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# Johnson recruits another private sector advisor

Boris Johnson's latest addition to his panel of private sector-oriented health advisors is Samantha Jones, who will advise on 'NHS transformation and social care.'

She [steps across](#) from her role as chief executive of the many British operations of US health corporation Centene, whose most [recent expansion](#) includes buying a major share in Circle, which now runs the largest chain of private hospitals in Britain, and controls 58 GP surgeries across the UK, making it the largest GP network in the UK.

Jones joins an unsavoury advisory team that includes [ex-McKinsey](#) alumnus and Tony Blair's former director of health delivery in Downing Street [Adrian Masters](#), who has been a director at competition regulator Monitor, NHS Improvement and Public Health England, and William Warr, a former [right wing lobbyist](#) working with Lynton Crosby and [outspoken critic of the NHS](#).

## Changing sides

But it's far from the first time Ms Jones has changed sides in a career that has involved stints in both the NHS and private sector. Although she is now described as a "high flyer" she would better be described as a frequent flyer.

Having started out as a paediatric and general nurse she became a national NHS management trainee, rising through the ranks to become chief executive of Epsom & St Helier Hospitals Trust in 2007.



Watford Observer

But by September 2010 the lure of the private sector led to Jones announcing she would be [stepping down](#) from her £157,000 a year NHS post at the end of December ... to become regional director for Care UK.

In her last few weeks at the Trust she annoyed staff by calling on them to help the Trust bridge its £30m deficit by [sacrificing some of their annual leave](#) and coming in to work for no extra pay instead, announcing that she, too, would be working one of her outstanding days of leave... before leaving.

## Walking away

Three years later Ms Jones rejoined the NHS as CEO of West Hertfordshire Hospitals trust, before annoying local MPs by "walking

away" from the Trust [less than two years later](#) in 2015 to lead Simon Stevens "New Care Models Programme" for NHS England.

One of the 50 vanguard areas she worked with was Nottingham, where in 2017 local CCGs recruited US insurer Centene on a £2.7m contract to advise on establishing an integrated care system, drawing lessons from US-style accountable care organisations.

Centene had previously (2014) purchased a [50% stake in the Spanish Ribera Salud](#) company that had worked with the right wing regional government in Valencia to establish a system of integrated hospital and health care based on capitated funding, which some NHS leaders saw as a potential model for the NHS.

However in November 2016 the Spanish newspaper El Pais reported that Ribera Salud was [under police investigation](#) for fraud, including overcharging, and issues with sub-contracting.

And in 2017, when the right wing lost power in Valencia, the new regional Valencia government promised to [roll back the privatisation](#), pointing to significant problems with a [lack of oversight](#) of the "concessions" given to Ribera Salud, with no effective control, nor checks on the quality of its service, nor in any financial matters.

In June 2017 Jones [stepped down](#) from her NHS England role and after 18 months as an

**continued inside, page 3**

# As 1 year-plus waits exceed 300,000, trust chases private patients

While most of the NHS battles to catch back up with a still-growing backlog of patients waiting for elective treatment, Oxford University Hospitals Foundation Trust is looking instead to expand its private patient business.

In 2019/20 its income from private patients, £8.1m, was less than 1% of its £960m turnover – and according to [Healthcare Markets magazine](#) CEO Bruno Holthof is now looking for private hospital operators to help increase this, beginning in the second half of this year.

It appears that despite the rapid failure in 2019 of a central London venture with the US-owned Mayo Clinic, Oxford trust bosses are lured by hopes of matching the hefty profit margins of Manchester's Christie NHS Foundation Trust, which claimed to have generated £13m profit from £48m turnover in a project with US-owned HCA last year (a profit margin significantly higher than most private hospital chains in England.)

Despite promises that any profits will be "reinvested in NHS services" it's likely long-suffering Oxfordshire patients would prefer their local trust management's attention to be focused on meeting their needs rather than running after hopes of big bucks from the world's wealthy.

# £6.6bn is not enough: Sunak is still short-changing NHS

On March 18 Health & Social Care Secretary Matt Hancock announced a [further £6.6bn funding](#) for the NHS to deal with Covid from the 6 months starting April 1, with a further £341 million for adult social care.

The announcement came at almost the last minute: NHS Confederation chief executive of Danny Mortimer had warned that failing to agree funding "would put too many services in a perilous position at the start of the 'recovery phase' as the NHS plots its way out of the pandemic".

It's nowhere near enough. It's £1.4bn less than the £8bn extra costs attributed to Covid over the same period last year, for which just £7bn funding was allocated. (By coincidence £1.4 billion is the cost of an average pay rise of 5 per cent for NHS staff.)

It appears that last year's below-cost allocation rested on the assumption that the NHS had "saved" £1bn by drastically (and

disastrously for some patients) cutting back its elective activity, reducing its spending on surgical consumables.

But that saving could only at best be a temporary one, a delay rather than an avoidance of spending.

## Warnings

This year amid a chorus of warnings over the scale and impact of longer waiting times and hugely increased waiting lists hospitals are seeking to speed up waiting list treatment and reduce the numbers of long waits, so the extra £1 billion is needed – and more.

