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Paul Mattsson/reportdigital.co.uk

Ambulance staff: no invitation to pay talks – the fight for fair pay goes on

The surprise announcement that the **Royal College of Nursing** was calling off its planned escalation of strike action having been promised talks on pay with the government appears to indicate some shift in attitude by ministers, including PM Rishi Sunak.

The announcement – first seen by the other major unions taking strike action over NHS pay when they read press reports – came hard on the heels of a massive vote for **strike action by junior doctors** in the BMA and an equally strong vote by the smaller **Hospital Consultants and Specialists Association**.

However there are obvious fears that the government may be trying to 'divide and rule' by talking to the RCN (with no prior offer, but with references to **"productivity enhancing reforms"**), while refusing to negotiate with UNISON, Unite, GMB and physiotherapists (CSP) who have also been on strike, or with the doctors' unions.

3.5% cap on pay

These concerns were intensified with the publication of the government's tight-fisted proposal of a maximum 3.5% increase for 2023/24 in its **evidence to the discredited Pay Review Body (PRB)**.

Ruling out any possibility of the PRB retrospectively taking account of the massive hike in the cost of living since January 2022, the government is making clear it wants NHS staff to face yet another year of real terms pay cuts.

The TUC unions have hit back at these latest developments: UNISON's General Secretary Christina McAnea has announced additional strikes, and on Twitter refused to call off

Christina McAnea

action until UNISON sees "the colour of the government's money".

She added:

"Choosing to speak to one union and not others won't stop the strikes and could make a bad situation much worse. The entire NHS team is absolutely determined to stand firm for better patient care. They'll be furious at the government's failure to invite their union in for talks. Not least because a deal just for nurses cannot possibly work, and nurses belong to other unions too."

Sick joke

Unite General Secretary **Sharon Graham said**

"This has to be some sort of sick joke. On the day when figures show that the country can well afford to meet NHS workers' pay expectations, the government is trying to force another year of wage cuts onto the NHS.

"This will only accelerate a Spring of NHS strikes. This government either does not care about our NHS,

Sharon Graham

its staff and patients, or has a more sinister future in mind for the service."

GMB National Secretary Rachel Harrison said:

"Today's submission to the PRB shows this Government's true colours. The back room deal with some sections of the workforce is a tawdry example of ministers playing divide and rule politics with people's lives."

Plummeting Performance

NHS performance levels were already plunging long before any strikes, not least because of 133,000 vacant posts, while NHS England is still dragging its heels on the belated publication of a workforce plan.

With record numbers of nursing and other staff now leaving the NHS – whether in search of better pay or (as Sky News reports) seeking less stress and a better work-life balance – it's clear that the battle to halt the erosion of NHS pay is crucial to the battle for patient safety … and to save the NHS itself.

Largest coalition backing NHS calls March 11 demonstration

This central London demonstration called by SOS NHS - the largest coalition of social justice campaigns and trade unions to ever come together to fight for our NHS.

Despite how busy they are, the demonstration has received amazing support from trade unions both from members and officers including GMB, RMT, FBU, PCS, NEU, UCU, ADCU, UNITE, BMA and more.

Organising work for the demonstration is also being led by campaigners from a wide variety of organisations including, Keep Our NHS Public, Health Campaigns Together, NHS Workers Say No, Just Treatment, NHS Staff Voices, Socialist Health Association, Frontline19, March for Midwives, Doctors Association UK, The People's Assembly Against Austerity, Medact, Patients not Passports, Stop the War Coalition and Migrants Organise and others.

Speakers at the rally will include striking workers from RCN, Unite, UNISON, and GMB, Kevin Courtney – General Secretary NEU, Matt Wrack - General Secretary FBU, UCU President Janet Farrar, BMA UK council chair Philip Banfield, Kate Osborne MP, Jeremy Corbyn MP, and speakers from Keep Our NHS Public, Health Campaigns Together, People's Assembly and Socialist Health Association.

Contact sosnhs.org for details of transport to the demonstration or DONATE towards campaign HERE

Survey finds half of England's hospitals need serious repairs

A shock ITV news report suggesting half of all NHS hospitals have serious unresolved structural problems has underlined concerns among NHS staff, management and campaigners that safety is increasingly at risk.

Half of the 87 trusts that responded to the ITV survey reported at least one unresolved structural or maintenance issue, as of October 2022.

The report cites examples from Huddersfield, Torbay, University Hospital North Tees, and St Helier Hospital in south west London, where a ward was condemned after the floors began to collapse and the walls started to crack last year, and "a room meant to be used as an intensive care unit is instead storing equipment because the ventilation system no longer works and cannot be replaced."

Another example comes from experience last November in Croydon University Hospital, where a patient reported freezing cold conditions and videoed dirty walls, a broken radiator and a tree growing through a toilet window during her five day stay at the south-London hospital.

A BMA spokesperson told ITV: "We are not just talking about normal water leaks. We are talking about sewage leaks, we are talking about rodents, we are talking about poor ventilation."

Sir Julian Hartley, chief executive at NHS Providers, said the ITV findings were just the "tip of the iceberg" of the scale of disrepair across the NHS' estate.

Search goes on for any benefit from "integrated care" boards

A new report by the Commons Public Accounts Committee (PAC) raises serious questions over the reorganisation of England's NHS into 42 new "Integrated Care Boards" (ICBs) last July.

Campaigners argued that the reorganisation, embodied in the controversial Health and Care Act 2022, would lead to a loss of local accountability, and that the new bodies would be mired in deficits and the quest for massive "efficiency savings" from the outset: and early surveys of the financial plight of ICBs tend to confirm this view.

It now appears from the PAC's analysis that there are few if any compensating benefits claimed by those who supported the change.

The first of the report's conclusions begins: "**It is not clear what tangible benefits for patients will arise from the move to ICSs, nor is it clear by how much or by when things will improve."**

It goes on to raised concerns over the lack of any workforce plan:

"We remain very concerned about the critical shortages across the NHS workforce and the Department's repeated delays in publishing a strategy to address them.

"…The NHS Long Term Plan committed to producing a Workforce Implementation plan by late 2019, and in September 2020 the Department told us that it expected to publish it following the 2020 Spending Review. It still has not done so.

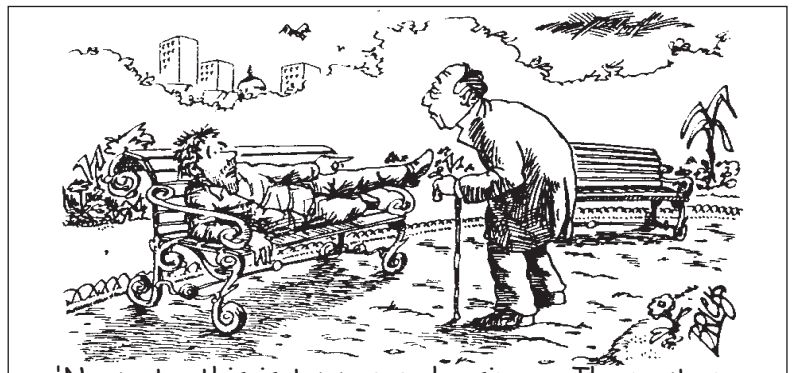
"… It is unclear how ICSs are supposed to plan for workforce shortages when the Department has not published a national plan, or the analysis underpinning it."

