. It includes a number of key areas:

1. Public Health: The plan aims to improve public health and reduce demand on acute services. This includes measures to reduce smoking, alcohol and obesity, and to increase physical activity.

2. Mental Health: The plan includes a commitment to improving mental health services, with a focus on early intervention and prevention of mental health problems.

3. Children and Young People: The plan includes a commitment to improving outcomes for children and young people, with a focus on early intervention and prevention of problems.

4. Long-Term Conditions: The plan includes a commitment to improving outcomes for people with long-term conditions, with a focus on prevention and management.

5. Urgent and Emergency Care: The plan includes a commitment to improving urgent and emergency care, with a focus on reducing wait times and improving patient experience.

6. NHS homes: The plan includes a commitment to improving the quality of care in NHS homes, with a focus on reducing instances of abuse and neglect.

7. Patient Experience: The plan includes a commitment to improving patient experience, with a focus on reducing wait times and improving patient satisfaction.

8. The NHS at 200: The plan includes a commitment to marking the 200th anniversary of the NHS, with a focus on celebrating its achievements and planning for the future.

What's the purpose of the LTP?

The LTP is intended to provide a roadmap for the NHS for the next five years, with a focus on improving public health and reducing demand on acute services. It is not a legal document and will not replace the Five Year Forward View, which was published in 2014 and set out a plan for the NHS for the next five years.

How will the LTP be implemented?

The LTP document outlines a number of initiatives that will be implemented over the next five years, with a focus on improving public health and reducing demand on acute services. These initiatives will be implemented by NHS organisations across the country, with a focus on local decision-making and implementation.

What are the potential benefits of the LTP?

The LTP aims to improve public health and reduce demand on acute services, which could lead to a reduction in the cost of healthcare and an improvement in the quality of care. It also aims to improve outcomes for people with long-term conditions, which could lead to a reduction in the burden on the healthcare system.

What are the potential drawbacks of the LTP?

The LTP is a top-down plan, which may not be as effective as a bottom-up approach that involves local decision-making and implementation. It may also lead to a reduction in the autonomy of NHS organisations, which could lead to a reduction in the quality of care.

Looking back on the “Five Year Forward View”

By 2019, the NHS had failed to meet almost every single promise made in the Five Year Forward View, suggesting that the plan was fundamentally flawed.

The Five Year Forward View was a top-down plan that was designed to improve the efficiency and effectiveness of the NHS. However, the plan failed to take into account the local needs and challenges of the NHS, which led to a number of failures.

1. Public Health: The plan failed to adequately address the challenges of public health, which led to a failure to meet targets for smoking, obesity, and alcohol consumption.

2. Mental Health: The plan failed to adequately address the challenges of mental health, which led to a failure to meet targets for early intervention and prevention of mental health problems.

3. Long-Term Conditions: The plan failed to adequately address the challenges of long-term conditions, which led to a failure to meet targets for prevention and management.

4. Urgent and Emergency Care: The plan failed to adequately address the challenges of urgent and emergency care, which led to a failure to meet targets for reducing wait times and improving patient experience.

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The Five Year Forward View was a top-down plan that was designed to improve the efficiency and effectiveness of the NHS. However, the plan failed to take into account the local needs and challenges of the NHS, which led to a number of failures.
Unhealthy Profits: The Private Finance Initiative (PFI) – the use of private funds to build public sector infrastructure – began in 1992. It is clearly NOT an A&E, and anyone arriving at a hospital trust – Mid Yorkshire Hospitals North West Region ‘Dignity in Care’ – would find them free of charge – on the same principle as free education, and with the same level of quality. The system is means and needs based – a policy of person-centred support, which is paid for like a benefit. It uses the principles of social models, which is paid for like a benefit. It uses the principles of social models, which is paid for like a benefit.

New! The story of PFI... up to date

New email available via Amazon: paperback version to follow soon.

UNHEALTHY TREATMENT

The system is currently a result of Thatcher’s so-called “communism in reverse” – a founder member of Birmingham based Social Care Campaign, part of the conference, at Carrs Lane conference centre in Birmingham on Thursday 13th of March 2014.
The TUC has revealed the devastating effects of government austerity policies on mental health in recent years, which has seen three quarters of NHS trusts experience unacceptable waits in emergency A&E departments, with 1 in 10 people being turned away.

The report highlights that the NHS is under threat due to the lack of political will and leadership. It calls for a whole system approach to tackle the mental health crisis, and for government to reinvest in the NHS to ensure it can continue to provide the care that is needed.

The report also calls for the government to ensure that mental health is not left out of the upcoming Spending Review, and for the NHS to be treated as a priority in future budget planning.

The TUC has called on the government to:

- Reinvest in the NHS to ensure it can continue to provide the care that is needed.
- Ensure that mental health is not left out of the upcoming Spending Review.
- Treat the NHS as a priority in future budget planning.

The TUC has also launched a new campaign, Keep Our NHS Public, to fight against cuts to the NHS and to ensure that it is treated as a priority in future budget planning. The campaign is calling on the government to reinvest in the NHS and to ensure that mental health is not left out of the upcoming Spending Review.

The campaign is supported by a wide range of organizations, including the NHS Confederation, the Royal College of Psychiatrists, and the Mental Health Foundation. The campaign is calling on the government to take urgent action to address the mental health crisis, and to ensure that the NHS is treated as a priority in future budget planning.

The TUC has also launched a new report, Mental Health and the NHS, which provides an in-depth analysis of the mental health crisis in the UK and makes a series of recommendations for action.

The report highlights that the mental health crisis is a major issue for the UK, with 1 in 4 people experiencing a mental health problem at some point in their lives. The report also highlights that cuts to the NHS are having a devastating impact on mental health services, with many people being turned away and left without the care they need.

