

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 Braintree, 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.

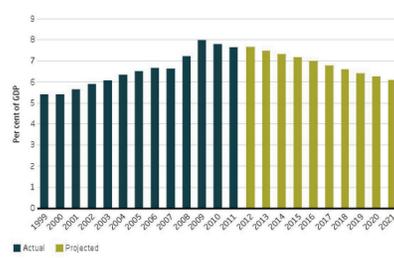
Andy Burnham and other Labour leaders still explicitly argue for a continued 'supporting role' for the private sector. Labour still cherishes illusions in PFI, which is causing financial havoc in many trusts.

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.

The NHS plight – in figures

Figure 2 Actual and projected UK NHS spending as a percentage of GDP



Source: Office for National Statistics 2014; Office for Budget Responsibility 2013b; HM Treasury 2013a
 NB: UK NHS spend projections assume that growth from 2012 equals inflation (GDP deflator) and that GDP grows at the central Office for Budget Responsibility (OBR) projection in its 2013 Fiscal Sustainability Report (OBR 2013b).

Share of NHS spending on private sector

6% Department of Health figures (September 2014) show 'use of private sector in NHS represents only 6% of the total NHS budget' = £6.3bn

420,000 elective operations delivered to NHS patients by private sector 2013/14, out of 5.8 million NHS admissions from waiting lists

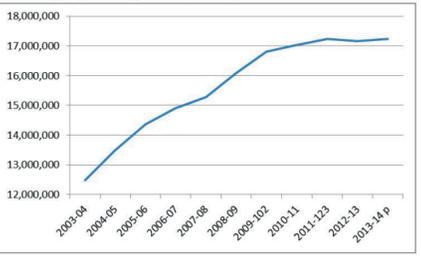
0% Private sector share of 5.4 million NHS emergency admissions in 2013/14

Private hospitals' slice of NHS mental health budget £1.3bn

Total spend on Primary care, mental health, community & elective care £48bn = 13.1% Maximum private slice of these budgets

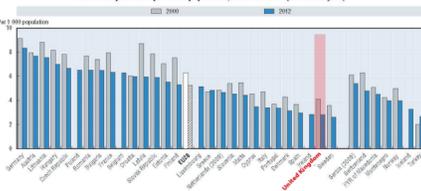
However more recent contracts show NHS retaining only 55% of new contracts, with up to a third going to private firms, or privately-led consortia, and a substantial share to the voluntary sector. There is a lot of NHS still to defend, while the drive for tendering & privatisation is growing.

Total social care spending Adults' Personal Social Services Including Supporting People (£000s)



Source: Graph compiled by John Lister from 'Personal Social Services: Expenditure and Unit Costs Return', Health and Social Care Information Centre

3.5.1. Hospital beds per 1,000 population, 2000 and 2012 (or nearest year)



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/Health-Data-en>; Eurostat Statistics Database; WHO Europe Health for All Database.

NHS Staffing, England 2003-2013				
	2003	2008	2013	Change 2003-2013
Total HCHS medical & dental	80,851	98,703	108,732	27,881
Total GPs	33,564	37,720	40,236	6,672
Consultants	28,750	34,910	41,220	12,470
Total qualified nursing staff*	348,246	368,425	371,727	23,531
Qualified scientific, therapeutic & technical	122,066	142,455	154,109	32,043
Qualified ambulance staff*	15,957	17,451	18,734	2,777
Support to clinical staff*	327,463	334,929	348,999	21,536
NHS infrastructure support	199,808	219,064	211,185	11,377
Breakdown of infrastructure support staff				
Central functions	92,257	105,354	104,130	11,873
Hotel, property & estates	72,230	73,797	70,892	-1,338
Manager & senior manager	35,321	39,913	36,360	1,039

(Data from HSCIC)

CCG Commissioning allocations (2015/16) NHS England

Region	Population	Allocation per capita (£000s)	Total allocation (£000s)	Specialised Services (NHS England) (£000s)	Total secondary care (£000s)
North	16,008,894	1271	20,348,395	3,871,855	24,220,250
Midlands & East	17,277,541	1139	19,520,001	3,791,845	23,311,846
London	9,323,570	1120	10,529,751	2,654,557	13,184,308
South	14,656,022	1118	16,388,853	3,233,465	19,622,318
Total	57,266,027	1166	66,877,000	13,551,721	80,338,721

Hinchingbrooke breaks free from vicious Circle

The disastrous contract for private hospital chain circle to run Hinchingbrooke Hospital in Cambridge has now been branded a "failed experiment" by the Commons Public Accounts Committee, with nobody held to blame. But the MPs have only just woken up to a five year old problem.

