Ministers and NHS England have closed their ears to warnings, and are trying through bullying to make the NHS do the impossible – while squeezing budgets even harder.

The new Care Quality Commission chief inspector of hospitals, Professor Ted Baker is the latest to pile on added pressure. He managed to anger and humiliate hard-pressed staff at every level in an interview with the Daily Telegraph, in which he told them it was “not acceptable to keep piling patients into corridors” – as if anyone really thought it was acceptable.

Like a latter-day King Canute, Baker instructed trusts not to force patients to queue in ambulances – without of course offering any plausible answer as to how they are supposed to solve the double problem of underfunded health services and collapsing, cash-starved, privatised social care – over which NHS staff have no control.

Prof Baker should know better. He served for a period as medical director in Oxford University Hospitals trust, home of the country’s longest and most intractable delayed transfers of care – but he seems to have chosen now to ignore the problems he was unable to resolve then.

Instead he declares – without evidence – that “around half” the hospital beds are filled with ‘people who should not be there’, either because they might theoretically have been cared for differently in the past, or because they could have been discharged – if help was at hand.

Of course help is not at hand: nor is there any money to pay for such services, or serious plans to create them, or staff available to staff them. The trusts’ national body NHS Providers has been repeatedly warning ministers throughout this year that maintaining – let alone improving – services on the planned levels of spending to 2020 is “Mission Impossible”.

Their “Winter Warning” insisted that without more cash by the end of August services would face a bigger crisis than last winter. They were ignored.

Doctors, in Royal Colleges and their trade unions, have also sounded the alarm. They too have been ignored. Last week the Royal College of Nursing published the devastating findings of a massive survey of 30,000 nurses, once more warning that with 40,000 nursing vacancies, and staffing often as low as one nurse to 14 patients, well-trained, dedicated staff feel unable to deliver adequate care to patients.

Shockingly 44% of nurses said no action was taken when they raised concerns over poor staffing levels.

Instead of recognising the problems highlighted, the Department of Health just trotted out the same misleading statistics they always do. Meanwhile NHS England conducted a ritual bullying session, summoning top managers from 60 trusts with poor A&E performance to a telling-off, part of which involved forcing one group to repeat louder and louder the meaningless mantra “we can do it” by the regional director of Midlands and East of England Paul Watson.

No they can’t. But what can happen is bullying and bad management lead to catastrophic failures of care. The NHS, driven by a massive cash squeeze is set on a course that could lead to one or more repetitions of the disastrous failures of care in Mid Staffordshire Hospitals a decade ago.

Let’s heed the warnings and act together to fight for our NHS.
Winter crisis starts in late summer with A&Es on 'Black Alert'

Q: What has nearly 8 million legs, and grows faster in winter?
A: The NHS England waiting list

80% of GPs are now telling the BMA that their workload is unmanageable, as increasing tasks and duties are lumped onto them in "new models of care".

Numbers of patients unable to access a GP appointment within 2 weeks have risen to a record 20%. Meanwhile investment of NHS resources in primary care continues to lag well below the BMA target of 11%. Spending has risen from the 7.5% in 2010/11, but according to the BMA even if NHS England lives up to all its promises in the GP Forward View, the total will rise only to £11.2 billion by 2021 – £3.4 billion below the 11% target.

More than three quarters of those responding see STPs as a way of making cuts to the NHS, and just over half (56%) fear they will lead to job losses and worse under-staffing. "Many hospital doctors see STPs as a managerially driven process with no real clinical basis, and fear that a mix of underfunding, under-resourcing and service rationalisation can only damage patient care," Eddie Saville, the HCSA’s chief executive told the Guardian. "This is, in effect, yet again an NHS reorganisation, but region by region, with management trying to plug the financial gaps rather than putting high-quality care of patients at the forefront. The fact that STPs are being planned along a backdrop of underfunding and cuts has led many doctors to conclude that this transformation programme is purely an attempt to mask further cutbacks."

The number of extra acute beds needed to occupy levels of acute beds back down to the target 85%, according to Royal College of Emergency Medicine

Number of A&E consultants needed to deal with the constantly rising caseload

Consultants fear cuts in beds

Two thirds of hospital consultants and specialists have told their union that they fear local Sustainability and Transformation Plans will downgrade or close hospital units.

450 hospital clinicians responded to a survey from the Hospital Consultants and Specialists Association (HCSA), with over 40% also saying they believe STPs – supposedly plans to improve and integrate local services – will have a “negative impact” on patient care. Barely one in 10 expect a “positive impact”.

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GPs fear for the future

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Small surprise then that recruitment to GP training places has been min-

Patients are dying alone in NHS hospitals because there are too few staff to care for them, according to a new report from the Royal College of Nursing (RCN), based on UK nurses’ experience of their last shift.

A survey of more than 30,000 nurses found many feeling stressed and burnt out, with a quarter saying they care for 14 patients or more at a time.

Nurses described sobbing at the end of shifts, patients being left to die alone when they have no family, and said managing patients was like “spinning plates.”

55% said there was a shortfall in planned staffing of one or more registered nurses.

One in five nurses on a shift are temporary agency staff, while over a third of all nurses said essential patient care is left undone due to a lack of time. This includes staff being unable to give medicines to patients on time, and not enough time to complete records or give comfort.

One in 10 nurses described the care on their last shift as poor.

Even when nurses related concerns about the lack of staff, 44% said no action was taken by bosses, making it impossible for nurses to comply fully with their Code of Conduct.

Nurses tell of stress and shortages

Trust bosses predict problems

A recent survey of senior trust managers by NHS Providers revealed that: 92% of trusts reported that they expect there to be a lack of capacity in primary care.

10% expected problems in social care and 80% in mental health services.

Only in four trusts said they had a specific commitment that the extra social care funding would help reduce NHS delayed transfers of care (known as DToCs).

For community and mental health trusts, the figure is one in 10.

"I never dreamed the bed shortage was so acute."

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Consultants fear STPs — cuts in beds

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Number of junior doctors left on duty for a night shift at Plymouth’s Derriford Hospital earlier this year

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The number of patients they were responsible for.

