

HEALTH CAMPAIGNS TOGETHER

#OUR
NHS

KEEP OUR NHS PUBLIC

GENERAL ELECTION SPECIAL ● Summer 2024 ● FREE

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this 8-page
ELECTION
SPECIAL



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VOTE TO RESCUE OUR NHS

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When the 2010 general election ushered in a Conservative-led coalition the NHS was performing better than it had ever done.

A decade of big increases in funding from 2000, the fastest increase for 60 years, had enabled more staff to be deployed, and reduced almost all waiting times to a maximum of 18 weeks for elective care and 4 hours in A&E. There had also been investment in mental health services, and big improvements in cancer and heart disease.

The 14 years since that high water mark have been years of austerity in public services, massive cuts in local authority spending, falling living standards, and widening inequality for the majority of the population, alongside fabulous wealth for a tiny minority.

Real terms cuts

The NHS, which ministers claimed was 'ringfenced' against cuts elsewhere, has suffered year after year of minimal increases masking real terms spending cuts.

Billions were squandered on the biggest ever top-down reorganisa-



tion of the NHS in 2012, to consolidate a competitive market system with maximum openings for private profit – followed by another major reorganisation ten years later.

Targets for waiting times have been missed for a decade now, with tens of thousands in A&E left hours on trolleys for lack of beds – or simply lined up along corridors (see page 3).

Ambulances queue for hours outside crowded A&Es, tens of thousands face long delays for elective treatment, and over a million, including tens of thousands of children, needing mental health

care but having to wait months or years.

GPs, delivering millions more appointments than pre-Covid, despite fewer trained GPs in post and reduced funding, are battered by ignorant abuse in the right-wing press and loaded with ever more onerous demands.

Hospitals are crumbling, dozens of them riddled with flawed RAAC concrete are near collapse; equipment, too, is clapped out, with a rocketing £11.6 billion bill for backlog maintenance.

The cynical promise of '40 new hospitals' in 2019 has been exposed as a sick joke, with no new projects having even started 4 years later, and none of the 'shovel ready' projects even having a business case.

Billions wasted

But billions were found during the pandemic, to fund VIP-lane contracts for Tory donors and cronies to supply privatised test and trace and unusable or non-existent PPE – and today's NHS is paying the price of that corruption.

So we know what happens when the Conservatives win elections. And another term for Rishi Sunak's right-

wing cabal is certain to bring more of the same, with NHS budgets again effectively frozen, local services facing deficits, and pressure to cut jobs to balance the books.

Of course many people will also remember the waste and the failed experiments under New Labour: the inflated costs of new hospitals funded through PFI, the millions squandered on "Independent Sector Treatment Centres" rather than investing in the NHS, and the failure to tackle social care that had been brutally privatised by Thatcher.

Labour's NHS plans on offer now are less than exciting or convincing. Other parties, and some independent candidates also oppose the Tories, and are offering different, more radical policies on the NHS and other issues.

Sadly our undemocratic first past the post system means you can't vote for more than one candidate.

The facts are clear: the dangers are real, the choice is yours. As campaigners we urge you to vote to rescue the NHS – and fight with us from July 5 to get the changes we need to rebuild our NHS and roll back privatisation.

Junior doctors still fighting for pay justice

The Sunak government's failure to provide a credible offer over restoring junior doctors' pay, which is 25% lower in real terms than it was 15 years ago, has provoked another round of strike action.

Doctors will stage a full, five-day walkout from 7am 27 June, unless the Government announces a 'concrete commitment' to restoring pay.

The BMA in May agreed to enter externally mediated talks with the Government in an effort to reach a 'credible solution' over the long-running pay dispute.

BMA junior doctors committee co-chairs Robert Laurenson and Vivek Trivedi said doctors were fed up and out of patience, but "If during this campaign the prime minister makes a public commitment that is acceptable to the BMA junior doctors committee, then no strikes need go ahead."



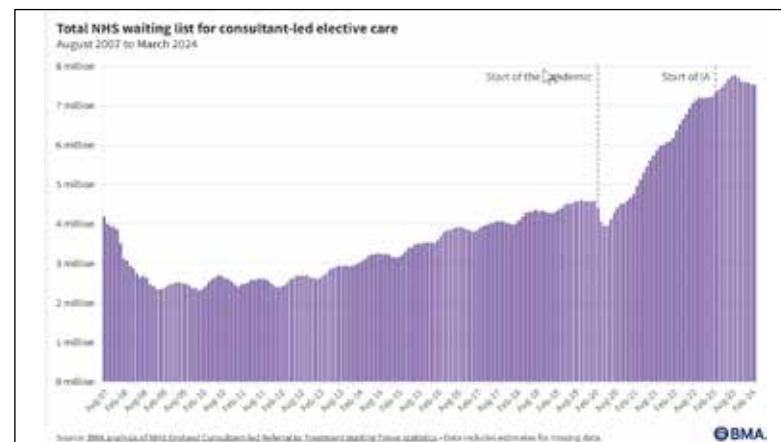
Ian Shaw Alamy



7.2m
on the waiting list when **Rishi Sunak** promised to cut them

7.54m
latest total, reduced by excluding

36,000
waiting for community services



RAAC and ruin

Where is the money to fix crumbling hospitals?

In December 2023 government figures showed that England's NHS backlog of maintenance had rocketed by 13.6% in the last 12 months to a massive £11.6 billion – almost doubled the £6.5m in 2018/19.

Two-thirds of the latest backlog is rated “high” or “significant” risk.

High risk is defined as “where repairs/replacement must be addressed with urgent priority to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.”

And, as NHS buildings crumble, parts of NHS buildings are falling on patients and injuring staff.

In a single 24-hour period in March a ceiling collapsed onto a patient in the intensive care unit at the Royal Alexandra Hospital, Harlow, and a lift failure at the Royal London Hospital, Whitechapel, resulted in a surgeon breaking a leg.

In Bedford Hospital over 100 appointments have been cancelled after both lifts were closed at Beeden House.

In Greater Manchester ceilings in two separate departments at Stepping Hill Hospital in Stockport recently collapsed within days of each other, causing potential risk to patient safety as patients had to be evacuated and

appointments had to be cancelled.

This followed the sudden closure of an Outpatients Department due to structural problems.

All that is left of that department is a demolition site. With the outpatient services now spread across different parts of the hospital, patients are having to wait months for what used to be regular appointments.

A recent article in *The Times* included more incidences, such as at one hospital where the property manager has to be called if a patient needs to be admitted at weekends, to check that the floor can take the additional weight and also wards being cut off due to failing lifts.

