

Fighting back to win

*Hammersmith Town Hall
4 November
11-4.30*

Introduction

Merryl Hammer. Joint Chair HCT and Chair Save H& CH

Working groups to draft resolutions to submit to affiliation meeting of HCT

Steven Cowan, Leader Hammersmith and Fulham council

I was born in 1964; had the NHS not been set up I would not have made it to 5 years old. Good women and men fought to give us the best healthcare system on the planet - that is what we are defending today.

None of us thought 2017 was going to be like this; none of us thought alt right extremist parties would be on the rise across Europe, and neo-fascists forces would be increasing. But they are. There is an attack on the settlement of 1945 - that there is no such thing as an undeserving underclass, that there is one people, all of whom deserve to live in a society that is far more equal than it is at the moment.

Hammersmith and Fulham is longer known as "Cameron's favourite council", as it was in 2014. We have abolished fees for adult social care, the only council to do that. We are the only one of two councils to see the STP for what it is: a fraud committed by the Conservative government who do not believe in the NHS.

The NHS is here as long as people will fight for it. We are here to draw a line. We will take the message to all councils, that the STP is a fraud and there is not going to be any money for adult social care.

We need a new and different approach to the NHS.

I was in Massachusetts about two years ago and I went to a lecture at Harvard School of Public Health given by one of the people who set up Obamacare. He said the NHS was a light of hope to everyone in the world; it is the best; it is special. You should be proud of it; and we should never let anyone take it apart. That's what we think.

Julian Bell, Hammersmith & Fulham Council

It's been a very long campaign.

We started in 2011. There were proposals to close Ealing and Charing Cross A&Es.

Since then we've fought every inch of the way.

We have done everything we can to keep Ealing A&E open.

We had a big public meeting last December and had a fantastic March 2 weeks ago. Another from Acton to Ealing Common.

Why is it important to fight this?

If the A&Es in Ealing and Charing Cross go, that will be a population equivalent to Leeds without an A&E.

Our populations are growing significantly and we need those vital services.

We questioned the decision to close Hammersmith and Central Middlesex A&Es back in 2014; the performance of the nearest open A&E became the worst in the country.

Our residents right across North West London are suffering: it will cost lives.

But we have heard that the NHS investment Fund has refused to back the Tory plans - our campaign is working.

Sarah Gorton Head of Health, Unison (Unison is the latest union to affiliate nationally to HCT)

We know that in working together with campaigning groups we can improve services for the people who use them as well as the staff.

One of the main reasons affiliations like this are so powerful is not so much because of the national links but when we forge them into strong links at local level.

That is what's going to stop the sale of assets over the next few years.

Recently through new local campaigning with others we managed to reverse the decision to sell off NHS Professionals.

There are three key areas where we will need your support. These are pay, the land grab through Naylor and the third is a more insidious kind of asset stripping.

On pay, we know that fair reward is a huge part of getting the right people, and pay is one of the reasons we're getting so many shortages.

This is causing its own vicious circle where people are given more and more work in an unsustainable working structure, the staffing structure is undermined, and people are put off from working in it.

We have managed to change the rhetoric.

But it will be a long struggle to turn this onto something meaningful for health workers and that is what we are going to need your support to do.

We know of public support in lifting the pay cap in the NHS. But getting money off the treasury will not be easy.

The land grab: in a brilliant piece of double speak they have given this the name 'Project Phoenix'. We have no opposition to changing land going unused into opportunities for people who live in the communities and who work in the NHS, but asset-stripping is not the way to go – a one-off cash injection that is soon spent, and the money taken away from future budgets.

UNISON is one of the unions who represent *all* of the staff who work in the NHS.

We know the press likes to talk about doctors and nurses; but we also know that the people behind the people we see are just as important.

It is important that those people are not just recognised but treated as part of the NHS family.

What is happening now is we have a range of different projects set up to exploit tax loopholes and that also exploit those who work in support roles: they call them 'Special Purpose Vehicles'.

These companies transfer non-clinical staff to new organisations set up: they treat our members as second-class citizens, making out they don't matter.

