HEALTH CAMPAIGNS TOGETHER #our NHS

MONTHLY ONLINE NEWS BULLETIN #17

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Campaigners and trade union activists in Leeds rally for the SOSNHS Day of Action on February 26

175,000 sign to tell Rishi Sunak

£20bn extra now!

As Chancellor Rishi Sunak prepares his Spring Budget statement, the NHS is now being plunged another massive period of austerity.

From April any remaining Covid funding is withdrawn. Hospital trusts, still struggling to cope with 110,000 vacancies, soaring numbers of staff off sick, over 5,000 beds still out of action since they were closed for infection control in March 2020, as well as continued massive delays in emergency admissions, are now being told to generate impossible levels of "efficiency savings".

Mental health services, with at least 1.4 million people needing treatment but not getting it, also face the real threat of further cuts in real terms spending.

Some hospital trusts, according to the *Health Service Journal,* are staring down the barrel of unprecedented targets of 5% "efficiency" savings in a year, compared with NHS England's Long Term Plan annual target of 1.1%.

Such levels of savings have never been achieved before, except by brutal cuts in staffing in the disastrous Mid Staffordshire Hospitals in the mid-2000s, where the resulting collapse of care created a national scandal.

The reality is the whole NHS has been increasingly under-funded since George Osborne first slammed the brakes on spending back in 2010.

As this Bulletin is completed over 172,000 people have signed the SOS NHS petition to be handed in to Downing Street demanding an extra £20bn for the NHS

£35 billion gap

Each year since then the cash increase has lagged behind the real costs. By 2019 NHS spending in England was £35 billion per year (28%) below what it would have been if pre-2010 average increases had continued.

Covid has distorted all figures from 2020: but from April all extra funding for Covid ceases – leaving the NHS to carry the costs, including 11,000 beds and rising filled with Covid patients on March 16 without support, and with all public health precautions scrapped. Ministers no longer even talk about protecting the NHS.

Rishi Sunak's spending review last October boasted of an increase in funding averaging 3.8 percent in the next three years: but this is barely the amount needed for services just to keep pace with rising costs and increased demand,

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INSIDE

Emergency care and waiting list performance worsen

The pressure is still on emergency services even as the weather improves and we move in to spring.

In December 2021, there were just under 1.92 million patients seen in A&E departments, representing a 27.3% year-on-year increase. Ambulance services responded to just under 1 million 999 calls in December 2021 including 82,000 of the most serious Category 1 calls – higher than any other month on record.

In 2011/12, one in 20 patients attending major hospital A&E (type 1) spent longer than 4 hours in the department. In 2019/20, this had risen to almost one in four (24.7%).

A&E figures for February show 16 trusts failing even to treat or discharge 50% of the most serious Type 1 patients within 4 hours – with by far the worst offenders yet again being Barking, Havering and Redbridge (27.3%) with West Hertfordshire not doing much better at 34.4%.

The other 14 trusts all achieved between 40 and 50%: East and North Hertfordshire; Norfolk and Norwich; North West Anglia; Shrewsbury and Telford; United Lincolnshire Hospitals; University Hospitals of Derby and Burton; University Hospitals of North Midlands; County Durham and Darlington; York and Scarborough; Mid Cheshire Hospitals; St Helens and Knowsley; Royal Cornwall Hospitals; Torbay and South Devon and Sheffield Teaching Hospitals.

Twelve hour waits

Patients waiting 12 hours for admission after a decision to admit were once rare occurrences. Between 2011 and 2014 (inclusive) there were a total of 915 such cases in England.

However in the single month of January 2022 there were 16,558 such waits – eighteen times more than the total for the four years spanning 2011-2014. In the whole of 2014, there were 489 twelve-hour waits for admission: but in January 2022, there was an average of 534 such waits every day.

Beds occupied

The most recent daily situation reports for urgent and emergency care (March 13) show 56 of the 138 trusts reporting figures running at more than 95% bed occupancy, with three running at 100% full.