Of course even the full £8bn was not the full cost of dealing with covid in April-September last year: it was the extra cost over and above the normal NHS budget.

The more NHS trusts are able to return to normal and above normal levels of elective work, the higher combined cost of routine and



Money for management consultants, but not the NHS

additional ongoing covid workload.

The covid toll of physical and mental ill-health among staff is also increasing costs by requiring greater use of agency staff to fill sickness absence.

## Sunak promise

So £6.6bn falls well short of the extra funding Rishi Sunak needs to hand over if he is to claim he is giving the NHS "whatever it needs".

The Institute for Public Policy Research has [argued an extra £12bn a year](#) investment is needed in the NHS and care system to try and recover after the pandemic.

And with hospitals literally falling down for lack of capital funding (see pages 4-5) it's clear the austerity regime that has effectively frozen real terms NHS funding since 2010 is still very much alive and kicking.

# Deadly rise in delayed cancer treatment

There has been a catastrophic drop in numbers of cancer patients referred for hospital treatment during the pandemic, with numbers referred between March 2020 and January 2021 down by 350,000 on the previous year's figures, according to the [latest NHS England data](#).

The reduction is equivalent to nearly one in six, from 2.2 million to just 1.85 million urgent referrals, and appears to result from patients' fears leading them to put off seeing GPs to check out early symptoms for fear of Covid-19.

The fresh wave of Covid

infection from January of this year will have deterred even more patients. IPPR figures [quoted by The Times](#) show a reduction from 44 to 41% in the proportion of cancers caught early enough to be highly curable, and IRRP research fellow Chris Thomas told the *Times*:

"This will undo at least eight years of colorectal cancer survival rate progress, six years in [breast cancer](#) survival rates, and two years in [lung cancer](#) survival progress."

There has also been a 25% drop in urgent referrals for urological cancer 23% fewer for brain cancer patients and 21% fewer child



cancer patients referred.

Hundreds of thousands more patients are waiting in pain for less urgent elective treatment: the number of people who have been waiting for over a year has soared to 304,044 from 1,613 before the pandemic.

Former NHS chief executive

Sir David Nicholson [told the Guardian](#) that "The backlog is truly frightening. We can very easily get to the next election with people waiting over two years."

The NHS Confederation believes there could be as many as 6.9m cases by the end of the year as people on the "hidden waiting list" finally visit a GP.

But there is also a problem if reduced NHS capacity.

The most recent figures for [general and acute beds](#) in the final three months of 2020 show just 79,520 beds were occupied (81% down almost 14,000 from the same period in 2019, when over 89% of beds were occupied).

With numbers of Covid in-patients reduced to just [3.4% of beds](#) at the end of March, the challenge of reorganising and reopening some of the closed capacity poses questions over numbers and fitness of exhausted staff and the state of run-down hospital buildings.

# 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.

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# Widening the health divide

As might be expected with a death toll in excess of 140,000 and still rising, the Covid pandemic has brought a [drop in life expectancy](#) – the greatest since the second world war: but the impact has been greatest on the poorest areas, where life expectancy fell by almost two years compared with one year in the richest.

There is an underlying problem of widening inequalities in health between the rich, who have been getting consistently richer in the past decade, and the poorest, who have been getting poorer and facing more ill-health.

## 10-year gap

Last year the gap in life expectancy between richest and poorest grew again to more than 10 years for men and 8.5 years for women.

And despite Prime Minister Johnson's recurrent rhetoric about "levelling up" it's clear that even resources apparently intended to achieve this are being skewed towards the richest areas and marginal constituencies with Tory MPs.

The government is facing a [legal challenge](#) over the allocations of

money from the £4.8bn "Levelling Up Fund" after [it was revealed](#) that 47 of the 56 constituencies awarded cash had Tory MPs, including the prosperous seats of Rishi Sunak and Robert Jenrick.

In the eventual allocations of extra funds to 45 towns, only 19 of the 40 classed as most deprived were given anything, compared with 21 of the 49 classed as "medium priority", while five of the 12 towns in the least deprived low priority group – all of them with Tory MPs – also gained funding.

But central government spending that should be assisting work to [level up public health](#) is also being cut in 31 areas and frozen in 69, while the overall allocation across England goes up by a pitiful £45m (0.67%) in 2021-22 – more than half of which is already earmarked to pay for distribution of a new anti-HIV drug.

## Funding cut

Per capita public health funding is [being cut](#) in areas with high levels of Covid infection including Wakefield, Doncaster, Peterborough and Rochdale, and frozen in Rotherham, Barnsley, North Lincolnshire,



Bradford, Sheffield, Blackburn with Darwen, Leicester, Thameside, Kirklees, Oldham and Hartlepool.

The latest cuts come after a [£700m real terms reduction](#) in public health funding between 2014/15 and 2020/21 – a fall of almost a quarter (23.5 per cent) per person.