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Hollow promises exposed as CCGs plan mental health cuts

While Jeremy Hunt has promised to increase funding for mental health, CCG papers reveal that half (64/129) of those that have published their plans intend to cut spending, ignoring official guidelines from NHS England and fine words from politicians.

As recently as July Hunt was announcing a £1.3 billion plan for better services, including the recruitment of 21,000 extra staff by 2021, to treat an extra million people and deliver 24/7 services.

The plans, implausibly enough, include a promise of:
- 2,000 more nurses, consultants and therapists in Child and Adolescent Mental Health Services
- 2,900 more therapists and health professionals supporting adult ‘talking therapies’
- 8,000 more nurses and therapists working in crisis care
- More mental health support for women giving birth
- Early intervention teams to work with people at risk of psychosis.

Health unions were swift to point out that the promised increase of 4,600 mental health nurses would not even replace the reduction of 6,600 nurses since the NHS cash freeze was imposed in 2010. There were also huge doubts over where and how such large numbers of staff could be recruited.

But the actual figures on spending plans were only obtained in September as a result of Freedom of Information requests by Labour MP Luciana Berger.

The planned cuts for 2017/18 which her inquiries have revealed follow a grim series of previous cuts: last year (2016/17) 57% of CCGs cut mental health budgets, and 38% did so the year before.

This leaves little evidence the government’s verbal commitment to address inadequate funding for a ‘cradle to grave’ service was being taken seriously by those with the purse strings.

Worse, the fragmented NHS has been split into a postcode lottery of unequal levels of mental health provision, with spending ranging from as little as 5% of CCG budgets to more than 20%

The inequality is also reflected in dramatic variations in numbers of consultants and other staff employed.

In Central and East London the NHS employs roughly 13 consultant psychiatrists per 100,000 people, while in the East of England, Yorkshire and Humber, the equivalent number is just 5, and the England average is just 8.

An NHS Providers report, The State of NHS Providers July 2017, goes on to focus on the gaps in mental health care, despite all the government rhetoric.

It notes that 70% of mental health trust chairs/CEOs expect demand for mental health services to increase this year; but they are not getting the funding to match.

Much of the extra mental health funding appears to go to private providers or acute trusts rather than mental health trusts:

“where new mental health funding is flowing, it is either being targeted at new services or is allocated to non-HS mental health trusts.

This does nothing to alleviate the growing pressure on core services, many of which are facing significant demand increases”(...)”

“NHS mental health trusts are still paid largely via block contracts which do not take account of rising demand, and have been asked over each of the last five to seven years to realise significant annual cost improvement programme (CIP) savings of 3 - 6%.

This has had a major impact on the provision of the core mental health services, particularly since the National Audit Office (NAO) pointed out that the costs of improving mental health services may be higher than current estimates.”

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Inadequate capacity

As a result, NHS chief executives report a growing problem of inadequate capacity, especially in services dealing with children (Child & Adolescent Mental Health Services - CAMHS) and liaison with A&E.

“Although two-thirds of trust leaders believe they are managing demand for perinatal, elderly care specialist support and police and crime services, this drops to less than half managing demand for CAMHS and A&E services” (p29)

The NHS squeeze of course runs alongside local government cuts, which are also taking their toll on mental health provision:

“Many of these services are commissioned by CCGs, NHS England, council public health functions, other council functions and the third sector.

“Across all of these groups mental health trusts saw a decrease in the levels of services commissioned for 2017/18 compared to 2016/17.

“The most notable change is in the area of council commissioning of all types, where no trusts saw an increase on the previous year, 59% saw a decrease in public health commissioning, and 56% saw a decrease in children’s types of council commissioning” (p30)

The NHS Providers survey confirms campaigners’ suspicions that mental health services are effectively sidelined in Sustainability and Transformation Partnership planning processes

“Only 11% were confident that their local STP will lead to improvements in access and quality of services. Over 40% were worried or very worried, while 45% were neutral.

One local leader reported: “The mental health component of the STP was very good and would support delivery of improved services.

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According to the private sector magazine Healthcare Europa, NHS England has recently appointed six contractors to roll out "integrated care" models across the country: however no sign can be found on NHS England’s website, suggesting that this process, like many of the changes being pushed through since the end of 2015, is being driven behind closed doors.

One of the six is a German company OptiMedis, and another is Ribera Salud, the controversial private company brought in by the right wing regional government in Valencia to run hospital and health services — now owned by US corporation Centene.

According to Healthcare Europa another four contracts have all gone to German companies. “Accountability emerged at the very time Jeremy Hunt was vehemently denying to Prof Stephen Hawking that the NHS was headed towards US-style health care (see p3),” OptiMedis has been engaged in England since the end of 2016 when it formed a joint venture with COBIC Ltd (Capitated Outcomes-Nased Incentivised Care) to develop a new way of contracting, which, they argued was “becoming the new normal in the NHS, and acts as a catalyst to deliver truly person-centred care.”

At that time OptiMedis were said to have “more than 10 years experience of delivering Accountable Care systems in Germany, Belgium and the Netherlands”.

Its Vice-Chair is Dr Oliver Gröne, who formerly investigated quality of care and health systems as Associate Professor at the London School of Hygiene and Tropical Medicine.

The company argues that its role is developing a new approach which moves beyond the competitive market strategies, aligning IT purchasing and provision functions is characteristic of the NHS functioning, now the establishment of Accountable Care Systems that unite both purchasing and provision functions is explicitly supported by NHS England:

The newly-merged management team announced it was “negotiating with several health geographies in the UK” to act as a regional integrator of Accountable Care Systems, “providing health data analyt- ics, implementing care programmes, devising population health management strategies, aligning IT strategy implementa- tion and supporting organisational change processes.”

Its key partners in the NHS include Imperial College Health Partners in west London.

But it’s clear from the Healthcare Europa analysis that what draws insurers and NHS bosses towards the company is the hope of generating cost savings of 5-7% – achieved by effectively restricting the scope of the health insurance cover provided, and requiring patients to use only “approved” providers at lower cost.