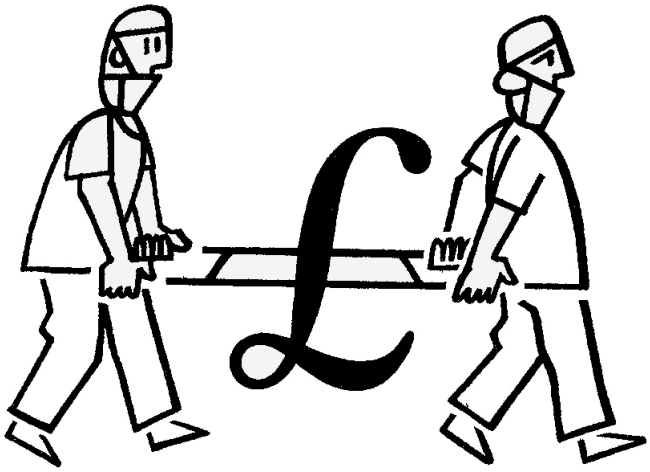
Another 42 trusts had more than 90% of beds occupied.

Almost 11,600 front line beds were occupied by patients who had been there for more than three weeks but "no longer meet the criteria to reside", slightly fewer than the 12,160 on February 13 and 12,007 on January 13, but significantly more than the 10,474 on December 13 .

This indicates NHS England has had little or no success over the winter in demanding more rapid discharge to free up beds – and that social care and health services outside hospital are still not able to cope with any increased numbers.

Waiting lists

Waiting list statistics for January show a total of 6.1 million waiting for treatment, of whom just under two thirds had been waiting less than 18 weeks, with 311,000 waiting over a year, and almost 24,000 waiting over two years.



Waiting for cancer care

A new round up from the House of Commons Library notes the continued deterioration in Cancer waiting times:

"The 62-day waiting time standard for cancer (measured from urgent GP referral to treatment) has not been met in recent years. Performance declined between 2013 and 2018.

"Since the pandemic it has fallen further, with 67.0% of patients waiting under 62 days in December 2021 (target: 85%)."

This understates the scale of the problem, since the 67% figure is an average that conceals desperately poor performance.

University Hospitals Birmingham is by far the worst major trust delivering just 27.7% of cancer patients waiting less than 62 days to start treatment, and three others (Leeds (30%); Manchester (33.7%) and Leicester (37.4%) fell short of 40%.

It's hard to correlate this with the complacent report to NHS England's January Board meeting that claimed

"Cancer has been a priority throughout the pandemic and between March 2020 and November 2021, GPs referred over 4 million people with suspected cancer and over 514,000 people started cancer treatment, 95% of whom started treatment within a month of a decision to treat."

Unfilled posts

The most recent NHS statistics on staff vacancies (to December 2012) show they have increased to 110,000, including almost 40,000 nurses.

By far the biggest shortages amongst nurses are in mental health, with an average of 17% of posts vacant, and regions varying from 12% in North East and Yorkshire to 18.2% in London, 20.3% in Eastern Region and 21.7% in the South East.

Javid's three 'Ps' – discredited, impractical, or both

PA Images / Alamy Stock Photo

Sajid Javid's boring and interminable (8,600 word, 16-page) speech on "reforms" on March 8 rehashed a handful of old ideas that were best forgotten.
But none of the 'reforms' he proposes are new, and none address any of the big problems facing the NHS.

He argued the government was at a crossroads: "a point where we must choose between endlessly putting in more money, or reforming how we do healthcare."

It's no surprise that he should opt for more of what he calls 'reforms,' – even though his ideas won't be any more successful now than they were when they were first tried out.

He talks about three Ps: prevention, performance, and personalised care.

Prevention has been undermined by a decade of austerity that has deepened the health divide between rich and poor, ended improvements in life expectancy, and slashed public health budgets.

Performance cannot be improved without extra funding and a plan to solve the shortage of staff. Javid pins his hopes on an expansion of digital systems: but these require more cash to put in place – and staff to monitor and respond to the information that is produced.

Current digital systems offer profitable contracts to private companies, but threaten to further isolate the millions of people who have significant health needs but remain "digitally excluded".

Javid also wants electronic patient records rolled out to 90% of trusts by December 2023 and 80% of social care providers by March 2024 – but there is nowhere near enough money in the system for this.

Digital = DIY health care

"Personalised care" without additional staff and services just amounts to more online "do it yourself" manuals in the form of apps and websites, and leaves millions of digitally excluded people on the outside looking in.

