

HEALTH CAMPAIGNS TOGETHER

#our NHS

MONTHLY ONLINE NEWS BULLETIN #3
DECEMBER 2020



On December 7 We Own It and Keep Our NHS Public handed in a 315,000 strong petition to the Lords

Good news – as Lords pass key amendments to Trade Bill

Two amendments to the trade bill - vital for the NHS - have been passed by the House of Lords Amendment 6 - Parliamentary Approval of Trade Agreements (the 'scrutiny amendment') passed by 308-261.

According to the Trade Justice Movement its provisions include a debate and vote for MPs on the government's negotiating objectives before negotiations; additional scrutiny during

negotiations; a vote in both Houses on a final deal, prior to ratification; and mandatory sustainability impact assessments on the impact of a new trade deal on the environment, public health, human rights and global development.

Amendment 11 - 'International trade agreements: health, care or publicly funded data processing services and IT systems in connection with the provision of health and care'

also passed - 232-143.

It aims to protect the NHS and all publicly funded data processing services and IT systems related to healthcare from any form of control from outside the UK.

The Lords Report stage probably won't be completed until after Christmas. Then the Bill will probably go straight back to the Commons where it will be much harder to get these amendments through.

INSIDE this issue



Vanishing beds pose threat to NHS future

They've been there for us. Now it's our turn. Let's show we're with NHS staff for fair pay. WITH NHS STAFF #WithNHSStaff

£500 payout to Scots health staff – £0 in England – p2

Conference on how to fight new wave of NHS privatisation

The vaccination programme that has been rolled out by the NHS promises an eventual end to the Covid pandemic, but not before huge contracts have been awarded to private firms – and long term damage inflicted on the NHS.

The pandemic has been a goldmine for private contractors and management consultants.

Billions have been signed away in questionable contracts with no scrutiny or accountability, and billions wasted on contracts that will not deliver, or result in unusable PPE and defective tests.

Huge sums that could have been wisely spent expanding and adapting NHS services and public health networks as assets for the future were instead frittered away on failed contracts with Serco, Sitel, Deloitte.

Parallel private systems have been set up, that do not properly connect with GP and hospital services, including 'lighthouse' laboratories for testing and processing tests – which we now



hear are to be fully privatised.

Thousands of NHS beds have been closed, with thousands more lying unoccupied as winter pressures combine with further waves of Covid infection – while private hospitals have been gifted up to £10bn in contracts to treat NHS patients until 2024.

But while the private sector celebrates its new-found riches, the fiascos of failed private services have been exposed to millions.

Privatised test and trace systems have become byword for failure, just as poor standards of hospital cleaning epitomised the failures of the first outsourced

contracts in the 1980s.

The question is how health unions and campaigners can work together and develop the right publicity and information to show the folly and expose the waste and inefficiency of privatisation and outsourcing?

Join us for an **ONLINE CONFERENCE on February 25, 6.30-8.30pm**, called by Health Campaigns Together, working in partnership with the health unions UNISON, Unite and GMB, the PDA union, the TUC, Keep Our NHS Public, the NHS Support Federation (NHS For Sale), and **The Lowdown**.

Details and registration will come in the new year.

The focus will be on the scale and impact of the new privatisation carried out under the cover of Covid – but also crucially on the ways we need to work to expose the truth to a poorly-informed public, in order to build a powerful campaign in defence of the NHS as a public service.

People's Vaccine Day of Action Monday 14 Dec. Call on big pharma to make vaccines accessible to everyone by joining the C-TAP. Make a phone call or leave a message. Email Attachments, Moderna, and Pfizer. @ their CEOs on social media.

People's Vaccine Day and campaign – p8



Union battles in Brief – p6

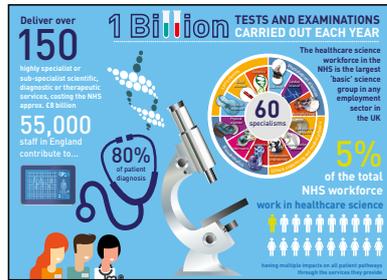
Your Covid-safe game for festive season – p8

New megalabs to be privately run, reveals Dido Harding

After setting up the part-privatised “lighthouse” laboratory network to process Covid tests as an ad-hoc parallel system to existing NHS labs, the government is now committed to establishing a new fully privatised network of “megalabs.”

And just as the lighthouse labs were set up as unregulated bodies without reference to the Institute of Biomedical Sciences, the new megalabs are to be run by a private company, Medacs, with no expertise in medical science or laboratories.

