SAVE LEWISHAM HOSPITAL CAMPAIGN CONFERENCE AND DISCUSSION
NHS in Crisis
Why is our NHS under threat and what can we do to defend it?
Goldsmiths College Saturday 5 December 2015, 10.30am - 4pm

SUMMARY OF LOUISE IRVINE'S TALK: NHS IN CRISIS

This is a summary of Louise's talk at the Save Lewisham Hospital Campaign conference on Saturday 5 December 2015 in Goldsmith's university. Louise was giving a summary of the main issues facing those who are campaigning in defence of the NHS.

Key facts and issues are in bold in the text.

Introduction

- This conference has been organised by he Save Lewisham Hospital Campaign to help to raise our general understanding of what is happening to the NHS just now, and to arm ourselves with information, arguments and ideas to enable us to organise and campaign effectively in defence of the NHS.
- The Save Lewisham Hospital Campaign has continued as an active campaign. We did save our hospital but we are under no illusions that our victory is secure for all time and we fully expect further attempts at downgrading our hospital. Furthermore, our campaign for our hospital taught us all that no one service can be safe unless all the NHS is safe. We do not exist in isolation and all the pressures on the NHS nationally also affect us in Lewisham. So for us the local is national and the national is local. That is why we have invited speakers from other parts of London and beyond to our conference.
- We've tried to bring together some of the most important issues facing the NHS but were not able to cover all of them: in particular, GPs, mental health, maternity. It's important to remember that many of the issues we will be discussing are unique to the English NHS, although some of them such as underfunding of health and social care will affect NHS services in all four nations of the UK.
- The English NHS is facing attacks on many fronts that undermine its fundamental nature as a public service, free, equitable, comprehensive
- But there has also been resistance to those attacks – which have led to some successes or are managing to hold the line – and we should draw strength and inspiration from those campaigns. Today's conference will hear from campaigners in north west London and also in Leicester where they are facing major reconfigurations of services and hospital and bed closures.

- The threats to the NHS are in four main areas: funding; privatisation; attacks on staff and reconfiguration of services leading to cuts and closures. This is happening across the country.

  Funding
- Despite Government rhetoric NHS funding is not protected as it does not match rising need due to changing demographics and increased costs of health and medical technology. **Rising health care needs would require a 4% annual real terms funding increase - the same as in other developed countries – but there has only been and will only be a 0.9% annual real terms increase so that means inadequate funding in relation to need and reduced spending in real terms per capita.**
- There was a big fanfare when George Osborne announced another £3.8 billion for the NHS in his Autumn Statement – this was "front loading" of the promised extra £8 billion by 2020. Such "front loading" was vital in the face of a £2 billion hospital deficit and impending winter crisis like last year. **However over next 5 years the annual increase will be less and overall, adjusted for inflation, it is only 0.9% annual increase – no different from the past 5 years, and not nearly enough to meet growing health care needs.** Cuts to social care will exacerbate the problems in the NHS as inadequate social care leaves many older and disabled people vulnerable and at risk of deterioration in their health or unable to be discharged from hospital.
- **On top of that at least £1.5 billion being taken out to shore up social care as the better Care Fund.**
- The NHS budget is no longer ring fenced and non clinical services have seen big cuts with **£1.5 billion removed from the public health and the education and training budgets to contribute to the £3.8 billion "increase" for front line care. Moving money around from one section of the NHS to another is not a genuine funding increase.** It is short- termism to cut public health and training and education budgets.
- This funding settlement will do nothing to solve the deep financial crisis in the NHS and in social care.
- **This is the lowest average annual change of any decade, contrasting with average annual increases of 5.7 per cent under the Labour administrations between 1997/8 and 2009/10 and 3.2 per cent under the Conservative administration between 1979/80 and 1996/7.**
- **Largest ever sustained reduction in UK NHS spending as a percentage of GDP**
- Compared to others, the United Kingdom has slipped further into the bottom half of the Organisation for Economic Co-operation and Development (OECD) health spending league – overtaken by Finland and Slovenia.
- **But even with the promised £8 billion by 2020 the NHS must find £22bn efficiency savings by 2020 that nearly all informed opinion**

believes is highly unlikely. Around three quarters of savings found in the last 5 years in the NHS have come through cuts to tariffs (the price paid to hospitals for treatments) and capping NHS workers' pay. But neither are sustainable going forward, with hospitals in open revolt over tariff reductions and NHS staff increasingly voting with their feet.

