Health Campaigns Together

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Campaigners call for March 4 demo against NHS cuts and closures

Unite has been the first major trade union to respond positively to an appeal from Health Campaigns Together to health unions, local and national campaigns seeking support for a national demonstration in London on 4th March.

Other unions are due to discuss it after we go to press.

The letter, signed by Mike Forster of Hands off HRI campaign in Huddersfield and Dr Louise Irvine of the Save Lewisham Hospital Campaign states:

"We believe the time has come to demonstrate the breadth and depth of support for the NHS and anger and opposition to the destructiveness of Tory policies."

The timing allows a wide appeal for maximum support in every part of England, in the certain knowledge that the

wider public will become more aware of the threats we face:

"The NHS crisis will intensify this winter and there will be no let-up in the following months as drastic cost cutting Sustainability and Transformation Plans are rolled out across the country, leading to more cuts and closures."

The timing also means that the demonstration can be linked to strengthening vital campaigns in each locality.

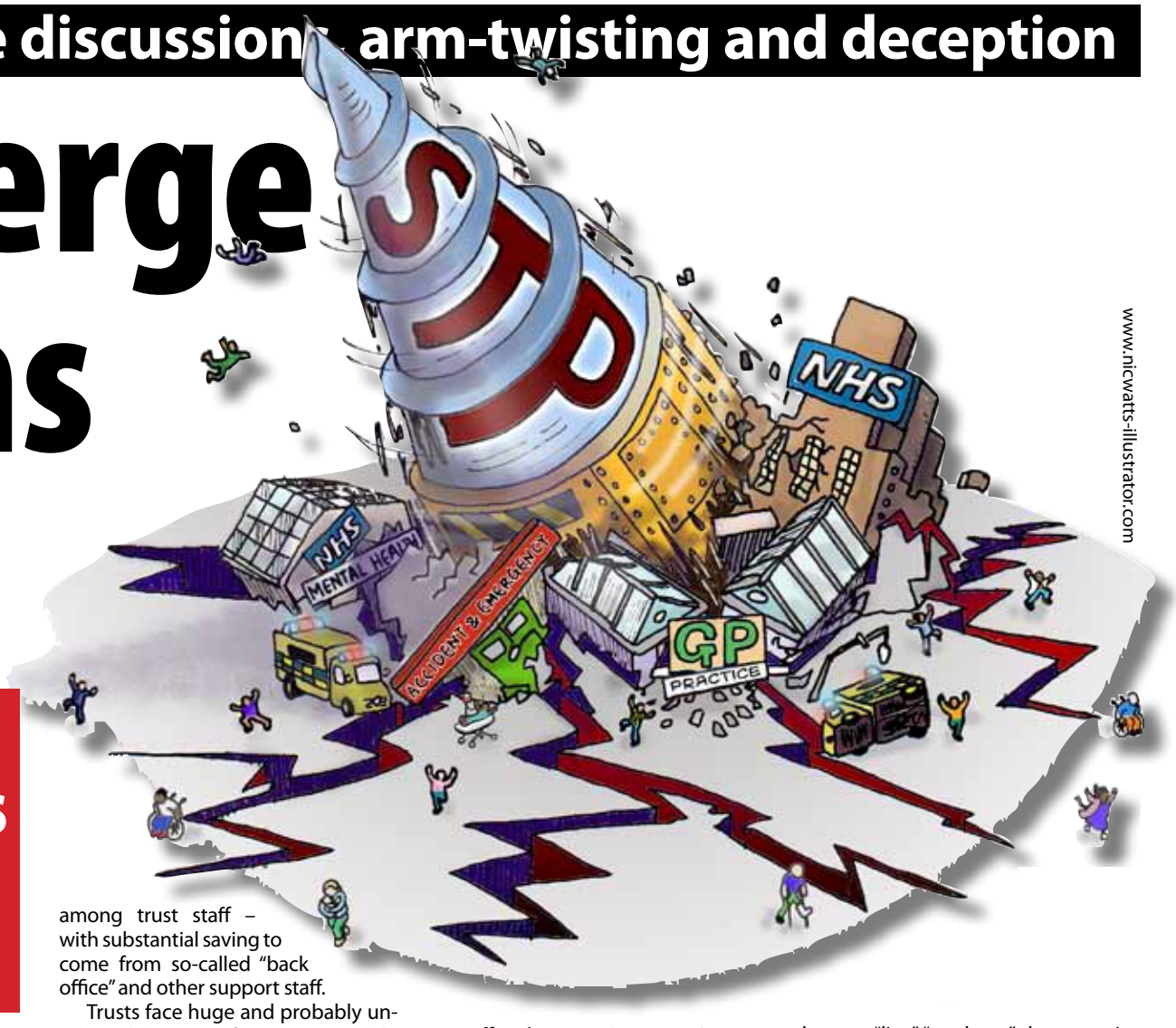
"By March the "winter crisis" will not be over, and the full reality of the STP plans will have become clearer to many more people.

"We believe this could be a massive demonstration, bringing together the growing number of community campaigns with the trade union movement."

'Health Campaigns Together' is a national network of over thirty NHS campaigning organisations and unions working together to co-ordinate action to defend the NHS. Find out more from Mike & Louise: email them at ***healthcampaignstogether@gmail.com***, or share details via Facebook at ***https://www.facebook.com/events/1771664639725061/***.

After months of secretive discussions, arm-twisting and deception

STPs emerge – as plans for CUTS



www.nicwatts-illustrator.com

The publication, by various bodies, of the first 17 of 44 Sustainability and Transformation Plans (STPs) outlining 5-year plans for health and social care in England, has confirmed many fears and dashed a few hopes.

Since they appear to break down the division between the local commissioners of health services (CCGs) and the trusts which provide front line care, there was a theoretical possibility that STPs could offer local people and health workers a better way to engage in discussing the development of services without the obstacle of competition.

STPs seemed to be NHS England's way of getting around the fragmented 'market' system entrenched by Andrew Lansley's Health & Social Care Act.

But what NHS England wanted most to get around was local objections to closures and downgrading of services.

Indeed CCGs in some areas have continued with their projects for privatising the provision of key services – notably the massive £700m 7-year contract to profiteers Virgin to deliver over 200 health and social care services in Bath and NE Somerset.

Councils break ranks to publish local plans

And far from a new dawn of constructive engagement, the STPs have been hatched up in obsessive secrecy, while the December 23 deadline for these plans to be formulated into contracts and implemented has drawn ever closer – confirming that any consultation will be a token effort discussing an already finished plan.

Worse, all of the STPs seek to make massive savings – with the most concrete proposals focused on ever more intensive drives for "productivity" among trust staff – with substantial saving to come from so-called "back office" and other support staff.

Trusts face huge and probably unachievable targets for savings – while in some hospitals shortages of nursing staff is already leading to lapses in quality of care reminiscent of the disastrous failure of care in Mid Staffordshire Hospitals a decade ago.

