NHS NOT FOR SALE
Keep our NHS public

HEALTH EMERGENCY

SPECIAL COMBINED ISSUE ● Autumn 2015 ● Together against Tory attacks!

Minister wants you to pay (again) for your NHS care!

Return of a zombie policy!

Laughing all the way to the bankers. George Osborne's post-election budget included a 1% limit on NHS pay for another 4 years. This comes after staff have faced cuts of 15% in real terms since 2010 – see INSIDE page 3

The newly-appointed Tory Minister for NHS Productivity, Lord Prior, has set up a fresh inquiry into the possibility of funding the NHS through user fees for service.

The proposal appeared to emerge informally in the course of a low-profile debate in the House of Lords, but it has all the trappings of a stitch-up – since only like-minded peers seem likely to be invited to take part in discussing this zombie idea, which keeps constantly resurfacing, with little if any public involvement.

Prior's call has been swiftly followed by a report from CIPFA – the Chartered Institute for Public Finance and Accountancy – which dismisses the chances of the NHS making the required £22 billion of savings over the next 5 years.

It concludes from this that the government must either come up with more money for the NHS, or reduce services, or … "charge users more", arguing that: "To choose none of those is not a realistic option."

We can expect an orchestrated campaign of such arguments to grow in the next year or so.

This raises the possibility of the new government publicly flouting David Cameron's previous explicit insistence that patients would not face charges for treatment or be required to take out health insurance.

But we are in a period in which a newly-elected Tory government feels free to ditch its pre-election promises and earlier commitments, and crack on with the policies which will appease the right wing back benchers and the backwoods men and women who fund the Party.

Of course charging for healthcare is not a way to balance the books of the NHS. The example of prescription charges underlines the problem. For adults in work, each item on a prescription is supposed to be charged at £8.20 per item, giving only pence change from £25 for anyone requiring three items.

But while the charge acts as a severe deterrent and often an insuperable obstacle to low-paid workers getting all of the drugs they need, it only raises peanuts towards the total costs of running the NHS.

The latest Department of Health figures show that prescription charges totalled £504 million last year – less than 5% of the full cost of running the prescription service, and an infinitesimal part of the £110 billion NHS Budget for England. Exemptions mean that almost 90% of prescriptions are dispensed free.

Many of those exempted (the elderly, children, people on benefits) would struggle to pay the prescription price, and would as a result receive only a part of the medication GPs believe they should have.

In other words, more charges and bigger charges, almost certainly coupled with a reduction in numbers exempted, would inevitably mean more people on low incomes failing to access treatment they need – becoming more sick, and increasing the likelihood they will be expensive emergency cases when they finally do require treatment.

Germany recently scrapped charges to access GP services: the charges irritated the GPs who had to administer them, and were big enough to deter many of the patients who most needed regular treatment.

A diehard right wing fringe of the Tory Party has always argued for charges to access NHS services.

They never accepted the premise of Bevan's NHS, which was to eliminate the cost barriers to health care for everybody – including more affluent middle class families who could be thrown into chaos by hefty hospital bills.

The principle was that the NHS was funded on the basis of general taxation,not by charging the sick.

But every so often – almost every year at the BMA's annual conference, and periodically in the media – another attempt will be made to resurrect this zombie policy.

The inescapable problem facing anyone wanting to urn the clock back in this way to the 1930s is that most health care is needed by those – the very young, very old, mentally ill, and the poor – who are least in a position to pay any significant price for it.

And health care is not the sort of service which people who don't really need it would access simply because it's free.

Radiotherapy is free to cancer patients: there is no queue of punters wanting it because it's free.

The zombies are emerging again because we have a right wing Tory government determined to use its 5-year term to slash public spending and open up as much as they can of the NHS to the private sector.

But the private sector will take care to ensure that any services they take over are publicly-funded, to guarantee numbers of patients and fat profits.

The great British carve-up

Devo-everywhere!

Following on George Osborne's pre-election bombshell announcement of the 'Devo-Manc' proposals to hand the Combined Authority of Greater Manchester powers over £6 billion of health and social care budgets, other secretive moves have been taking place throughout England.

Other council leaders have been getting together, some of them with chairs of their local Clinical Commissioning Groups, seeking similar lash-ups, with the prospect of local government and social service bosses being able to get their hands on NHS budgets – and "integrate" services.

Cornwall – where health services have repeatedly been put at risk by an irresponsible CCG as well as heavy cuts in social care – was quick to get in on the action.

Other Combined Authorities that had already been set up, mainly in the north of England, covering Sheffield, Liverpool, West Yorkshire and the North East (including Durham, Gateshead, Newcastle, Sunderland) have begun to investigate what powers they can take on.

Most of them already have increased control over transport, economic development and regeneration.

In the East Midlands a Regional Investment Bank with funds of £1 billion has been set up between Derby, Derbyshire, Nottingham and Nottinghamshire.

But interest has been expressed by a large number of other county and city councils seeking their share of post Devo-Manc action, some of them obviously overlapping with each other:

- Cambridgeshire & Peterborough,
- Devon, Somerset, Plymouth & Torbay
- Dorset, Bournemouth & Poole
- Essex, Southend and Thurrock
- Hampshire – including Portsmouth and Southampton, as well as the Isle of Wight
- Lancashire
- Leicestershire
- Milton Keynes, Bedford, Central Bedfordshire & Luton
- Oxfordshire, Buckinghamshire & Northamptonshire
- Shropshire, Herefordshire, Staffordshire, Warwickshire and Worcestershire
- Surrey
- West of England (Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset
- A late show of interest in Norfolk

Only a handful of councils have made clear that they do not want to sign up to any combined authority, including Kent, Hertfordshire and Cumbria.

Given the complete abrogation of democracy displayed in the Devo-Manc proposals and the way in which it was agreed, there seems little hope that this type of "devolution" will yield any real democratic control over local services.

Instead it seems that local government – including many Labour-led councils, as in Manchester – is once again stupidly queuing up for the right to be held to blame for cuts driven by central government.

So far the only evidence on how NHS services will be affected comes from the decision soon after the election to press ahead with the hugely unpopular "reconfiguration" of hospitals across the Greater Manchester area, grotesquely misnamed as the "Healthier Together" plan.

Campaigners will need to be on their guard for similar moves by unaccountable bodies claiming to act in the name of "devolution".

Social care: a gap where a service should be

Large cuts have hit social care budgets every year since 2010: research shows a 16% cut in real terms to services for older adults from 2009-2014, leaving 300,000 fewer older adults receiving care.

