Thatcher’s heirs take us back to the 1980s

Tory Scrooge puts crisis back into Christmas

Despite the exceptionally mild winter so far, new up to date figures show that bed numbers in England’s hospitals are under massive strain, with no less than 36 hospitals showing occupancy above 98% on the first weekend of December. A dozen of these were 100% full. Indeed in many hospitals only the provision of additional “escalation” beds – intended for winter conditions – prevented trusts from having dozens of patients requiring admission with no beds available.

But opening and staffing extra beds costs money, and most trusts are facing deficits, averaging tens of millions, with worse to come. The costs of agency staff and additional staff are among the factors pushing trusts’ deficits even deeper into the red than expected.

In Essex the Princess Alexandra Hospital has resorted to closing beds to match the numbers of staff they can afford, rather than racking up debts or cutting the standards of care: they appear to be the exception. Many more are hoping some bail-out money will eventually be found.

There were hopes that lobbying by unions and NHS employers and by NHS England boss Simon Stevens might persuade Chancellor George Osborne to be more generous to the NHS in his autumn statement and comprehensive spending review.

What was needed was at bare minimum maybe some extra money for this year and a large down-payment towards the promised extra £8 billion before 2020. But there was only a partial shift.

No extra funding

Osborne made it clear there would be no additional money above the far from generous £8 billion over the next five years. After five years of budgets frozen and falling in real terms since 2010, this leaves the NHS still far short of the funding it requires.

Spending needs to rise to keep pace with the needs of a growing population, rising costs of new drugs and treatments, and the consequences of the near-collapse of social care in many areas as a result of brutal cuts in funding.

Osborne has listened in one respect, and brought forward half of the extra £8bn to 2016-17: but the extra money was always only coming with strings attached – notably Stevens’ promise to deliver a staggering £22 billion of “efficiency” savings by 2020.

So it’s clear Stevens intends the “extra” £4 billion next year to be used not to pay off the soaring debts of trusts (forecast to exceed £2 billion this year) but as a war-chest to drive through his “vanguard” schemes and reconfiguration of health services – not least because the following three years will see drastically smaller increases.

So 2016 will be a continual trial of strength, in which it’s likely that new moves will be made to scale down hospital services with the promise of alternative services “in the community” for which there are no funds, no staff, no real plans and no actual evidence that they can deliver.

That’s why Health Campaigns Together has been launched, to try to bring unions, campaigns and possibly politicians together in a united challenge to cuts, closures, privatisation and fragmentation of health services.

Join us at our conference in London on January 30, and subscribe to Health Campaigns Together to help us build the kind of resistance we need to push back the Tory austerity agenda, and fight on to rebuild our damaged NHS.
CARVE UP!

What future for mental health services?

7-day working improves care at weekends for no extra cost

The NHS is in the state of "unsustainable".

"We're increasing spending on the NHS when it can't afford it"

The myth of 11,000 "avoidable deaths"
Patients pay price for “savings” that break up the NHS team

By Colenzo Jarrett-Thorpe, National Officer Unite the Union

Unite will fight to the last to defend NHS in 2016

The future supply of nurses, midwives and allied health professionals to the NHS is now also being jeopardised as the Department of Health moves towards a model of new operational models. The numbers of nurse training places will be cut by 20% in 2016, as part of an overall reduction of 30,000 in the number of nurse training places. Unite has launched a comprehensive campaign to stop this outrageous attack on our NHS nurses – and we need your support.

By Christina McInnes, UNISON’s Head of Health

The fall of the GP

Surely they will know it will decimate the service, with 13-14 hour days and dealing with upwards of 100 patients per day.

General practice is falling apart through massive underfunding and over-work; it’s rude, writes David Wrigley*

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The day Jeremy Hunt nearly came to Southall Hospital Maternity department, services were downgraded, along with other cuts (over 300 close services and reduced access to the NHS) as part of the Government's 'experiment' to make the NHS function as a 'blue light' A&E.

Charing Cross supporters have fought the closures of Hammering Cross campaign (SCXH&H). Tested by Save Hospitals Hammersmith and Charing Cross.

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Cooperation and a level of localism was rare—there was no evidence that improved community care could be taken forward. (Deborah Moyses, Save Charing Cross campaign)

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Junior doctors fight Hunt’s brutal contract

Seizing the pump handle

The Junior Doctors’ dispute has to be seen in its wider, political context as part of the battle to save the NHS, writes Yannis Gourtsoyannis.

Many of us know the tale. Dr John Snow, on linking the outbreak of cholera to a contaminated well in Soho, London, in 1854 persuaded the authorities to remove the pump handle. Heroic genius saves the people.

Except he didn’t. Snow himself admitted that the outbreak may have been in decline by the time the pump was rendered useless.

But the point was, there was a deeper principle to Snow’s actions. That of acting in the public good.

Healthcare workers have always done so. And now, more than ever, the NHS needs us.

As doctors, our principles allow us to act in the public good just as resolutely as when treating an individual patient. Acting to reduce health inequalities fits just as strongly with that as removing pump handles.

Why is it, then, that our recent actions in defending standards of safety and fairness in the work we do – something doctors have always done – is regularly conflated with being “political”, or “too political”?

I sit on the Junior Doctors’ Committee at the BMA. The sheer scale and iron will of the protests by my colleagues, sparked by this government’s arrogance in applying a change to our contract that would create unsafe and unfair practice as the norm, has been inspiring.

But all too often, at the highest levels of the BMA, over the last year, I have encountered the view that we should not be overtly politicised and that “we do not seek to change governments but to change government policy with equal vigour towards all”. My attempts to reach out to other unions, for example, have been perceived as dangerously political. I would also add that being political is regularly conflated with being in “party” political alignment. This is not the case.

In my view there is also no escaping the fact that debates around the NHS more generally have been at the centre of political discourse:

The NHS regularly tops polls of how important various political issues are. It is at the centre of the debate both between the political parties vying for power and at the centre of debates within those parties.

The NHS is the cornerstone of the public’s view of how important various political issues are.

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To unlock the trap will take overtly political actions with health workers and campaigning groups to link together and work in a common defence of the NHS, such as Health Campaigns Together.

References


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We will be circulating this newspaper Together for our NHS free online, but will need to charge cost price for bundles of the printed newspaper (initially 8 page tabloid, full colour), per issue:

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Volunteer Centre, Unit 13, Springfield House, 5 Tyssen Street, London E8 2LY.

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

For organisations unable to make payments online, cheques should be made out to Health Emergency, and sent c/o Keep Our NHS Public, Hackney Volunteer Centre, Unit 13, Springfield House, 5 Tyssen Street, London E8 2LY.

Tell us all about your campaigns

Health Campaigns Together is an effort to link up campaigns and trade union organisations – national and local – in defence of the NHS, against cuts and privatisation, and where possible unite efforts and build even bigger campaigns.

We want to help share news of victories, learn lessons of setbacks and defeats, explore the many issues locally and nationally.

That’s what this newspaper and the conference are all about.

So if you have a local campaign going, and want to share your knowledge or concerns with other campaigners write an article for this newspaper or the Health Campaigns Together website.

Contact us at healthcampaignstogether@gmail.com.

With your help we can build a useful resource for all campaigners.