They do matter. We will be campaigning to see they are treated fairly.

I urge today's conference to take forward and build links with UNISON health branches, invite them to get involved with local campaigns.

Find out if there are any Special Purpose Vehicles locally.

We can work together to keep the NHS property public, and the people who work in it out of the pockets of the privateers.

Annette Pearson, North Devon

The acute services review for North Devon proposed to downgrade North Devon Hospital in Barnstaple. It is now proposed to keep all of the main services on site: a campaigning victory.

The proposal meant cuts to community beds, removal of beds from North Devon hospital – the most remote hospital in England and Wales.

We knew about STPs in 2016. Devon had already had a 'challenged 'system' rating. The CCG and trust rolled out stakeholder engagement events. We all heard how services had to be "safe and sustainable". We asked, and were told 'there were no red lines'. That response to a public meeting in June inspired us to further action: we picked up on the 'no red lines' statement. Theirs was a threat: we made our red line our promise. We organised a circle of people around the hospital to protect it. The lunacy and irrationality of removing the hospital when the next hospital was 2 hours away resonated: we said people would die on the roads to Exeter. The red line was a very powerful visual motif. The first draft of the STP was leaked to us on 8 September. Here were proposals to cut beds and shift services. Our fears were borne out in their plans. So we painted our red line, got ourselves on TV. We 'painted the town red'. In October, we had 4-5,000 joining us. Even our Tory MP vocalised support for us. We held public meetings, more than 4,000 attended and we collected over £5,000. We collected names, set up a Facebook page which got 10,000 followers, and sent out a frequent newsletter. We delivered 80,000 cards over North Devon, telling people what they could do, who they could contact, and how they could donate. We attended as many CCG meetings as possible. We pushed the council to oppose the STP and it did. We got the local media on side. Local papers were especially interested in leaked documents. The outcome was acute services were to remain at North Devon. We know this was influenced by continuous mass support. We are not out of woods yet: we are facing loss of staff. But we have learned that if you get the message out people will support you. Keep repeating, keep promoting. Find a motif that resonates. Keep the campaign running. Share the burden and do not give up. Think national and act local.

Ken Loach

We depend on you for your stories and insights – and what insights they are. All of us hear about the terrible weight of pressure on the staff, the closures, the near collapse of social care, the tiny time they have to deliver care and keep people's dignity. We hear all that. It's what drives our campaigns. They keep coming. One story was of trainee doctors who were left unpaid for weeks on end because Capita couldn't pay them: a failure of privatisation. Another: numbers of people waiting more than an hour in an emergency ambulance outside an A&E has doubled. Day after day there is evidence that the health service needs your campaigns and is failing. I've been reading *The New Poverty*, by Stephen Armstrong: it's a great resource. He writes how dentistry has almost collapsed for people who cannot afford private care. One of the biggest sellers of dental first aid shifted over 250,000 kits in a year so people could look after their own teeth. 1 in 5 Britons would remove a tooth themselves or ask someone to remove a tooth rather than go to a dentist. One dentist said: 'The mouths we saw looked like a hand grenade had gone off in them'. He described how a woman had tried to remove her own teeth with pliers. The pain had been indescribable. That's what has been done to NHS dentistry. We tend to forget it. Let's keep that on the agenda. The NHS is probably the greatest achievement of the Labour movement. It arose when we won a war and we felt great solidarity with each other. We looked after each other from cradle to grave. That was the plan.

I found the Labour manifesto surprisingly modest. But the 2017 manifesto led us to considerable success. It talked of proper funding. Cutting waiting times, ending the postcode lottery of unequal access to care, properly funding primary care, social care, funding mental health, investing in public health, a new strategy for childhood obesity. £30 billion extra funding.

The one point I want to make is it says: 'Labour will reverse privatisation of the National Health Service'.

But I want to know why won't they end it?

There are some weasel words you have to watch out for: 'Labour will make the NHS the preferred provider'. Why not end privatisation?

I've heard Jeremy Corbyn say everyone who works in the NHS will be employed in the NHS. Clearly there is a struggle going on.

