

HEALTH EMERGENCY

Special Election Bulletin ■ April 2015 ■

After the General Election tell the new government...

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VOTE FOR THE NHS!



Campaigning can't guarantee success: but not campaigning guarantees defeat: (top) fighting for Ealing Hospital's maternity services; (right) Lewisham hospital wins a famous victory; (below) Cornish protests against privatisation

GPs pull out as CCGs go off the rails

Central to the Tory Health & Social Care Act was disbanding the Primary Care Trusts to be replaced by an increased number of Clinical Commissioning Groups, allegedly "led by GPs".

This was never going to work out well for the NHS: it wasn't intended to.

Of course most GPs have always been too busy and concerned with caring for their patients to devote time and energy to bodies whose main role was to take the blame for cuts and drive through the fragmentation and privatisation of local services.

From the beginning only a minority of GPs have involved themselves with CCGs, with a token handful of GPs on Governing Bodies, steered by external Commissioning Support Units, or often squandering millions on high cost management consultants.

The latest figures from the Nuffield Trust show numbers of GPs 'engaged' with CCGs have dropped again from 19% last year to just 11%.

Ballot of GPs

There is only one recorded instance of a CCG being compelled to hold a ballot of their GP "members" – to reveal that the controversial plan backed by the Chair had almost no support.

But with most GPs keeping their heads down, the ideological minority running CCGs are energetically implementing Section 75 of the HSC Act, signing up for ever more irresponsible plans.

In Cornwall NHS Kernow has only just abandoned plans to privatise £75m of elective treatment that would bankrupt the Royal Cornwall Hospitals Trust.

In Sussex, private provider BUPA backed out of a contract for Musculoskeletal (MSK) services they had been awarded by Coastal West Sussex CCG – recognising if they went ahead it would force the closure of TWO local A&E units.

In Lincolnshire 4 CCGs plan to axe 2 of the 3 A&E units. In Staffordshire, four local CCGs with a total of less than 20 GPs on their Boards, egged on by Macmillan, are forging ahead with plans to hand 5-year contracts to run £700m of cancer services and £500m of end of life care to a private "lead provider".

There are so many more examples. Indifference, incompetence, arrogance: the CCGs display these in abundance.

They must be scrapped along with the Health & Social Care Act if the NHS is to be put back together.

FIVE HARD years have shown us what the Tories want to do to our NHS if they are allowed back into office.

Since 2010 we have seen the tightest-ever five year squeeze on funding, drastic cuts in real terms pay for NHS staff, the biggest-ever top-down reorganisation (the Health & Social Care Act) designed to break up the NHS into a competitive market, offering bite-sized chunks for privatisation, while foundation trusts are encouraged to make up to half their income from private patients.

In case anyone has any illusions in private sector provision, we have seen a series of spectacular service failures by high-flying private companies.

Privatising poster boys Circle are leaving Hinchingbrooke Hospital in chaos after three years of bullying drove away hundreds of vital staff, cost-cutting slashed standards of care, and abject failure to deliver their promised £311m savings over 10-years left the Trust deeper in debt.

One time market leader Serco has walked away from hospital management in Bintree, is withdrawing from its loss-making failed contract for

community services in Suffolk, and has announced it will not bid for any more clinical service contracts.

Carillion, too, which is establishing an appalling reputation for its treatment of support staff in PFI hospitals, has been forced to abandon its contract to deliver elective surgery at the Lister Hospital Surgicentre in Stevenage – but walked away smiling with £53m of NHS cash as the NHS took over the purpose-built Treatment Centre.

Handfuls of unrepresentative GPs on CCG governing bodies are now rolling out a series of costly and complex tendering exercises – and preparing to hand even more services over to private sector bids.

Bed numbers cut

Waiting times are up, trust deficits are up, and bed numbers are down, while outside the hospitals social care has been devastated by year on year cuts in council budgets. GPs are at the end of their tether, working 13-hour days with little if any support from community health services as the primary care share of the NHS budget has fallen.

Mental health care has seen

the first actual decline in spending for a decade, local level cuts imposed by ignorant and incompetent Clinical Commissioning Groups, services split off and put out to tender and the private sector cashing in on desperate shortages of NHS beds for children and adolescents, adults, and older people.

Now we have the empty pledges from the Lib Dems to establish "parity of esteem" for a still neglected service their coalition has cut since 2010.

We know for a fact that if the Tories, with or without the Lib-Dems, get back in they will give us more of the same. George Osborne is planning more massive cuts for welfare and public services – while the wealthiest contribute nothing to covering the debts run up by the bankers in 2008-9.

Multi-national corporations who see our health as their business will carve out lucrative contracts paid for through our taxes, destabilising NHS and foundation trusts, while the residual NHS is left to pick up the discarded pieces – A&E, most care for older people, most mental health, and anything complex, risky or expensive.