In April 2010 Hinchingbrooke had a turnover of £96m, but was lumbered with a £40m historic deficit after falling foul of the inept and insensitive East of England Strategic Health Authority.

Although it's small in NHS terms, with up to 310 beds, a busy A&E, and a mix of emergency and elective admissions, Hinchingbrooke's finances are more than ten times larger than Circle Health's extravagant, tiny private hospitals in Bath and Reading – which have scraped through financially only on the strength of treating NHS patients in otherwise empty beds.

But East of England SHA was already notorious for its eagerness to promote private sector solutions. Especially when Circle offered the biggest (albeit completely baseless) promise to generate savings, claiming a staggering £311 million could be saved over ten years.

The deal meant Circle's profits would not begin until they had got Hinchingbrooke's finances into surplus, was rubber stamped by the Tory-led coalition, already pushing their own plans to offer up much of the NHS for private bids, and signed in November 2011, to take effect from the following February. Tory ministers and the media embarked on a wild love affair with Circle, the private company that claimed to be a 'partnership' offering 'shares' to its staff – but all along was owned by hedge funds.

But things quickly started to go wrong. In November 2012 a National Audit Office report belatedly questioned the central tenet of the contract – the huge commitment to cash savings.

If the company failed to deliver, it would get paid nothing, and could lose up to £7m before it could escape.

A *Health Service Journal* report based on an unredacted copy of Circle's business plan revealed a planned 20% cut in workforce – 320 jobs, 130 of them clinical posts.

The management regime at Hinchingbrooke was of course a far cry from the carefully-spun public image of Circle Health as a "John Lewis-style partnership," owned by its staff.

In the 2013 NHS staff survey the Trust scored worse than average on 19 of 28 key measures, and in the worst 20% on almost half the questions. Hinchingbrooke staff reported above average rates of bullying – a different type of "partnership".



Circle time and again refused to meet with staff unions. The company would not even allow staff time to attend their "partnership" meetings. Vacancy levels grew, as did the bills for more costly agency staff.

The company has never made a profit. It would have collapsed already without extensive patronage from the NHS (which accounts for 93% of Circle's income) and repeated cash handouts from its wealthy owners.

In November 2014 Hinchingbrooke's Finance Director Jenny Raine left her post, amid growing signs of chaos. Papers for the Trust Board's October meeting listed "contract penalties and deductions" of up to £1.6m. In January, just before the publication of a critical CQC report, the long-expected announcement was made that Circle was pulling out.

Deficits had already exceeded £7 million, so the firm walks away without additional payment – leaving the NHS to clear up the mess they had left behind.

The Circle era at Hinchingbrooke was a triumph of spin over substance, of clever PR over performance. Campaigners were right all along: private firms can't run a general hospital.

The grim lessons of Circle's failure should be a reminder of how it can go wrong. Never let them forget!

Cambridgeshire campaigners show way to win against privatisation

One of the biggest potential privatisations since the Health & Social Care Act was stopped in its tracks thanks to Cambridgeshire campaigners.

Undeterred by the apparent odds against them, the campaigners got stuck in from the beginning.

They challenged the secretive process put in place by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), its refusal to divulge any details to the public and its attempt to force through the tendering of a complex £800 million five-year contract for a 'care pathway' for older people's services with no consultation.

The CCG had made no attempt to negotiate these changes with local NHS providers, despite the fact that the local trust delivering community health services, Cambridgeshire Community Services, was already delivering high-quality care.

To raise suspicions further, the initial shortlist of bids – and every succeeding list – includ-

ed a majority of private-sector providers.

Bids from Cambridgeshire Community Services were soon eliminated. It began to look certain a private bid would win.

The campaigners kept up the pressure, demanding the publication of basic information on the contract itself and what was being asked of the bidders.

The threat of a legal challenge to the CCG for its failure to engage with the local public eventually forced a grudging, last-minute publication of a heavily redacted and out-of-date document.

Under continued pressure the CCG eventually agreed, unwillingly, to go through the motions of a "consultation" – although its intentions remained quite obvious.

Campaigners relentlessly exposed the failures and shortcomings of the private-sector companies involved in tendering.