'Personal health budgets,' another old idea which Javid has revived, could only work with more funds, more staff to support patients, and ensuring suitable services are available and accessible for people to buy.

We know this idea doesn't work because back in 2014 NHS England CEO Simon Stevens suggested "north of five million" people might have personal budgets by 2018, sharing £5 billion between them (i.e. average payments of just £20 per week). But almost nobody really wanted them, and by 2021 the number of people receiving them had only reached 100,000.

Right to choose

Javid has also dredged up Tony Blair's big idea of the "right to choose" which hospital to go to for elective care, which has for years been in the NHS Constitution. This policy doesn't increase numbers of beds available or find extra staff to look after patients.

He had earlier told the (£) Times of his ambition to offer more NHS waiting list patients 'choice' including treatment in private hospitals.

Javid plan is to encourage patients to search for NHS or private hospitals elsewhere in the country with shorter waiting times for the operations they need – even offering funding to cover "travel costs, maybe accommodation costs, including maybe for someone to go with them to support them."

This bizarre notion of how to use a chaotic and under-funded market system to reduce waiting times is reminiscent of the first shambolic days of the "internal market" system under John Major's Tory government in 1991. That saw a minority of patients dispatched long distances for surgery while their local NHS waiting lists continued to grow.

If this ever happens it will inevitably increase costs, create organisational nightmares for pre-operative tests and discharge arrangements – and pile more work onto hard-pressed GPs, while demoralising NHS staff, while of course offering no relief or hope to under-resourced NHS hospitals with long waiting times.

It's worth noting that private hospitals have already shown they are unwilling to take large numbers of NHS-funded patients at the basic tariff cost – and demanded payment above the odds for the most recent 3-month contract with NHS England.

And of course private hospitals are not available in many parts of the country: two thirds of them are in London and the south east.

Poaching staff

They also rely on the limited pool of staff trained by the NHS, and sessional staff employed by the NHS.

So if the private hospitals do take on more NHS work, the NHS will face greater staff shortages – and see more of its budget leeched out to the private sector.

These "reforms" recycle old ideas that are discredited, or impractical, or both. In the midst of 15 years of brutal austerity funding they are a poor substitute for investment in health and social care.

Offered the choice between 'reforms' and more money, the NHS has to demand the money. Now.

£20bn extra now!

continued from front page

and does nothing to address the backlog of under-funding.

Much of the increase is already being wiped out by soaring energy bills and cost inflation. Even more would be eaten up by any significant pay award to one million-plus NHS staff, since even the miserly 2-3% proposed for 2022 by the government is not fully funded, and inflation is expected to hit 8%.

Sunak even told health secretary Sajid Javid that any decision to tackle Covid with a further round of booster jabs would mean cuts in other services, and has made clear there is little or nothing extra coming for the NHS in the spring budget next Wednesday.

But in return for the 'extra' money it has been given the NHS is somehow also expected to deliver 30% more elective treatment by 2024-25 than before the pandemic.

Last autumn, just after Sunak had announced the "settlement" an NHS Confederation survey found almost 90% of trust bosses already believed the pressures on their organisation had become 'unsustainable,' putting patient safety at risk, and that the NHS was at a "tipping point." Since then it's all got much worse.

Cancer targets missed

A new report from the Commons Public Accounts Committee on NHS backlogs and waiting times in England notes that the NHS has not met all of the eight key standards for cancer care since 2014.

It accuses the Department of Health and Social Care of overseeing "years of decline in the NHS's cancer and elective care waiting time performance," and failing to "increase capacity sufficiently to meet growing demand."

Privatisation

The lack of capacity has been used, during the peak of the pandemic and now in all recent plans, as a pretext for striking deals with the private hospital sector to use their beds – even while thousands of NHS beds remain closed.

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

At least the same high level of spending is likely to continue until 2025.

Indeed, if the latest NHS England plans are implemented, this new, expanded role of the private sector will continue for years into the future.

The NHS would be reduced to handling the emergencies and complex cases the private sector doesn't want – and paying the bills for routine elective care in private hospitals.

The only way to prevent this is to reverse the decline.