Campaigners should not be deceived by the pages of truisms about public health, vague hopes that prevention schemes could magically reduce hospital caseload, or promises of new hospitals, improved primary care, expanded community services or enhanced mental health provision – for which there is no capital, no revenue, no staff and no genuine commitment.

The STPs are about cuts, about balancing the books, about bridging the £22 billion affordability gap by 2020 identified by NHS England.

As Dr Mark Spencer of the New NHS Alliance has said, many STPs are "a mile wide and an inch deep": most of their content is a smokescreen, or wishful thinking.

Birmingham GP leader Dr Robert Morley has dismissed their local STP as "simply undeliverable". Julia Simon, until recently NHS England's director of commissioning, has dismissed them as "lies," "madness" drawn up in desperate haste. The leading think tanks are increasingly critical, as is the Commons Health Committee.

The fight is not specifically against STPs, but against cuts that damage our health care and put local communities and vulnerable people at risk – in the name of austerity.

Health Campaigns Together welcomes the new TUC campaign for increased funding of the NHS, a demand that should be raised with politicians of all parties as we fight to keep what NHS we have.

● A look at the first 17 STPs – Centre pages ● More at *www.healthcampaignstogether.com*

Kindly St George's is now grim St Charges

South London's financially-challenged St George's Hospital Foundation Trust, now in special measures, presents a kindly, caring face in the TV series 24 Hours in A&E.

But pregnant women seeking care from the hospital will need to take their passports with them if new plans are implemented to check the nationality of women giving birth at the hospital, and levy charges for any from overseas.

In order to duck charges of discrimination, the trust will have to check ALL pregnant women: and if this policy is rolled out it won't be long before all patients need to carry ID to prove that they are eligible for NHS treatment.

This is the nightmare that Nye Bevan warned against soon after the NHS was set up when some argued that "foreigners" should be forced to pay for services that from July 1948 had become the first in the world to be financed not through insurance but from general taxation, and provided free at point of use on the basis of clinical need.

To charge a relative handful of "foreigners," warned Bevan, would potentially inconvenience everybody, add more bureaucracy that would hold up the new efficient NHS – and possibly deter people from seeking medical help when they need it, and spread disease.

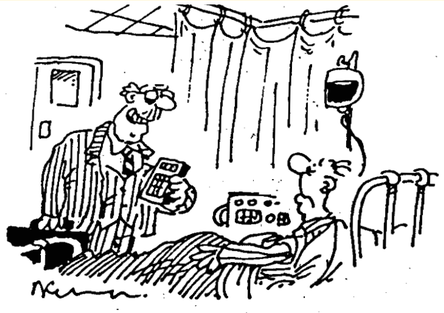
Right wing newspapers used the opportunity to trot out scare stories of "organised illegal activity" shipping pregnant women into London to have their babies.

While those organising any such exploitation of the NHS should be dealt with by the police, the scale of the problem is tiny in proportion to the deficits imposed on the NHS by the freeze on budgets since 2010, and there is a real risk that people will be deterred from using A&E and other services and putting themselves – and unborn babies – at risk.

Royal College of Midwives leader Cathy Warwick sounded a welcome note of common sense when she demanded the trust give assurances that "all pregnant women who need care will receive it, no matter what their immigration status.

"The law says, and government policy says trusts must offer care to women in labour."

Ministers need reminding that the NHS is after all a health service, not a subsidiary of the Border Agency or the Home Office.



"I'm not Dr Jekyll – I'm Mr Hyde the accountant"

Devon police threaten legal action on lack of mental health beds

NHS England's continued failure to commission adequate numbers of hospital beds for people suffering acute mental health problems has brought a public row between police and NHS in Devon.

In early October Chief Constable Shaun Sawyer warned that his force was no longer willing to hold prisoners beyond the legal limit, after previously warning NHS bosses in Devon that they had to deal with the issue by September.

Mental health trusts are reported to be impatient at taking a share of the blame for the lack of resources, when specialist commissioning is in the famously incompetent hands of NHS England, which has neither ensured sufficient specialist beds, nor ensured CCGs fund an adequate service.

Promised extra funds from Jeremy Hunt add up to a miserable £6m, divided between 15 trusts in 11 police force areas – well short of the investment needed to give mental health "parity of esteem" with acute services.

Northumbria 'vanguard' is accountable – for threat to axe Rothbury Hospital

Northumbria Healthcare Foundation trust has for some time been a test bed for the various plans and policies of Health Secretary Jeremy Hunt and NHS England boss Simon Stevens.

It was loaned £75m to enable the financing of a state of the art specialist emergency care hospital at Cramlington on a 25-year mortgage rather than the more costly Private Finance Initiative.

On top of this the trust was selected as an NHS "vanguard" project, testing out Stevens' US-inspired notion of "Accountable Care Organisations", and then as one of a few selected vanguards receiving a handout of extra money – £8.3m over 2 years – to get an ACO off the ground.

This has now been lined up as a single contract from next April (for which the Northumbria trust was the only bidder): it will cover acute, mental health, community health and adult social care services in a "partially integrated" primary and acute system.

But it turns out that NHS England's darling trust is failing on both counts.

The emergency care hospital is struggling to deal with the soaring levels of demand for emergency services, and especially the numbers of patients brought by emergency ambulance – continuing to fall well below target performance for hand-over times in the year since the hospital opened.

And the Accountable Care Organisation has demonstrated that it is not accountable, and doesn't care – at least not as far as the population of Rothbury are concerned.

Campaigners there have been battling in vain to force the trust to think again over closing their 12-bed community hospital, despite support for their cause from

A petition of over 1,000 signatures and backing from the celebrity presenter of the BBC's quiz Pointless Alexander Armstrong, whose father Angus is a local GP.

Savings like the cutback in Rothbury are in preparation for the trust taking on the ACO contract which will give the trust itself a cash-limited budget each year to cover all designated services for a population of 320,000. This makes the trust both commissioner and provider of services – but also requires it to shoulder the risk, and the costs, if demand for services continues to increase.

We already know from the emergency care hospital how easy it is for them to get their projections badly wrong. If this continues it won't only be Rothbury patients who suffer the consequences of the quest for further cash savings – and struggle to call the first ACO to account.

GP support hit by failed Capita contract

Capita, one of the flagship companies leading the drive for outsourcing public sector jobs is now holed below the waterline having bitten off more than it can chew in taking over Primary Care Support services last year.

The company dubbed "Crapita" by *Private Eye* celebrated landing the £400m 7-year contract by immediately launching a frenetic round of closing almost all the local centres that had provided a range of key services to GPs – and making most of the staff who actually knew how to do the job redundant.

One of the reasons for this was that the contract had been cut in value by a massive 40% by NHS England bureaucrats seeking to achieve surreptitious "efficiency savings" – with little awareness of the consequences.