Social care

- Since 2009/10 local authority spending on social care for older people fell in real terms by 17 per cent; over the same period, the number of older people aged 85 and over rose by almost 9 per cent. It has become much more difficult for people to get publicly funded social care; numbers have fallen by 25 per cent since 2009 (from 1.7 million to 1.3 million) and in 90 per cent of local authorities only those with 'substantial' or 'critical' needs will get publicly funded services.
- Alongside a 28 per cent reduction in district nurses since 2009, this will undermine the government's stated aim of supporting people to remain at home and reducing hospital admissions.
- **Social care is often neglected – I am aware that just trotting out statistics does not do justice to what is really happening. Brian Fisher and Anne Drinkell will talk this afternoon about the crisis in social and community care and its links to the NHS and to the reconfiguration agenda.**
- We say the NHS and social care must be properly funded. This means rejecting the austerity argument that there is no more money. What we as a nation spend our money on is a political choice. There is money for bombs – why not for health? So much money is being wasted on the market, management consultants and so on. Abolishing the market in the NHS would liberate resourced for front line care. Yet, the amount of contracting and privatisation has increased steadily throughout the last government and into this one. This was accelerated by the Health & Social Care Act (H&SC Act)

Privatisation

- The H&SC Act 2012 created new structures which changed the NHS from being a public service with a duty on the part of the Government to provide a comprehensive health service to a martketised system with groups of GPs in clinical commissioning groups (CCGs) allocating resources by contracting services out to the market, allowing private companies to bid for contracts and to compete with NHS providers. The section 75 regulations passed in 2013 laid down the contracting rules for CCGs.
- **The Government claimed last year that only 6% of clinical services had been privatised but that was before 2013, before the section 75 regulations kicked in. According to the NHS Support Federation, which monitors contracting, between April 2013 and Oct 2014, £18.3 billion worth of contracts to run or manage clinically related NHS services were advertised in the first 18 months since the Health and Social Care Act came in to effect in April 2013.**

- **Over that period £5 billion worth of contracts were awarded through the market.**
- **Non-NHS providers have won two thirds of these clinical contracts.**
- The amount of NHS contracts being awarded through the market is rising significantly. In the first six months since the Health and Social Care Act came into effect (April - Sep 2013) over £400m of NHS contracts were awarded. A year later the number of awards in the same six-month period (Apr-Sep 2014) had doubled and their value was over seven times higher, at £3bn.
- **General Practice.: 10% owned by companies like Virgin**
- **Ambulances: Spending on private firms to provide 999 ambulances has doubled in the last three years from £24m to £56m.**
- **Community care:** Contracts to provide community healthcare typically cover a wide range of services including complex health needs of children and older people. Examples include, Virgin Care's £130 million contract to run children's services, and services for people with learning difficulties and adolescents with mental health problems in Devon from March 2013 for three years and its £450 million contract to run a range of community services in Surrey. Virgin recently won the contract for community child health in Wiltshire.
- **Elderly care: £800 million contract for elderly care in Cambridgeshire was tendered out at a cost of £1 million for the tendering process itself. The contract was won by two NHS Trusts who have, after just eight months, handed it back to commissioners as it was not "financially viable".**
- **Cancer Care:** In July 2014, four NHS GP-led clinical commissioning group areas in Staffordshire tendered for a £687m, 10-year contract to provide cancer care, the first such contract in this area opened up to private companies**. The four CCGs involved are also seeking bidders for a separate £340m 10-year contract to provide end-of-life care. Together the contracts are worth £1.04 billion**
- **Health care planning and management:** Health care planning and management has been privatised. **Recently a £6 billion, 5-year contract for commissioning support was given to a private company. Capita won a £6 billion contract to provide back office functions for general practice, pharmacies and opticians. £600 million a year is spent on management consultants like Deloitte, Ernst and Young, Price Waterhouse Cooper and McKinsey's.**
- **PFI:** Under the Labour government and since then many hospitals and health facilities were built under the private finance initiative scheme (PFI) where companies design, finance, build and operate services. The cost of PFI is a continuing burden for many hospitals. **In 2013/14, 9 out of the 15 most in debited trusts had PFI schemes.** PFI is now widely recognised as providing very poor value, costing nearly twice the amount of a publicly funded scheme. Around 100 NHS hospitals have been built this way, started by the Tories but implemented mainly under Labour. The