It also notes the striking lack of any actual integration of NHS and social care, which despite the name "integrated care boards" are still run and financed separately:

"These reforms do nothing to address the longstanding tension caused by differences in funding and accountability arrangements between the NHS and social care.

" The Department, which has policy responsibility for both health and social care, is showing a worrying lack of leadership, and it is not clear who will intervene if relationships between local partners break down."

The PAC concludes by demanding government action to address the crisis in NHS funded dental care in some parts of the country, "and NHS England's failure to ensure people can access routine dental care."


'No, mate, this is temporary housing. … The next one along is intermediate care."

Ministers in denial over blocked beds

A new report for the House of Commons Library has highlighted the increase in numbers of patients trapped in hospital beds for lack of alternative services to support them if discharged.

It notes that an average of 13,440 patients a day remained in hospital "despite no longer meeting the criteria to stay" in December 2022: "30% more than the daily average for December 2021."

Ministers have piled the blame for 40% of the delayed discharges on social care, both lack of services at home or the lack of places in care homes, while almost a quarter (24%) are waiting for NHS-provided intermediate care.

NHS England's January 2023 delivery plan for recovering urgent and emergency care argues that increased capacity in intermediate care and social care "requires sustained long-term investment, in particular in the social care workforce given the scale of vacancies".

But while extra funding was provided during the peak of the pandemic to cover the follow-on care costs of people discharged under the new model, this ended, along with much of the NHS additional Covid funding, at the end of March 2022.

In September 2022 the Government announced a £500 million Adult Social Care Discharge Fund, cobbled together from underspends and efficiencies from NHS and Department for Health and Social Care budgets, "to support discharge from hospital into the community," with 60% of the funding to go to NHS Integrated Care Boards and the remainder to local authorities.

The money was only handed over in December and January – far too late to make much difference this winter, and concerns have been raised over what longer term impact could be achieved through what the Nuffield Trust has described as "a relatively small temporary fund."

In the government gave another £200 million – to the NHS to immediately block-book care home beds to speed up hospital discharge: but the Health Foundation has pointed out the vast majority of people awaiting discharge from hospital do not need a care home placement.

Not retired: long term sick!

Jeremy Hunt's 2022 Autumn Statement drew attention to a big increase in the number of people of working age who are 'economically inactive' since the start of the Pandemic.

Initial commentary on these figures dubbed it a 'Great Retirement', suggesting that large numbers of 50-plus workers have chosen to opt out of paid work, whether they have been living off their pensions, or having enjoyed a slower pace of life during the Pandemic.

Now consultants LCP have published new research showing that numbers of working age people taking retirement have actually declined since Covid, and that the lion's share of those rendered economically active are actually long-term sick.

Indeed nearly half (45%) of the Chancellor's 630,000 figure for the growth in inactivity relates to people aged under 50, with full-time education accounting for the "inactivity" of many of the younger people.

However the number of 'long-term sick' has risen by over a third of a million (353,000) since the start of the Pandemic, accounting for more than half of the growth in inactivity. And LCP point the finger squarely at the state of the NHS as a major factor in this growing issue.

Long term illness

The report argues the rise in long-term sickness "seems to be because more people are 'flowing on' to long-term sickness, particularly those previously classed as 'short-term sick'".

And LCP argues "this could reflect NHS pressures … those who would otherwise have been treated or had their chronic condition better managed and able to work now find themselves 'long-term sick' as they wait for treatment or live permanently in poorer health."

It suggests "the Government should look at a local level at data on benefit receipt and on NHS pressures to see if NHS bottlenecks mean that more people are getting stuck on sickness benefits and remain 'economically inactive' for longer."

It quotes Dr Jonathan Pearson-Suttard, Head of Health Analytics at LCP: "The pandemic made clear the links between health and economic prosperity yet policy does not yet invest in health to keep people living in better health for longer.

"NHS pressures have led to disruption of patient care from increased waiting times for routine surgery to less regular checks for those living with chronic diseases – all likely to be impacting people's ability to work now and in the future."

Why the NHS needs an extra £25 billion

The SOSNHS alliance was built on the call for emergency funding of £20bn in early 2022, attracting tens of thousands of signatures, and winning support from over 50 organisations including the main health unions.

That figure was agreed before the big hike in the cost of living and NHS pay strikes: that's why we have increased the total.

A total of £14 billion is needed now to repair and rebuild crumbling infrastructure and reopen beds left empty since Covid-19 struck. This includes:

£5bn to tackle the most urgent of the backlog maintenance issues, for which the total bill has soared to £10.2 billion: repair crumbling buildings and replace clapped-out equipment.

Up to £6bn needed sooner rather than later to rebuild hospitals built in the 1970s using aerated concrete planks, which are in imminent danger of collapse, and costly even to prop up.

And £3bn is needed to reorganise, rebuild and in some cases refurbish hospital buildings to enable them to reopen beds which have been closed since 2010, including some closed in 2020 to allow for social distancing and infection control.

On top of this the Royal College of Psychiatrists has called for **£3bn capital,** and £5bn in additional recovery revenue over 3 years to equip mental health services to cope with the increased demands since the pandemic and expand services for adults and children.

NHS capital is also needed so new community diagnostic hubs and surgical centres can be built without depending on private sector involvement.

Rebuild public health: The Health Foundation has calculated that an **extra £1.4bn a year** by 2024/25 is now needed to reverse years of cuts in public health, which should be leading a locally based test and trace system and preventive work to reduce ill health.

Invest in fair pay: this is essential to settle the ongoing disputes with the unions, but also crucially to help restore morale. The government has claimed each 1% increase in pay for the whole non-medical workforce in England will **cost around £900 million**, although they later **revised this down to £700m**. So even to increase the average 4% 2022/23 pay award by 6% to match double digit food price inflation and energy costs needs an extra **£4.2bn**.

Additional funding is also needed to reform the grotesque pension problems facing the most senior doctors and begin to restore the value of junior doctors' salaries.

Everybody but the government seems to agree that a pay award for all staff is essential to help recruit, retain and grow the workforce.

The long-promised promised additional 50,000 nurses will cost at least **another £1.7bn**.

This list has not even mentioned capital funding to build new hospitals, or the expansion of primary care and community health services that need to run alongside major investment to expand social care, and address the problem of delayed discharge of 13,000 patients.

So £25bn is just a down payment. It has to be linked to a commitment to another decade of substantial real terms investment in the NHS, to rescue it from an even deeper decline than New Labour dug it out from in 2000-2010.

How could the extra money be raised?

Chancellor Jeremy Hunt has said he accepts that the NHS is "on the brink of collapse" and admitted there are "massive pressures in the NHS … with doctors, nurses on the frontline frankly under unbearable pressure".