The Local Government Association, weakly demanding a £600m increase by 2024 that will not even begin to redress years of cuts, states the need for action:

"Public health teams, based in councils, should be at the centre of efforts to reduce inequalities, boost the economy and improve people's lives in our recovery from COVID-19, including making greater use of combined resources at local, system and national level."

The refusal to heed such demands confirms the government's commitment to widening rather than deepening the health divide between rich and poor.

## Johnson recruits more private sector health advisors ... from front page

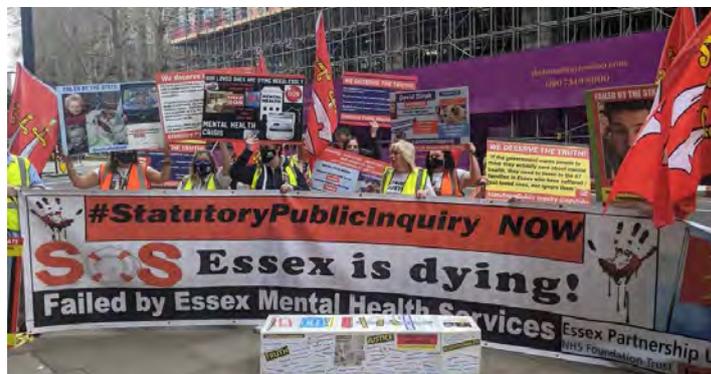
'independent' she was recruited as Centene's UK chief executive in [December 2018](#), taking office from January 2019.

As such she became CEO of Operose Health when it was formed in 2019.

In January 2020 Centene brought together its subsidiaries in the UK - The Practice Group (TPG) and Simplify Health in Operose.

Right now we can only guess what aspects of Centene's dubious expertise Johnson is keen to incorporate into government policy, although her career is characterised by an inconsistency and lack of long term commitment that appears completely in line with that of the PM himself.

The absence of any senior advisors who have any proven loyalty to the NHS must mean we should be even more wary of any and every policy that now emerges from Downing Street.



## Mental health fight for inquiry

Nadine Dorries, Minister of State for Mental Health, Suicide Prevention and Patient Safety, showed her failure to live up to any of these titles when she brushed aside a plea from campaigners demanding a [statutory inquiry](#) into the [deaths of 70 mental health patients](#) in Essex.

Despite a high profile campaign that has been running since 2012, highlighting ways in which a growing number of patients have been failed by a flawed system, Dorries has not changed her earlier decision to set up only a [non-statutory inquiry](#), with no powers to compel witnesses.

Campaigners also fear a

whitewash, since Dorries has rejected their objections and insisted the inquiry is to be headed by an NHS bureaucrat, Dr Geraldine Strathee, who is far from independent, having leadership roles in relation to NHS and CQC services across England, and on record as having praised mental health services in Essex (at the South East Essex Mental Health Summit in 2015).

The campaign, [a collective of the 70](#) bereaved families, lists the ways in which North Essex Partnership University Trust has failed in each case. They are seeking support for their petition, which can be signed [here](#).

## Deloitte paid to answer awkward questions posed to ministers

The government's favourite management consultants during the pandemic, Deloitte, have been paid to help ministers answer questions about the work they have been doing, according to [Huffington Post](#).

Deloitte has over 900 of staff working on the failed Test and Trace system, at a cost of around [£1m per day](#), and covid-related contracts worth £323m.

Tucked away in these contracts is a requirement to "draft and respond to parliamentary questions, Freedom of Information requests, media queries and other reactive requests" – work that would normally be done by civil servants.



# The 'other' White Paper

While campaigners debate the new government White Paper, another "White Paper" on reorganising the NHS has emerged from a most unlikely source.

Gastric band and boob job specialists [Transform Hospital Group](#), a relatively small company with hospitals in Bromsgrove and Wythenshawe, treated just 2,150 NHS patients out of the [3 million NHS procedures](#) carried out by private hospitals during the pandemic, but are now apparently experts on NHS reforms.

They have produced their own [16-page critique](#) of the government's proposals, with a few additional suggestions on how the private sector can be better "integrated" into "integrated care systems".

Apparently Transform Hospital Group (THG) has "long called for greater decision-making powers to be devolved to local level in the NHS," and ministers will be relieved to hear that they believe "the national rollout of the ICS model in replacement of the existing CCG structure is therefore ... a positive step towards a more collaborative, partnership-led decision-making structure".

## Included in ICSs

THG argue that the private sector should also be included in the provider collaboratives highlighted in NHS England's ICS consultation document, which "could – for example – take the form of a strategic advisory board made up of independent sector partners represented within the relevant geographic region."

They suggest "ICSs should ... be given sufficient guidance as to how to make best use of the independent sector from the NHSE leadership...", claiming several times that "the capacity and expertise of the independent sector can play a pivotal role in the NHS"



recovery from the pandemic."

"As such, it would follow that independent sector representatives should be included in the operational structure of ICSs, in appropriate forums."

## 10-point plan

The THG White Paper ends with a 10-point plan which centres on the inclusion of the private sector in ICS boards and provider collaboratives, and calls for each ICS to "carry out an audit of providers operating within their geographical boundaries, identifying the services they can offer, the cost at which this service can be carried out," so all private providers can be included.

