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| **KONP annual conference and AGM** **Saturday 16th July 2016 Registration 09.30****Unite Offices, 33-37 Moreland St, London, EC1V 8BB** between Goswell Rd and City Rd (Angel tube, Northern Line)**Registration from 9.30am****£10 including lunch (£5 concessions)** |

***Welcome***

**Keep Our NHS Public, Annual Meeting & AGM: Agenda**

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| **10.30** | **Chair’s welcome & housekeeping** |
| **10.40** | **Officers’ reports**  |
| **11 -12.00** | **Motions**  |
|  | **CONFERENCE** **Invited Speakers (15mins each + discussion):**  |
| **12 – 12.20****12.20-12.40****12.40 – 1pm** | **John Lister:** overview of current major issues (confirmed)**[Withdrawn due to unforeseen events: Allyson Pollock:** NHS Bill & lessons from New Zealand/Scotland]**Colin Leys:** health policy research update including STPs (confirmed) |
| **1pm-2pm** | **LUNCH** *[the afternoon agenda may change with availabilities]* |
| **2.00-3.00** | **Masterclass A:** Uncovering & challenging your local STP [Carol Saunders & Coral Jones NE London (confirmed)] |
| **2.00-3.00** | **Masterclass B:** Using social media [Pete Gillard, Shropshire Defend Our NHS (confirmed)] |
| **2.00-3.00** | ***Cancelled:* Masterclass C: NHS estate:** [no speaker confirmed] |
| **2.00-3.00** | **Info sharing:** an open session for campaigners to share info and learn from one another – facilitated by Barbara Dresner |
| **3.00-3.30** | **TEA** |
| **3.30-4.30** | **Discussion: lessons from the day and closing remarks** |

**OFFICERS’ REPORTS**

**Co-chairs’ report to AGM: Keith Venables** **and Tony O’Sullivan**

**Introduction**

KONP has been in existence since 2005. In December 2015 we elected a new 10-person executive committee (with our honorary President making up an 11-person EC). Reports from the 4 officers – co-chairs, secretary and treasurer are presented today. We also attach reports from our part-time communications & media officer, Sara and Alan Taman, and report on the work of the national office, staffed by our part time national administrator, Sara Seymour-Savage.

The co-chairs officers and executive members are volunteers. To cut down on personal costs (both in terms of time and money) Keith suggested using Skype for Executive meetings.

As Co-chairs we have taken responsibility to develop an atmosphere where the many talents of the 700 KONP members can be more thoroughly engaged in campaigning against privatisation and for full Reinstatement of the NHS. 2015 was a difficult year for KONP and both Keith and Tony took on the dealing with some of the more difficult moments. We hope 2016 has been better.

**Partnerships**

Keith took on responsibility for developing work with **the Junior Doctors** during their strike action, liaising with various organisations and proudly presenting a joint KONP/Junior Doctors leaflet, which, with huge help from the KONP team, became one of the official leaflets of the campaign. Also, working closely with others, especially John Lister, enabled KONP’s proposal *–* ***Health Campaigns Together* –** to take shape, acting as chair from January. *HCT* has worked closely with KONP and others to offer a jointly written leaflet for Conservative Party Conference in October 2015, gained wide support for the NHS Reinstatement Bill in March 2016, held a major Conference in London Jan 2016, began work on STP Watch, produce a national paper and website. KONP meetings have regularly suggested what should be put on the *HCT* agenda*s. HCT* and KONP are entirely separate organisations, with different attendances and different admin systems.

Keith also took on responsibility for **Influencing the Labour Party** and presented a position paper in February 2106 to the Steering Group. This has led to discussions with Momentum NHS, Socialist Health Association and others to have motions presented to Constituency Labour Party meetings and to the LP national Conference in September. Both of these projects are ‘work in progress’, especially bearing in mind the current chaos in the Labour Party.

One of the outcomes of *HCT* was a phone call that Keith received from John McDonnell’s PA (on behalf of the Labour Front Bench, which led to the **HCT NHS Advisory Group** being set up. Tony will say more about this in his section but the most recent phone call Keith received (May 25th) was on behalf of the then Shadow Secretary of State for Health, Heidi Alexander, approving of the HCT NHS Advisory Group.

**National Office**

**Thank you to our KONP staff** A big thank you to Sara Seymour-Savage, our national administrator for working so well for KONP since October – we only have 2½ days and Sara works tremendously hard; to Alan Taman, our Communications & Media officer, who has steered KONP through to the new website through a busy and difficult time – working 2 days for us; and to Helen Cagnoni who keeps track of our finances diligently for us.