The scale of these cuts, with the prospect of more a deeper cuts to come in social care prompted leaders of the Local Government Association to join forces with the NHS Confederation and health professional bodies and jointly sign a letter to the Observer early in 2015 warning of the dangers to patients if more cuts continue in health and social care:

"Councils work incredibly hard with health partners to ease the growing strain on the NHS. But putting extra in¬vestment into the NHS without easing the pressure on council budgets is not the solution.

"Without adequate funding for care, the NHS will continue to be forced to pick up the pieces from a social care system that is not resourced to meet demands, which will be increasingly unable to keep people out of hospitals.

"This would be a disaster for the health service and those left languishing in hospital beds instead of being cared for in their own homes and communities."

"With regard to the economic climate, I think we have to accept that things have got to get worse before they can get even worse."

Impact

The impact of the financial cuts on social care nationally in England – following 15 years of growth in budgets for Personal Social Services – are also spelled out in another report The Coalition's Record on Adult Social Care: Policy, Spending and Outcomes 2010-2015:

"Overall spending is projected to have fallen by 13.4 per cent over the Government's five years in office. Already by 2013/14, 17.4 per cent less was being spent on services for older people. By contrast, the number of people aged 65 and over increased by 10.1 per cent over the same period, including an 8.6 per cent increase in the population aged 85 or over."

The researchers showed that the shrinking budget at a time of growing population inevitably means care is being given to fewer people who need it:

"The number of people receiving publicly-commissioned adult social care services fell by one quarter between 2009/10 and 2013/14 from 1.7 million to below 1.3 million."

This is especially hitting those who according to many NHS plans for reconfiguring services, should be supported to live at home, and avoid the need for hospital admissions:

"Care at home and other community-based services were hit especially hard, resulting in an average 8 per cent reduction in the number of users each year."

The Local Government Association has warned that spending on other council services in England would have to drop by 66 per cent in cash terms by the end of the decade, from £24.5 billion in 2010-11 to £8.4 billion in 2019/20 to accommodate the rising costs of adult care.

According to the latest HSCIC data there were 10,000 fewer jobs in adult social services in councils in England in September 2014 than the year before, and a reduction of over 18% from 159,400 in 2011.

Falling volumes of care

NAO analysis also shows that:

"Around three quarters of the reduction in local authority spending has been through reducing the amount of service provided. Volumes of care have fallen across all types of care service."

A consequence of this reduction and inadequate resources is, according to the NAO that: "In 2012-13 patients spent 833,000 days longer in hospital than necessary because of delayed

The average size of the weekly payments to older people and adults in London vary enormously: 8 boroughs paid out an average of less than £200 per week, with the lowest being Bexley, paying just £62 on average. The most generous was Kingston, where 345 clients received an average of £492 per week.

However the statistics on this spending offer no information on what these sums of money are spent on, and whether this represents value for money for the borough or for the client. Nor do they seek to explain why there have been so few payments, or what costs the smaller payments are expected to cover.

No meals services

Nationally one third of UK local authorities have ceased to provide "meals on wheels" for elderly and vulnerable people. This may put them at risk of malnutrition, and means that older people unable to cook for themselves are obliged in those areas to seek care elsewhere, increasing the numbers using care homes and hospitals.

Age UK has estimated that of 2 mil¬lion older people in England with care-related needs, almost 800,000 receive no support of any kind.

The the new eligibility criteria in the government's controversial Care Act only offer any support to those with the higher threshold of 'substantial' needs.

An overview analysis by the Association of Directors of Adult Social Services found that eligibility to social care for people assessed as having 'low' to 'moderate' needs had fallen from almost 30% of English councils providing care in 2010 to just over 10% in 2014/15.

Setting the minimum eligibility threshold at the level of there being (in the phrasing of the Care Act) a 'significant risk to any aspect of the adult's well-being' clearly runs in contradiction to the new statutory requirement to offer "preventative services."

The lack of preventive services to help people cope longer living at home makes a nonsense of the many NHS strategic plans which rely on this as a way to minimise use of hospital services.

The Department that claims to know nothing

The lack of any coherent or convincing plan to take account of the levels of need of older people and support them in their own homes has been highlighted by the highly critical report of the Commons Public Accounts Committee last July on Adult Social Care in England.

Having taken evidence from the Department of Health and the Department for Communities and Local Government, the all-party committee noted:

"The Departments do not know whether the care system can become more efficient and spend less while continuing to absorb the increasing need for care. […] Local authorities' cost savings have been achieved by paying lower fees to providers, which has led to very low pay for the care workforce, low skill levels within the workforce, and inevitably poorer levels of service to users. […]

"We are concerned that the Departments have not fully addressed the long-term sustainability of the adult social care system, and that its policies to drive change (the Care Act and the Better Care Fund) are not supported with new money and do not acknowledge the scale of the problem. […]

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." (p6)

"The Department of Health acknowledges that it does not know whether some preventative services and lower level interventions are making a difference." (p 7)

"The Department for Communities and Local Government told us that they did not know how local authorities would be able to maintain spending on care for adults and improve outcomes in a situation where needs were increasing but overall public funding was falling." (p12)

To complete the picture of central government ignorance and indifference to the viability of adult social care services, the PAC found:

"The Department of Health recognised the need for greater research in these areas, and it acknowledged that the lack of evidence on what works and how changes should be implemented was a barrier to integration of health and social care." (p13)

In other words at national level and in London a grand strategy for the integration of health and social care, and the further integration of primary and community services – which run as a common thread through almost all policy statements from NHS commissioners – has been advocated and adopted as policy despite a lack of working examples and evidence, and alongside relentless cuts in resources to meet rising demand in health and social care.

Cameron's plan for 7/7 working threatens NHS pay agreement

Immediately after the general election Tory Prime Minister David Cameron and his Health Minister Jeremy Hunt raised the urgent need for the NHS to move towards a 7-day service.

The hundreds of thousands of NHS workers who already provide a 24 hour, 7 day a week, 365 days a year service can be excused for wondering 'what are these people going on about?, what are we working now?".

In reality the government wants to extend the core hours when all NHS services are open – but is not prepared to increase funding to employ the extra staff needed to do so.

To deliver this within same budget they need to find the money elsewhere and true to form it will be NHS workers who will be made to pay the bill. The existing staffing levels would be stretched thinner across longer hours.

In January the then coalition government instructed the NHS Pay Re¬view Body (PRB) to "look at affordable out of hours working arrangements".

According to government ministers, unsocial hours payments to compensate staff for sacrificing time other workers can spend at leisure are "archaic" and "a potential barrier" to providing afford¬able care at the weekends and evenings.

The PRB has been given a number of options to consider all of which reduce some or all of the enhancements paid in Agenda for Change Handbook.

The PRB is due to announce the results of its so-called consultation in the summer. Its recommendations are not however binding.

