HEALTH CAMPAIGNS TOGETHER
#our NHS
MONTHLY ONLINE NEWS BULLETIN #15
JANUARY 2022

NHS on the brink as spin doctors bully crisis trusts

On January 4, as the country emerged from the Christmas and new year break, Prime Minister Johnson admitted that the NHS was under "huge pressure" – and that the government would do nothing else to help.

"There are not as many Covid patients in the NHS now as there were in the January peak, not be a long way, but sadly the numbers are likely to grow ... I've just got to say to people, as I said yesterday, there will be a difficult period for our wonderful NHS for the next few weeks because of Omicron. I just think we have to get through it as best as we possibly can."

His half-hearted assurance that "We will give the NHS all the support that we can" fell well short of early (empty) promises by Chancellor Rishi Sunak to "give the NHS whatever it needs."

As he spoke, heart attack patients calling 999 in parts of northern England were being asked to get a lift to hospital instead of waiting for an ambulance; a massive 120,000 NHS staff were off work sick, half of them infected with Covid or isolating, with hundreds of military

PA Images / Alamy Stock Photo

(40 defence medics and 160 general duty personnel) drafted in to plug just a few of the gaps; and the RCN was warning that with many departments running with only half the number of staff that are needed many nurses were being "reduced to tears because they are not able to deliver the care to their patients."

Just before Christmas NHS bosses had been contemplating desperate plans for to use hospital canteens, car parks and meeting rooms as makeshift space for "mini-Nightingale" field hospital-style wards to be run by admin staff or non-hospital staff, as the tide of Covid patients filled more front line beds.

During the first week of January at least 24 trusts declared critical incidents as staff sickness left some services unsafe, despite behind the scenes bullying from NHS England spin doctors, warning that their public announcement of a crisis would likely result in "additional enquiries" by senior managers.

One trust chief executive told the Independent:

"The emergency command and control position [from NHS England], is more about managing the message rather than actually providing practical support."

But no amount of spin can hide the fact that NHS capacity has been massively reduced since the pandemic struck in 2020. On January 2 just under 84,000 general and acute beds were occupied by Covid and non-Covid patients, compared with 92,495 on the same day in 2020: a continued lack of capacity since the pandemic.

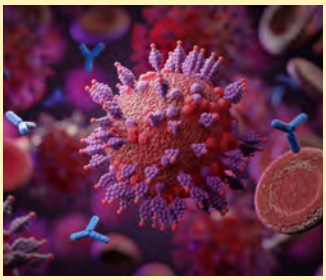
Worse, on January 4, 23 trusts in England had **not a single unoccupied bed** for non-Covid patients, and 19 trusts had fewer than 10 beds available to cope with the normal winter caseload.

Staff continue to hold services together somehow and put in the extra effort to keep patients safe: but a over decade of real terms cuts has reduced the NHS to the brink of disaster.

That's why Health Campaigns Together has helped launch the SOSNHS campaign – pressing for immediate government action to increase funding. It's urgent: please lend your support and join the online rally on January 19.

Why the NHS needs another £20bn now – p3

Private hospitals set to profit from new contract - p12



New Year, New Covid - pages 8-10

SOS NHS

ONLINE WEBINAR
Wednesday January 19
More details from sosnhs.org

SOS NHS

Health Committee says staffing key to recovery of elective care

Workforce shortages are the "key limiting factor" on success in tackling the backlog, according to the latest report of the Commons Health Committee, whose chair Jeremy Hunt has become a specialist in recommending far-sighted policies he failed to adopt while he was health secretary.

Now the Committee takes a firm line: "Without better short and long term workforce planning, we do not believe the 9 million additional checks, tests and treatments will be deliverable. …

"We note there are currently 93,000 vacancies for NHS positions and shortages in nearly every specialty. We remain unconvinced

there are sufficient plans for recruitment and retention of staff ahead of April when the funding from the new Levy begins. Our concerns also extend to the social care workforce, …."

The Committee argues that "giving hope to NHS staff that the appropriate number of new staff will be trained in the future is the biggest single measure the Government can take to gain the confidence of frontline staff that it has a grip of this problem."

It refers to its previous recommendation that Health Education England should be required to publish "objective, transparent and independently-audited annual reports" on workforce projections that cover the next five, ten and twenty years, and adds: "We note the Government decided to vote down an amendment to make this law in the Health and Care Act."

But without an independent forecast of future workforce needs, "it remains impossible for anyone - including this committee - to know whether enough doctors, nurses or care staff are being trained."

Given the reluctance of the government to make such a commitment, it seems obvious to most observers that no such plan is in place.

And given the miserly new austerity regime imposed on the NHS by Rishi Sunak it is also clear the funding is not there to pay for the extra staff that are needed.

"Spend what you need" promise – in secret

Back in December NHS England chief financial officer Julian Kelly have NHS finance directors licence to implement any 'sensible' measures to free up beds this winter.

However the announcement, to the annual conference of the Healthcare Financial Management Association, has been kept securely behind wraps, and only recently leaked to HCT.

Mr Kelly warned that winter held many uncertainties, and that "remaining flexible, prepared to respond, to change plans at short notice, and to flex resources is going to be as critical as it was last year."

He argued that one way for acute trusts to reduce ambulance handover delays would be to increase the flow of patients through the hospital – as if trust bosses had not already thought of that.

More bed capacity was needed, Mr Kelly admitted – but instead urged finance directors to look at other ways of increasing capacity by taking a more flexible approach, making use of social care, and even working with local authorities to set up "care hotels".

Some trusts have agreed funding with the voluntary sector and local authorities to get people back to their homes – or into a care home.

Ongoing costs

However he admitted some of these measures would have ongoing costs, and urged finance chiefs:

"If there are things you can do, get on with it – and talk to my regional teams about the cost of that. If there are sensible things to do with cost consequences [beyond this winter], flag it, and we will deal with it.

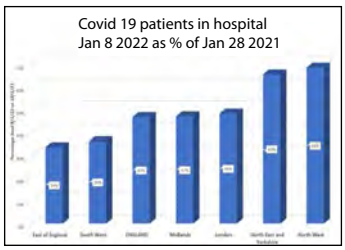
"Pull every lever you can. I am giving you licence to act here today."

He also urged trusts to 'go further' on the hospital at home models, and said he would "make sure of the funding to see that through to next year."

Whether these assurances were worth anything, however, seems open to doubt given that they were made behind closed doors, and have only been reported on the HFMA's own members' website.

Mr Kelly also admitted that despite the apparent extra cash allocated to the NHS in the recent spending review "for the acute sector, funding 'will feel more like flat cash' next year."