The contract itself offered

little in the way of sure-fire profits, and some companies began dropping out and withdrawing bids even before the CCG could decide.

With Cambridgeshire Community Services excluded, the surviving NHS bid led by Cambridge University Hospitals was pitted against bids from privateers Virgin and Care UK.

We may never know what tipped the balance, but on October 1 came the welcome announcement that after the entire rigmarole of the tendering process, costing well in excess of £1.1 million before NHS management time is taken into account, the contract had been won by the NHS bid.

The CCG has (reluctantly) proved that tendering need not always result in privatisation.

However the big loss for local people is that Cambridgeshire Community Services has now been excluded from the contract.

A hugely complex contract has now been put into place which may well cause financial



headaches for the new NHS providers.

However local trusts already have experience, organisation, committed NHS staff with proper training and recognition deals with the unions.

As CCGs up and down the country line up their various irresponsible plans to carve up and have off services, every challenge is important.

We have to oppose the tiny handfuls of arrogant GPs on CCG

boards who are driving through plans with no reference to their GP colleagues and even less concern for the views and needs of local communities.

It's clear that if the Tories get back in an even weightier privatisation juggernaut will slice out all of the profitable parts of the NHS, leaving the spending freeze and cuts to whittle down what's left.

But whoever wins in May, the fight will have to go on.

London NHS crisis moves into 'intensive care', says new report

London NHS's crisis has deepened and moved into 'intensive care', according to a report from London's People's Inquiry which investigated the capital's health service over the last 12 months.

London's NHS – *Into The Unknown* outlines a further unravelling of services as the NHS becomes more fragmented and financially squeezed, which is coupled with a continued management vacuum at the strategic level – with the public still having no real voice in decisions that affect them.

The report is a follow-up to the People's Inquiry's previous report *London's NHS at The Crossroads* which was unveiled in March 2014. The Inquiry was chaired by Roy Liley of *nhsmanagers.net*, and the Panel included Guardian columnist Polly Toynbee, Keep Our NHS Public national co-chair Sue Richards and Lewisham Hospital campaigner Dr Louise Irvine.

Both reports, which gathered evidence from interested parties, were funded by Unite, the country's largest union, with a 100,000 members in the health service.

The key findings:
 ● Divisions within the NHS in London have never been deeper, and decisions by local GP-led commissioning groups are putting the future of frontline hospital services at risk. Almost all of London's 32 clinical commissioning groups (CCGs), which hold the purse strings for the capital's health services, are comfortably in surplus, and predicting a total of over £150 million underspend by the end of March.

● Meanwhile, almost all of London's 19 acute hospital trusts are deep 'in the red' and braced for an end of year deficit of almost £270 million.

● The situation is set to worsen. While CCGs group together in five collaborative organisations and draw up strategic plans

to tackle an estimated £4 billion gap between service needs and NHS resources by 2019, almost all of the savings and 'efficiencies' they propose will be dumped onto the hospitals, mental health and community health services trusts.

● Most of the planned 'savings' centre on unproven plans to reduce numbers of patients treated as emergencies, as waiting list patients or as outpatients – all of which would drain vital funding from hospital budgets and put services and whole hospitals at risk.

● To make matters worse, the plans to reduce access to hospital care are not matched by equivalent investment in services outside hospital – community health services, district nurses, or GPs and primary care.

● The funding gap between resources and demand for social care, provided by local boroughs in London, is growing rapidly; councils warned that the gap by



2017/18 in London alone could be more £900 million.

The report concludes with 10 key recommendations, which include:

● A renewed call for a review of funding in London, given the increasing population.

● The call for the NHS to move beyond the requirement for commissioning and providers each to balance their books to the development of a balanced local health economy. This would create a new framework for cooperation and

collaboration, and begin to break down the purchaser-provider split.

● A swift reversal of the worst aspects of the Health and Social Care Act which has led to a wasted of £3 billion reorganisation, fragmenting NHS services.

● Further investment in ambulance services, which are losing 26 paramedics-a-week and struggling to fill 400 vacancies from as far afield as Australia.

The full report is available, along with evidence to the Inquiry, at www.peoplesinquiry.org

Who says we can't afford the NHS?

Whenever anybody says this their first question should be what are they offering instead of our NHS? And why do they think it might be cheaper?

Let's get real: spending on health in Britain is not high by any comparative standard.

