HEALTH CAMPAIGNS TOGETHER
#OUR NHS
MONTHLY ONLINE NEWS BULLETIN #12
OCTOBER 2021


# Grim sign of NHS decline

# Most hip and knee-ops are now going private

The decline in NHS capacity after a decade of under-funding combined with the Covid pandemic is vividly illustrated by the fact that for the first time ever **more patients are paying privately** for hip and knee operations than provided them through the NHS.

The chronic dependency on private hospitals for NHS joint replacements has worsened, with 56 per cent of the total surgeries in the first eight months of 2021 performed in private hospitals, compared with 40 per cent over the same period two years ago. **The proportion of these patients funded by the NHS fell by a third, from 27% to 18%.**

This is the shock finding of research commissioned by the Financial Times, which also reveals that the major private sector hospital chains including Circle Health Group, Nuffield Health, HCA Healthcare and Spire Healthcare s are cashing in on the hobbled capacity of the NHS, doubling the numbers of privately paid patients.

**This indicates that private hospitals see more profit to be made from treating private patients – especially "self-pay" patients who offer higher margins – than patients outsourced from the NHS at standard tariff price.**

This raises new, serious questions over the viability of NHS England plans to spend up to £10bn over 4 years on paying for patients to be treated in private hospitals.

**The NHS crisis is the private sector's opportunity: the FT notes that Spire, with 40 hospitals, has already reported an 81 per cent surge in self-pay revenues in the second quarter of 2021 compared with the second quarter of 2019.**

## US expansion

Scenting possible profits from desperate patients, two of the US's biggest hospital chains — the Mayo Clinic and the Cleveland Clinic — are planning to expand in the UK. The Mayo has opened a new London clinic in partnership with Oxford University Hospitals FT, and will charge £670 for a consultation.

The Cleveland is planning to hire its own doctors in a break with the model used by the rest of the private hospital sector, and will therefore contribute to NHS staff shortages.

Meanwhile research by the independent think tank Centre for Health and the Public Interest (CHPI) has revealed that private hospitals carried out **43% fewer operations on NHS patients than usual** during 2020 – despite the secretive deal to block-book the entire capacity of all 7,956 beds in England's 187 private hospitals along with their almost 20,000 staff.

## Money for nothing

"Despite the fact that the taxpayer paid undisclosed billions to the private hospital sector, which prevented some of the companies going bust, the official data shows that they barely treated any Covid patients and delivered less elective work for the NHS than they did prior to the pandemic," said Sid Ryan, a researcher at the CHPI who wrote the report.

Labour MP Meg Hillier, who chairs the Commons public accounts committee, told the Guardian: "Taxpayers have covered an entire year of private hospitals' costs in return for less treatment and care than before, and many of them now feel forced to pay those same private hospitals over again in the face of an NHS beset with lengthy backlogs."

# INSIDE THIS ISSUE







# Millions missing out on mental health services

Up to 1.5 million people may be waiting for mental health treatment but are yet to receive it as a result of the impact of coronavirus, according to new NHS England Planning Guidance.

Meanwhile shocking new survey figures from NHS Digital also show there has been a significant deterioration in mental health for children and young people since 2017, with one in six (17.4%) of children aged 6-16 suffering from a mental health disorder in 2021, up from one in nine (11.6%) in 2017.

17.4% of 17-19-year olds also reported mental health problems in 2021, up from one in ten in 2017. Almost 40% of 6-16s had suffered a drop in their mental health since 2017, compared with 53% of 17 year-olds.

The proportion of 6-16-year old children with eating disorders almost doubled from 6-13%, while the proportion of 17-19 year olds rose by a third from almost 45% to over 58%.

Meanwhile a parliamentary question from Labour's shadow health secretary, Jonathan Ashworth, has extracted figures from the Department of Health and Social Care on the continued level of out of area placements of mental health patients.

They reveal 7,040 out of area placements (OAPs) in England between April 2020 and this April, with 645 last October – and 695 people in April 2021. 175 of these placements involved patients being sent between 62-125 miles from their home area, 135 involved distances between 125-184 miles and in 45 cases the person ended up 184 miles or more away.

The OAPs are a reflection of inadequate provision of NHS beds after more than a decade of decline. Just 18,303 mental health beds were available in England in April-June 2021, a reduction of 5,200 (22%) since 2010, while occupancy rates increased sharply from 82% at the beginning of this year to 87% in April-June, close to pre-Covid levels.

# CQC steps up threats against Cygnet

**Extracted from The Lowdown September 20**

Mental health services are very unlikely to see any of the £15 billion in funding announced by the government in the first week of September, according to sources reported in the HSJ, despite NHS England's estimates that around 10 million people would benefit from these services.