In the British context this appears to indicate potential exclusions and rationing of services, and even more intense pressure on provider trusts to cut costs.
NHS Improvement forced to back off on planned cuts

There was a major outcry of opposition when leaked information emerged straight after the election that 14 areas would be subjected to a new rigorous regime entitled the Capped Expenditure Process (CEP). As we reported in Issue 7, the plans had been developed behind closed doors by NHS England in the “purdah” period before the election.

They require senior managers to “think the unthinkable,” including “changes which are normally avoided as they are too unpleasant, unpopular or controversial.”

However the first public details of the impact caused outrage in some core Tory heartland areas.

Reckless

Some of the more reckless cuts – such as arbitrary reduction in Cheshire in the number of endoscopy tests (potentially putting cancer patients at risk), and restricting access to a range of elective operations and procedures such as angiogram and angioplasty procedures for potential heart attack patients in Surrey and Sussex – were met by strong popular opposition.

Faced with this pressure, within a couple of weeks the regulator NHS Improvement (NHSI) was forced to step in and dilute the process.

They announced a series of additional regulations contradicting the CEP approach, and effectively restricting what cuts could be made, while describing the CEP demands as merely “proposals.”

Instead of encouraging local health chiefs to ride roughshod over legal requirements to consult on local closures – and effectively tearing up the (already widely compromised) guarantees offered by the NHS Constitution – NHSI has now stipulated:

“Firstly, provider board assurance, on a self-assessment basis, must take place so that the consequences of proposed trust CEP plans are fully considered and will safeguard patient safety and quality.”

“Secondly, providers need to ensure that CEP plans are consistent with constitutional rights for RTT (the 18 week referral to treatment standard) and patient choice.”

“Thirdly, where CEP service reconfiguration proposals trigger the NHS’ public consultation duties, these will need to be followed. In addition, providers should also ensure that patients and staff are engaged throughout the planning and implementation stages of CEP.”

This rapid climbdown was accompanied by a reduction in the target for savings from the CEP.

Mixed messages

However the change of mood must not have been thought through, as the CEP-style package includes cuts to cancer diagnostics and treatment for children with complex needs, as well as ‘relaxing’ targets for waiting times for non-urgent operations, according to documents obtained in late September by 38 Degrees under the Freedom of Information Act.

Perhaps NHSI needs to call in their NHSI colleagues to investigate whether the new guidelines are being followed.

Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust have formed an ‘alliance’ (which might be better called a merger since there is now only one chief executive for both trusts).

South Tyneside and Sunderland councils are required by law to form a joint committee to carry out their duty to scrutinise these proposals.

The Joint Scrutiny Committee is comprised of elected councillors who have been selected to the joint committee by the council; it recently held a meeting in conjunction with trust and CCG leaders to invite representatives of hospital staff and local communities to give their comments, evidence and questions.

It was a long meeting lasting over 3-hours, in which speakers included Clare Williams - UNISON Northern Regional Secretary, who said:

“We [UNISON] understand that central government is forcing health trusts and other public services to make cuts year on year, and then [they] use the euphemism of financial pressures when they’re actually talking about cuts to budgets.”

We have to raise significant concerns about the level of risk if particular services move from South Tyneside, particularly urgent and emergency services and maternity services to Sunderland.

I think there remain considerable risks regarding the capacity and ability currently of the ambulance service to be able to respond to additional increased demand at this time.”

...That leads on to concerns generally around the public transport infrastructure. We all know that our infrastructure is not that good. From a UNISON perspective, there has to be accessible services that are sustainable for the people of South Tyneside.

“People need certain services, particularly emergency services that are accessible to where they live. That’s got to be a fundamental underpinning principle.”

Emma Lewell-Buck MP (South Shields) said:

“We continue to have grave concerns that the current proposals that are out for consultation are not in the best interests of the people of South Shields, let alone South Tyneside as a whole.

...I have repeatedly expressed my view that the consultation process itself has not been as transparent as the CCG would have us believe, and I am yet to be persuaded that the options being presented have been developed with the full involvement of the relevant clinicians.”

“Evidence shows that [some clinicians] have actively been blocked from taking part in the formulation of proposals for their own departments.”

“I find it astounding that we have a proposal document...yet nobody is able to say the implications for jobs and job cuts. If you formulate a proposal, you should have that [data] in the consultation document.”

Three other MPs also spoke of their concerns, and two local councillors gave examples of distances and potential costs to patients for taxis or delays on laborious public transport journeys if local services are closed.

NHS England retreats on STPs

The retreat on CEPs echoes the retreat by NHS England from some of the key objectives of the 44 Sustainability and Transformation Plans (STPs) they rubber stamped at the end of last year.

Many of the more ambitious plans for swift reductions in bed numbers appear to have been delayed, abandoned or put on hold – not least because of mounting political pressure from insecure Tory MPs with the prospect of another election in the not too distant future.

But NHSEngland’s March document Next Steps on the NHS Five Year Forward View had already potentially squashed most of these local plans. It declared: “From 1 April 2017, NHS organisations will also have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three common sense conditions:

- That sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- That specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care”. (p35, emphasis added)

Any one of these new conditions, if seriously applied, should be sufficient to bring almost all of the deeply flawed plans for bed cuts and closures to a grinding halt.

Campaigners challenge South Tyneside and Sunderland cutbacks

Joint scrutiny panel urged to scrutinise plans more closely

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Fighting back - to win! Hammersmith 4/11 www.healthcampaignstogether.com
What local councils should be doing

A minority of courageous councils all over England have correctly been exercising their powers to intervene in defence of local health services: but the majority have opted instead to collaborate with NHS England’s top-down reorganisation of the NHS last year into 44 “Sustainability and Transformation Partnerships” (STPs) – bodies which lack any legal status, which meet in secret, and operate with no accountability to local communities. Each STP district has been required to draw up a Sustainability and Transformation Plan. Many make use of the funding gap affecting social care, which is commissioned by councils, not the STPs. But not one of the STPs has any proposals to address this gap: instead council leaders who have signed up to endorse their local STPs have rubber stamped plans which in many cases will make their situation worse.