Half of all hospitals

And an ITV News report in 2023 revealed that nearly half of NHS hospitals in England have been forced to close wards and vital services due to flooding, power cuts and structural problems. Plus there are now 54 hospital buildings in 15 trusts listed as having faulty RAAC concrete.

Many of the reinforced autoclaved aerated concrete (RAAC) hospitals will cost in excess of £500m each to rebuild: but there is no capital and no hope of swift action without a change of government and a change of heart from

Labour, which has refused to commit to extra NHS spending.

Matthew Taylor, CEO of the NHS Confederation, while welcoming the extra £3.4 billion in the Spring budget for technology, digital and AI projects – promised for 2025-26 – has warned that productivity gains “will only be realised if crumbling estates are addressed too.”

“Images of new computers sitting in outdated and sometimes dangerous buildings could become a symbol of the failure of joined-up policy.”

Photo by Stockport NHS Watch



Demolition site that used to be an Outpatients at Stepping Hill Hospital.



Somewhat premature: management celebrate Queen Elizabeth Hospital Kings Lynn (crumbling with RAAC concrete) being added to the government's New Hospital Programme – which has yet to lay a single brick

Soaring bill for pest control as buildings crumble

Liberal Democrat votes ensured David Cameron's coalition imposed the first bruising years of austerity on the NHS.

But they are now exposing the consequences in the state of run-down hospitals and clinics after 14 years of neglect.

Lib Dem Freedom of Information requests have revealed over 60 trusts have had to spend more on pest control, with 18,000 incidents since 2021.

Rats roaming

The Lib Dem press release reports “rats roam maternity and emergency wards,” while East and North Hertfordshire NHS Trust has had to contend with “mice in the kitchen, maggots in

the mortuary and rat droppings in a corpse bag.”

Ashford NHS Trust reported finding dead headless pigeons and dead rabbits, Royal United Hospitals Bath had found pests in the children's ward and breast clinic, while Princess Alexandra Hospital reported pests found in children's ward, staff accommodation, breast clinic and various wards.

East Suffolk and North Essex NHS Trust, which includes Colchester Hospital and Ipswich Hospital.

Staff reported black insects biting the legs of staff, ant and fly infestations and rats in the ambulance area.

The Lib Dems are demanding an urgent fund to improve hospital safety.

Shock Labour promise to finish new hospitals Tories never even started

So what happened to Boris Johnson's bold promise of “40 new hospitals”? No major new projects have started since 2019. The New Hospitals Programme is mired in confusion and the money has never actually been made available.

By July 2021, Natalie Forrest, leader of the NHP, admitted to a conference that the ‘brakes had come on’ for some of the Pathfinder projects, most notably Princess Alexandra (Harlow in Essex), where a ceiling collapsed recently.

Last month the Trust admitted there was little chance of completing a new building by 2030: they have not even been able to buy a site to put it on.

This follows Barts Health admitting the Whipps Cross rebuild will not meet

2030 deadline either. None of the major new schemes even has a completed business case, let alone a hope of starting work soon.

However these harsh facts did not deter Rishi Sunak from telling BBC Breakfast that “the majority” of the hospitals planned for construction have already received planning permission and that “spades were in the ground”.

New Labour pledge

Both Lib Dems and Labour have been quick to call out this spectacular lie. But Labour has gone further, and discarded its previous position – and has announced they will take over and complete the stalled programme.

Shadow health secretary Wes Streeting told the *Evening Standard*:

“We are committed to delivering the New Hospitals Programme, including The Hillingdon Hospital, St Mary's Hospital, Whipps Cross University Hospital and Charing Cross Hospital.”

Local news outlets in Harlow and Watford have also been assured local hospital schemes will go ahead.

This is a major change of tack from Labour's mission statement on the NHS a year ago, which declared:

“We know we can't go on with a crumbling NHS estate, but a responsible Government doesn't promise an imaginary '40 new hospitals' that they will never deliver, either.”

£90m

Total "incentives" paid out by NHS England to trusts with best-performing A&Es in **2023/24**

£0

Total paid out to struggling trusts unable to meet target of treating 80% within 4 hours



60.4%

Percentage of the most serious Type 1 patients treated within 4 hours in **April 2024**

95.3%

Percentage of the most serious Type 1 patients treated within 4 hours in **April 2010**



Sam Stephenson Alamy

459,296

patients waiting over 12 hours on a trolley after decision to admit year to **April 2024**

1,282

patients waiting over 12 hours on a trolley after decision to admit in year to **April 2014**

Corridor care

NHS monthly figures show April 2024 to have been the worst April ever for numbers waiting over 4 hours to be seen in England's Emergency Departments (134,344).

Worse still, more than one in ten emergency admissions through A&E (42,078 out of 403,934) were left waiting over 12 hours on trolleys for beds – the worst April figures since records began in 2010.

Most worrying is that the performance is worst for the 'Type 1' patients with most serious clinical needs. They are most likely to need admission and a bed. Only 60.4% of Type 1 patients were seen within 4 hours in April, compared with 96.7% of the least serious Type 3 patients.

Many of the patients caught up in this are elderly. According to research just published by the Liberal Democrats, two-thirds of the 145,800 patients who faced 12-hour plus trolley waits last year were aged 65 or more, with the longest delay a staggering five days.

Older patients

University Hospitals Birmingham alone had 11,539 elderly patients facing 12-hour or more trolley waits in 2023, more than anywhere else in the country, up from just 491 in 2019.

This worsening performance is partly a reflection of demand for A&E services, averaging 45,000 attendances

a day, running **16% higher than ten years ago**.

But even after an increase in provision of acute hospital beds there are still not enough: official figures say hospitals were **93.7% full in April**, far higher than the 85% level considered to be safe: to achieve that level of occupancy another 10,372 beds would have been needed.

'Continuous flow'

However even these figures may understate the scale of the problem, since **at least 36 hospitals in England** have adopted a new "continuous flow" system in the hope of speeding patients through A&E and reducing the lengths of time ambulances are stuck waiting to hand over seriously ill patients.

This system means patients can be admitted, and pass through the Emergency Department, but may not immediately be supplied with a bed on a ward.

So at peak times in the busiest hospitals there can be more patients than beds. And as the RCN has just highlighted in their survey of nurses this raises serious questions for patients and staff over the safety and quality of patient care.

In England the patients moved on from A&E can't flow very far, because of continued delays in discharging patients ready to leave hospital – for

lack of community services and social care.

In the absence of efficient discharge ensuring a supply of free beds, the "continuous flow" system means patients are being wheeled out of A&E on trolleys and parked for hours – or days on end – in corridors, or in empty spaces on otherwise full wards.

This makes it difficult for patients and their worried relatives to tell if they are in the midst of a new continuous flow system, or an old-fashioned overcrowded hospital.