cost to the tax payer will be £80bn for hospitals that cost nearly £13bn to build. PFI is an important issue, especially for us here in SE London, and later **Jane Mandlik will talk about PFI in greater depth** and suggest how we can campaign against PFI.

Staff

- **NHS staff have suffered a pay freeze over the past 5 years which equates to a 15% real terms pay cut.**
- Junior doctors dispute is about redefining antisocial hours – nurses and other staff will follow.
- Low morale
- Not enough staff
- Training places cut in 2012, reliance on expensive agency nurses and increased recruitment from overseas
- Now cap on use of agency staff but that means that hospitals won't be able to employ enough staff to meet demand.
- Mid Staffs scandal was mainly about not enough staff. Staffing levels had been cut to save £10 million a year, in an attempt to show financial balance to secure status as a Foundation Trust.
- Addenbrookes failed its CQC because of not enough staff
- Removal of nurse training bursaries and replacement with loans will not improve recruitment.
- Today the junior doctors struggle is in the front line of the battle to defend not only NHS staff but, because a high quality NHS for all is so dependent on having sufficient well trained, well motivated, properly rewarded and properly supported staff, it is in the front line of the fight to defend our NHS as a quality public service. **We will hear soon from one of our local junior doctors' leaders, Dr Shruti Patel and also from one of our Lewisham Consultants, who is a local BMA rep, Dr Helen Fidler.**

Reconfigurations

- Having promised no top down reorganisation and no closure of A+Es and maternities in the 2010 election the Coalition and now the Tories are carrying on relentlessly with so called reconfiguration plans. These are aimed at closing our district general hospitals but are dressed up as bringing care closer to home and improving specialist services. Anne Drinkell, John O'Donohue, Gurjinder Sandhu and Sally Ruane will talk about that this afternoon. So I won't go into too much detail here. Except to say that SLHC was born out of a campaign to prevent our hospital being closed as part of a reconfiguration of hospital services in SE London – the TSA process. This followed on one about 5 years ago called a Picture of health. And now the OHSEL process – strangely reminiscent of the language of previous attempts – all about care closer to home – coded language for downgrading hospitals.

Our Healthier South-East London (OHSEL)

- Today 5-year plan currently being developed by the six south east London Clinical Commissioning Groups for redesigning local health

services. The OHSEL papers use language that was worryingly reminiscent of the TSA arguments for cutting hospital beds by "improving" community care. SLHC lobbied OHSEL for clarification about whether proposals would include possibility of closing Lewisham a and E. we have been told not, that 400 beds is now 700 beds and based on future growth, preventing another new hospital being needed. We are certain that it is due to our lobbying that we have been given these assurances. At the same time we don't trust the process and will remain vigilant, asking questions about where they will make £1.1. Billion funding cuts; how they will properly fund good community care. Proud of SLHC role in this – we flexed our muscles again and forced them to announce that the 2 A+Es are protected, and we have been told that there will be a similar announcement about maternity. Quite right too. How dare they cast a shadow over our local hospitals? Whatever plans they may have to improve community services – and we welcome that – it should not be done at the expense of acute services. We wait for details of these new community services and how they will be funded. But you can't rob Peter to pay Paul.

- To day we will look at the arguments for and against the government's hospital closure programme (aka reconfiguration) but I was asked to mention a couple of other areas that relate to reconfiguration. I should say that those who criticise the NHS Bill by saying we don't want another top down reorganisation fail to accept that the NHS is still being constantly reorganized – or should we say redisorganised. A phrase used by health planners is " creative destruction". Endless change – so now we have devolution, the 5 year forward view, 7 day services, GPs being forced into forming companies to bid to provide services.

