Health Campaigns Together

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Beware of sneaky closures of A&E on 'safety' grounds

A&E units under the AXE!

Courtesy nic@nicwatts-illustrator.com

As the spending squeeze on the NHS tightens, and local Sustainability and Transformation Plans (STPs) are drawn up behind closed doors, many Accident & Emergency units and other services are again at risk. Well-worn and controversial plans for cuts and closures are being dusted off now the referendum votes have been counted.

A&E cuts seldom offer big savings in themselves. But NHS bosses have learned over the years that axing the A&E is the first, vital step towards running down and closing whole hospitals.

Once A&E has gone, emergency surgery soon follows, along with trauma services, children's services, maternity, gynaecology, and almost everything other than outpatient clinics, minor day surgery and medical cases.

These may close in any order: in Ealing in West London the local CCG is dismantling the hospital's services piece by piece, beginning with the maternity services, followed by paediatrics at the end of June.

The image of Ealing as a blighted, declining hospital doomed to closure is being fostered, making recruitment of vital staff ever-harder, and opening up the possibility of declaring more of the hospital's services "unsafe" for lack of staffing, and closing them on "safety" grounds.

The threat of possible A&E closure on grounds of "safety" has even been posed by the CQC at the busy North Middlesex Hospital, where the A&E is struggling to deal with 500 cases a day – the numbers inflated by the aftermath of the 2014 closure of the A&E at Chase Farm Hospital

In April we saw the A&E at Chorley Hospital in Lancashire closed suddenly on "safety" grounds, for lack of staff.

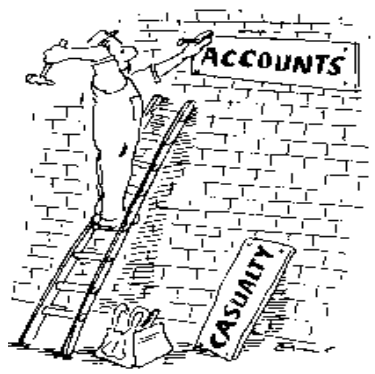
This could be the chosen way to close other A&E services that are strongly defending by local campaigners, not least because of the distance and difficulty of accessing alternative A&E services, often many miles away.

"Safety" grounds avoid any need for consultation and any public voice.

Other plans also continue. One option emerging from a "review" of services in Bedford and Milton Keynes is for Bedford Hospital to be stripped of major services including obstetrics and the majority of its emergency surgical care – forcing patients with the most serious conditions to travel at least 19 miles for alternative care. Plans suggest patients accessing "local" services from as far as 50 miles away!

Similar plans are now menacing A&E services in towns and cities across England, among them:

- Cumbria, where there are fears for Whitehaven Hospital
- Lincolnshire, seeking to reduce to a single A&E
- Shropshire, probably Shrewsbury
- Worcestershire – still trying to close the Alex in Redditch
- Calderdale, where Huddersfield Royal Infirmary faces loss of A&E
- Dewsbury Hospital, where A&E services are being moved across to the already struggling Pinderfields Hospital in Wakefield
- Banbury's Horton Hospital is facing a renewed threat of A&E being transferred to Oxford, 25 miles away
- Manchester, where "Devo Manc" proposals put A&E services at risk.



Hospital cuts and closures are accompanied by cynical promises – of alternative services "closer to home", of improved standards and improved GP services. These promises are all bogus.

Every cutback is just what it appears to be – a weakening of local health services, denying local communities access to care. And all these cuts are driven by the political imperative of austerity rather than any concern for health services.

Stevens bids for Brexit cash

NHS England boss Simon Stevens was quick to follow up the outcome of the Brexit vote, with a plea for any extra NHS funding that might in fact follow on Britain's withdrawal from the EU.

It's a gesture to keep the money issue high on the agenda.

He knows as well as any of us that the "£350 million a week" slogan on the side of the Brexit bus was nothing but a cynical line to lure unwary voters – as a laughing Farage admitted the day after the votes were in.

But Stevens also knows that the NHS faces an increasingly impossible task of delivering more services to more people – possibly even 7 days a week – with a budget that is shrinking each year in real terms, as a result of George Osborne's policy of austerity, reducing public spending.

Alongside desperate efforts to cook trusts' books, to minimise apparent end of year deficits, the last six months have seen Stevens driving through massive changes designed to make it easier for health chiefs in each area to defy local views and drive through unpopular cuts to save money.

Stevens has said Sustainability and Transformation Plans are to enable CCGs and Trusts to form "combined authorities," using delegated authority to override local veto powers (and skirt around the Health & Social Care Act). **It's not at all clear whether all this is even legal.**

Meanwhile Stevens and NHS Improvement have been demanding bigger, quicker and more tangible cuts.

Since the Brexit vote Chancellor George Osborne has hinted at less rigid imposition of austerity on infrastructure projects: but he has given no hint this might apply to the NHS.

So rather than hope Stevens may extract some concessions and slacken the pressure for local cutbacks, campaigners should prepare for the worst.

That's why the HCT conference on Challenging STPs on September 17 in Birmingham is so important – allowing campaigners to compare notes, learn from each other and understand better what must be done to fight back.

Lunch provided – but only for those who register. Details for online bookings at www.healthcampaignstogether.com.

SEE YOU THERE!

CONFERENCE: CONFRONTING STPs – September 17, Birmingham – See pages 4-5

Post Brexit

Trade unions must fight to protect NHS workers – including those from the EU

Christina McAnea, UNISON Head of Health

Trade unions must take immediate action to reassure NHS and social care staff from the EU that they are welcome and needed in the UK - and to protect the rights of all workers.

So the referendum is over and the UK, or at least England and Wales, will likely be out of the European Union. Most economics forecasters are predicting a period of financial uncertainty and this will likely impact on the NHS both directly in terms of funding but also through the effect on other public services.

At a time when the NHS is facing its biggest funding crisis, public sector spending looks likely to be squeezed at best and face huge cuts at worst.

Smoke and mirrors

The "protection" of health funding by the government may have been mostly smoke and mirrors - ie it was cut but just not as drastically as other public services. But now even this slight protection may disappear.

But the most immediate issue is probably for the 60,000 NHS staff and at least 40,000 care workers who come from the EU, who face a worrying and unsettling time.

It is vital that the immediate message that goes out to them, and indeed to all other NHS staff, is that their contribution is valued and that they are welcome.

Employers and NHS organisations must make clear their support for these staff and the fact that any abuse or discrimination will not be tolerated.

For trade unions, it is time to reassure our members that we will continue to support them and fight to protect their rights.

On a practical level, there are a range of issues we as trade unions will be working on.

We will be seeking early assurances on the rights of existing EU workers to remain in the UK. We will be making the case to keep free movement for NHS staff, otherwise we risk losing access to workers with the skills and qualifications essential for the NHS.

And we need to audit the terms and conditions of NHS staff that derive from EU regulations and ensure these can be protected, including the provisions of the working time directive, and cross-EU recognition of qualifications.