Tent propped up on wooden pallets: a London mini Nightingale



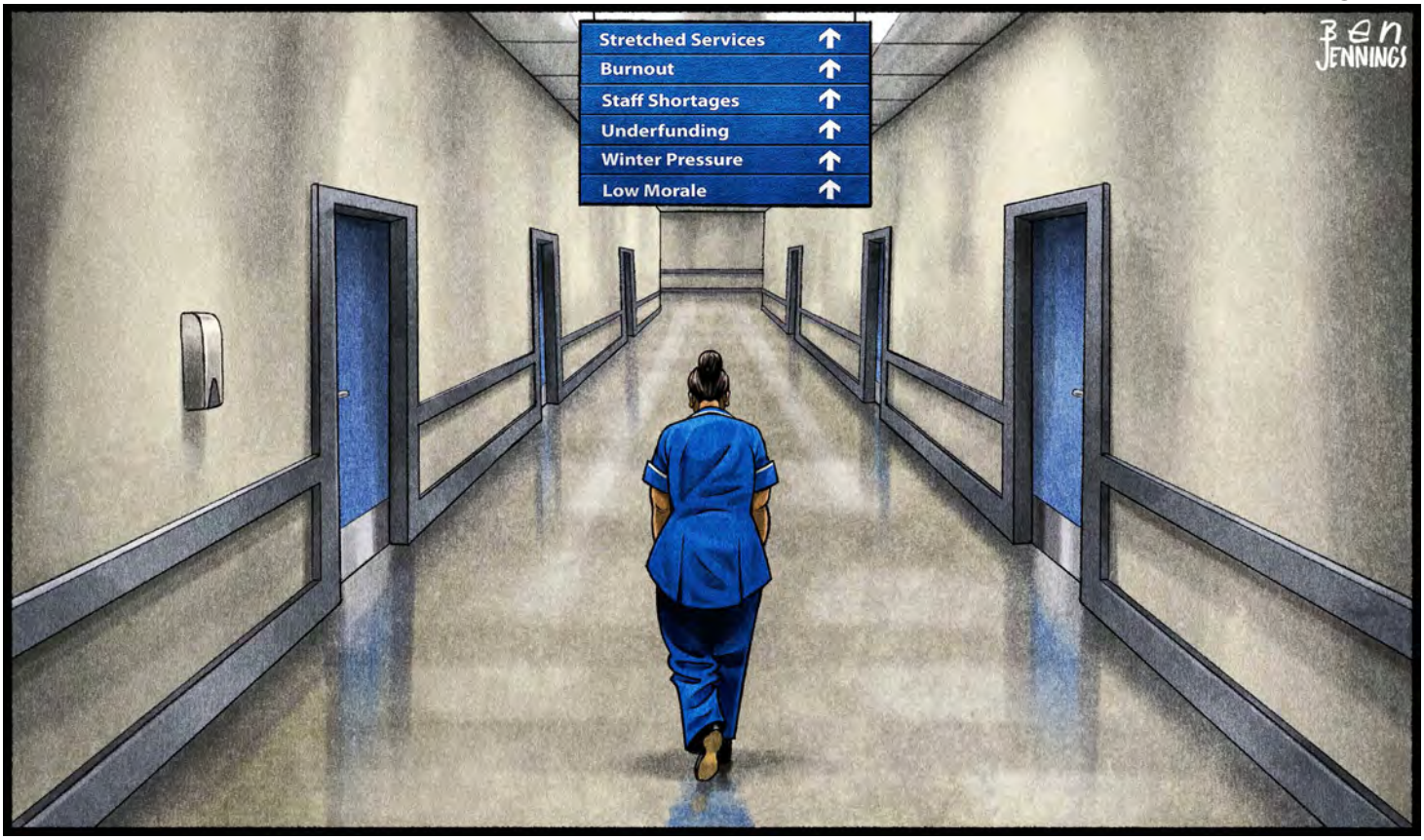
Hospitals busier than 2020, with fewer staff

Weekly Covid statistics show that the NHS workforce, more depleted this year by staff shortages and sickness, is treating more patients this year than in the same period in 2021.

Last year the caseload was much more heavily skewed towards Covid, with 21,716 patients in England on January 4, compared with 11,726 this year (no risen sharply to 16,300).

But it's worth noting that the NHS was also treating another 56,506 non-Covid patients last year, compared with 72331 in 2022.

The totals show an increase of 5,700 patients. Somehow hospital staff are still delivering, despite the odds.



Why NHS needs another £20bn now

£14bn needed now to repair and rebuild crumbling infrastructure & 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 £9.2 billion: repair crumbling buildings and replace clapped-out equipment.

Up to £6bn needed sooner rather than later to rebuild a dozen or so hospitals built in the 1970s using aerated concrete planks, which are in danger of collapse.

And **£3bn** is needed to reorganise, rebuild and in some cases refurbish hospital buildings to enable them to reopen around 5,000 beds. These were closed in 2020 to allow for social distancing and infection control, and remain unused today. Capital is also needed so new community diagnostic hubs and surgical centres can be built without depending on private sector involvement.

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,

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 local-based **test and trace** system and preventive work to reduce ill health.

Invest in fair pay: this is essential to help restore morale. To fully fund even the miserly 3% 2021 pay award needs an extra **£1bn**: covering recent inflation another **£1.3bn**. the promised extra 50,000 nurses another **£1.5bn** – plus a **pay award for all staff** to help recruit, retain and grow the workforce.

So £20bn is just a down payment.

A&E performance slumps as capacity hit by staff sickness

Increasing numbers of ambulances are being delayed outside hospitals waiting to hand over emergency patients: the most recent figures (January 2) show one in eight emergency ambulances were delayed between 30 and 60 minutes, and one in twelve by over an hour. This is despite NHS England instructions last October to end all such delays.

This performance of some A&E departments has plunged to record lows as a result of shortages of beds and staff.

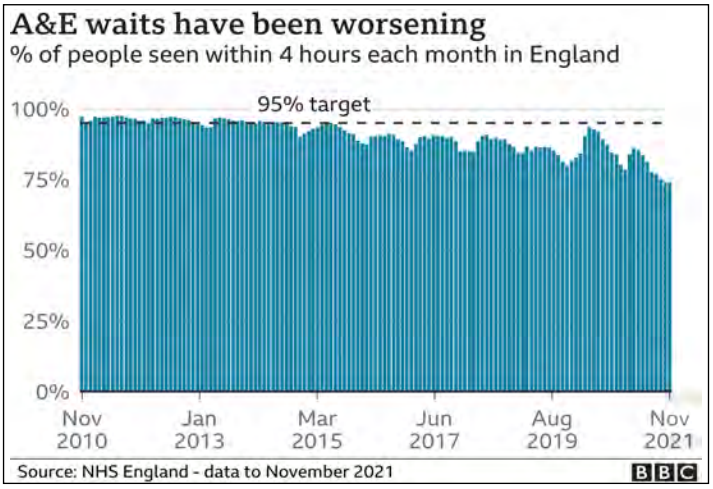
The most recent Urgent and Emergency Care statistics only go up to November, but show that in that month almost a quarter (24%) of over 500,000 patients admitted as emergencies were waiting over 4 hours on trolleys for beds to become available, while almost 11,000 were stuck on trolleys for over 12 hours.

But more shocking is the number of A&E departments taking the most serious Type 1 patients that not only failed to hit the NHS Constitution target of treating and discharging or admitting 95% patients within 4 hours, but failed massively.