**National office work** We think KONP has appreciated the production and distribution of leaflets over the last period. We have produced five national leaflets since January – and on the whole they have been well-received. We welcome comments. Sara

* Please bear in mind that Sara only works part time, and please be clear in the request for leaflets or other orders or payments – don’t bury financial or order items in an email about something else.
* Bear in mind the timing of ordering: posting takes time; next day delivery costs more.
* We need to revitalise our KONP products and ideas are welcome.

**Newsletters, newsflashes, newspapers** We are aiming for a monthly communication with all KONP members and supporters, and Sara has achieved this for the last 3 months. Feedback would be welcome. The Health Campaigns Together newspaper has been very well received. It has been published under the banner of HCT, but is edited and produced by John Lister, and distributed by KONP.

**KONP merchandise** Could affiliates consider if they are using KONP materials to best effect? – badges, pins, *NHS For Sale,* leaflets etc. We will do our best to help distribute to you all and ask you to think of promoting KONP at every meeting, rally, picket, demonstration. Thank you.

**Patrons** We are closer to having a group of patrons and we will work on how we use this and what we ask of them. Terry Tallis has been instrumental in giving this momentum.

**Website update and changes** We have a valuable volunteer, Geoff with skills and time to help us enhance the responsiveness and flexibility of our new website. We are aiming to emphasise the campaigning news and events and our coverage of ongoing issues (eg the junior doctors) better in the future. We are also aiming to provide a clearer resource for uploaded information, links to other sites and resources. The executive has launched a small editorial group that aims to have an overview of summaries on different issues and other resources on the site. We hope that these changes will be coming in over the next 3 months. Carol Ackroyd and Sue Richards are helping in these areas.

**KONP Steering Group email discussion**

The host was changed to Googlegroups in January to solve problems with the previous system. We apologise that the old system has not been fully shut down which leads, we are aware, to some confusion. We have asked for it to be closed. We are aware that some KONP supporters want a forum available for wider membership/supporters – we already have Facebook pages – and we will debate that.

**NHS Bill**

Tony attends the Campaign for the NHS Reinstatement Bill and this will be reported during the day. The NHS Bill was presented in parliament on 13 July by Margaret Greenwood MP for Wirral Wes (Labour) and the Second Reading is booked for 3 November.

**Treasurer’s Report on 2015/16**

***To follow – available on the day***

**Secretary’s Report on 2015/16**

***To follow – available on the day***

**Communications & Media Officer Report to AGM 2016**

**Overall perspective**

The consolidation of Keep Our NHS Public’s communications continues. Great progress has been made with the planning, initiation and initial refinement of the KONP national website. Production of printed resources is now more coordinated and in keeping with style. National social media are now inter-connected. KONP national e-mail has been re-organised.

This necessarily meant spending less time on national press liaison, social media development, and group contact. These are now priorities, and are being developed.

**National website**

Having achieved its prime initial functions – to allow easy online joining, encourage people to join, and local group presence – more improvements are planned. These include automatic online renewal and interfacing with social media streams, further encouragement of local groups to use the site, and the updating of background resources that are easier to access than at present. Site hosting is highly secure and will be kept under review.

**Social media**

Now the website is in place, social media use will be encouraged for all KONP members and coordinated to give the most effective delivery and development (see separate briefing paper).

National Twitter and Facebook streams are now coordinated and inter-connected. Twitter following stands at over 25,200. Facebook group membership stands at just over 7,300. Facebook posts typically reach 3,000-5,000, with a peak of over 47,000.

**Printed resources**

Several leaflets have been produced in the past 12 months and all have proven successful, most going into second or third print runs. Printing costs remain very reasonable, at just over £51 per 5,000.

The last dedicated KONP newspaper was produced some time ago. Health Campaigns Together now produces its own quarterly paper, which has a growing circulation. SG will need to decide whether it is cost effective for KONP to produce its own quarterly paper for distribution to KONP groups which would include news about groups, or whether it would be better to combine resources with HCT and produce a joint HCT/KONP paper.

Some consolidation of style and appearance has been undertaken. This is to be continued, so as to yield a more consistent and rigorous branding process for all of KONP’s communications.