At this moment, many EU staff may be planning to return to their home country or to relocate to another EU country. The NHS cannot afford for this to happen.

Unions and employers must work together to reassure these staff that they continue to have a future in the NHS in the UK.

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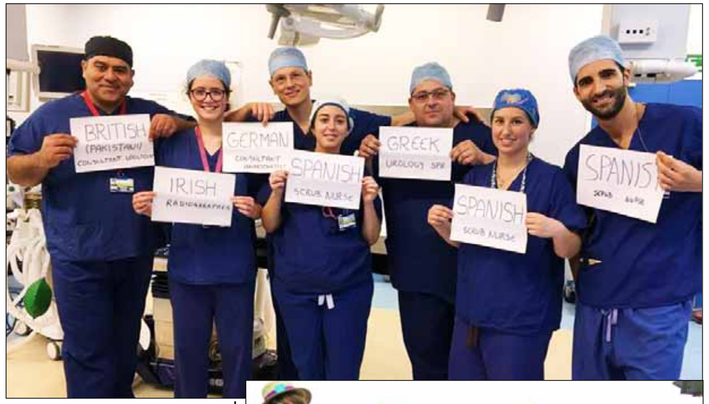
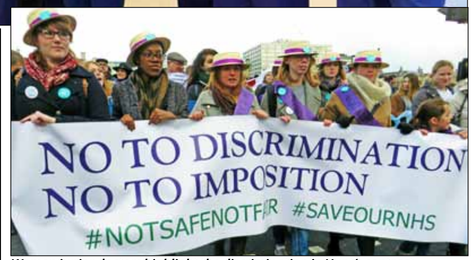
■ Tory leadership front-runner Theresa May has refused to rule out the deportation of EU nationals living in Britain after the country leaves the European Union.

She sees this as a "negotiating point" while playing up fears that guaranteeing their rights at this stage could lead to a "huge influx" of migrants during the Brexit negotiation phase.





Women junior doctors highlight the discrimination in Hunt's contract

Junior docs reject contract

The ballot of junior doctors and medical students saw them reject the contract negotiated at length between the BMA, NHS Employers and Jeremy Hunt, by 58% to 42% on a 68% turnout.

Once again the level of engagement of the junior doctors in the extremely high turnout confirms that Hunt's provocation has generated a new militancy in what has been a very conservative sector of the BMA.

Resigned

On the day this was announced the chair of JDC Dr Johann Malawana resigned as he had recommended the contract to his colleagues, and given they had rejected it he felt he had to leave. Dr Ellen McCourt was elected chair the next day. Ellen is an A&E trainee from Hull and has a lot of work ahead of her.

The JDC have decided to survey its membership over what steps they might be prepared to take next.

You will have seen that Mr Hunt got up in Parliament days after the ballot result was announced and announced he would be imposing the contract.

This has led a group of junior doctors (Justice 4 Health - http://www.justiceforhealth.co.uk) to consider legal action against the actions of Mr Hunt.

We will have to see where all this gets us over the summer.

Health Campaigns Together has been strengthened by the involvement of junior doctors and will continue to support the action they decide to take in pursuit of a safe and fair contract.

Hunt's flagship American hospital fails safety tests

Its name sounds like a second rate sitcom, but it's a second rate US hospital. Virginia Mason hospital in Seattle has been proclaimed by Jeremy Hunt (right) as 'perhaps the safest hospital in the world', and has been paid a hefty £12.5 million for a 5-year contract to help improve patient safety in England… but it's just failed a safety inspection.

A *Daily Mirror* report picked up the findings of the Joint Commission that monitors safety in US hospitals. In May it issued a "preliminary denial of accreditation" to the lavishly funded hospital, whose chief executive earns a monster $3.5 million per year, well over ten times the much more modest reward for even top NHS managers.

Virginia Mason hospital was found wanting on no less than 29 separate counts. Since resources are clearly not the problem, it seems more than likely that the deeply flawed US system and the perverse incentives created by the culture of commercial medicine are to blame.

It's astonishing that Jeremy Hunt should have thought the lavishly-funded (and now evidently not very good) Virginia Mason could be in any way compared with the NHS in the midst of a decade-long funding squeeze from George Osborne. He has obviously not looked at it in any detail.

On 2014 figures, Virginia Mason with just 336 beds and revenue of $1 billion, had 78% more funding, and 22% more staff than Epsom & St Helier trust in South West London, while Epsom/St Helier has more than three times as many beds, more than five times more admissions and almost seven times more A&E attendances.

The same could be said for many UK hospitals. There's no doubt any NHS manager desperately struggling against the odds to deal with soaring deficits and rising caseload would give their right arm for the resources lavished on this clearly less efficient and less successful US hospital.

How they compare ...

	Virginia Mason (one-time award winning US hospital)	Epsom/St Helier NHS Trust
Revenue £m	650	366
Staff	6,000	4900
Beds	336	1162
Admissions	16,500	97,000
ER/A&E visits	23,000	151,418
Physician visits	853,000	880,000

Evidence sought on A&E winter crises

The Commons Health Committee has launched an inquiry to examine the steps that need to be taken to ensure that A&E departments are able to cope with the pressure they will face in the coming winter.

It starts from the assumption that during winter although attendances decrease, admissions increase and measures of A&E performance deteriorate.

The underlying question the Committee seeks to address is why the NHS finds it necessary to continue to implement specific plans to cope with winter pressure when it is well established that seasonal change will alter the nature of demand.

In advance of the inquiry, the Committee invites written submissions of no more than 2,500 words to be submitted by Friday 5 August 2016, to the Committee's accident and emergency departments inquiry page: http://bit.ly/29AY1j3.

'If it's any consolation, he died laughing'

CONFERENCE: CONFRONTING STPs – September 17, Birmingham – See pages 4-5

Angry, desperate GPs are closing surgeries

Dr David Wrigley

GPs are angry and many near to collapse; Junior doctors have rejected the latest contract offer and are deciding what to do next; and the country reels after Cameron's disastrous bungle and lost gamble over the EU, making all our futures more uncertain.

What did the doctors' BMA annual conference make of it?

400 gathered in Belfast for the four-day event discussing issues affecting everyone from medical students up to retired doctors. It covers medical politics as well as the professional, scientific aspects affecting our day to day work.

GPs were especially angry this year.

Angry at how their branch of practice has seen yet more cuts to their budgets and angry with politicians who make out things are OK when those of us working on the front line of the NHS know it isn't.

Chaand Nagpaul

GP surgeries are closing across the country now. GPs who can no longer keep going are handing their keys back to NHS England.

What a shocking indictment on our politicians when their policies and funding cuts bring about the closure of much loved and well respected community surgeries.

Patients are the ones who lose out: once a surgery closes it will never come back again.

The workload is intolerable with upwards of 60-70 patient contacts a day, 30-40 blood results a day, 20-30 hospital letters to deal with, numerous telephone consultations and a few home visits thrown in for terminally ill patients whom we increasingly care for at home now in their dying days.