The England average in November for Type 1 patients within 4 hours was just 62%, and 13 trusts fell below 50% -- with the worst of all being Barking Havering and Redbridge with just 29.5% within 4 hours.

The next worst was Torbay and South Devon at 41%, followed by Norfolk & Norwich on 44.7% and Royal Cornwall Hospitals on 44.9%.

Nine other trusts: Wirral, County Durham & Darlington, Derby & Burton, University Hospital North Midlands, West Hertfordshire, North West Anglia, York and Scarborough, Sheffield Teaching Hospitals and East & North Hertfordshire all came in between 46% and 49.4%.



SOS NHS

1 in 6
children aged 6 to 16 had at least one probable mental health problem in 2021, up from **1 in 9** in 2017

4 to 86
Variation in days waiting times for NHS psychological therapy (IAPT) in different parts of England.

£14.3 bn
Spending on mental health services in England 2020/21 -**14.8%** of local NHS funding allocations.

Mental health delays and shortages

A shocking report in the Independent last month revealed the "desperate" situation facing mental health services after more than a decade of austerity: the NHS has once again turned to the private sector, commissioning an extra 40 beds.

But the HSJ also has recently flagged up fears that mental health budgets could fall next year as a share of NHS spending, triggering a round of cutbacks.

Based on leaked data, Rebecca Thomas in the Independent reports hundreds of patientswith seroius mental health problems are winding up in A&E, with many waiting over 12 hours for treatment, because mental health hospitals across the country are full to overflowing.

Almost all mental health hospitals in London were at "black alert" during October and November, meaning their beds were nearly 100 per cent full.

Central and North West London Hospital was forced to close three of its wards in December following a Covid outbreak, taking 17 adult mental health beds out of circulation.

More referrals

Referrals to mental health crisis services have increased by 75 per cent since Spring 2020, but research by the House of Commons Library found the number of people in contact with services in 2020/21 was 75,000 lower in than the previous year – a fall of 2.7%.

It also reveals a big increase in probable mental disorder among children, up from 11.6% in 2017 to 17.4% of children aged 6-16 in 2021.

The proportion of 17-19 year olds with a probable mental disorder also rose from 10.1% in 2017 to 17.4% in 2021.

Children in White ethnic groups were twice as likely (20.1%) to have a probable mental disorder than those in minority ethnic groups (9.7%) in 2021.

In May 2021 84% of trust leaders told NHS Providers the amount of time children and young people are currently having to wait to access treatment for services was increasing compared to waiting times six months ago.

78% of trust bosses said they were extremely (47%) or moderately (31%) concerned about their ability to meet the level of anticipated demand for mental health care amongst children and young people for the next 12-18 months.

Now leaked data showing bed availability in London reveals just 10 children's beds out of 140 available in mid-October, and sources in the east of England told The Independent that almost 150 children's mental health beds were closed, causing huge pressures.

Psychosis

The Commons Library also revealed that while 60% of people experiencing a first episode of psychosis should have access to early intervention care within two weeks of referral, the national average has fallen back from 75% two years ago to 62%, and the target is not being met in 20 of the 95 CCGs for whom data was available.

Performance was as low as 12% in Cambridgeshire and Peterborough, with a five North Western CCGs also below 20%: St Helens, Knowsley, East Lancashire, Warrington and Morecambe Bay.

The Independent quotes Paul Farmer, chief executive for mental health charity Mind, who was "deeply concerned" over the scale of unmet need in mental health services and called for the government to commit new funding to services.

NHSE abandons strategy of reopening beds

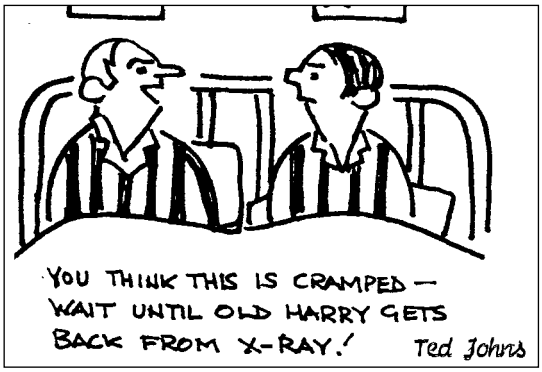
Back in the summer of 2020 Simon Corben, Director of NHS Estates at NHS England and Improvement gave a speech to a webinar for Public Policy Projects, a "subscription-based public policy institute" which boldly set out the agenda for remodelling NHS hospitals to restore the clinical capacity that had been lost in the pandemic.

He proposed the NHS should halve its non-clinical space to free up extra capacity in preparation for the coming winter and further potential waves of covid-19, and "push again" at administrative space, which he argued should be "repurposed [as] surge capacity".

That surge capacity could be "used for backlog maintenance repair work," suggested Mr Corben. And there could be a lot of extra space: a million square feet of administrative space – currently around 30 per cent of NHS estate – should be scaled back down to "something like 20 or even 15 per cent".

Of course we know that nothing of the kind happened.

Indeed when Mr Corben appeared last month at another PPP webinar, talking about strategy for "Reconfiguring the NHS estate," there was not even a mention of investing to restore the lost acute capacity, or any action to tackle the growing backlog of maintenance.



Instead he wittered on about "working alongside the newly formed ICS's and ICBs to produce credible infrastructure strategies over the next couple of years" to "deliver world-class health and care infrastructure that is fit for purpose and fit for the future."

He went on to claim that:

"We're in a fortunate position where the government has set a clear direction of travel for the NHS estate and infrastructure over the next decade in the form of the health infrastructure plan, the new hospital program as well as others, along with capital funding for investment in the NHS estate infrastructure so that we can look strategically at what we need to get our estate fit for the future."

Far from addressing the problem of reconfiguring hospitals (which are struggling through this winter with 16,000 acute beds filled with Covid patients while acute capacity has been slashed) this kind of speech simply denies there is even a problem, while confirming that NHS England has no strategy to solve it.

Sunak warns "booster jabs will mean cuts"

Rishi Sunak, the Tory chancellor whose 2021 Spending Review in November set the NHS on course for a second decade of decline, is now warning that the limited NHS budget will not cover the extra costs of booster jabs for the latest variant of Coronavirus.

He has begun further tightening the financial straitjacket on the NHS that has effectively frozen real terms funding since 2010 while the population, its health needs and cost pressures have grown.

And Sunak is, according to a recent Spectator article, also leading a cabal of cabinet ministers who are critical of the NHS itself – and, according to the Financial Times, involved in meetings with US health corporation bosses.

Systematically starving the NHS of the revenue it needs to sustain services and the capital it needs to repair and renew hospitals and equipment has emerged as the main driver of privatisation.

Desperate NHS bosses lacking the capacity they need to cope with rising demand have been forced to turn to private hospitals to supply extra beds, contractors to supply cataract and other routine operations, imaging services, laboratory services and mental health care.

The extra costs and inefficiencies

of this fragmented system pile further pressures back on the NHS – while the private sector, which trains no staff, can only expand by recruiting from the limited pool of NHS-trained staff.