Crapita have been subsequently surprised to find that the jobs done by these staff were far more complex and demanding than the company's whizz kids who had landed the contract expected.

The result has been one high-profile foul-up after another, with countless thousands of patient registrations delayed, incorrect patient records sent to GPs, a failure to deliver or collect patient records at the time agreed, and screw-ups with the delivery of medical supplies and prescription pads to GPs.

A recent BMA survey found a staggering 81% of GPs who responded had experienced delays in the delivery of urgently-requested patient records – some of which were delayed by up to three weeks.

In October just 21% of GPs said they were satisfied with the Crapita service. Some of the greatest frustration was in trying to get through to the laughingly entitled Primary care Support England Customer Support Centre.

Now junior health minister Nicola Blackwood has had to admit to MPs that the company was "inadequately prepared" from the outset to take on the contract. NHS England has admitted that the contract failure has had an unacceptable impact on patients.

The company has now apparently committed to employ the equivalent of an extra 500 full time staff to help improve the service, while ministers and NHS bosses watch helplessly, knowing that now the staff have been dispersed and old offices closed down, any new organisation trying to take over the contract would be likely to do no better.

Essex regime: Basildon the only way for A&E

Despite grand promises of concerted action, as yet there are no results from the "success regime" introduced to tackle the chronic deficits of trusts in Mid Essex, Basildon & Thurrock and Southend, now an STP footprint.

NHS England's Essex area director Andrew Pike rolled out little more than the usual bland waffle when he gave an update to the local press back in March:

"If we can get hospitals to go on with their efficiency programmes, and if we can reduce the amount of people going to hospital, you are releasing money to invest in primary care because hospitals are paid for each person going to hospital."

Of course all this would be fine if it worked. The question is HOW?

A consultation on changes was supposed to be taking place at the end of this year, but the regime is nowhere near ready for this, and managers seem to be putting off the widely expected announcement of plans to downgrade A&E services at Southend and Chelmsford, making Basildon a new emergency centre. How this will help the finances of the Mid Essex Trust struggling to pay the cost of Chelmsford's costly PFI hospital is unclear.

It may be a bit early to brand the success regime a failure: but its main successes so far are confined to creating new management titles and posts.

March 4 the NHS: It's Our NHS protest – ***https://www.facebook.com/events/1771664639725061/.***

Top Tories shoot down government claims of "extra" £10 billion

NHS England boss Simon Stevens was reportedly given the bum's rush by Theresa May when he went to seek additional funding to tackle rampant and still growing trust deficits and ward off even bigger problems next year in health and social care.

May made it clear there will be no extra cash in the Autumn Statement. She has never signed off on Stevens' Five Year Forward View, and clearly has no conception of the scale and the political impact of the cuts that are looming in the NHS.

She apparently also responded badly to his belated admission that he initially argued, without success, for more than the £8 billion "extra" funding which the Tories keep claiming they have made available.

We are not amused by Mr Stevens

At one point there were rumours that Stevens could even be pushed out or walk away as he sees his pitiful "Transformation Fund" eaten up by deficits, and the Health and Care Taskforce that was set up under Cameron to promote the idea of integration of the NHS with social care scrapped by Mrs May.

But Stevens is not the only critical voice: Sarah Wollaston, Tory Chair of the Commons Health Committee, has joined the growing ranks of those openly criticising the government's deception.

Her criticism, in turn, has been echoed by a former Tory Health Secretary, Stephen Dorrell, now chair of the NHS Confederation, who said:

"We welcome the important points made in Sarah Wollaston's letter about the need for clarity around health funding and capital investment, as well as action on social care and public health.

"The letter underlines the breadth of the challenges facing the health and care system and the opportunity afforded by the Autumn Statement to tackle these issues."

Neither revenue nor capital are available to ease the difficult process of cuts, closures and service reconfiguration in any of the 44 STP footprints. So amid growing signs that local councils have caught on to the implications and begun to argue back along with some fearful Tory MPs, it seems that the road to implementation is likely to be a rocky one.

These are conditions in which campaigners may well hold up bad decisions – and hope to defend good and vital services.

£10bn: now you see it… now it's less than £1bn!

The government claim to be injecting an "extra £10 billion" to the NHS by 2020 is now widely discredited.

Like a card-sharp in a street hustle, George Osborne (remember him?) began the deception when he first agreed to make £8 billion additional funding available to the NHS in response to Simon Stevens' *Five Year Forward View* – appearing to agree to a figure that we now know was less than Stevens had originally wanted.

The numbers have perhaps been best explained by the Nuffield Trust's Sally Gainsbury.

She shows that the £8 billion from 2016-2020-21 – which was at best a rounding up of an actual £7.6 billion uplift over 5 years) – was only inflated to the mythical £10 billion figure by adding in the money already allocated for the previous year 2015-16.

£3 billion cuts

But it was always a deception: while there will be increases to NHS England's budgets, there are simultaneous *cuts* of over £3 billion being imposed on the rest of the Department of Health budget, which is not ring-fenced against cuts.

So £7.6 billion from 2016-2020 turns out to be just £4.5 billion over the same 5 years.

However the £4.5bn "real terms" increase is calculated on the basis of general inflation in the economy, not the much higher levels of price increases faced by the NHS in the global market for drugs and equipment – threatening cost increases high enough to wipe out another £3.7 bn.

In other words the promised £10 bn "real terms" increase is actually worth ***less than a tenth of that amount***, just £800 million, over the next few years to 2020.

And the comparatively generous financial uplift this year is followed in 2017 and 2018 by an even more brutal squeeze on spending, which is set to force a massive round of further cuts and desperate so-called "savings."

These will put local access to hospitals and other health services at risk for millions, most notably Tory voters, who tend to be older and live in more rural areas. Theresa May might have felt strong sending Simon Stevens away with a flea in his ear, but we will soon see growing convulsions in her party as local MPs are forced to clash with their unelected leader.

Thatcher herself buckled under less pressure in the late 1980s: we need to make sure May is now forced to retreat from her brutal austerity regime.

GPs in Huddersfield are threatening to stage a vote of no confidence in their CCG chair after the Governing Body voted unanimously to close the A&E services at Huddersfield Royal Infirmary. The threat flows from the Kirklees Local Medical Committee – and raises the question of why more GPs don't speak up for local services.

Unions call for funding boost to stop cuts

"The government must acknowledge that the funding plan described in the Five Year Forward View is now unworkable," argues a new report *NHS Safety Warnings From All Sides*, commissioned by the TUC health unions.

It shows that the government has "hugely underfunded the NHS and relied upon it to make up the lion's share of what's needed through budget cuts and savings."

The next two to three years will see the NHS trying to survive on far smaller rises, and the financial pressure means that

"the sustainability and transformation process will be dominated by the pursuit of financial targets and will not focus on improving the delivery of care. Much of the money allocated for transformation has already been spent on relieving debts."