Break from the policy of disinvestment – and pump new funds in to repair and rebuild the NHS, reopen the 5,000 unused beds, and invest in new buildings and staff for mental health.

Begin with £20bn. Now.

Day of action and petition increase pressure on ministers

The SOSNHS campaign, initiated at the end of last year by Health Campaigns Together and Keep Our NHS Public, has now grown to an alliance of 53 organisations including health and other trade unions, the TUC, the National Pensioners Convention, and many more.

Its three core demands are:

- Emergency funding now;
- Investment in a fully public NHS;
- and Pay justice for NHS staff

These have proved to be a way to unite a broad range of people – and are likely to remain valid at least until a change of government.

The successful January rally has been followed by a **Day of Action on February 26** that mobilised local activity in 85 towns and cities and thousands of campaigners.

In many cases these events were the first to turn out supporters in person rather than online since the pandemic and the lockdowns began two years ago.

In many areas SOSNHS campaigners were able to link up with Unite branches campaigning against the Health and Care Bill, which was then still going through the House of Lords.

Since the Day of Action attention has focused on building support for the petition, now promoted by change.org, which has rapidly gained support, with 175,000 signed as this is written.

The petition is to be handed in to Downing Street on Tuesday March 22, on the eve of Rishi Sunak's Spring budget statement.

Prior to this campaigners will tour central London on a campaign bus and leaflet target areas, highlighting the pay issue, which has been made more urgent by the latest surge in price inflation.

Why the NHS needs an extra £20 billion

£14 billion is needed now to repair and rebuild crumbling infrastructure and reopen beds left empty since Covid-19 struck.

This includes:

£5bn to tackle the most urgent of the backlog maintenance issues, for which the total bill has soared to £9.2 billion: repair crumbling buildings and replace clapped-out equipment.

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

And **£3bn** is needed to reorganise, rebuild and in some cases refurbish hospital buildings to enable them to **reopen around 5,000 beds** which were closed in 2020 to allow for social distancing and infection control. They remain unused today.

NHS 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 locally-based test and trace system and preventive work to reduce ill health.

Invest in fair pay: this is essential to help restore morale. Each 1% increase in England is estimated to cost £340m, so even to match inflation rising towards 8% needs an **extra £2.7bn**. The long-promised promised additional **50,000 nurses** will cost at least another £1.7bn – plus a pay award for all staff to help recruit, retain and grow the workforce.

And this list has not even mentioned 48 new hospitals. So £20bn is just a down payment.

Day of Action events took place in

Barnstaple; Bath; Beverley; Birmingham; Bridgewater; Brighton; Bristol; Bromsgrove; Cambridge; Chester; Chesterfield; Chipping Norton; Coventry; Crawley; Crewe; Darlington; Dewsbury; Eastbourne; Ellesmere Port; Exeter; Faringdon; Glasgow; Hastings; Ilford; Ipswich; Kendal (Cumbria); King's Lynn; Hebden Bridge; High Wycombe; Huddersfield; Lancaster; Leamington Spa; Leeds; Leicester; Liverpool; Lytham; Manchester; Margate; Market Harborough; Milton Keynes; Newcastle; Norwich; Nottingham; Orpington; Oxford; Portsmouth; Plymouth; Preston; Reading; Sheffield; Sittingbourne; Slough; Solihull; Southampton; Southport; Sunderland; Torquay; Totnes; Tunbridge Wells; Tynemouth; Wells; Whitstable; Wirral; Witney; and Worthing

IN LONDON there were events in ***Barnet; Bexley; Camden (GOSH); Ealing; Enfield; Greenwich; Hackney; Hammersmith & Fulham; Haringey; Islington; Lambeth; Lewisham; Merton; Newham; Waltham Forest, and Wandsworth***

Some of the varied ways local campaigners got the message across in local events on February 26, which included marches, lobbies, photo opportunities, petitioning, and leafleting – and even reached north of the border to Glasgow.

Judicial review request thrown out

A High Court judge last month dismissed the application for a judicial review of the decision to by North Central London CCG to agree to the takeover of 37 London GP practices by giant US corporation Centene.

Centene's UK subsidiary Operose Health took over privately-owned AT Medics last year, and campaigners challenged the failure of the CCG to consult h the public or examine financial stability of the company.

