

HEALTH CAMPAIGNS TOGETHER



MONTHLY
ONLINE NEWS
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Health & Care Bill: the fight goes on - p4-5



The worst-ever public health failure? – p5



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On all fronts NHS is now at

CRISIS POINT!



Mark Thomas / Alamy

It's not normal for a senior hospital chief executive to [phone Health Service Journal Editor](#) Alastair McLellan on a Sunday lunchtime to speak out on the massive stress the NHS is under, warn his trust, and probably all trusts, are providing inadequate care – and confess he doesn't know where to turn.

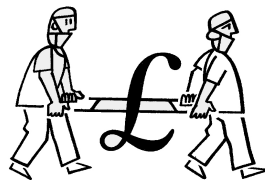
It's most unusual for a chief executive to [speak frankly to staff](#) about fears that their trust is facing such pressure that its giant teaching hospital is "ceasing to function as a hospital." The leaked warnings came from an internal meeting at Cambridge University Hospitals Foundation Trust.

Both happened within days of each other. Now an NHS Confederation survey has found almost **90% of trust bosses** believe the pressures on their organisation have become 'unsustainable', putting patient safety at risk, and the NHS is at a "tipping point," – directly refuting Health Secretary [Sajid Javid's complacent claims](#) last month.

This is the utterly [unprecedented crisis](#) that almost 12 years of Tory austerity, exacerbated by Covid-19, has brought upon the NHS, while ministers are living in denial.

The figures tell the stark truth:

- Almost 6 million people waiting for treatment, 292,000 of them for over a year;
- Ambulances queuing for hours to hand over emergency patients;
- A&E and GP services facing record levels of demand for treatment;
- Mental health services short of beds and staff – leaving 1.5 million without the care they need;
- NHS beds are filled with patients who cannot be discharged for lack of social care support outside hospital;



- Over a million people are not getting the care and support they need: social care faces a "tsunami of unmet need" according to the CQC;
- Care staff vacancies up from 6% to 10% in a few months, – with potentially tens of thousands more about to lose their jobs because they won't get vaccinated.

The situation in the NHS was bad and worsening before Covid.

But during 2020 hospitals lost around 15% of vital front-line capacity, and Covid-19 is still causing chaos, with 7,000+ Covid patients in English hospitals (Nov 5), and thousands more beds still left closed or empty.

Capacity is further reduced by chronic staff shortages, with over 94,000 vacancies, 77,000 sickness absences at the last count and NO serious workforce strategy.

Too many NHS hospitals are literally falling down, or struggling on with clapped out kit and dilapidated buildings – with the backlog maintenance bill now £9.2 billion – and no money to invest in reopening closed or unused beds.

The danger is that delays, failures and gaps in care will mean growing numbers of patients and the wider public lose confidence in the NHS.

As long waits increase, more patients in pain who can afford it will opt to 'self-pay', while others consider taking out health insurance to cover elective care.

This threatens to leave the large majority who can't afford to do this, and all those needing emergency

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NHS X-rays sent abroad for lack of radiologists

Nine in ten NHS trusts and UK health boards are sending XRay CT and MRI images to private companies for analysis, spending over £200m a year, because of a 33% shortfall in NHS radiologists, according to the [Financial Times](#).

Around 14% of reporting on scans was outsourced in 2020, almost three times the level six years ago as staff shortages worsen, with almost 2,000 consultant posts unfilled across the UK, which has just nine radiologists per 100,000 population – well below the EU average of 12.

And scans are being read as far afield as Australia and New Zealand, with ten companies in the UK providing teleradiology. The Royal College of Radiologists says the NHS could save £190m a year if it invested instead in training and overseas recruitment of radiologists.

CRISIS POINT ... from front page

care or more complex treatment queueing to use an increasingly run-down service.

Ministers want you to believe that they have given generous funding increases: they were lying before the spending review – and they are still lying now.

There is no funding to pay for the promised 50,000 additional nurses that we all knew would never be recruited. There is no funding for any big pay increase next year. There's nowhere near enough money to pay for 40 new hospitals. It's all lies and distortions.

Twelve years brutal austerity policies require BIG spending now to repair and restore the NHS.

The NHS can't live off empty rhetoric about "record spending" and empty promises of "40 new hospitals by 2030" ... any more than health workers could live off the applause they received in place of a pay increase.

Campaigners urgently need to focus on the bigger picture here: the NHS itself is under threat, and while money alone is not enough, none of the problems can be solved without more cash and capital

in the pot to rebuild, repair and reopen our NHS, and recruit, train and retain the staff we need.

The spending review settlement was not enough: with the government weakened by the corruption scandals, we need a concerted campaign to force a political crisis – and emergency measures to allow sufficient bank and agency staff to keep services open and patients safe, wards to be re-planned to maximise capacity, and give hope to embattled NHS staff that there can be light at the end of a very long tunnel.



He thinks everything's fine!