The report, researched for the TUC by the NHS Support Federation, draws on interviews with staff, case histories and surveys, emphasising the growing threat to safety from staff shortages and short-sighted 'savings'.

It argues for a five point alternative:

- An urgent funding boost, with increases towards the average in Europe
- A reduction in pressure for unrealistic savings
- A long term financial settlement for health and social care
- Investment in staff, and
- Spending public money wisely, tackling competition and PFI.

The full report is available at www.healthcampaignstogether.com. Please also sign the TUC-sponsored petition calling for full funding of the NHS, online at ***https://campaign.goingtowork.org.uk/petitions/funding-for-our-nhs***

As CCGs plan to axe thousands of NHS beds

Private profits bonanza

It's not the contracts to run NHS services that are delivering the long-awaited profits for the private sector – many of these are running at a loss. Care UK and Virgin Care have both seen falling revenue.

The profits are starting to flow in a much less direct way, from private hospitals picking up increasing numbers of NHS-funded patients as the 6-year spending freeze leaves hospitals unable to cope with demand or meet targets for treatment of elective cases.

An excellent article by Caroline White in *Pulse* magazine has shown the balance sheets of private hospital chains moving into the black (as a result of more individuals paying up for their own treatment, and by delivering the least complicated NHS-funded elective operations – such as hernia and cataract) as the NHS slides deeper into the red.

In Mid Essex GPs were actually urged by commissioners to encourage their patients to go private, using health insurance if they have it.

But the NHS has proven to be a seam of gold for private hospital chains which previously had half their beds empty.

BMI healthcare doubled its profits last year, with NHS caseload up 13.5%. Profits have been rising in Spire hospitals since the coalition took office in 2010, and the firm delights in the opportunities from NHS funding gap.

Overall NHS spending on private hospital care has risen by 18% over the last three years.

Just six weeks from planned December deadline for signing binding contracts . . .

17 STPs published: 27 still secret

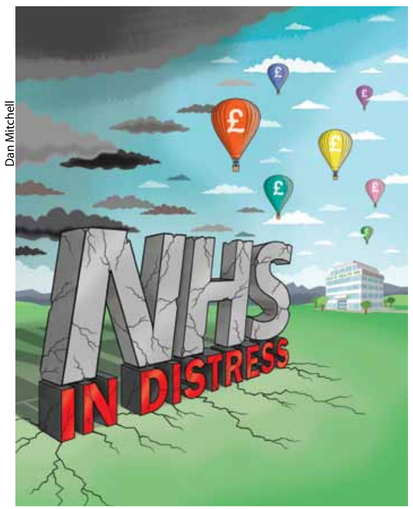
Drib by drab, more Sustainability and Transformation Plans which are seen by NHS England as the way to force through the 'transformation' of the NHS alongside balancing the books, are being published – some by local councils, others by NHS bosses.

As this issue of *Health Campaigns Together* goes to press we have 17 reasonably full drafts (June or October versions) that have appeared, although some of them still have figures missing and some are conspicuously separated from Appendices and technical reports that really tell us what the plans represent.

No consultation

It's clear that despite token statements about "engagement" with "stakeholders" that there is no possibility of any serious consultation with public or NHS staff on far-reaching 5-year plans which NHS England wants to see implemented from the new year.

Local council leaders, who are supposed to be partners in the STP process, have in many cases been presented with often substantially incomplete documents which have already been through dozens of re-writes, and pressed to sign the equivalent of a blank cheque to endorse plans that are presented as a fait accompli.



Dan Mitchell

It's this combination of arrogance and secrecy that has created the openings for some of the STPs to be published.

One common feature is that all the STPs so far (and we can predict all 27 still to surface) begin from arguing the need to bridge a massive "gap" between NHS & social care funding versus the needs for health and care that will grow between now and 2020-21: the total gap for the first 17 STPs is almost £12.5 billion.

Frozen funding

It's from this standpoint, a situation deliberately created by six years of frozen real terms NHS spending, and another 4 years to come, that every STP argues that "no change is not an option".

The apparent gap appears in every instance to be deliberately widened by contrasting projected rising costs of treating an increasing population with an unrealistic "do nothing" projection that assumes trusts would stop the year-by year quest for 'efficiency savings' which have been a feature of the NHS since the 1980s.

Yet each STP sets out its financial plan, they all add these savings back in, often described as "Business as Usual".

Indeed it seems that the productivity they hope to force out of an increasingly overstretched and stressed out NHS workforce is the most tangible hope of generating actual savings.

Many of the other proposals are much more an exercise in wishful thinking than serious planning: STPs all parrot the same stream of ideas.

These may sound harmless, or even sensible in themselves, but lack the resources to make them work, or any evidence they can deliver at all – let alone in the short timescale to 2020-21.

Targeting staff

Many target so-called "back office" and "support" staff, with little if any consideration for the vital role they play in ensuring trusts can run efficiently and that clinical staff can focus on their clinical roles.

Many of the plans point towards reconfiguration of acute services, with loss of beds and downgrading of hospitals, although few offer any firm details.

Some also looking to reshape and scale down community hospital provision – Devon notably is looking to close four of them.

These changes are inevitably discussed while ignoring or belittling the geographical distances to alternative services – some potentially 50 miles or more – and poor transport links. No wonder some of the strongest resistance has come in rural areas.

Journeys

In what NHS bosses may regard as unfortunate phrasing, the Devon STP, looking to close a staggering 590 acute and community hospital beds by 2020, talks of the need to "engage fully with our stakeholders *on future direction of travel*."

Yet it's precisely the distances they will have to travel for health care that is so infuriating local protestors.

There is no reassurance to be drawn from the lack of any details in a local STP on the "reconfiguration" and downgrading of services they propose to carry through: in many cases the STPs have simply picked up existing controversial projects, and driven them forward.

This type of long-planned "rationalisation" and "centralisation" of services is being implemented in West Yorkshire (where Huddersfield Royal Infirmary and Dewsbury Hospital are each facing a major downgrade as part of plans to prop up floundering PFI hospitals in Halifax and Wakefield).

These cash-saving cutbacks now run alongside and have been integrated with the STP drive for over £1 billion worth of cutbacks.

Speeding up cuts

So where local services have been under threat – as in Bedford and Milton Keynes, Leicestershire, Essex, Dorset, Worcestershire, Lincolnshire, Sussex, Darlington or North Tees, and many more areas – the STP either deepens or speeds up the cutbacks already under way.

By merging CCGs into wider "footprint" bodies NHS England hopes to make it easier to override local objections.

The plans are flawed, as is the process that ignores local opinions, and aims above all to cut NHS services back to fit the inadequate, frozen budget that is set to get meaner to 2020.

That's why we must demand the plans are published, and any cutbacks they propose must be opposed by local politicians.