They cannot be imposed by the government as is often the case with NHS annual pay awards, because Agenda for Change Terms and Conditions are negotiated nationally by the NHS Staff Council and do not come under the remit of the PRB.

Never mind 7/7 access – in East London GPs and supporters have had to take to street protests to defend local surgeries threatened by Tory spending cuts

Challenging times for 'challenge fund'

David Cameron's "Challenge Fund" for 7/7 working in primary care has two big problems: the GPs and staff don't want to do it – and few patients apparently want to use it.

Many of the pilot schemes trialling 7-day GP access have cut back on extended evening access, and some have closed Sunday sessions completely after finding far lower than expected patient demand.

In one pilot area 60% of appointments went unused, despite efforts to publicise the service. But of course all this unused provision still has a cost: and once the Challenge Fund money is exhausted the bill will land on the desk of the local CCG.

In Manchester, soon to be 'devolved' obsessive CCG chiefs are pressing ahead regardless, despite poor results so far, with 7-day access schemes costing £1.3m to save a claimed £425,000.

Just 65% of Manchester's extra GP appointments had been taken up, and the extended service had reduced A&E attendance by a feeble 3% – all of them minor cases. The biggest saving was in "out of hours" GP services.

If that's the way ministers want scarce NHS money spent, the NHS is in for a rocky ride.

Another 4 years of NHS pay cuts?

If anyone was in any doubt of the Tory view of NHS staff, the decision by George Osborne to impose yet another cap on public sector pay, with a 1% limit for the next four years, should make it quite clear.

The Tories want to reduce the NHS to a minimal back-up service, with as much of it as possible provided by private contractors.

For NHS staff, whose wages have already been cut by upwards of 16% in real terms since 2010, this throws down another challenge, especially if the threat to Agenda for Change and its provision for unsocial hours payments goes ahead in the drive for 7/7 working.

But the Tories are also inconsistent: one section of the private sector is now squealing in protest, after Jeremy Hunt demanded a clampdown not only on the hourly pay of agency staff but also imposed strict limits on spending on agency staff by financially troubled trusts.

The agency employers complained that Hunt's language was "outrageous".

The problem in the NHS is that years of frozen pay, followed by years of below inflation pay awards, coupled with stressful work are driving some staff towards agency work as a way to regain control over their workload.

Capping agency pay rates will just make it even harder to secure staff when they are desperately needed, while the new 1% pay limit for the next four years guarantees more staff will be driven out of the NHS.

Cash crisis brings green light for unsafe staffing

Monitor, the NHS regulator, has written to cash-strapped trusts facing a massive £2 billion total of deficits this year, telling them in effect to disregard targets for waiting times, and tear up guidance on safe staffing levels.

All financial penalties will be suspended, in a desperate effort to balance the books. Monitor has joined the chorus of people warning that there is simply not enough money to maintain NHS services as before – again proving that Cameron's bland pre-election promises of an extra £8 billion for the NHS by 2020 is no guarantee that services will not be slashed to ribbons and the choicest services privatised.

NHS England boss Simon Stevens suggested the £8 billion. It sounded like a lot when the consensus seemed to be for more austerity.

But it does not add that much each year if phased over five years. In fact England's NHS budget, even frozen in real terms since 2010, has grown in cash terms by far more than £8 billion – from £98.5 billion in 2010 to £110.5 billion in 2014-15. And still we have the vast majority of NHS and foundation trusts predicting heavy deficits this year, with even worse to come.

Stevens also argued that the NHS could generate staggering £22 billion more of 'efficiency savings' between now and 2019-20 to cover the increased cost pressures of a growing population and larger numbers of frail older patients. That seems nigh on impossible to achieve.

For Stevens, the cash squeeze – and the desperation flowing from it – is an additional lever to be usedto force through a brutal "reconfiguration" of hospital services, which have time and again run up against a solid wall of popular public opposition.

But with waiting lists already at new record levels, and hospitals missing key performance targets, we can expect far worse to come.

Fight to defend unsocial hours pay

The NHS Staff Council is a negotiating body made up of the NHS Trade Unions and Employers representatives.

UNISON and the other NHS trade unions have all opposed any moves to erode unsocial hours payments and the RCN has publicly stated that it will ballot for strike action for the first time in its history if unsocial hours payments are reduced.

UNISON's Health conference in April this year also voted for a strike ballot so a summer/autumn of discontent in the NHS is becoming more and more likely.

If the government does go ahead with their attacks on enhancements staff will have no choice but to fight them.

Every protest and strike has confirmed that the general public believe health workers are better value for money than Jeremy Hunt and co!

S. O'Neill

Health campaigns will be stronger together

Winning by joining

Keep Our NHS Public was founded 10 years ago and has grown to be one of the primary NHS campaigning groups with local successes and national stories to its credit, over 40 local groups, and many more affiliates.

It continues to work hard fighting battles locally but, like many groups after the election result, is facing up to the harsh reality of the fight against a Tory government which simply doesn't even acknowledge what it is doing is wrong, let alone show the slightest hint of slowing down its systematic asset stripping of the NHS.

The national media have lost a lot of the interest they had leading up to the election, as voices from groups like KONP become unfashionably 'extreme' again.

Yet the neoliberal propaganda factories continue to have the ear of many. But KONP is determined to fight on – and the way to do that is not alone. KONP, along with LHE, is making sure the best of us stand against the worst attack on our NHS ever.

Local groups

All of KONP's local groups and affiliates share the same values. They all want an end to privatisation, bringing back government responsibility for the NHS, and returning the NHS to government ownership; to end compulsory competition and reject TTIP; increases in NHS funding to restore it to what it should be; and to stop cuts based on cost and the travesty of PFIs.

The key question is, how do you make this happen in a political landscape in which the Tories hold power at Westminster?

Parliamentary solutions, in the form of an NHS Bill that becomes law (see page 5), are denied the campaigns unless the government's majority fails it at some point. That cannot be relied upon.

What can be done, though, is promising and plays to the strengths of the campaign movement – if it can avoid shaking itself to pieces with internecine squabbles.

The neoliberal propaganda factories continue to have the ear of many. But KONP is determined to fight on – and the way to do that is not alone.

Monitor CCGs

A key strength is the local groups. Here are where the careful monitoring of privateer-leaning CCGs is done, here are where the press campaigns can still be encouraging as the local press (where there still is one after years of savage cuts by corporate giants like TMG) remain more likely to listen, here are where the demonstrations happen a lot of the time.

But local groups face problems. It's often only a small number of determined people acting in their 'spare' time, often without the information of similar battles won in other parts of the country to hand, nearly always facing corporations who have massively more resources to apply.

People burn out. They can easily feel disheartened, and righteous anger can all too often wither to exhausted despair.