Much of this was discussed in Belfast and the profession has demanded a rescue package that will go some way to save our profession from collapse.

If nothing comes about by the autumn, then the BMA has been given the go ahead to ask GPs whether they will consider industrial action. This is how bad things have got.

General practice used to get around 12% of the NHS pie to fund its work and this has been gradually eroded by our politicians to around 7% now.

That is nearly a 50% cut when workload has rocketed and the complexity of the work we do has increased significantly.

We now see patients with up to 8 co-morbidities such as diabetes, heart failure, renal disease, hypertension and COPD, chronic lung disease.

Often they are on 10-15 different medications and juggling all this in a 10 minute appointment is nigh on impossible.

The chair of GPC, Dr Chaand Nagpaul, said in his conference speech this was 'not possible, not sustainable, not safe'.

Dr Napgpaul went on to say how shameful it was that when we are the worlds 6th richest economy that we have some of the lowest number of hospital beds in Europe and very low numbers of doctors and nurses.

He accused politicians of 'savagely slashing NHS funds under self-proclaimed austerity'.

One thing we must remember is that our patients must come first in all we do.

Despite the savage cuts to the NHS and the dwindling workforce we must do all we can to ensure patients receive safe, high quality care.

We must hold to account those who put this at risk and speak out on behalf of our patients when we believe we see injustice occurring.

Our patients deserve nothing less..

David is a GP in Carnforth, Lancashire, and BMA Council member

Threats of new treaties despite Brexit vote

Jan Savage

After the EU referendum we can't assume that Brexit means our NHS will be safe from TTIP, CETA or any other trade deals.

The UK will stay a full member of the EU until formal negotiations for our withdrawal are complete. This will take several years.

But if deals like the Comprehensive Economic and Trade Agreement (CETA) or Transatlantic Trade and Investment Partnership (TTIP) are signed during this time, some of their provisions (like investment protection) will apply to the UK for many years after we leave the EU.

Take CETA, a trade deal being negotiated between the EU and Canada and close to being ratified. CETA will let Canadian corporations (and those transnational corporations with subsidiaries in Canada) compete to provide public services in the UK, including NHS services.

CETA locks in privatisation of those services, through the Investment Court System (ICS), which allows these companies to sue the UK government for massive compensation if new laws, regulations or policies threaten their profits.

This means that no future government would dare to end compulsory competition in the NHS or reverse privatisation. The 'chilling' effect of ICS means that the current NHS Reinstatement Bill campaign, for example, would be doomed to failure.

It's possible that Brexit will mean that CETA and TTIP are dead in the water – for example, Canada may have much less of an appetite for a deal that doesn't include the UK (Canada's biggest trading partner within the EU).

Public pressure from campaigners has forced the European Commission into a humiliating climbdown, accepting that CETA must now be voted on by individual countries.

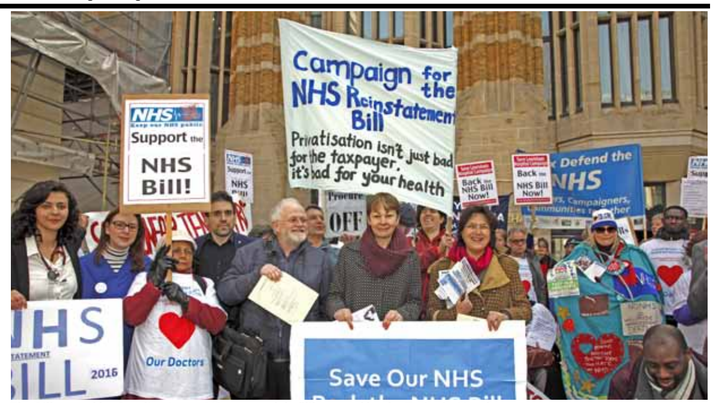
This democratic approach could stop CETA dead in its tracks, and in so doing deal a major blow to the Commission's anti-democratic trade regime.

Experts have confirmed that the UK can still take part in EU decision-making until its withdrawal is complete, except on decisions about its own departure.

So the Brexit vote means that even if CETA came to our Parliament, we have no process for ensuring a decisive veto, should MPs wish to vote against it.

And the battle is by no means over, as the Commission has threatened to 'provisionally' apply CETA regardless - meaning CETA could apply to the UK before our MPs even have a chance to vote on it!

The threat is real: we will be subject to its principles if it's ratified before we leave the EU.



The Bill moved by Caroline Lucas MP was crudely filibustered by the Tories in March

Fresh bid to win NHS Reinstatement Bill

Peter Roderick

At the time of going to press, the NHS Reinstatement Bill is trying to find its way back into the House of Commons again, after the second version of it tabled by Green MP for Brighton & Hove, Caroline Lucas, fell at the close of the last parliamentary session a couple of months ago.

Back in March, MPs debated the Bill for just 17 minutes. On June 23rd, the BMA reiterated its overwhelming support for the Bill at its Annual Representative Meeting, thanks particularly to the efforts of Dr Louise Irvine and Professor Allyson Pollock.

Westminster meeting

On June 28th the Bill campaign organised a successful briefing for MPs with Rachael Maskell, Labour MP for York Central. Speakers included Professor Neena Modi, President of the Royal College of Paediatrics and Child Health; Dr Clare Gerada, ex-Chair of the Royal College of General Practitioners; Jean Hardiman Smith, Civil Service Pensioners' Alliance; John Lister, National Secretary of Keep Our NHS Public; and Colenzo Jarrett-Thorpe, Unite's health sector national officer.

Rachael announced that Margaret Greenwood, Labour MP for Wirral West, would champion the Bill again in the Commons, following Rachael's appointment to the shadow front bench.

After the meeting, Margaret secured a "Ten Minute Rule" slot for Wednesday 13th July. This means that she will have 10 minutes to speak in favour of the Bill, one other MP can speak for 10 minutes against it, and then it can be put to the vote.

The BMA reiterated its overwhelming support for the Bill at this year's Annual Representative Meeting

If the vote is won, it will go forward for a second reading. It will be behind many other Bills and so will not become law in this session of Parliament.

However Margaret has said that the Bill has cross-party support, and this will help in building support outside Parliament and in keeping the pressure on MPs.

Labour support

The willingness of a Labour MP to present the Bill is a step forward. The previous shadow health spokesperson, Heidi Alexander, did not support the Bill. Her replacement, Diane Abbot, has not expressed her support directly, so we must keep the pressure on.

The need for legislation to stop the privatisation of the NHS in England is more pressing than ever, as Simon Stevens continues to push ahead with a massive reorganisation that will reduce services and Americanise the NHS under the guise of "Sustainability and Transformation".

STPs: **A new way to force through cuts**

Since January England's NHS has been carved up into 44 "footprint" areas, in which commissioners and providers are supposed to collaborate together.

That might appear to be good news, if the complex, costly and divisive competitive market system entrenched by Andrew Lansley's Health & Social Care Act was being swept away, and a new, re-integrated NHS was empowered to work together again to improve services.