Familiar phrases which aim to confuse, not clarify

Phrases like "demand management," "prevention," "out of hospital" and "care closer to home" all remind us how many years we have been told that hospital beds and services were about to be replaced by GPs or services "in the community."

Yet year by year elective and emergency caseload has continually increased.

If the ideas in the STPs were really affordable and worked, managers would have done them by now – at least somewhere in the NHS.

Nonetheless, undeterred by experiences so far, once again the STPs gamely trot out a new set of plans to switch services out of hospital, some to be located "in the community," others dumped onto unwitting GPs.

In other cases the hopes are that health promotion or "prevention" initiatives – vaguely described, poorly understood and lacking in evidence – could ensure hospital caseload simply melts away: in Somerset prevention is expected to help save nearly £100m by 2020.

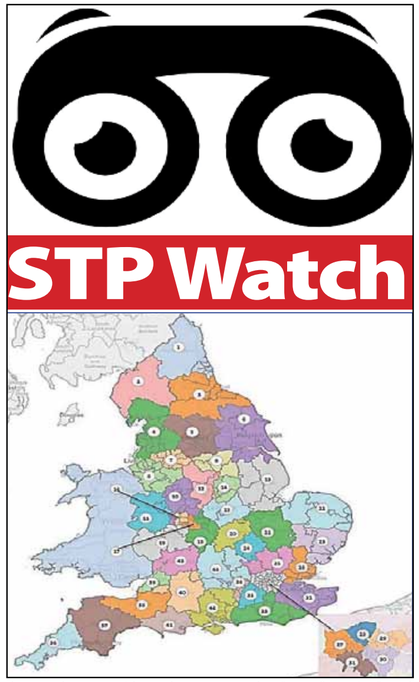
Dorset STP tells us "Housing interventions to keep people warm could save the NHS £70 over 10 years for every £1 spent". It may well be true: but of course there is no money to spend.

Least of all is there any capital for new buildings: NHS England has had to warn STP leaders to abandon many ambitious schemes that presume capital is available.

That's bad news for Cheshire & Merseyside, where plans rely on an extra £750m for a new hospital, and NW London, where they are hoping for over £1 billion.

But perhaps the most striking feature of the 17 STPs we can see is the huge variation in style and format, the widely different vocabulary various documents employ to discuss the same basic ideas, and the lack of any common approach, making it a very complex process to compare the plans with each other.

Some documents seem willing to lay the facts out clearly, others seem most eager to keep the discussion vague. Given what we can see between the lines, it seems they have plenty to be vague about.



Local politicians in east Cambridgeshire and Fenland have been challenging controversial plans by Cambridgeshire & Peterborough CCG to close minor injuries units (MIUs) at Doddington, Wisbech and Ely. 33,000 patients a year use the units, and could face lengthy, awkward and uncomfortable journeys to Cambridge, Peterborough or Kings Lynn to seek treatment.

A confidential internal report was leaked to NE Cambs MP Steve Barclay, and his challenge to the plans was echoed by the Mayor of Ely, the leader of Fenland District Council and other councillors. One councillor described the proposed closures as "Utter madness".

Some concessions have been made by the CCG to councillors and MPs over the potential loss of local outpatient services: the same pressure needs to be maintained until the CCG sees sense over the threatened MIUs.


Mass turn-out in a meeting in Ely protesting at potential cuts to Minor Injury services in Cambridgeshire's Fenlands

Digital solutions leave millions of people off the map

As local health bosses watch their balance sheets sliding inexorably into the red, many have pinned hopes for future savings on the use of new apps and other technology to reduce direct patient contact, and thus save some money.

Every STP includes extravagant plans for investment in a "digital roadmap" which is seen as central to the "efficiency savings" they hope will help bridge the gap between needs and resources.

There's only one problem: the punters aren't going for it. Patients are not using even the most basic new technology that has been expensively developed for them.

The pace of progress could best be described as glacial. Indeed an HSJ analysis has found just 4 per cent of GP appointments –14 million appointments out of 340 million estimated total appointments – will be made or cancelled online in 2016.

The number of patients using this relatively basic technology has increased by around 50% from the low base of just 9.5 million the year before. But it's now clear why NHS Digital has not published data showing the take-up by patients.

The deputy chair of the British Medical Association's general practice committee, Richard Vautrey, told *HSJ* the figures reflected the fact that "most patients still preferred to contact their practice by phone or attend their local surgery in person to speak to local reception staff, who they will often know, rather than using online services".

"This is particularly the case for older patients, who are the main users of GP services."

Even one of the bosses of a firm supplying the system admitted to the HSJ that "social issues such as the millions of "digitally disadvantaged" people who have little or no digital access", were also factors.

Many of these will also be people with serious and long term health needs. The Digital Roadmap seems to be leading to a virtual cul de sac.

Push councils to publish local STPS . . . and resist cutbacks!

From Barnstaple in Devon to Cheshire, from Labour leader in Hammersmith in London to Lib Dem Mayor in Bedford, one striking factor emerging in many fights for the NHS is the engagement of previously passive council leaders and mayors.

It's by no means automatic for councillors who have no formal responsibility for health care and until recently little direct influence over NHS policies to get involved.

The detachment has been worsened by the long-standing and widespread habit of relegating positions on Health Oversight & Scrutiny Committees to the most docile, and naive councillors.

And in recent years many councils have been even more reluctant to rock the boat for fear of encountering even worse financial settlements from central government.

Yet councils have since 2003 had residual powers to hold up controversial changes in local health services pending a decision of the Secretary of State, and these powers were left intact by the 2012 Health & Social Care Act, which also set up Health & Wellbeing Boards, led by councils.

There is real potential power in the hands of councils to influence or if necessary challenge and obstruct NHS plans where they impact on access to services for local communities: and where they have dragged their heels they must be pressed to do so.

Where councillors and council majorities are from opposition parties, challenging unpopular cuts and closures in local NHS services offers an easy option to speak up for local residents and galvanise political support.


'Given present NHS funding constraints Mr Jones, I'm afraid we can't afford for you to go on living'.

The rhetoric of "integrating" health and social care has increasingly handed more responsibility and less resources to local authorities.

Now the Sustainability & Transformation Plans contain a specific requirement for councils to be involved and to endorse local STPs, many of them enticed by the skinny carrot of a few million extra towards their dwindling social care budgets – in several years time.

But those councils which are lured by this carrot are letting down their local communities – and could suffer the consequences if they are seen to sign up for hospital closures.

People fighting to keep local services despite the financial plight of the NHS need all of the support they can get – and that means lobbying ALL politicians, of all parties, to use the real power they have, and stand up and fight, demanding all STPs are published, all planned cuts rejected … and ministers forced to halt the freeze and fully fund our NHS.

As ministers waffle about "integration"

Task Force scrapped as social care is slashed

The more ministers talk about 'integrating' health and social care to allow patients to be supported to live without need of hospital care and more swiftly discharged after treatment, the less they provide in the way of support to make it happen.