But he still argues a tighter squeeze on public spending is needed to help "fix" an economy broken by years of austerity since 2010.

His autumn statement gave the NHS just half of the additional £7bn it needed, leaving NHS England committed to £12bn of savings over 3 years and no new money for any capital investment.

The Lowdown has explained how four measures that could raise an additional £40bn a year to fund public services without taxing anyone earning under £80,000 per year:

- scrap non-dom tax status (raising £3bn);
- a 1% tax on wealth above £5 million (£10bn);
- a 45% tax on pay above £80,000 and 50% tax on pay above £125,000 (£6bn);
- and tax dividends and capital gains at the same rates as income tax (£21bn).

It's hard to see why this approach should not be implemented to get the wealthiest who have gained most to pay a fairer share towards public services.

It would raise more than enough to meet the pay demands of health workers, teachers, university staff and others fighting now, increase funding for NHS and social care – and to increase Universal Credit and other benefits to ensure more support for the poorest and lowest paid.

No sign of the promised "new hospitals"

In 2019 Boris Johnson pledged to build 40 (later increased to 48) "new hospitals" by 2030. So what has happened since?

Nothing!

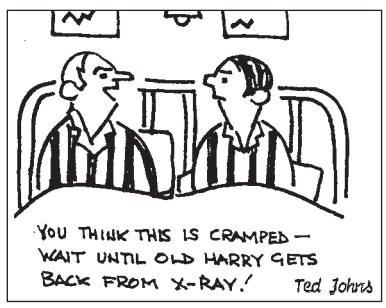
None of the new schemes has even reached the stage of agreeing an Outline Business Case.

Instead the latest DHSC Annual Report boasts of the opening of "two of the forty eight hospitals" – both of which were planned and in progress long before the 40 new hospitals pledge was made.

They are the Northern Centre for Cancer Care – effectively a new wing of Carlisle's Cumberland Infirmary, and the Royal Liverpool Hospital, the failed PFI project halted in its tracks in January 2018 by the collapse of construction giant Carillion, and eventually completed, years late, at huge extra cost to the public purse.

We are told "five further hospitals are currently under construction" – but **all of these also pre-date Johnson's 40 hospital promise,** including the other huge PFI/Carillion failure, Birmingham's Midland Metropolitan Hospital.

The Department of health and Social Care admits that there have still been no decisions made on which eight schemes (out of the 128 hopeful bids submitted by desperate trust bosses in 2021) might be



selected to make up the 48."

One of these early schemes is the plan to rebuild Whipps Cross Hospital in North East London, now subsumed into the giant Barts Health Trust.

A letter from the Secretary of State confirmed in 2019 Whipps Cross was one of six redevelopment schemes to share in the initial £2.7bn funding, "subject to business case approvals."

But since 2019 the only new development has been a demand by the NHP for the project to be resubmitted including a revised, reduced version costing no more than £400m.

Local MPs are becoming restless. When Walthamstow MP Stella Creasy recently asked in the Commons about progress on the Whipps Cross project, Health Minister Will Quince could only say: "decisions on specific business cases for schemes which are expected to be funded after 2025 are dependent on the approval of the programme wide business case."

This resulted in a spokesperson for the Whipps Cross Redevelopment admitting: **"Given the pace of progress that we continue to experience in relation to the national New Hospital Programme" they can see no way construction of the new hospital could begin "before 2025 at the earliest."**

Barts Trust Board papers for January also indicate growing frustration at not even having a schedule to draw up detailed proposals: "we continue to await further details from the national NHP team about the next steps, including a timeline for submitting the Outline Business Case (OBC)."

The Barts board's Whipps Cross Redevelopment Update concludes:

"We can point to good progress on all the work over the last 18 months that has been within our direct control. However, given the pace of progress that we continue to experience in relation to the national programme, we now must report that our previous high-level programme assumptions – with construction on the main hospital works commencing in 2024 – risk no longer being feasible.

"Having reviewed the key programme milestones, we now assume construction of the main hospital works can only commence in 2025 at the earliest, which would mean construction potentially completing towards the end of 2028/29."

There are even doubts over the funding of the first stage of the project, building a new multi-storey car-park to open up spare land for construction. Health secretary Steve Barclay announced he had approved "up to £28 million" for this – but the funding had not, in fact, been approved.

Whipps Cross redevelopment director Alastair Finney explained the "elephant in the room" for the government was (as The Lowdown has consistently reported) the shortage of funding.

Last August the BBC reported that two of the London schemes would not be completed until at least 2027. It seems even that might be over-optimistic.

■ For more details on the paralysed NHP see this article in The Lowdown.

Countdown to crisis: how the NHS has been starved of cash

In 2010, when David Cameron's coalition took office the NHS was at its peak performance after a decade of significant real terms investment under Tony Blair and Gordon Brown. There were no 40 hour waits for ambulances, and no 24 hour waits in A&E: very few patients exceeded the 4 Hour A&E wait target.

But George Osborne as Chancellor, ignoring his party's election commitment to outspend new Labour, initiated an austerity regime that halted investment in England's NHS and began over a decade of decline. His **2010 Spending Review** set a £20bn target for 'efficiency savings' by 2015 – equivalent to 4% per year, a level that has never been achieved by the NHS.

At every stage of the subsequent decade-plus of real terms cuts in spending the government has been warned of the consequences by NHS management, think tanks and professional bodies – all of whom have been ignored.

The NHS Confederation also **warned in 2012** that the same austerity also impacted on local authorities and on their ability to finance and commission social service support for a rapidly growing population of older residents – leading inevitably to delays in discharging older patients from hospitals.

By the end of 2019 NHS Providers then Chief Executive Chris Hopson (now NHS England's "director of Strategy") calculated that if NHS spending since David Cameron first took office had just kept pace with the previous long term average annual increase, spending on health and social care would by then have been £35 billion per year higher than it was.

The impact of the squeeze on funding was from the outset largely focused on staff, whose pay was subject to a prolonged freeze, prompting a **2013 warning** from the regulator Monitor that appears strikingly prophetic ten years later:

"The wage freeze from 2010/11 to 2012/13 and the 1% cap on pay that is due to lift in 2015 are together predicted to save a cumulative total of £5 billion by 2015.

"As a result, wage levels in future years will be calculated from a lower base, suggesting this measure should help productivity in the long term.

"However, we do not believe this is a sustainable strategy for improving productivity in the NHS.

"… Capping wages for longer to keep costs down would be self-defeating for the sector in the long term as it would make recruiting and retaining good quality professionals increasingly difficult."

Nonetheless the same unsustainable strategy has continued for most of the last 12 years.

Meanest-ever

In March 2013 the NHS Confederation warned 2011-2015 were set to be the meanest-ever years for growth in funding since 1948, with real terms spending increasing by just 0.1% per year.