Now Sunak has reportedly warned Health Secretary Sajid Javid that additional spending on vaccination – the government's preferred and only strategy to combat the virus – will have to be paid for, either by cutting spending elsewhere or by raising taxes.

The recent socially regressive "levy," raising National Insurance payments on even the lowest-paid to raise £36bn for health and care services over 3 years, has already made it clear that Sunak has no intention of taxing the rich to raise any additional funds.

According to a Daily Mail report, the Chancellor warned Javid and health officials that "people would feel the effects of [any additional extra] spending in NHS and household budgets."

Estimates suggest that six-monthly vaccinations could cost an extra £5bn a year; but no such extra cost has been factored in to Sunak's tight-fisted allocations to the NHS up to 2025.

Indeed it appears that Sunak and the Treasury, eager to recoup its £200m investment in the Vaccine Manufacturing Innovation Centre at Harwell near Oxford, is the force behind the efforts to sell it off to a private corporation, jeopardising its potential future role in pioneering new vaccines and saving lives.

The Chancellor that previously promised the NHS would get "whatever it needs" to fight Covid-19 is now apparently consorting with US health bosses and seeking any avenue to undermine and carve up the NHS and public sector.

This is happening in the midst of a pandemic that has exposed to all the abject failure of private contractors, most notably in test and trace and in PPE procurement, and the inadequacy of private hospitals to fill in for lack of NHS provision.

SOS NHS

Doomed NHSE mission to slash delayed transfers

NHS England is having little success in implementing its policy guidelines issued on December 13, calling for trusts to halve number of beds occupied by patients deemed 'medically fit for discharge,' according to an HSJ report.

This is despite appointing Sarah-Jane Marsh, the chief executive of Birmingham Women's and Children's Hospitals Foundation Trust, to lead a new national discharge taskforce.

By December 27 the numbers had dropped by fewer than 8%, leaving almost 10,000 still in hospital.

Other statistics from January 2 show a continued failure to reduce the numbers of patients staying more than a week in hospital, with over 24,000 (an England average of over 30% of inpatients) having stayed up to 14 days, and almost 16,000 (one in five patients, 19.8%) having stayed up to 3 weeks.

The HSJ reports that "An average of 90 per cent of long stay patients who have been in hospital for three weeks or more are not being discharged each day to places such as social care."

In 19 hospitals one in five beds was occupied by patients assessed as fit for discharge in mid December. But the lack of community based health care and social care staff and capacity have limited trusts' ability to discharge them.

NEXT ISSUE

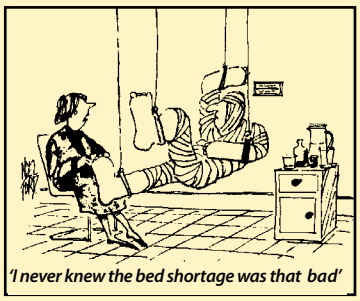
Our next issue of the news bulletin will be in February. Please get any articles, photos, tip-offs or information to us no later than February 1.

Operations delayed as beds & ICUs fill up

Trusts across the country have been forced to declare critical incidents and cancel some elective operations.

Seventeen hospitals in Greater Manchester, some of which have one in five patients diagnosed with Covid, and with up to 15% of staff absent due to Covid decided on January 4 to cancel some non-urgent elective surgery, leaving cancer and urgent care patients - including those due to undergo cardiac surgery, vascular surgery and transplantation - unaffected.

On January 5 the entire health and social care system in Norfolk and Waveney declared a "critical incident," including not only acute care but also mental health services and community hospitals. In the area's largest hospital, the Norfolk & Norwich, 170 patients are medically fit for discharge but stuck in acute beds, highlighting the impact of inadequate staffing and capacity in social care.



'I never knew the bed shortage was that bad'

Nottingham University Hospitals, with 250 Covid patients and over 2,000 staff off, almost half due to Covid, warned on January 7 that the level of pressure on front line services was "unsustainable".

NHSE's latest Xmas list of impossible things to do

The White Queen in ***Alice Through the Looking Glass*** boasted of being able to believe "six impossible things before breakfast": but she would have a job competing with NHS England, whose 40-page list of TEN implausible "priorities" for 2022-23 were as usual sent out to health bosses on Christmas Eve.

The air of unreality was underlined by NHS England boss Amanda Pritchard who, in the midst of the surge of Omicron told an exhausted NHS their objectives are:

"based on a scenario where COVID-19 returns to a low level and we are able to make significant progress in the first part of next year as we continue to rise to the challenge of restoring services and reducing the COVID backlogs."

And with 5,000 beds still out of action since the spring of 2020 Ms Pritchard went on to add

"… when the context allows it, we will need to find ways to eliminate the loss in non-COVID output caused by the pandemic."

Elective backlog

The priorities for 2022-23 include rising "to the challenge of addressing the elective backlogs that have grown during the pandemic through a combination of expanding capacity, prioritising treatment and transforming delivery of services," although how this can be done without either a plan or the capital to implement it is not explained.

Managers already struggling to cope will have been overjoyed to read that "every system is required to develop an elective care recovery plan for 2022/23, setting out how the first full year of longer term recovery plans will be achieved."

Wherever possible over winter, systems and providers should:

"continue to separate services and to maintain maximum possible levels of inpatient, day case, outpatient and diagnostic activity" …

"This should include the independent sector as separate green pathway capacity."

Later NHS England instructs that "local independent sector capacity is **incorporated as a core element** to deliver improved outcomes for patients and reduce waiting times sustainably."

Increase activity by 10%

NHS England's ambition is for depleted systems somehow to deliver over 10% more elective activity in 2022/23 than before the pandemic.

It boasts that "£2.3 billion of elective recovery funding has been allocated to systems to support the recovery of elective services in 2022/23," but NHS Providers and the NHS Confederation called for **£10bn** extra for 2022-3 to cover ongoing COVID-19 costs (£4.6 billion); recover care backlogs (£3.5-4.5bn); and compensate for lost 'efficiency savings'.

The Health Foundation estimated last autumn that an extra £17bn is needed by 2024 just to shrink waiting times to 18-week target levels.

Far from reopening the empty beds, NHS England is looking instead to increase the capacity of the NHS "by the equivalent of at least 5,000 G&A beds" including increased use of "virtual wards (including hospital at home)".

Virtual wards

By December 2023, NHSE expects systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual wards per 100,000 population.

However it's clear that not all professionals are huge fans of 'virtual wards': the HSJ reports both Society for Acute Medicine and the Royal College of Physicians have raised concerns about the huge increase in the use of the virtual wards model, under which patients can be remotely monitored by clinical staff.

Doctors are worried about the speed and timing of the rollout, and argue there is a lack of evidence the approach was safe.

Ambulance delays

NHS England goes on to repeat its unachievable autumn instruction to minimise handover delays between ambulance and hospital, as well as reduce 12-hour waits in EDs towards zero and no more than 2% and improve against all Ambulance Response Standards

Systems are also asked to support GP practices to ensure every patient has "the right to be offered digital-first primary care ("a full primary care service that patients can access easily and consistently online") by 2023/24."