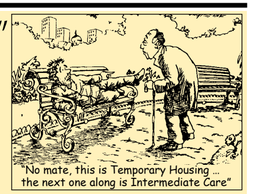
Theresa May has scrapped a high-powered Health and Social Care Implementation Task Force that was only set up last year by David Cameron, chaired by Jeremy Hunt, charged with taking forward a strategy for an integrated health and care system.

The Task Force itself had made no impact, but the message is clear: May's government doesn't care about the mounting crisis its cuts and spending freeze has created, and sees no urgency in making the disjointed system work any better.

'Social care' is of course controlled not by the NHS, but by local government – whose budgets have been repeatedly and brutally cut for the last six years as part of the government's austerity regime.

As a result social care, unlike the NHS, has since Thatcher's reforms took effect in 1993 been subject to means-tested charges – forcing clients in many areas to pay out of savings or pensions for often sub-standard, privatised services, or care in privately-run nursing homes.

So talk of "integrating" this disintegrating service with the NHS has always been controversial, even with people who want hospitals and social services to work together.


"No mate, this is Temporary Housing ... the next one along is Intermediate Care"

The logical call to nationalise the shambolic mess of social care and integrate it within the NHS, delivering services free to all is also controversial, since it would cost more money, and of course remove another service from at least the pretence of local democratic control.

Meanwhile the Commons Health Committee and three major health think tanks have begun warning of the growing cash gap in social care – which is now supporting fewer frail older people than five years ago – and its impact on an already stretched NHS.

Some of the 4,000 people who surged into Barnstaple in the biggest of the See Red protests

Devon holds red line to save hospitals

The brilliant See Red campaign being waged in North East and West Devon has managed to mobilise local MPs and councillors including the Mayor of Barnstaple in support of the fight to protect the county's rural acute and community hospitals.

Devon faces the double whammy of a "success regime" which has set out with "no red lines" to cut services to bridge a claimed £430m funding "gap" and stem losses by local CCGs and trusts, coupled now with the STP driving in the same direction.

The campaigners are insisting that red lines should be drawn around their local hospital services, to protect them against unacceptable cutbacks.

At risk are 400 acute beds (one in six) and 190 community beds as four community hospitals face closure. More than one in ten nursing posts are at risk, and patients needing treatment for strokes, maternity, neonatal and children's services will face journeys of up to 50 miles to Exeter, Plymouth or Taunton.

The county has responded with vigorous action – most vividly the 4,000-plus who gathered in Barnstaple on October 22 for a carnival-style See Red Day, supported by protesters from 0 to 90 years old, trade unions, Women's Institutes, social groups and political parties.

There were messages of support from similar campaigns as far afield as Cumbria and Lincolnshire. North Devon MP Peter Heaton-Jones had to battle to make himself heard above shouts of "no cuts" from the crowd, but pledged his support to the campaign.

Noting that a leaked version of the STP for the Devon 'footprint' claims to have already achieved "a growing awareness, understanding and acceptance of the need for change by the public and staff," campaigners responded:

"The only reason they can make this claim is that they have kept the public in the dark, or are deceiving them by spin. Let's make them aware of just what we think and make them untick that box!"

● SOHS North Devon Save our Hospital Services ***www.SOHS.org.uk***

Docs warn against Cumbria cuts that would put lives at risk

Annette Robson on behalf of the We Need West Cumberland Hospital Group

Campaigners are fighting to retain a consultant-led maternity unit in the new West Cumberland Hospital in Whitehaven.

On September 2, six clinicians, who all work at the hospital, wrote to Mr. Stephen Singleton at the Success Regime stating:

"We would like you to be aware that all the West Cumberland obstetric and gynaecology consultants and the outgoing clinical director have always and still reject all other models, apart from consultant-led services 24 hours a day at both West Cumberland Hospital and Cumberland Infirmary, on safety grounds. This was expressed to you verbally and in writing last year, and has always been expressed at subsequent meetings within the Trust."

"We are disturbed that the Trust and Success Regime have issued public statements stating that local clinicians either support or are divided in this issue and would request that all future reports reflect our true stance."

On the 17th of September our local *News & Star* paper headline said "Maternity consultants urge hospital bosses to stop lying." However it appears they are continuing to do.

John Eldred, a highly respected Consultant Obstetrician and Gynaecologist, wrote a report 10 years ago supporting the continuation of an obstetric unit in West Cumbria. The points he made then are true today and he continues to support the campaign for 24/7 Consultant led maternity at WCH.

The clinicians also say in their letter to the Success Regime that they

"are also disappointed that our recent successes in recruitment have been denied publicity. The Trust and Success Regime have not engaged with our new working models and new recruitment strategy, nor considered it as a way of improving recruitment within other departments."

"A 24/7 Consultant led maternity unit at West Cumberland Hospital is

sustainable – but there is no will on the part of the Success Regime or the Trust to make it happen .

"If we lose these services there is no doubt that lives, including those of mothers and babies, will be lost on the 40+ mile journey to Carlisle so I would urge you to go back to the Success Regime and the Trust and ask them to tell you the truth".

Contact the campaign via Facebook ***https://www.facebook.com/search/top/?q=We%20Need%20West%20Cumberland%20Hospital***

Sussex fight for proper scrutiny

Sussex Defend the NHS

Brighton & Hove health commissioners were forced to admit that they have no idea when a draft 5-year plan for health and social services across the city will be open to scrutiny by the elected council or the public.

The final draft plan was submitted to NHS England for approval that very day, but it has not been seen by anyone in the Council other than a couple of Chairs of committees.

Officers from the CCG also admitted they were unsure about how a projected £500 million+ deficit will be wiped out in time to receive further funds for services.

Dr. Christa Beezley, Clinical Lead on the Brighton & Hove commissioning group (CCG) said that our local STP is likely to be thrown back because those responsible haven't yet finished working on how the massive debt will be wiped out in time for desperately needed health and social care funds to be available.

A spokesperson for campaigners from Sussex Defend the NHS said,

"No-one wanted to address the elephant in the room which is the STP.

"There's going to be no time left for our Councillors and indeed us, the public, to properly scrutinise the implications of this draconian government requirement to wipe out all the local debt. "

Councillor Daniel Yates who chairs the Health & Wellbeing Board, said, "As a Labour-led Council, and as a Health and Wellbeing Board, we have not yet been asked to approve any plans.

"If any should emerge we will ensure that these are open for public comment and scrutiny.

"These plans represent the most significant potential change in the NHS since its creation and we as a Labour Group do not believe that should be done behind closed doors or rushed through without genuine and detailed public involvement."

Contact the campaign: ***http://defendthenhssussex.weebly.com/***

Staffs campaign placards hammer home the message

Richard Duffy

In Stafford, like many other areas, such as the Alexandra Hospital in Reddich, or the Horton in Banbury, we have suffered the withdrawal of services on 'safety' grounds: this is a catch-all method of withdrawing services without due public consultation.