The NHS is also urged to incorporate the private sector into its procurement process and "draw on the commercial experience of representatives from the independent sector in order to ensure that cost efficiencies and innovations sit at the heart of NHS commissioning."

It's clear that some private providers have high hopes for big profits from an expanded role in the post-covid period, and, like THG, are seeking to push ministers to create more space for them in the new system to be set up when the real White Paper's proposals are turned into a Bill and legislation.

## Private sector propped up by NHS

Spire Healthcare has stated that it is "cautiously optimistic" that trading and profits will bounce back to 2019 levels after [reporting income down](#) by 6.2% to £920m during 2020, of which almost half (47%) came from NHS payments under special Covid procurement of elective care.

Australian-owned Ramsay Health Care also relied on the NHS for the [bulk of its UK revenue](#) last year (\$394.5 out of \$480.9m).

Both companies are now looking to cash in on growing waiting lists and a continued increase in private self-pay patients as well as more work funded by the NHS to help bring their balance sheets back into surplus.

Meanwhile the private hospital sector in London is looking back nostalgically at the bumper year of 2019, when revenues rose over 7% from the previous year, and wondering whether the good times will roll again. LaingBuisson note ruefully that "Since 2014 nearly half the profit in the independent sector has disappeared, and it is hard to see it coming back with expanded competition and increasing costs."

## Hospitals crumble ... as PM's constituency hospital is pushed up queue for funding

Health Campaigns Together has [repeatedly highlighted](#) the growth of the backlog maintenance bill facing the NHS, and warned of the consequences of failing to allocate adequate capital to maintain and upgrade buildings and equipment.

But the most vivid illustration of the problem came in early March, when Critical Care Unit patients had to be evacuated in [Queen Elizabeth Hospital](#), King's Lynn so that emergency repairs could be carried out to avert dangers that the roof could collapse.

The hospital is now reliant on [131 props](#) to hold up roofs over its critical care unit, physio gym and birthing suite, 51 of which have been added since January this year.

The building was constructed in the 1970s using reinforced concrete

planks that were only designed to have a 25-year life span, and which are starting to fail now the hospital is over 40 years old. Stop-gap repairs and props could [cost the trust a staggering £550m](#) over the next ten years.

## Warnings

Trust bosses have been warning of this problem for years, and the local

[Eastern Daily Press](#) has begun a campaign for a new hospital: however this is a distant prospect, since it is not even among the "Fake 40" new hospital projects promised by Boris Johnson's government.

Rishi Sunak's budget has given the NHS nowhere near enough capital to accelerated repairs or new building projects.

Meanwhile Hillingdon Hospitals Foundation Trust, which is in Boris Johnson's Uxbridge and South Ruislip constituency and which saw its backlog maintenance bill double to over £200m in 2019-20, has been [surreptitiously pushed much higher up](#) the list of projects prioritised for the limited pool of cash available.

Both Hillingdon and Manchester University Hospitals FT have been added to the group of six trusts that have been promised capital funding to build new hospitals by 2025 – although there are fears that some of the other prioritised schemes will produce hospitals that are too small and unsuitable for the new post-

covid reality, and where the actual costs of construction are likely to exceed the sums allocated so far.

## Whipps Cross

Campaigners in North East London have [written to London mayoral candidates](#) to express their concerns about plans for Whipps Cross Hospital, one of the prioritised six schemes, warning that:

"Designs for the new Whipps Cross hospital propose that the facility will have 51 fewer beds, despite statistics from Waltham Forest Council predicting the local population will increase by 19% by 2050.

"There are concerns that facilities & services at the new hospital will be less comprehensive than pre-pandemic.

"... and there is concern the



Props holding up QEJH ceilings

Margaret Centre for Specialist Palliative Care Unit will not be included in plans for Whipps Cross Hospital. For 34 years The Margaret Centre has provided outstanding care for people who are dying and support for those close to them."

## West Hertfordshire

Another prioritised project in West Hertfordshire is making slow progress: the March trust board meeting heard that the Outline Business Case was [only 30% complete](#), and the grandiosely-named 'Great Place Committee' on April 1 was dialling down expectations, warning:

"the preferred option should minimise the investment required, whilst ensuring the required service model that had been determined, can be delivered. It was agreed that further review with the Medical Director was required, to review opportunities to optimise the 'Do Minimum' option."

Similar problems seem to be dominating at Harlow's Princess

Photo from QEH FT



### Hillingdon Hospital A&E

Alexandra hospital, another of the six favoured schemes, whose [Board was told in February](#):

"Background work was continuing on the schedule of accommodation (SoA) to reduce its size.

"Clinical teams had challenged the 100% single room accommodation requirement which was now moving towards 70% with the addition of 30% four-bedded bays. Capital costs were also being scrutinised and MMC would be a key part of that in addition to driving down costs, improving quality and reducing

timelines to delivery."

Another 19 trusts have been fobbed off with "seed funding" of up to £5 million in order to keep unrealistic discussions in local headlines of plans for buildings that won't be constructed, if at all, until the end of the decade.