Surely GPs have already had enough aggro from the far right and media over face to face appointments in the past year?

They have relied on telephone consultations to increase the total appointments above 2019 – while demand for online consultations has been next to zero.

It's hard to imagine many GPs will hurry to implement this unpopular "priority".

Tom Nicholson, Reuters/Alamy Stock Photo

NHS England boss Amanda Pritchard – listing the impossible

Health and Care Bill faces Lords amendments

As the House of Lords continues with the Committee Stage of the Health and Care Bill, a few of the 100-plus pages of amendments stand out, not least the intriguing alliance seeking to delete Clause 40 – which is backed by Labour's leader in the Lords Baroness Glenys Thorton, former Tory Health Secretary Lord Lansley, Lib Dem deputy leader Baroness Walmsley and former NHS England boss Lord Stevens.

Stevens has also tabled amendments seeking greater transparency on mental health funding.

Clause 40 is the section that gives the Secretary of State extensive new powers to intervene in any and every local reconfiguration of services, and seems set to fall in the Lords.

The late addition of Clause 140 seeking to cap care costs for the wealthy while offering nothing to those with smaller assets and dumping the costs onto the poorest also seems set to fall, with substantial opposition and Lord Lansley among those speaking out against it.

Opposing extra powers for Secretary of State – Simon Stevens

Labour in the Lords has focused on the repeal of the worst aspects of Andrew Lansley's 2012 Act, with the end of competitive tendering extended to cover non-clinical services; and on strengthening accountability, ensuring that NHS decision making is open and transparent, and contract awards are open to proper scrutiny.

They also seek to strengthen the government's amendment to ensure the private sector is excluded from all decision-making bodies.

Other amendments seek to ensure that no contracts are awarded without a proper process; and that NHS funded services should be excluded from future trade agreements.

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New guidance against private sector on ICBs

Oxfordshire campaigners have been informed by the chair of the Health Improvement Partnership Board, Cllr Louise Upton that "in line with government guidance" the Buckinghamshire, Oxfordshire and Berkshire West (BOB), Integrated Care Board will not include any private provider.

The explanation was that this is to avoid "risk of bias".

The guidance, and its application in this ICB, underline that strong campaigning against any private involvement has had an impact.

It remains to be seen whether the guidance, which seems to have been issued after the government agreed under pressure to amend the Health and Care Bill, has been issued and followed in the other 41 ICBs.

ICS roll-out delayed to July

They had been trying to soldier on in advance of the legislation regardless of the likelihood of delays in Parliament, but shortly before Christmas NHS England conceded to reality, and announced that the establishment of Integrated Care Systems as statutory bodies would have to be postponed to July rather than launching on April 1.

The news first flagged up by the HSJ was confirmed in NHSE's Christmas Eve "priorities" guidance for 2022-23: the Health and Care Bill is still going through the Lords, which cannot be controlled or rushed by government at the same pace as the Commons, and is not due to complete until February.

It's clear that there will be substantial amendments – especially to delete some of the new central powers it would give the Secretary of State – which would need to come back to the Commons – leaving little leeway to finalise the new Act prior to April 1.

However as Lord Lansley has pointed out, the process of establishing ICSs has largely proceeded outside of the law, with existing legislation substantially ignored, and so:

"Noble Lords considering this legislation should reflect that, much as we labour on the detail of legislation, as the House did a decade ago on my Bill, we should be aware that the NHS may choose simply to ignore it."

Campaigning on the Bill

Not all campaigners agree with each other, and various issues have been highlighted in addition to the body of campaigners who reject the very concept of Integrated Care Systems.

HCT outlined a detailed critique of the Bill in a 4-page Briefing, which has been circulated online by a number of trade unions.

Different approaches

We list here just some of the main additional points of view, as a convenience to readers seeking to weigh up the different approaches.

Early pressure from campaigners has secured a partial government amendment to ensure private sector providers do not get seats on the new Integrated Care Boards that will become the new commissioning bodies: this issue is still being pursued by **We Own It**, and by other campaigners and opposition lords seeking even tighter wording to exclude the private sector from any decision-making body.

Professor Allyson Pollock and Peter Roderick have produced an extensive briefing suggesting amendments to be supported, and additional amendments which they argue should also be tabled – if any lords are willing to do so.

UNISON set out its position on the Bill back in November, and has said it will continue to lobby in the Lords for the changes it seeks.

Unite last month wrote to all peers arguing that "Amendments to address some of the worst aspects of the Bill should be pursued, but nonetheless the Bill should be opposed in its entirety."

The letter concluded with an admirably brief list of 8 topics for amendment.

The most extensive body of literature examining the Bill in intricate detail, its history and arguments against Integrated Care Systems, is provided by **Keep Our NHS Public**, which continues with the slogan 'Scrap the Health and Care Bill'.

New year, new Covid

It's time for government to put the health of the people first - 'vaccinate, but let infection spread' is not good enough, says Keep Our NHS Public co-chair JOHN PUNTIS

In early 2020 (how long ago that feels) we were told that lockdown would 'send the coronavirus packing'. Exaggerated claims were also made on behalf of a 'world beating' test and trace system which similarly failed to live up to expectations.

Next it was the turn of vaccination - the magic bullet that would put an end to the crisis once and for all.

Except that in November a new variant, Omicron, appeared on the scene, swept the board and changed the landscape once again. As the new year began, there were 218,724 positive test results reported in the UK in one day.

However, Health Secretary Sajid Javid, is proud that we have the least protective measures in place in Europe and insists 'we must give ourselves the best chance of living alongside the virus'.

The prime minister's message in the lead up to New Year was 'celebrate new year's eve but exercise caution and take tests'.

Once again the public health message was unclear and to this problem of ambiguity (what does

'exercise caution' mean?) was added a wide unavailability of lateral flow tests (LFTs) as well as a misrepresentation of what they can and cannot do.

Lateral flow tests

Shortage of LFTs was related both to advice to the public to test frequently before social contact and to the increase in demand through rising case numbers.

Hospital staff (who are asked to test twice weekly) were finding it difficult to find tests.

As it turned out, Alliance Healthcare (aka Boots, owned by US store chain Walgreen), the sole distributor of LFT to pharmacies, closed for four days over Christmas just as it received a delivery of 2.5m devices.

The prime minister has previously wrongly stated that LFTs 'identify people who are infectious … allowing those who are not infectious to continue as normal'.

The reality is less clear cut, with studies showing that even when the test is done by expert nurses, virus is detected only in 73% of cases, falling to 58% when performed by testing centre employees.

It is likely that reliability is even lower in tests performed by members of the public. Preliminary testing in Liverpool of mostly asymptomatic people showed that LFTs only detected 50% of those with positive PCR, while 30% of those with high viral loads were missed.

As the manufacturer Innova advises 'Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions.'

This is endorsed by the World Health Organization that says negative antigen rapid diagnostic test results 'should not remove a contact from quarantine requirements.'