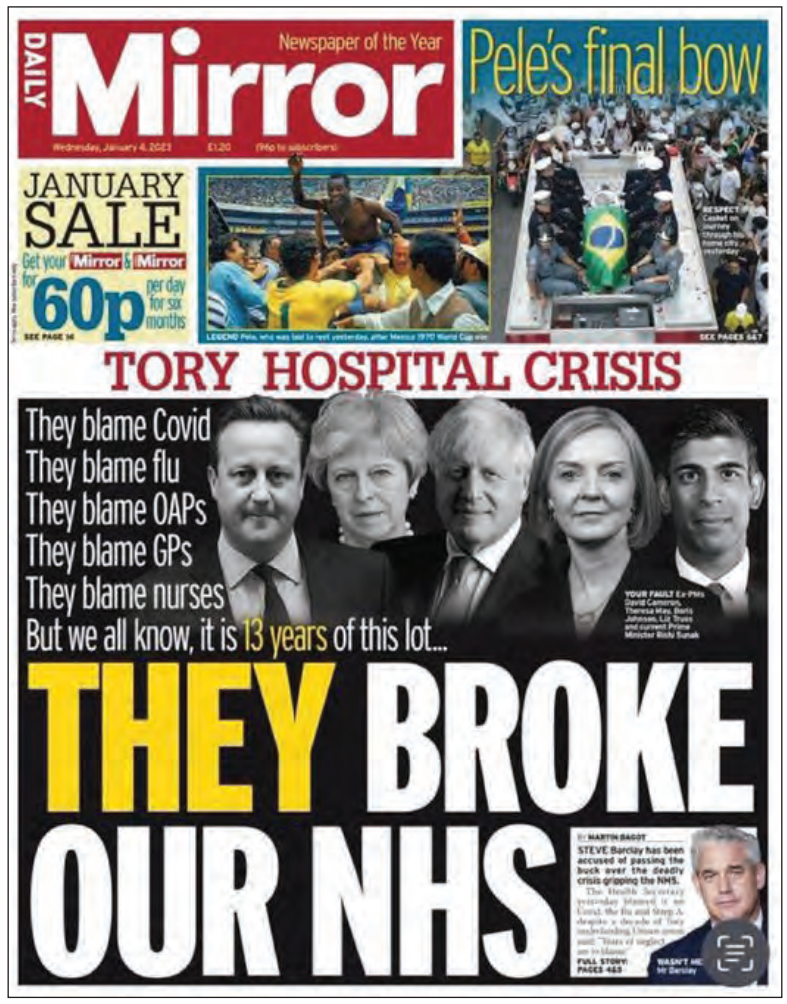
The National Audit Office warned that the NHS had to make savings of £20bn by 2015 while also driving up the quality of services, improving outcomes and addressing the needs of a growing number of older people.

In January 2014 the Nuffield Trust warned that unless spending levels were increased the gap between NHS resources and demand on services would reach £30bn by 2022.

In January 2015 NHS Providers for the first time ever refused to sign off on the tariff of fees payable to NHS trusts for each patient treated, arguing that a fifth year of cuts would put safe treatment at risk.

The priority attached to balanced budgets rather than patient care was underlined when the hospitals regulator Monitor soon after the 2015 general election told trusts that **all penalties for missing waiting time targets or failing to ensure safe staffing levels were suspended** in the quest for cash savings.

In 2016, with England's NHS rapidly reorganised into 44



"Sustainability and Transformation Plans", the scale of the under-funding was revealed.

Unrealistic

The published STP plans, drawn up in secret, with no public consultation, collectively projected combined deficits of £23 billion by 2020/21, of which 82% (almost £19bn) was for NHS services and the remainder for social care. The plans, almost all of which were hopelessly unrealistic and later discarded, also called (in vain) for £14 billion in capital investment.

Early in 2017 NHS Providers produced a report describing the targets set by NHS England as "Mission Impossible" given the constraints on funding: they also pointed out that of £2bn additional NHS funding, just £650m had gone to NHS providers, compared with £900m to the private sector.

In advance of the 2017 election NHS Providers published a manifesto demanding a £5bn per year increase in NHS spending to 2020 and £10bn of new capital to cover backlog maintenance and expansion projects.

In July 2017 Health Secretary Jeremy Hunt promised a £1.3bn plan for better mental health services including 21,000 extra staff by 2021. At the last count (October 2022) only 4,000 additional nurses were in post, with some grades of staff fewer in number than five years earlier.

In January 2018 Theresa May and Jeremy Hunt together apologised for the poor state of the NHS, and May went on to promise a long term settlement as a 'birthday present' for the NHS as it approached its 70th anniversary. It was announced as an increase of just £20bn in real terms – over five years to 2023.

This same pledge, translated into apparently more generous cash terms, was the same £33.9 billion of "record funding" that Boris Johnson a year later committed to embody in legislation in the 2019 election: the Treasury admitted this was the value in real terms.

The rhetoric however did change, with Johnson claiming to be ending austerity and promising first 40, later rising to 48 "new hospitals" to be completed.

However no more than £2.7bn has ever been committed to finance these projects, and no scheme that was not already under way before Johnson's promise has yet begun work.

The Health Foundation had **warned in March 2019** that NHS capital spending had actually fallen in in real terms since 2010/11, making the promise of new hospitals without a major new allocation of funding seem even less convincing.

Another main factor concealing the financial gap created by under-funding has been the burgeoning deficits and debts run up by NHS trusts.

The Health Service Journal in 2018 estimated that total borrowing and deficits of trusts in England had reached £14bn.

This was tacitly acknowledged **early in 2020** when Matt Hancock took steps to convert £13.4bn of trusts' borrowing into Public Dividend Capital (long term loans that need never be repaid, but carry interest payments), as the pandemic took hold.

The underlying deficits however have not been addressed.

Covid billions wasted

Although large sums of additional Covid money technically flowed through the Department of Health and Social Care in 2020-21, this spending was in fact outside the control of the NHS.

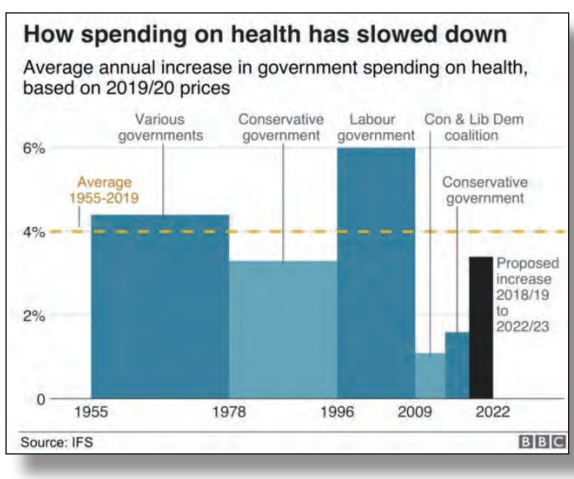
We have now learned how billions flowed into obscure contracts with Tory donors and cronies for PPE, and with costly consultancy firms and contractors delivering the barely functional Test and Trace.