This news was revealed by Baroness Harding to unions on the



NHS Social Partnership Forum as this Bulletin is being prepared for publication.

Medacs, which until now has provided GP locums, is to be given

a contract to run the new labs, which will include a brand new 24/7 facility in Leamington Spa employing 2,000 full time staff.

Like so many PPE contracts, this contract has not been advertised or put out to tender. It has bypassed the network of NHS laboratories.

Medacs is a subsidiary of the multinational Impellam Group, chaired by former Conservative Party deputy chair and tax exile Lord Ashcroft. Impellam describes itself as a provider of ‘global talent, Acquisition and Management Workforce Solutions.’

£500 bonus for Scotland’s NHS staff – but still nothing for England

Scotland’s first minster Nicola Sturgeon grabbed headlines on November 30 by announcing a “no strings attached” payment of £500 would be made “as soon as is practicable” to all NHS and social care workers employed since 17 March 2020.

The scheme, costing around £180m, paid pro rata, will see over 300,000 staff “gain some benefit”, depending on whether they worked full- or part-time, she said.

Unions welcomed the payment, but argued it was no substitute for

a significant increase in the Agenda for Change pay scales covering all NHS staff in the UK.

Scottish Tories circulated a graphic on social media saying staff should be thanking the UK government and the Chancellor, Rishi Sunak, in particular for the increase.

But this quickly unravelled as Rishi Sunak and the Treasury rejected Sturgeon’s appeal for the bonus so be paid tax free, and tax experts pointed out the lowest-paid workers on universal credit

who earned the Scottish median salary of £25,200 could only get less than a quarter of the money – £123.95 after taxes and national insurance – because the welfare system deducts 63p from every extra pound of earnings.

Back in May the Treasury also rejected appeals from the Welsh government to exempt a £500 bonus to social care staff from tax.

Meanwhile in England NHS staff have only been offered rounds of applause, tokenistic badges and souvenir empty sandwich boxes.

THE Lowdown

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

The Lowdown has been publishing 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 publication into a third year. Contact us at nhssores@gmail.com

● Please send your donation by BACS (54006610 / 60-83-01) or by cheque made out to NHS Support Federation, and post to us at Community Base, 113 Queens Road, Brighton, BN1 3XG.

Visit the website at: www.lowdownnhs.info

Push for free hospital parking continues

Despite the continuing pandemic, hospitals are starting to charge staff to park once more

UNISON is continuing to push for the reinstatement of free parking for all NHS staff at hospitals at least during COVID-19 – and for free parking for staff permanently – as it becomes clear that some hospitals are starting to charge staff yet again.

Parking was made free for all staff in the early part of the pandemic and remains free in Scotland and Northern Ireland. In Wales, parking has been free for staff since before the pandemic.

UNISON argues parking should be free for all staff on a permanent basis. “This initiative has helped keep staff and patients safe, reducing infection risks by staff travelling on public transport. At the very least, the initiative must remain in place for the duration of the pandemic.”

But in spite of government assurances that parking would remain free for staff until the end of the pandemic, some trusts have reintroduced charges.

In the West Midlands, for instance, four hospital trusts reinstated car parking charges to staff at the beginning of July, while another five trusts chose not to do so.

A KONP statement also notes that “On top of the already high rates of car parking charges, there is a strict policy of fines too.”

“Many of the persistent offenders are senior doctors moving between hospitals, who despite already paying £60 a month for parking can’t find a designated space when they arrive to do an outpatient clinic. These charges are also levied on those who only use their car for making out of hours and emergency visits to see patients.”

“We must object to car parking charges and fines in the context of also opposing the current business model of health care where financial considerations override the best interests of patients.”

Sign the petition on Change.org, ‘Free parking at work for all NHS staff’.

Sign the petition on Organise: ‘Boris Johnson: don’t scrap free parking for NHS staff’

Vanishing front line beds pose growing threat to NHS future

John Lister

England's acute hospitals have lost over 5,600 front line beds – an overall reduction of more than one in twenty – in the 12 months to September this year, according to the most [recent NHS figures](#).

The distribution of these reductions is wildly unequal: some hospitals have maintained similar numbers to a year ago, or even increased front line bed provision (the largest increase being 106).

By contrast 21 hospital trusts have closed more than 100 beds, 4 trusts have closed more than 200 – and University Hospitals in Birmingham and Manchester have each closed over 400.

17 further trusts have seen reductions of between 50 and 97 beds, six of them equivalent to more than 10% of beds and one (Harrogate) having lost over 26%.

The new statistics cover beds available overnight in Quarter 2 (July-September) 2020-21.