999 ambulance crisis triggers no emergency response

Adapted from a [Lowdown article by Martin Shelley](#)

Every ambulance service in England is on the highest-level 'black alert' as they struggle to cope with the impact of rising demand, while A&E departments are operating at full capacity, causing crews to be held up for hours waiting to do handovers.

One patient [died in the back of an ambulance, while waiting outside Addenbrooke's Hospital](#) in Cambridge to be handed over to A&E staff. A pensioner in Oxfordshire was left on floor of his house for [more than five hours waiting for an ambulance](#). A second call to 999, after an hour, had to be diverted to a call centre in Yorkshire because the local service was too busy.

South Central Ambulance Service, which covers Berkshire, Buckinghamshire, Hampshire and Oxfordshire, Sussex and Surrey,

citing "extreme pressures", declared a 'critical incident' (ie where the level of disruption results in an organisation being unable to deliver critical services) across the region.

[West Midlands Ambulance Service \(WMAS\)](#) nursing director Mark Docherty told the Trust's board that "we know patients are coming to harm" because of delays, and that some patients were "dying before we get to them".

13 hour wait

One WMAS crew waited 13 hours to hand over a patient at the Royal Shrewsbury Hospital in October, and the service lost almost 17,000 hours due to handover delays in September, nearly three times as many as a year earlier.

But NHS England's response has been to resort to bullying and impossible demands on trusts. Just hours after WMAS raised its risk category, NHS England's



(NHS) medical director wrote to ambulance trusts and hospitals across the country urging them to ["immediately stop all ambulance handover delays"](#), saying that 'corridor care' was unacceptable and that ambulances should not be used as A&E cubicles.

NHSE has suggested the creation of separate units at hospitals specifically for patients being assessed for admission from A&E. However, a few days later the *Daily Mail* quoted one A&E consultant describing the arrival lounge idea as "beyond stupidity and verging on insanity", arguing that without funding for extra staff to run such facilities they would lead to patients dying.

In the past two years overall ambulance activity was up by 10

per cent – July this year was the busiest ever for ambulance services, – but nationally there's an annual funding gap of more than £200m.

The [BMA](#) has released data showing the number of patients waiting over 12 hours in corridor trolley beds for admission increased to a record high.

Earlier this year [UNISON](#) wrote to the Association of Ambulance Chief Executives highlighting unsustainable demand, suggesting that "the only long-term solution to the crisis for the ambulance services is continual investment in the workforce to deal with the demand".

GMB Union paramedics, too [wrote last month](#) to Secretary of State Sajid Javid and Health Select Committee chair Jeremy Hunt raising "serious concerns regarding the untenable workplace pressures that our members are facing in the ambulance service."

Steve Rice, Chair of GMB's National Ambulance Committee, said: "The word is overused, but our members are convinced the ambulance service is facing an utterly unprecedented crisis.

* [North of the border, the Scottish Ambulance Service](#) called for military assistance from the Ministry of Defence to support paramedics to help it cope with "unprecedented" pressure on the NHS. [A pensioner died after a 40-hour wait](#) for an ambulance to turn up in Glasgow.

THE lowdown

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

[The Lowdown](#) has been publishing since January 2019, and FREE to access, but not to produce. It has generated a large and growing searchable database.

Please consider a donation to enable us to guarantee publication into a third year. Contact us at nhsocres@gmail.com

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[Visit the website at: www.lowdownnhs.info](http://www.lowdownnhs.info)

The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

When 'record' spending is nowhere near enough

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Royal College demands strategy to tackle chronic staffing gaps

The Royal College of Emergency Medicine [surveyed front line staff](#) in the summer: three in five Emergency Medicine staff said they have experienced high levels of burnout, stress, and exhaustion. 50% were considering reducing their working hours and 26% are considering taking a career break or sabbatical, with 32% blaming workload pressures and 35% burnout.

RCEM President Dr Katherine Henderson warned that “crowding and corridor care, with more delays and more long stays for patients in Emergency Departments” put huge strains on staff and put patient safety at risk. “This is not sustainable for staff.”

The College is calling for a [workforce plan](#) to achieve safe-staffing levels; the College estimates there is a UK shortage of 2000-2500 WTE consultants.

‘Extra’ spending still leaves NHS poorer than 2010

John Lister (abridged from [The Lowdown November 1](#))

NHS Providers Chief Executive Chris Hopson calculated back in 2019 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.

Since then it’s fallen further behind, while Tory spin-doctors have successfully fed much of a poorly-informed mainstream news media with the illusion that the NHS has been lavishly funded under Johnson.

In September came the [£36 bn 3-year package](#) of National Insurance tax increases on the lowest-paid workers, allegedly to spend more on the ‘NHS and social care’.

In fact less than half of the £36bn, just £15.6bn over three years, is earmarked for NHS England. £6bn goes to devolved governments (Wales, Scotland and Northern Ireland), £9bn is simply to be handed to the Department of Health & Social Care – and £5.4bn, again over 3 years, is reserved for social care – too little, too late, and with no reforms of a crisis-ridden largely privatised system.