Meanwhile QEH in King's Lynn, which is on neither list, has to hope there are enough props available to keep the building standing until a change of government or policy rethink.

The EDP petition can be signed online at <https://tinyurl.com/7n7z5j67>

## Lancashire plan killed off as Hancock shuts off capital

Lancashire and South Cumbria 'Integrated Care System' adopted the "Case for Change" as part of its Our Health our Care (OHOC) programme for reconfiguration of hospital and health services in Lancashire back in 2018, and has been binding on about it ever since.

But on February 26 the whole project was knocked on the head by a letter sent NHS regional Director Bill McCarthy at the behest of Health Secretary Matt Hancock, making it clear that no capital would be available to implement the plan, and local health chiefs need to think again.

Details of this were reported to the [Central Lancashire CCGs](#) on March 24. But as of April 10 this major change of direction has still not been reflected in the [content of the ICS website](#), which still presents OHOC as a going concern.

The McCarthy letter resulted from Matt Hancock's decision to intervene and halt the plans for a reconfiguration that would threaten the future of emergency services at Chorley Hospital, in the constituency of Commons speaker Sir Lindsay Hoyle.

Rather than argue the toss with

Hoyle, Hancock preferred to axe a plan that [had been agreed](#) by the board of Lancashire Teaching Hospitals Foundation Trust and supported by [four separate groups of clinicians](#).

However, as [local campaigners have pointed out](#), there are bigger plans being hatched up in the background.

The reprieve for Chorley's A&E is more of a stay of execution since the focus now shifts to an even more ambitious £1 billion [New Hospital Plan](#), which would build either a new single site hospital to take over acute services in Lancaster, Preston and Chorley; or rebuild LRI, along with a second new hospital to replace acute services at both Preston and Chorley.

Within a week of McCarthy's letter and before any local discussion of its implications the two hospital trusts involved were [trumping the new plan](#).

So despite all the rhetoric, none of the main decisions about local health care in Lancashire are being taken at local level.

Hancock and the Treasury are pulling the strings.

## PEOPLE'S COVID INQUIRY

MEET THE THE PANEL



Michael Mansfield QC  
Chair of panel  
Internationally renowned  
human rights lawyer



Professor Neema Modi  
Professor of Neonatal  
Medicine, Imperial College  
London



Dr Tolullah Ori  
Urban Epidemiologist & Public  
Health physician at the  
Medical Research Council  
Epidemiology Unit, University  
of Cambridge



Dr Jacky Davis  
NHS consultant radiologist,  
author and BMA council  
member (pc)



Lorna Hackett, Barrister  
Counsel to the Inquiry  
Hackett & Dabbs LLP

Learn lessons, save lives: [www.peoplescovidinquiry.com](http://www.peoplescovidinquiry.com)

# People at end of life and disabled people failed by government

A third of all deaths in the UK have been residents of care homes. Nearly 60% of all people dying from Covid were disabled.

Matt Hancock claimed repeatedly that the Government had placed a 'protective ring' around care homes and those most at risk – yet all the inquiry witnesses in Session 4 of the People's Covid Inquiry agreed this simply was not true.

### Palliative care

Speaking with emotion at Day 4 of the Inquiry, witness Dr Rachel Clarke, a palliative care doctor working at Catherine House hospice during the first wave of the pandemic, outlined the despair they had experienced in trying to procure adequate PPE.

"I remember looking at my medical director, and actually starting to cry because we couldn't see any way of protecting our profoundly vulnerable patients - people who deserved to be cared for."

"The [government] hotline was a nonsense, it didn't help at all. The only way we were able to stay open was by contacting a charity looking to source PPE.

"We were begging everyone for masks as we couldn't get them from the Government, it was a complete dereliction of duty."

Dr Clarke's evidence followed Professor Martin McKee of Independent SAGE, another witness for the Inquiry, who said

that the Government had failed to implement the 'protective ring' they had promised and how infection spread.

Professor McKee also warned about how the economic impact of COVID-19 and successive lockdowns will have long-lasting effects on vulnerable people in our society unless there is a change in political priorities.

Ellen Clifford from Disabled People Against Cuts argued that disabled people had their needs dismissed due to a frame of mind that sees people with disabilities as a burden on society - sixty per cent of all UK deaths from COVID-19 were disabled people.

She explained how the UK government's response to disabled people's needs was purely reactive: changes to meet the needs of disabled people were only made after concerted efforts from disabled people themselves, she said.

### Frustration

Clare Phillips an operations manager at supported living services for adults with learning disabilities gave testimony to the frustrations and dedication of many staff, receiving government changes in guidance on PPE at 5.20pm on a Friday and having to implement it over the weekend.

'I do think that people with learning disabilities - and they will say that themselves - have been neglected and forgotten,' she said.