Privatisation and cuts can happen through simple attrition – if we let them. This is where planning and coordination at a national level are the solution.

Groups and individuals have always talked to others they know of who have the experience to help, but it's so much easier and encouraging when there is already a network and resources which put people in touch immediately, and continue to give the best possible information and advice.

They rely on the experience learned at a local level to inform and help others fighting their battle locally.

KONP has undertaken a major upgrade of its national website to achieve this better coordination, offering local groups a national presence, and will continue to produce resources nationally to help people locally.

Local battles

Of course the national media profile will continue to be important: but local efforts to win the local battles are where the victories now lie.

What is true within one group is an even greater truth amongst them. KONP, like several other NHS campaigns, has started to reach out to other groups and talk to them about joint planning, sharing of resources in a more coordinated way, advising and supporting people locally across the country in a way that so far has not been achieved nationally.

This newsletter is the first concrete example of that collaboration. There will be others – and their aim is simple. To unite us all against the common threat facing our NHS.

It will not be easy. There are genuine and deeply held differences of opinion which can destroy alliances just as easily as the Tories could shut down and sell off a hospital if unopposed.

The way forward is not to insist all the campaign groups sing the same song, and certainly not to impose rules or structures that rob any one group of autonomy or direction.

But if all of them can ensure all the words mean the same thing, the differences will not matter so much as making the only difference that counts: stopping the NHS from disappearing.

Paul Box/reportdigital.co.uk

Campaigners in Bristol turned out in their hundreds to show their opposition to a private firm possibly winning a £28m contract to provide children's community health services. The service, has until now been provided by North Bristol NHS Trust. But the trust decided not to bid to run it again from April 2016, saying it want to concentrate on "acute and hospital based care". Virgin Care is one of two providers shortlisted for a contract to provide services until April 2017. The other is a partnership between not-for-profit organisations, community health providers and an NHS trust. ***https://protectournhs.wordpress.com/***

(ABOVE) A huge turnout in Henley for the Townlands Campaign March to keep the 18 beds in the town's new hospital on Saturday 11 July. The campaign has been backed by the local Henley Standard newspaper and the Mayor.
(BELOW) Up to 1,000 turned out in the sleepy Dorset town of Dorchester to oppose threats to close local children's services and "centralise" care miles away in Bournemouth or Poole.

5-year freeze is taking its toll

NHS Trusts line up for billions in bail-outs

Despite David Cameron's claims to have protected NHS spending, the prolonged austerity regime imposed by George Osborne in his quest to cut the share of GDP spent on health has taken a heavy toll.

Shocking figures from the *Health Service Journal* show that Department of Health bail-outs to prevent trusts going bust in the run-up to the General Election add up to a massive £1.2 billion.

In all 50 struggling trusts were given extra money to cover wage costs, pay bills and finance new equipment or repairs. But there is no guarantee of further payments and many trusts are now staring into a financial abyss.

Prominent in the lists of the largest bail-out payments are hospitals built with funding from the "Private Finance Initiative," which has left the trusts saddled with soaring and unaffordable payments for 20-30 years to come.

The *HSJ* also reveals that eleven of the bailouts have now been converted into loans – requiring trusts already struggling to balance their books to fork out extra payments each year until the loans are paid off.

With the cash squeeze tightening and the pitiful promise of an extra £8 billion over five years tied to demands for an impossible £22 billion in savings, and two thirds of trusts already predicting deficits this year, the situation is set to get much worse.

More telling figures from the *HSJ* reveal that Clinical Commissioning Groups which hold the purse strings for local health care are implementing or considering rationing services to restrict spending.

Many of these are looking to pull funding from a treatments claimed to have "limited clinical value" – one list of which was drawn up by management consultants McKinsey back in 2009, straight after the banks crashed. Patients denied these services from their local NHS would face a grim choice of going private or going without.

Now the Tories have been elected for another five years, the grim consequence of the squeeze and demands for "efficiency savings" can be expected to emerge in a fresh wave of hospital closures.

But this can be a point of leverage against a government with a majority of just 12 in the Commons.

The fight for the NHS is not just campaigning against privatisation: we need to challenge each of these cuts, and put local politicians on the spot when any services are threatened on their patch, proving to them they could pay a heavy political price if they connive at the destruction of local health care.

MANCHESTER - Tory Party Conference

National Demonstration:

SUNDAY 4 OCTOBER

No to Austerity – Yes to Workers Rights

Assemble 12 noon, Oxford Road

Organised by the TUC & the People's Assembly

Evening

"Laugh Them Out of Town" @ Manchester Academy

Line up includes: Frankie Boyle, Mark Steel, Francesca Martinez, Sara Pascoe, Jeremy Hardy, Robin Ince

Tickets: £10 / £20 / £30 (concession / standard / solidarity)

Tickets from ***https://manchesteracademy.ticketline.co.uk/order/tickets/13309295/laugh-them-out-of-town-manchester-academy-2015-10-04-19-00-00***

London's NHS finance bosses find £4.8billion affordability gap by 2020

Pete Marshall/Demotix

London's NHS faces a "funding crisis" that is impacting across the system as a whole, according to recent papers produced for a conference of finance directors.

Having got through last year by the "skin of our teeth" finance directors are facing further cash constriction and complications. The figures give a glimpse of the crisis facing all areas of England.

The NHS in London alone faces a £4.76 billion 'affordability gap' by 2020 – £3 billion from London providers (trusts) – 25% of their turnover, equivalent to closing 1 in 4 hospitals – and £1.74 billion from Commissioners (who often seek to 'save' money by further cutting funds to providers).

These figures assume a best case scenario in which the promised increase of £8 billion in NHS funding (asked for by NHS England boss Simon Stevens) is delivered by 2020.

The London problem, as in many other areas is also worsened by the fact that the social care sector is also "experiencing a significant funding challenge that is projected to worsen over time".

London local councils have seen cuts in core funding of 45% since 2010, and faces further cuts up to 2020 of 42% from the level they are now – leaving less than a quarter of the funding they had before the Tory-led coalition took power.

£4.76bn
London's NHS affordability gap by 2020 , equivalent to
1 in 4
of London's hospitals
£3.4 bn
funding gap for London's boroughs by 2020
23%
share of 2010 local government funding left by 2020

However the population is growing in London, with some boroughs set to increase by 15%: the combination of reduced funding and growing pressure is expected to bring a £3.4 billion funding gap for London's local government.

There is a grim warning that "London may need to explore options for revenue-raising to meet the funding needs of the health and care system".

The NHS problems are compounded by "complex duplicated regulation" and the conflict between commissioners and providers worsened by Andrew Lansley's 2012 Health & Social Care Act.

And the financial pressures have ed to an "unclear policy" on the "consolidation" of services onto fewer hospital sites, and the future of smaller hospitals.