Figures in the Treasury’s [Red Book](#) show that the new money brings NHS England’s an average increase in funding of just 3.1% per year from 2019-2025 – not enough even to keep pace with cost and demographic pressures.

The growing gap between resources and demand for health care had already increased England’s NHS waiting list to more than 4 million before the Covid pandemic. It’s now [edging up towards 6 million](#),

with over 200,000 waiting over a year – and growing numbers waiting over two years.

The combination of beds (and staff) tied up treating Covid patients with the reduction in bed numbers to ensure social distancing has cut NHS non-Covid acute capacity by around 15% since 2019.

NHS England has looked to [spend up to £10bn](#) over 3 years on treating NHS patients in private hospital beds – a short-sighted measure that will leave huge unresolved problems and the NHS chronically dependent on private providers.

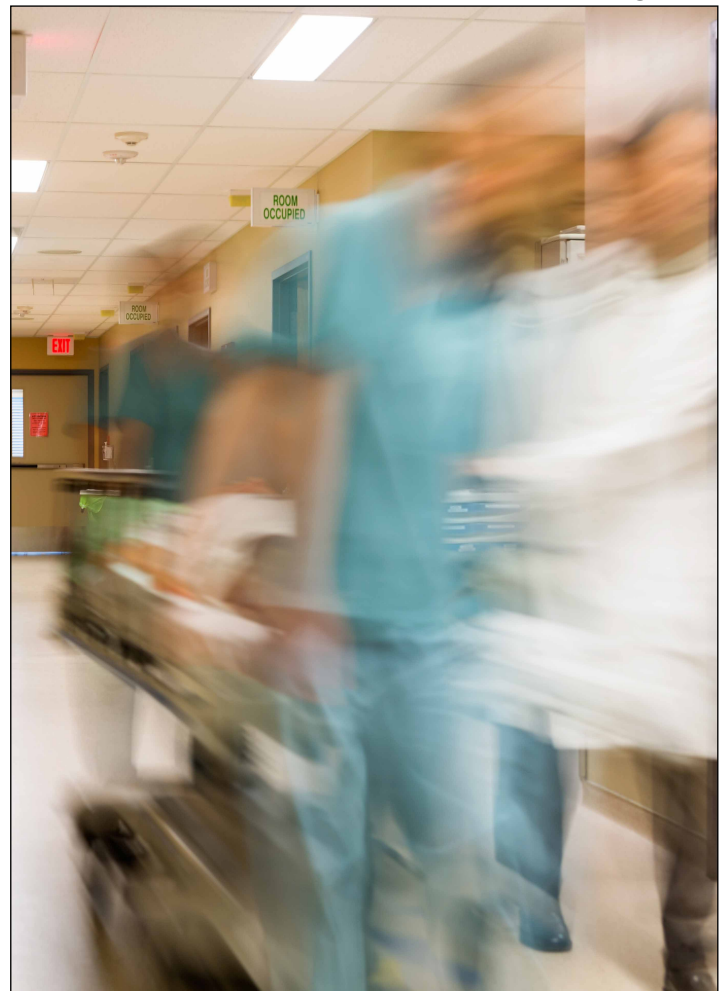
No capital

NHS capital allocations have also been squeezed to unrealistic low levels for a full decade. So there is no capital for trusts to invest in re-planning the use of their hospitals to restore capacity or invest in new and improved diagnostics or other services – let alone provide the extra resources needs for mental health, community services or primary care.

Trusts can’t even keep up with routine maintenance and the replacement of clapped-out equipment. The backlog maintenance bill has [rocketed to £9 billion](#) from an already unmanageable [£6bn in 2017/18](#).

Despite all this, the Red Book declares that with the minimal increases just announced, the government expects the NHS to deliver a 30% increase in elective treatment by 2024-25. It also lists how the same money is supposed to be spent:

■ **£4.2 billion by 2025** “to make progress on building 40 new hospitals by 2030 ... and to upgrade more than 70 hospitals”. Everybody knows £4.2bn is nowhere near enough. In fact all of the prioritised new hospital



projects [are at a standstill](#), with new [limits on spending](#) causing chaos.

Meanwhile 1970s-built hospitals across the country using concrete planks are increasingly unsafe for patients and staff – and need replacing.

■ **£2.3bn by 2025** to “transform diagnostic services, with at least 100 community diagnostic centres ...”. However the first such ‘community’ diagnostics centre, [recently opened in Somerset](#), turns out to be yet another project reliant on the private sector. It is being run by Rutherford Diagnostics Limited, in partnership with Somerset NHS Foundation Trust. It’s likely most if not all of the new centres will also rely on private companies.

■ **£2.1bn by 2025** for “innovative use of digital technology” – more expensive, chaotic whizz-kidder, unproven apps and systems.

