

On December 5 2015 the Save Lewisham Hospital Campaign held a conference in Goldsmith's University, on the crisis in the NHS and what we can do to defend it. Over 100 people attended and took part in lively discussion, equipping themselves with information and ideas for taking the NHS campaign forward.

Heidi Alexander

The conference was opened by Heidi Alexander, shadow Secretary of State for Health, who is MP for Lewisham East and actively supported the Save Lewisham Hospital Campaign in the successful campaign to save our hospital from closure. Heidi said the NHS was on the brink of the biggest crisis in a generation and condemned the Tories' stewardship of the NHS both in the current government and in the coalition government over the previous 5 years. She said that instead of supporting NHS staff the Government had picked a fight with the junior doctors and that this was contributing to low morale and fewer doctors planning to continue training in the NHS. She had shadowed a junior doctor in Lewisham Hospital and was "blown away" by the skills, compassion, professionalism and humanity that she witnessed. She said that the junior doctors were the first line of defence in the fight for the future of the NHS.

She said that she and Jeremy Corbyn were developing a strong, radical and credible opposition to Tories plans for the NHS and are developing Labour's ideas for the NHS to show there is another way to run the NHS and create a health care system that is fit for the 21st century.

Louise Irvine, Chair of Save Lewisham Hospital Campaign

Louise gave an overview of the main issues facing the NHS in England: funding cuts to health and social care; privatisation; attacks on NHS staff pay and conditions, reconfigurations and hospital closure plans, including concerns about local south east London plans in "Our Healthier South East London". She critiqued Simon Steven's "Five Year Forward View" for the NHS, devolution of health care to local authorities as in the "DevoManc" experiment. She talked of the many positive examples around the country of people campaigning to defend the NHS and said we must strengthen this campaigning and our unity as campaigners if we want to ensure the future of the NHS as a quality universal public service.

Junior doctors

Dr. Shruti Patel, of the Junior Doctors Committee of the BMA and Dr. Helen Fidler, Lewisham Hospital BMA representative talked about the struggle of the junior doctors for a fair and safe contract. Shruti explained that although strike action had been suspended to allow for further negotiations, the junior doctors were still in dispute with the government and unless significant progress was made they were still prepared for industrial action. Both Shruti and Helen said the outcome of the junior doctors struggle was vitally important not just for junior doctors but also for all NHS staff groups, and for the NHS as a whole. They

thanked SLHC campaigners for all the support they had given the junior doctors locally.

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.

Jane Mandlik, SLHC campaigner and member of Lewisham pensioners Forum talked to her paper on PFI (published on SLHC website). She outlined the history of PFI and the damaging effects of PFI on our health services.

The cost of PFI is a continuing burden for many hospitals. In 2013/14, 9 out of the 15 most indebted trusts had PFI schemes. PFI is now widely recognised as providing very poor value, costing nearly twice the amount of a publicly funded scheme. The cost to the taxpayer will be £80bn for hospitals that cost nearly £13bn to build. Around 100 NHS hospitals have been built through PFI, mainly under the last Labour Government, but continued by subsequent governments.

She discussed possible solutions around which campaigners could organise.

Jane's proposals were that we should campaign for hospitals with PFI debts to receive subsidies and that the Government renegotiate debt.

Simultaneously campaigners must put their energies into promoting the Reinstatement Bill to put an end to privatisation of the NHS and to protect the service from TTIP and other such agreements.

NHS Bill

Peter Roderick, talked about the NHS Bill 2015-16 tabled by Caroline Lucas MP to be debated in Parliament in March. Peter drafted the NHS Bill with Professor Allyson Pollock. He argued that the harm being done to the NHS by the fragmentation, chaos and costs of the market can only be reversed by legislation that abolishes the NHS market and restores it as a true public service.

The NHS Bill will provide the legal framework to:

- Restore the NHS as an accountable public service
- Reverse 25 years of marketisation in the NHS
- Abolish the purchaser-provider split; end contracting and re-establish public bodies and public services accountable to local communities.
- Support integration of health with social care
- Remove the NHS from EU competition law.
- Restore the duty of Government to provide a comprehensive health services across England

Hospital reconfigurations, cuts and closures and the 7-day NHS.

In the afternoon Dr. Gurjinder Sandhu of Ealing Hospital, talked of the devastating plans to close four hospitals in north west London. Ealing Hospital maternity had already closed and its A+E was due to close. He talked of the importance of local hospitals that were responsive to the particular needs of their local community, as Ealing was, and that the hospitals slated for closure in NW London were all in the poorest areas. He criticised the idea that the only way to ensure adequate 7 day cover is to close hospitals to concentrate services in fewer hospitals. He talked of the adverse impact of these closures on other hospitals in the area, citing the example of Northwick Park which had the worst A+E 4 hour performance in the country last year, a direct result of the closure of two A+Es in the north west London.

John O'Donohue of Lewisham Hospital talked of the way government routinely misleads by abuse of statistics about increased deaths at weekends. This is used by Government for a variety of purposes from justifying hospital closures to forcing a new contract on junior doctors. He cited research indicating that patients admitted at weekends are sicker than those admitted mid week, and showed how the ludicrous claim by Jeremy Hunt that closing Lewisham Hospital would "save 100 lives a year" was just a back of the envelope calculation with no foundation in evidence that would stand up to scrutiny – something Sir Bruce Keogh, chief medical officer, admitted in a letter to John in which he said such calculations were "not an exact science".

Dr. Sally Ruane of the Leicester Campaign against NHS Privatisation talked of plans to close 400 hospital beds in Leicester with the justification, as with such plans everywhere else in the country, that "community services" would replace those beds. She reviewed the research evidence on community care and said there was no evidence that it would reduce hospital admissions or be cheaper. She said that there were in fact no replacement community care beds being planned. There were concerns that transferring care from hospitals to people's homes would make it easier to privatise care and to deliver it by less well trained, supported or monitored staff which could lead to poorer quality care, which would be more difficult to identify and tackle.

Anne Drinkell of the NW London Save Our Hospitals Campaign critiqued the arguments justifying hospital closures, giving the example of the North West London "Shaping a Healthier Future" plans which involved the closure of four out of nine hospitals. She referred to the recent report by Michael Mansfield into the NW London reconfiguration which warned it would lead to dangerous deterioration in services there and calling for it to be halted. She explained how "care in the community" was a hollow idea in their area with no serious commitment to funding or staffing, no evidence that it would work and no plans to tackle the existing deficiencies in social and community care.

Dr. Brian Fisher, Lewisham GP, talked about the adverse impact of austerity on health, and the crisis in social care, giving examples from Lewisham, and argued that health campaigners should take these as seriously as the attacks on the NHS itself.