In our case it was our Children's Emergency Centre which was recently closed due to 'safety' reasons. Staff training and provision of a paediatrician and paediatric anaesthetics were highlighted – the latter two had never been in the Trust Special Administrator's (Ernst & Young) model.

From the press release University Hospitals of North Midlands put out they referenced '30 patients a day' using this service, but a Freedom of Information request revealed that as many as 62 children had been seen in a day and about 1,000 children a month.

While the service was not there parents were turning up to A&E with their children and being turned away, often with children in pain and distress who then had to travel to Stoke or Wolverhampton.

Support Stafford Hospital, the local campaign group felt that this required publicising and highlighting to the local community, and were determined not to see this service simply withdrawn.

To this end we had signs printed with **'NHS Crisis area, No children's A&E services available.'**

We then went out on the Sunday evening putting the signs up on every major road into town and put up posters in the town centre.

We were fortunate that one of the local papers, the *Express & Star,* was supporting the fight to return children's A&E services, had started a petition which gained more than 6,700 people and gave our signs publicity.

On 10th of October, a (hopefully) interim children's MIU unit was opened at Stafford and saw 280 children in two weeks.

We will continue to campaign for a return of full paediatric services but believe the public pressure to reinstate the services played a positive part in the decision.

Contact the campaign: ***http://999callfornhs.org.uk/support-stafford-hospital/4587855819***

Yorks CCGs give two fingers to two thirds of public

Calderdale & Greater Huddersfield Clinical Commissioning Groups decided unanimously in October to go ahead to prepare a full business case for the Right Care Right Time Right Place (RCRTRP) proposals.

In the process, they overrode two Joint Health Scrutiny Committee recommendations that the CCGs should hold off on deciding whether or not to go ahead until they have developed a detailed description of the model of an urgent care centre and how it will be resourced.

The JHSC also wanted the Yorkshire and Humber Clinical Senate to have declared itself satisfied that the new model of care will deliver the required standards of care.

Ignored

The CCGs have effectively ignored the 67% of the public who responded to the consultation saying the proposals would have a damaging effect on them and 64% who rejected the proposals.

Basically the CCGs have waved two fingers at the JHSC, the public and the Kirklees Local Medical Committee – who also wrote to them rejecting the proposals on the grounds of cost and safety and because they raise more questions than they answer.

However, the Leader of Calderdale Council and Chair of Calderdale Health and Wellbeing Board, Councillor Tim Swift, is not that bothered.

He told the *Halifax Courier:* "We recognise the financial challenges that the NHS faces, and we accept that they have to work within nationally determined financial constraints

"Calderdale Council is committed to working closely with the CCGs and the hospital trust to make the plans a success."

However there is no way these proposals can be a "success" – the Sustainability and Transformation Plan "financial reset" means that Calderdale and Huddersfield hospitals Trust (CHFT) has to make "efficiency" cuts that the CCG's own Finance Officer has described as "unattainable".

Grim

He also had grim news for Calderdale CCG about the effects of the West Yorkshire Sustainability and Transformation Plan:

"The huge pressure the whole system is going though is driving towards difficult decisions about what the budget can buy in the Health and Social Care system. We have to resolve this across the whole system."

He said that QIPP (ie efficiency cuts) posed "huge asks," and asked "Where does the balance come between quality and money?"

The West Yorkshire STP faces us with difficult dilemmas about whether our NHS Commissioners can meet their statutory duties, about the quality of care that hospitals, community services and GPs will be able to provide – and whether it has the governance processes in place to allow GPs to discuss and make decisions about these dilemmas.

To add insult to injury, the Plan has been prepared by a commercial consultancy firm, Attain at a cost to the NHS of £378K for six months work from April to October 2016.

Contact Hands Off HRI **http://handsoffhri.org/**

Greenwich CCG to assess Circle contract

Tony O'Sullivan, Lewisham & Co-chair KONP

In June 2016, Greenwich CCG Board decided to award the musculoskeletal contract (MSK) worth approximately £15m to Circle Health, the private hospital company as 'prime contractor.

Circle famously failed to match any of its promises and contract commitments when it took over the management of Hinchingbrooke Hospital, and walked away from that contract in 2015, leaving the hospital £10m in the red, and bringing a halt to other plans for similar 'franchising' of hospital management.

Circle's MSK contract has also disrupted services for MSK in Bedford, taking 30% of orthopaedic work away from the Bedford Hospital Trust, and diverting a proportion of clinical referrals to private providers.

In Nottingham the CCG gave non-acute dermatology to Circle, resulting in the collapse of a 24-hour emergency dermatology service.

Save Lewisham Hospital campaigners fear a similar impact on the Lewisham & Greenwich Trust. They have found out through Freedom of Information requests that Greenwich CCG failed to do an impact assessment to look at the potential impact on the local NHS trusts of the prime contractor being private sector.

The special scrutiny panel convened to look more closely at this contract after a challenge to the CCG evidence, was on 3rd November.

Clive Efford spoke very passionately against the CCG's decision to give the contract to Circle, and addressed the Circle team present: 'We're a Labour Council in Greenwich and I'm a Labour MP, and we don't want you here'.

The Greenwich Healthier Communities and Adult Social Care Scrutiny Panel has insisted on an impact assessment to be commissioned jointly by Greenwich CCG and the Lewisham & Greenwich NHS Trust, to examine the potential damage to the local NHS providers if the contract is awarded to Circle as 'prime contractor' for musculoskeletal services.

Save Lewisham Hospital and Greenwich KONP greeted this interim victory with great satisfaction.

It comes amidst further press coverage exposing the SE London STP's aim of saving £1bn annually.

Fight goes on for NHS Bill

About 100 campaigners from various parts of London, Oxfordshire, and as far afield as Grantham and Cornwall, local KONP groups, Momentum, Green Party and others staged a very good non-stop rally on November 4 outside the House of Commons on the day the second reading of the NHS Reinstatement Bill was on the list to be moved by Labour MP Margaret Greenwood. Some went, some came. All got wet – and the Bill was not taken, but rescheduled for 24 Feb 2017. But the occasion was far from fruitless: campaigners made new links from different areas.

Oxfordshire campaign groups unite to fight government plans

Members of 38 degrees, Keep Our NHS Public (KONP), Save the Horton and other campaigns have joined up to make their voices louder in opposition to the ongoing cuts and privatisation within the NHS.

Norman Wood, from Didcot, explained: "With the imminent consultation around the government's "Sustainability and Transformation Plans (STPs)" NHS campaigning groups are joining forces with two main aims – firstly, to raise public awareness that this is a package of £22bn of underfunding to healthcare services and secondly to put pressure on local councils, our MPs, NHS England and Jeremy Hunt to restore our NHS."

Unified campaign

The first combined event was in Abingdon on Wednesday 19/10/16 to coincide with the "Big Conversation Roadshow" being held by NHS England in the town centre.