Defy

Only two councils, both in North West London, have been brave enough to defy the pressure and bullying of the NHS in their local STP and stand out against signing to endorse an STP that would close virtually all acute services in their local hospitals: Hammersmith & Fulham and Ealing.

Many others have made token statements or even passed motions critical of their STPs but offered little serious resistance, and shown themselves to be cheaply bought off with the promise of pathetically small future extra payments towards social care – conditional on the NHS savings being delivered.

Unlike NHS bodies, local councils are elected, and councillors have a mandate to represent the interests of the communities they represent – which includes defending existing levels of access to health care.

Scrutiny powers

Council Health Oversight & Scrutiny Committees still have statutory rights, to question, criticise and oppose local plans, especially if these involve a reduction in services for local people. Scrutiny committees have the right to insist on status quo, pending a referral of the plan to the Secretary of State for review, which will likely involve the Independent Reconfiguration Panel. It’s another chance to present evidence and delay bad decisions: in some cases the Panel has come down against closure.

In West Yorkshire, Calderdale and Kirklees councils have recently voted to reject controversial plans to downgrade and cut back services at Huddersfield Royal Infirmary. Many more councils could be exercising the same powers: it’s important campaigners force them to do so.

Councils can also commission expert critiques of local plans, fund publicity and public meetings to inform local people – and if need be (as Lewisham council did successfully a few years ago, after sustained pressure from campaigners) pay for legal advice to mount a judicial review against decisions which impact on the health care of residents.

Judicial review

In Banbury, where the Horton General hospital has once more been threatened with downgrading and loss of beds, Cherwell District Council, Banbury Town Council and other neighbouring councils have successfully fought a judicial review, which will lead to a full hearing on the proposed loss of 45 beds, permanent loss of consultant led maternity, downgrading of intensive care and other downgrades.

Hackney council’s Oversight & Scrutiny Committee has recently published a powerful letter challenging plans by East London Health & Care Partnership (ELHCP) to merge 7 CCGs into a single body covering the whole of North East London, with one Accountable Officer. The letter warns: “The local Health Scrutiny Committee we have serious concerns that this re-organisation represents a weakening of local accountability structures. In London 32 CCGs with accountability links to local councils will be replaced with just 4 CCG clusters.

“One of our concerns is that a single Accountable Officer covering 8 local authorities will not be able to replicate [the current] level of local engagement. […] We are concerned that this change reflects a wider drive to take major decisions affecting local health services at such a high level that any meaningful holding to account will become impossible.

“We are very concerned that money allocated to City and Hackney CCG will continue to go out of the City and Hackney CCG area.”

If every council was genuinely prepared to stand up for local people and accountability along these lines the STPs and reconfigurations could be forced back across the country.

Local communities, together with their local councillors and candidates need to organise to ensure this happens.

Local authority scrutiny powers

A local authority “may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.” In doing so, the LA must invite interested parties to comment, and must “take account of relevant information available to it,” regardless of who provides it.

If it has reviewed or scrutinised a matter, a LA also has power to “make reports and recommendations” to the local CCG(s) and the FT or NHS trust.

If the plans are from an NHS foundation trust, then the CCG is obliged to act on behalf of the trust.

A Local Authority can require the CCG or the FT to “provide a local authority with such information about the planning, provision and operation of health services in the area of that authority as the authority may reasonably require in order to discharge its relevant functions.” It can also “require any member or employee of [the CCG or FT] to attend before the authority to answer such questions as appear to the authority to be necessary for discharging its relevant functions.”

* From The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Regulations 20-27

Council leaders speak out as STPs falter

Leaders of all five boroughs in North Central London, Camden, Islington, Haringey, Enfield and Barnet (the latter a Tory!) have written to Simon Stevens expressing concerns at how the Sustainability and Transformation Plan is being developed.

They object to the Capped Expenditure Process that has been brought forward to drive cuts in spending and services, and ask for no reduction in health services, additional funding, proper consultation with residents, investment in long-term prevention and more local flexibility.

These London boroughs are not the only councils now taking stock of the new scenario created since NHS England embarked on its attempts to override the 2012 Health and Social Care Act through unilateral reorganisation of the NHS into 44 Sustainability and Transformation Partnerships (STPs), now leading swiftly on to the establishment of “Accountable Care Systems” (ACSs).

Leicester City Council has threatened to raise formal concerns over plans by their local STP to evolve into an ACS – with “zero discussion” or consultation with the relevant councils. Leicester’s deputy city mayor Rory Palmer told the Health Service Journal:

“Our patience is being tested to breaking point. It is likely we will be contemplating whether it is right for our officers and teams to remain engaged with the programme.”

The ACS plans “have been nowhere near any health and wellbeing board of health scrutiny committee and that is leading to suspicion about what is behind this and driving it.”

Meanwhile Leicestershire County Council’s chief executive also told the HSJ that his council had not agreed to consider the ACS plans.

A September survey by CIPFA and IMPOWER underlined the continued divide between NHS and council bodies: 55 of the 56 organisations responding did not believe full joint working between NHS and local government would be achieved within five years.

Almost all (95%) believed it was essential or important to invest in prevention – but only 15% expected to see any tangible impact of Chancellor Philip Hammond’s budget announcement that an extra £2 billion might be made available for prevention.

Fighting back – to win! Hammersmith 4/11 www.healthcampaignstogether.com
Conference update

As the campaign to build a big and vibrant conference on November 4 gains pace, we can reveal more campaigners who have agreed to take part.

Dot Gibson deputy general secretary of the National Pensioners Convention will be there, along with our NHS/Open Democracy campaigner Caroline Molloy and the NHS Support Federation’s Paul Evans.

The Fire Brigades Union have lent their support and will be present at the conference.

We will also hear from Natalie Mehra, the dynamic Director of the Ontario Health Coalition in Canada, which has with trade union support and local membership across the vast province been fighting a successful rearguard action against cutbacks and privatisation for the past few years. The OHC has 400 member organizations, including support from all the health care unions, as are the federations of labour, and there are more than 50 active local chapters.