**SESSION 5** 19:00 -21:00 **Wednesday 21 April**

**Impact on frontline staff & key workers**

**SESSION 6** 19:00 -21:00 **Wednesday 05 May**

**Inequalities & discrimination**

**SESSION 7** 19:00 -21:00 **Wednesday 19 May**

**Privatisation of the Public's Health**

## Frimley drops subco plan

Frimley Health is not going to go ahead with any further work on setting up a Wholly Owned Subsidiary. Two years of effort by the trade unions have again paid off and staff will not be transferred out of the NHS against their will.

The initial intransigence of management was met by a very solid ballot for industrial action.

The unions were presented with the management case and demolished it. UNISON, Unite and the GMB worked very well as a team.

Another one bites the dust: this time one of the flagships being pushed by NHS England/Improvement.

Read Richard Bourne's account of lessons learned in [The Lowdown](#)



## Imperial Trust to bring staff fully in-house

Over 1000 cleaners, porters, and catering staff at [Imperial College Healthcare](#) trust have been celebrating after the trust announced on March 31 it will continue to directly employ them following negotiations with UNISON.

The staff, who were previously employed by Sodexo, were brought back in-house temporarily in April 2020, which was up for review in a year.

The trust is now starting the process of consulting staff to move them over to full NHS (Agenda for Change) terms and conditions, ending the unfair disparity of a two-tier workforce.

## York hospital outsources urgent care

York Central MP Rachael Maskell has attacked plans by York Teaching Hospital NHS Foundation Trust to [outsource some services in A&E](#), including initial assessment and minor injury care.

The contract has been given to Vocare, a private company with a £73m turnover and contracts in the North East, Yorkshire, Staffordshire, East Midlands, South West and

London. Vocare is a subsidiary of profit-making company Totally plc.

A group of concerned A & E clinicians, nurses and administrative staff called Keep York Urgent Care Public has publicly opposed the Trust's decision to outsource some of their work to Vocare, even though the staff would initially remain NHS employees.

They have warned that "the quality of care provided for patients presenting with urgent care needs and with minor injuries to York Hospital will be diminished."

"Staff are concerned that despite

early promises to the contrary, Vocare will eventually take over their contracts of employment and that ultimately, they will no longer work directly for the NHS."

The Trust's medical director claims that establishing an urgent treatment centre was one way to [reduce overcrowding](#) in the A&E.

However he did not explain why that requires a private company to do what NHS staff have been doing for years.

Rachael Maskell has [launched a petition](#) for people to show their opposition to the privatisation.



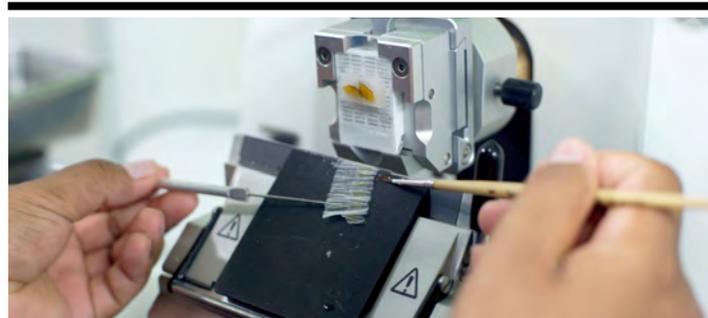
## Sussex contract failure

The ironically-named Bestcare Diagnostics was a small company with contracts in Greater Manchester and Coastal West Sussex CCG that [went bust in January 2020](#).

But a review of 1,800 scans carried out by two of the firms West Sussex sonographers" revealed that the poor quality their work had led to "moderate or severe harm" to 29 NHS patients.

NHS guidelines indicate that "moderate harm" is that where a patient needs further treatment or procedures but the harm is short-term. "Severe harm" results in permanent or long-term harm.

In either case the CCG should have exercised the duty of candour, but while the review began back in in 2019, the results have only been revealed in April this year in [governing body papers](#) for the new West Sussex CCG.



## Serco paid £15m to go away

Private contractors in the NHS are like mice: they are very easy to allow in, but much harder to get rid of.

The latest example of this has been the decision by Guy's and St Thomas' and King's College Hospitals foundation trusts to [pay Serco £15m](#) to get them to go away and stop threatening legal action after a £2.2bn [15-year pathology contract](#) in SE London was awarded to [German firm Synlab](#).

Serco had been controversially partnered with Guy's & St Thomas's

in a joint venture, Viapath, which lost out in the latest tendering exercise, leaving Serco adrift.

Now the HSJ reports the £15m pay-off to Serco buys out its share of Viapath assets, a loan to Viapath and £2.9m "profit share".

The new 15-year contract was a product of the SE London [Sustainability and Transformation Partnership \(STP\)](#).

It gives a foretaste of the kind of contracts that can be expected if Integrated Care Systems gain statutory powers.

## Epsom & St Helier to ditch contractors

Epsom & St Helier NHS Trust has decided to bring outsourced staff in to the NHS team and axe private contractors from June 1.

The decision to insource these services, apparently announced during the Board meeting November is reported in the [March Board papers](#). Hundreds of staff working in facilities, catering, cleaning and portering will become NHS employees. effect from 1st June 2021.