The judicial review was backed by Keep Our NHS Public, 999 Call for the NHS, We Own It and Unite. A public appeal raised almost £80,000 to fund it.

Centene mulls pull-out from UK and Spain

There was little public attention paid to the decision last year by US health corporation Centene to spend a reported $700 million in cash to buy out the remaining 60% it didn't already own of Circle Health and take complete control.

Circle itself, with increased resources from private equity investors, had in 2020 taken over England's largest private hospitals chain, BMI, with 47 hospitals, 2,400 beds and turnover in excess of £900m.

This enabled Circle to pick up the biggest slice of the £2bn-plus NHS contract effectively block-booking almost 8,000 private hospital beds in the first year of the Covid pandemic: Circle's share of that contract, £468m, boosted the company's revenue in 2020 by more than 50%.

So, with just this one major investment, Centene/Operose had leapt into pole position to exploit the turn by the NHS since the Covid pandemic struck to long-term reliance on private hospital beds to compensate for severely restricted numbers of beds available to treat waiting list patients.

American takeover

It appeared that a major American takeover of health care in England – long feared by many campaigners – may finally be seriously under way, although the lack of any Centene press release boasting of the Circle takeover did seem uncharacteristic for a company seeking expansion of markets and profits.

Instead, just months after forking out big bucks to take over Circle, Centene in December revealed that it was reviewing its strategy, focusing on maximising its profits per share.

Centene's Ohio HQ: its US core business turns over $126bn per year

As part of this, they are considering the possibility of "divesting" the corporation of all its "non-core" business, including international businesses worth around $2 billion per year out of the corporation's $126bn turnover.

Ribera Salud

Selling off the international operations would mean disposing of both Circle in the UK and Centene's 90% share of Ribera Salud (which owns and manages the largest private hospital in Spain and has controlling and noncontrolling interests in primary care, outpatient, hospital and diagnostic centres in Spain, Central Europe, and Latin America.)

However Centene's core business remains very much in US insurance, where it covers 26.5 million people, primarily in U.S. government-sponsored programs including Medicaid, Medicare and Affordable Care Act marketplaces.

Its core interest is simple: profit. So now it is looking to slim down its workforce and focus on achieving 2024 earnings per share of between $7.50 and $7.75 – around 50% up on 2021.

Hence its willingness to explore options to "offload its international operations, including a U.K. hospital operator."

Sarah London, vice chairman of Centene's board and president of the company's health care enterprises business told Bloomberg:

"We are committed to a comprehensive portfolio review, beginning with non-core assets. Let me say it simply: if it doesn't fit, it doesn't stay." The review may not conclude until the middle of this year.

At the end of the review Centene may, of course, decide to stay and seek ways to maximise what profits it can extract from NHS contracts.

If, as seems to be expected, they do decide to pull out, their departure from England would no doubt be linked with selling on their assets to another grasping private operator, who would also need to be fought all the way.

Cleveland Clinic's £1bn gamble

The new £1 billion private hospital being opened in London by the American-owned Cleveland Clinic has set a new benchmark for extravagance, coming in at a whopping £5.4 million for each of its 184 beds.

Almost five times larger than the average British private hospital, it will increase private in-patient bed capacity in the capital by 14 per cent, according to LaingBuisson, and provide 9 per cent extra operating theatre capacity.

And with plans to pay its medical staff up to £350,000 per year, it will need to be charging sky high fees that place it well out of the reach of any average British punters – and out of the league of almost all but the most elite private hospitals in the capital.

The Guardian claims Cleveland Clinic London is "in talks about providing complex procedures for NHS patients to help reduce waiting lists".

The most recent 3-month NHS England contract to put private hospital beds on standby recognised that the NHS would have to pay above normal tariff rates for any NHS patients who might be treated – because otherwise the private hospitals could make more money from providing private care to "self-pay" patients.

NHS consultants

The new Cleveland can no doubt count on support from the 'vast majority' of the 270 consultants who will be working at the new site, who also work for the NHS, and will be keen to make sure the flow of highly lucrative work is maintained.

But whether the NHS, under the cosh to deliver large-scale efficiency savings, could justify or contemplate paying hugely above normal rates to the Cleveland Clinic seems doubtful.