**Press summaries**

These are now undertaken using the free Google News and alerts service, replacing the paid-for service which was yielding closely similar and in some aspects less useful results but costing KONP over £300 pcm. People are encouraged to set up their own news alerts in this way. A weekly or bi-weekly summary is undertaken by the Campaigns and Media Officer as a ‘stop-gap’ service for those unable or unwilling to do so, distributed via the KONP ‘SG’ discussion thread.

**E-mail**

Following the recommendation to replace the ‘old’ SG threads with a more up-to-date system that was administered nationally, the SG Google mail group was set up and is running successfully.

The national office issues regular e-mail updates to all KONP members having an e-mail address via Mailchimp.

As more KONP members become familiar and comfortable with social media, the hope is this will largely replace e-mail use for much or at least some of the existing e-mail traffic, which many of the more active KONP members find difficult to manage because of the use of ‘Reply to all’ inappropriately, or the sheer volume of traffic.

**National press liaison**

This was necessarily circumscribed by the decision to focus on strategy and infrastructure development since the last AGM, but has now been given greater priority. The Campaigns and Media Officer is undertaking direct contact with national health correspondents to start to build up relationships over time, and more press releases are being issued. National press attention on health campaigns remains low generally.

To enable national stories to be developed, local groups and members are encouraged to contact Alan Taman, the Campaigns and Media Officer, with any ideas or activities they are undertaking that are of interest to the press or could be.

**Local press development**

There have been notable successes in the past year (eg Stafford, Shropshire) and some groups have excellent working relationships with local journalists. This is to be encouraged and developed for all groups. Please let Alan know if you would be interested in attending a regional meeting (see below).

**Regional meetings for communications**

A series of regional meetings has been suggested – delivered by Alan Taman on social media, use of the KONP national site, and the media. Please let Alan know if you would be interested in attending such a meeting.

**Alan Taman:**

**healthjournos@gmail.com**

**07870 757 309**

**From Comms & Media Officer:**

**Social Media Use by Keep Our NHS Public: Briefing Paper**

**Summary**

* KONP’s dedicated national social media streams – Twitter and two Facebook streams – are successful (over 25,000 followers on Twitter; typically 3-5,000 reach on Facebook per post).
* Some KONP groups have developed and use social media locally; it can be done.
* A systematic approach is needed to develop social media presence and delivery.
* This will entail development of resources for distribution, advice, encouragement, recruitment and monitoring.
* The Campaigns and Media Officer should devote sufficient time to this over the coming months.

**Introduction**

Social media can be highly effective tools. Because of their immediacy and ability to propagate messages easily, they can be the first channel through which messages of unfolding events are sent. They also easily lend themselves to groupings of shared views.

The strength of social media for campaigning lies in their ability to reach people who are likely to agree with the sender but would not otherwise have heard of them, and to do so quickly, then facilitate easy organisation, eg for a march. The junior doctors’ recent actions were almost entirely organised through social media, for example.

But they have the disadvantage of lacking easy context; of encouraging an ‘echo chamber’ in which people only address other people sharing a fairly narrow view; and of being subject to a great deal of ‘noise’ or ‘clutter’.

The most effective way of using social media for a national campaign is to **embed** their use in a planned way, **support** their use nationally; and **monitor** their use.

**Embed the social media in the organisation**

Anyone can use social media. But to do so to further the aims of KONP will require more members to do so in a way that reflects those aims. KONP already has effective Twitter and Facebook national streams, run via the national office. What is needed now is for anyone who wants to send out posts via social media for KONP to do so, using their own social media identity. Some groups do this already, eg Manchester (

Social media then become just one more way of reaching people.

**Support for KONP members and groups**

The need is to get as many members as possible using social media, to the degree they are comfortable with, in such as way that anyone reading the output knows this is ‘from or on behalf of KONP’.

This will mean offering ongoing advice. A series of regional meetings has been proposed, which would cover social media, local media, and use of the website, delivered by Alan Taman. Please let Alan know if you are interested.

**Monitoring and analysing**

An additional strength of social media are that they are self-monitoring and provide lots of information. So it is possible to chart which type of social media posting was more popular, and gauge why – linked to a national or prominent local event, and so on.

Hence over time it becomes possible to gauge what kind of post works best. Local groups will be able to build up information on how their particular output is performing, as can any individual, using the same technology, then let others know what worked for them. This can then be integrated into the broader aims of the organisation, allowing better planning and use of resources nationally and locally, such as in approaching the local or national press.