One Trust that claims to be implementing continuous flow, but doing so in a way that seems indistinguishable from previous bed shortages, is Norfolk & Norwich Hospital. A recent **BBC Newsnight report** gave shocking details of a 68-year old patient who was moved at 4am from his bed on a ward ... and wheeled out to reception, lining the corridor along with another 13 patients. **He remained there for 3 days, with no privacy, having to ask for water and for his meals, until there was room to put him back on a ward.**

Opposition

The policy is **opposed by the Society for Acute Medicine**, whose immediate past president Dr Tim Cooksley said:

"Degrading corridor care and prolonged waits causing significant harm is tragically and increasingly

Liverpool Echo



The RCN has branded corridor care a national emergency; but despite the obvious problems posed by corridor care, and the reservations of staff in the front line of implementing it, there has been no formal independent evaluation anywhere in the UK to assess the safety of flow models. NHS England told the BBC in May there are "no plans to conduct a national evaluation." Will the next government be any more concerned than the current government to address these problems of resources that flow from 14 years of under-funding?

the expected state in urgent and emergency care. [...] The fact remains there is simply insufficient workforce and capacity to meet the demands of an increasingly ageing population

with multiple health issues and simply no resilience to cope with any excess strain.

A **blog on the Health Foundation website** is also highly critical:

"For staff, there is consistent evidence that this practice leads to **lower morale and poorer mental health outcomes in the workplace.** It also impacts their ability to care for patients, as staff working in corridors don't have direct access to – or room to use – routine equipment such as observation machines and patient hoists. [...]"

"For patients and their families, the experience can be traumatising. Patients can feel invisible out of the sight of staff. The physical environment is distressing, with harsh lighting, little to no privacy and difficulty accessing basic needs such as water or even a toilet.

"... families are left standing for hours, unable to leave their relative due to fears they will be alone or forgotten."

Cash crunch as ICBs told to make more cuts

NHS England (NHSE) has been increasingly cracking the whip over Integrated Care Boards (ICBs) and trusts, seeking to squeeze down the **estimated £3bn deficit** for 2024/25.

The underlying problem is that this financial year real terms funding for England's NHS, after inflation, is increasing – but by just half of one percent (i.e. rising just £5,000 for every £1 million).

This is well short of the 3-4 percent **real terms annual increase** needed to keep pace with the needs of an ageing population, rising drug costs, new technology and the need to maintain and renew crumbling buildings and equipment.

Austerity is back with a vengeance,

and the public is still not being told what the impact of this will be. For ICBs the problem was compounded by NHS England's 3-month delay in sending out guidance on planning, which is normally sent out just before Christmas.

They have now made this worse by refusing to accept many of the revised plans ... and issuing **fresh guidance** 8 weeks into the 2024/25 financial year, telling many ICBs their plans are "unaffordable".

To make matters worse still, NHSE, like Robin Hood in reverse, are offering **cash incentives for the ICBs that are already best placed** to deliver a balanced budget, coupled with penalties for those that are struggling to address hefty deficits.

While there have been no public statements from NHSE on the scale of the deficits, the Health Service Journal has estimated the £3 billion figure having seen **financial returns** from two thirds of England's 42 ICBs, and warns these are far worse than they were this time last year.

Further plans for "savings" seem likely to lead to cuts in planned investment, raids on capital (that should be spent on repairs, replacing equipment and expanding facilities) and job losses.

So far there is insufficient information to judge what the impact could be on the availability and quality of patient care. **NHSE warns:** "All available funding has been allocated

[...] Any system that fails to deliver on its financial plans will necessarily be subject to immediate nationally imposed spending restrictions."

All but a lucky few ICBs have already revised their plans once, after first drafts projected much higher deficits **adding up to £6bn.** They have resubmitted plans that come closer to break-even: but these all depend upon massive assumptions of "efficiency savings."

Several ICBs, and their local trusts have already had to drop or reverse plans to grow the NHS workforce in order to contain spending on agency and locum staff.

The **Lowdown** has been warning of the situation facing health systems. However our analysis has been made

more difficult by ICBs taking key decisions in private session, behind closed doors.

As the financial situation worsens we can expect the shroud of secrecy to be used extensively.

Local communities and health staff can't fight back against threats that they are unaware of.

A new government must open up genuine accountability.

Private sessions of ICB and trust boards should be limited to discussing genuinely confidential matters such as contracts, conduct and performance of individuals.

All financial plans and their implications should be published and discussed in public.

General Practice: under funded, under fire

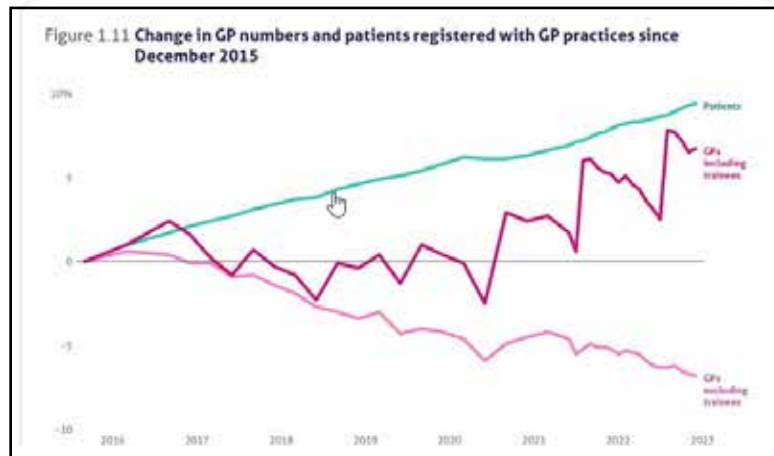
The Conservatives have promised to build 100 GP surgeries if they win another term. But even if they did, it would still leave far fewer GP surgeries than the Cameron government took over in 2010.

Back then there were **8,458** GP surgeries: now there are just **6,311**. That's **2,147** (25%) fewer: and many of those that are surviving are struggling to keep their heads above water with a miserly increase in funding to address rising costs.

GP leaders say practice funding has been **slashed by more than 50%** in real terms over the past decade and a half, - and the 'derisory' 1.9% uplift promised for 2024/25 is set to widen the financial black hole facing the profession.

Financial pressures, together with skewed NHS England funding on offer - that covers only the cost of employing less qualified "additional roles" staff such as Physician Associates, but specifically excludes GPs and nurses - is leading to an unprecedented crisis of GP unemployment.

As this newspaper goes to press GPonline has reported that a doctor who is about to exit GP training in Bolton has looked for work and can't find any vacancies within 45 minutes of where he lives after approaching every nearby practice. He has a family so can't



move anywhere - and **has had to apply to work in Tesco**.