The Trust Development Authority's Business Director for London points to a massive £3.3 billion bill for temporary staff across the NHS as a whole last year, increased by a third since 2012, of which a disproportionate share is down to London's trusts and foundation trusts.

The cost of agency nursing has doubled since 2012, while the rate of nurses leaving the profession has increased by a massive 29 percent, and – after cutbacks in 2010 – there are insufficient training posts available to maintain the numbers for the NHS.

This means NHS trusts are unable to recruit sufficient permanent staff, at a time when the focus on staffing levels and quality of care has been heightened.

Alongside the lack of nurses there has been a continued increase in urgent care activity, with a 6.5% increase in non-elective admissions in the last two years, an 11.2% increase in referrals of patients by GPs and an 8.9% growth in elective treatment.

The result is "unprecedented financial and operational pressures and capacity and capability issues".

Regions in the red

All four regions of England are planning a net deficit for 2015-16, and 55 NHS trusts plan deficits averaging £22 million – with the largest planned deficit a staggering £135m.

Just 35 NHS trusts are hoping to deliver surpluses averaging just £1.6m, with a maximum of £5m.

In London two thirds (65%) of the NHS Trusts are planning deficits, second only to the North of England (67%).

In searching for ways to cut costs, another report points out that the "easiest pathway" for discharging (older) patients from acute hospitals is to "bed based care" that becomes long-term care. This appears to deliver savings for the NHS, but overall increases costs to the taxpayer.

It also runs into the problem of the low benchmark price paid to private nursing homes, resulting in insufficient numbers of beds being available – especially in London.

In response to this litany of problems, NHS finance directors have been looking for implementation of the *Better Health for London* plans to prevent ill health, drawn up by a commission chaired by Lord Darzi: but they appear blissfully unaware that George Osborne's latest budget specifically slashed public health budgets by £200m, slamming that door shut.

They also ignore the awkward fact that public health and preventative measures – while good in themselves – take years to show results, and are unlikely to make any difference to demand for health care between now and 2020.

Nasty Party's racist policies damage NHS

The NHS is already suffering as a result of racist changes to the rules governing non-EU staff, even as desperate NHS bosses scour Africa and Asia in the quest for staff to fill growing numbers of vacancies.

From next April, non-EU nursing and other staff earning less than £35,000 (i.e. most nurses) will have to leave the country. The government has persisted with this policy, despite warnings from NHS Employers.

Indeed the Migration Advisory Committee specifically decided in February not to include nursing on the list of "shortage occupations" that were allowed to recruit beyond the EU.

The *Health Service Journal's* Shaun Lintern reports one clinical director at a London hospital warning that non-EU staff are already leaving the NHS eeking to get jobs paying above £35,000. "In London we rely on nurses on work permits to keep our service running".

The *HSJ* has previously reported that a staggering 83% of trusts have failed to meet their own planned nurse staffing levels.

But already staff are leaving, and expensively recruited new potential staff are unable to get work permits. That's Tory policy for you – appeasing the racist right at the expense of public services.

The other reactionary Tory policy targeting non-EU migrants is also creating more problems for the NHS – the imposition of a £200-a-year 'health surcharge' which migrants have to agree to pay as part of their visa application.

Straight after the election the Tory government announced plans to consult on extending these charges to emergency and primary care, which are currently free of any charges.

And to "incentivise" NHS Trusts to collect the money, short-term visitors from outside Europe – most of whom are working or studying here – will be charged 150% of the cost of treatment – again regardless of their ability to pay.

Trusts that fail to collect these charges face possible fines.

Ministers claim such charges could raise up to £500 million per year: but they have not addressed the question of how much it would cost to collect the money, or the extra bureaucracy required to do so in each Trust.

No money to pay

Nor have ministers explained how such charges could be raised from refugees and migrants who for whatever reason do not have the means to pay.

In some fee-charging hospitals in West Africa, desperate hospital managers trying to secure payment for maternity services from destitute mothers have even resorted to keeping their babies hostage until the bills have been paid.

It's not clear if this is the model that appeals to Tory ministers.

Of course denying migrants access to primary care or emergency treatment on the basis of their ability to pay runs directly counter to the principles of the NHS, and obliges health professionals to breach their professional ethics and act as border guards.

Denying access to primary care could also result in the spread of infectious disease, and the worsening of conditions to create a much more expensive later emergency.

A BMJ article on the policy's implementation argues that the charges are a false economy and could well cost the NHS more in the long run.

They point out that access to health care is a quoted as a factor for migration by fewer than 3% of migrants surveyed by Doctors of the World, who run a charitable clinic in London .

Other evidence shows that undocumented migrants are healthier, cost less, and make less use of health services than nationals.

The crackdown on what has been ludicrously described as "health tourism" has already had an impact on pregnant migrant women and their babies according to Doctors of the World.

They quote two examples of women faced with demands running into thousands of pounds – even after their babies died in hospital.

Aping the horrors of the American health care system, hospitals cannot turn away undocumented migrants in need of emergency or maternity care – but are obliged to pursue them afterwards for payment.

While appeasing their right wing fringe Cameron's government is eroding both the principles and the workforce that underpin the NHS.

It's time both lines of policy were challenged.

Then and now: the "nasty taste" of Tory calls for charges

Aneurin Bevan, the founder of the NHS, argued strongly against suggestions that the NHS should charge foreigners for using services:

"One of the consequences of the universality of the British Health Service is the free treatment of foreign visitors.

…

"… There are a number of more potent reasons why it would be unwise as well as mean to withhold the free service from the visitor to Britain.

"How do we distinguish a visitor from anybody else? Are British citizens to carry means of identification everywhere to prove they are not visitors?

"… The whole agitation has a nasty taste. Instead of rejoicing at the opportunity to practise a civilised principle, Conservatives have tried to exploit the most disreputable emotions in this among many other attempts to discredit socialised medicine."

(*In Place of Fear*, 1952)

The struggle to undo Lansley's disastrous Act

Fighting on to reinstate the NHS

Many of our readers will have been sickened to hear of the peerage given to Andrew Lansley, the architect of the disastrous Health & Social Care Act 2012, which has so thoroughly fragmented the NHS and paved the way for much greater privatisation.

But reports of the death of the NHS were widely exaggerated. And the Bill to reverse the market-style 'reforms' since 1990 is alive, and part of the new Parliament.

Though it is highly unlikely to ever reach the statute book, the presence alone of the NHS Bill holds out some hope: and stands for the determination of a lot of people.

As in the last Parliament, it was Green MP Caroline Lucas who took up the cause again. As before, she gained the support of a cross-party group of MPs so she could table the Bill as a Private Members' Bill.