Health workers, most of

whom have already seen real terms pay cut by 16% or more since 2010, face a grim future under a Tory government, which has declared its intention to impose 7-day 24-hour working on the NHS workforce without enhanced payment for unsocial hours, on-call and overtime.

Many staff would face further cuts of up to 25% in their pay if these plans are driven through on terms set out by Jeremy Hunt.

Labour policy

Labour has set out a 10-year strategy in which it promises to scrap the competition rules, and once again establish the NHS as the "preferred provider" of health care, and commits to early action to repeal the Health & Social Care Act, including the hated Section 75 and its regulations, and "replace the current NHS market ..."

Labour promises to reimpose strict limits on private patient income for foundation trusts and 'protect' the NHS from the EU-US TTIP treaty that would open even more services to competition, and prevent them being taken back when private firms fail.

But this falls short of the

bold action needed to reinstate the NHS as a public service.

There is also a promise to increase NHS spending by an extra £2.5 billion a year, and invest most of this in an extra 20,000 more nurses, 8,000 more GPs, 3,000 more midwives, and on top of that recruit 5,000 new homecare workers, to be employed by the NHS.

Labour's £2.5 billion is not enough to plug the massive hole in NHS finances.

Nor is NHS England boss Simon Stevens' call for an extra £8 billion in his 5-Year Forward View – which comes alongside the call for a staggering £22 billion 'efficiency' savings.

Andy Burnham and other Labour leaders still explicitly argue for a continued 'supporting role' for the private sector. Labour still cherishes illusions in PFI, which is causing financial havoc in many trusts.

Arguments on these and other issues will continue after the election. But in a choice between Tory and Labour on the NHS, it's a no-brainer: it would be folly to allow Cameron and his millionaire cabinet back again.

Make sure you are registered, and vote for the NHS on May 7.

Bart's Health: a flagship hits the rocks of PFI

Bart's Health is internationally known. It's the biggest health trust in England, with a turnover of £1.2 billion a year. But since the beginning of January it has lost its Finance Director, its chief nurse, its chief executive and its Chair.

And now, after a damning Care Quality Commission report highlighting bullying at its Whipps Cross Hospital site the giant Trust has been placed in 'special measures'.

It will no doubt be subjected to yet more hordes of costly management consultants who know nothing and care less about the NHS, all seeking ways of slashing spending to put the books in balance.

The Trust is deep in debt, sinking deeper, with projected deficits for 2014-15 rocketing upwards from £43m at the end of December to £93m, according

to its February board papers – or even as much as £100 million, according to the Health Service Journal. It's struggling to recruit and retain nursing and other staff – and in the meantime is spending more than any other English trust on agency staff.

The financial problem has been a ticking time-bomb beneath the surface ever since the then Bart's and the London Hospital Trust was given the go-ahead in 2006 to sign up for the costly £1.1 billion scheme to redevelop both Bart's and the Royal London, financed under the ruinously expensive Private Finance Initiative (PFI).

Believe it or not, the £1.1 billion scheme was in fact a scaled down version of the original plan, which had mushroomed in size to a staggering £1.9 billion.

The new plan was to mothball 250 beds: three floors of

the new buildings were to be built, only to be "shelled" (left empty) to reduce the cost.

Like other PFI schemes, the actual cost to the Trust would not be £1.1 billion, but almost seven times as much, with inflation-linked instalments, started high at £109m per year and rising every year for the next 35 years.

The contract was signed back in the midst of Labour's year on year increases in NHS funding, when it seemed that the good times might go on for ever. But in the aftermath of the banking crash and the abrupt turn to public sector austerity the unitary charges began to seem much less manageable.

So as the new buildings came into service in 2012, the Trust which included the historic St Bartholomews (Barts) Hospital in Smithfield, and the newly

rebuilt Royal London Hospital in Whitechapel, took over two busy general hospitals in Newham and Whipps Cross with a combined turnover of £413m.

The PFI payments appeared to reduce as a proportion of trust turnover, from 16% of Bart's and the London, to a less scary but still unaffordable 11%

of the Barts Health budget.

However East London CCGs have drawn up a strategy "Transforming Services, Changing Lives" which starts from the need for the CCGs to make savings of £128m over five years – but notes that local NHS trusts are facing much bigger proportional savings targets totalling

£434m, of which £324m has to come from Barts Health. This inevitably means cuts and closures in Whipps Cross, Newham and the London Chest Hospital.

In desperation the Barts Health board has been splashing out on management consultants – £7m in the 14 months to December. But as the deficits keep mounting up many will feel that this is throwing good money after bad.

Other PFI schemes have gone almost as disastrously wrong: some are less costly but still a rip-off. Either way the next government must take action to prevent more damage being done.

The £12bn PFI debts should be taken over by the Treasury – the books opened, fraud prosecuted, and the contracts renegotiated at fair value. No more PFI!



Charlotte Monro reinstated

In the summer of 2013 UNISON Whipps Cross branch chair Charlotte Monro, with 26 years of unblemished service to the NHS, was suspended and then sacked on trumped-up allegations after speaking out over her fears for older people's services to the local council's scrutiny.