The money is earmarked for reducing the backlog in elective surgery, so once again mental health services takes second place to physical health.

Not only do mental health services lag behind in funding, it is probably the area most reliant on private companies to provide services. As the NHS's capacity to deal with demand for mental health services, particularly inpatient services, fell over the years, private companies have been given substantial contracts to provide much of the inpatient care needed.

Cygnet Appletree

Action is being taken against the provider of this service

Frederick Street North, Meadowfield, Durham, DH7 8NT
(0191) 378 2747
Provided by: Cygnet Behavioural Health Limited

CQC inspection area ratings

(Latest report published on 25 August 2021)

Safe
Effective
Caring

Hospitals and Mental health services

Specialisms/services

- Assessment or medical treatment for persons detained under the 1983 Act
- Caring for people whose rights are restricted under the Mental Health Act

So any money mental health services receive is in part paid to private companies in the business of making a profit out of caring for some of the NHS's most vulnerable patients.

One of the biggest, Cygnet Healthcare, is owned by the giant US corporation Universal Health Services Inc (revenue $11.6 bn in 2020), has around 140 facilities in the UK (primarily in England) providing a range of inpatient care and outpatient services. In 2020 it received almost all of its £456.3 million in revenue from public organisations – the NHS, clinical commissioning groups, and local authorities.

From October 2018 to January 2020, 10 of Cygnet Healthcare's hospitals were rated "inadequate". In the 2019 review published in January 2020, the CQC told Cygnet to take "immediate action" to improve its management following an investigation of the company and its hospitals.

In 2021 alone the CQC has rated seven of Cygnet's facilities as 'requires improvement' and three as 'inadequate', plus Cygnet Appletree Hospital in Durham, which has not received a rating but was given an urgent enforcement notice and restricted patient admissions.

Such was the level of failures that in April 2021, a letter was sent to Cygnet management by Claire Murdoch, the national mental health director, and John Stewart, national commissioning director, which HSJ reported warned Cygnet that "patients deserve better" and they will "not hesitate to take further action" if improvements are not made.

Whether things will change following the letter, only time will tell as there is a several month lag between inspection and report publication. If things do not improve, what can NHS England and the CQC do?

The CQC has issued warnings and restricted admissions, but with capacity so low for inpatient mental health services and demand escalating due in part to the Covid-19 pandemic, closing facilities could make things very difficult for the commissioners of services.

# Fight to end the hostile environment in the NHS

(Via Medact)
The Hostile Environment is turning the NHS into the new frontier of border control. Join us as we take action against patient charging and fight to scrap borders in the NHS!

Hostile Environment immigration policies are undermining the founding principles of the NHS. People are turned away from the healthcare they need.

Immigration checks are becoming normalised in receptions and wards across the country.

NHS hospitals routinely share patient data with the Home Office. People are harassed by debt collectors for huge bills they will never be able to pay.

**Save the dates! No Borders In The NHS: Week of Action, 23-27 October. People all over the country will take action across five themed days of action.**

We must remember all those whose lives have been devastated by border controls in healthcare, to resist through collective organising in hospitals and workplaces, and stand in solidarity with all those who are feeling the impact of the hostile environment.


## Events scheduled (more TBA):

Vigil against the Hostile Environment (Tower Hamlets) Noon – 1pm, 23 October,| Royal London Hospital (Whitechapel Road)

Vigil against the Hostile Environment (Waltham Forest) | 6pm – 7:30pm, 23 October | Walthamstow Square

# Nottingham rations cancer treatment for lack of staff

**John Lister (from The Lowdown, October 4)**

More than a decade of frozen funding has brought the NHS to a shocking new stage of crisis, in which cancer treatment in one of the country's leading hospitals last month had to be rationed for lack of staff, with some patient denied continuing care. Patients are having to be selected for treatment on the basis of how likely they are to survive and recover, meaning that palliative care is being cut back.

Nottingham University Hospitals NHS Trust said they "expect to be in a position to restart chemotherapy for all patients who require it in October." But while the Trust has admitted to the problem, the state of affairs was only initially revealed in a blog by cancer specialist Lucy Gossage, who says:

"Right now we don't have the staffing capacity to deliver chemotherapy to all our patients and so, for the first time, the prioritisation list has come into force.

"And that means that, currently, we are unable to offer chemotherapy that aims to prolong life or palliate symptoms for many people with advanced cancer. We hope this is very temporary, but it's indicative of a system on its last legs…"

The Nottingham restrictions are in line with contingency plans drawn up in March 2020 as the pandemic was growing to its peak, but come at a time when waiting lists are growing and the focus is on reducing the level of pent-up and delayed demand for cancer treatment.