Her supporters included Jeremy Corbyn and Dr Philippa Whitford, the SNP health spokesperson. The House of Commons Clerk insisted it couldn't contain the word 'Reinstatement' so it was registered as the National Health Service Bill 2015-16.

It was 'laid before Parliament' – counting as its first reading – on 1 July and its second reading is expected on 11 March 2016.

The initial tabling of the BIll March 11

The rather cryptic summary on the House of Commons website (***http://services.parliament.uk/bills/2015-16/nationalhealthservice.html***) reads:

"To re-establish the Secretary of State's legal duty as to the National Health Service in England and to make provision about the other duties of the Secretary of State in that regard; to make provision about the administration and accountability of the National Health Service in England; to repeal section 1 of the National Health Service (Private Finance) Act 1997 and sections 38 and 39 of the Immigration Act 2014; to make provision about the application of international law in relation to health services in the United Kingdom; and for connected purposes."

This hides the fact that if it became law the Bill would make the Health Secretary responsible for the NHS again, do away with FTs and centralise PFI debt, integrate public health services, introduce successors to community health councils as genuine local bodies to represent the public, scrap Monitor, stop TTIP from wrecking the NHS's future chances, and reintroduce national terms and conditions for NHS staff.

But with a Tory majority we can expect to see all of this noble and completely effective legislation failing to become law. If nothing else, the likes of Rees-Mogg will relish the chance to filibuster it to oblivion in the committee stage: just as they did with the Efford Bill, Labour's last feeble attempt to stop the NHS destruction.

Yet that is not the end. This Bill's presence alone shows there are many people who value the NHS, and many more who could be persuaded, if only we can make them see.

This Bill's shortlived progress will allow that to shine, for a while. The campaigns should stand ready to grasp that chance.

● For updates and more on what you can do check out the website: ***http://www.nhsbill2015.org/***

Let's unite and fight

OurNHS is the only media outlet that is fiercely pro-NHS. We break vital stories that other media miss. And now we need your help.

Did you know that this month, the Tory government quietly proposed an inquiry into moving towards a pay-to-use NHS? OurNHS openDemocracy broke this story, and already it's been read by well over 100,000 on our website, and picked up from our site by the *Guardian*, the *Independent*, and in parliament.

OurNHS www.opendemocracy.net/OurNHS is the only media outlet that is fiercely pro-NHS, producing regular exclusive articles on what's happening and how people are fighting back.

More than ever, we need fight to protect & restore our NHS. In the two months since the election, despite their pledges, the Tories have already:

- scrapped targets for safe numbers of nurses & waiting times
- launched a destructive attack on doctors, already suffering low morale
- pressed ahead with hospital sell-off and privatisation plans.

Many of these stories were missed by the rest of the media, or picked up only from our coverage – including the 'pay-to-use' NHS and hospital sell-off articles. And we need YOUR HELP to continue this work.

Why OurNHS openDemocracy needs you:

It gets no money from advertisers or corporations, relying instead on donations from readers who care about the NHS.

- It is relied on by journalists, politicians and lay people for accurate, readable stories and angles other media often miss, as well as bite-size guides for campaigners.
- It fights for an NHS that provides comprehensive, universal, timely, high quality, tax-payer funded, publicly owned healthcare.
- It works closely with the main groups campaigning to protect the NHS (like Keep Our NHS Public, 38 Degrees, 999, Medact, health trade unions and professional bodies, the NHS Bill campaign, TTIP campaigners, People Vs PFI and more), helping them to shape and publicise their message and networking them together.
- Its editor, Caroline Molloy, also appears on national radio & TV as a voice against privatisation & cuts, countering the corporate agenda pushed by PRs and think tanks.

But OurNHS needs your help:

Can you spare £5 a month to support this work?

See the website ***https://www.opendemocracy.net/ournhs/ournhs*** to donate online, including details of how to make both regular and one-off donations to help cover our costs (employing an editor and technical support).

PS: Other recently published highlights include:

- The privatising cabal at the heart of our NHS, by Tamasin Cave, Spinwatch.
- 7 things everyone should know about PFI, by Joel Benjamin, People Vs PFI
- Anti-TTIP MEPs silenced ahead of knife-edge vote, by Molly Scott-Cato MEP
- 8 reasons you really can't trust the Tories with the NHS, by Caroline Molloy

You can donate online here ***bit.ly/NHSdonate***.

If we can get 400 people to support this work by giving £5 a month, that would secure OurNHS's future.

Can you be one of those 400?

Hospice boss speaks out against Staffordshire privatisation

Staffordshire anti-privatisation campaigners Cancer Not For Profit have echoed the fears voiced by the Chief Executive of Douglas Macmillan Hospice regarding the impact of local CCGs tendering for a £535 million of End of Life Care contract – for which five of the seven bids are from the private sector.

The campaigners say Douglas Macmillan Hospice fears that the End of Life project will damage the charity's ability to provide care confirm their fears that this 'pioneering' project is completely unworkable and should be scrapped.

Douglas Macmillan fear a cut to their already lowly funding from the CCGs which amounts to just £2 million per year, leaving the charity to find an additional £10 million. So far they have managed this through fundraising, but there are fears that a new 'prime provider' will channel funds away from Douglas Macmillan to provide profits to shareholders.

Cancer Not For Profit have also been warning that this contract is being priced at current spending levels, which equates to a real terms cut in funding over five years. So the need to pay shareholders would mean a further reduction in the money available for patient care in this 10 year deal.

Douglas Macmillan is one of the major End of Life Care providers in the county, but despite making a bid with St Giles hospice, they have been turned away by programme bosses without explanation.

However, the risk to Douglas Macmillan Hospice now is that the contract winner will continue to commission them to provide end of life care, but within the terms of the new contract's financial restrictions, meaning less money to do more work.

If Douglas Macmillan can't cope, they face becoming financially unviable as End of Life Care is commissioned from rival private sector care homes keen to cash in on dying patients in Staffordshire, and maybe even forcing them to travel much further afield to get the care they need.

Cancer Not For Profit have criticised the CCGs undertaking such a tender without any evidence of the consequences, and for an inadequate public consultation: but the latest revelations prove the project is a shambles and a complete waste of vital NHS cash.

The Parliamentary Health Select Committee has also criticised the pursuit of this untried and untested model of care.

During a cross examination in October 2014, Valerie Vaz MP said while questioning Andrew Donald CO of Staffs and Surrounds and Cannock Chase CCGs said:

"I am saying this is a risk. All I have heard this afternoon from you is, 'I don't know. I'm going to adjust the contract. It's going to come in. There is going to be negotiation.'

There is no certainty about this, so why are you proceeding with this?"