The Trust states "It was felt important that these groups of staff were part of the NHS Team and the insourcing would also help to ensure that they were paid according to the London Living Wage rates."

**NEXT ISSUE**  
Our next issue of the monthly bulletin will be early in May. Please get any articles, photos, tip-offs or information to us no later than **MAY 6**.

## Union battles IN BRIEF

### Lewisham protest as ISS cut cleaning hours

GMB has appealed for the support of local residents to stand with union members at Lewisham Hospital as they protest today (Monday April 12) [against a cut to cleaning](#) within the hospital.

Private contractor ISS who hold the cleaning, portering and catering contract with Lewisham and Greenwich NHS Trust have revealed that they plan to cut 495 hours out of the cleaning contract.

This is the second cut in hours and jobs since the company took over the contract in February 2020.

There is increasing unrest in the hospital around the risk of cross-infection as cleaners are already struggling with impossible workloads and the company is advising 'spot cleaning' rather than thorough cleaning in some areas of the hospital.

Helen O'Connor, GMB Regional Organiser said:

"From day one, ISS have been failing the staff and the patients in Lewisham hospital. The patients have been moved over from having fresh food to cook-chill food, while workers are consistently not being paid for hours they have worked.

"GMB members are angry because ISS are constantly making detrimental changes that are cutting the quality of the services in the hospital."

### UHB u-turn on staff parking charges

Over 20,000 NHS hospital staff in the West Midlands will receive parking refunds after a campaign by UNISON.

The u-turn by University Hospitals Birmingham (UHB) NHS Foundation Trust follows a challenge on behalf of 6,000 health workers by the union against the charges.

Some employees could now get up to £800 each, backdated to last August when UHB scrapped a commitment to offer free parking during the pandemic.

# Fury at Downing Street's report that whitewashes institutional racism

While it appears a minority of the 12 members of the commission allegedly responsible for government's widely [discredited report](#) denying institutional racism now wish to [distance themselves from the report](#), they have either remained anonymous or limited themselves to criticising the draft and the way it was produced by 10 Downing Street.

The report has triggered almost instant and unanimous torrent of ridicule, criticism and counter-arguments from public health expert [Sir Michael Marmot](#), [hundreds of academics](#), [The BMJ](#), the [NHS Confederation](#), [NHS Providers](#), the independent [NHS Race and Health Observatory](#), [Doctors in Unite](#), equality expert [Roger Kline](#), and Independent health correspondent [Shaun Lintern](#).

Saffron Cordery, deputy chief executive of NHS Providers, said:

"We disagree with the conclusions of this report.

"Within the largest employer in the country – the NHS – there is clear and unmistakable evidence that staff from ethnic minorities have worse experiences at work and face more barriers in progressing their careers than their white counterparts.

"While some progress has been made, to pretend that discrimination does not exist is damaging as is denying the link between structural racism and wider health inequalities."

Roger Kline argued that the contentious conclusion of the



report had been pre-determined, and that commissioning the report is part of "a political project mapped out some time ago."

he points out that in 2017 Munira Mirza, the (now) head of the No 10 Policy Unit, who commissioned the Sewell Commission) dismissed the [concept of institutional racism](#) claiming "a lot of people in politics thinks it's a good idea to exaggerate the problem of racism".

### Aghast

The [Guardian reported](#) that the Commission, led by Tony Sewell, was set up by Samuel Kasumu, No 10's most senior black special adviser, who [resigned from his post](#) on the day the report was published, aghast at its findings.

Doctors in Unite published a [detailed report](#) that had been prepared before the publication of the controversial government report, and which refutes arguments that the higher death

rate for black and Asian people in the UK from Covid-19 is the result of genetic differences between races, lifestyle factors, or vitamin D deficiency:

"In fact, the causes are very clear: as with almost all other diseases, poverty and racism determine who gets sick and dies most from Covid-19. The alternative explanations are simply distractions, do not stand up to scrutiny, and obstruct, confuse and delay efforts to address the underlying causes."

"... In every area, socio-economic inequality and disadvantage are worse for black and Asian communities. This structural racism plays out in myriad ways."

The fight to defend and improve the NHS, which is so dependent upon black and minority ethnic staff, is doubly dependent upon the fight to confront institutional racism within the NHS and in wider society.

## Serco rota sparks Royal London catering dispute

Unite is balloting catering staff for strike action in a dispute over bullying and the imposition of new rotas at the [Royal London Hospital](#) in Whitechapel.

The union is warning patients could face disruption at mealtimes this spring if the staff, employed by Serco, take strike action.

The workers are based in the hospital's back of house catering department and are responsible for getting meals to patients on wards.

### Chaotic

They have been attempting to resolve the problems of bullying and a chaotic roster without success since July, when a new rota was imposed on them, without agreement.

The rota has been described

as 'chaotic and unworkable', with irregular shifts spread over a 15 week period, including split rest days, which make it impossible for members to juggle childcare and caring responsibilities or achieve any work/life balance.

Some members have been forced to drop out of college as they can no longer predict when they will have to be at work.