And treating NHS payments would be little more than a sideline for a hospital that seems to have been put in place in anticipation of the return to London of the wealthy overseas patients who have over the years been the main customers of top London private hospitals. The Guardian reports that they have been slow to come back since the pandemic, but "travel restrictions to the UK have now been relaxed by Abu Dhabi, Dubai and Qatar – all leading sources of private patients."

Lords force amendments to Health & Care Bill

As expected, the Tories have been suffering some defeats in the House of Lords report stage of the Health and Care Bill, losing ten of the first twelve votes on amendments, and then another four.

It's possible more amendments could be moved and carried in the Third Lords Reading of the Bill, which coincides with the Spring Budget on March 23.

Among the amendments that have been passed and will now have to go back to the Commons some are more significant than others for campaigners.

One is to delete the clause that would abolish the duty of hospital staff to ensure patients can be safely discharged from hospital. This amendment limits the roll-out of the controversial "discharge to assess" policy, and is driven by the growing numbers of patients still waiting for proper assessment of their needs and for assessed needs to be met after rapid discharge from hospital care.

Also deleted was the clause added last autumn to impose a 'cap' on care costs – at £86,000 – which will be of greatest benefit to the wealthiest families, and little or no benefit in many parts of the country where house prices are lowest.

Another successful amendment, repeatedly opposed by the government in the Commons and the Lords, requires more regular reports on the NHS and social care workforce – but does not address the continued failure to develop any serious workforce strategy.

And another ensures that conflict of interest rules that apply to an Integrated Care Board (ICB) also apply to commissioning sub-committees.

Tory ministers are still opposed to regular reporting on workforce crisis

It's not clear how many of these Lords amendments – which also take up issues including abortion, patient data and tobacco regulation -- ministers will seek to overturn when the Bill returns to the Commons, where of course the Johnson government has a hefty majority.

Those who oppose the Bill on principle, and view Integrated Care Systems as a major threat to the NHS will clearly not be satisfied by any of the amendments that have been passed, or by the concessions made by the government amendment that excludes private sector representatives from ICBs. Labour has previously committeed to vote against the Bill.

However it is also necessary to start preparing now to scrutinise and challenge the 42 ICBs that will be established with statutory powers from July, and will be the "local" bodies driving through the new austerity.

Funding cut for terminal patients who live too long

A shocking BBC report has revealed that over 4,200 palliative care patients in England and Wales had the funding for their care withdrawn from 2018-21 because they lived longer than expected.

The story draws on data from 86 of the 117 CCGs and health boards in England and Wales collected through Freedom of Information requests.

This revealed that almost half (47%) of 9,037 patients who had been reviewed after receiving "fast track" NHS support for terminal conditions had been found no longer eligible when reviewed: most were then referred to social care.

260,000 people were given fast-track support in England in 2018-21.

From July this system in England will be handed over to Integrated Care Systems: nobody should expect them to be any more compassionate.

Another trust brings staff in-house

Almost 1,800 staff at the Barts Health NHS Trust are to benefit from NHS pay, terms and conditions after a successful campaign by trade unions and their members, reports The Lowdown.

The cleaners, porters, security guards and domestic staff, grouped together as "soft facilities management", at the trust's hospitals are currently employed by Serco, but from 1 May 2023 they will be transferred across to join the existing 17,000 Barts Health staff as NHS employees under Agenda for Change (AfC) conditions.

Serco won the contract in a competitive tender in 2017, but has served notice that it will terminate early, at the end of April 2023.

Following this announcement, the trust and trade unions explored alternative options to outsourcing.

UNISON regional organiser Pam Okuns-Edokpayi said: "UNISON is proud of the deal we negotiated, but it wouldn't have been possible without the support of our members at Barts."

Unite General Secretary Sharon Graham said: "Unite has struck a landmark agreement with one of the UK's largest NHS trusts to end the two-tier workforce. Unite members and their representatives have shown impressive determination and resilience to reach this negotiated settlement."

Birmingham waiting lists – worst in England

Labour MPs got no useful answers when they challenged ministers to explain how they would cut massive waiting lists in the Midlands, with NHS data showing Birmingham with the worst waiting lists in the country.