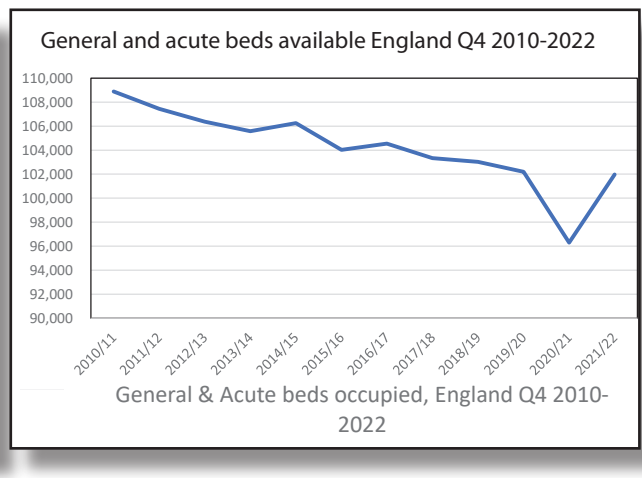
These huge sums of money, much of it wasted, together with the decline of the hobbled economy during the months of lockdown, hugely distorted the picture on health spending as a share of GDP, apparently increasing it to 11.9% in 2020-21, to the delight of right wing politicians and commentators eager to claim the NHS is a lavishly funded failure.

Also in 2020 spending on private providers of clinical care went up by a massive 26% in England, almost all of this down to a woefully poor contract that lined the pockets of private hospital shareholders but actually resulted in private hospitals delivering fewer operations to NHS patients.

It's relevant to note that the entire private acute hospital sector has only around 8,000 beds according to analysts Laing Buisson, and is dependent for staffing any increase in activity on recruiting staff already employed by the NHS.

Budget statements since March





2021 have scaled back additional funding for Covid-19, leaving the NHS to cope with the pressures despite the continued significant use of front-line beds (6,382 beds in England occupied by Covid patients on February 8).

And with over 13,000 beds routinely filled by patients who can't be discharged for lack of social care, England's NHS now has virtually 20% of its available general and acute beds out of action for admitting emergency or elective patients.

It therefore lacks spare hospital capacity to swiftly reduce the backlog of elective treatment that further increased what was already a bloated 4.5m waiting list in 2019 to the current 7 million-plus.

No capital for buildings

England's NHS also lacks the capital and revenue required to increase its own community health and primary care services outside hospital.

It is this constraint on NHS front line capacity and on capital investment that has driven an increased reliance on using beds in private hospitals to treat NHS patients.

This is despite the previous experience of private sector failures to deliver during the peak of the pandemic, despite costs and inefficiencies this creates, and despite growing concerns in trusts and ICBs that the flow of funds out of the NHS is undermining their efforts to balance the books.

Official figures show NHS spending on private providers in England has fallen back slightly from the peak of 2020-21, but has still risen 60% in seven years – from £6.5bn in 2013/14 to £9.2bn in 2018/19 and £10.9bn in 2021/22 – partly as a result of the Health and Social Care Act in 2012 and partly the sheer lack of NHS capital and revenue to expand and run its own capacity.

Another result has been that, according to the *Economist,* in the second week of January, 95.7% of beds in acute and general wards in England were occupied, the second-highest figure ever recorded.

The Economist notes reducing bed numbers is a policy that has in the past been endorsed by all parties, but warns: **"But if you want more people out of hospital, you must also fund the alternatives."**

The government did appear to change its approach slightly **in September 2021** with the announcement of £36bn of tax increases over three years. The costs landed most heavily on those on lower incomes.

This was misleadingly branded as the "health and care levy" although less than half the money was to go to England's NHS. In the event the levy was scrapped in a whirlwind budget by Kwasi Kwarteng, a decision subsequently endorsed by Chancellor Jeremy Hunt, although the extra money has been made available.

It provides a little relief for the NHS and social care, but its value has been drastically reduced by rampant inflation, and it was never enough to deliver real terms growth.

Austerity, briefly suspended during the peak Covid pandemic, is firmly restored as policy. The resource gap is again beginning to grow.

In July 2022 the Nuffield Trust repeated its warnings that funding levels were unrealistically low before the pandemic, and even further adrift since NHS England, the Department of Health and Social Care and the Treasury were:

"seemingly caught in a mutual confidence trick where successive funding rounds were premised on unachievable assumptions about efficiency savings and demand management."

King's Fund figures in early 2022 had charted the dramatic squeeze on spending since 2010. From these we can calculate that if spending had increased at the pre-2010 average, NHS spending in England would have been £33 billion higher than it was in 2021-22: the cumulative gap has risen rapidly to £200bn over 12 years.

By comparison the Wanless Report in 2002 found that NHS funding had lagged behind European average levels of spending by £267bn … over the previous **25 years**.

Below average

The Health Foundation in November 2022 estimated the extent to which pre-pandemic UK spending on health had fallen behind spending in European countries, and found:

"Average day-to-day health spending in the UK between 2010 and 2019 was £3,005 per person – 18% below the EU14 average of £3,655.

"If UK spending per person had matched the EU14 average, then the UK would have spent an average of £227bn a year on health between 2010 and 2019– £40bn higher than actual average annual spending during this period (£187bn)."

Note that these figures, which are much higher than many previous estimates, are for ALL health spending, including private health care and out of pocket spending, not simply the NHS:

"On average UK government health spending between 2010 and 2019 was £149bn per year in current terms."

The Health Foundation also points out that there was evidence of inadequate spending on health care well before the Covid pandemic:

"Even before the pandemic, the proportion of people in the UK self-reporting that they needed treatment but could not access it was one of the highest in Europe.

"So, systems that are already running at capacity may become reliant on emergency funding or on having to redeploy resources and deprioritise certain services to deal with surges in demand."

Meanwhile, with no hope of growing services to meet demand, NHS England has committed itself to seeking to generate £12 billion of 'efficiency savings' by 2024/25 – a target made more difficult by persistently high inflation.

Newly-established Integrated Care Boards are struggling, with many failing, to balance the books for 2022/23 and increasingly alarmed at the challenges they face in delivering still more "efficiencies" next year and the year after.

In January 2023 a Health Foundation report found that as a result of the 2022 Autumn statement spending will be half the level needed to keep pace with demographic and other cost pressures:

"in real terms, core day-to-day spending on the NHS will rise by 2% a year by 2024/25, while capital spending will grow by just 0.2%."

Cutting NHS capacity to care

Since 2010 6,025 general and acute NHS beds have closed in England, along with 4,734 mental health beds – reducing capacity at the very point the population was growing and the proportion of older people more likely to need health care has been rising sharply.

Recent calls by NHS England for opening 5,000 "extra" actual or 'virtual' beds would still leave England's NHS in 2023 with fewer acute beds than it had in 2010.

However the real plan is for nowhere near as many new beds: follow-up analysis by the HSJ has clarified that the proposal is only to introduce 1000 'new' beds, with the remaining 4000 made up from existing beds which will be moved from other areas, such as bays and corridors.