There is an ideological dispute: there are still some in the Labour Party who think private companies are necessary.

We must support Jeremy Corbyn and John McDonnell in their determination.

Let's have people representing us who believe in a National Health Service where everyone is employed by the National Health Service.

Let's defend Nye Bevan's health service: let's ensure this Labour Party defends it to the hilt.

Gemma Taylor, Save South Tyneside Hospital Campaign

The campaign was set up in May 2016 when the downgrading of South Tyneside Hospital was announced. There was already a takeover by another trust: but before consultations had started they announced closure and down grading of South Tyneside.

NHS Improvement was involved, but there was no involvement of clinical staff. The downgrade was incorporated into STP, which the campaign opposed.

South Tyneside announced the first phase of down grade, loss of maternity services, children's A&E and hospital stroke services to Sunderland. This is the result of direction government is taking NHS: deliberately reducing funding, fragmenting into purchasers and providers, and the profitable services being taken over by private companies.

Our campaign was not only to stop the downgrade but to stop any further impact on services at City Hospital, Sunderland.

Since the formation of the campaign this has brought forces together from unions and hospital. There has been great work with the hospital UNISON branch. Hundreds have been involved in consultation meetings.

Central to the work has been the activity of South Tyneside MPs, working to keep the initiative in the hands of local community. The focus is on the movement to safeguard a health system that meets needs. The campaigning has inspired so many young people. There have been successful marches and petitions.

Dr Chaand Nagpaul - senior GP, North London, Chair of BMA

On behalf of the BMA and as a GP I am proud to be here in defence of the HS. I share an unshakeable belief in the founding principles of the NHS. A health service that is comprehensive, free at the point of contact and provided on the basis of need and need alone.

It is all about values that give hope and inspiration, where people are not forced to dip into their savings to pay for health care.

These values that have placed the NHS as number 1 in a comparison of 11 countries by the Commonwealth Fund.

But these values are under threat from political decisions, from austerity. The NHS is in crisis. It is in paralysis, unable to meet health needs of people.

It does not have to be like this. We are the sixth richest country in the world.

Yet we are under-doctored: there is one doctor to every 360 instead of one to 288 as the average across Europe. Cuts to social care add further pressure.
Is it not shameful that UK citizens cannot even receive average funding from UK politicians?
Just raising spending to the European average would make a huge difference.

At a time when people are lying in hospital corridors, or waiting for months in pain for a knee operation, this kind of increase could pay for 10,000 more doctors. 75% of specialities have a vacant post. This is resulting in a crisis of quality and safety.
This is a travesty from a government that claims to espouse safety as a priority from the NHS. Bed occupancy can be as high as 95%, which exceeds the safe limit.

A specially commissioned report after the Mid Staffordshire Hospitals scandal said that targets and financial management had taken precedence over giving care. This was driven by cuts and fragmented regional access, contrary to the founding principles of the NHS.

But when we ask government to give us a hand, instead they just point a finger. The government gives no credit to NHS staff working in impossible conditions.
If the CQC really wants to hand out special measures, it should be aiming at government instead, which is starving the NHS by billions and is directly adversely affecting safe quality care and is leading to an exodus of doctors away from the NHS – a picture replicated in nursing.

If the government fails to increase spending, it will only get worse. The BMA is therefore calling for decisive, urgent action. First, the NHS deserves at least ordinary levels of funding. We demand from government an end to austerity cuts, and to reverse the disastrous cuts in public health.

We must see an end to the damaging and divisive market. This is squandering billions of pounds in transaction costs and competition.

We ask for NHS staff to be respected and valued, so doctors and nurses can give their all to the patient in front of them without undermining their professionalism and without having to live the lie that the NHS can continue to be a world-class service with second-class funding.

We are all part of the NHS family. We are united by the values we share in defence of this great institution. We want to care, and not have the means of caring continuously eroded.

We want to care. It's a privilege for doctors like me to work in the NHS, and is a privilege for me to speak here today and be part of a coalition that is arguing for a health service to be given the resources to care properly and decently for its citizens.