**Conclusions**

1. Social-media use is best coordinated in a decentralised, resourced and monitored way to achieve KONP’s aims, to encourage effective use by as many people as possible.
2. Simple guides, social-media resources, ongoing monitoring and advice are needed.
3. Once this is achieved, social-media use will be embedded in KONP and seen as what it is: one channel amongst several, inter-connected ones to get KONP’s message across, and encourage people to learn more and take action.

**Recommendations**

1. KONP members and groups are to be encouraged to develop their own social media presence.
2. The Campaigns and Media Officer will advise on this as a priority, starting immediately.
3. Local ‘champions’ are to be identified by the Campaigns and Media Officer, who will encourage them to assist and advise others in using social media. Starting immediately.
4. Several regional meetings could be held, delivered by the Campaigns and Media Officer, to generate initial encouragement in the use of social media. These meetings would also be used to explore engaging with the local and national press, and how this should be coordinated with social media use and other campaigning channels. These should take place over the next 2-6 months. Groups should contact Alan Taman if they are interested.
5. The Campaigns and Media Officer will set up monitoring of principal social-media traffic nationally to allow analysis, including relating this to national website activity. Starting immediately.

**Further reading**

Social media channels contain their own advice, tutorial pages, etc. which are well worth a visit and will answer many of the initial questions. For examples, for Facebook:

<https://www.facebook.com/help/?helpref=facebar_dropdown_help>

**Contact:** Alan Taman healthjournos@gmail.com or 07870 757 309

**KONP AGM Motions for AGM 13 July 2016**

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| 1 | Jan Savage Gay LeeTTIP subgroup | CETA | KONP urgently campaigns against the Comprehensive Economic and Trade Agreement (CETA) between Canada and the European Union (EU), and the UK Parliament’s apparent lack of legal process to veto this and similar trade deals |
| 2 | Eve Turner Oliver NewEaling  | STPs | Campaigning against S.T.P.s |
| 3 | Sally Ruane Leicester | Funding of NHS | Campaigning for funding of NHS |
| 4 | Helen Mercer LewishamCoral JonesSave Our Surgeries | PFI | Motion to set up a KONP working party on PFI to work with HCT |
| 5 | John Lipetz Camden | Wide on LP | Keep Our NHS Public calls on the Labour and other parties party nationally. |
| 6 | Nick DowsonNewcastle | Civil disobedience on hospital closures | Motion for an Escalated Campaign of Civil Disobedience Against Hospital Closures |

**1: Motion from the TTIP sub-group**

**Proposer**: Gay Lee

**Seconder:** Jan Savage

*The KONP sub-group on TTIP proposes that KONP urgently campaigns against the Comprehensive Economic and Trade Agreement (CETA) between Canada and the European Union (EU), and the UK Parliament’s apparent lack of legal process to veto this and similar trade deals.*

Our proposal is that

1. KONP agrees that we must campaign to stop CETA;
2. As part of this campaign,
	1. that local groups write to their MP (with the letter provided by KONP) to inform them that, according to a House of Commons Library briefing, there is no parliamentary process that allows them to definitively vote against CETA or other trade deals negotiated on our behalf by the EU;
	2. that local groups put pressure on their local MPs to raise questions (e.g. in the House, with the Parliamentary Procedure) to highlight the lack of democratic process associated with trade deals such as CETA.

**Background information**

CETA is a new kind of trade deal that will pave the way for others, like the Transatlantic Trade and Investment Partnership (TTIP). If passed, CETA poses similar threats to the NHS as TTIP, including locking in current and future privatisation. CETA would also open up the NHS to any multinational corporation with subsidiaries in Canada, and allow these corporations to sue the UK government if it introduces policy that affects corporate profits through an investment protection measure known as Investment Court System. (ICS).

Alternatively, if CETA is stopped, this will also help challenge the wisdom of concluding the TTIP deal.

CETA is due to be presented to the EU Council of Ministers in June 2016 when a decision should be made about what kind of deal it is, either

* one that is within the competence of the EU and so only needs to be ratified by the European Parliament or,
* one that is of ‘mixed’ competence, where those parts of the deal that are not in the exclusive competence of the EU have to be additionally approved by the parliaments of the 28 EU member states.

Scandalously, even if CETA turns out to be a mixed agreement, elements of it, such as ICS, could be ‘provisionally applied’ well before the deal has been approved (or vetoed) by EU member states.