But that's very much NOT the case: instead the main task of the "footprint" areas is to balance the books of each "local health economy" – taking drastic steps where necessary to wipe out an estimated £3.7 billion of underlying deficits built up by trusts last year. Each area has to draw up a 5-year Sustainability & Transformation Plan (STP), to be vetted by NHS England.

And while they do so, all of the legislation compelling local CCGs to open up services to "any qualified provider" or put them out to tender remains in full force. The private sector is still snapping up contracts.

The rule book has been torn up, legislation somehow avoided, and a coup launched led by NHS England chief executive Simon Stevens.

Stevens is the man who urged Tony Blair's government to experiment with private sector providers for the NHS, and then spent nine years at the top of US health insurance giant UnitedHealth. So we have reasons to mistrust what is taking shape now.

Sweeping powers

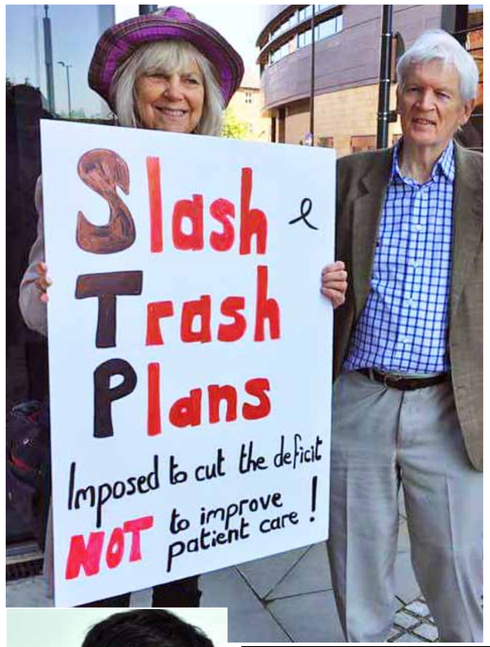
The 44 leaders appointed by Stevens to lead planning in the "footprint" areas are to be given powers to override the checks and balances within the legislation, with minimal consultation.

They're encouraged to overcome the "veto powers" of individual organisations to stand in the way of controversial changes. And they must force through unpopular decisions on the disposition of hospital services.

The detail is yet to be revealed and the plans of the 44 will not be made public until the autumn, but we know enough to predict that:

- Many A&E departments and hospitals will be closed or significantly downsized
- Hospital capacity will be significantly reduced in return for promises of investment in "care in the community"
- The priority in the NHS will be the capping of budgets and eradication of deficits
- This will be achieved by restricting access to healthcare, cutting capacity and reducing staff
- Due process enforcing rational decision making will be set aside to ensure decisions are made in support of these plans, without any delay.

● **For the latest info, and to share what's happening in YOUR area, check out the Health Campaigns Together STP Watch pages at *www.healthcampaignstogether.com/STPplans.php*, or email us at *stpwatch@gmail.com***



Behind STPs – more of the same old arguments

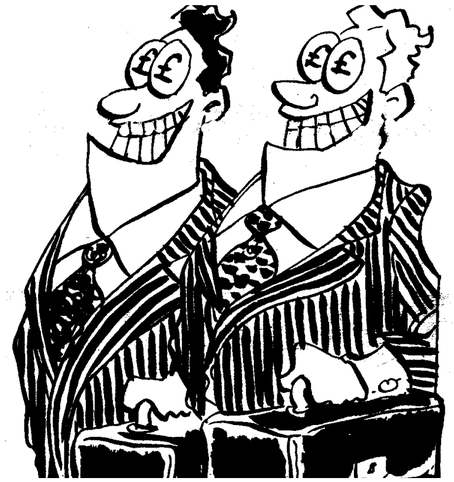
The same set of arguments ("case for change") in the NHS have been well rehearsed in proposals up and down the country. Time and again in SW London we have also been told:

- The threat of huge deficits caused by rapidly increasing demands on the NHS, and budgets not keeping up, is real and growing.
- Prevention is better than cure
- Better social care would reduce the demand for acute care
- Acute care can be further rationalised and concentrated to improve quality and efficiency
- There is no time and no point in delaying essential decisions needed to do something
- Anyone that doesn't agree is a luddite, out of step with modernity and reality
- All doctors agree.

The public are fed these arguments consistently, and even opposition figures have been muted when faced with the power of the weight of propaganda mustered in support.

But once you look at the arguments and practical implications in detail it all starts to unravel.

- The UK and England in particular, spends significantly LESS on both health care and on social care than comparable countries. It is a myth that modest increases in the NHS budget are unaffordable. Budgets need to increase in line with demographic pressures.
- Public health budgets have been cut. But in any case any immediate spending on increased prevention will take years to bear fruit, and efforts would be better directed at improved school dinners, imposing sugar taxes and tackling slum living conditions.
- The argument that spending more on social care will prevent acute episodes has proven to be unproven in the UK context. It is based on some limited success in America – where they spend 140% more on health care but 50% less on social care. In Europe, where more is spent on both social care and health care, there are more doctors, more beds and more interventions than the UK.
- In fact the UK already has the most concentrated acute sector in the world, which has been acknowledged by the Nuffield Trust: and England has the greatest concentration of all. Further rationalisation is extremely difficult without cutting services.
- The NHS is complex and UK geography varied. There are no simple blueprints of reform that can be unfurled. History and geography cannot be rewritten.
- Plans need to be studied in detail, in advance and full support provided from stakeholders before decisions are made. The rulings of the Independent Reconfiguration Panel are a partial but revealing testament to the revisions and reversals that are more often necessary than not.
- Huge reconfiguration proposals in SW London and NW London have had to be held up because plans are so weak; costing more than the benefits promised and based on entirely unjustifiable confidence that capacity can be reduced before there is proof demand can be reduced by 'out of hospital' care.
- What has become clear is that there are conflicts of interest and vested interests that are attempting to bounce Parliament, local authorities and health organisations into prior agreement to plans that have not even yet been made public.
- All doctors do NOT agree: most doctors have never been asked, and many GPs, on whom plans depend, are already over-worked and leaving. The UK suffers already from blockages caused by not having enough doctors, health care, or diagnostic capacity.
- The march of technology may well enable more and more safe care to be provided in localities – but it doesn't all point towards concentration of hospital care into a handful of massive centres with little local access.



The big squeeze on NHS funding

Each STP starts with a discussion of the size of the "gap" in funding that is projected to develop by 2020 if no cuts and changes are made. This becomes the target for "savings".

Many of these claimed "gaps" are implausibly huge, running into hundreds of millions or £1 billion-plus, designed to create a sense of defeatism and panic. But this whole process is based on a deception.

Of course it's true that almost all NHS trusts and a few local Clinical Commissioning Groups (the local bodies holding the budgets for most health care) are indeed facing enormous deficits.

But the Department of Health budget, and even many local health economies are in balance – because of reserves held back by CCGs, and billions more held in reserve by the Department of Health, much of which each year since 2010 has been ***paid back*** to the Treasury, even while local services face cuts.