The 5 year forward view

- The NHS five year forward view, published in October 2014 by NHS England, sets out a vision for the future based around seven new models of care including:
    - Multi -specialty community providers
    - primary and acute care systems
    - urgent and emergency care networks
- The Government is now using the language of the critics of their system to justify yet more reorganisations which they say will "integrate" services. That is the new models of care in the 5 year forward view. Apart from the obvious point that before the internal market and the creation of separate foundation trusts we already had integrated services. The proposals are for yet more complex reorganisations creating accountable care

organisations. These are very like the model of care in the USA. There is nothing to commend them. They are not only ripe to be contracted out to private providers but they only make money by denying care to patients.
- This may be a way to bundle up hospital services in a way that would make them attractive to private companies. So far this has failed. Private companies not wanting to take over hospitals – failure of Circle health. Prefer predictable profits – difficult to make profits with acute care.
- It's yet more reorganisation- dressed up as bottom up but actually top down. Ironic those arguing against the NHS Bill because it would entail another reorganisation seem to have no problem with Simon Stevens 5 year forward view and its multiple experiments with new models of care – over 70 vanguard sites now across England. But because even setting these up with lead contractors, subcontracting and involving lots of organisations, each with its own contract, this is gong to be a very complex process. In Bedfordshire MSK services contracted out to Circle who then tried to subcontract them to the NHS Trust that had originally bid and lost the contract!

Devo Manc

This is a continuation of the process of government divesting itself of responsibility or accountability for its health and social care decisions. Devolution could be good but only if there is still national accountability; national entitlement to universal and comprehensive service; tax funded; sufficient funding; free social care to align it with health care; genuinely democratic

  - £6 bn joint health and social care budget – not enough
  - Confidential bargains between the Treasury and a small group of local dealmakers. Local MPs and GPs, never mind patients and public knew nothing about it.
  - Taking the national out of the NHS
  - Devolving responsibility from government for blame
  - Joint budget for health and social care
  - Funding deficiencies for both
  - Could introduce charges, cut services
  - Lack of democratic accountability and scrutiny
  - To be rolled out across England

What is the future?

- Worse care, lower morale, more closures and threats of closures?
- The NHS no longer a public service – more and more fragmented, privatised, the residual underfunded?
- Cuts to the range of services being made available: cataracts etc.
- Talk of charges, insurance

Resistance

- Legislation to reverse these changes and to reinstate the NHS as a public service: publicly provided, publicly planned, publicly funded, and publicly accountable. Peter Roderick, drafter of the NHS Bill along with Prof Allyson Pollock will talk about that later this morning. It will require legislation to refound the NHS. Devolution can only work if part of a framework of a national health service in terms of how it is funded, universality and comprehensiveness.

- Anti-privatisation campaigns. Examples:
    - Stafford Cancer not for Profit
    - Bristol against Virgin
    - Sussex: MSK
    - Cambridgeshire

- Anti-closure campaigns. Examples:
    - Lewisham
    - NW London
    - SW London
    - Leicester
    - Manchester

- Staff /doctors' resistance. E.g. Junior doctors struggle
    - Other staff groups eg the staff at Queen Elizabeth Hospital, Woolwich who, employed by the PFI company, have been fighting for parity of pay and conditions with NHS staff.

Today's conference is to equip us with deeper understanding of the many and varied ways our NHS is under attack but also the ways that this is being resisted. We can discuss how we work together better and what strategies we should employ to do this. How both local and national campaigning efforts can be strengthened.

Summing up at the end of the conference

National level – legislation

Supporting NHS Bill

National level - campaigning

Links with Keep Our NHS Public
Health Campaigns Together
Influencing labour party policy
Trade union campaigns
Social media campaigns
Opposing PFI

Local collaborative campaigning and support

Opposing privatisation locally
Raising awareness of impact of funding cuts to health and social care
Supporting NHS staff e.g. junior doctors
Campaigning against cuts and closures
Working together, supporting each other, sharing examples of success,
Sharing information and knowledge.