What is more, according to a briefing document on TTIP issued by the House of Commons Library, even if CETA turns out to be a mixed agreement and therefore comes to the member states’ parliaments for ratification, there appears to be no definitive way in which the UK Parliament can exercise a veto. It appears that there is no requirement for any Parliamentary debate or vote, and no clarity about how a debate or vote on the ratification of such a trade deal would be triggered. If no-one puts forward a resolution to veto the agreement, it apparently can go through on the nod. Plus even if a resolution is passed to veto CETA, the government can lay a statement before Parliament saying why they wish the treaty to be ratified, and it is then up to opponents to put forward another resolution to veto the deal …. and so on, and so on.

KONP has written to the Committee on Parliamentary Procedure to confirm or reject our understanding of the process and have received no response.

One way or another, opportunities for stopping CETA are limited. We can put pressure on MEPs to vote against CETA in the European Parliament. And, if it’s decided CETA is a mixed agreement, we can campaign to highlight the lack of democratic process and the way the public has been misled about our Parliament’s right to vote against CETA. We can also ensure that our MPs are aware that they will not be able to vote against the deal, and put pressure on them to take action on this (e.g. raise questions in the House, demand clarity from the Parliamentary Procedure Committee).

National KONP has already asked local groups to write to their MEPs, pointing out the scandal that CETA can be provisionally implemented before coming to EU member states’ Parliaments. It is unclear how many groups have responded.

**For further information** see the independent analysis by the Canadian Centre for Policy Alternatives:

* **Full report:** https://www.policyalternatives.ca/publications/reports/making-sense-ceta
* **pdf on CETA and public services**: https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2014/09/making\_sense\_of\_the\_ceta\_PUBLICSERVICES.pdf

**2: Campaigning against STPs**

**Proposer:** Eve Turner, Ealing Save Our NHS

**Seconder:** Oliver New, Ealing Save Our NHS

Without legislation or publicity, the Government has divided all English NHS Trusts, Clinical Commissioning Groups and local authorities into 44 area based “Footprints”.

These “Transformation Footprints” must each draw up a “Sustainability & Transformation Plan” or STP to bring their budgets into financial balance within 2016/7.

Behind closed doors, these unaccountable meetings are deciding NHS and social care funding across England - within massively reduced budgets. As well as devastating services, they will undermine existing arrangements (such as they are) for democracy and accountability in the NHS and local government in order to bypass any local vetoes and minimise public opposition to cuts and closures.

This AGM agrees:

1. KONP will unite with others locally and nationally to resist STPs, both on the issue of cuts and democracy. We will facilitate and encourage branches and affiliates to liaise with anti-cuts campaigns, unions locally and nationally, to include Trades Councils, members and representatives of the Labour Party. We will encourage the development of networks across the ‘Footprint’ areas between those willing to defend democracy and vital services.
2. KONP will encourage branches and affiliates to Share experiences as well as feed information into *STP Watch* in order to empower the pro-NHS movement to resist STPs.
3. In conjunction with Health Campaigns Together, KNOP will develop a strategy for winning local authorities and MPs to oppose STPs/ Footprints and to take action including legal challenges and non-co-operation.
4. KONP supports the initiative of the Greater Manchester Association of Trades Union Councils to call a national conference opposing Devolution and STPs, planned for September 24th.

**3: Proposal for KONP campaign to persuade public and politicians that additional funding is required for the NHS if sufficient high quality care is to be available**

**Proposer:** Sally Ruane

**Seconded by: Jill Friedmann**

Leicester, Leicestershire and Rutland Keep Our NHS Public

Campaign Against NHS Privatisation, Leicester

**This meeting of Keep Our NHS Public notes that:**

* The budget for the DoH/NHS in England for 2015/16 was £116.4bn
* The Nuffield Trust calculated in 2012 that the NHS requires an average annual real terms increase of around 4% annually to continue providing the same services in a context of the health service specific rate of inflation, changing patterns of morbidity (including rising levels of chronic conditions), rising population and changing population structure, public expectations and the cost of new treatments.
* Historically, the NHS has received an annual average real terms increase of 4%.
* Between 2010 and 2015, the NHS received an average annual funding increase of around just 1% after inflation.
* The Chancellor has indicated this annual average of 1% is set to continue till 2020.
* A decade of 1% funding is unprecedented in the history of the NHS.
* Allowing for inflation, per capita spending on health care in the UK was lower in 2013 than in 2009.
* The proportion of the GDP spent on health care is declining year on year.
* The proportion of the GDP spent on health care in the UK is lower than the OECD average and lower than the EU average.
* Running a health service as a market system is especially costly and the annual (ie recurrent) cost of running the market system in the English NHS is estimated to be between £5 and £10bn annually.
* A substantial gap is opening up between the funding available and the costs of meeting patient needs and provider deficits are now widespread in the service.