The rundown of capacity has led to an increase in use of private sector provision, not only private hospitals and clinics performing operations on NHS patients but also contracting out of community health and (especially) mental health services to fill gaps in the NHS.

NHS England vacancy figures, currently 133,000, are an imperfect measure of actual vacancies because the extensive use of (more costly) agency staff, with most ICBs set to breach the limits on agency spending imposed by NHS England.

But numbers of vacant clinical posts have increased dramatically in the past 12 months, along with anecdotal evidence of an exodus of staff for better pay, conditions and less stressful jobs in retail and elsewhere as the government refuses to negotiate an improved settlement on pay with trade unions.

The bill for backlog maintenance in England's hospitals has rocketed from under £6bn in 2019 to £10.2bn in 2022, with at least half a dozen hospitals built in the 1970s using defective concrete planks in danger of literally falling down.

The result of reducing services is more lives cut short, or blighted by avoidable illness and disability.

The Economist, the voice of neoliberalism, has at least partially endorsed the Royal College of Emergency Medicine's warning that delays in A&E are causing an increase in avoidable deaths.

To make matters worse, the drastic 24% cutback that has been made to public health budgets since 2015 has held back preventative measures to reduce the burden on the NHS.

The scandal of subcos revealed

A January HSJ article has confirmed what trade union representatives and Labour MPs have repeatedly argued: that the creation of 'wholly owned' sub companies by NHS Trusts (and FTs) was in almost every case, a scam.

For over 5 years the trade unions aided by campaign groups have tried to stop these subcos being set up. Pressure led to some being stopped, to debates in parliament and to changes in the rules.

Ironically it is NHS England, which has long been suspected of forcing trusts down this route, that is supposed to approve the legitimacy of proposals for approval – a bizarre conflict of interest.

Time and again Trusts and NHS England refused to release information about why these proposals were going ahead – and refuse to consult on anything other than how the transfers of staff would take place.

When the real documents finally emerged, and business cases revealed, the true picture was obvious; information was suppressed to hide the fact that the schemes were deeply flawed.

The HSJ investigation has now revealed that as suspected: **"Some trusts are paying subco staff less than the lowest Agenda for Change rate. They are also reducing uplift payments for unsocial hours as well as lower maternity and sick pay rates. Staff are being denied access to the NHS pension and instead being offered schemes which are significantly less generous."**

Bradford victory helped deter more subco bids

This is exactly what the trade unions said all along. Talk of flexibility and being able to offer more pay to deal with recruitment problems was simply untrue.

The trusts just wanted to cut terms and conditions for new staff, so failed to talk to staff representatives about flexibilities or to examine what could already be done within Agenda for Change. The HSJ now confirms that is what happened.

Almost all the schemes were in fact set up for tax avoidance, using a "loophole" in the rules around VAT. But time and again trade union negotiators were told that moves to set up these subcos was not about tax at all. Totally untrue.

Sadly many low-paid and predominantly female staff, mostly in facilities management roles like catering, got moved out of NHS employment against their wishes into subcos.

There were many threats that if these subcos did not go ahead then the work would be 'outsourced': but moving staff into a subco WAS outsourcing!

The appetite to form subcos waned after a series of victories by trade unions in major disputes such as at Bradford and Frimley Park.

Yet despite all the evidence both of tax evasion and staff exploitation it is rumoured that the pressure is again being put on Trusts to form more tax dodging subcos.

Anger as private firm replaces popular GP

The decision by Lancashire and South Cumbria Integrated Care Board (ICB) to award a contract to run a well-loved and successful GP practice in Chorley, Lancashire, to SSP Health, a large private primary care company, has been met with anger by patients and staff of the surgery, who have accused the ICB of not running a proper public consultation.

The whole process of choosing a new contract holder by Lancashire and South Cumbria ICB for Withnell Health Centre (WHC) was also conducted with virtually zero input from the public despite the ICB's constitution proudly boasting that it will "put the voices of people and communities at the centre of decision-making and governance."

The ICB has **now apologised** to patients and staff at WHC over the lack of information around a procurement process for the surgery contract and acknowledged that "more could have been done" to keep them [the patients and staff] informed about the process.

The campaign for the ICB to revisit the procurement process led by local councillors, GPs and local people

continues, however.

The procurement process was triggered in December 2021, when a partnership between Dr Ann Robinson and Dr Mahtab Siddiqui ended.

Dr Robinson was awarded a temporary 12 month contract by the then Chorley and South Ribble Clinical Commissioning Group (CCG), but the change triggered a competitive bidding process for the contract for providing care at the practice. The CCG has since been replaced by the regional Lancashire and South Cumbria ICB, who continued the process.

The only information received by the patients about the process was a single letter sent out in February 2022, saying the CCG had awarded a temporary contract to Dr Robinson for 12 months as "the least disruptive option for all parties" and there should be "very little to no impact on patients as a result of this change."

The letter failed to outline exactly what the process of awarding a new contract entailed, or that it could lead to the loss of Dr Ann Robinson, who has been the principal partner at WHC for 10 years.

Gagging order

Even when a decision had been made in December 2022, only Dr Robinson was informed and given a ten-day window to submit an appeal. Dr Robinson was told not to talk about the decision – a gagging order – until the end of the 'standstill' process 30 days later.

Patients only found out about the awarding of the contract to SSP Health and the loss of Dr Robinson as the contract holder when it was leaked on Facebook by a member of staff at WCH in January 2023.

The news was met with dismay and anger by patients and staff, and now over 1,500 of the patients registered at WHC have lodged written objections to the ICB decision to take away control of the GP practice from Dr Robinson.

Monday 16th January saw the lifting of the gagging order and on the 17th the staff of WHC gathered at the ICB headquarters to protest. There they found that the envelope containing the 1,500 objections had not been opened and was still sitting at reception.

The ICB has since stated that the objections are now being "read and processed", but what effect they could have on the completed process is unclear.

Several of the staff at the Withnell practice have said that they would rather resign than see the surgery handed over to SSP Health.

Dr Robinson, patients, staff and local councillors are angry that a surgery that scores highly on patient satisfaction and has such deep roots in the local community could lose its contract to a company whose GP surgeries score far worse on many measures including patient satisfaction.

As part of the campaign Chorley MP and Speaker of the House of Commons Sir Lindsay Hoyle has "made contact with the Integrated Care Board to ask for this decision to be reviewed and for all concerns raised by local residents to be addressed before any further action is taken."

Dr. Robinson told the local press that the interests of her patients will not be served by what she describes as "supermarket GPs".

"These big practices cut services to the bone. I know for a fact that SSP took home £4m in profit last year, which is taxpayers' money which should be spent on improving your access to GPs."

Contractors to make NHS staff "feel valued"!

NHS England (NHSE) has come up with a whizzy way to make up for the lack of pay and one million-plus staff feeling under-valued: bring in a private consultancy.

Tell staff they are getting a "trailblazing" on-line course – and prove it by quoting NHS staff saying it's the first time anyone in the NHS has listened to them in 23 years!