■ **£1.5bn** (just over £3m per year per acute trust) by 2025 for “new surgical hubs, increased bed capacity and equipment.” Where will the staff be found?

■ **Just £450m by 2025** for projects in England’s 54 mental health trusts – again a pathetically inadequate amount to pay for the changes proposed.

The key issue for which no real changes are in hand, is the dire workforce shortage.

The Red Book declares that the Spending Review settlement

“will keep building a bigger, better trained NHS workforce,” and reaffirms “the government’s existing commitments for 50,000 more nurses”.

No funding

The facts are very different. No funding has been allocated to pay the £1.5bn per year minimum cost of an additional 50,000 staff. The 50,000 target included an ambitious number of [overseas recruits](#) – and [retention of 19,000](#) existing staff – while anecdotal evidence suggests demoralised and burned-out staff are leaving and overseas recruitment has stalled.

The most recent [workforce statistics](#) (July 2021) show nurse numbers up overall by 11% since July 2010, and midwife numbers by 13%, but health visitor numbers down by 19%.

Mental health nurse numbers are down by 2,350 (5.6%), despite the promise by Theresa May’s government in 2017 that 21,000 new posts would enable mental health trusts to treat an extra million patients a year.

The [most recent figures](#), to June 2021, show 94,000 (7.2%) unfilled posts in England’s NHS of which almost 39,000 are nursing posts, with vacancy rates ranging from 8.4% (South West) to 12.5% in London. Almost 10,000 medical posts are vacant.

Health and Care Bill – ministers block all opposition amendments

By Justin Madders, MP for Ellesmere Port and Neston, leading for Labour on the Bill Committee

A pandemic, a burnt out workforce, record waiting times - pressure in every part of the system. The NHS is stretched to its absolute limit and beyond, yet against this background the Government have put forward the Health and Care Bill which represents yet another reorganisation of the NHS that fails to tackle the underlying causes of the challenges both health and social care face.

In simple terms, the Bill removes competitive tendering for clinical services (but not all NHS funded services); it replaces Clinical Commissioning Groups with bigger ICBs (which are expected to delegate to 'place-based' units of some sort); it replaces market structures with heavy top down management by a much enhanced NHS England. The big winners as always are the large acute trusts.

No end to privatisation

The Bill may end the waste and cost of pointless tendering introduced under Andrew Lansley, but it does not end privatisation even of clinical services.

The claims about the Bill favouring integration of services are largely rhetorical and clearly even the Government don't believe they will be delivered as they have already begun to trail another



We Own It, Just Treatment, Keep Our NHS Public joined forces for a rally 'Stop the NHS Corporate Takeover Bill' before the end of the Bill's Commons committee stage, 2nd November. KONP co-chair Tony O'Sullivan said: "This bill is 'the wrong bill at the wrong time'. It does not stop private interests. It deregulates the awarding of most contracts. It assumes private interests will be there, it allows them to be in partnership on ICBs and committees. It threatens to deregulate clinical staff, too, and to deskill professions. So we say scrap the Bill."

White paper on integration.

Most worrying was the inadequate response to the issue of workforce planning. The provision was universally criticised – but has still so far remained.

During consideration in the Commons Public Bill Committee, numerous amendments were proposed but none were carried.

Tory MPs voted down our efforts to ensure representation on NHS decision-making boards for mental health, social care, public health, staff and patients, and safeguard

near-patient services from further outsourcing.

They also blocked our attempts to remove controversial powers for the Secretary of State to intervene in local service reconfigurations from the Bill.

Promises of discussions

Instead, there were many assurances and promises of further discussions and thought.

Some Government amendments are expected before the Bill goes to the next stage and concerns remain, especially

about the possibility for private sector interests to influence commissioning of NHS funded services by having a role on ICBs, and for contracts with the private sector to be agreed without any proper oversight.

The new organisations are weak on clinical leadership and on staff, public and patient involvement. Who decides what is no clearer.

There is also the focus on acute care and the big Trusts – potentially leaving primary care, mental health, community care, social care, public health outside the key decision-making bodies.

The argument often advanced for rejecting Labour amendments that may have dealt with some of the concerns was that local systems should have 'flexibility' to shape services, but this argument was totally undermined by the provisions in the Bill giving many further powers for the Secretary of State and for top down intervention.

The Bill is about reorganising the NHS, not about improving care or the integration of care – and not about improving wellbeing or tackling unacceptable inequalities. It is a huge missed opportunity.

The structures in the Bill which are already largely in place may not last long, do not do enough to fix the mess made by the Tories' previous reorganisation, and are frankly a distraction at a time when the NHS is facing the biggest crisis it has had in its proud history.

Staff and patients deserve better than this.

Fight will go on in the Lords

Labour MPs on the Committee tabled a total of 161 amendments to the Bill, 14 from Margaret Greenwood MP and 147 from Justin Madders: but none were carried.