That the inadequate funding of the NHS is contributing to a number of widely reported problems in the service including:

* Growing waiting times and growing waiting lists.
* CCG decisions to raise the thresholds of severity before access to treatments is granted.
* CCG decisions or proposals to withdraw certain treatments.
* Increased pressure on A&E reflected in numbers of attendances and failure to hit the four hour waiting target.
* Widespread and increasing use of out of area mental health inpatient care.
* Poor levels of care in mental health services.
* Problems in the recruitment and retention of staff which compounds some of the other problems.
* The imposition of unrealistic efficiency savings which has damaged the long term financial position of hospital trusts.
* Felt pressure to contract services out to look for cheaper providers, posing potential problems for the quality of services.
* Felt pressure to accept low cost bids for the supply of services (eg in cleaning, catering and non-emergency patient transport) resulting in substantial problems in the quality of services provided.

That, in addition to the reduced capacity of health services relative to need, chronic underfunding is now giving rise to radical restructuring of services on an inadequate evidence base through local reconfiguration programmes and Sustainability and Transformation Plans:

* Closure of A&E and maternity departments despite rising need
* Closure of acute and general beds despite rising need
* Expansion of community based care of uncertain quality, including care given in patients’ homes

That this restructuring is likely to do long term damage to services to meet short term political demands for financial balance.

That services transferred to community settings are easier to contract out to private providers.

That chronic underfunding threatens the quality of care and access to comprehensive health care free at the point of delivery.

**This meeting of Keep Our NHS Public**

Calls upon the national executive to develop a campaign, in agreement with the Steering Group, which adds to the voices of others who are calling for additional funding for the NHS and which includes the following actions:

* Composing a briefing paper on the problems arising from underfunding and the need for additional funding
* Creating a leaflet providing killer facts and key demands
* Encouraging individuals to write to their MPs to complain
* Referring to funding at all events
* Identifying key arguments to deploy and to promote as key messages such as:
* The government has misled the public about its funding of the NHS.
* The government is doing long term damage to the service including, where relevant, reversing many of the advances made in quality during the 2000s.
* Most other developed countries spend much more on health as a percentage of GDP than we do.
* The UK is a major global economic power and the quality and capacity of the health service should reflect that.
* Patients need access to high quality health care and staff need to be treated with dignity and respect.
* The additional £8bn a year by 2020 promised by the government is wholly inadequate.
* Austerity politics in relation to health care is economically misconceived and reflects political and ideological hostility to the NHS.
* The NHS is part of the economy (and not a drain on it) and additional spending on health gives rise to a bigger increase in economic growth through fiscal multipliers (which are positive in health care) so the deficit reduction argument is weak.
* It is dangerous to close beds and hospital departments unless expanded community services are already in place and are of proven quality and have the effect in practice of reducing the need for beds.
* Tax funding is not only more equitable but also the most efficient way of funding the health service.
* Vital resources are being sucked out of health care and diverted towards irrational and wasteful markets processes and bureaucracy as well as towards PFI repayments.
* Proposing to Health Campaigns Together that this become a priority campaigning issue or strengthening a funding campaign undertaken by HCT should this already exist.
* Undertaking other relevant actions as identified by the KONP Executive.

**4: Reconstitution of the KONP working party on PFI**

**Proposer:** Coral Jones (Save Our Surgeries, Barts vs PFI)

**Seconder:** Helen Mercer (Lambeth KONP, Barts vs PFI)

The Private Finance Initiative (PFI) has been a major drain on NHS resources and a major lever for the privatisation of services in the NHS. This AGM recognises that a debate is needed on the way to ensure that PFI contracts are ended and campaigns initiated and supported against future PF2 contracts.

It therefore calls for the reconstitution of the KONP working party on PFI, liaising with the HCT Health Advisory Group as necessary.