Giving people the 'all clear' on the basis of a negative LFT is likely to have contributed to spread of infection, adding to the damage done by the private laboratory issuing 43,000 false negative tests.

The NHS is now on a 'war footing', however, as case numbers increase, plans have been announced not to introduce measures aimed at reducing spread of infection, but to build eight 'Nightingale hubs' providing additional surge capacity for patients in unused space or car parks of hospitals.

Like the original Nightingale Hospitals, it is unclear how these might be staffed.

There can be no doubt, however, that the NHS is severely stretched with a reduced number of 90,000 adult acute beds running at 90% capacity and lack of social care already preventing many from being discharged from hospital.

Critical voices

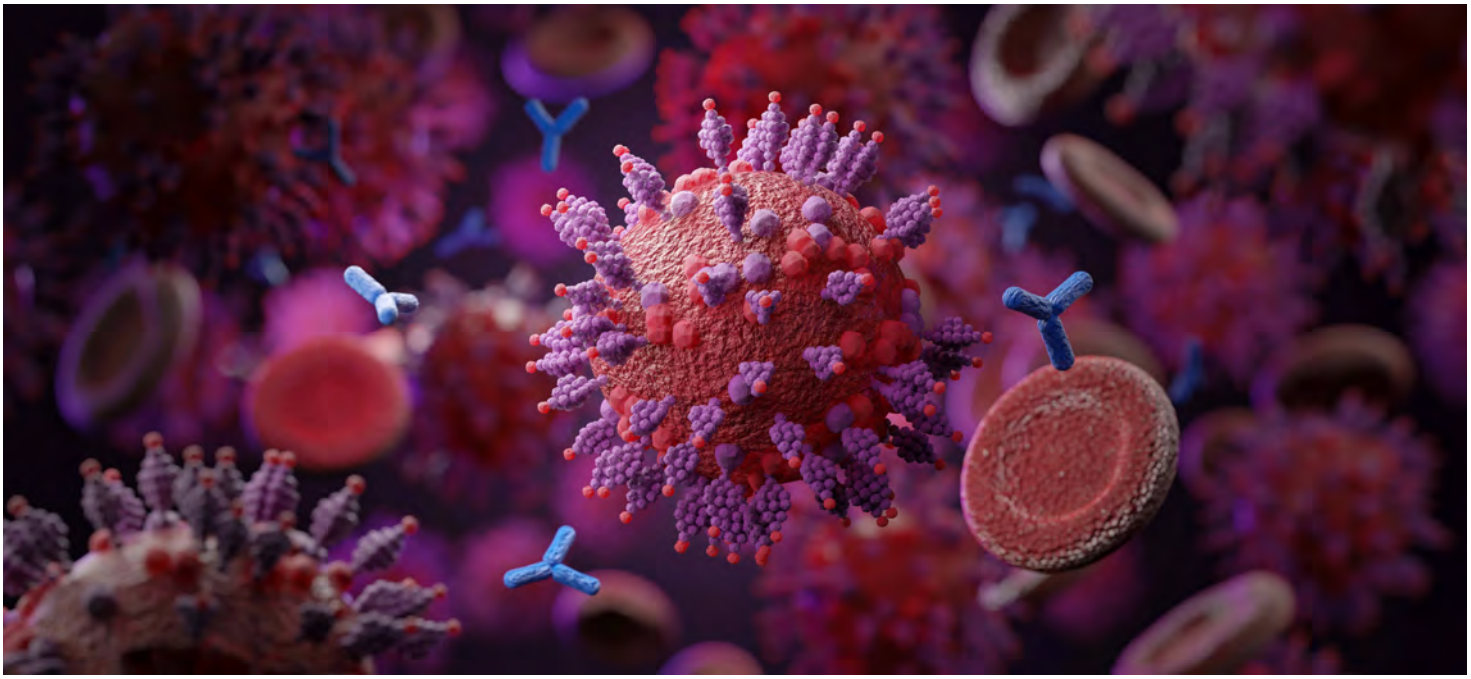
Chris Whitty, Chief Medical Officer for England, said of Omicron: 'This is a really serious threat at the moment. The how big a threat - there are several things we don't know, but all the things that we do know, are bad….and the principle one being the speed at which this is moving, it is moving at an absolutely phenomenal pace.'

Case numbers were in fact doubling in little over two days.

Even though there was some suggestion that disease caused was not as severe as with the Delta variant, very large numbers of cases risked affecting many areas of the economy and overwhelming the health service.

The government, however, decided to continue with a 'cross your fingers and hope for the best' approach, relying wholly on booster vaccination as a way of dealing with this new threat.

Members of Independent SAGE, likened the government's stance to playing Russian roulette.



They advised before Christmas that spread of infection must urgently be reduced by closing indoor hospitality and entertainment; no indoor gatherings held between households; all close contacts of new cases should isolate for 10 days and be given appropriate support (e.g. the two million people not entitled to sick pay).

They argued that the overall focus should be on decreasing cases to as low a level as possible in order to prevent disruption to key services and prevent demands on an already stretched NHS outstripping available resources. Increased restrictions in other countries such as the Netherlands were effectively driving down cases.

A precautionary approach was justified given the very rapid rise in cases coupled with uncertainty about the overall impact of Omicron.

Their warning went unheeded but has proved prophetic.

Reducing viral transmission

A key focus should also be making the environment safer through air filtration and effective ventilation.

This should also be a priority not just in workplaces, but also for schools. While the impact of covid-19 in terms of physical illness in children is often played down, by the start of December, 37 children under 15y had died from covid in the UK together with a further 41 15-19y olds.

6,000 6-17y olds had been hospitalised and 77,000 infected children reported to have prolonged symptoms of fatigue and cognitive dysfunction.

Over 1 million children <16y have been infected since last September. Current surveys indicate that almost 6% of under 12s are infected, and over 3% of primary school children as at the end of December.

There is an argument for vaccinating all 5-11 year olds to prevent spread of infection (and US experience indicates this is safe) although this has not yet been approved by the Joint Committee on Vaccination and Immunisation.

Other needed interventions for schools include reintroduction of face masks (now grudgingly conceded for secondary school pupils); isolation of household contacts until a negative PCR test obtained; reinstatement of bubbles/cohorts; onsite testing, perhaps with saliva samples to monitor for outbreaks; staggering school start times.

It is disappointing that the government see little urgency in any of these measures.

While 300,000 carbon dioxide monitors have been sent out to schools to help monitor air quality, distribution has been chaotic and numbers of devices amount to only two per school rather than one for every classroom.

Staff also need guidance on how to best use, since clearly they only monitor air exchange and don't provide clean air.

Filtration units (with High Efficiency Particulate-Absorbing filters) are effective in reducing viral aerosols but should be paid for by government rather than taken out of existing school budgets as required currently.

It has been estimated that the cost for this would be half the money being spent on the recently commissioned Royal Yacht.

Insisting on the right to clean air at work as a way of reducing spread of infection must be a key demand for trade unions and health and safety workplace representatives to take up.

Consequences of current government strategy

Defenders of the current UK public health approach justify their support by pointing out that hospitals have not yet filled up with very sick patients (although of course, if that does happen it will be too late).