Sam Farbairn, People's Assembly

4 March was a concrete demonstration of how we work together: it was a crucial moment for the campaigns, and the biggest demonstration on the NHS in history.
Congratulations to all local groups who campaigned so hard.
When we called for the march we didn't realise impact and importance it would have.
I think that demo had an enormous impact on ensuring the NHS was central to the election campaign, and gave expression to all of those people who are distraught about situation in the NHS.

Last year we saw patients lying in corridors: the Red Cross declared a 'humanitarian crisis' within the NHS, hospitals were unable to cope with situation.
This winter will be worse than last: this is very scary.

Everyone is saying NHS won't cope – but now there is one big difference: the Tories are in a much weaker position than before. They have lost their majority. They are weaker than they have ever been, and desperate for parliament to be in recess.

Even their agreement with the DUP - and if they can pay up for them, why can't they find a billion for the NHS? - is falling apart. They are divided within their own party.

The Tories are desperate to get rid of May but this would risk a general election, so they are clinging on to power. Any crisis could be the end of them.

I propose this. This winter will be very bad for the NHS. The Tories are not going to give it the money it needs. They won't give NHS staff the pay rise they deserve.

We need to organise the biggest actions on the NHS this country has ever seen. We will continue to work with HCT to create the biggest demonstration we can. I propose we organise another massive demo around the time we held the last one – the mood and anger will be massive. 3 March is a possible date.

I would also like to propose we don't stop there. Next year is the 70th anniversary of the NHS. The establishment is trying to take this over. We need to say yes let's celebrate, but let's go back to the principles when it was formed.

The People's Assembly is very committed to working with Health Campaigns Together.

I hope this time next year the Tories will be out of office. We could help spark another general election and be rid of them.

Sarah Cook, Unite

Unite are rightly proud of our tradition of being a fighting Union, protecting jobs, terms and conditions, in our public services on a wide variety of issues affecting members, families and friends.

We've been fighting back for our members' rights to take industrial action. We've had successful strikes with BA, Bank of England, Barts Health to name a few.

We are all facing difficult times. It is hard to work out where to focus energy. Work in health is a challenge. The service is under enormous strain.

It is being purposefully deprived of funding.

Our members always put patients first, but they are stressed. Because of the continuing financial squeeze they are being forced to work unsafely, take less breaks, work longer without recompense.

Members are even having to use food banks, worried whether they can stay in work. We are fighting back to protect health services, and fighting cuts to mental services.

We are campaigning against STPs that are founded on £22 billion of cuts. No one objects to the principles of planning, but where is the funding for community health services?

STPs feel like an admin exercise in which financial savings are more important than high quality healthcare

So what can we do?

We have always supported campaigning organisations on a local and national level. We have been part of supporting HCT from the beginning, also KONP, and many local campaigns. Our union can liaise with local campaigners. They can use our resources, our political networks working outside of health, to raise issues and support local campaigns.

We now have community branches throughout the country: they campaign on issues of importance to them. Our retired members branches are also very active. A couple of years ago in London we held the Peoples Inquiry on the capital's NHS services, and showed how trade unions can widen out campaign work.

It makes no sense not to work together. We need to spread the word through industrial networks.

Unite alongside other health unions has put in joint NHS pay claim to the Pay Review Body. It's about respect: pay fairly and end pay restraint, treat staff with dignity.

Natalie Mehra, Ontario Health Coalition

We have found some great inspiration from local campaigns and commonalities with what we face across Atlantic.

Senator Bernie Sanders recently spoke in Toronto about what US could learn from the Canadian healthcare system.

He said in 1945 after the terrible suffering of World War Two, the British Labour government was elected, and he talked about Nye Bevan.

On July 5th 1948 in an historic moment for civilisation, Nye Bevan cut the ribbon – and doctors and nurses became available all the people of Britain. Health care serving the needs of everyone, based on clinical need, free at point of delivery.

Our campaigning is clearly inspired by what was achieved in Britain, but also looking to Canada for inspiration too. In 1974 Saskatchewan brought in universal hospital insurance programmes, and paved the way for the Medicare system across the whole of Canada.