Last month an IPPR report Building back cancer services in England warned that up to 20,000 cancer diagnoses could have been missed during the pandemic.

## Fewer referrals

In the year following the first lockdown, 369,000 (15%) fewer people than expected were referred to a specialist with suspected cancer. There was a 13% drop in radiotherapy treatments, and 7% fewer chemotherapy sessions. There were also fewer diagnostic tests: 37% fewer endoscopies, 25% fewer MRI scans and a 10% drop in CT scans between March 2020 and February 2021.

The result is that even if the level of services is cranked up by 5% per year it could take until 2033 to get waiting times back to pre-pandemic levels, because of increased demographic pressures on service demand.

However if activity could be increased and maintained at 15% higher than 2019 levels:

"most backlogs across the cancer care pathway could be addressed by next year. That would prevent many cancer-related deaths. Achieving this relies first and foremost on a larger workforce, more diagnostic and treatment equipment, and more physical space to provide care." (p 7)

## Workforce

All of this requires funding, and a commitment to increase training to expand the specialist workforce.

The Royal College of Radiologists in its appeal for extra funding from the coming Comprehensive Spending Review, points to the dire shortage of key specialists ("the NHS radiologist workforce is now short-staffed by 33% and needs at least another 1,939 consultants to keep up with pre-COVID-19 levels of demand for scans"), funding and equipment:

"Any equipment that is more than ten years old can be considered obsolete or inadequate for conducting certain procedures and must be replaced; yet previous industry surveys have shown one in ten CT scanners and nearly a third of MRI scanners in UK hospitals exceed this threshold and hence pose a risk to patients.

"The UK also has fewer scanners than the majority of comparable OECD countries - 9.5 CT scanners per million population while France has 18.2 and Germany has 35.1."

NHS England argues that in June and July this year, more than 50,000 patients started treatment for cancer, an increase of one third compared to the reduced level of treatment in the same period last year. However despite a few brave words from NHS England last week there is little sign of progress on the roll-out of Community Diagnostic Hubs promised by NHS England a year ago, or the £1bn network of surgical hubs called for by the Royal College of Surgeons as a way to focus resources on reducing waiting lists.

# Health and Care Bill – the issues summed up

New legislation to reform the NHS for the second time in a decade is being pushed through Parliament.

Opposition parties, unions, campaigners and think tanks and some Conservatives continue to express concerns at the Health and Care Bill and its consequences, noting that it will divert NHS management time and energy, and says nothing about the crisis in staffing or the dire state of social care.

The Bill would give 138 new powers to the Secretary of State, including controversial powers to intervene in local reconfiguration plans, and in the regulation of health professionals – which many fear could result in deregulation and a dilution of the skill mix in the NHS workforce.

Trade unions have welcomed the Bill's proposals to repeal the controversial Section 75 of the 2012 Health and Social Care Act (which requires clinical services above an annual cost of £600,000 to be put out to competitive tender) – though the law has been widely ignored, with only 2 percent of clinical contracts tendered this way.

The unions want to go much further, to end tendering for non-clinical services, and to make the NHS the default provider when contracts expire.

They also want to ban trusts and ICSs from establishing "subco" companies (whether to dodge tax, escape national pay agreements or avoid scrutiny), and tight regulations on procurement to prevent the award of crony contracts without competition or scrutiny, like too many contracts during the peak of the Covid pandemic.


NHS England argues that the Bill is about giving legal status to 42 Integrated Care Systems (ICSs) which will replace the Clinical Commissioning Groups established by the 2012 Act.

The ICSs are described as "new partnerships between the organisations that meet health and care needs across an area."

However, ICSs are far from local: they range in size from 500,000 to 3.2 million population. 26 cover a million or more, and the largest covers a huge coast to coast area in the North of England.

**Such large and remote bodies threaten a drastic reduction in local accountability and reduced ability to defend threatened services, with some ICSs already facing massive financial problems from the outset.**

NHS England guidance emphasises the 'principle of subsidiarity', with 'place-based' decisions taken "as close to local communities as possible": but there is no mention of 'place' or 'subsidiarity' in the Bill, which allows each Integrated Care Board (ICB) to decide its own constitution.

ICB chairs – appointed from above by NHS England – are not locally accountable at all. With ICB budgets larger than those controlled by most elected Mayors, the argument for ICB chairs to be elected is also a strong one.

All ICB business should be in public, and subject to the Freedom of Information Act.

The Bill doesn't require ICBs to include representation of mental health, public health, patients or public.