GPonline has also revealed that some GP locums had to use a food bank because they were struggling to find work and another GP chose to work as an Uber driver after being unable to find salaried or locum work.

BMA sessional GP committee chair Dr Mark Steggles told the UK LMC conference last month that each GP vacancy was receiving up to 80 applications - and BMA England GP committee chair Dr Katie Bramall-Stainer has said "recent months have seen the emergence of a disturbing paradox: rising GP unemployment in the midst of a GP workforce crisis."

This comes as the number of fully qualified GPs in England has continued

to fall. Based on the government's pledge of an additional 6,000 more GPs by March 2024, there should have been around 33,800 GPs as of December 2023, but the data suggests there are only around 27,500, 2.2% fewer than in December 2019.

Total numbers of GPs (the figures quoted by ministers claiming that all is well) are inflated by including trainees: these numbers have increased by 7 percent since 2016.

However the falling numbers of fully qualified GPs have meant the caseload per GP has been increasing, rising from an average of 1,947 patients per GP in March 2016 to 2,298 in February 2024 - an increase of 18 percent.

That's why there are problems in some areas getting appointments.



Shutterstock

Anaesthetists raise £50,000 to mount legal challenge to GMC

Doctors angry at the failure of the General Medical Council (GMC) to do its job and protect and defend the medical profession have raised a staggering £50,000 in a few days to take the GMC to court.

Anaesthetists United describe themselves as "a group of anaesthetists (doctors trained in anaesthesia) that are unhappy with the way the medical establishment is selling patients and the profession short."

They are angry at the way in which "associates" with minimal training have begun to take the place of fully trained doctors both in medicine (Physician Associates) and in anaesthetics (Anaesthesia Associates).

Their crowd funding page explains: "Physician Associates and Anaesthesia Associates are a new profession. They are not doctors, they do not have the same training as doctors, but

are being permitted to take on many of the roles doctors have traditionally fulfilled.

The press have reported on troubling cases.

"And the General Medical Council, the body legally responsible for doctors' regulation, has now been given the responsibility of regulating Physician/Anaesthesia Associates too.

"We think patients deserve better; they should be cared for by doctors when necessary, should know who is and is not a doctor, and there should be separate regulation underpinning this.

"And we're ready to take action." The biggest worry is that "the GMC have steadfastly refused to say what an Associate can, or cannot, do to support patients. The precise term for this is their 'scope of practice'. The GMC have even refused to hold a consultation on it, despite a statutory requirement for

them to do so."

Worse still, the GMC has confusingly started to use the term 'Medical Professionals' to encompass both doctors and Associates.

It has even issued guidance on 'Good Medical Practice' for both doctors and Associates to share.

The group explains that anaesthetists have a reputation for getting things done:

"We are the group that convened the Extraordinary General Meeting of the Royal College of Anaesthetists, which led to a sea change in the way the medical profession, and the public, have looked at the whole issue of Associates."

Anaesthetists United explain how the challenge will develop:

"It is quite possible that a strongly-worded representations from top lawyers will be sufficiently forceful to push the GMC into accepting our proposals. But if not, then the next step is court action."



No matter who need to fight fo

After 14 years of Coalition and Conservative government, and nearly 5 years since the 2019 Johnson government was elected, there is a long-awaited opportunity for political change.

The electorate has the chance to vote in the General Election 4 July.

Keep Our NHS Public will be emphasising how much damage this government has done to the NHS and to social care.

Injustices and heightened health inequalities have impacted on the majority of working people, disabled people, black and brown communities and groups vulnerable to exploitation, including undocumented people:

- 14 years of damaging underfunding of the NHS, public health, social care and education
- 14 more years of inviting private sector interests to parasitise the NHS
- Record waiting lists - now at 7.54 million (up from 2.5m in 2010)
- Worst ever cancer waiting times
- 14 years of overseeing the rundown of social care services
- Thousands stuck in hospital because of lack of community care and social support
- NHS GP services underfunded, undermined and corporate business allowed in
- Access to an NHS dentist almost destroyed
- Wages and working conditions for NHS staff driven down, endangering staff morale and safety
- Workforce planning neglected and NHS doctors and nurses being replaced by physician associates and nursing assistants
- Staff vacancies of 120,000 in NHS and 165,000 in social care
- 268 people suffering avoidable deaths each week from delays in urgent care
- Ambulance service in crisis
- 39,000 premature deaths in 2022



Sipa US / Alamy Stock Photo

alone on waiting lists for cardiac care

- Scandal after scandal in maternity care involving avoidable deaths of hundreds of babies and too many mothers
- One of the worst covid pandemic outcomes among rich nations - 239,688 with Covid on their death certificate: 260 people dying weekly this last year.
- Renewed cynical attacks on the benefit entitlements of disabled people

Sea change

The NHS needs a sea-change in policy from a new political leadership in government.

Keep Our NHS Public will be highlighting the record of those in government

Providing you with the tools to win the debate

We hope the call to Restore the People's NHS will become a rallying point for campaigners, those politicians who do agree with us, and the unions - and will enable and empower us all to win the debate.

We have produced a range of materials - all available for free:

- Free leaflets and postcards.
- A full-colour 44 page Restore the People's NHS booklet which includes a detailed breakdown of our demands,



powerful myth busting information, tips and advice for campaigners and much more.

- A growing list of People's NHS Factsheets which provide the fact-checked arguments to win debates.
- Campaigning tools, including messaging guides, suggestions for campaigning online and in your local communities, as well resources for working with the press, social media graphics, and more.

Read about our Vision for a People's NHS at <https://keepournhspublic.com/peoplesnhs/>

wins, we will for a People's NHS



to asking voters to select those who will best support a public and well-funded NHS, and move to establish a publicly funded national care, support and independent living service.

This requires a fundamental change in perspective – one that regards funding of public services as an investment in human well-being and an underpinning of a productive economy.

Good public services maximise the ability of people to participate in society and a productive economy – they are not simply a cost to be grudgingly accepted.

The new government, which it is assumed will be Labour-led, must change key policies on the NHS.

Cut out private sector

Our call to end private involvement in NHS-delivered health care is not just a question of principle: privatisation means fragmentation and undermining of safe NHS provision – starkly seen in the undermining of NHS eyecare (ophthalmology).

The NHS needs stability and urgent funding, not reform and further reorganisation. NHS staff and services need secu-

rity to do their job and to treat patients safely and well.

Primary and community care, hospitals and public health desperately need urgent support.