They show numbers of beds that have been available this year, with some recovery from the precipitate drop in numbers in Quarter 1, resulting from NHS England's drive to discharge tens of thousands of patients to create space and free staff to cope with the first wave of Covid.

It appears that the figures reflect efforts by trusts to separate Covid

from non-Covid patients, but also their need to divert staff from more routine non-Covid services to care for patients in expanded ICU and Covid wards: with recent workforce figures [still showing over 80,000 vacancies](#) across England's NHS, there have been only so many staff to go round.

Staff shortages

Shortages of suitably qualified staff are also part of the reason why only [a third of the private hospital beds](#) that were block-booked by NHS England early in the pandemic were actually used to treat NHS patients.

However not all of this latest situation is down to Covid. A decade of frozen funding had reduced



Nightingale hospitals have remained a white elephant for lack of staff

the NHS to a dire state [before the pandemic struck](#), and numbers of acute and mental health beds had been falling year by year, with 13,000 acute beds and 25% of mental health beds closed since the austerity regime was imposed by the Cameron government in 2010.

Matt Hancock's recent statement in a BBC interview that England's NHS now has fewer than 100,000 beds – a historic low – indicates that we cannot expect all of the beds lost in the last year to reopen.

This shortage of front line capacity, bringing repeated, worsening winter crises, has been the subject of repeated complaints from the [Royal College of Emergency Medicine](#), and led to the NHS missing more and more of its key targets to reduce waiting times for emergency, urgent and elective treatment.

The reduction of beds might have been expected to lead to a sharp increase in occupancy as NHS chiefs have attempted to create safe routes and get routine surgery back up to target levels.

However only seven acute trusts show occupancy levels above 90%, and the average occupancy, reflecting social distancing and reduced levels of non-Covid activity, is just 77% – well below the 90% England average for the same quarter last year.

Private sector delighted by Stevens visit

In October NHS England [chief executive Sir Simon Stevens](#) took time out to give a keynote speech to the virtual summit meeting of the Independent Healthcare Providers Network (IHPN).

The summit also heard from former deputy CEO of NHS England Dame Barbara Hakin.

Also in October a grinning [NHS England Chair Lord Prior](#) formally opened a new £7.5m private day hospital in Stourbridge for Australian-owned hospital firm Ramsay Healthcare.

The private sector is delighted at the prospect of a profitable "partnership" with the NHS. IHPN CEO David Hare, said:

"IHPN members hugely welcomed the opportunity to hear from Sir Simon and it is a clear indication of the importance he places on talking to independent healthcare leaders and hearing views from those 'on the ground' in the sector. ...

"The private/public divide has been a feature of policy thinking over far too long a period and I think there is an opportunity now to see the healthcare system as one," he said.

NHS decline = private gain

The reduction in NHS beds and reduced levels of occupancy have brought a drastic cut in NHS capacity.

But instead of investing to ensure hospitals can refit and reorganise to reopen the closed beds and recruit and train the extra staff they need, Rishi Sunak's spending review has once more starved the NHS of resources, allocating a paltry £3 billion increase to NHS revenue spending to cover all of the increased costs, and given a one-off increase in capital – to be [followed by a real terms cutback](#).

By contrast a lavish [£10bn has been allocated](#) to a 4-year "framework contract" with private hospitals to

treat NHS waiting list patients.

The danger is that NHS capacity will remain hobbled for years to come, leaving it increasingly dependent on capacity from private hospitals, resulting in a steadily growing share of taxpayers' money flowing out of the NHS into private pockets.

The longer term likelihood is of further inroads to be made by the private sector into an under-resourced NHS.

The full versions of the articles on this page first appeared HERE in *The Lowdown*, together with a table showing the trusts that have lost the largest numbers of beds since 2019.

UK provision of beds, with England as the least well provided, has for many years been well below that of comparable European and OECD countries, and this is getting worse.

In 2010 England had 2.07 acute beds per 1,000 population: by last year this had fallen by over 10% to just 1.8.

NHS England pushes for 'integration,' but not as we know it

John Lister

Despite all the other issues that might be expected to be priorities, it seems NHS England remains focused on driving through its plans for yet another reorganisation, to establish a network of 42 "Integrated Care Systems" (ICSs) to control services at local level – and possibly even fewer than that, with the possibility some smaller ICSs might also merge

A new 39-page [NHSE consultation document "Integrating Care"](#) at the end of November follows on from a volley of instructions to local health chiefs in a [circular on July 31](#).

The new document piles on pressure for prompt government action, setting an ambition of securing new legislation that would allow the whole of England's NHS to be run through ICSs by 2022.