There is no real reason why the Tory government could not simply decide to spend more money on the NHS, rather than pursue George Osborne's brutal austerity regime, imposing a 10-year real terms freeze on budgets while costs increase.

Osborne's aim has been to reverse the dramatic increases in spending each year from 2000-2010, when Labour decided to increased NHS spending as a percentage of national wealth (GDP).

UK spending on health is now the lowest of any comparable European country

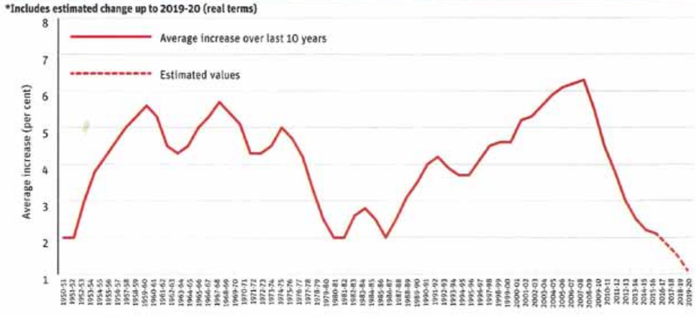
NHS spending has already been reduced from a high of well over 8% to 7% of GDP and is heading back to the dismal days 6.5% that brought us massive waiting lists and inadequate services 20 years ago.

This spending crunch is not the result of global forces but domestic political decisions to cut back public spending – and of course at the same time maximise the opportunities for private hospitals and clinics to hoover up more paying customers frustrated by the queues.

Moreover the squeeze opens up debates on alternative ways to fund the NHS or even move towards a form of insurance system – like the USA.

ROLLING 10-YEAR AVERAGE YEARLY CHANGE IN UK HEALTH SPENDING*

*Includes estimated change up to 2019-20 (real terms)



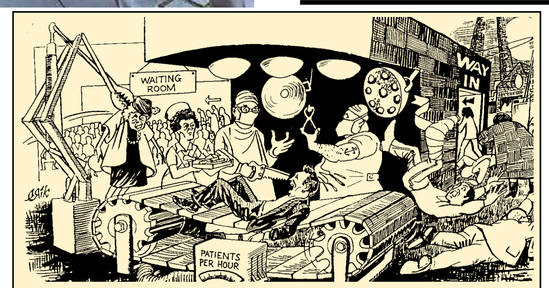
BMA call for spending link to European average

The BMA's annual policy-making conference this year unanimously endorsed a motion from National Health Action Party leader Dr Clive Peedell which declares that the current crisis in health and social care "is a direct result of inadequate funding".

The motion also "condemns further unachievable efficiency savings" and "calls on the government to commit to match or exceed the average % GDP spent on health and social care made by comparable European countries."

The BMA also noted that: "the NHS budget to 6.6% of GDP by 2020 is incompatible with the promise of a publicly funded, fully comprehensive, free at the point of use NHS".

A campaign by the health unions and the TUC for this kind of increase in funding would be hugely popular as the STP plans for cuts are revealed.



No one model fits all stroke services

Different strokes ...

Dr Eric Watts,
Chair, Doctors for the NHS

IN THE DISCUSSIONS on re-organising hospitals there appears to be a mantra – bigger is better; fewer, bigger more specialised hospitals are the future.

This argument was fuelled with examples such as the interventions needed for heart attack (myocardial infarction, or MI) and the success of reorganised London stroke services.

Angioplasty for MI is a good example of a benefit where better outcomes result from fewer, more specialised centres. But does the same hold true for stroke?

One of the public meetings on the proposed stroke services in Essex heard a polished presentation of how stroke care was improved by concentrating services in one centre.

The presenters were asked if they knew how well the A&E departments in the hospitals with no Hyper Acute Stroke Unit (HASU) were delivering care? Was the enhanced service at HASU paid for by reduced funding to the other units?

The answer was that they didn't know how non stroke services were affected because they were the stroke team. It is a concern that the stroke services could have been centralised with little thought for the effect on other services.

Attempts to reconfigure according to the London model failed in Essex, because the ambulance service would not have been able take all patents to the central Hyper Acute Stroke Unit (HASU) in time for them to achieve any benefit over local treatment.

A 2014 report on stroke service reconfiguration in Manchester, based on the London model also showed no improvement in mortality, although length of stay in hospital was reduced.

So the persuasive NHS England claim that reconfiguration is not to save money but to "save lives" does not stand up in many areas, and there is no one model of services that can be used as a blueprint for all areas.

Following the Footprints
CHALLENGING the STPs
National Conference
Saturday SEPTEMBER 17
11-4pm Carrs Lane Conference Centre
BIRMINGHAM B4 7SX

What are the plans that local health bosses are hatching up in secret? How do these new structures work?

Who's in charge, and how can campaigners and local communities make them accountable and prevent them cutting services and worsening access problems for patients needing care?

With jobs and services at stake, how can health unions collaborate with local campaigners and political parties to maximise the impact of their efforts?

Come and discuss at a conference that seeks to develop policy as a basis to strengthen our efforts and unite where possible in joint action.

Speakers are being finalised as we go to press, with a small panel of trade union and campaign speakers – leaving lots of time to meet other delegates, and exchange information and ideas.

Open to all. LUNCH provided.

Registration £7.50/£5 in advance, £10/£7 on the door.

BOOK NOW with Eventbrite on *http://www.eventbrite.com/e/challenging-the-stps-tickets-26483480804.*

CHECK OUT our STP Watch pages at ***www.healthcampaignstogether.com,***
and share your thoughts and local plans:
EMAIL us with information at s***tpwatch@gmail.com***

Health Campaigns Together

Local battles: national determination

The strength of HCT lies in its membership and resolve. As these reports from just four groups show, the willingness and skill of people to fight what is happening to our NHS is inspiring to every campaigner wherever they live.

Ealing Save Our NHS

Recent protests by Ealing Save Our NHS have been reported across the London media, including ITV News at Six and Evening Standard.

But health bosses in North West London have gone ahead and closed first the excellent Ealing Hospital Maternity Unit and now the Charlie Chaplin Children's Ward.

Oliver New, Chair of Ealing Save Our NHS, says:

"That means they have banned our children from using Ealing A&E! What kind of selfish low lifes are these people? They just take orders, pursue their precious careers and shrug at the consequences as if they were soldiers, not health managers.

"They have even given hundreds of thousands of NHS money to outside management consultants to advise them how best to slice up services and spin it to the public.

"Despite that, Ealing Save Our NHS has been beating them in the struggle for hearts and minds. We continue to organise demonstrations and

protests, we've given out hundreds of thousands of leaflets by hand, as well as being active on social media."

Ealing is in the front line of the battle against North West London's 'Shaping a Healthier Future' – a template for the STPs that are now being rolled out across England.

But Ealing SONHS is not going away - they have every intention of making those in power reverse some of their disgusting cuts.

Sussex Defend the NHS:

A capacity crowd filled St. George's Church, Brighton, at a recent rally organised by Sussex Defend the NHS.