Our vision is to restore the people's NHS:

- a publicly provided NHS and an end private involvement
- an NHS funded to succeed – not defunded to fail
- respect, recognition & decent pay & conditions for all health workers
- re-invest in public health & tackle health inequalities
- a rebuilt, restored and expanded NHS

The NHS when funded to succeed has been and can be again one of the best health systems in the world.

We are calling on political parties to back this vision – we need commitment to change.

Please join us to make our vision for the NHS a significant part of the 2024 General Election campaign.

● www.KeepOurNHSpublic.com

WHAT YOU CAN DO

The future of the NHS is flashing red

- We demand a full commitment to its future from all the political parties
- We need your help

You can:

- Attend hustings in your area to put election candidates on the spot
- Order our free leaflets for wider campaign work
- Help us target the public; work colleagues; those who work in the NHS; and those parties seeking your vote
- Contact your local group, or set one up, to get others to help out
- Get your trade union branch to affiliate – see back page

All this and much more information can be found on our website at Health Campaigns Together or Keep Our NHS Public.

Thank you for your support
Restore the People's NHS

40 year timeline: how the NHS got into this state

1979 Margaret Thatcher elected, committed to privatisation and neoliberal policies

1980 Health Services Act makes cash limits legally binding

1983/4 Imposition of competitive tendering for non-clinical support services

1988/9 Huge waiting lists crisis used as pretext for Thatcher "review" of NHS

1990/91 "Internal market" created, by requiring providers (trusts) to compete for contracts from purchasers (health authorities) and GP Fundholders

1993 'Reforms' impose means test on community care (social care), force councils to spend 70% of funding in private sector – sell off care homes and privatise 'home help' services

1997 Tony Blair's New Labour government elected committed to 3 years of Tory spending limits and use of PFI to build new hospitals. GP Fundholding abolished

2000 New Labour commits to a decade of big increases to raise NHS spending nearer to European levels. But NHS Plan also commits to use and development of private providers

2004-5 'Independent Sector Treatment Centres' set up to treat minor elective NHS patients at 11% above NHS prices

2005-9 NHS deepens divide between provider trusts and purchasers ("world class commissioning") hiving off community health services to "any willing provider" (for profit or non-profit)

2009 Health Secretary Andy Burnham infuriates private sector by insisting NHS should be 'preferred provider'

David Fowler/ Shutterstock

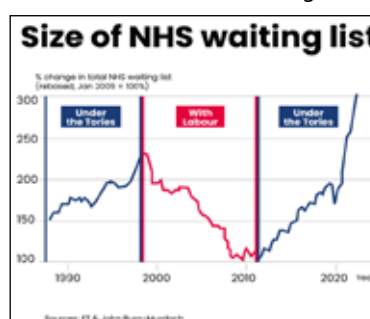


Margaret Thatcher's government started privatisation in 1980s

2010 David Cameron's coalition takes office, implementing tough austerity, having promised 'no top down reform' of NHS, and within weeks announces biggest-ever top down reform

2012 Andrew Lansley's Health and Social Care Act establishes NHS England and over 200 Clinical Commissioning Groups, further widens and entrenches gap between purchaser and provider, imposes competition and changes law to allow foundation trusts to make up to 50% of income from private patients

2014 Simon Stevens, ex-Blair advisor, recruited from US healthcare giant



UnitedHealth and appointed CEO NHS England. Five Year Forward View commits NHS to 'savings' of £22 billion by 2020

2016 Brexit vote triggers near complete collapse of recruitment of trained health staff from EU

2018 Collapse of Carillion multinational construction and services company, a leading player in PFI in hospitals and schools. Two PFI hospital builds, in Liverpool and Birmingham halted

2019 Boris Johnson wins 80-seat majority promising to build 40 new hospitals and seal an "oven-ready" Brexit deal that would release £350m per week more for NHS

2020-2 NHS overwhelmed by Covid pandemic, weakened by lack of planning and supplies of PPE. Billions wasted on contracts with private hospitals as well as privatised test and trace and contracts for PPE, ventilators etc.

2022 Yet another major "reform," the Health and Care Act, scraps CCGs and divides England's NHS into 42 ICBs; the Act also emphasises "integration" in place of competition.

2023 Waiting lists, which in December 2019 were 4.5 million (double the 2010 level) rocketed above 7 million. NHS figures show the backlog of maintenance in England's hospitals and NHS estate had spiralled to £11.6bn. 16 trusts revealed to have RAAC concrete in 34 buildings, which will cost billions to rebuild

2024 As election is called, 14 years of austerity and under-funding have created all-round crisis, with record delays for A&E treatment, England waiting lists at 7.54m, and long delays accessing mental health services for adults and children.

#ELECTION2024

PEOPLE'S NHS CONFERENCE

SATURDAY 22 JUNE

This election, we must end the NHS crisis and protect it for future generations...

The People's NHS London Conference will be a vital opportunity for NHS activists (seasoned or new), and anyone who is passionate about ending the NHS crisis and protecting it for future generations. As a general election looms, the state of the NHS and whether or not it needs reform, or 'help' from the private sector will become hotly debated. This means we must prepare ourselves with the arguments, facts, and campaigning skills to win back our NHS!

FIND OUT MORE: KeepOurNHSpublic.com/peoplesnhs/

PEOPLE'S NHS LONDON CONFERENCE
10am-5pm, Saturday 22 June,
London Irish Centre
50-52 Camden Square London
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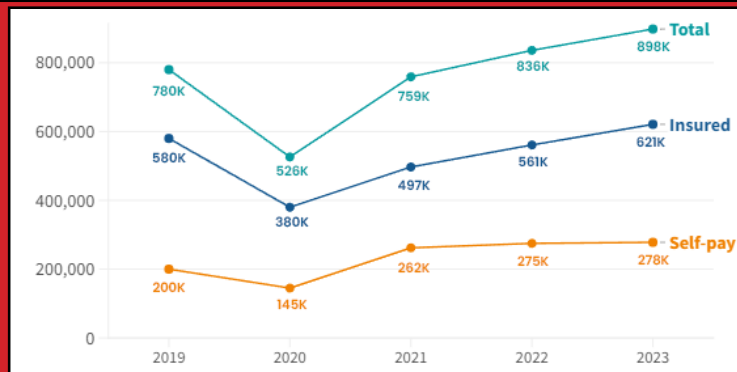
Private health care market statistics show little change despite soaring waiting lists

898,000

Total **private hospital caseload 2023**, despite waiting list above **7 million**

780,000

Private hospital caseload **2019**, waiting list reaching **4.5m**



Private Healthcare Information Network

1%

2023 increase in "self-pay" admissions for private care, "now at highest level ever."

3,000

Actual increase in self pay patients in 2023.