Management bullying tactics have seen aggressive use of sickness absence triggers and abuse of power in the allocation of shifts and holidays, which have taken members to breaking point during the pandemic.

The ballot will close on Tuesday 19 April. Unite regional officer Ruth Hydon said:

"These are key workers who have worked throughout the pandemic to continue to ensure patients receive their meals and it is deplorable that they are suffering persistent bullying.

### Wellbeing

"Serco has imposed a rota which is completely unworkable and is causing widespread distress to our members. Serco has utterly failed to consider the mental and physical health and wellbeing of our members.

"Unite has made clear that it believes these matters can be resolved through negotiation, but it is down to Serco to table realistic proposals to end the bullying and reform the rota system."

# HEALTH CAMPAIGNS TOGETHER

#OUR NHS

## Philippine government offers to trade nurses . . . for vaccines

**Baba Aye and Genevieve Gencianos, Public Services International**

The Philippine government recently offered to let thousands of its health workers migrate for work to Britain and Germany [in exchange for vaccines](#).

PSI calls on the Philippine government to desist from such barter trade. Workers are not commodities

The global health system is grossly under-staffed with an estimated shortfall of 18 million health workers worldwide if steps are not taken to improve health employment and working conditions.

**Health worker shortfall is most severe in poorer countries. The first global State of Nursing report issued by the World Health Organization in 2020 shows that 83% of the 5.9 million more nurses needed across the world are in low- and lower middle-income countries.**

Over 80% of the world's nurses are found in countries that account for half of the world's population.

### Working abroad

Poor pay and working conditions are major push factors which make health workers migrate. In 2019 alone, 17,000 Filipino nurses migrated to work abroad.

To stop this haemorrhaging of staff from the national health system particularly in this time of pandemic, the Philippine government capped the annual number of health worker deployment to 5,000.

This unilateral offer by the Philippine government, which is unacceptable under any

condition, does however reflect the desperation which developing countries like the Philippines are facing, given the current global regime of inequitable access to vaccines.

Almost 300m doses of Covid-19 vaccines have been administered across the world by the first week of March. More than half of these have been in just ten rich countries, whereas more than [130 countries](#) have not received a single dose.

The Philippines wants to vaccinate 70 million, to cover its adult population. But it only started its vaccination campaign in March with a donation of doses of the Sinovac vaccine from China, which local regulators recommended only for persons between 18 and 59.

Universal access to Covid-19 vaccines, medicines and technologies is however essential for the world to end the pandemic. No one is safe unless everyone is safe.

Therefore, PSI has consistently [called for waiver](#) of intellectual property rights on Covid-19 vaccines, medicines, and technologies as well as international support on a multilateral basis for all states. Everybody must be able to have free and effective vaccines, everywhere.

Desperation is however no excuse for such an insidious proposal as the one made by the Philippine government. We need universal access to vaccines, and we also need safe and effective staffing for health in all countries.

PSI thus calls on the Philippine government and any government to desist from such barter trade.

Workers are not commodities that can be traded. **Our health workers are not for sale!**



## HCT affiliates agree to build united pay fight

A well-attended affiliates meeting of Health Campaigns Together on March 27 heard from the chair of KONP's Covid People's Inquiry Michael Mansfield QC, and from Holly Johnstone of Nurses United.

Mr Mansfield eloquently argued why the [KONP Inquiry](#) is the only one likely to assemble and publish key information prior to the next election. (See inside page 5).

The meeting also agreed a statement on pay which noted the government's announcement on 4th March to recommend a 1% pay increase for all NHS Staff to the Pay Review Body (PRB), and committed to work with the health unions to build opposition to this proposal and maximise the pressure for a settlement that will address the loss of 15-20% in real terms value of NHS pay in the last decade.

### Responsibility

"HCT also recognises that it has a responsibility to help build mass support with effective public campaigning and on social media platforms.

"As circumstances allow, we would also be prepared to once again help organise local protests and a national demonstration to fight the pay freeze and wage restraint along with proper public funding for the NHS.

"We have identified the NHS Anniversary of 5th July as an ideal time to coordinate with the

unions to hold locally coordinated protests at as many town or city centre / hospital venues as possible, most likely over the first weekend of July (3rd - 4th).

"We call on all local groups and affiliates to support this initiative and to reach out to local unions and social media groups to coordinate any activity at local and regional levels."

The urgency of fighting for a significant uplift in NHS pay is underlined by the continued levels of sickness absence and high and potentially rising NHS vacancy rates after the prolonged stress and pressure of coping with the Covid pandemic.

More than one in ten of the estimated 1.1 people suffering the debilitating [effects of "long covid"](#) are NHS staff; thousands of NHS staff are also facing [mental health problems](#) as a result of their experiences during the pandemic.

A London survey by [ITV News and UNISON](#) has also revealed how clinical staff were suffering the effects of increased stress at work, with 71% saying they were overwhelmed by work-related stress, and 55% considering leaving.

Unless staff are shown some respect and given proper support the 80,000-plus vacancies before the pandemic will increase, reducing key services to crisis point.

# 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 <https://healthcampaignstogether.com/joinus.php>**