More than 200 people were inspired by a string of speakers recounting what has happened to the NHS across the city and Sussex as a result of the present government's policies. Madeleine Dickens, introducing, argued that as the 5th richest country in the world, we can afford our NHS; we own it.

The second half of the evening was devoted to what can be done to halt the destructive policies being implemented locally as well as joining national campaigns of which Sussex Defend the NHS are a significant part.

Ideas for protest and action came think and fast and the meeting ended with loud enthusiasm and planning across communities for the coming weeks and months.

Local commissioners and regional health quangos can expect some creative and difficult challenges ahead.

The last time England fell to a vicious invader turned on a battle near a Sussex beach. That was in 1066.

The fight against this vicious ideology that is wrecking our NHS is alive and kicking in Sussex. An inspiration!

Birmingham KONP

Following a successful launch of a major report into the Midlands Metropolitan PF2 scheme, Birmingham KONP continues to grow and is now launching two new groups, looking at locally engaging with Scrutiny Committees and at nationalizing the PFI debt nationally (please contact Alan Taman if you are interested: healthjournos@gmail.com).

NW London: Charing Cross

Save Our Hospital (Hammersmith and Charing Cross) held a big rally in March to defend Charing Cross Hospital, with the local council (Hammersmith and Fulham) and the council are still looking to pursue legal action following the conclusions of the Mansfield Commission, with the group's co-operation.

A very successful north-west London forum was organised by the group, coordinating action between all the groups across north-west London, as the 'footprint' STP would be organised in the same way so needed to be fought across the same area.

An NHS birthday party was held on 5 July to increase links with local NHS staff. Links with student nurses were also being increased to fight the bursary cuts.

The group is also looking at the issue of immigrant workers in the NHS post-Brexit and the overriding need to support them.

Belper: Let's Take a Bold Step

Keith Venables, Derbyshire SOSNHS and KONP groups

In Belper, a little town in Derbyshire, the Clinical Commissioning Group are holding back on telling us whether they intend to close a community hospital or not, and how the Sustainability, Transformation Plan will impact on this.

So we decided to take action into our own hands.

The Derbyshire SOSNHS and KONP groups organised a Teach In; we explained what the STP might mean for Minor Injuries Services, Community Hospitals and Community Services in Derbyshire. 60 attended.

Then outside the meeting we blocked the road next to our local community hospital - called Babington - and stopped Friday afternoon's traffic, followed by a Flash Sit-In inside the Hospital Canteen. Staff came and spoke with us.

We got Regional TV coverage, as well as local Radio and Newspaper coverage.

What next? We are now running our own consultation and will protest again very soon. Watch this space.

A packed St George's Church, Brighton for a busy Sussex Defend the NHS rally

Tell us more!

If your group has had a victory recently or is planning an event or demo – or if you can just tell us how the fight is going where you are – please let Alan Taman know (healthjournos@gmail.com or 07870 757 309).

There are so many good people winning good fights out there: but often it goes unheard in other parts of the country. Let us know – and it won't be!

Cambs campaigners explore massive contract failure

Local KONP campaigners in Cambridgeshire are preparing to publish their own report on the fiasco of the failed contract for Older People's services, which broke down last December after just five months of a 5-year contract.

Uniting Care, the company formed by two NHS Foundation Trusts to take on the complex £750m contract gave up the struggle to make it work, declaring that the services required could not be delivered for the available funding.

Two NHS reports – one 'internal report' commissioned from West Midlands Ambulance Service and another from NHS England – have raised criticisms, but laboured to avoid drawing the obvious conclusion that the contract was incompetently designed, inadequately funded and then ineptly implemented.

It turns out that neither the precise amount of funding available nor the precise services to be provided had been clearly established when the two FTs signed up: nor had anyone noticed that by forming a company to take on the contract the FTs had automatically made the contract subject to VAT!

Nor did the FTs who formed the winning consortium pay any heed to the fact that several private companies had withdrawn because of the inadequate funding available and the risks involved in the novel contract.

Since the contract collapse the services have been directly commissioned by the Cambridgeshire & Peterborough CCG – indicating quite clearly that there was no need for the complicated contract mechanism, or the costly rigmarole of tendering, in the first place.

Even where the private sector does not win, the contracting process creates bureaucracy, wastes time and management resources, and fragments and commercialises the NHS.

A further report – from the National Audit Office – is likely to be published soon, but nobody expects anyone in the CCG to pay the price for the costly and embarrassing failure.

Meanwhile the Strategic Projects Team whose consultancy work brought this and a string of other failed experiments from Staffordshire to the East Coast appears to escape once again scot free.

Where the money goes . . .

Payments for NHS 'Consultancy services' and 'Other professional fees' Apr 2013-Sep 2015 (sums over £25,000). Source: NHSE

Supplier	Amount (£)
HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	18,817,423
NHS SHARED BUSINESS SERVICES LTD	12,158,004
KPMG LLP	9,461,624
DELOITTE LLP	9,359,423
PRICEWATERHOUSECOOPERS LLP	6,432,786
SERCO LTD	5,315,841
MCKINSEY & CO	4,757,298
PA CONSULTING SERVICES LTD	4,365,270
DELOITTE MCS LTD	3,334,925
ERNST & YOUNG LLP	3,142,899
BENCHMARK MANAGEMENT CONSULTING LTD	3,038,826
HITACHI CONSULTING UK LTD	2,917,496
ATOS IT SERVICES UK LTD	2,789,510
DLA PIPER UK LLP	2,595,794
Total	**88,487,118**

Keeping it broad is key to successes in Shropshire

By Gill George

'Shropshire people will be the healthiest on the planet – but we're closing an A&E, downgrading a hospital, and slashing £123 million a year from spending on health and social care'.

This is the perverse logic from health bosses in Shropshire and Telford and Wrekin, sketched out in their new Sustainability and Transformation Plan.

The future is apparently community resilience – a DIY alternative to core services.

The campaign's doing OK. We summed it up yesterday, at an activist's meeting, as 'We're not winning (yet) – but they're losing'. That's probably about right.

They tried to sign off their Strategic Outline Case' – the blueprint for A&E closure – in early April. We mobilised for meeting after meeting, challenged hard, and held them off until 29th June.

Their 'Future Fit' cuts and closure plans are in utter chaos, condemned now by the public, the press, and local GPs. They're chucking tens of thousands of pounds at advertising material – and they've only succeeded in annoying people.

It's been a learning curve building in Shropshire. We started from a simple point of principle. Health bosses won't say whether they're going to axe Shrewsbury or Telford, because they're happy with a divide and rule agenda.

We've said right from the word go, 'No. Half a million people, in Shropshire, Powys and Telford and Wrekin; across more than 2000 square miles; 90% of the area rural. We've got two A&Es and two hospitals because we NEED two A&Es and two hospitals'. We've defended both, and we've pretty much won that argument with the public.

'We're short staffed - find your own corridor to dump yourself in.'

The instruction from NHS England is to carry on regardless, and ignore the CCG Board.