Why private sector is not the answer

Tory ministers who have run down NHS capacity seem to believe that encouraging more patients to choose private providers will somehow reduce the 7.5 million-strong waiting list.

Labour's shadow health secretary Wes Streeting also believes the same, and the policy is seen by the [right-wing press](#) and the [Independent Healthcare Providers Network](#) as a "cross party consensus".

But such views ignore the small size and limited scope of the private sector, as well as the level of complexity and acuity of patients who have been stuck on NHS waiting lists. Neither the private insurers nor the private hospitals want them as customers.

We can't do it – Spire

Justin Ash, chief executive of Spire Healthcare, the second largest chain of private hospitals, has warned private hospitals cannot be expected to solve the crisis in waiting lists overnight.

"Nine of our hospitals are more than 80 per cent full. A lot of them are very busy. Solving a national problem like the pressure on the NHS requires a plan and it requires time. You can't just flick a switch ... You are talking years."

Given the limited profitability of treating patients funded at the NHS tariff, Ash has argued that the ambition

for Spire is no more than 30% of its caseload to be NHS patients. The most recent [Annual Report](#) showed Spire treated 196,000 NHS patients in 2023, up 8% from 2022: the NHS makes up 20% (one in five) Spire patients, and accounted for 25% of its income.

To increase the NHS share to 30% would at most take 100,000 more NHS patients – equivalent to just over one percent of the waiting list. It's clearly not a quick fix for the backlog.

Undermine NHS services

A new [Nuffield Trust](#) report also warns: "there are questions as to the extent to which spending a higher proportion of an already very tight budget on providers outside the NHS will lead to a further deterioration in the quality and sustainability of NHS-run services."

The report shows that for all the publicity attached to contracting out clinical care, **an average of just 1.9% of total NHS acute service** spending flows to the private sector (compared with 5.1% to mental health – rising to 9.8% with new commissioning).

With large numbers of NHS trusts seeking to tackle large deficits and battling to keep services intact, it's not likely that many NHS bosses will be too keen to funnel any more cash into the greedy hands of the not-so-

independent sector.

Rishi Sunak's efforts to steer more [patients and funds into the private sector](#) began after [13 years of real terms cuts](#) in NHS funding.

It was partly a response to private health bosses [appealing for the NHS to fork out](#) to fill their empty beds, claiming "private hospitals have enough spare capacity to carry out around 30 per cent more NHS-funded activity than ... before the pandemic."

But the evidence from NHS experience, and from [similar moves in Canada](#) is that it won't work.

A [Health Foundation](#) report last year, focused on private sector provision of NHS-funded ophthalmic and orthopaedic care, which have seen the greatest growth in independent provider activity, also warned that use of the private sector can only have a "limited impact" on tackling the NHS elective backlog.

The private sector share of ophthalmic care (with referrals direct from high street opticians) increased to nearly four in 10 (38.6%) in February 2022 compared with 23% before the pandemic.

An increased share of NHS orthopaedic operations are also carried out in the private sector, rising to almost a third (31.2%) of inpatient



Vuk Valicic Albany

orthopaedic care in February 2022, up from around a quarter (26.8%) before the pandemic.

In total a Times report (backing the use of private providers) admits: "the private sector performs about 140,000 procedures a month paid for by the NHS out a total of 1.5 million [i.e. 9.3%]. There are questions about how far this can be scaled up."

Tiny hospitals

Indeed private hospitals are mostly tiny (average size 40 beds) and have limited facilities available, which means they cannot take on more complex cases – all of which wind up waiting for the limited number of available NHS beds.

The [NHS Confederation](#) has pointed out some of the gaps and weaknesses in private sector provision, noting that both the NHS and private sector "are recruiting from the same pool" of qualified staff, so any growth of the private sector inevitably undermines the NHS.

Private hospitals lack "the capabilities, workforce or capital" to take on more complex cases.

[NHS Providers](#) argues that "independent sector provision can only really accommodate low risk patients." Worse, the money paid to the private sector cannot be used to develop NHS resources, and flows out of the NHS, often lining pockets of shareholders here and overseas.

In [evidence to the Commons Public Accounts Committee](#) (PAC) in December 2022, the Health Foundation also questioned how much of the activity delivered by private providers is genuinely additional, rather than simply privatised delivery of services that NHS hospitals could have done.

It seems an expensive and self-defeating policy ... unless your main aim is to please private donors.

Spire profits are surging faster than patient numbers

Spire Healthcare boasts in its latest [Annual Report](#) that profits in its 39 hospitals had risen by 32.3 percent compared with 2022.

But looking back at the 2022 report confirms that **926,500 patients were treated** in Spire's hospitals that year, compared with 989,300 ('almost a million') in 2023.

That means numbers of patients treated rose by 6.7 percent.

So it's not increased business that has brought the staggering increase in profitability: nor is it a big increase in the prices charged to the NHS (which are still linked to NHS tariff prices).

In other words Spire's self-pay patients and insurance companies that account for the other 75% of revenue must be paying through the nose.

Spire CEO Justin Ash admits "The stand-out growth area in 2023 was insurance-based care, with revenue up 14.3%, driven by partnerships with PMI providers and a growing market."

Small wonder the growth in the market for 'self pay' treatment "softened in 2023!"

Colchester plan to outsource insourced staff

East Suffolk and North Essex Foundation Trust seems determined to outsource non-clinical support services at Colchester Hospital ... 12 years after boasting of the Colchester trust's success at bringing them back in-house.

The jobs of almost 300 NHS cleaners, catering and other support staff at Colchester are at stake. They were baffled to be told that a private meeting of the board had decided to "outsource" (privatise) their work.

The proposal for privatisation is even more shocking because the trust is bucking a recent trend, in which a series of major London trusts including Imperial College Healthcare, Epsom & St Helier, Great Ormond Street Hospital, Barts, and North Middlesex Hospital have been ending their outsourced contracts

and bringing staff back in house.

Few support service contracts have been outsourced since the early collapse of large-scale contracts in Leicester (2016) and Nottingham (2017).

Indeed in 2011 Colchester hospital bosses themselves brought their services back in-house, arguing it was the best way to "gain greater direct control over ... estates and facilities services."

In 2012 a senior Trust director and associate director of estates wrote a [lengthy article for the Health Service Journal](#), explaining why they ended the outsourced contract, arguing that it:

"gave the trust little control over how services were delivered and how they were aligned to support clinical care. This made it difficult for the trust to achieve added value and efficiency

from the contract."

Senior managers at ESNEFT have ignored purdah, and are trying with little success to engage staff in defining what the service should be like in order to start the outsourcing process!

They have refused to disclose basic information but have released a redacted OBC which, as expected, is very poor.