Gail Gregory of Cancer Not For Profit said: "We knew this project was about cost cutting, and the view of Douglas Macmillan Hospice is a rare insight, from a cherished provider of care which has real and legitimate fears about how this new experiment with end of life

care will badly damage their ability to look after dying patients.

"They face a cut in funding which means a cut the level of care they provide, which could lead to a private sector provider running the show at reduced cost and therefore is likely to lead to reduced standards.

"Is that what we want for our loved ones at the end of their days?

"This project is completely unworkable and dangerous to the stability of our care in Staffordshire.

"Douglas Macmillan say so, the Parliamentary Health Select Committee say so, and so do the 64,000 people who signed our petition.

"The question now is - will the CCG and Macmillan dismiss these concerns as they have all the others?

"The Douglas Macmillan is the most informed and experienced critic to date and their opinion must be taken seriously."

■ Contact the campaign on Facebook: ***https://www.facebook.com/cancernotforprofit***

From *The Sentinel*, August 17
Dougie Mac chief executive slams 'privatisation' plans she warns could damage hospice's services

By Dave Blackhurst

THE head of the Douglas Macmillan Hospice has warned a programme to 'privatise' care for dying people will seriously damage services for its patients.

Hospice chief executive Michelle Roberts fears its funding from the Government will be cut to hand profits to a private company if it wins the contract.

The much-loved charity stepped into the row as health bosses are assessing bids from big business to take over £535 million of NHS end-of-life services for a decade from next year.

Ms Roberts said: "This is undoubtedly a privatisation of a service and we cannot support such a move due to the serious damage it could inflict on the care we are able to provide."

North Staffordshire's two clinical commissioning groups (CCGs) provide £2.5 million of Dougie Mac's £12 million annual running costs with the rest coming from fund-raising.

Both North Staffordshire CCGs, plus two more in South Staffordshire, are behind the end-of-life tendering which they have denied represents privatisation.

They say care is currently fragmented between dozens of organisations providing services and a single 'prime provider' is need to co-ordinate them all.

Five of seven short-listed bids for end-of-life provision are from private firms. But Ms Roberts said one bidder had told her it expected to make 15 to 20 per cent profit on the contract because of the higher risk of setting up a new operation.

If the Dougie Mac's CCG funding is cut by 20 per cent, that could mean a loss of £500,000.

"That is NHS money that will be taken out of services and given to shareholders just to create another unneeded layer of management and administration," Ms Roberts added.

"I just hope the process all falls apart by bidders pulling out so we can all get back to what we do best – caring for the public."

Chaos in cancer care carve-up

In Staffordshire four CCGs have been carving up cancer care and end of life care into commercial contracts.

End of Life care seems certain to go to a private provider, although the CCGs have still not said which one.

But the even more controversial contract for cancer care is in chaos after University Hospitals North Midlands – the only Staffordshire trust in the only remaining consortium in the bidding process – pulled out of negotiations.

The Trust argued quite simply that there was not enough funding in the contract. They could not guarantee to treat a rising caseload with such limited funding on offer.

But they have been the main provider of cancer services: it's not at all clear how services could cope without them.

Only the Royal Wolverhampton Hospitals Trust is hanging on. The Staffordshire CCGs that have been driving the process, shamefully egged on and financed by cancer charity Macmillan, are now left with a lame 'consortium' led by support service provider Interserve, which has no clinical expertise, and now no prospect of being able to offer a viable or accessible service.

But with so much prestige now seen to be at stake for the CCGs, which have defied local opposition to press the scheme through so far, there seems little chance of them seeing sense and scrapping the whole farcical process to negotiate a fresh contract with the trusts – as they should have done in the first place.

Macmillan putting its reputation at risk

While it is possible that the appointed Prime Provider will commission services from Macmillan, their primary role has been as sponsors of the procurement.

This includes donating approximately £20m to meet project set-up costs, and to fund the initial two year 'double-running period' in which cancer services will be run in tandem between the Prime Provider and existing providers.

I'm not Doctor Jekyll – I'm Mr Hyde the accountant

Macmillan's practical involvement with the Cancer and End of Life Outsourcing has also drawn criticism, with the charity appearing to go beyond their independent status in order to secure the future of the project.

The support provided by Macmillan was assessed by the Parliamentary Health Committee, who asked project officers to clarify Macmillan's role.

Barbara Keeley MP said "I have to say, as a person who did run a coffee morning for Macmillan a few weeks ago, that I think this is a risky thing for Macmillan's reputation…

"This is seen as privatisation.

"As a charity, it seems to me that Macmillan is taking a lot of risk in making what sounds like a very substantial investment into a model which an awful lot of people who might have been your supporters don't agree with."

The Doc will see your money now

Skype hype rip-off for the worried wealthy

As if cherry-picking the NHS wasn't enough, the ever-inventive predator that is private medicine has seized on video technology to offer people GP consultations privately via their tablets and computer screens.

And this bargain high-tech wonder will only cost you from £25! (10 minutes only and the meter's running – be quick)

A good example of this latest hit to undermine the NHS is Pushdoctor (www.pushdoctor.co.uk), proclaiming that it's 'fast and easy' to see a GP this way.

And that's the point. All they do is see your image. They are then empowered to refer you to a consultant, issue a private prescription (by e-mail) or advise to see – yes, you guessed it, your GP.

Kerching!

Pushdoctor was founded by former Music Magpie boss Eren Ozagir, who 'saw a gap in the market' – and landed 1.5 million dollars of seed money.

The biggest worry is risk. The company offers medico-legal cover to the GPs signing up for it.

Small comfort if they miss something: from the way you would have walked in, to the way your breath would have smelled.

Would you bet your life on it?

Then there is what this does to existing health inequalities. Rural GPs are already struggling, and this new technology of 'tele-medicine' is worthlooking at as part of a coordinated, national service, interwoven with and supporting the full range of GP services.

There are moves being made by the NHS to do that. Some practices offer web-based contact and preliminary advice options but are still geared to the GP-patient relationship. But it needs gauging carefully. Not like this.

An astonishing accomplishment even for this government: a THREE-tier service: fully private, NHS, and video-chat! In other words a market where there should be a health care system.

The battle to stop TTIP

Campaigners have been waging an increasingly urgent battle against a number of treaties being negotiated behind closed doors by EU and other bureaucrats and rubber stamped by neoliberal governments like our own.

The treaties aim to prevent lowering of standards concerning employment, social, environmental, privacy and consumers, and also seek the deregulation of public services (such as water) and cultural assets.

Campaigners across Europe are calling on the institutions of the European Union and its member states to stop the negotiations with the USA on the Transatlantic Trade and Investment Partnership (TTIP) and not to ratify the Comprehensive Economic and Trade Agreement (CETA) with Canada.