Health Minister Edward Argar tabled 14 amendments, the most significant of which reinstated deleted wording from the 2006 Act specifying that NHS services must include secondary care and ophthalmic services.

However Argar's promised amendment to exclude private health companies from gaining seats on ICBs has still not been tabled.

Nor has any explicit guarantee of local access to emergency care, as it appears in the current legislation, been reinserted into the Bill, leaving questions over the access and entitlement to emergency care especially for

refugees and migrant workers.

Opposition parties in the Lords, where there is greater scope for votes to be won, will continue to fight for amendments on key issues including the lack of any local accountability, and seeking to define the NHS itself as the default provider both of clinical and of non-clinical services like cleaning, catering and porters.

There are also likely to be proposals to require a business case to justify any contract in excess of a certain amount being outsourced to a private contractor, and imposing strict conditions.

As it stands, the Bill has most of its many initial deep flaws, and more organisations are drawing the conclusion that the limited repeal of the 2012 Lansley Act is not enough to justify anything but opposition at 3rd reading.

Leaflets for download, or order printed copies

A detailed critique of the Health & Care Bill is available online [HERE](#). A 4-page A4 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](#)



Unite calls Nov 22 lobby against Tory Bill

Celebrities and health workers will band together outside Parliament on 22 November, the eve of the vote on the third reading of the government's Health and Care Bill, to demand MPs vote against proposals that will be disastrous for the NHS and social care services.

Unite, which has called the protest and is working alongside campaign organisations including Health Campaigns Together, represents over 100,000 health workers across all occupations and professional groups.

The union warns there are now just 'two weeks to save the NHS' from the effects of this bill, which it warns will slash funding and result in more privatisation, more cuts and more cronyism, with even more contracts awarded to private companies without scrutiny.

Accountability

The Bill represents a dangerous assault on accountability and professional standards and, without adequate protection of staff terms and conditions, the current staffing crisis will get worse.

Unite general secretary Sharon Graham said:

"The Health and Care Bill is being used to further run down the NHS and to bring in more privatisation by the back door. It will also lay the path for lower standards of care and further attacks on the pay and conditions of NHS staff."



Sharon Graham



"One of the UK's worst ever public health failures"

John Puntis, co-chair Keep Our NHS Public

The response of the Westminster government to the management of the coronavirus pandemic in England has been characterised by inertia, lack of trust in the public, [outrageous cronyism](#) and an unwillingness to learn lessons.

Even now, none of this has changed. The consequences include [139,000 deaths \(8.6 million cases\)](#), massively increased waiting lists for National Health Service (NHS) treatment, general practice (primary medical care) in crisis, huge numbers of staff vacancies and a burnt out workforce.

With numbers of infections (particularly among the young) now rocketing, escalating hospital admissions and deaths, there is still a reluctance to implement basic mitigating interventions such as mask wearing and improved ventilation in schools and workplaces.

The initial rapid [roll out of vaccine has now stalled](#), yet vaccination is still being promoted as the only intervention that is effective, and the only plan there appears to be is waiting for 'herd immunity' through a combination of vaccination and natural infection.

Damning report

The management of the pandemic has been explored by parliamentary representatives in a report published on 12th October from the House of Commons Health and Social Care, and Science

and Technology Committees.

The outstanding take home message from this report is summed up in the statement that this was "one of the UK's worst ever public health failures".

Politicians escape blame

But the discussion is framed in a way that avoids attributing blame to politicians for the effects of their policies or the state of the NHS at the start, and in this sense the report must be considered a whitewash.

[Scathing criticisms](#) are made, however: the initial response was delayed, care homes were abandoned, the 'world beating' test and trace system had marginal impact.

The [report describes](#) how comparisons with flu and a fatalistic view of the inevitable spread of infection impeded reaction to the pandemic.

While clearly condemnatory of the delay in the first lockdown for reasons including lack of testing capacity and doubts about public compliance, 'groupthink' and 'British exceptionalism' are given the blame.

Bereaved families excluded

The report is also notable for the absence of the voices of those who lost loved ones to Covid. A representative of the [Covid-19 Bereaved Families for Justice](#) group commented:

"The report ... is laughable and more interested in political arguments about whether you can bring laptops to Cobra meetings

than it is in the experiences of those who tragically lost parents, partners or children to Covid-19. This is an attempt to ignore and gaslight bereaved families, who will see it as a slap in the face".

Astonishingly, Former Secretary of State for Health Jeremy Hunt claimed to know nothing of [Exercise Alice](#), a pandemic modelling exercise only recently made public.

Senior health officials who war-gamed the impact of a coronavirus hitting the UK, warned four years before the onset of Covid-19 of the need for stockpiles of Personal Protective Equipment, a computerised contact tracing system and screening for foreign travellers.

From the one [pandemic exercise](#) Hunt does admit to knowing about (Exercise Cygnus), recommendations arising were not implemented.

Few lessons learned

Although the title of the Commons report was 'Coronavirus: lessons learned to date', very few lessons appear to have been learned.