It makes the extraordinary claim that the establishment of ICSs – driven relentlessly from the top by NHS England, and resisted at local level by local government bodies, GPs and campaigners – is in fact "a bottom-up response."

Suspicious

Many campaigners remain justifiably suspicious of the extent to which ICSs, which have been [set up and function largely in secret](#), would be in any way accountable to local communities if given statutory powers.

And while [Integrating Care](#) argues for the need to establish ICSs as "statutory bodies" with real powers, notably "the capacity to ... direct resources to improve service provision," there are real fears that NHS England, facing more years of tight and inadequate budgets, sees ICSs and system-wide policing of finances as a way of more ruthlessly enforcing cash-cutting reductions or restrictions on availability of services through "control totals" limiting spending across each ICS, and growing lists of excluded ["procedures of limited clinical value"](#).

The HSJ, normally happy to go with the flow of NHS England, has [pointed out how vague](#) are the proposals in the new document, and raised questions over funding.

[Integrating Care](#) suggests two alternative routes to establishing a legal status for ICSs; in the second option an ICS would effectively

take the place of a CCG, replacing its governing body (along with its GP membership model) with a new board consisting of representatives from the "system partners".

In other words the CCGs, having been merged into bodies far larger in scope than the original 207 CCGs, [would be abolished](#), with their commissioning role taken over by the ICSs.

Favoured model

This second model is the one favoured by NHS England. But it has raised concerns amongst GPs, some of whom fear that they and primary care as a whole would once more be marginalised by new structures that could be dominated by bigger providers, and especially by large-scale acute hospital trusts.

While NHS Providers expect an NHS Bill to be announced in the next Queen's Speech and introduced in the late spring next year, this is up to ministers.

In pushing hard and publicly now for legislation NHSE might be motivated by concern that the Johnson government (whose [manifesto](#) this time last year promised legislation to carry through NHS England's [Long Term Plan](#), which includes ICSs) may have since changed tack.

Revelations that Matt Hancock



[had been held back](#) during the summer from plans to speed through the promised changes, and that [a secret Downing Street "task force"](#) on health policy has been meeting over the summer and autumn – without inviting NHSE chief executive Sir Simon Stevens – suggest the PM may have been steered away by his advisors from what appeared to be a common agenda.

The lack of any firm timetable or commitment for government action does raise the [possibility that they have pulled back](#) from the new legislation which NHSE argues is necessary to roll back key sections of the 2012 Health and Social Care Act – and pave the way for ICSs.

Market lives on

However as we have seen with so many Covid contracts the removal of the requirement to put services out to competitive tender does not necessarily mean an end to privatisation – or to the "market" in health care, separating purchasers (commissioners) from providers.

The proliferation of "Framework contracts" in which NHS England or its privatisation sub-division

NHS Shared Business Services sets up a list of pre-approved providers including private companies, non-profits and some NHS-led organisations, which can be allocated contracts without tendering or formal competition, or from which a small group can be selected for a mini-competition.

Nonetheless it appears that the consensus assumption within the NHS is that NHSE will get legislation along the lines it has requested.

Even then there are many unknown factors. How far does Johnson's clique of advisors really want to go with NHS reform? How fast? How much priority can they and will they give it as Brexit chaos looms? Do they want to marginalise Stevens and replace him with a more pliable [Tory crony like Dido Harding](#) – who would [lack any credibility with NHS chiefs](#)?

Challenges

The process of transition from CCGs towards ICSs is already well-advanced with many CCGs already merged, making any nationally coordinated campaign extremely difficult.

However the mergers have also served highlight the fact that defending the status quo against NHS England's plans is also a non-starter, since merged CCGs are already showing themselves more than capable of implementing policies as bad as many fear from ICSs.

So while campaigners will continue to resist the forced mergers of more CCGs, the wider campaigning goal must not be limited to retention of the structures created by the 2012 Act.

NHS England want to repeal only selective parts of the Act. But to create any chance of genuine local accountability it's necessary to [scrap the remaining elements of the Act](#) and the competitive market and purchaser/provider split it entrenched, to roll back tendering and privatisation, and create unified local health boards.

In other words a genuine re-integration of health services that have been split asunder since the days of Margaret Thatcher.

● For a full version of this edited article see [The Lowdown HERE](#)

US firm could take over from "outstanding" Notts GP practice

Almost 11,000 patients at a GP practice in central Nottingham, many of them vulnerable, face disruption to their services and potential reductions in care as Nottingham and Nottinghamshire CCG/ICS imposes hefty cutbacks in funding and puts a major GP practice out to tender – all in the name of equality.