A variety of organisations at national and international level are campaigning, with a proliferation of petitions, mobilisations and strategies. They especially want to prevent TTIP and CETA because these treaties include several critical provisions that pose a threat to democracy and the rule of law.

Exemptions

Not all the campaigns are the same. Some campaigns are specifically seeking to ensure (in the UK) that the NHS and key public services are excluded from the treaties, rather than being laid open to potential intervention by US or other multinational companies.

Other international campaigns go further, and also express outright opposition to the Trade in Services Agreement (TiSA), a trade agreement currently being negotiated by 25 members of the World Trade Organisation (WTO), including the EU.

Its professed aims are "opening up markets and improving rules in areas such as licensing, financial services, telecoms, e-commerce, maritime transport, and professionals moving abroad temporarily to provide services".

Another similar agreement, the Trans-Pacific Partnership (TPP) is being negotiated by trade officials from 12 Pacific Rim nations .

The common thread in each of these treaties is the drive by US multinational corporations to impose a set of extreme foreign investor privileges and rights to be enforced through the notorious "investor-state" disputes system (ISDS).

Secret tribunals

This system allows foreign corporations to challenge national health, consumer safety, environmental, and other laws and regulations that apply to domestic and foreign firms alike, and to skirt national courts and directly challenge our governments before tribunals of private sector lawyers operating under UN and World Bank rules.

In these secret kangaroo courts the corporations would be able to demand taxpayers pay compensation for domestic regulatory policies that investors believe diminish their "expected future profits."

EU bureaucrats and Britain's Tory government have repeatedly issued assurances that TTIP would not compel a UK government to privatise NHS services – but of course important parts of the NHS are already being privatised.

They have also issued assurances that there is nothing in TTIP that prevents member states of the EU managing their own health services (or public services) as they see fit.

In theory this is true – a future government would, for example, be free to reverse privatisation of the NHS if it wanted – at least in theory.

Irreversible

However, TTIP currently involves an irreversible commitment to give transnational corporations 'market access' (meaning the right to enter the UK market and operate without limit on their activities) and 'national treatment' (which means the right to equal treatment with domestic companies with, for example, the same right to government subsidies).

This means that if TTIP were in force, bringing NHS services back into the public sector would be likely to lead to a massive claim for compensation under ISDS.

It is also thought that if this or a future British government introduces charges for NHS treatments (see front page), these charges will be locked in by TTIP and we may never be able to return to an NHS that is free at point of use.

Since the passing of the Health and Social Care Act (2012), the NHS has potentially been opened up to TTIP.

Simon Stevens

It's worth noting that NHS England's Chief Executive Simon Stevens, while working for the private health giant UnitedHealth in the USA, was a founder member of The Alliance for Healthcare Competitiveness, a US lobby group pushing for the inclusion of health in TTIP.

There is still a chance to stall TTIP if the campaign pressure is maintained.

This is because it will most likely also have to be ratified by EU Member States. The parliaments of all EU Member States except Malta would need to give their consent and could therefore bring down TTIP and CETA.

In half of all EU Member States referenda would be possible.

The UK Parliament can initiate a referendum: in other EU countries citizens themselves can initiate a referendum – Croatia, Lithuania, Slovakia, Hungary, and Netherlands.

This is why it's so important to build public awareness of the TTIP threat.

For more info on TTIP, see:

- ***http://www.keepournhspublic.com/index.php*** (see TTIP section on KONP Blog)
- ***http://www.waronwant.org/campaigns/trade-justice/more/inform/18078--what--is--ttip***
- ***http://www.stopttip.net***

European petition

To print off signature lists log on to: ***https://stop-ttip.org/signature-lists/***

Please send any completed signature sheets to the return address at the bottom right of the sheet.

The same website also has more useful materials (available in 8 languages).

As well as 3-minute-info, you can find a brand new timeline for TTIP and CETA.

A new joint newspaper

Keep Our NHS Public, launched in 2005, strongly supports calls for all the various campaigns fighting cuts and privatisation in the NHS to work together wherever possible – to maximise the resources and strike harder at the Tory government.

We issued the invitation for a meeting, under the banner Health Campaigns Together, on September 26 in London, to explore common ground and possibilities of joint work – and we urge health unions, other unions and the wider labour movement to join with us.

We also wanted to give a lead, and show how joint work can benefit the campaign.

So for this special issue we have got together with London Health Emergency, launched in 1983, to pool resources and expand our newspaper – to be circulated online and to members and affiliates of both organisations.

In these 8 pages we also mention other initiatives, like the excellent OurNHS website and specific campaigns.

We want local groups in every town across the country to use this newspaper, but also to send in your stories of issues and actions on the ground to make the next issue even more of a reflection of what' campaigners are doing to fight back.

Send us articles, leaflets, photographs, news cuttings – whatever best sums up the issues in your area.

Our aim is to get all campaigners fighting together against a common enemy. With your help we can begin to make it happen.


NHS Keep our NHS public
HEALTH EMERGENCY
SPECIAL COMBINED ISSUE • Autumn 2015 • Together against Tory attacks!
Minister wants you to pay (again) for your NHS care!
Return of a zombie policy!

Get a bundle of this newspaper to sell or distribute

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50 copies	£15 + £8 P&P
100 copies	£20 + £10 P&P
500 copies	£40 + £15 P&P

Larger numbers or intermediate numbers can be negotiated on request: ***www.keepournhspublic.com***

Join Keep Our NHS Public

KONP operates on very limited resources – please join and support us if you can. If you are a member of a trade union, why not press for them to AFFILIATE to Keep Our NHS Public. If you are a member of a political party ask your branch to support us as a supporting affiliate group – or just send a donation to help with the work.

- **Individual member (waged): £10 pa (unwaged): £5 par**
- **Full affiliated group*: £50 pa**
- **Supporting affiliated group*: £25 pa**

*Full groups are allowed to vote at KONP national meetings; supporting groups may attend but cannot vote.

- **Contact KONP** at ***www.keepournhspublic.com*** Tel: 07497 434630
- Send cheques and details to

Keep Our NHS Public, Hackney Volunteer Centre, Unit 13, Springfield House, 5 Tyssen Street, London E8 2LY.

LONDON HEALTH EMERGENCY

Thank you to our loyal affiliates for your support in 2015 and onwards: your donations and affiliation fees are being used to produce this newspaper. LHE strongly supports the call for unity in action of health campaigns, and is leading by example by working with KONP.

- LHE is still available to offer research and publicity support.

Check out our website ***www. healthemergency.org.uk***.

Email johnlister@healthemergency.org.uk Tel 07774 264112.

Post donations and affiliation fees as before to BCM Health Emergency, London WC1N 3XX.