We've kept the campaign broad-based. We couldn't rely on the 'usual suspects', because they're just not here. We're not apolitical, because you can't have a more political issue than the NHS being destroyed – but we're resolutely non-party political.

That's essential in Shropshire. We're in the business of winning. That means working with Labour Party and Green Party and trade union members – and with Lib Dems and Conservative Party members, and with the Women's Institute, and with faith groups.

We're only going to win by building a mass campaign, and by definition that has to be a broad campaign.

We've combined careful, detailed work that challenges the sloppy rationale from health bosses and a campaigning approach: petitioning, leafleting, and mobilising the numbers to confront health bosses at key meetings.

Both of those have paid off. We're working to build local groups, because the distances are so great that a single central structure makes no sense. Travelling 30 miles to a meeting is routine; journey distances of 50 miles aren't exceptional. We're lucky enough to have two nationally known journalists involved in the campaign.

They've transformed our ability to access local papers and TV. We're working more closely now with GPs, because they're being set up to be the fall guys as every other service gets slashed. That makes them important allies.

We know we can't win without more money coming into the NHS, but we're doing OK in terms of damage limitation. We stopped 'temporary' A&E closure last winter and overnight A&E in the spring; we're pushing back hard to reverse closure of Shrewsbury's stroke rehab unit.

We've still got a long way to go – but we reckon we've saved some lives, and we're proud of that.

Fighting for our services in Darlington

Jo Land, Secretary, 999 Call for the NHS: Co-Convener, Momentum NHS

In Darlington, multiple factors are driving cuts and closures of services. Of particular worry are the Sustainability and Transformation Plans (STPs) that are threatening services everywhere in England.

Given that STPs mean that the Trust's deficit of £14.7 million must be eliminated, cuts to services and closures are inevitable.

Information about the process of producing the local STP is vanishingly thin on the ground and it seems to involve a serious democratic deficit. Worryingly, the STP director in our Footprint oversaw the closure of Hartlepool's A&E a few years ago.

Worryingly, the STP director in our Footprint oversaw the closure of Hartlepool's A&E a few years ago.

The second big factor driving proposals to cut services in Darlington is the North East Urgent and Emergency Care Vanguard which will see the number of A&Es halved in line with Sir Bruce Keogh's proposals.

Staff at Darlington Memorial Hospital have been taken aside and told that there will be no A&E in two years' time, yet the Trust continue to deny this. I gave an interview to BBC Radio Tees recently alongside the CCG lead, who refused to rule out closure or downgrading of Darlington's A&E.

At our 'Better Health Programme' consultations, we are presented with a 'model' and a 'direction of travel' and asked for our views. What no-one is being told at these consultations is that the models and direction of travel have already been set by the Five Year Forward View and any 'engagement' or 'consultation' is only about creating the illusion of consent.

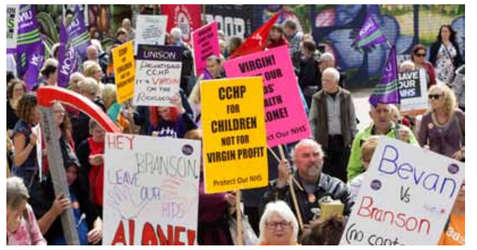
The Trust are clearly trying to establish some semblance of an 'evidence base' for the closure and concentration of services.

The report has effectively recommended the closure of one of the trust's maternity units

A damning report was recently released about the Trust's two consultant-led Maternity units. This was commissioned by the Trust itself, which is somewhat baffling given that both units are rated 'Good' by the CQC!

The report has effectively recommended the closure of one of the trust's units – which one has not been specified.

A 'Save Our Services at Darlington Memorial Hospital' rally was held recently and we continue to monitor developments, and will be trying to ensure that Darlington Borough Council exercises its powers of oversight and scrutiny to try and defend services.



Bristol celebrations as Virgin bid is rejected

Shaun Murphy

Protect our NHS in Bristol is delighted with the announcement that Virgin Care is no longer in the running for the redesigned Children's Community Health Services.

Together with staff, unions and service users, Protect our NHS has been campaigning hard to prevent Virgin taking over this service which covers Bristol, South Gloucestershire and North Somerset.

This follows on from the success when Virgin were not awarded the current one-year interim contract.

A local partnership has been selected to produce a full proposal for the service.

The partnership is made up of not-for-profit and NHS providers and comprises; Bristol Community Health Community Interest Company (CIC), Sirona Care & Health CIC, North Somerset Community Partnership CIC, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), and University Hospitals Bristol NHS Foundation Trust (UHB).

It looked as though Virgin Care were well-placed to capture the contract as the company has been running the same children's service in Devon since 2013, and last year were awarded the contract for the same service in Wiltshire commencing in April 2016.

In comparison with Bristol, there was no discernible campaign against NHS privatisation in Wilt-shire.

The contract is due to be awarded at the end of September and will be for 5-7 years.

Carillion close to failure in Notts

Nottinghamshire Keep Our NHS Public (KONP) revealed last month that a major NHS contract with private sector giant Carillion was at risk, following widespread concerns over poor standards.

Nottingham University Hospitals Trust Chair Louise Scull agreed to an urgent meeting with KONP to discuss the long-term problems with cleanliness and linen supplies.

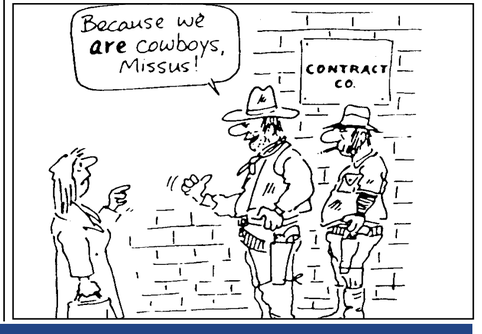
She accepted that Carillion had not achieved "sustainable standards of cleanliness" and that there had been "ongoing problems with linensupplies to wards....there have been occasions where supplies have had to be collected from other hospitals".

The situation was so serious that discussions were currently under way with Carillion "regarding our requirement to see improved service standards and delivery and the future of the contract", she said.

Mike Scott (Notts KONP spokesperson) said: "We are pleased that Ms. Scull shares our concerns and are looking forward to meeting with her.