Make it a course in which at least half the content consists of staff sharing their own grim experiences of dealing with awkward and frustrated patients and relatives.

NHSE faces tightening budget and needs to generate £12 billion-plus in "savings" by 2025, so even the few welcome perks that were on offer to staff during the peak of the pandemic – free car parking, hot food for staff on night shifts, responsive support with mental health – have now all been axed.

They can't solve the big problem of the reduced and ever-shrinking real terms value of NHS pay – so they have wheeled in yet another consultancy firm, this time "digital skills provider" **escalla** (note trendy lower-case 'e').

They have drawn up the first new online course, one that aims to help staff fend off verbal and physical abuse from angry patients, and to better care for themselves and others "with compassion". It's a long way from focusing on staff wellbeing, recognition or reward.

Promise fulfilled?

Nonetheless NHSE's lead on Health and Wellbeing, Claire Parker and escalla's Serena Field have now written an article claiming that by simply developing this first course to help staff cope, NHS England have been able to meet "some of the key commitments made in the NHS People Promise."

The People Promise was produced back in 2021 as NHS England's attempt to substitute for a meaningful pay increase by developing more on-line corporate waffle. It promised that – by 2024 – nurses, doctors paramedics and all, should be able to declare that: "We are recognised and rewarded. A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution. ….."

We now know a fair salary can only be achieved if the strikes succeed in forcing the government back from its confrontational stance.

Nonetheless Claire Parker claims, implausibly, that this "surely goes a long way to supporting some of the recruitment and retention issues…"

She insists the new course helps staff to "feel as though the NHS is investing in them and their skills."

But the article ends with shameless plugs for escalla and its various other courses, showing NHSE's only tangible investment has been in fat fees to yet another private consultancy, rather than in its own staff.

NHSE calls in the spin doctors

A "branding agency" has been called in, at unknown cost, to help NHS England bureaucrats "cultivate the right personality" and position itself in its role, according to the HSJ.

Their near-impossible mission is to "Actively combat the media-driven narrative of NHS England being made up solely of bureaucrats". NHSE wants to be seen as "part of the solution, rather than part of the problem".

Thompson, the company that has the vague brief, claims to have played a role in making the NHS "the UK's most relevant brand."

And in 2016, the year in which NHS England local trusts and commissioners infuriated local people by drawing up controversial, secretive (and ultimately useless) Sustainability and Transformation Plans, Thompson helped "develop a comprehensive identity policy" for the NHS – by redesigning letterheads and compliments slips.

But what image will they now try to create for the organisation charged with driving £12bn-plus of "savings" by 2025?

Lloyds pull-out from Sainsbury's undermines pharmacy access

Lloyds Pharmacy, the second largest community pharmacy chain, now owned by the Aurelius UK investment house, has announced it will close all of its branches located within Sainsbury's supermarkets.

That single decision, made in the interest of the shareholder, means that more than 230 locations across the UK at which the public currently access NHS services will be closed with just 3-6 months' notice.

Around 2,000 employees, including 400 pharmacists, face potential redundancy as a result and impacted patients will have to find an alternative pharmacy to receive medicines, advice and other services.

Stocks and staff

The pharmacies to which patients move will somehow have to be sufficiently stocked and staffed to manage the influx of extra work; though there is a likelihood the already busy teams will have to cope with yet more work without any additional resources.

In these scenarios there is no public consultation, no penalty for the business and this shows the harsh reality of allowing commercial enterprise to control access to public services.

Well maybe not always!

Prison pharmacy

In 2019, Lloyds Pharmacy also became the first private firm to control the pharmacy service to prisons in Scotland.

A **letter from NHS National Services Scotland** has recently become public which highlights their serious concerns at the end of last year after a new computer system was introduced by the company, which negatively impacted working practices.

The letter says:

"The ongoing impact of this poor service is being experienced in several ways, by both NHS Boards & SPS, including:

- Disruption to patient care.
- Additional staff costs due to an increase in hours worked to accommodate processing of late deliveries.
- Impact on [SPS] staff's physical and mental wellbeing.
- Complaints from patients resulting in additional workload.
- Postponing of scheduled work to process late deliveries.
- Inability of staff to change work patterns/shifts affecting issuing of medicines.
- Inability to receive deliveries of late supplies to prison health centres or needing to alter prison regimes to accommodate.

Mental health

"In addition, we are concerned that the pressures being placed on Lloyds Pharmacy staff working in the hub to provide the contracted service may impact upon their mental and physical health…."

Concern for patient and staff wellbeing while private shareholders profit is the essence of the worst of health privatisation.

The letter even goes on to discuss the risk of prison unrest as a consequence of the failings:

"Our concern is that any further deterioration of the service could lead to the situation where a large number of people in prison do not receive their medicines on the due date, causing a break in treatment. **Such an event could have consequences for individual patient's wellbeing and is likely to cause unrest in the prison population."**

Community pharmacies were excluded at the creation of the NHS and have always been in the hands of private owners. These examples add to the arguments for pharmacies, which are the most accessed of all NHS locations, to finally be brought into public control.

CQC puts North East London urgent care provider in special measures

Four north east London urgent care treatment centres run by Partnership of East London Co-operatives (PELC) Limited have been rated 'inadequate' by the Care Quality Commission (CQC) and put in special measures.

PELC is a not-for-profit organisation formed in 2004 by local GPs, that delivers UTCs across east London and west Essex, under a contract with the North East London integrated care system (ICS).

The centres, King George's Emergency Urgent Care Centre (EUCC) in Goodmayes, Queens Urgent Treatment Centre in Romford, Harold Wood Urgent Treatment Centre in Harold Wood, and Barking Urgent Treatment Centre in Barking, were inspected in October and November 2022, and inspectors found patients were "routinely waiting more than two hours for a clinical assessment."

Two of the centres are attached to hospital emergency departments and treat the majority of patients that arrive with minor injuries and illnesses.

Short staffing

The CQC director for London, Jane Ray said: "Although each service suffered from short staffing, which was a factor behind the long waits and an issue affecting the NHS more widely, PELC's leaders must prioritise meeting NHS England's standard of clinically assessing people within 15 minutes of arrival."

Ms Ray added: "Behind this [failure] was the failure of the service's leaders to effectively monitor issues the services faced, including waiting times, to inform their strategies to meet people's needs."

The CQC noted that PELC had last conducted a comprehensive workforce planning exercise five years ago and now rota gaps constituted at least 10% for doctors and at least 20% for nurses.

However, the CQC rated the services good for being caring, as "despite the pressure they were under, staff in each service treated people with kindness, respect and compassion."

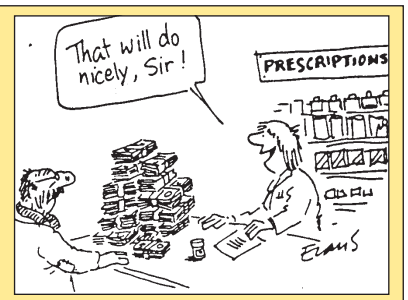
The Trust running the four centres, Barking Havering and Redbridge University Hospitals (BHRUT), has now also been rated as 'requires improvement' by the CQC, with its urgent and emergency care rated 'inadequate'.