Come and be inspired: we can all fight back better - together.

Our NHS and Social Care in Crisis
FIGHTING BACK – TO WIN

This is a campaigners’ conference, to update and share information and experience from the fight to defend our NHS against cash-driven cuts and privatisation.

It will have no status to debate or decide on motions. Most of the conference time will be workshop discussion on a range of topics which we plan to include a range of topics in the morning session, and regional based discussion to strengthen alliances and networks in the afternoon.

The workshop topics will include:

- Working with local government
- Campaigning for rural health
- Defending and improving Mental health
- The fight for Social Care
- Fighting cuts, STPs and ACOs - what works?
- Safe staffing
- Fighting privatisation - what works?
- NHS estates sell off – PFI, Naylor
- How do we get legislation to reinstate the NHS? – working with political parties –
- How can we fight the pay cap

A detailed agenda will be published soon: at www.healthcampaignstogether.com.

Every delegate will receive a conference INFORMATION PACK, with material on all the workshop topics, for, plus the chance to discuss and build new networks.

SHARE AND LEARN from local campaigns and trade union activists across the country.

JOIN the coalition of forces determined to defend and restore #ourNHS.

We will subsidise long distance travel from the North of England and from the West Country, as long as the cheapest reasonable travel is booked. More details of this to be confirmed.

Health Campaigns Together
Campaigners conference
Fighting back to win!
Saturday
November 4
11am to 4pm
Hammersmith Town Hall
London W6 9LE

Speakers include

Sara Gorton
Head of Health UNISON

Dr Chaand Nagpaul
BMA Chair of Council

Sarah Cook
Unite

Council leaders
Steve Cowan
Hammersmith & Fulham

Julian Bell
Ealing

Ken Loach
Award-winning film director

John Lister
Editor Health Campaigns Together

PLUS Local campaigners

Open for stalls and registration from 10am
Lunch provided for pre-booked tickets
www.healthcampaignstogether.com
Southampton: IoW demo

On Saturday 23 September, Southampton KONP held an “NHS March” from St Mary’s Hospital, in the Isle of Wight, to the General Hospital in Southampton (SGH). This is to raise awareness of the health services provided in St Mary’s, which will force people needing treatment to go to Southampton General Hospital, increasing the workload and stress of staff here as well as the waiting times. We had a very good day of action. About 30 people marched 4 miles from St Mary’s Hospital, Newport, Isle of Wight, to the ferry terminal. A few of them came to Southampton (it does cost quite a bit!) where a number of demonstrators waited for them. We walked through the city centre, had a picnic in the park, made our way to Shirley precinct and marched to the Genera Hospital, giving out leaflets all the way.

The reason for this? Cuts to health services provided in St Mary’s, which will force people needing treatment to go to Southampton General Hospital, increasing the workload and stress of staff here as well as the waiting times. Southampton KONP: skeepnhspublic@gmail.com

Richard Buckwell, Chair
Nottingham & Notts KONP

Ending of Social Toenail Cutting Service in Notts?

The simplest of tasks can become impossible without help, and make it impossible to move around. Neglected toenails aren’t just unsightly: they can render someone immobile and make even standing up painful, or trigger infection if attempted by someone who can no longer manage. In conditions like diabetes this can become serious and lead to surgery, with life-changing consequencs.

But this is set to become a paid-for-only service for most people and most health conditions under the STP against NHS advice! We are monitoring this closely.

Responding to outsourcing to Capita of STP and ACS

Nottingham & Notts KONP’s first steps have been to take up the anti-democratic nature of the management and scrutiny of these proposals. The item has not appeared on the County or City Health & Wellbeing agendas in September - despite the announcement being in the Health Services Journal in August. It has not been referred to either council Scrutiny Panel either.

Nottingham & Notts KONP has written to all Labour councillors in both authorities and 5 Labour MPs in Notts. We are still awaiting replies at the time of writing this article. In the City Labour councillors make up 55/56 of the 60 council seats and only one councillor has got back to us. In the County they are the opposition party. Heads in the sand or do they not understand it? The leader of the Labour Group on the County Council has said he is against the STP, but when leader of the Council he failed to bring to task his Chief Officer, responsible for the STP, writing to the Guardian (the very next day after the leader of the council’s pronouncement extolling the nature of the STP). Neither has he responded to our letter to date despite publicly criticising the STP.

We are protesting outside the City Health & Wellbeing Board on 27th September and supporting a proposed Unite Health branch Public Meeting hopefully being called in October/early November. There is also an East Midlands Regional KONP meeting to further discuss strategy on 11th November.

We’ve found it is difficult cutting through the changing acronyms, like STPs & ACSs, to get the public and media interested in what they mean for NHS, social care resources and services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. The public and media do much better understand “bed cuts” etc, and visible or experienced services. 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We Own It, KONP and Save Lewisham join forces to hand in the petition outside the Department of Health

We Own It, working with KONP, HCT, Open Democracy, Doctors for the NHS and others across the health campaigning movement, recently helped to achieve a major victory, via a successful petition and the intervention of Justin Madders, MP, in getting the proposed sale of NHS Professionals (a publicly run agency which places medical staff in the NHS and makes a healthy profit as a public concern) halted. Here Ellen Lees, We Own It’s Campaigns Officer, tells her own story and what We Own It is all about.

“Everyone has stories of how the NHS has affected their lives or the lives of their loved ones. When I was 4 years old my brother nearly died from an incredibly rare condition which forced his stom-ach up through a small hole in his diaphragm, putting pressure on his lungs and heart. He was 2. The only strong memory I have from that time is sitting on the edge of his bed watching The Iron Giant on the TV that had been wheeled in, our parents perched behind us. “His life was saved by incredible doctors and nurses, who save other lives every single day. If my brother had been born in the 1890s rather than the 1990s, he wouldn’t have lived to his 3rd birthday. That is an incredible thing to realise, and one that I fail to appreciate most of the time.