Minister Edward Argar has committed to amend the wording to exclude the possibility of "individuals with significant interests in private healthcare" from sitting on ICBs, although the Bill does not mention committees, and specifically permits private sector involvement in the advisory Integrated Care Partnerships.

**With some concessions made already, and ministers tight on time to get the Bill through and establish ICBs on a statutory footing from April, there may be a chance for MPs and Lords to support many more amendments to address the Bill's serious flaws.**

These should, above all, seek to:

- Prioritise fuller representation on ICBs and 'place-based' decision making and accountability to local communities, rather than extending new central powers to the Secretary of State.
- Fully reintegrate the NHS by establishing NHS trusts and FTs as default providers whenever contracts expire, and excluding private sector interests from all NHS decision-making bodies.

## Leaflets for download, or order printed copies

A more extended critique of the Bill, broadly endorsed by leads of the health unions and by the Steering Group of Keep Our NHS Public, has been set out in a Joint Statement, available online **HERE.**

The same content has been encapsulated under 4 headings in this **4-page A4 leaflet**:

- Bill will not end privatisation
- Endangering patients safety and quality of care
- Undermining any local accountability
- Extend central duties, not powers.

The leaflet can be viewed and shared online **HERE** or downloaded as a **pdf to print**

Bulk orders of printed copies can be ordered from HCT **HERE**


## Right wing think tank unconvinced by ICSs

The Centre for Policy Studies (which boasts on its website that it was "founded in 1974 by Sir Keith Joseph and Margaret Thatcher and was responsible for developing the bulk of the policy agenda that became known as Thatcherism") has published a report questioning the evidence that "integrated care systems" (ICSs) can deliver any improvement in outcomes for patients, and urging a delay of five years in giving them legal status.

Its author, Karl Williams, says:

"the alarming truth is that, as with the Lansley reforms, this seismic reform of how the NHS works has had surprisingly little scrutiny. To put it bluntly, everyone is in such fervent agreement that the ICS model of integration and collaboration is the future of the NHS that hardly anyone appears to have looked properly at whether this approach works in practice."

The report looks at the performance since 2016 of the 13 early implementers of the ICS model. 2016 was when the notion of "integration" was first systematically raised by Sustainability and Transformation Plans, which have since morphed into ICSs.The data show that there has been only limited and patchy progress since.

"Delayed Transfers of Care across England as a whole were 14% higher in 2016-2020 than in 2012-2016. However, in in STP/ICS areas, the increase was 24% (when weighted for population).

Only on levels of attendance at A&E do most ICSs show an overall improvement on the England average, although even here five ICSs are worse than average, the weakest being Dorset.

Williams sums up:

"… the evidence … does not suggest that the ICS model has been a disaster. But it definitely shows that it is not a panacea."

He goes on to warn of the likely cost of establishing ICSs:

"Even semi-effective implementation of the ICS reforms in their current form is likely to be costly. The GMHSCP received a one-off sum of £450m … to help in its transformation into an ICS …. If each of the 29 ICSs established since the first two ICS waves were to receive similar funding, the Government would need to find about £7 billion."

Extracted from The Lowdown

# Javid goes the full Thatcher: threatens to sack NHS bosses

Egged on by the customary extreme prejudices of his audience at the Tory conference in Manchester, Health Secretary Sajid Javid has revived the malignant spirit of Margaret Thatcher, whose picture adorns his office wall.

At a fringe meeting, after eleven brutal years of real terms cuts in NHS spending, he insisted that governments must stop "throwing cash" at the NHS, and that "there have to be . . . some significant reforms that make that money go a lot further."

He followed up by a conference speech echoing Thatcher's infamous statement that "there is no such thing as society" – arguing that people need to take responsibility for caring for their elderly relatives and "stop looking to the state to provide". People need to ask "what I can do to help my own family?" before calling on government provision

And having called in a retired General to conduct a "review" of NHS management, the Times reports he is also preparing new powers to sack managers and seize control of poorly performing hospitals.

In yet another reincarnation of failed Thatcherite policies from the 1980s he also plans to invite "business people and other outsiders" to run hospitals.


Photo: Alamy

## Report from the Committee stage

# Another redisorganisation under way

**Richard Bourne**

The Health and Care Act has begun its parliamentary journey, being examined line by line in a Committee of 10 Conservatives but only 5 Labour members. Some early themes are emerging.

This is not like 2011 with major lengthy arguments; this is more like the examination of secondary legislation with the Minister outlining things and the opposition raising questions and trying to suggest changes.