A formal dispute process is under way after hundreds of staff agreed they would support action if this goes ahead.

The next stage in the dispute process is for consideration by a panel of 3 non-executive directors on 18 June – the first chance staff representatives have been given to make the case against outsourcing!

● Sign the petition: <https://action.unison.org.uk/page/147561/petition/1>

1 in 4 (23%) mental health patients waited over 12 hours in A&E, up from **7% in 2019** compared with **1 in 10** of all other patients.



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270,300 children and young people are still waiting for mental health support after being referred in 2022-23
40,000 children waited more than 2 years for mental health treatment.



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1 in 3 NHS staff in poor mental health
1 in 4 have considered suicide
6.2m NHS sick days due to mental health

Mental health breakdown

New research commissioned by the NHS Confederation's Mental Health Network shows the cost of mental ill health for England was a staggering £300 billion in 2022.

The study, conducted by the Centre for Mental Health, shows that the £300bn figure breaks down into:

- £110bn – economic costs such as sickness absence, 'presenteeism', staff turnover and unemployment
- £130bn – human costs such as reduced quality of life and premature mortality
- £60bn – health and care costs such as support from public services and informal care delivered by family and friends

This is almost double the health service's £155bn budget for England in the same year.

The report *The economic and social costs of mental ill health* explains that the largest share of the costs stemming from mental ill health is borne by people living with mental health difficulties and their families: a total of £175bn.

The report suggests that the majority of costs deriving from mental ill health do not fall on health care systems, but are instead reflected in decreases in wellbeing and productivity losses.

The Centre for Mental Health and the NHS Confederation's Mental Health Network are stepping up their call for a comprehensive 10-year mental health plan, which was set out last autumn as part of *A mentally healthier nation*.

Sadly there is little indication that ministers are paying any attention. Almost every week brings fresh revelations of ways in which mental health services are lacking, under-resourced, or failing disastrously.

On April 11 for example ITV news, in collaboration with the Royal College



The Campaign to Save Mental Health Services in Norfolk and Suffolk says the trust continues to be in a crisis sparked by austerity driven cuts in 2013.

of Emergency Medicine, exposed the fact that mental health patients who seek help from A&E are more than twice as likely as other patients to wind up waiting over 12 hours for admission, with many waiting for several days.

Almost one in four mental health patients (23%, more than three times the proportion in 2019) wait over 12 hours for admission, compared with one in ten of all other patients.

Lincolnshire

One area that has shown a much better service is possible is Lincolnshire. The ITV report noted that Lincoln County Hospital's new Mental Health Urgent Assessment Centre receives around 50 patients every week, all of whom would have previously attended A&E.

This model needs to be rolled out across the country.

Last month ITV News highlighted the woeful gaps and shortfalls in mental health services for children, quoting Children's Commissioner Dame Rachel de Souza's warning of a "tsunami of

need" within the child mental health system.

Her figures showed a total of 949,200 young people were referred to Child and Adolescent Mental Health Services (CAMHS) in England in 2022-23 – that's 8% – **one in twelve** – of children in England.

Staffing and services are nowhere near enough to cope with this level of demand: the Children's Commissioner's figures show:

- 270,300 children and young people are still waiting for mental health support after being referred in 2022-23.
- 372,800 had their referral closed before accessing support.
- Almost 40,000 children waited more than 2 years for mental health treatment.
- 31,000 children reached a point of mental health crisis last year.

Meanwhile all the symptoms of the government's continuing neglect and underfunding of adult mental health services keep surfacing in news headlines.

Shocking rise in suicide among NHS staff

Samantha Wathen

The latest statistics concerning the mental health of NHS staff are shocking by anyone's standards. **One in three NHS workers** suffer from poor mental health and **one in four** have considered suicide.

In fact, suicide amongst NHS workers is rising at an alarming rate with one life tragically lost every 3 days. Last year 6.2 million sick days were taken by staff citing mental health as their reason for absence.

Final straw

The Covid pandemic was the final

straw for many staff already battling mental illness due to the relentless year-round pressures of working in a grossly understaffed and under resourced system.

Despite the effects of the pandemic with many workers left feeling the psychological effects of trauma, there has been

no let-up for workers and no real support from government. Half of the mental health hubs established to support hospital staff during the pandemic have been closed due to cut backs, further limiting their access to essential help.

Whichever party ends up forming the next government, they cannot afford, either morally or financially, to ignore this issue any longer. Staff are voting with their feet, emigrating in their thousands to countries that offer a much better work-life balance, as well as better pay and conditions, but this is not being acknowledged.

In April, NHS England attempted to withdraw the Practitioner Health Programme (set up for staff to self-refer for mental health support) for hospital staff completely. They only backedtrack due to an outpouring of alarm and pressure from the medical community.

Conservatives have done nothing to make the day-to-day job more

manageable for staff and therefore reduce the severity of mental health conditions, burnout and moral injury. Labour too seem to be completely ignoring the problem.

Their plan to run more services at evenings and weekends in order to swiftly eradicate the waiting list backlog makes zero allowance for a system with over 100,000 vacancies where staff are already working flat out and, in many cases, have neither the time nor the mental capacity to work even more hours - regardless of payment offered.

The concern is that there will be



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significant pressure to cover these additional shifts, causing the mental health of workers to deteriorate even further.

Left to charities

It should shame the government that in 2024 and after all that healthcare workers have suffered and sacrificed during the pandemic, that it is left to charities and organisations such as Frontline19 to provide free psychological support because there is a lack of provision.

The next government can no longer shy away from this issue and must commit to meaningfully increasing frontline staff and improving working conditions in order to secure the future of the NHS as a well-staffed and functioning healthcare system for all.

● **Samantha Wathen is the Press and Media Officer for Keep Our NHS Public and Frontline19**

Keep up with events with The Lowdown

Many of the news and analytical articles in this newspaper are drawn from or shortened versions of articles in *The Lowdown*.

It offers regular, evidence-based online news, analysis, explanation and comment on the latest developments in the NHS, for campaigners and union activists.

The Lowdown has been published since January 2019, and **FREE to access**, but not to produce. It has generated a large and growing searchable database.

Please consider a donation to enable us to guarantee continued publication. Contact *The Lowdown* at nhssocres@gmail.com.

Visit the searchable website: <https://lowdownnhs.info>



Racist charges worsen NHS staffing problems

The 'hostile environment' for migrant workers and asylum seekers has been cranked up over the years and has culminated this year in a 76% slump in UK visa applications from overseas health and care workers.

The most recent collapse comes from the combined impact of the March ban on overseas staff bringing their loved ones with them and the latest hefty increase in the NHS surcharge on each visa and visa extension, which rose 66% to £1,035 per year in February.