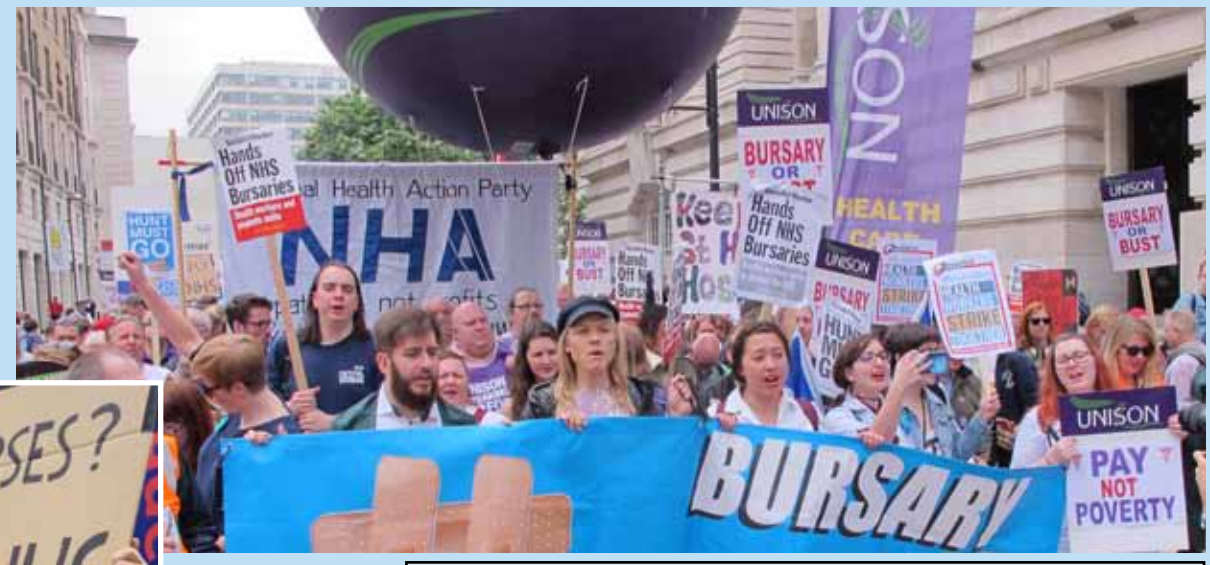
"This is yet another example of the incompetence of the private sector and we will be pressing for the contract to be returned in-house.

"Patients' interests can only be protected in a fully-public NHS."



CONFERENCE: CONFRONTING STPs – September 17, Birmingham – See pages 4-5

Unions fight on to defend NHS bursaries



John Millington

Government plans to cut NHS student bursaries for nurses and other health professionals has been opposed by unions.

Under the scheme, student nurses, who work for over half of their degree, will pay around £9,000 per year to train, and will graduate with debts of £60,000 with starting salaries as low as £21,000.

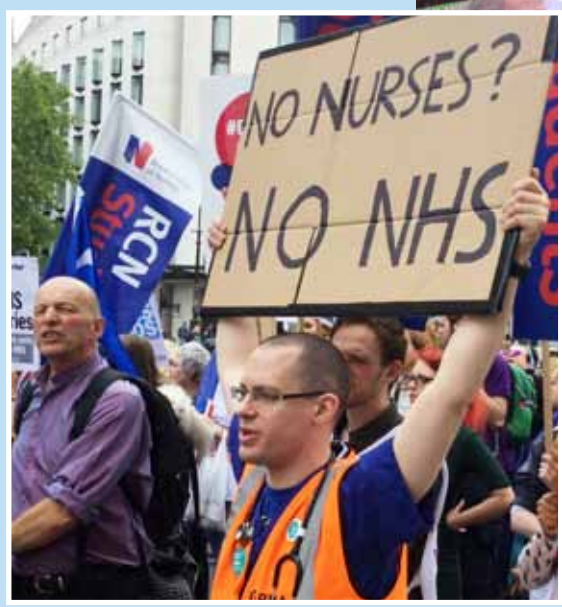
Currently student nurses, midwives and other staff such as physiotherapists are entitled to bursaries of £4,500 to £5,500 - on top of a grant of £1,000 each year during their training. The course fees are also covered.

Reacting to the decision, Colenzo Jarret-Thorpe Unite national officer for health said:

"This is a cynical cost cutting exercise that will leave the NHS ever more reliant on costly agency staff. During the 2014-15 financial year alone, locum staff cost the NHS £3.3 billion.

"Abolishing NHS student bursaries will stoke up a future NHS workforce crisis as the prospects of soaring debt will deter many to pursue a career in public service and be a barrier for mature students and those from disadvantage backgrounds entering health professions."

Janet Davies, RCN Chief Executive & General Secretary, said: "There has been huge uncertainty and profound doubt about how these proposals would maintain the supply of nurses we have now, let alone deliver the increases we need in the future."



Campaigners have lobbied parliament and taken to the streets but the government remains committed to the change.

The consultation on the government proposals formally closed on 30th June.

Despite claims from ministers, the Bursary or Bust website concludes: "While it is unlikely that a complete cut in funding will increase student numbers, the government is failing to address the core of the problem: retaining staff.

"By moving to a loan system the government has effectively given future registered nurses a £900/year pay cut. In the long term it is hard to imagine how nurses/midwives/ AHPs will afford to stay in the profession they chose."

Nurses are already under massive pressure as the continued pay freeze begins to bite. Reports of trainee nurses being forced to use food banks and even take out pay day loans in order to makes ends meet.

And with government intransience over the junior doctors strike, campaigners to save the NHS bursaries must be prepared to turn up the heat on this dysfunctional Tory government to get an fair settlement.

More than 20 health unions, charities and colleges have written to the Prime Minister calling for a rethink of the government's plans to scrap the bursary and introduce student loans.

POLL CONFIRMS IT:
77% back public funding for nurse training

The government should continue to pay for the training of student nurses and midwives, and not force NHS trainees to fund their degrees with loans, according to a new survey published by UNISON.

More than three-quarters (77%) of voters who took part in the YouGov survey believe the government must carry on paying the tuition fees of student nurses and others studying to become NHS health professionals.

72% of survey respondents who voted Conservative in last year's general election agree.

72% cent of survey respondents (and 68% of Tory voters) also want the government to continue funding the NHS bursary for nursing, midwifery and other health students, which gives financial help towards living costs.

The government's plans to scrap the nursing bursary for anyone enrolling on a nursing degree from next September.

UNISON has calculated that students graduating in 2020 could be saddled with debts of around £51,600, yet will be starting out in the workplace on a salary of under £23,000. UNISON head of health Christina McAnea said:

"There's already a desperate shortage of nurses. This poll clearly shows that the public thinks the government should meet the cost of student nurses' training.

"Nursing trainees tend to be older, and may have debt from a first degree. They're also more likely to have families, and to be anxious at the thought of going further into the red, taking on loans they will probably never pay off.

"These plans are ill-conceived and will deter nursing recruits, not attract them. We're calling on ministers to pause the plans and think again."

CONFERENCE: CONFRONTING STPs – September 17, Birmingham – See pages 4-5

Unions, campaigners, join us!

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

WE WELCOME SUPPORT FROM:

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

The GUIDELINE scale of annual contributions we are seeking is:

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

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

☐ Pay online 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 28 Washbourne Rd Leamington Spa CV31 2LD.

We aim to produce Health Campaigns Together newspaper QUARTERLY – if we can gather sufficient support.
It will remain FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper (8 page tabloid, full colour). Cost PER ISSUE:

☐ 10 copies £5 + £3 post & packing
☐ 50 copies £15 + £8 p & p
☐ 100 copies £20 + £10 p & p
☐ 500 copies £40 + £15 p & p

To streamline administration, 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