No control

Its chief executive Matthew Trainer told the HSJ that the trust was the only one in the area that "does not run its own front door."

BHRUT has for several years been at or close to the bottom of the performance levels for its A&E services, with only 28% of A&E patients treated or admitted within four hours in December 2022.

Pharmacists call to scrap prescription charges



With growing numbers of hard-pressed people in England failing to collect prescribed medicine because of the £9.35 per item cost, or asking pharmacists which items they can do without to save money, the Royal Pharmaceutical Society in mid February called on the government to review the exemptions to ensure that all patients with long term conditions to get their drugs free of charge.

However prescription charges have long been abolished altogether in Wales, followed by Scotland and Northern Ireland, leaving only English patients paying the hefty charge for the 10% of prescriptions that are not exempt.

The charges raised just £652 million in 2021-22, just 0.4% of the £150 billion DHSC budget: but their real cost in deterring more and more seriously ill patients on low incomes from accessing the treatment they need has not been calculated.

Labour in 2019 promised to scrap prescription charges in England if elected, although there has been no recent repetition of that commitment. Recent evidence shows that ensuring prescribed drugs are available free of charge significantly increases their compliance with treatment – and saves money.

By contrast in 2021 Ministers marked the 73rd anniversary of their party voting against establishing the NHS by launching a surreptitious consultation on the imposition of prescription charges on people aged 60 to 66, who currently get them free … to raise an estimated £226m per year.

In other words levying charges on just 2.5 million people aged 60-66 was expected to increase the total raised by charges by a third.

As the RPS points out: "Prescription charges are an unfair tax on health, which disadvantages working people on lower incomes who are already struggling with food and energy bills."

High prices explain static numbers going private

John Lister

It's no surprise to find the *Daily Telegraph* singing the praises of private medicine, or to find that their fact checking is less than rigorous. But *Torygraph* readers encouraged to take up the apparent bargain basement prices quoted in a January 25 article entitled 'The five health treatments you should go private for' are in for a rude awakening.

Top of the list is 'hip and knee replacements:' but while the NHS waiting times are indeed agonisingly long, it could take even longer to locate any private hospital in Britain willing to do a knee replacement for the *Torygraph* estimate of £950 to £2,500. The real cost is up to six times higher.

The Practice Plus group website, for example, explains that "as a guide price, you can expect to pay anything from £5,000-£15,000 for your knee surgery, while Private Healthcare UK puts the average cost of partial knee replacement at £11,106."

Underestimate

Costs of hernia repair are equally drastically underestimated by the *Telegraph* at between £300-£800, while the Best of Health website warns the typical cost is more than five times higher, between £2,390 & £4,406 (excluding initial consultation and prior diagnostic tests fees).

On cataract surgery, the *Telegraph* estimates costs between £838 and £2,445 excluding consultant fees, while the Laser Eye Surgery hub states that prices per eye are between £1,995 – £3,150 for standard monofocal lenses and £3,495-£4,100 for multifocal lenses.

The *Torygraph* hack, Abigail

Buchanan, appears to have based her figures on a new, misleading calculator promoted by the Private Healthcare Information Network (PHIN).

It's not clear how this outfit, which solely exists to drum up trade for private hospitals, could have got the figures so wildly wrong: but perhaps they are desperate to see some uplift in the stubbornly static numbers of people seeking private hospital care.

Back in December the PHIN published figures for the second quarter of 2022/23 which showed only the most marginal increase in numbers of private operations since 2019, despite the massive increase in numbers stuck on NHS waiting lists.

Nevertheless right wing newspapers (and some confused left wing campaigners) seized upon the 33% increase in numbers of "self-pay" patients being treated in Britain's mostly tiny private hospitals: but this ignored two important facts.

One was that the 33% increase was from a very low base, so in fact it only added 17,000 extra patients to just 50,000 self-pay punters in the same period in 2019. The other was that there has been a corresponding drop in numbers of insured patients – leaving the total almost unchanged, despite the meteoric rise in the NHS waiting list from 4.5 million in 2019 to towards **7 million** in 2022.

It's also worth noting that almost half (47%) of the self-pay patients were in just three regions (London, the South East and South West) where the private hospitals are most concentrated.

Unable to pay

The reality seems to be that many people stuck on NHS queues are either waiting for treatment the private sector doesn't offer, or unable to pay the high actual costs of private treatment.

Whatever the reason, the private sector, poisonous and parasitic though it is, is clearly not booming or expanding as many expected.

The real statistics underline how vital the NHS is, and what good value it represents, not least for the *Torygraph's* many older readers.

Affiliate for 2023: help build Health Campaigns Together

Mike Forster, HCT Chair

After months of debate and discussion, Health Campaigns Together(HCT) and Keep Our NHS Public (KONP) took the decision to merge the two organisations.

This step was taken to try and combine the thinking and actions of the two groups, whilst maintaining separate campaign arms.

HCT's main function now is to act as the trade union wing of KONP, strengthening and enhancing our relationship, not just with the national unions, but also with local branches and regions.

HCT has succeeded over the years in attracting the affiliation of several major national unions, but we now wish to use that support to attract more support at a local level.

This ambition began with electing a wider HCT Committee which is meeting every month and has naturally turned its attention to the strike wave now gripping the NHS.

We made the fight against low pay a priority for HCT and have combined our solidarity work with holding affiliates' meetings featuring speakers from the various current disputes including the BMA. We are also producing a monthly union bulletin to go straight into branches and workplaces.

We have so far produced one full colour A4 union bulletin, which is followed by this tabloid and at least one more bulletin for this summer's upcoming union conferences of UNITE, UNISON and GMB.

We will also be speaking at fringe meetings at two of these conferences and hope from these events to strengthen our ties with local branches and frontline workers.

Our usual Summer highlight of the Durham Miners Gala on July 8th always attracts a lot of support and we will be mobilising our supporters to attend in strength.

If your organisation wishes to affiliate or re-affiliate, just email us at: hctchair@keepournhspublic.com

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER was formed at the end of 2015 as an **alliance** of organisations, seeking to link campaigners and trade unions. It is run by volunteers, with no paid staff. Since last summer we have merged with Keep Our NHS Public, but still retain a distinctive role (see article above). Affiliates can opt for joint affiliation to KONP, or simply support HCT.

WE WELCOME SUPPORT FROM:

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

Pay us direct **ONLINE** – or with PayPal if you have a credit card or PayPal account at *https://healthcampaignstogether.com/joinus.php*

For organisations unable to make payments online, cheques should be made out to **Health Campaigns Together**, and posted to
28, Washbourne Rd, Leamington Spa, CV 31 2LD

Contact us at healthcampaignstogether@gmail.com. *www.healthcampaignstogether.com*