Just before the end of a long-running tribunal case on her sacking, the Trust has finally offered to reinstate her, with undisclosed compensation. During the whole period more stories of bullying and intimidation of staff at Whipps Cross and elsewhere emerged. Last year Barts Health commissioned a (highly critical) review on this by Professor Duncan Lewis, which identified bullying and race discrimination as key issues, with no apparent action against guilty managers.

At the February 2015 board meeting, the (now resigned) Chief Executive Peter Morris, who had clearly not recognised the impact of his Trust's dismissal of Ms Monro, said:

"It was [...] very concerning to hear from the CQC that some staff were afraid to speak to them for fear of 'repercussions'."

Charlotte's reinstatement is a major blow against management bullies throughout the NHS; but it remains to be seen whether it shows Barts have learned their lesson.

BMA backs key points of NHS Reinstatement Bill

The BMA Council has agreed to support legislation which implements 'strong and clear' BMA policies on the NHS – which are reflected in the NHS Bill, laid before Parliament earlier this month.

This followed the BMA's examination of two sets of legislative proposals on the NHS set out in Private Member's Bills – the NHS (Amended Duties and Powers) Bill, presented by Labour MP Clive Efford; and the proposed NHS Reinstatement Bill presented to parliament as the NHS Bill by Green MP Caroline Lucas and supported by 11 Liberal Democrat, Labour, SNP and Plaid Cymru MPs.

BMA Council established a large working group to identify which proposals in the Bills were in line with BMA policies, and in response to the reports of that working group unanimously agreed to support legislation which

further implementation of strong and clear policies:

- Restoration of the Secretary of State's duty:



- to provide and secure provision of services in accordance with the National Health Service Act 2006 for the purpose of the comprehensive health service that it is his or her duty to promote, and
- to provide listed services throughout England under section 3 of that Act.

- Limits on the Secretary of State's powers over operational matters and day-to-day running of the health service.

- Abolition of the purchaser-provider split, the internal and external market and competition.

- The ending of PFI in the NHS.
- The exemption of the NHS from TTIP.

- The moral unacceptability of the Immigration Health Charge.

- Ensuring public accountability.
- Supporting national terms and conditions for the NHS.

The Council also unanimously insisted that where legislation to abolish the purchaser-provider split, the internal and external market and competition involves structural changes the legisla-

tion must be implemented in a flexible and devolved way to minimize concerns about potential disruption that might result from implementation of those policies.

Professor Allyson Pollock, Chair of the Campaign for the NHS Bill said:

"The Representative Body and BMA Council have made themselves clear.

BMA members should be writing to their parliamentary candidates to ask them to support legislation in line with BMA members' strong and clear policies."

Non-partisan

The Campaign for the NHS Reinstatement Bill is a non-partisan campaign and has a wide range of support across the political spectrum

The support from the BMA puts the spotlight back onto the health unions, which should also be throwing their support behind a Bill which would restore the NHS and protect it against the threat of privatisation from the US-EU TTIP.

● <http://www.nhsbill2015.org>

Coalition's mental health melt down

There can be no clearer illustration of the abject failure of the Tory-led coalition's competitive market in health care than the disaster facing mental health services.

NHS budgets for mental health in the NHS are not simply frozen, like budgets for physical health needs, while costs and pressures increase, but – for the first time in a decade – actually falling year by year as health bosses inflict cuts where they feel the media will not pay any heed. The government response was to stop compiling the figures that have revealed the cuts.

A year ago, Health minister Norman Lamb criticised the decision to impose a

tariff reduction of 1.8% in mental health contracts, compared with 1.5% in acute care, declaring the decision was "flawed, not based on evidence and cannot be defended".

But then he dumped the problem back onto the mental health trusts, saying they should "fight" with their commissioners over their contracts: since his Tory bosses, with his support, forced through legislation that puts all of the financial control in the hands of these commissioners, this is a complete evasion.

We know that in the face of the government's cash squeeze all aspects of mental health have been hit: 1700 beds have closed since 2010, leaving dire

shortages in various parts of the country, not least for child and adolescent mental health, where young people are often transported for hundreds of miles to find a spare bed, or even placed on adult wards.

Clinical Commissioning Groups seem if anything even more willing to cut mental health spending – even intensive care beds – than were the Primary Care Trusts they replaced. But sadly their under-investment in mental health is not new.

Back in 2010, mental health charity Rethink published a report that showed many of the 1.5 million people suffering from severe mental health problems

were not receiving appropriate treatment. As a result they die on average 10 years younger than the rest of the population.

A 2014 report showed that there had been a 48% cut in numbers of people with mental health problems receiving social care since 2005; one in three councils have cut their mental health services by 50% or more.

If words alone could fix mental health, there would be no crisis. But at present a small but growing private sector, with limited capacity, limited skills and no wish to take on any complex cases, is profiting from the gaps opened up in the NHS.

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