Waiting in the wings is an American company that appears to have no compunction over grabbing a drastically under-funded contract, and slashing back the services to fit.

According to the CCG's own Equality and Quality Impact Assessment, which has been seen by [The Lowdown](#), the contract on offer would downgrade the enhanced care currently available to the patients on the list of the Platform One GP practice (rated "outstanding" by the CQC) to "core primary care services."

In the name of equality the CCG has decided that any increase in care to meet needs of one group of patients would also have to be introduced in ALL practices throughout the city and county.

The CCG has been trying for years to re-tender the service – reportedly cutting back funding from £190 per head to just £110. Now Operose Health, the UK arm of Centene, one of America's largest healthcare companies Centene, has bid for the contract.

● To see the full, much longer [Lowdown](#) report click [HERE](#)

Leicester campaigners repel CCG takeover bid

Leicestershire health bosses seeking to ram through a [controversial plan](#) they kept under wraps for months on end have complained when their attempt to take over a campaigners' meeting was rebuffed.

[Save Our NHS Leicestershire](#) has been holding a series of online public meetings during the consultation to discuss the local NHS Trust's £450million plans to reorganise hospital services in Leicester, Leicestershire and Rutland.

The first meeting was a huge success, with close to 40 people in attendance and a very high level of participation in the discussion. People were very angry about plans to close Leicester General Hospital and St Mary's Birth Centre, but also at the fact that the consultation is happening in the middle of a pandemic, with extreme social restrictions pushing almost all social interaction online.

But that afternoon, Leicester City Clinical Commissioning Group (CCG), who are jointly running the consultation with other



CCGs in the region, tweeted their "disappointment" that their offer to speak at the meeting was rejected.

As with all public meetings, members of the CCG or the local Trust were free to attend. And given that part of their job at the moment is to consult the public about their plans, you would probably expect them to.

But Leicester City CCG was apparently not interested in attending the meeting unless they could practically run it, asking to attend the meeting to present proposals and answer questions. And they only approached the

campaign three days before the meeting, even though the meeting had been organised and publicly advertised for more than a month.

Save Our NHS Leicestershire responded:

"You have plenty of meetings where all the speakers are selling your plans to the public. You enjoy lots of favourable press coverage.

"We are entitled to a space in which we can make our arguments to the public. The implication that our arguments are inaccurate is unfounded and, honestly, cheapens both yourselves and the consultation."

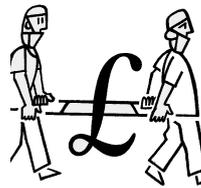
Green light for Grantham legal challenge

A legal challenge to downgrading services at Grantham Hospital is to be heard in January.

United Lincolnshire Hospitals has decided to convert the hospital to a Covid-free 'Green Site' by closing the A&E department and replacing it with an urgent treatment centre.

Jayne Dawson, one of the local campaigners, has secured legal aid and instructed law firm Irwin Mitchell to bring a legal challenge on the basis that the decision of hospital trust managers was unlawful.

Faith Salih, a specialist public law and human rights lawyer at Irwin Mitchell, told



[Lincolnshire Live](#): "Our client, Jayne, believes that closing the Grantham A&E department and inpatient beds will have an adverse effect on many people that depend on the facilities at their local hospital.

"The nearest A&E department is now over 20 miles from Grantham and many patients will have to travel a long time to get there.

"Jayne is concerned that an urgent treatment centre will not be sufficient to deal with patients who require emergency, life-saving treatment and that the remaining Accident and Emergency departments are too busy and too far away."

Campaign to save the Royal Brompton

GMB London is supporting a socially distanced and safe-Covid-measures protest outside the Royal Brompton hospital on Monday 14 December against the [takeover of the Trust](#) by Guy's and St Thomas FT, with an accompanying land grab that will sell off the hugely valuable Royal Brompton site.

The details of the protest are: 11:00 am, Monday 14 December Royal Brompton Hospital Sydney Street London SW3 6NP

The protest is to be held the day before directors and executive board members of Royal Brompton Hospital are due to meet to sign off the 'acquisition' of the hospital in the merger with Guy's and St Thomas' Hospital NHS Trust.

This is despite there being no public consultation on what effectively is the takeover of the Royal Brompton Hospital and its world-renowned specialist respiratory and cardiac services

at the site – and despite the unanimous all-party opposition to the merger from the Royal Borough of Kensington & Chelsea.

Campaigners are now calling for a Public Inquiry into the sale of previous properties owned by the hospital trust.