Infection rates in the UK are more than 18 times those in Spain and more than nine those in France. The government's Scientific Advisory Group on Emergencies has warned of the need for a possible winter lockdown if measures are not taken now to tackle rising infections.

The present pandemic management policy in Westminster is indifferent to the loss of life, the long term complications of Covid in survivors and the impact on NHS staff and other frontline workers.

This raises the question as to whether this amounts to democide ("the killing of members of a country's civilian population, as a result of its government's policy, including by direct action, indifference, and neglect"), "[social murder](#)", [gross negligence manslaughter](#), or [misconduct in a public office](#)?



Kent fights on for stroke services

Health campaigners in Kent have declared they will fight “tooth and nail” the government decision to endorse a [reconfiguration](#) which will mean halving the number of stroke units in Kent – and lengthening journey times and delays in treatment.

Campaign group [Save Our NHS In Kent \(SONIK\)](#), which has been [campaigning for years](#) to save stroke units in east Kent called an emergency protest outside Margate’s QEQM hospital on November 6 (above).

60-minute journeys

The three remaining specialist stroke centres will be in Dartford, Maidstone and Ashford – with units at Margate, Medway and Canterbury closing, leaving much of East Kent with 60 minute journeys to a Hyper Acute Stroke Unit (HASU) – assuming the ambulance services can deliver.

Large areas would face 45 minute journeys to a HASU:

but when stroke services were centralised in London it was specified that all patients had to be within 30 minutes of a HASU.

Ambulance response times in Kent and elsewhere have worsened dramatically since the initial plan for the service redesign was submitted for ministerial approval over two years ago.

A spokesperson for SONIK said: “Everyone knows that surviving a stroke is critically dependent on how close you are to an emergency unit. The halving of our stroke units in Kent from six to just three is going to put people’s lives at risk. We have fought this appalling decision every step of the way and we will not give up now. We will fight it tooth and nail.”

“We’ve had judicial reviews, petitions, debates. We’ve presented local NHS bosses with overwhelming evidence of the lethal dangers of this move. Our only recourse now is protest.”

Joint statement by Independent Sage and Keep Our NHS Public

Keep Our NHS Public is very pleased to have worked with Indie SAGE to jointly produce the ‘Building a consensus for health, care and support services fit for the pandemic era’ statement, which was launched at the Indie SAGE Friday conference 29 October.

This was launched at Indie SAGE’s weekly Friday session (available [HERE](#)). It is calling for a transformation of investment in a public NHS and calls for a public care system that is effective, equitable and resilient and accountable.

As Professor Martin McKee said:

“We need to make the invisible visible, revealing the scale of unmet need in our country and finding ways to meet it. And we need to challenge the myths that surround healthcare for example those who say that it is unaffordable or that private services are always more efficient or that public health is about individual choice.”

Professor Neena Modi, speaking for Keep Our NHS Public and the People’s Covid Inquiry said:

“We must stop speaking about health in terms of the drain on the economy and a burden. This is an investment in the future and resilience and the sustainability above all of all nations in the world”

■ The statement is available at <https://www.independentsage.org/wp-content/uploads/2021/10/Health-care-and-support-briefing-FINAL-Oct-2021.pdf>

Campaigners fight Grantham downgrade

From [The Lowdown](#)

Once again doubts have been raised over the future of emergency and acute in-patient services at Grantham Hospital as a [fresh consultation](#) has been opened by Lincolnshire CCG on plans which would permanently downgrade Grantham and centre services elsewhere.

However the United Lincolnshire Hospital Trust has already published plans for a multi-million investment to double the size of Boston A&E. While this is good news for Boston area residents SOS Grantham Hospital campaign (SOSGH) notes that it is “a slap in the face for 120,000 people in the Grantham and District Hospital area,” who would see their A&E downgraded to an Urgent Treatment Centre and other acute services lost.

SOSGH, which has launched

a new online petition to [stop the downgrade of Grantham Hospital](#), notes the CCG’s own figures show the proposed closure could put over 700 lives in the Grantham area a year at risk, and argue this is an underestimate.

Council growth plans would mean over 7000 more households would be moving into Grantham and the surrounding area which is a virtual black hole as far as maternity, trauma and acute emergency services are concerned, after a decade of NHS strategic decisions.

Lincoln A&E, already overloaded, and improving A&E services at Lincoln or Boston will do little to make up for acute services lost in Grantham.

The new petition and more details of the campaign are available online and [available for download](#).

Sky high costs of Watford plan

West Hertfordshire Hospitals Trust is one of the original six “pathfinder” schemes promised priority funding ahead of the pack as part of Boris Johnson’s election pledge to build “40 new hospitals”.

But the West Herts project has remained stuck in rows over the likely cost, and disputes over the plans – not least where the new hospital should be built.

Campaigners from the New Hospital Campaign (NHC) have consistently argued that rebuilding on the existing Watford General site would result in delays and be hard to reach from elsewhere by public transport.