**Although Labour, and others, in the Committee have put down multiple amendments it is obvious that none of these will be passed. But it is likely there will be many government amendments when the Bill passes to the next stage in the Lords.**

In the areas that came from the largely consensual proposals from the NHS itself there have still been attempts to clarify and to strengthen the protections. The Minister has agreed to consider matters and has given some verbal and written assurances.

In the areas that came from the attempt at more Hancock (greater powers for Ministers) there is not much enthusiasm and a strong expectation of a retreat from the worst aspects – such as the truly daft idea of the Secretary of State becoming involved in every proposed change to any service anywhere - however minor.

### Reassurances

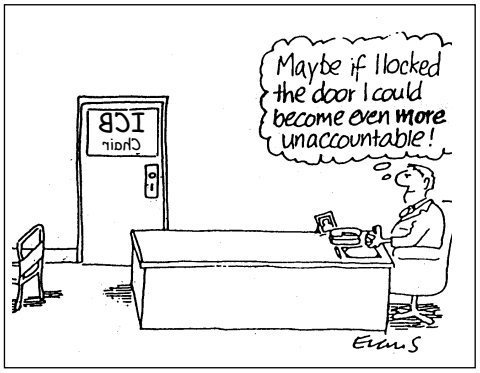
Some reassurances have been given that signal there will be no role for private sector interests in the new NHS commissioning bodies; that the new bodies will be fully open and transparent; that the new structures do not have any impact on the (historic) roles and responsibilities of the Secretary of State as regards the comprehensive NHS; that the new funding and oversight arrangements at local level introduce no new powers or constraints; that there is no intention to vary the national staff agreements, or the already agreed transition arrangements; and there will not be any ability to award contracts without a proper process. Time will tell.

### Contracting out

Areas of most concern remain over the continuing ability to contract out cleaning, catering, and other similar "non clinical" services which should be central to the NHS itself; about dodgy major national framework contracts for private providers; about who gets to appoint or elect the key Chairs and Board members; and about the actual makeup of the decision making bodies and how they are held accountable – especially ensuring a strong role for staff, patients and public.

Amendments rather than warm words and reassurance will be required especially in these areas.

The major contradictions in the Bill between what is flexible and what is imposed; between what decisions are local and what are national; between autonomous bodies like Foundation Trusts and a duty to cooperate; and even who decides what, all remain less than clear. A great deal depends on guidance that will be issued after the Bill goes through.




The NHS appears to be seeing the end of competitive tendering for most services. This Bill does reverse the Lansley version of markets and competition. Campaigners can rightly say 'we told you so' – and take credit that not only were the Lansley ideas never actually fully implemented, they are now being abandoned as counterproductive. However this does not prevent privatisation continuing– and even increasing – by other means.

### Not about integration

This is a Bill to redisorganise the NHS; it is not about integration, improving services or better accountability.

It is not only the wrong Bill at the wrong time it is also a major wasted opportunity.

The new Integrated Care Boards are just larger CCGs (without the role for GPs); and the new Integrated Care Partnerships (which will not come into much prominence until long after the ICBs are running) are just bigger Health and Wellbeing Boards – with no powers at all.

How any "place based" structures will work is wholly unknown.

Ending competitive tendering for clinical services must be welcome with or without the explicit statement that the NHS is the default provider – but little else of value is going to come out of this Bill.

It is just more displacement activity as with the recent attacks on GPs and the suggestion that NHS Leadership is in need of reform.

What our care system – including social care – needs is some stability, more funding and long term investment and a focus on the workforce.

# Fantasy hospital plans compete for imaginary cash

**John Lister**

Extravagant schemes are being unveiled in hopes of being selected as one of the additional 8 'new hospital' projects to be announced next spring, even while all eight of the government's top priority plans for new hospitals at a standstill.

They are under instruction to submit cheaper plans costing no more than £400m apiece.

But the 'Act as One' health and care partnership that covers Bradford District and Craven has come up with a literally fantastic plan – for THREE new hospitals costing **£1.7 bn**.

Their plan includes rebuilding Airedale Hospital in Steeton as Europe's first carbon neutral hospital; a new mental health facility to replace the Victorian era Lynfield Mount hospital in Bradford; and a new single site hospital bringing together Bradford Royal Infirmary and St. Luke's Hospital.

The three schemes have not been costed separately but have each also been put forward individually, in case the whole scheme doesn't make it onto the list. But remarkably not one of the council or NHS chiefs quoted in the announcement showed any awareness of the tightening financial squeeze on NHS capital.

Bradford's monster plan has to compete with a £500m plan to replace Stockport's Stepping Hill Hospital, which has a £95m backlog maintenance bill, and the £663m

plan to replace Leighton Hospital in Crewe, which is run by Mid Cheshire Hospitals Foundation Trust – and in danger of falling down, as another victim of defective concrete planks in its structure.