We “sleep next to the elephant”, next to the biggest private healthcare system in the world.

But there is now the political space created in US to bring in universal healthcare and it's based on your inspiration. Our programme is inspired by yours and like yours has faced privatisation, marketisation and been buffeted by outrageously expensive privatisation schemes. We have seen marketisation of modalities of care, services hived off. Hospitals can run without a Chief Executive, but not a single patient would survive without food, porters, and other support staff.

We've seen an army of technocrats. KPMG descended on our health system. These were bean counters, measuring a range of targets under a system developed by car companies, pushing the limits of care, working against core values, equity and compassion, moving patients through ever faster, moving them out to less and less care, with beds closed systematically. These changes are being faced throughout the world.

The antithesis of privatisation is democracy.

Privatisation could not exist if it wasn't being done under the radar.

We have fought privatisation by forcing democracy when they would not give it to us. It's ours to take. Our hospitals belong to the people. They are ours.

Fundamental changes should not be accomplished without democratic input.

So we've held local referendums. We have bussed in loads of people into large towns, right to the seat of legislature, to oppose the closing down of rural healthcare.

A new 'food fight' has emerged, to fight privatisation of food provision in hospitals.

We insist on democracy, through insisting we vote. We ask all stores in town if they would hold ballots, we run them, and this demonstration of public support has helped us stop private clinics from entering our province in Canada.

Our mission is to challenge vested interests that are coming into health care and privatising. We must insist healthcare reflects the local community.

Unless those of us who believe in public Medicare for all arouse our communities, we are sounding its death knell in our country.

I am not going to stand by idly and let that happen.

Jacqui Berry, ITU Nurse

I am a nurse but am also a socialist. I am a nurse because I am a socialist: and a socialist because I am a nurse.

I could tell you heart breaking details of the reality of working with underfunded NHS. But I am not going to do that. I don't like that narrative. It places us as victims. We need to break that narrative. There is nothing powerless about when junior doctors overcame conservatism of BMA.

Nothing powerless about the quarter of a million of us who marched on parliament demanding end to privatisation and pay restraint on March 4 this year.

If we get served up another insulting pay offer, there will be nothing powerless about strikes organised in NHS. Demonstrating to us as NHS workers, who is that really runs the NHS?

Assault takes place on many fronts. Doesn't stop with one strike, one demonstration. We have to bring down this government.

We don't want to bring down this government just to replace them with another government which is the same but wearing different coloured ties: we want to replace it with a government committed to reversing cuts and privatisation, to a health service integrated with social care, and put there by an army of people just like us.

Gurjinder Sandhu, Emergency Care Consultant

STPS, ACOs, Naylor Reviews – it gets rather complicated. Let me simplify things: put the patient at the heart of everything you do.

Try to put yourselves in position of the patient with pneumonia in ambulance. Imagine your sense of relief as you get to A&E - then the hours of waiting begin, not knowing whether your next breath will be your last.

Who can forget the image of the mother who put her child across two chairs just to get somewhere to lie down? And is it ok for a woman to spend 4 hours in labour before getting to be seen by anyone?

Then there was the migrant with repeated diabetic emergencies. We kept him in hospital, tried to get him housing, took up the bed. Inevitably there are households where elderly people have fallen over and spent nights on the floor with their spouses, because they "don't want to call the ambulance out". By definition there is NO care in the community when elderly people present to me in that state.

Five years ago in 2012 when the world was celebrating the Olympics, *Shaping A Healthier Future* about North-West London was launched. Ealing Save our NHS grew. NHS Improvement put a halt to *Shaping a Healthier Future* 5 years later. It is a temporary halt but we must still celebrate that.

The McKinsey blueprint talks of moving care out in the community. But we won't; we need an acute sector. All of us are at different points on that timeline.

If we continue to put the patient at heart of everything we do and not the £ sign we will find the inspiration to climb that mountain and help our patients.

John Lister, HCT

There are over 400 people here today. That's more than double the size of our previous conference and this reflects the concerns people have around issues: far and away the biggest response when we asked about preference for workshops was on cuts, closures, and STPs.