“I started working at We Own It in May, wanting to put my time and efforts towards a campaign that would reduce inequality in the UK. I have learnt so much since then about public services, including the NHS, and about how to change both minds and government policy. And I have been constantly reminded of how incredibly important it is that we own our health service.

“We Own It campaigns for public ownership of public services, from buses to schools to water. We want to join the dots between failing services across the whole of the public sector, and the steady creep of privatisation. We believe that the government has a duty to provide good quality essential services that are accessible to everyone, and we have the evidence to back up our claim that privatisation of public services is not the way to do this.

“In practical terms, we do two things: make the case for public ownership, and campaign against privatisation. We’re working on a new resource at the moment which will catalogue the many failures and scandals by private companies who have been contracted by the government to provide public services. We show that public ownership is cheaper, less wasteful, more popular, and more successful than privatisation. As for campaigns, working with other campaign groups, we’ve successfully stopped the privatisation of the Land Registry, Network Rail, and most recently, NHS Professionals.

“We own our NHS Public and Save Lewisham Hospital campaigns worked hard to help us hand in our petition to the Department of Health.

“The lovely people at HCT, OurNHS, KONP, and Momentum NHS helped with sharing actions around social media and with their networks via email.

“We circulated an open letter on this list, addressed to the National Audit Office to ask them to investigate the sale, and received hundreds of signatures from you within hours. Caroline Molly and Adam Ramsay from OurNHS at Open Democracy gave us space to write articles to update on the progress of the campaign and to gather support.

“We probably won’t ever know what made the government change their mind about the sale. We used a wide range of tactics at a fairly fast pace, and thanks to you, managed to keep up a consistent level of pressure and bad publicity.

“The tide of is certainly changing. When I started at We Own It an incredibly short 4 months ago, an election had just been called. Left wingers were despairing at what looked like an embarrassing landslide for the Tories, and another 5 years of emboldened privatisation policies. Public ownership was on the agenda, but not in the headlines.

“Now, new polling shows that a majority of voters support public ownership of utilities and railways, including nearly 70% of Conservative voters! Not to mention the already staggering high levels of support for a public NHS.

“The work that needs to be done now, apart from the ongoing fight against localised hospital privatisation, is debate-shifting. The Tories are still outright denying that they are privatising the NHS. Emails to our supporters in response to requests to sign the #NHSTakeback pledge all include the line ‘the Government will not privatise the NHS.’

“As if it is something that we’re worried about happening in the future! As if we don’t already know that it is happening right now. They’re either very out of touch, and completely unaware that the rest of the public has got their number; or we are among a minority of people who have an understanding of the NHS and how it is being privatised, has been privatised for many years.

“If it is the latter, we have work to do to educate our friends and neighbours. We need to make the complex and ever-changing internal structure of the NHS accessible and easy to understand. And we need to make it clear that what is happening is not irreversible nor inevitable.

“We can take back the NHS, and as long as there are passionate people like you around to fight for it, we will.”

Ellen’s story is unique, yet in a sense is everyone’s: our NHS commands the passion people feel about it because, sooner or later, it will be them or someone they love lying there, as people in NHS uniforms do their level best to save them. Everyone is entitled to get that, and no one should ever be denied it because they cannot pay or because the wealthy few, led by discredited ideals and blind to the suffering their market-led beliefs inevitably inflict, systematically go about undermining, cutting then dismantling what belongs to us all: our NHS.

“We Own It’s concerted actions – and the successes of groups reported here – prove we can save our NHS. And we must never stop trying.”

We Own It: ellen@weownit.org.uk
Liverpool Women’s Hospital: ‘Only option closure’

Lesley Mahmood
Save Liverpool Women’s Hospital

Two years after our campaign began we are still fighting to save Liverpool Women’s Hospital.

It is vital to keep the Liverpool Women’s Hospital on its current site as a safe, peaceful environment for women’s medicine for all ages, for our mothers, sisters, friends, lovers and the babies, with a major refurbishment.

We believe the plans to move it 5 minutes away to the new Royal site, already mired in PFI, are driven by financial reasons and the STPs, and will lead to further cuts.

Critics like Wendy Savage of Keep Our NHS Public, a Professor of Obs & Gynae, and other local clinicians have taken up the clinical arguments (see our Facebook: Save-Liverpool-Women’s-Hospital)

Nationally maternity services are in crisis. The Maternity Review wants huge change without additional funds or staff. Maternity units are threatened with closure across the country.

Instead of STP cuts, and gimmicks like ‘pop-up maternity units’ while hospital facilities close, the national maternity tariff should be increased, bursaries restored, with funding to recruit more junior doctors and nurses in neonatal, obs & gynae, paediatrics, and midwifery.

We need to invest more in intensive care for mothers and babies, breastfeeding and mental health.

The arguments for reconfiguration are neither consistent nor convincing. SLWH is told, as a reason to close, the site that it’s OK for women to travel 5 minutes in an ambulance: but we know that further north women in Cumbria are also being told it’s OK for them to travel 4 hours in labour!

The CGG revealed on 26 September that they have decided to remove 3 of the 4 options for the formal consultation on the future of Liverpool Women’s Hospital – leaving only their preferred option to close the Women’s and move to the Royal Hospital site.

This despite the CGG stating in March 2017 that ‘all 4 options that are in the pre-consultation business case will be put to the public. Some consultation!’ The public will insist the CGG includes all 4 in the formal consultation. Let’s hope we get good back up from councillors and MPs. The CGG seem to believe they can ignore public opinion. Consultation they say is simply a ‘conversation’. Let’s force them to change their attitude.

Please contact our campaign at https://www.facebook.com/SAVELWH/ if your area faces maternity & gynaec cuts.

North, south and middle England
Cuts begin to bite

Services at risk in Bedford/ Luton merger

The loss of a marginal Tory seat to Labour in Bedford in June was in part due to long-term uncertainty over the future of health services in the town, which has been threatened with ‘reconfiguration’ with Milton Keynes 18 miles away.