Claiming not so many people become seriously ill as with the Delta variant is premature. In the US, the respected infectious disease authority Dr Anthony Fauci pointed out that while there is evidence Omicron might be associated with less severe disease, caution was still needed as such high transmission rates could still lead to unmanageable demand for health care.

We have still to find out what the effect of Christmas and New Year mixing will be, although meanwhile there are very real adverse consequences for many.

Already in the UK by the end of December, numbers of hospital inpatients with covid had increased to nearly 10,000, up 38% from the previous week (but so far nowhere near as the peak of 34,000 patients one year ago).

Numbers dying from covid-19 are currently averaging around 112/day (a staggering one every 13 minutes), somewhat down on figures for November with its peak of 1,176 deaths in one week.

Some seek to minimise the scale of the problem by pointing out that in around 20% of hospital patients with positive covid tests, this is an incidental finding and has not caused the admission.

However, acquiring covid often makes an underlying chronic condition worse, for example in patients with diabetes or inflammatory bowel disease, and so may precipitate an admission even if not being the main reason for admission.

These patients still add to the overall burden on the NHS and their number should not be disregarded.

Not everyone is vaccinated or can be easily protected

In addition to vulnerable patients (those with chronic medical conditions, including the immuno-suppressed), there are still large numbers of people unprotected.

Around 5 million people eligible for vaccination have not been immunised with the unvaccinated accounting for around 60% of London ICU patients.

Vaccine uptake is variable, higher in more affluent areas and only around 50% in some deprived areas.

For children over 12 years, 90% have had at least one dose, 82% two doses and 56.5% two doses and booster. Immediately before Christmas, 1 in 25 people in England were infected (rising to 1 in 6 20 year olds in London).

This emphasises the need for

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reducing viral spread rather than focusing entirely on the vaccination programme.

Wider impact of surge in cases

Staff absences through illness or need to isolate are badly affecting hospitals, community services and care homes.

NHS staff absences totalled 24,632 in acute trusts because sick or quarantining at the end of December; this was double the figure from two weeks earlier. There was a total of 68,000 staff off sick from all causes (many through stress) on 26th December.

The British Medical Association has been calling for cancellation of large social gatherings and limits on social mixing. It has also been demanding that staff have access to protective face masks, since, astonishingly, this is still not routine.

The Government appears to be basing its decision making only on hospital statistics and not giving due consideration to the impact on GP and community services and wider society, even though this is considerable.

Multiple NHS trusts across England have now declared 'critical incidents' (i.e. concerns about no longer being able to offer safe care to patients) amid soaring staff absences with health leaders saying many parts of the services are in a state of crisis.

In Manchester alone, 17 hospitals have paused non-urgent surgery and appointments.

Covid is also having a major effect on other frontline services with 15% of London fire service staff off work on the 27th December.

School leaders in England are warning of weeks of disruption owing to high levels of staff covid absences, which could lead to children being sent home to learn remotely.

Dr Mary Bousted, the joint general secretary of the National Education Union, said it was 'alarming' that the education secretary, Nadhim Zahawi, was advocating the infection spreading strategy of combining classes to overcome staff shortages.

Rubbish bins across parts of England are overflowing with household detritus from the Christmas period where collections have been cut back because of staff sickness.

Ambulance trusts have begun asking patients with heart attacks and strokes to get a lift to hospital with family or friends instead of waiting for an ambulance, because of high covid absences and 'unprecedented' surges in demand. UK train operators have cut hundreds of services due to staff sickness.

Conclusions

The current policy of relying solely on vaccine roll out while letting case numbers skyrocket is very high risk.

Further chaos in education is likely to add to the already considerable impact of the pandemic on children.

The NHS is buckling under the strain, and even if optimistic predictions of the impact of Omicron in terms of hospital admissions and death prove true, staff are suffering extreme stress trying to keep the system going, and many patients with non-covid illness are getting sub-standard care and joining ever lengthening waiting lists.

One commentator with close links to many working in health care spoke in disbelief that: 'Ministers telling us there is nothing in the data that indicates further measures are required is feckless, stupid, criminal, mendacious-blindness.'

A clearly frustrated Matthew Taylor, chief executive of the NHS confederation, made a heartfelt plea:

"over the coming days, instead of making optimism and complacency a kind of political virility symbol let's focus on facts, let's wait for the data, let's listen to those trying to cope on the frontline.

"Most of all, instead of turning the science and policy on COVID-19 into a new terrain for the culture wars, let's try to get through these next few weeks together."

Prime minister Johnson, (perhaps modelling himself more on Nero rather than Churchill) predicted that we will 'ride out this Omicron wave'.

One important question is why the Westminster government is going down this dangerous road? This no doubt is partly due to the internal political differences within the Conservative party, with the right of the party now holding the prime minister hostage.

In addition, we are not all equal in the face of covid, with those like our political class, least affected by social and economic inequalities being least at risk of death. Could it be that the elderly, the poor and the disabled are simply seen as expendable?

It is also probable that with an eye to the next election, the government is desperate to protect an already damaged economy and hopes any success here will ultimately deflect from its appalling handling of the pandemic.

If the hope is that by avoiding restrictions economic activity will continue unabated, outstripping our European rivals, the prime minister should be made aware that the evidence strongly suggests containing covid versus saving the economy is a false dichotomy.

Optimism and complacency will not serve the public well and are likely to cost many more lives in the coming months.

A global 'vaccine-plus' response is needed

Coronavirus is a global pandemic and can only be approached on a global scale.

Worldwide, only 8.4% of people in low income countries have had at least one dose of vaccine. Poor international planning in the face of the difficult logistics of keeping vaccine at low temperature during distribution has meant that supplies from COVAX to Nigeria had to be destroyed.

The World Health Organization is aiming for 70% of the world's population to be vaccinated by June 2022.

This would need not just the waiver of intellectual property rights by the manufacturers (something blocked by the UK government) but also technology transfer and building expertise to enable local production.

For this a global funding mechanism would need to be in place so that vaccine availability could be guaranteed when planning roll out.

Without this, there seems every likelihood that further variants will arise and spread rapidly around the globe. Clearly provision of vaccine to lower and middle income countries should be a priority for rich countries, working together with the WHO.

Until that happens, we should not be surprised by new variants and should agree in advance on how to respond and what the trigger would be.

It is time for a vaccine-plus approach to be adopted globally (including the UK), based not only on vaccine equity, but also prevention of viral transmission.

Advocates suggest that this strategy will slow the emergence of new variants and ensure they exist on a low transmission background where they can be controlled by effective public health measures, while allowing everyone (including those clinically vulnerable) to go about their lives more freely.

Experts denounce Sunak's sale of vital vaccine centre

Over the Christmas-New Year break more scientists have joined a growing outcry against the Tory government plan to sell off the Vaccine Manufacturing and Innovation Centre UK (VMIC), which was first revealed by the Financial Times at the end of November.