Even at the high point after 10 years of above inflation increases in spending by Tony Blair and Gordon Brown's governments up to 2010, we were still spending well below the average 9.9% of GDP of the compatible 15 EU countries.

That's just over half the staggering 18% of GDP that is being wasted in the USA, where services at every level are dominated by the private sector and its quest for profit. So when these people are saying the NHS is too expensive, what model do they have for an alternative?

Insurance-based systems in Europe, Japan and elsewhere are no cheaper. Privately dominated systems in the US, India and a few other places leave tens of millions of people on lower incomes unable to get proper care, while huge sums are stretched away as profits rather than spent on patient care.

Rather than discussing whether or not in these brutal times of

austerity we can "afford the NHS," we should ask ourselves whether or not we can afford to subsidise the bankers and their way of life at the expense of our own public services.

The current squeeze on NHS funding which has been running for five years is set to carry on until 2021, forcing cutbacks, closures, and even desperate and counter-productive ideas such as charging immigrants for access to health-care – which even senior civil servants now seem to be attempting to abandon.

All this started because of the banking crash, which emptied the public coffers to bail out the shameless speculators who effectively crashed the whole Western economy.

Before we start saying we can't afford the NHS, and we can't afford to care for the growing numbers of older people whose taxes and efforts made the NHS possible, we should be saying instead we can't afford the wealthy tax dodgers, the real scoundrels, who duck their way out of paying upwards of £120 billion a year in taxes – more than enough to repair and improve all of our public services.

Last year a report from the American-based Commonwealth Fund, comparing our NHS with health services in 11 similarly developed countries found that the NHS came out TOP overall, and NUMBER ONE on all but two of the criteria.

Our health service was found to be the most effective, the safest, the most coordinated, the most patient centred, and to give the fewest cost related problems for patients.

We were rated second only to Sweden as the most equitable health service.

The two categories with worse performance were timeliness, and in particular HEALTHY LIVES – reflecting the huge and widening inequalities in Britain between rich and poor compared to many other countries.

But all this was achieved on the basis of spending that was lower in Britain than in any other of the 11 countries except New Zealand.

However since these figures for the Commonwealth Fund report were compiled in 2012, the coalition government has driven through its Health And Social Care Act which has squandered up-

wards of £3 billion refashioning the structures of the NHS – and deliberately fragmenting the organisation to create opportunities for the private sector to pick up profitable contracts.

Shaping the NHS to make way for the private sector is wasting money through tendering, contracts, lawyers and management consultants, fragmenting services and undermining NHS trusts.

It's not the NHS that's unaffordable, it's a MARKET in healthcare. We need a change of government – to stop the waste, repeal the HSC Act, and bring our NHS back fully into the public sector.

Osborne's £6bn Manchester stitch-up lacks local support

Weeks after George Osborne's bombshell announcement that £6 billion in health and social care spending is to be 'devolved' to the emerging Greater Manchester Combined Authority (GMCA), it is still unclear exactly what is being proposed.

Is the NHS budget – and even major NHS and foundation trusts – to be handed over lock stock and barrel to control by local government, or not? Is an elected mayor to have control as some say, or not?

Will it become, as enthusiasts claim, a new "MHS", a "Manchester Health Service", separate from the NHS, somehow belatedly sprouting some form of democratic accountability? Or will it, as Manchester city council leader Sir Richard Leese says, remain part of the NHS?

The GMCA had already been given control of transport, housing and the skills budget – but the £6bn for health and social care is a much bigger prize, eagerly accepted by the 8 Labour leaders and by lead-

ers of the other two Greater Manchester councils as well as local CCGs.

Not one of them troubled even to inquire as to the views of those they supposedly represent, still less the population of Greater Manchester.

And Osborne seems to have gone beyond his legal powers in carving out such an attractive slice of budgetary cake.

But why, why let a few legal questions and technicalities get in the way of a £6 billion deal?

Cautionary notes sounded by shadow Health Secretary Andy Burnham, warning of the implications of a "two-tier health service," and a "Swiss cheese effect in the NHS whereby cities are opting out" were equally brushed aside by careerist Labour politicians.