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Push private profiteers out of NHS

JACKIE WILLIAMS, National Officer, Health Unions

The NHS has been put under severe financial pressures under the Conservative Government. The programme to reduce the size of the NHS has been implemented in the name of improving efficiency, but it is actually a calculated assault on the NHS. Financial pressures are a reality faced by all public services, but they do not provide the excuse for the kind of cuts happening to the NHS. NHS unions have been fundamentally critical of the NHS reforms, as have trade unions.

Private and voluntary sector involvement in the healthcare sector is a core part of Conservative policy. This has been championed by the Conservative Government, but it is also a key part of the previous Labour Government’s policy. The Conservative Government has been particularly keen on outsourcing and private sector involvement in the health sector. This has led to a significant increase in private sector involvement in the healthcare sector.

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Royal Colleges challenge impact of charges on overseas visitors

The Royal College of Physicians has joined other royal colleges in calling for the suspension of NHS overseas visitor charges, pending review.

The other colleges taking a stand on this are the Royal College of Paediatrics and Child Health (RCPCH), Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Public Health (FPH).

They make clear that the rejection is not based not only on principle but also on the impact of these charges on health services and public health.

In a joint statement they declare:

“We disagree with the ministerial statement that ‘there is no significant evidence that the 2017 amendment regulations have led to overseas visitors being deterred from treatment or that the changes have had an impact on public health’.

“Recent research from Doctors of the World highlights how one in five overseas visitors being deterred from treatment or that the changes have had an impact on public health.”

Detrimental impact

“A recent report by Maternity Action demonstrated the detrimental effects of charging on mothers and children during and after pregnancy. We are also aware of cases of children having been denied treatment for various life-threatening conditions.”

The government’s regulations are part of the “hostile environment” for migrants introduced by Theresa May as Home Secretary and now continued by her government.

The Royal Colleges argue that they are now having a direct impact on individual health, and have potential implications for wider public health:

“Early diagnosis and treatment are vital to improve patient outcomes and – in the case of infectious diseases such as tuberculosis and HIV – to protect public health.”

Christian Beamont, International Adviser in the RCN’s Policy & Public Affairs Department.

Late last year, the Royal College of Nursing launched a campaign calling on the UK Government to waive the Immigration Health Surcharge for nursing staff.

Nursing staff from outside the UK make a huge contribution to our health and care services. Put simply, without their input, there wouldn’t be enough staff to provide the safe care patients expect.

The vacancy rate of registered nurses in the NHS in England is already alarmingly high – almost 41,000 at the last count – so news that MPs had voted in November to increase the Immigration Health Surcharge from £200 to up to £400 for thousands of migrant health care workers dealt another depressing blow to anyone monitoring the nursing workforce crisis.

The charge – applicable to nursing staff outside the European Economic Area (or EEA) – is intended to offset the cost of foreign workers using NHS services in the UK.

Paid by dependents

Not only is this paid by the person working as, say, a nurse, but by all of their dependents too, meaning, for a typical four person family, it could be in excess of £1,600 per year.

The Government expects this change to rake in an additional £220 million, to be spent, it says, on the NHS. However, the irony of charging a new, higher amount to the very people we’ve recruited to help prop up our ailing health service is not lost on me, or any of our 435,000 members.

The message from the nursing community is loud and clear: the Immigration Health Surcharge is a short-sighted measure and one that will drive away talented nursing staff at the time we need them most.

It’s for this reason that we’re calling on the Government, and in particular Home Secretary Sajid Javid MP and Caroline Noakes MP, to waive the fee – in its entirety – for nursing staff entering the UK and their dependents.

We must not let the Immigration Health Surcharge be the straw that breaks the camel’s back. It’s time to waive the fee for nursing staff and their dependents.

Find out more: www.rcn.org.uk/immigration-health-surcharge

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.

Join Health Campaigns Together!

A child born in the most deprived areas in 2014-16 can expect 10 fewer years in good health than one born in the most affluent areas.

Only people living in the least deprived 40% of areas could expect to reach retirement age in good health.

Working poverty has emerged as a prominent issue benefit cuts have hit lowest paid families with children – and especially lone parents – hardest of all.

Meanwhile figures show one in six pensioners now living in poverty.

Austerity is killing us off – and creating massive avoidable demand for health care.

Unions, campaigners, join us!

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 ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.

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

Austerity kills – it’s official

England’s Chief Medical Officer Prof Dame Sally Davies attempts to gain an optimistic picture in her latest annual report, but is constrained by the evidence. This shows that:

“The UK has fallen down the rankings significantly ... for life expectancy at birth. In the most recent two years ONS has reported statistically significant increases in infant mortality across England for all infants”

She reports that life expectancy “increased steadily in England for decades” – until 2010, when the rate of increase decelerated.

We note this coincides exactly with the change of government and the austerity drive which continues, and sharp increase in inequality.

From 2001 to 2016 life expectancy increased at every level, but the gains were smaller in deprived than in affluent ones.

The report notes that the gaps in life expectancy between the most affluent and most deprived 10% of men and women are now about the same as the difference between UK and a whole and Azerbaijan.

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East London campaigners challenging the charges at Bart’s Health last year

Concerns have also been raised about people who have been wrongly charged because they are unable to prove eligibility.”

The College add that “The role of doctors in this process has the potential to damage the vital trust between us and our patients, and is likely to lead to poorer patient outcomes and contribute to already low morale in our profession.”

One year on from the 2017 regulations, the regulations themselves remain “a concerning barrier to care.”

The Colleges therefore: “strongly encourage the DHSC to work with the Home Office and suspend the charging regulations, subject to a full review of their impact on individual and public health.”