They also warn that the design produced by the Trust the hospital

would take up just half the [current hospital footprint](#), with ‘surplus land’ sold off.

Meanwhile the projected scope of the hospital has been increased to 1,000 beds – leaving the only option as building upwards, to produce three tower blocks of up to 18 storeys – and a sky high cost, which campaigners, backed by Hemel Hempstead Tory MP Sir Mike Penning, now warn is [likely to exceed £900 million](#), almost double the initial projection of £540m.

NHS England’s [New Hospital Programme](#) has called for plans limiting each pathfinder project to just £400m – less than half the likely Watford cost.

■ Extracted from [The Lowdown](#)



Nuneaton & Warwick IT staff strike to stay 100% NHS



IT staff at Nuneaton's George Eliot Hospital and South Warwickshire NHS Foundation Trust (SWFT) in Warwick have staged a 2-day strike against plans to transfer them on [December 1](#), against their will and without consultation, to Innovate Healthcare Services, a new private subsidiary company set up by the trusts.

No concessions

George Eliot and SWFT share a chief Executive, Glen Burley, who somehow also manages to hold the CEO job at Wye Valley NHS Trust – and is making no concessions as he pushes forward with the project.

He claims that the new wholly owned subsidiary would provide "protection from external providers" and somehow "keep staff within the NHS family."

However even a Warwick [Tory councillor has warned](#) that SWFT is being unfair to those staff who have 'proudly and loyally' worked for the health service for years, and this could lead to 'privatisation of part of the NHS by the backdoor.'

Mr Burley also claims that "Throughout all stages of this process we have worked closely with Union representatives to address their concerns and we are having on-going conversations regarding arrangements with them post transfer."

UNISON regional organiser Mike Wilson insists that the only offer to negotiate has been on the TUPE transfer of staff out of the NHS, not on the issue of whether or not the company should be set up.

"Like many of their colleagues in healthcare, these staff actively

chose to work for the NHS to serve the public. And they've done so through the toughest of times during the past few months of the pandemic.

Private contractor

"Now their employers have turned round to say they don't want them and are forcing them to become a kind of private contractor."

One staff member told the [Coventry Telegraph](#): "We started work in the NHS, and want to continue this. People are just so disappointed, we are not being listened to. We do not want to work for this private company - we want to stay in the NHS, we are proud to be in the NHS."

Further action is planned on November 23 and 24.

Bring Barts services back in-house

As multinational outsourcing firm Serco announced a premature end to its 10-year £600m contract for support services covering the five hospital sites run by Barts Health, Unite has called on the Trust to bring these workers [back in-house](#) into NHS employment, demanding that there must be "no more contracts for outsourcing privateers that put profit before people."

Serco's 'Soft Services' contract with Barts Health NHS Trust, [signed in 2016](#), is now due to end on 30 April 2023. It was controversial at the time and more recently in April this year Unite balloted catering staff for strike action at the trust's [Royal London Hospital](#) in Whitechapel in a dispute over bullying and the imposition of 'chaotic' new rotas.

Now they are preparing for an industrial action ballot over

pay: the mainly Black, Asian and ethnic minority (BAEM) staff, which include cleaners and porters, are paid up to 15 per cent less than directly employed NHS staff.

The workers are now rightly demanding a significant pay increase. Serco Group PLC had a turnover of £3.9 billion last year but is offering staff just 1 per cent. Unite has branded the offer an "insult" to the workers who risked their lives at the height of the pandemic and continue to put themselves at risk.

Staff are also fighting back against the draconian use of the company's sickness and disciplinary policies, bullying by management and unmanageable workloads.

Unite is balloting ancillary staff including cleaners and porters across Royal London Hospital, Whipps Cross and St Barts. The ballot opened on Monday 8 November and closes on December 8.



Poverty cause of 1,000 stillbirths every year

More than 1,100 stillbirths in England every year are directly linked to poverty, according to a new study [published in the Lancet](#). It found women living in the most deprived areas were particularly at risk – but also warned 12 per cent of stillbirths, more than 500 a year, were linked to racial inequalities.

Alarm raised over Guy's staff shortages

Chronic staff shortages, concerns about patient safety and plunging morale at Guy's and St Thomas' NHS Foundation Trust are the key findings of a [staff survey carried out by Unite](#) the union.

Unite warned that the 'shocking' findings at the London trust which treated Boris Johnson for coronavirus could well be mirrored across other NHS trusts in England.

Unite's survey of 188 critical care staff (nurses and technical) found:

93 per cent of staff reported understaffing in their unit every shift

100 per cent of staff reported staff wellbeing was affected by understaffing

98 per cent of staff said they felt understaffing made their unit unsafe.

Unite said today (Friday 8 October) that the issues raised by the late summer survey are still very much 'live' and were echoed in other departments.