But it seems Burnham's response was much closer to the popular view on the ground. This is not so much devolution as abdication of responsibility and passing the buck. Wigan's Labour MP Lisa

Experts slam West London closure plan

Four West London boroughs (Hammersmith & Fulham, Ealing, Brent and Hounslow) have established an Independent Health Commission chaired by Michael Mansfield QC to examine the so-called "Shaping a Healthier Future" (SAHF) plan by NW London Clinical Commissioning Groups, which would result in the closure of four of the nine A&E units and two hospitals in the area, with much of the buildings and land to be sold off.

The Commission, which began work in March has held hearings in three of the four boroughs, and commissioned a thorough critique of the SAHF proposals by independent consultants Sean Boyle and Roger Steer.

The business case "was incomplete at the time of consultation with the public ... and incomplete when it was agreed by the Secretary of State: it remains incomplete." With the current estimated cost of the programme at £1 billion, "it is unlikely that the SAHF programme as a whole would be affordable or deliverable."

Last year local anger at the plan helped Labour win control of Hammersmith & Fulham council from the Tories. The campaigners could claim more Tory scalps before the SAHF plan is scrapped.

and the SaHF programme is described as "a pre-conceived solution" imposed on the North West London health system without there being any clear problem that it was designed to solve.

The consultants note that there has been "no proper assessment of the needs of the whole area to which the health and social care system would respond".

They point out that the evidence behind assumed reductions in demand for acute capacity that would allow the closure of sites and replacement by less capacity on the remaining sites is "deeply flawed".

The main SAHF proposals and rationale are found to be lacking any supporting evidence,



Nandy, writing in the *New Statesman*, warned of the complete lack of democratic base for the whirlwind changes being imposed top-downwards on the "city region."

"A consultation to consider the impact of these huge, sweeping changes on local communities ran for just three weeks, wasn't advertised and had only 12 responses, 10 of them from the local authority leaders who brokered the deal in the first place."

Once again a major change is being imposed from top downwards with no discussion whatever even with the GPs who were supposedly to be put "in charge" of the NHS: CCG chairs have signed up, irrespec-

tive of the views of the GPs they supposedly represent.

There are serious problems with handing over billions of pounds of NHS funding to local government bodies that have been slashing spending on social care, and which have developed a culture of putting almost every service out to tender for the cheapest bid.

If the NHS budget is to be controlled by cash-strapped local government, how long before barely adequate, frozen NHS budgets are siphoned off to prop up social care, or the values of means-tested charges for social care begin to erode the NHS principle of services free at point of use on the basis of clinical need?

Social care faces £4bn cash gap

An overview analysis by the Association of Directors of Adult Social Services (ADASS) has found that:

"By the end of the decade our projections show a funding gap of £4.3 billion, or 29.4 percent of net adult social care budgets in 2013/14."

Meanwhile the same report found that eligibility to social care for people assessed as having 'low' to 'moderate' needs has fallen from almost 30% of English councils providing care in 2010 to just over 10% in 2014/15.

This makes a nonsense of the many NHS strategic plans which rely on social care as a way to minimise use of hospital services. But it's all just wishful thinking: the Commons Public Accounts Committee on Adult Social Care in England last July noted:

"The Departments acknowledge that they do not know how local authorities will achieve the required efficiencies, but still believe the ambitious objectives of implementing the Care Act and integrating services are achievable."

The coalition government sees the £5.3 billion "Better Care Fund" fund being spent jointly with social care services and in partnership with local authorities and Health & Wellbeing Boards – although 79% of the fund has come from money top-sliced from the NHS (from local CCG budgets).

An increasing share of the money already transferred to social care from the NHS since 2011/12 has been used not to invest in new services but to mitigate the impact of cuts in local government funding on social care provision – 50% of the £930m transferred in England in 2014/15 has been spent in this way.

The problem is not only that the Better Care Fund is primarily rebadged money taken from the NHS budget, at a time when resources are already stretched, but also that it has to be spent jointly with local councils – at a time when social care expenditure and council funding are expected to be further cut each year.

Simon says NHS England boss Simon Stevens called last summer for a major programme extending the use of combined health and social care personal budgets.

This could open up a whole range of opportunities for private insurers selling policies to cover top-up payments, and a host of cheap-skate private service providers looking to cash in on a new £5 billion-plus market.

If the budgets of both NHS and local government services are inadequate now, how can personal budgets solve the problem? Those who lack any savings or access to extra money will of course – as always – go without.

We're at the end of a transition from institutional care, to care at home... to caring for yourself, on your own in your own home. That's the glory of neoliberal Britain.

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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