[Petition - Royal : Save the Royal Brompton - Change.org](#)
[Petition - The Royal Brompton & Harefield NHS Trust: Save our Brompton Hospital! - Change.org](#)

BHRUT under pressure – call for more services at King George's

Queen's Hospital in Romford is once again struggling to see emergency patients within the four hour time limit. More than half of its more serious type one A&E patients waited more than four hours in August.

The hospital, like many built under the Private Finance Initiative, has too few beds. A report prepared for a meeting of Redbridge Council's health and wellbeing board on November 30 said the same day emergency care service was finding space "an issue".

Redbridge Council's health scrutiny committee chairman Cllr Neil Zammett (Lab, Goodmayes) said the trust's A&E performance was "abysmal, dreadful, appalling and inexcusable".

He said the council felt Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) should open more services at King George Hospital in Ilford to reduce the strain. However the trust is desperately keen to run down and close services at King George's to allow more land assets to be sold off.

Given the lack of options and capital to expand capacity at Queens, it has opted for the simpler wheeze of increasing the size of its ambulance bay, to allow more patients to be kept waiting outside.

Union battles IN BRIEF

Ambulance ballot

GMB is set to ballot ambulance worker members at St George's Hospital over changes to their shift patterns proposed by HATS, the private employer which runs [patient transport services](#) at the south London Hospital. HATS has ignored concerns raised by workers that these changes will have a significant impact on their pay, their hours and their work/life balance.

If the members vote to strike, industrial action will take place in the New Year.

Security strike

20 security guards at the Royal Berkshire Hospital in Reading, currently locked in a 'David and Goliath' pay battle with their employer, [will be striking](#) from December 14-18 against Kingdom Services Group Ltd.

The staff, members of Unite, are seeking a pay increase to £12 an hour for security officers and £13.00 an hour for security supervisors: the company is part of a global organisation with a £100 million turnover.

Drug rehab victory

30 former NHS drug and alcohol support workers who had been transferred to We Are With You – formerly Addaction – in Wigan and Leigh have [announced the end](#) of a long-running trade dispute with their employer. They had demanded the charity keep its promise that their pay would keep pace with NHS Agenda for Change.

The victory comes more than 15 months after the first strike, and a vigorous campaign that included 26 strike days.

Staff win fight to stay in-house

A determined fight by 72 in-house support staff in the portering, logistics and linen services at Hinchingbrooke Hospital has successfully fought off plans by North West Anglia NHS Foundation Trust to [outsource the services](#) – with no in-house bid.

The staff, members of UNISON and Unite, highlighted the 46% higher cost of factory-produced reheated food at Peterborough compared with the freshly-cooked, locally sourced food cooked in-house in Hinchingbrooke.

More details [HERE](#).

Cuts in social care

Spending on long term care fell by an average of 31% per person between 2009 and 2018, according to a [new report](#) from the Institute for Fiscal Studies.

The cuts led to between a quarter and a half of the increased numbers of A&E attendances by people aged over 65, and in return visits and readmissions.



But because there was no wider impact on hospital costs, the IFS concludes that the austerity imposed on social care "successfully

reduced combined spending on health and social care" – while harming the health of vulnerable users.

Mental health care braced for 40% increase in demand

The Health Service Journal has seen [research that warns](#) demand for adult mental health services could rise by 40 per cent, largely be driven by the experiences of lockdown.

Those who were particularly isolated – such as single-person households and those asked to shield – are most likely to need

mental health services.

The peer-reviewed research was carried out by Tees, Esk and Wear Valleys Foundation Trust, along with the Centre for Mental Health, Mersey Care FT and York University.

It also predicted that: Referrals to children and young people's mental health services

could rise by up to 60 per cent from pre-pandemic levels

Demand for older people's services could rise by 20 per cent

Learning disabilities teams could face a 10 per cent rise in referrals with increasing levels of complexity, and

Demand for improving access to psychological therapies services could rise between 11 per cent and 33 per cent.

The report warns patients could present with a wide range of conditions, including post-traumatic stress disorder, anxiety, depression and eating disorders, and some of these conditions will be delayed by months or years.

Ministers predictably reiterated yet again that they have allocated a miserly £500m to help restore mental health services and meet additional pressures: but the [latest official figures](#) show a continuing decline in NHS mental health beds – with numbers now 25% below the total available in 2010, when the austerity freeze on real terms spending was imposed on the NHS.

Another private sector failure

Standards of care at yet another privately-run psychiatric intensive care unit have been sharply criticised by the [Care Quality Commission](#).

Its report found that most patients the inspectors spoke to had concerns about their sexual safety.