I hope you are taking away new ideas, new approaches. What you can get in a conference is meeting each other, seeing scale of support, getting involved and making links as activists and campaigners.

If we don't follow up national events with strong local networks then our campaign isn't going to achieve what we want. I urge you to affiliate to HCT and work with us.

A buzz word right now is 'fake news'. We know Trump has claimed he invented the phrase as well as pumping out his own fake news. But who are main purveyors of fake news here? Jeremy Hunt, and the DoH press office – whose staff defy every principle of ethical public relations and journalism. All of the ethical guidelines are broken. Good public relations tells the truth. But how many times have the DoH been found out giving false figures? Or they just deny reality: 'We don't recognise these figures' is the common reaction.

The reality is, they have never been more exposed. We are now getting a completely different version of reality from parts of the NHS. Even serving NHS managers are starting to be publicly critical about the funding and the running of the NHS – I have never seen that before.

This is the real news. So are the cuts and the closures: there are now 8,000 fewer beds than there were in 2010; plus we have lost thousands of mental health beds. Half a million people at least are now denied social care each year than back in 2010. Numbers needing care are increasing.

We've had a freeze in funding, which has been held at a fraction above inflation while costs are rising 4% a year. We have growing gaps in staffing, and face a massive exit of European trained staff. Thousands of them are leaving, because their futures are insecure.

Bursaries have been cut, and we even have difficulties recruiting new GPs to replace those who leave.

That is what is really happening. Figures released just recently, show billions that have already leaked out in profits for PFIs: but even now managers are saying 'it's got to be a PFI' for any new building in Huddersfield. None of the lessons of past mistakes have been learned by this government – and PFI was one of the most expensive mistakes ever made.

The private sector have been brought in and offered contracts: but private sector companies not seeing a profit are leaving, and walking away from contracts early. Privatisation of patient transport services has been a massive scandal.

This is the real news, this is what is really going on in NHS.

Now STPs are stalled because the government is stalled. ACOs are the new bodies that are supposed to emerge from STPs. They are not accountable, don't care and aren't very well organised.

The reality is things are moving, just not in the way this government expected. The North Devon retreat, and the Chelmsford and Southend victory, with hospital services spared from downgrading and closure are extremely important.

The NHS cannot deliver on the money the government gives it. Even the 'think tanks', such as Health Foundation, are starting to think, and bringing out hard-hitting reports. Even the King's Fund has started to speak out.

And where, now is anyone defending competition or the market? Now it's all about building ACOs which eliminate competition. The ideology of competitive markets as a solution seemed set in stone a few years ago -- but now no manager wants to speak to that agenda.

The Labour Party is also changing, in line with the thinking of the shadow health team. We can draw strength from that – and put pressure on other Labor politicians, and on the Tories.

Yes the Tories. Just think: with the average age of a Tory Party member now 71, how many Tory supporters will there be stuck on hospital trolleys waiting for treatment?

Remember the rich cannot opt out of this, There is no private sector A&E. Nobody in the private sector is remotely interested. If the Tories kill off NHS they are killing their own people. They are pushing the squeeze to the point where people who can afford to will pay for private treatment. That's what is going on in private hospitals. That's where money is being made.

But this government is weak. We can influence the election. Theresa May is wobbly but she is no Weeble: if we push May she will fall over.

We have to push. This government is throttling life out of the NHS. We cannot let them continue with another cash squeeze. We have to take action now.

People might not understand the Naylor report but they understand if the NHS goes further downhill people are going to die. We can't let that happen. That's why we do need demos next year, at local level, at national level, with a network of local campaigns.

But don't let councillors off the hook. They must be forced to step up and stand up for local health care and not have any truck with STPs. Some council leaders have been conned, but the reality is that the STPs offer no plans to tackle the cash gaps in social care. No money is coming their way from the NHS.

So we need to work hard to get them on our side, get them leading the charge to defend local hospitals the way Ealing and Hammersmith are doing. We want every council to take the side of local people, and we need to be on the case.

We can do this. We can build a bigger movement. We have to keep on going until we win. There is only one NHS; we can't let it go. We can win!