Kettering hospital chiefs have boldly submitted the case for investment of "up to £765m" – to fund "the first three phases" of a £1bn-plus 5-phase scheme.

Bolton Foundation Trust seems to be an exception, having submitted a plan for a £252m first phase rebuild of Bolton General Hospital, citing high and significant risk backlog maintenance bills of £165m.

Among the prioritised "pathfinder" schemes the dreams are becoming more elaborate, with Barts Health developing plan for "Future Whipps" – a new Whipps Cross "hospital in a garden", with lovely drawings but absolutely no costings included.

And from the original "fake forty" Imperial College Healthcare has optimistically submitted its Strategic Outline Case for rebuilding St Mary's Hospital in Paddington, including 840 and "new, user-centred clinical facilities across three main hospital buildings". They also want to develop a clinical life sciences cluster on the land freed up, "in partnership with industry and research".

The scheme is estimated to cost "£1.2-1.7 billion net, once receipts from the sale of surplus land are taken into account" – in other words 3-4 times more than the £400m limit being imposed on the eight pathfinder schemes.

While architects are doing very nicely from this boom in fantasy projects it's not clear how many – if any – of these dreams will come true in the harsh world of Rishi Sunak's looming spending review.

Photo: QEH

## QEH Kings Lynn is top of the props

ITV News in the East of England has now taken up the story of the collapsing hospital in King's Lynn, Norfolk, where the number of props holding up the roof has had to be increased again to 211.

The Queen Elizabeth Hospital was not included in the list of 40 new-build hospitals announced in October, and its Chief Executive has been dismissed as "sensationalist" by NHS England's comms chiefs for speaking out publicly at the threats posed to patient safety in the building which has lasted more than ten years longer than its expected 30-years.

Lat month the QEH trust submitted a bid to the Department of Health, seeking to become one of eight additional "new hospital" projects to be announced next spring, and a petition in support of the bid has over 13,000 signatures. It is seeking £679m for a new hospital – but will estimates it would cost £554m just to keep the decaying building from falling down.

**In separate news South Tyneside and Sunderland NHS Foundation Trust has unveiled plans to build an iconic new Eye Hospital in the centre of Sunderland.**

**Sunderland Eye Infirmary, now more than 75 years old, is one of very few specialist standalone eye hospitals in the whole country and the region's only dedicated centre for ophthalmology care.**

**But building a new modern, purpose-built environment in a much more accessible City centre location has only been made possible thanks to strong collaboration with the local authority, which is putting up the funding for the project and will be repaid by the Trust.**

# No plan to restore NHS capacity

New guidelines from the UK Health Security Agency (UKHSA) – one of the bodies taking over from Public Health England – recommend halving from 2 metres to 1 metre the "physical distancing" to be maintained in healthcare facilities to protect against transmission of the Covid-19 virus.

The new proposals do not apply to emergency departments where patient access and movement is harder to control, but have been read as meaning that NHS hospital beds can be moved closer together – restoring some of the capacity that was lost in 2020 as the pandemic set in.

However it's not at all clear that the new 1 metre distancing rule is intended to apply to hospital beds, or even practical to apply, since the gaps between beds were larger than this even before the pandemic.

In June 2020 NHS Providers, warning that greater distancing between beds would inevitably reduce the numbers of beds in use, stated that the normal average space between beds was 1.6 metres in older buildings and 1.8m in newer hospitals.

The minimum size of these gaps is dictated among other things by the need for access for cleaning staff and, when necessary, for monitors, drips and emergency equipment, as well as ensuring visitors to one patient do not impinge on the space for neighbouring patients.

Some hospitals during the peak of the

pandemic were unable to space out the beds to the full 2m, and resorted to hanging clear flexible screens to provide a physical barrier between bed spaces to provide additional protection.

In July 2020 NHS England's director of estates discussed the need to commandeer some of the spaces allocated to offices and non-clinical services in order to maximise the area available for beds with enhanced distancing.

# Care workers hit by UC cut

At least 100,000 carers are set to be hit by the cut to Universal Credit, which took effect this week.

GMB analysis of the latest official data reveals one in ten care workers are in receipt of in-work benefits, which will now be cut by £20 per week.

**Care workers were paid just £8.72 an hour on average in England last year – with a third of care workers on zero hours contracts, rising to half in London.**

The cut in universal credit follows Rishi Sunak's hike in National Insurance which will snatch more than £116 million from care workers' pay packets, with each of England's 1.25 million care workers paying almost £100 apiece.