The FT reports that at least four companies have tabled bids for the VMIC, including UK biotechnology company Oxford BioMedica, Swiss healthcare manufacturer Lonza, and Japanese conglomerate Fujifilm.

The "offloading" of the Centre marks a major about-turn by government. Back in May 2020, then chief executive of UK Research and Innovation Professor Sir Mark Walport, welcoming fresh government investment to expand VMIC's capacity, said it was "an essential new weapon in the UK's arsenal against diseases and other biological threats."

In December 2020 the UK Vaccine Taskforce's document '2020 Achievements and Future Strategy' also insisted on its long term importance: "We have worked with VMIC to increase VMIC's delivery capability … to 70m doses of pandemic vaccine. … This is a permanent facility, with government step-in rights during a crisis."

Immediate criticism of the planned sell-off came from experts working with VMIC. Sandy Douglas, a vaccine research leader at Oxford University, told the FT it had "accelerated Oxford's vaccine programme by months" and "saved many lives".

VMIC was first set up in 2018, as a not-for-profit company with no shareholders, by the University of Oxford, Imperial College, and London School of Hygiene and Tropical Medicine, with support from vaccine industry experts MSD, Johnson and Johnson, and Cytiva and £66m of government funds.

Unique facility

It was initially envisaged as a way to break from the long history of UK vaccine research, which had "not always had a clear pathway for new vaccines to move from discovery to licensed product."

For the first time "Under one roof this unique facility, operated by our experts, will promote, develop and accelerate the growth of the vaccine industry."

VMIC experts set up the first UK consortium which drove the process and manufacturing scale-up of the Oxford vaccine through to 2021, when the work was handed over to AstraZeneca.

For this leading role VMIC won an industry award in December 2020, and as recently as March this year VMIC's role was praised in an Industrial Strategy Council Research Paper, which described in as "a cornerstone" of strategy for vaccine supplies "in the long term."

However the subsequent large scale production of successful vaccines by big pharma corporations, meant ministers and hawkish Treasury chiefs are now trying to recoup as much as possible of the money invested.

Their argument that VMIC's crucial role as a state-backed vaccine manufacturing centre is no longer necessary has been strongly refuted by a previous leader of the government's own Vaccines Task Force, Clive Dix, who told the Observer in November:

"If we leave it to the industry to do, they're going to go to the highest bidder, and the UK won't be at the front of that queue any more, because it's not a big market. Whereas if you act as a partner, you get things done."

Now it seems VMIC is set to be another victim of Chancellor Rishi Sunak's tightening austerity cap on NHS funding, which has already led to him warning Health Secretary Sajid Javid that the extra costs of the booster jabs will have to mean cutbacks elsewhere in the NHS.

This short-sighted decision to prioritise cash, profits and corporations over health is consistent with the Johnson government's instinctive turn to the private sector rather than invest in the NHS or other public services.

Notts GPs concerned over Centene growth

GP patients and the public in Nottingham were kept in the dark over proposals to close Springfield Medical Centre in Bulwell, and move patients in April to St Albans & Nirmala Medical Centre which is run by Operose Health, a UK subsidiary of US health insurance company, Centene.

The proposal, predictably endorsed by the Nottingham and Nottinghamshire CCG, was hidden away on the confidential part of the Primary Care Commissioning Committee's August agenda, and not revealed publicly by the PCCC until December.

By that time local campaigners, who had learned the news from the local Scrutiny Committee and HealthWatch in October, had distributed 1,000 leaflets to in the doomed practice's catchment area.

The nervousness of local GPs over the move, and about the expansion of Operose – now the biggest UK private provider of GP services – was expressed last month by Michael Wright, chief executive of Nottinghamshire Local Medical Committee.

He told the PCCC: "US multi-nationals like Operose … are looking to build up a presence in the UK, so they will be in a strong position to bid for other services when the government takes the privatisation of our NHS to the next level.

"Patients want their GP services to be run by local people, not some unaccountable foreign company."

Private hospitals set to profit again from new NHS contract

Yet again ministers and NHS England have opted to sink millions into paying private hospitals to treat NHS elective patients rather than invest in reopening the beds that remain unused in the NHS.

An NHS England press release on January 10 announced that NHSE had been directed by Sajid Javid to sign a "three-month agreement with multiple independent healthcare organisations."

No details are given on how, if at all, the contract was advertised, how much above the NHS tariff it is costing to persuade private hospitals to treat NHS patients rather than lucrative "self-pay" private patients, or how the ten private hospital firms were selected.

It appears that the new contract is in addition to the £10bn 4-year "framework contract" through which the NHS has planned to use private hospitals as additional capacity to help clear the 6m and rising waiting list for elective care.

The contract will put the private hospitals' staff and facilities "on standby to support the NHS" should the Omicron variant lead to "unsustainable levels of hospitalisations or staff absences."

This short term and unsatisfactory "fix" proves clearly that ministers and NHS England have learned no lessons from the huge sums of money wasted on unused private hospital capacity in 2020 – as we reported in the last issue (No.14).

Poaching staff

And they still have not recognised that private hospitals can only take on additional NHS patients by poaching additional staff trained -- and employed -- by the NHS.

HEALTH CAMPAIGNS TOGETHER #our NHS

The real problem is lack of NHS capacity, after a decade of austerity and real terms cuts in NHS spending has reduced the NHS to fewer beds, doctors and nursing staff than almost any comparable European country, and the privatised dysfunctional social care system has also been run down.

Unavailable

With latest figures showing over 16,000 Covid patients, and almost 10,000 patients fit for discharge stuck in NHS front line beds, and another 5,500 beds unoccupied on January 4, over 35% of an already inadequate number of beds are unavailable for emergencies and normal winter pressures.

Diverting some of the least complex caseload, and even some NHS cancer patients to private hospitals is a much less efficient way of working than reopening and expanding capacity in NHS hospitals.

It may mean a few patients get their operation more quickly – but in the long run it leaves the NHS weakened and chronically dependent on the private sector, putting more patients at risk.

It will delight private hospital bosses and line the pockets of their shareholders, but does nothing to repair the consequences of over a decade of chronic under-funding since 2010 or equip NHS for the next decade.

AFFILIATE now for 2022
Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations, launched at the end of 2015 that has mobilised conferences, and events including the massive demonstration in March 2017.

We are now working with Keep Our NHS Public, NHS Support Federation, trade unions and others to initiate the even wider SOS NHS campaign .

During the 2020 lockdown we replaced our quarterly printed tabloid newspaper with a monthly online news bulletin to keep campaigners informed. But we have no big money sponsors, and rely on affiliations and donations to support our work.

So we are asking all the organisations that support what we are doing to affiliate (or re-affiliate) for 2022 to facilitate the future development of joint campaigning. Our Constitution can be viewed at https://healthcampaignstogether.com/aboutus.php

WE WELCOME SUPPORT FROM:

- **TRADE UNION organisations – whether they represent 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 smaller organisations supporting Health Campaigns Together, please contact us to discuss.

SIGN UP ONLINE, and pay by card, bank transfer or cheque – check it all details at https://healthcampaignstogether.com/joinus.php