Women in Cygnet Health Care's Godden Green Hospital, in Kent, were afraid to shower because male staff did not always knock before entering bedrooms and staff entered bathrooms without permission. Patients were often looked after by male staff despite having asked for a female staff member and, in some cases, had an all-male care team.

The CQC reported the ward was dirty, with grime on cupboard doors, dead insects on woodwork and stained carpets. The PICU only opened in December 2019.

In the Child and Adolescent Mental Health Service unit CQC inspectors found most of the

CAMHS unit's staff, including one ward manager, had no prior experience of working with young people.

Cygnet have now [permanently closed](#) the unit.

North London service fails for lack of staff

Severe staff shortages have led to the CQC designating a child and adolescent mental health service run by Barnet, Enfield and Haringey Mental Health Trust as ["inadequate" for safety](#), having been rated "good" for safety in 2017.

The CQC inspection in October found that the proportion of unfilled shifts at the Beacon Centre had more than doubled overall from 9.5 per cent in April 2020 to 22.4 per cent in September.

NEXT ISSUE

Our next issue of the monthly bulletin will be January 2021, please get any articles, photos, tip-offs or information to us no later than JANUARY 4.

In the meantime, season's greetings and a happy new year to all our affiliates and supporters.

Fighting racism

'People are dying' – hostile Home Office is risking lives in the NHS

Bullying Home Secretary Priti Patel has taken delight in organising a deportation flight to Jamaica, branding opponents of her revival of the 'hostile environment' policy "do-gooding celebrities" and tacitly encouraging attacks on human rights lawyers who have challenged the legality of the policy.

But even Patel's own Home Office staff have had to admit that the listed deportees are by no means all "rapists and murderers" – in fact a majority (23) of the 36 men due to be flown to Jamaica on December 3 were granted a reprieve after the government acknowledged some may have been victims of modern slavery.

The eagerness to find reasons to deport people and ignore any argument to the contrary has also led to health workers being forcibly returned home during the pandemic.

Stupidity

UNISON recently highlighted the injustice and stupidity of forcing a senior nursing assistant, Arun Panabaka, to return to India in the midst of the pandemic, arguing that "With staff shortages across the NHS, the UK's immigration policy is arguably punishing patients more than anyone else and potentially costing lives."

Arun came to the UK on a family visa in 2019. When the pandemic struck, he was one of the thousands of migrant workers who served the nation on the COVID-19 frontline.

Arun explains: "I've always worked in operating theatres. When the pandemic struck, I was redeployed to COVID-19 wards and worked in an Intensive Care Unit. I had to leave my wife and child to go and stay in university accommodation for four months.

"It was really challenging. I had many sleepless nights, not knowing when I might get infected. It was a terrible experience seeing so many



Priti Patel – creates a hostile environment wherever she goes

patients suffering. But to add to this, there just aren't enough staff.

"I work at several London hospitals, and on shifts where there are supposed to be four staff, there are only two or three.

"There are so many patients you can't cope. More staff would save more lives."

To add to his strain, Arun was preoccupied with worry about his visa expiring in October. "The government had said they would extend NHS workers' visas, and I knew mine was due to expire.

"I used to check the immigration rules every single day. On top of the mental and physical strain of working through the pandemic, I was so anxious I would have to leave the country."

In practice, the government only extended the visas of 3,500 migrant workers, while the NHS reports well over 100,000 vacancies in health and social care.

Forced to leave

When Arun's visa expired in October, he was forced to move back to India, leaving the NHS even more short-staffed.

The Migration Advisory Committee (MAC) argued that Arun's job, Senior Nursing Assistant, should be included on the Shortage Occupation List (SOL). The SOL is a Home Office list of jobs which are in short supply in the UK, and are



encouraged to be filled by migrant workers.

On 22 October, Home Secretary Priti Patel rejected the MAC recommendations, meaning that Arun, a qualified and experienced NHS Senior Nursing Assistant, is now in India when he's desperately needed in London hospitals.

Arun said: "I was so upset when I heard about this decision. People are dying because there aren't sufficient staff. And even then, all the government wants to do is stop immigration.

"It doesn't have to be this way, look at other countries," says Arun.

France

"In France, they increased the salaries of healthcare staff to recognise their work in the pandemic. Nurses and healthcare

workers received an average monthly increase of €180.

"In the UK, only claps are good enough, and yet MPs are getting a £3,000 pay increase next April. Do they have no shame?"

Arun's manager says she's keeping his job open for him until December, in the hope that the government will accept and implement the MAC recommendations and he might be able to come back.

He still checks the government website every day.

"I am experienced and qualified.