Rachel Harrison, GMB National Officer, said: "Our care workers risked everything to keep our loved ones alive during the pandemic. The reward for many is to have their in-work benefits slashed.

"Meanwhile private equity sharks offer rooms in care homes as buy-to-let investments. The whole system puts profit before people and is heading for catastrophe.

"GMB is campaigning for a £15 an hour minimum for care workers – the least they deserve."


Photo: Unite the union

# Community backing for striking scientists

Five thousand people have signed a petition in support of the 21 Lancashire biomedical scientists currently on strike in a back pay dispute, which sees some of them owed up to £8,000.

Unite the union said there had been 'a fantastic wave of support' from the community, as pressure builds on the Interim Chief Executive at East Lancashire Hospitals NHS Trust, Martin Hodgson, to settle this unnecessary dispute as soon as possible.

The biomedical scientists, who have been on strike since May, are owed staggering amounts of back pay, ranging from several hundred pounds up to as much as £8,000, after managers failed to honour a 2019 agreement to upgrade their pay.

Unite general secretary Sharon Graham, who was on the Blackburn picket line this week, said:

"The fact is that the trust has reneged on a promised pay deal for these workers who have served their community, without regard to their own health, throughout the terrible pandemic. Fact. And what do they get from the trust for that loyalty? Broken promises that's all.

"Unite is not having that. We are going to back these scientists of ours to the hilt."

Campaigners are moving from the picket line into the wider community asking people to write to the interim chief executive urging an immediate settlement.

Unite estimates that the trust will spend more than £150,000 on overtime for non-union staff and extra managers to try and break the strike, three timee the £50,000 needed to pay the striking workers what was agreed.

Sign the petition at https://www.megaphone.org.uk/petitions/fair-pay-for-scientists

# Safety crisis in maternity services

Queens Hospital in Romford and Walsall's Manor Hospital have become the latest in a growing list of maternity units to be sharply criticised by the Care Quality Commission over safety issues, often linked with bullying and poor management culture.

In August the Healthcare Safety Investigation Branch reported that its investigators had started 760 investigations in the year to March 2021 involving incidents at 125 NHS trusts and made more than 1,500 safety recommendations.

The CQC has previously warned that more than four in ten maternity units in England need to improve their safety.

Last December the Ockenden report on long-standing failures in maternity care in Shropshire highlighted seven immediate and essential actions:

- Enhanced safety – increasing partnerships between Trusts and local networks
- Listening to women and their families
- Staff training and working together
- Robust pathways for managing complex pregnancies ensuring an agreed criteria for cases to be discussed/referred to a maternal medicine specialist centre
- Risk assessment through pregnancy at each contact with services
- Monitoring foetal wellbeing – Maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with expertise to practice best foetal monitoring
- Trusts must ensure women have easy access to accurate information to enable informed choice.

The mounting crisis has come as the government is facing mounting calls to invest more money in maternity services. NHS England has increased spending this year by £95m.

Half of this money (£46.7 million) will go towards creating around 1,000 midwifery posts, £5 million to support recruitment from overseas, £26.5 million towards multidisciplinary training for existing and £10.6 million will go towards increasing the obstetric workforce.

Royal College of Midwives chief executive Gill Walton welcomed the extra funding while underlining the scale of the problem:

"This is a substantial investment and something the RCM has been campaigning on for many years. It will be a significant boost for our under-resourced and under-staffed maternity services.

"It acknowledges that they simply could not have continued ensuring safe, high quality care with the pressures and demands they are facing. Most importantly, it will lead to safer and better care for women, babies, and their families."

# £7m in a year wasted on failed Cornish project

Cornwall Partnership Foundation Trust squandered £7 million on just over a year of a consultancy project that was supposed to yield savings by reducing the numbers of older patients (65+) needing hospital care.

The consultancy firm was Oxfordshire-based Newton Europe, which describes itself as "a specialist in operational improvement, fuelled by a fundamental belief that even the best organisations can be better."