The sharp drop in potential recruitment from overseas will hit both NHS and social care, with the greatest problems faced by the social care sector.

However Home Secretary James Cleverly, oblivious to the damage being



done to vital services, boasted that "The plan to deliver the largest-ever cut to legal migration in our country's history is working. On current trajectories legal migration continues to fall across key routes."

Cleverly has perhaps not noticed that this will also slash what had been

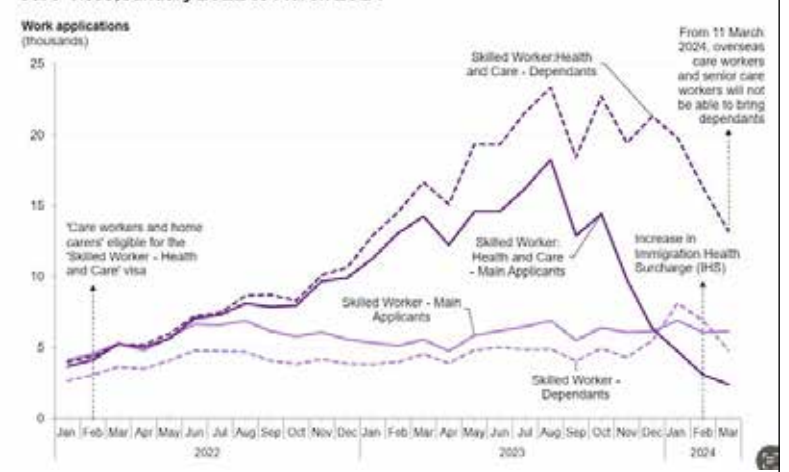
a growing source of income for the government.

The Home Office's UK Visas and Immigration arm, which processes applications, aims to recover twice as much in fees as it spends. Government income from

immigration and nationality fees rose from £184 million in 2003 to £2.2 billion in 2022, not including another £1.7bn in health surcharge and £600 million in employer levies.

It's yet another fine mess that has been left for the next government.

Figure 1: Monthly applications for 'Skilled Worker' and 'Skilled Worker: Health and Care' visas, January 2022 to March 2024



Midwife crisis



Ian Miles - Alamy

and neonatal services.

The Royal College of Midwives (RCM) has called on all political parties to invest in maternity services to ensure that every woman and family that walks through the doors of any maternity service, anywhere in the country, is confident they are receiving the best possible care.

The RCM has set out three asks of the next Parliament:

- Ensuring the right staff are in the right place, supported by the right education and training
- Ensuring maternity services reflect the needs of both the communities they serve and the staff that work in them
- Building a profession that's fit for the future

All three require investment, including capital spending; too many maternity units are not physically fit for purpose.

The Daily Telegraph recently revealed that 27 maternity units (one in seven) have closed since 2014 – with four more currently under threat.

One of them is the maternity unit of the Royal Free Hospital, in Hampstead, North London which could be closed in a move which midwives said would be "madness".

The RCM argues:

"Significant investment is needed to ensure that rooms that can't accommodate vital equipment and ceilings held up with props are consigned to history."

Break the silence on social care

Disabled people and their families account for one third of people living in poverty. Tens of thousands can't afford rising care charges; many are being hounded for debts while family carers, who save the State an estimated £162bn per year, are being criminalised because of failures in the benefit system.

In the latest slash and burn action, the Government planned to cut disability benefits to force sick and disabled people into work with rhetoric reminiscent of Oliver Twist and children up chimneys. Meanwhile they have blocked vitally needed care workers from bringing their children to the UK.

Stop the rot

To stop the rot and start building inclusive communities we need a shift in values to recognise our collective humanity and interdependency. Disabled people are our children, family members, friends, colleagues and carers. They are all us at some stage in our life.

Any new Government must immediately halt all plans which further

impoverish and persecute disabled people and family carers.

They must put an end to frightening and humiliating assessments and ensure that disabled people, carers and care workers receive a decent income to enable them to participate fully in society.

Free and fair

They also need to take urgent steps to set up a not for profit, National Care, Support and Independent Living Service which is free and fair, provides choice and control, dignity not despair!

Labour is trying to keep Social Care off the radar at least until after the election, but making background noise about slow pedalling towards a limited 'national care service' over the next 10 years or more.

There's a long way to go to get the B and R in Labour to stand for bold and radical! Meanwhile the LibDems, unencumbered by any likelihood of having to implement the policy, is calling for public funding of social care as they have in Scotland.

The call for improved pay and conditions for care and support workers is welcome, but has to be linked to looking at what we want care workers to do, which isn't to deliver institutionalised care either in residential homes or people's own homes.

And constantly valorising work and 'working people' in the narrow sense of working to make profit for someone else doesn't help as it overlooks much of the work of caring and mutual support on which we all rely from cradle to grave.

Working together

You can't hop on one leg trying to build a National Care Support and Independent Living Service. You have to co-work with disabled and older people, carers, care workers and local communities in radically re-imagining the way we live our lives and support each other. It's one for all and all for one and needs to start now!

More details from: www.endsocialcaredisgrace.org

AFFILIATE for 2024

Health Campaigns Together is a broad campaigning coalition of trade unions and health campaigners, established in 2016. All three major health unions are affiliated HCT, and we support them in their campaigns. We also have great support from non-health unions.

Since our merger with Keep Our NHS Public affiliates to HCT have the option of also affiliating free of charge to KONP, and linking with local campaigns.

If your organisation has not yet affiliated to HCT/KONP, why not do so for 2024 and help us build a network that can stand up for our NHS in this toughest of all periods? Details on how to do so in blue box below.

■ HCT/KONP is eager to receive

invitations to speak at trade union branch and regional meetings, local campaigns, pro-NHS political parties and especially Student Unions and societies.

Contact us at healthcampaignstogether@gmail.com.

HCT holds affiliates meetings online, and our affiliates decide policies and campaigning priorities.

We are only as strong as our affiliates. We value your support.

Please affiliate (or reaffiliate) for 2024 – if possible ONLINE at <https://healthcampaignstogether.com/joinus.php> (There you can also find details on how to pay by bank transfer or by cheque)

ANNUAL SUBSCRIPTION RATES

are as follows:

- £500 for a national trade union,
- £300 for a smaller national, or regional trade union organisation
- £50 regular rate for local organisations such as union branches, labour parties or local campaigns – unless your organisation is unable to afford £50, in which case please contact us at healthcampaignstogether@gmail.com.

● If you wish to pay by cheque or communicate with us by post, please contact us at:

HCT, c/o KONP, PO Box 78440, LONDON SE14 9FA