**5: General motion**

**Proposer:** John Lipetz, Camden KONP / SHA

**Seconder:**

Keep Our NHS Public calls on the Labour and other parties nationally to:

1. Expose, oppose and fight to reverse the ongoing dismantling of the NHS through privatisation, outsourcing and marketisation, closures, and cuts to funding and provision; to this end to campaign nationally and locally across the country.
2. Commit to renationalise the NHS and build a top-quality public health service for the 21st century – universal, comprehensive, publicly owned, publicly provided and publicly accountable with the purchaser/provider split and internal market replaced by planners and providers working together; to end PFI, deal with PFI debt and provide a free service publicly funded through general taxation, with a democratic system of governance.
3. Work with the Campaign for the NHS Reinstatement Bill to bring legislation for these goals to Parliament as soon as possible.
4. End the chaos and profiteering in social care by, at the appropriate time, making it a public service, publicly owned, run and provided free and funded through general taxation.
5. Launch a high profile campaign within and outside parliament to ensure that the NHS is excluded from the provisions of the Transatlantic Trade and Investment Partnership, should that ever be agreed.

Launch a national petition to stop NHS privatisation, reinstate a public health service and support health workers' rights and struggles; work with the TUC, BMA and other Unions to organise a national NHS demonstration; encourage all MPs to support the junior doctors, visit picket lines and wear badges.

**6: For an Escalated Campaign of Civil Disobedience Against Hospital Closures**

**Proposer:** Nick Dowson

**Seconder:**

**Notes:**

* That Sustainability & Transformation Plans being forced on the NHS across England - by making significant amounts of NHS funding dependent on eliminating local deficits - will force an unprecedented round of hospital and service closures across the country, in addition to huge sell-offs of NHS land and property.
* That these plans will be used to implement plans, temporarily shelved for political reasons before the General Election, to close or downgrade the majority of A&Es in England, leaving between 40-70 'Major Emergency Centres' with others providing only '24/7 Urgent Care' at best (see Professor Sir Bruce Keogh's Urgent and Emergency Care Review ).
* That these plans are being imposed by unelected bureaucrats and without any democratic mandate, and that deficits in NHS bodies result from a catastrophically low NHS funding settlement on top of the wastage caused by market bureaucracy resulting from years of NHS privatisation, not from local inefficiencies.
* That there is no legal basis for these new structures, the 44 'footprints'.
* That we can expect a plethora of local campaigns to form in opposition to these plans.
* That if there is a recognised clinical basis for centralisation of some services, this should be achieved by upgrading services and creating additional services, not through hospital closures and downgrades.
* That the number of beds in the NHS, and its funding as a proportion of GDP, is already far lower than in other European countries such as France and Germany; and that bringing its funding up to an equal level with these would more than eliminate the NHS shortfall.
* That additional pressures are being heaped on NHS organisations through the crisis in social care – again caused largely by its underfunding and privatisation – and through PFI contracts; that the NHS does not need to make 'efficiency' savings and that on the contrary it is already highly cost efficient.
* That NHS campaigning needs to be escalated to resist these harmful changes.

**Resolves:**

* To work with other organisations campaigning against NHS privatisation and service closures, in particular by:
	+ Collaborating with other groups against NHS privatisation to set up a symbolic 'national coalition against hospital closures' - or organisation of a similar name - which would not seek to compete with current NHS campaigning organisations as a fully-fledged organisation, but instead serve a symbolic purpose, as a banner for groups to unite behind, and providing information to signpost people to other national and local campaigns:
		- Offer a national campaign which local groups fighting hospital cuts could affiliate to.
		- Link local issues to national policies, and thereby encourage local campaigns to see their fights as part of a national struggle, rather than competing against nearby groups over who is going to lose their A&E.
		- Have a website as a succinct source of information and a signpost to other local and national campaigns fighting NHS cuts and privatisation.
		- Support civil disobedience and occupations in opposition to hospital closures.
		- Have a brief set of demands for groups to unite around, in particular:
			* Support for the NHS Reinstatement Bill in order to end the increasing privatisation, fragmentation, and lack of accountability of NHS services
			* An end to the deliberate underfunding – the active 'defunding' – of the NHS; its budget must keep pace with GDP at a minimum, but a government genuinely committed to the NHS must bring spending up to comparable worldwide levels: the UK spends 8.5% of GDP on health, compared with 10.9% in France, 11% in Germany, and so on.
			* Arguing against all NHS charges: it must be funded by general taxation.
			* Opposition to all service closures and downgrades. Where it is argued there would be benefits from centralisation of services, this must be achieved through upgrades to existing services, not through closures.
	+ Support, and help to ignite, a concerted wave of occupations and civil disobedience against NHS closures and downgrades. NHS buildings and hospitals scheduled to be sold off are ideal targets for occupations: escalation in our campaigning is needed, and these closures must not be allowed to go ahead.
	+ This may involve: identifying specific possibilities for occupations of buildings; growing support for these actions; making links with other groups with experience of similar actions, such as those in the student movement(in particular the National Campaign against Fees and Cuts); looking at legal support for those involved in these actions; producing publicity, materials and slogans for these campaigns.
* To call for volunteers and establish or elect a national steering committee to drive forwards these campaigns.