The union estimates that 116 qualified intensive care unit (ICU) nurses have left critical care in the last seven months and that the trust is not managing to replace them all which has led to the skill-mix being heavily diluted.

The union is demanding safe staffing legislation for England and Northern Ireland in line with the regulations in Scotland and Wales.

\$700 bill for fruitless wait in Emergency Room

A Georgia woman was charged \$688.35 (£504.4) for waiting in the emergency room of a hospital in Atlanta city for seven hours without receiving any treatment.

The bill was sent to her home by mail a few weeks after her hospital visit. She was convinced it was a mistake and decided to call the hospital.

The hospital said the bill was an emergency room visitation fee that is added to the total hospital bill and is not normally as noticeable as it was in Ms Davis' case.

In a reply to an email sent by Ms Davis subsequently, the hospital said: "You get charged before you are seen. Not for being seen."

NEXT ISSUE

Our next issue of the news bulletin will be in December. Please get any articles, photos, tip-offs or information to us no later than **NOVEMBER 30**.

'Job or no job' threat piles on the agony for social care

Things were bad enough in social care before Sajid Javid chose to ignore the advice of trade unions and employers, and confront tens of thousands of care staff with a ['job or no job' ultimatum](#).

As this Bulletin is completed the deadline for staff to be fully vaccinated has now passed, and latest reports suggest over 3% of staff – for whatever reason – have opted to leave the low-paid jobs rather than accept the vaccine.

This comes on top of the rapid increase of vacancy rates in social care from 6% of the staff to 10%: it will mean even more care homes [closing their doors](#) to new admissions and home care services unable to deliver support to frail and vulnerable people – more of whom will wind up in hospital.

Stuck in hospital

Last month [Age UK warned](#) of the growing numbers of older people getting stuck in hospital when they are fit to be discharged, because there is not enough care to support them at home.

Of course the crisis is not merely one of staffing: the chronic low pay that makes it so hard to recruit or retain staff is itself linked to the largely privatised provision of social care, and the system in which the poorest patients rely on funding from local government budgets that have been relentlessly slashed back year after year since 2010.

This in turn has held down the benchmark fees paid to care homes and home care companies that sprang up in place of the previous council-run home help services.

The Homecare Association has found that many councils are not paying homecare companies a high enough hourly rate to cover basic costs like travel time between clients.

The average paid by councils in Great Britain and health boards in Northern Ireland is just [£18.45 per hour](#), while the Association calculates the true minimum cost of providing an hour of homecare in the UK is £21.43.

Care by the minute

To make matters worse, and underline the way in which any notion of quality of care has been discarded in the pursuit of cheapness, some local authorities still buying homecare by the minute.

This in turn leads homecare employers to resort to zero hours contracts, and the notorious failure to pay staff for travel time between clients.

The Association, which represents 2,340 companies, wants central government to "invest properly" in homecare, and raise pay to £11.20 per hour. This would cost £1.6bn a year across the UK.

They also call for a ban on purchasing homecare by the minute, a professional register for care workers and for social care workers to be added to the Shortage Occupation List to make it easier to hire from overseas.

But without the funds to pay up, and still no sign of the promised government "reform" of the dysfunctional social care system it seems things can only get worse in the months ahead for those trapped in it, or working for it.



Macmillan call for £170m plan to train more cancer nurses

Cancer treatment is not keeping pace with demand, let alone catching up with the pent-up demand from the prolonged Covid-19 lockdown, warns [Macmillan Cancer support](#).

More than 55,000 people had to wait for more than four weeks to find out whether or not they had cancer from their initial urgent referral, according to the latest NHS England figures, and August 2021 saw another new record-high number of people who had waited for more than two months before they started cancer treatment following an urgent referral from their GP — more than 4,000 people.

Figures published by NHS England, and analysed by Macmillan for the Guardian, show the number of patients starting treatment in August following a decision to treat fell from above 27,000 in June and July to 25,800.

The proportion of patients who began treatment within one month of the decision to treat fell to 93.7% – the lowest percentage ever recorded.

Urgent cancer referrals were made by GPs in England also fell back in August, although the figure was still higher than the equivalent

figure for August 2019 before the pandemic.

Macmillan analysis estimates the NHS in England would need to work at 110% capacity for 17 months to catch up on missing cancer diagnoses xi, and for 13 months to clear the cancer treatment backlog.

To make matters worse Macmillan's research has found that more than one in five diagnosed with cancer in the UK was unable to get support from a specialist cancer nurse during their diagnosis or treatment and would have liked to, or said the support they received was not enough.

Macmillan is calling for Governments across the UK to invest a total of around £170 million to fund the training costs of creating nearly 4,000 additional cancer nurses required by 2030 to provide the care people need.

If the number of specialist cancer nurses stays at current levels, Macmillan estimates the gap in the number of specialist cancer nurses in each nation by 2030 will be 3,371 in England, 166 in Wales, 100 in Northern Ireland and 348 in Scotland.

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>**