Shadow Health Minister Andrew Gwynne highlighted the disastrous performance of the University Hospitals Birmingham NHS Trust (UHB), running major hospitals across Birmingham, Solihull and Sutton Coldfield, where the latest figures show 183,000 patients were waiting for treatment in December, of whom only 38% had been waiting less than 18 weeks.

Health minister Maria Caulfield claimed Covid was to blame, and that the Government had committed funding for elective recovery.

However NHS England's recent Delivery Plan, constrained by the limits of last autumn's spending review, accepts that waiting lists will continue to go up until 2024 – perhaps as high as nine million – and numbers waiting over a year will not be reduced until 2025.

More than a million people, around one in ten of the population, are waiting for care in the Midlands, the highest number in any region.

Four other major hospital trusts (University Hospitals North Midlands, United Hospitals Lincolnshire, University Hospitals Leicester, and Worcestershire Acute Hospitals) have more than 40% of their total list waiting longer than 18 weeks (University Hospital Coventry & Warwickshire has not published full figures).

However UHB's performance is by far the worst.

A staggering 31,000 UHB patients had waited over a year in December, 17% of the total waiting, compared with 15,877 in Leicester (14.5% of the total of 108,365). By contrast in Barts Health in London, with 103,000 waiting, 8,244 (8%) were waiting over a year.

Pressures on midlands hospitals have been worsened by high levels of unfilled vacancies, with almost 15,000 vacant posts in acute hospitals, a third of them for nurses, leaving one in ten acute nursing posts unfilled, and almost one in six mental health nursing posts.

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Health unions link up to fight for pay rise

With the prospect of double digit inflation slashing back on living standards, and more than 110,000 NHS posts vacant, the big question is whether or not ministers can be persuaded to agree – and fund – a significant pay increase this year that can begin to reverse a decade of decline in real earnings.

But the government's priorities are very different. In its submission to the pay review body for senior salaries, the Department of Health and Social Care (DHSC) argues that – far from rewarding staff for all of the effort they put in to cope with the pandemic, the focus should be on screwing more effort from them, to balance the books: "There is an expectation that the NHS can catch up on some of the lost efficiency and make productivity savings in 2022 to 2023 in order to return to financial balance."

For the bulk of staff covered by the Agenda for Change terms and conditions the health unions will need to fight hard to secure any more than a 3 per cent increase.

The DHSC submission to the Pay Review Body even argues that it had been planning for a 2 per cent pay increase for the 2022-23 financial year, but "the Department has an additional 1 per cent 'contingency' which it is choosing to make available for AfC pay, providing an overall affordable headline pay award of up to 3 per cent".

When this was written inflation was at 5.5 per cent: since then the gap between the proposed increase and the soaring cost of living has widened, not least because of the impact on NHS staff of the 1.25% increase in national insurance payments, which will cost nurses £275 per year, more than £5 per week.

UNISON head of health Sara Gorton said: "This tight-fisted proposal falls well short of rising costs and staff hopes. It's barely half the rate of inflation, which is far from peaking and won't for many more months. This will go down like a lead balloon with health workers struggling to fill up at the pump, buy groceries and pay bills.

"It would be a wage cut in all but name."

Since 2010 real terms pay for nurses and health visitors has fallen by £1,600 per year, midwives have lost £1,800 and scientific and technical staff almost £3,000.

All of the unions representing health workers initially recognised the need to act together if they are to win their demand for an "inflation-busting" pay rise.

In January all 14 health unions jointly called for an NHS pay award large enough to stop more nurses and other health staff from quitting and to attract new recruits.

This forms part of an "emergency retention package", which also includes calls for extra shifts to be rewarded fairly, for limits on excessive hours, and for the lowest paid workers to receive a pay increase that puts them above living wage rates.

However in March the Royal College of Nursing broke ranks, with its ruling Council dumping a plan developed and signed-off by the organisation's elected Trade Union Committee, and deciding to deviate from other unions by tabling a unilateral demand for at least 5% above inflation.

Disappointing ballots last year showed that the biggest challenge for all of the unions is not so much the formulation of a big enough claim but successfully mobilising enough of the membership to vote to back it.

The prospect of united action by all unions offers the best hope of instilling the confidence that strike action can be successful.

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*