However the latest twist in the tale is a plan to merge Bedford Hospital with the much larger (and tale is a plan to merge Bedford ‘reconfiguration’ with Milton the town, which has been threatened in Bedford in June was in part due to long-term uncertainty over the future of health services in the town, which has been threatened with ‘reconfiguration’ with Milton Keynes 18 miles away.

However the latest twist in the tale is a plan to merge Bedford Hospital with the much larger (and financially secure) Luton & Dunstable Foundation Trust – raising fresh fears that specialist services in Bedford would be rapidly run down, with patients having to trek 20 miles or so to Luton.

The possibility of a parallel downgrade of Milton Keynes remains in the background, but local people know for a fact that neither Bedford CCG nor Milton Keynes have shown the slightest loyalty or responsiveness to their local communities.

Dorset CCG signs up for massive downgrade and cuts

In Dorset, following on the merger of Poole and Bournemouth Hospitals into a single trust there has been outrage at the unanimous decision of the CCG to press ahead with the controversial downgrade of services at Poole General Hospital, obliging the majority of patients in the county to travel much further to the remaining unit in Bournemouth.

A&E and maternity services are affected by the plan which also scales back children’s services at Dorset County Hospital and aims to close community hospitals and beds – all in pursuit of a savings target of £229m.

Whether the remaining services have sufficient capacity to cope with the demand for care is uncertain: MPs and councillors who have lent overt or covert support to these changes will have some explaining to do if the plans go ahead.

Cornwall – non-emergency patients face a “call”

Plans to charge for patient transport services for dialysis patients have been described as a way to ‘call’ local vulnerable patients. The most severely and chronically ill patients are the ones requiring most frequent access to hospital care.

The county has just one acute hospital and few fast roads and limited public transport. Many local people are elderly.

But NHS Kernow, the CCG has opted nonetheless to write to patients warning that they will no longer be eligible for free transport, in the hopes of cutting the £6.4m annual cost. Each patient will have to be assessed, and only patients receiving one or more of short list of benefits will continue to receive free transport: others could face sky-high bills for taxis or the cost of transport.

They claim this would be “fair” to all – by denying many people the transport they rely on to keep them alive.

South Yorkshire & Bassetlaw face threat of a “review”

The South Yorkshire & Bassetlaw Sustainability and Transformation Plan (STP) has always been a strange lash-up. But it has now set up a leadership structure that excludes any of the five borough councils it supposedly covers, but does include two acute hospital trusts that are outside the STP area, as it rushes ahead with the formation of a so-called “Accountable Care System” that is accountable to nobody locally.

But it’s more than a fancy phrase or new structure: as managers seek to make massive savings of £577m by 2020, all local hospital services across the “footprint” of the STP are being reviewed for “sustainability”.

Emergency stroke services in Barnsley have already closed, along with night time services at Bassetlaw children’s ward, and out of hours GP services in Bassetlaw.

There are plans to close children’s surgery in three of the present five sites. Small wonder local campaigners are mobilising, with a demonstration in Barnsley (see below) kicking off a sustained fightback.

Social care staff show scale of cuts

Reports from surveys of front line social workers and home care staff have been published recently by the Care and Support Alliance and by UNISON (Making Visits Matter).

They make sobering reading, reinforcing the state of care today and the most vulnerable. The survey does not give percentages for the under-funding of social care will probably have wondered about their impact in the real world. Now they know.”
Labour breaks from PFI, but leaves many questions to be answered

Shadow Chancellor John McDonnell hit the headlines with the welcome announcement that Labour would take the 100-plus hospitals built under the Private Finance Initiative (PFI) back into public ownership. The statement marked another decisive break from the inglorious Blairite past of the Labour party. Blair and Gordon Brown prior to the 1997 election had embraced the Tory plan to privatise the provision of capital for public infrastructure projects, and cleared away any legal obstacles to deals in the NHS.

The upshot has been 125 schemes (some signed off by Tory ministers since 2010) valued at £12.4 billion, with contracts varying from 25 to 52 years, that are set to cost upwards of £80.7 billion up to 2048. The largest schemes were signed from 2000-2008, when it seemed NHS spending would rise each year above inflation. Index-linked ‘unitary charge’ payments this year total over £2 billion, with much of the money now flowing to tax havens.

Of these more than a quarter (35) are set to cost upwards of eight times the capital cost, while many are now consuming upwards of 10% of trust revenues and creating a massive crisis as trusts’ real terms and actual income is squeezed downwards. Only a small minority (19) cost less than 4 times the building cost.

There have been ineffectual attempts to renegotiate PFI contracts – yielding little but costing more in management consultancy. One possibility is to nationalise “Special Purpose Vehicles” – the companies that borrow the money, link the consortia, and funnel out the profits. Whatever the choice, however, Labour’s spree of PFI deals has wasted billions.

Come on Labour - re-table the NHS Reinstatement Bill!

Peter Roderick, NHS Bill campaigner

Composite motion 8, unanimously adopted at the Labour conference on 26th September 2017, called for the party’s “next manifesto to include existing Party policy to restore our fully-funded, comprehensive, universal, publicly-provided and owned NHS without user charges, as per the NHS Bill (2016-17).”

This gives renewed momentum for re-tabling the NHS Reinstatement Bill by a Labour MP.

The third version of the Commons Bill that had been tabled last year by Margaret Greenwood, Labour MP for Wirral West, fell at the general election, so it needs to be presented again to keep the pressure on the Tories and to hold Labour to the conference motion.

Where is Labour now on the Bill?

The two brilliant speeches to the motion - Alex Scott-Samuel (proposer) and Sue Richards (seconded) - nicely captured the continuing ambiguity.

A clear statement from Jon Ashworth that Labour will stop the Sustainability and Transformation Plans could be a significant step forward in the party’s commitment to reinstating the NHS.

But the party’s 2017 manifesto said pretty much the same thing, and Ashworth has been silent on this since the election.

We know that Jeremy Corbyn and John McDonnell back the Bill - but Jeremy didn’t mention it in his excellent conference speech.

As NHS England presses ahead with the STPs and Accountable Care Organisations - with the prospect of having to register with a ‘special purpose vehicle’ (SPV) in order to receive primary and secondary health services - the need both to oppose, and to propose, is more urgent than ever.