**APPENDIX**

**Motions remitted to KONP EC and Steering Group**

**Proposed:** Louise Irvine, Save Lewisham Hospital Campaign

**Seconded:** Barbara Veale, Save Lewisham Hospital Campaign

|  |  |  |  |
| --- | --- | --- | --- |
|  | Proposed | Area | Issue |
| 1a | Louise IrvineBarbara VealeSave Lewisham Hosp Camp. | Membership | New members getting communications from local KONP groups |
| 2a | Richard Buckwell Nottingham  | Steering group working | Review of working arrangements of the KONP Steering Group following changes to KONP constitution in 2015 |
| 3a | Nick Dowson Newcastle | Engagement, Email discussion | Online Discussion and Communication |

**1a: Local KONP groups’ responsibilities to local KONP members**

There is currently no system to ensure that **Proposer:** Louise Irvine, Save Lewisham Hospital Camp

**Seconder:** Barbara Veale, Save Lewisham Hospital Camp

all KONP members in an area are informed about the meetings and activities of their local KONP group, where one exists.

This motion asks KONP to resolve this problem by ensuring that KONP groups are informed of all KONP members in their area.

Members of KONP should be invited to give permission for their contact details to be sent to the local KONP group organisers (where one exists). Local KONP groups should include all local KONP members, who have agreed for their contact details to be shared, in their notices and emails about their meetings and activities.

In addition local KONP groups should post notices about their meetings and activities on the KONP website.

**2a: Review of working arrangements of the KONP Steering Group following changes to KONP constitution in 2015**

**Proposer:** Richard Buckwell, Nottingham KONP

As should be usual practice with the introduction of new structures, Nottingham KONP branch feels there is a need to review these arrangements particular as to how the Steering Group is now functioning.

We gather from report backs from our representative that on a number of occasions discussions on important items have only been arrived at towards the end of meetings and have had to be held over. Also notes from discussions from Executive meetings have not always been available for these meetings.

It is particularly important for those branches outside London that their reps can travel to meetings with the expectation that agenda items will be fully addressed.

To this end we request this AGM agrees to all Steering Groups being supplied with written notes/minutes from meetings of the Executive between Steering Group meetings – preferably emailed out in advance. If there is an Executive meeting immediately prior to a Steering Group we still request a written synopsis be made available.

We also request that agenda items on policy issues on the Steering Group agendas be scheduled early on agendas, and length and timings of these meetings be re-looked at to facilitate maximum discussion.

**3a: Online Discussion and Communication**

**Proposer:** Nick Dowson, Newcastle

**Seconder:**

In order to increase the involvement and engagement of members in the KONP's campaigning work, the organisation will:

* Set up, so far as possible within 3 months of this AGM, a forum to which all members of KONP nationally will be given access.
* to use, so far as possible, a free and open source software solution to set up this forum, recognising that that is most in line with our commitment to public ownership and open access, and with our commitment to the privacy of members details and discussions.
* If possible, to use software which enables members to interact with the forum both through a web browser or by email (like a more traditional mailing list), recognising that members have different preferences and levels of technological confidence; 'Loomio' is one such option which has widely and successfully been used by campaigners; 'Discourse' is also a promising forum offering.
* Regularly make members aware of the forum's existence, and encourage its use, initiating discussions on the forum on important topics.
* In addition, to help encourage good communication and organisation within the organisation, and to help keep members informed, KONP will create a clear and transparent process for members and local groups to submit information and news
* To be publicised through the organisation's national mailing list.

**Motions withdrawn by mutual agreement:**

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| --- | --- | --- | --- |
|  | Proposed | Area | Issue |
| 1b | Carol AckroydHackney | Labour Peer issue | KONP on Labour Advisory Group: Lord Carter |
| 2b | Carol AckroydHackney | Contracts NHS staff | Opposition to new contracts for non-medical nhs staff.  |
| 3b | Carol AckroydHackney | STP | Demand Labour build and lead opposition to requirements of Sustainability and Transformation Plans |
| 4b | Carol AckroydHackney | Social care | KONP policy on charging for social care |