"The so-called "Big Conversation" is a superficial PR exercise to cover up the real impact of proposed cuts," said Cathy Augustine, from Didcot. "We wanted to provide the real statistics behind the government's devastating change programme for the NHS and what that will mean in practice."

The campaign team set up a stall in Abingdon market square, approximately 50 yards from the Roadshow event, with the aim of raising public awareness of the seriousness of the current situation and the nature of the undisclosed Sustainability and Transformation Plans.

The stall was manned from 9:30 to 13:30, roughly corresponding with the duration of the Roadshow, by 8 supporters from various groups, hosted by Didcot Branch of Wantage Constituency Labour Party but as a non party-political effort under the banner of "Save our NHS".

Genuine concern

"The response of the public was excellent generating 150 signatures to our petition with 50 signing up to a mailing list for further information from our campaign," said Gwynne Reddick.

"We distributed many copies of the leaflet we had designed for the event together with leaflets from KONP and more detailed fact sheets and engaged in numerous conversations which demonstrated the high level of concern amongst the public over the need to defend the NHS."

Getting the message across in Didcot – campaigners were kept busy

Low key NHS 'roadshow'

The "Big Conversation Roadshow" was low key, consisting of a series of posters posing questions about NHS sustainability which presumed that the underlying problem was that the NHS was unaffordable rather than underfunded. People were then asked to fill out post it notes with their views and suggestions.

Norman continued:

"No one we talked to in the street had any idea the Roadshow was happening despite NHS England claiming wide publicity for the event. As a result of our conversations and materials, several members of the public went into the Roadshow to ask questions highlighting their concerns. Volunteers from our stall also went in, asked questions and distributed our materials around their meeting space."

Following the success of the Abingdon event, campaign members were out in Didcot on 30/10/16.

Angela Rowlands, Senior Lecturer Clinical Communication Skills and Head of Year Clinical Foundation Studies at St Barts, said:

"In just over four hours on a chilly, grey Sunday in Didcot, eight of us collected 280 signatures from people keen to oppose the STPs – 109 of whom wanted to be added to our growing contact list. It was really gratifying that many young people were aware of the proposed cuts, keen to sign the petition and take leaflets into school to distribute at assemblies"

Gwynne pointed out: "In just two events in small Oxfordshire towns we've managed to gather more signatures on our petition from members of the public than took part in the sham 'public consultation' held by NHS England across the three counties in our footprint, Berkshire, Buckinghamshire, and Oxfordshire.

Next stop Witney on Sunday 6th November, followed by Wallingford and Wantage."

Fully equipped

Due particularly to the efforts of Gwynne Reddick and Dave Hartley, the campaign team now has the equipment and materials necessary to repeat the stall at any town centre location. Following these local awareness raising events, the team is planning a national demonstration during the STP consultation period.

For further details of how to get involved, request an event in your town, sign the petition and support the campaign, please contact ***saveournhs.oxfordshire@gmail.com***

● www.healthcampaignstogether.com ● healthcampaignstogether@gmail.com ● @nhscampaigns

March 4 the NHS: It's Our NHS protest – ***https://www.facebook.com/events/1771664639725061/.***

Campaigns work together to fight cuts and closures

Campaigners from Hands Off HRI (Huddersfield), Fight4Grantham A&E and Keep the Horton General (Banbury) descended on Trafalgar Square to join campaigners from Ealing Save Our NHS, Save Our Hospitals Hammersmith & Charing Cross and Keep Our St Helier Hospital – four London hospitals under threat.

After a rally with support from Keep Our NHS Public, Save Lewisham Hospital Campaign and many others, the campaigners marched to Downing St, the Department of Health and Parliament, to deliver petitions and lobby their MPs.

The Save Chorley A&E also lobbied Parliament the same day.

Hands off HRI delivered a petition of 154,000 signatures – only to hear a few days later that their local CCGs have voted to ignore local communities and press ahead with their plan to close the Huddersfield A&E.

The fight is far from over, however and the campaign is planning its next moves. The important development was the coming together of so many campaigns to support each other and join as one in this escalating battle for the NHS.

Yorkshire campaigns link up

OVER 90 attended the Leeds Health Campaigns Together to Win conference on October 15 and contributed their knowledge, ideas and enthusiasm so freely and to our three speakers, Dr David Wrigley (pictured above), John Lister and Dr James Chan.

There was a great fighting spirit in the room from a wide spread of campaigners, health workers and trade unionists from Wakefield, Dewsbury, Halifax, Huddersfield, Leeds, Harrogate, Bradford, Ilkley, Otley, Keighley, Barnsley and Sheffield, with two very welcome activists from Manchester.

Nick Jones took some video snippets, available on Leeds Keep Our NHS Public facebook *: https://www.facebook.com/groups/141710829185241*

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. That's why we're asking organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning.
WE WELCOME SUPPORT FROM:

- **TRADE UNION organisations – whether they representing workers in or outside the NHS – at national, regional or local level**
- **local and national NHS CAMPAIGNS opposing cuts, privatisation and PFI**
- **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.**

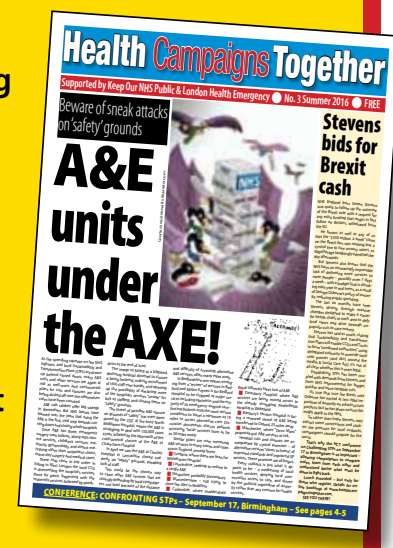
If any of these amounts is an obstacle to supporting Health Campaigns Together, contact us to discuss.

- **Pay us direct online – or with PayPal if you have a credit card or PayPal account at *http://www.healthcampaignstogether.com/joinus.php***
- **For organisations unable to make payments online, cheques should be made out to Health Campaigns Together, and sent c/o 28 Washbourne Rd Leamington Spa CV31 2LD.**

We aim to produce Health Campaigns Together newspaper QUARTERLY if we can gather sufficient support.
It will remain FREE ONLINE, but to sustain print publication we need to charge for bundles of the printed newspaper (8 page tabloid, full colour).
Cost PER ISSUE:

- **10 copies £5 + £3 post & packing**
- **50 copies £15 + £8 p&p**
- **100 copies £20 + £10 p&p**
- **500 copies £40 + £15 p&p**

To streamline administration, bundles of papers will only be sent on receipt of payment, and a full postal address, preferably online.



Contact us at healthcampaignstogether@gmail.com. www.healthcampaignstogether.com