The last thing we want is for the £45 billion extra for the NHS promised by Labour to find its way to the likes of Virgin, the Health Corporation of America, banks or insurance companies - the type of businesses typically involved in SPVs.

The NHS Reinstatement Bill will ensure that doesn’t happen.

Composite motion ends 20 years of Blairite policy

Keep Our NHS Public

Momentous progress was made at the Labour Party Conference on Tuesday 26th September.

An excellent motion was passed including a robust call for a defence of the NHS in England now and a move to reinstate it “as per the NHS Bill (2016-17).” The motion was carried unanimously.

Mover Scott-Samuel thanked Jon Ashworth Shadow Secretary of State for Health for his speech prior to the motion. He went on to name accountable care systems and ACOs as a dangerous structure for healthcare, based on the American model, which will enforce capping of damaging cut budgets and lead to restricted access to a diminished range of services.

As seconded Sue Richards pointed out, this was one year on from conference committing to reinstating the NHS fully – abolishing the internal and external market forces, though that pledge had not materialised in shadow team policy.

The motion also opposes the sell-off of £35bn of NHS estate planned under the Naylor Review and calls for the 2012 Health & Social Care Act to be replaced by legislation restoring a universal and comprehensive fully publicly funded, owned and provided NHS restoring full duties to the Secretary of State.

Jeremy Corbyn had earlier stated his commitment on the Andrew Marr Show that the Labour Party would adopt conference-agreed policy direction.

If this is realised, then we could be on the cusp of a dramatic strengthening of commitment from Labour – confident as they are in predicting they will be the next government – to restoring the NHS to its former vision.

We will bring an end to Tory NHS privatisation

by Jonathan Ashworth, Shadow Health Secretary

Labour will bring an end to Tory privatisation of our NHS. We know it leads to fragmentation and instability. We know it’s bad for patients and its bad for the taxpayer as millions of pounds is wasted on an internal market with constant, endless tendering of contracts. As Health Secretary I will rebuild a reintegrated universal publicly provided, publicly administered and accountable NHS.

We all know that many Tory politicians are interested in privatising the NHS and turning it over to their friends in big business.

And we know their plan to do it would be to wait until the NHS is so starved of money, short of staff, and overwhelmed by the enormous problems in our social care system, that they think that their remedy of choice, privatisation can be brought forward as their solution.

The NHS is currently going through the biggest financial squeeze in its history, and across the country that has translated into more and more service closures and greater rationing.

On top of that we see the evidence of increasing privatisation especially in mental health services, mental health services and patient transport services.

Big name private operators prosper and are becoming increasingly aggressive about using legal proceedings to force their way in.

But as I told the Labour Party Conference, public service is about a greater calling. It’s about care, compassion and public duty not contracts, markets and commercialisation.

That’s why we campaigned and fought back against the privatisation of NHS Professionals and forced the government to back down.

We’ll fight any fire sale of valuable NHS assets just as strongly. We’ve committed to halting STPs and at our Annual Conference we made clear our opposition as a Party to American style so called Accountable Care Organisations which will see an expansion of private providers in the delivery of care.

As well as ending the waste of privatisation we must also put the NHS on a sustainable long term financial footing.

At the general election I was pleased to have won an agreement from our shadow Chancellor John McDonnell for substantial investment of £45 billion in our NHS and social care sector paid for by changes to corporation tax and income tax on the top 5 per cent of earners.

Experts pointed out that by 2021 there would still, however, be a shortfall in the amount the NHS needed.

I hope over the coming months with HCT and other organisations to engage in the debate about how we ensure the NHS has the substantial levels of funding it needs for the long term.

Fighting back - to win! Hammersmith 4/11 www.healthcampaignstogether.com
14 unions link up to demand
Scrap the Cap on NHS pay!

After eight years of frozen pay or below-inflation increases, 14 health unions have submitted a pay claim on behalf of more than one million health workers across the UK.

The unions, including UNISON, the Royal College of Nursing, the Royal College of Midwives, the Chartered Society of Physiotherapy, Unite and the GMB, have written to Chancellor Philip Hammond asking him to provide funding in the November Budget for a pay rise in line with (RPI) inflation, plus an additional £800 to restore some of the pay lost over the past seven years.

The unions argue that real terms pay cuts of around 15 per cent have been imposed on everyone else who works in the NHS, such as cleaners, nurses, radiographers, pharmacists, midwives, medical secretaries, paramedics, therapists, dental technicians, catering staff and porters, as a result of the government’s pay policies.

UNISON head of health Sara Gorton said:

“Health workers have gone without a proper pay rise for far too long. Their wages continue to fall behind inflation as food and fuel bills, housing and transport costs rise.

‘NHS staff and their families need a pay award that stops the rot and starts to restore some of the earnings that have been missed out on.

“A decent pay rise will make it easier for struggling hospital trusts to attract new recruits and hold onto experienced staff.’

“All public servants, no matter where in the country they live or what job they do, deserve a proper pay rise.”

Royal College of Nursing chief executive and general secretary Janet Davies said if the government gave nurses the same deal as the police, it would still be a real-terms pay cut.

“Nursing staff must be given a pay rise that matches inflation, with an additional consolidated lump sum that begins to make up for the years of lost pay.

“It must be fully-funded and not force the NHS to cut services or jobs to pay for it.”

Unite national officer for health Sarah Carpenter said:

“The pay austerity in the public sector of the last seven years has been short-sighted and misguided.

“Making dedicated health professionals pick up the tab for the greed and machinations of a banking elite that nearly brought the UK’s financial system to its knees is just plain wrong.”

Royal College of Midwives director for employment relations and communications Jon Skees said:

“Currently there is a shortage of around 3,500 midwives in England alone resulting in midwives working harder than ever before. It’s essential the funding in place to pay staff this fair increase so that the NHS can recruit and retain hardworking midwives and other NHS staff.”

Support staff at Barts Health, employed by contractor Serco, have been striking for a living wage