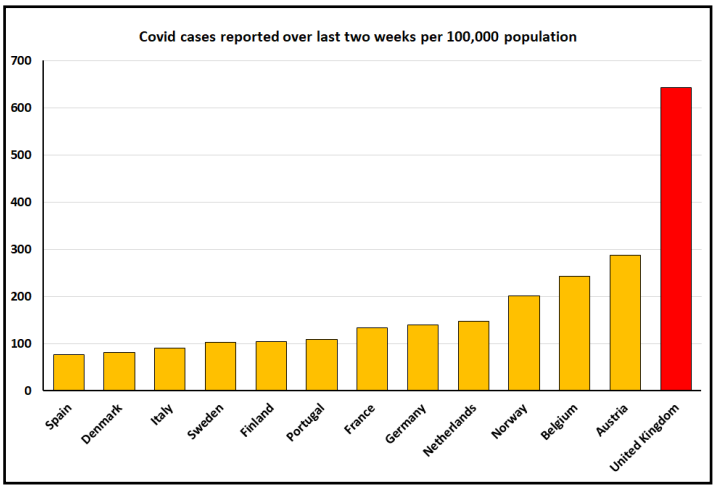
The HSJ has revealed that 'Embrace' project was launched in the spring of 2019 and suspended in late March 2020 because of the pandemic "but before the implementation phase". It restarted in September 2020 but was abandoned the following month, when Newton Europe's role ended.

The trust board acknowledges that the project has delivered "no tangible savings."

Newton Europe's website boasts "we guarantee our fees against delivering results:" but having trousered a cool £7m they will have been laughing all the way to the bank.

HEALTH CAMPAIGNS TOGETHER #OUR NHS

# Covid pressure continues




As this issue is completed over 4900 beds in England are filled with Covid patients, after 75 consecutive days with more than 4,500 covid patients.

The national total of admissions over the summer has been around five times greater than during the same period last year, acting as a further limit on capacity to treat the normal caseload.

The latest bed availability and occupancy figures (up to end of June 2021) show a loss of 4,567 front line general and acute beds since the equivalent quarter pre-Covid – and a much bigger drop in numbers of beds occupied – down by almost 10% (8,906).

There's a very long way to go before the NHS comes anywhere near to restoring the capacity it had prior to Covid-19.

# Boots train up pharmacists to cash in on GP crisis

Readers of the *Times* that has criticised GPs for allegedly failing to see sufficient numbers of patients face to face may have been confused on October 5 to find an article citing research showing evidence of the value of patients having the same GP for years.

The catch was, of course that the research is from wealthy Norway, where the 4,708 GPs studied had an average of just 1,113 patients on their lists – around half the average list size of the dwindling number of GPs in England.

## GPs driven out

More hard-working GPs and practice support staff are being pushed towards early retirement or alternative employment by the public abuse and hostility whipped up by the far right using so-called 'social media' and coverage in the *Times*, *Telegraph*, *Daily Mail* and other rags that select information to give the impression GP practices have remained under lockdown.

More fuel to the reactionary fire has been added by comments from Boris Johnson and Sajid Javid, while NHS England has shown no inclination to rally to their defence.

In fact GPs delivered a near 10% increase in appointments during August this year compared with the same period pre-pandemic in 2019, increasing from 23.3 to 25.5 million.


And while the proportion of consultations on the phone or online has increased from around 20% in the first week of March 2020 to 42%, many patients have found they can get the response they need from GPs without travelling or waiting in crowded surgeries – and they prefer to do so.

The pressure on GPs is increased by the lamentable failure of successive health secretaries to make good the promise of 6,000 extra GPs in post by 2024: instead there are 1,904 fewer fully qualified staff in post than there were six years ago, while the pressures on them have increased.

## Profit

Now Boots, the high street chemist chain owned by US stores giant Walgreen has spotted the chance to profit from the problems of primary care.

They plan to train up pharmacists to work as PIPs ("pharmacist independent prescribers") offering appointments for patients with minor conditions who can't get to see a GP as quickly as they want … and can afford a £15 fee.

"Rather than wait two weeks to see a GP, people can get immediate diagnosis, treatment and medication for the price of a Nando's," Boots chief executive Seb James told The Sun.

With plans to install a PIP in each of Boots' 2336 stores across the UK, prescribing and dispensing could be a nice little earner for the company … establishing a 2-tier system in primary care.

## Green light for Torygraph distortions

Meanwhile the "Independent Press Standards Organisation" (IPSO) has ruled that the Telegraph did not breach the Editor's Code by publishing anti-GP columns from right wing hack Allison Pearson that presented wilfully distorted information, since the articles were "clearly distinguished as comment pieces by their style and tone and have to be considered in that context."

The Doctors' Association UK (DAUK), which complained in September about the articles, has lodged an appeal against the IPSO decision. Meanwhile right wing rabble rousers have the green light to incite even more ignorant rage against GPs and the NHS as a whole.

# Unions, campaigners, join us!

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

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

**The guideline scale of annual contributions we are seeking is:**

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

**NB If any of these amounts is an obstacle to supporting Health Campaigns Together, please contact us to discuss.**

**You can sign up online, and pay by card, bank transfer or by cheque – check it out at *https://healthcampaignstogether.com/joinus.php***

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