When the NHS is short-staffed, why does the government want to restrict us from working?"

UNISON strongly supports renewing the visa extension scheme as a matter of urgency, on a rolling basis for the duration of the pandemic.

Hostile environment supporter appointed to Equality commission

Middle East Eye reports that the UK government has appointed a supporter of the "hostile environment" policy as a commissioner on the board of its equalities watchdog, the Equality and Human Rights Commission (EHRC).

David Goodhart is a journalist and author who currently heads an "immigration and integration research unit" at the right-wing Policy Exchange think tank.

In 2018 he wrote in support of the Home Office's "hostile environment" policy, a series of measures introduced under then-home secretary Theresa May that were intended to make life more

difficult for people living irregularly in the UK.

Writing in the [Telegraph](#) in 2018, Goodhart described the scandal of the treatment of the Windrush generation of black British citizens deported to the West Indies as "an error of over-zealous control" which "must not lead to a radical watering-down of the so-called 'hostile environment'".

Earlier this year Goodhart questioned complaints of systemic racism in the UK raised by the Black Lives Matter movement.

Writing for the [Unherd website](#) in June of this year, he described those complaints as "statistically naive".

HEALTH CAMPAIGNS TOGETHER

People's Vaccine Day of Action

Monday
14 Dec.

Call on Big Pharma to make vaccines accessible to everyone by joining the C-TAP



10 min. Make a phone call or leave a message.

5 min. Email AstraZeneca, Moderna, and Pfizer.

1 min. @ their CEOs on social media



#VaccinesForEveryoneEverywhere #PeoplesVaccine #JoinCTAP

People's Vaccine – Day of Action December 14

Global Justice Now

The first Covid-19 vaccine has been approved and started to roll out in the NHS this week. But it would be even better if this roll-out was also happening for other countries too.

But it isn't, because, so far, most of the doses produced by Pfizer have already been bought by rich countries, leaving countries in the global south with little or nothing.

And without pressure on the pharmaceutical companies, there simply won't be enough supplies for all countries and the poorest countries could have to wait until 2024 before they get any vaccines.

We need a people's vaccine, not a profit vaccine

Will you join our global day of action on 14 December for a people's vaccine?

What we're asking for

On 14 December, we want to bombard Pfizer, Moderna and AstraZeneca with phone calls to demand that these companies join the World Health Organisation's Covid-19 Technology Access Pool (C-TAP).

This global pool was set up to help companies share their patents and share how to make the vaccines with other companies. Joining C-TAP will mobilise more

manufacturers to expand production so there are enough doses for everyone, everywhere.

So far, pharmaceutical companies have refused to join. And that's why

we need you to help ramp up the pressure.

Help put pressure on pharmaceutical companies so everyone everywhere can get a vaccine.

Sign up [HERE](#) to take part on December 14.



Our online board game is Covid safe – and ideal for the holiday

The health warnings keep coming – some of the latest urging people to avoid playing board games or card games over the festive season. Many people are still recommended to shelter, or will find themselves alone.

But help is at hand – the newly updated **Cronyvirus Edition of Hospital Millions**, the smash hit game invented back in 2013 is now out – and can be safely played by one person with up to three real or imaginary friends.

It's Covid safe – and boffins in

the HCT computer labs are even working on an online version that can be played between different households – making it a potential rival to Minecraft and Call of Duty.

It's FREE to access from [HERE](#).

Of course you could also check out the other info on our website and make a note to get your union branch or local campaign to **affiliate to HCT in the new year**.

Meanwhile get speculating right now – it's the only safe way to privatise the NHS. All the issues are real – but it's only a game!

What's Going on: COVID AND CRONYISM

Wednesday 16 December, 7pm - 8:30pm



While the Covid crisis continues the Conservative Government are using this pandemic as an excuse to give private contracts for vital public health services to their allies in business.

Speakers in this meeting called by NHS Staff Voices include staff and families affected by the continued push to privatise the NHS. We will be hearing case studies about how privatisation affects the service, staff and the general public alike.

<https://www.facebook.com/events/681994586040158/>

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an **alliance** of organisations. We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning. **WE WELCOME SUPPORT FROM:**

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

- political parties – national, regional or local
- The guideline scale of annual contributions we are seeking is:
- **£500** for a national trade union,
 - **£300** for a smaller national, or regional trade union organisation
 - **£50** minimum from other supporting organisations.
- NB** If any of these amounts is an obstacle to supporting Health Campaigns Together, please **contact us** to discuss.
- You can sign up online, and pay by card, bank transfer or by cheque – check it out at at <https://healthcampaignstogether.com/joinus.php>**