

# SOS NHS

CONFERENCE 2022



ENOUGH IS ENOUGH!

PATIENTS ARE SUFFERING!

GOVT HAS FAILED THE NHS!

MORE: FUNDING STAFF BEDS SOCIAL CARE

CLAPS DONT PAY THE BILLS!

READY TO STRIKE!

LONDON  
IRISH CENTRE  
50-52 CAMDEN SQ  
NW1 9XB

SATURDAY  
12 NOV. 2022  
10 AM - 5PM

#SOSNHS2022  
TICKETS  
AVAILABLE @  
[WWW.SOSNHS.ORG](http://WWW.SOSNHS.ORG)

**END THE NHS CRISIS**  
WE DEMAND HEALTH AND CARE SERVICES FIT FOR ALL



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**THANK YOU!**



The SOS NHS coalition sends greetings and thanks to the sponsors of today's venue hire, Unite the Union.



## SOS NHS CONFERENCE TIMETABLE

<b>TIME</b>		<b>LENGTH</b>
<b>10:00</b>	<b>DOORS OPEN</b> Registration begins	(30 mins)
<b>10:15 – 10:30</b>	<b>NHS CHOIR</b> Registration ends at 10:30	(15 mins)
<b>10:30 – 11:30</b>	<b>SESSION ONE</b>  The crisis in context: Why are our services on the brink and who's to blame?	(60 mins)
<b>11:30 – 12:20</b>	<b>SESSION TWO</b>  Covid: Learning the right lessons for an ongoing pandemic	(50 mins)
<b>12:20 – 12:30</b>	<b>SESSION THREE</b>  Introducing the SOS NHS 'Expanded Demands' proposal	(10 mins)
<b>12:30 – 13:30</b>	<b>LUNCH</b>	(60 mins)
<b>13:30 – 14:15</b>	<b>SESSION FOUR</b>  Why is privatisation bad for your health?	(45 mins)
<b>14:15 – 14:45</b>	<b>SESSION FIVE</b>  Nothing without workers Part 1: Winning better pay and conditions for all health and care staff	(30 mins)
<b>14:45 – 15:30</b>	<b>SESSION SIX</b>  Nothing without workers Part 2: Discussion in groups  INCLUDING BREAK	(45 mins)
<b>15:30 – 16:30</b>	<b>SESSION SEVEN</b>  Save our NHS: Building the strongest movement possible	(60 mins)
<b>16:30</b>	<b>CONFERENCE ENDS</b>	

## **A MESSAGE FROM THE ORGANISERS**

The SOS NHS coalition is one year old today. Last winter, the coalition of over 50 organisations came together rapidly and successfully around our three demands of emergency funding, to be used to rebuild the public NHS and to restore fair pay and safe staffing levels. One year on, the NHS is in its darkest hour. Patients and staff have been betrayed by the 12 years of this Government. Today, we want to ensure that SOS NHS becomes the most successful coalition and strong enough to save the NHS.

Welcome to the speakers from sponsoring campaigns and unions, and the hundreds of supporters taking part in this important conference in person and online. We will learn from each other's campaigning, and most importantly hear what each organisation brings to the SOS NHS campaign. We will discuss how, together, we can form a stronger campaign to rebuild the NHS as a public service for all, provided by respected NHS staff as proud public servants trusted to serve everyone who needs health care and support. And we hope we will end the day with enthusiasm and new ideas to take forward the fight for the NHS.

### **Statement on Covid safety**

Today, one important session covers the ongoing Covid pandemic. 735 people died in the week to 21 October with Covid-19 on their death certificate. Over 7000 patients with Covid are occupying NHS beds and 175 are on ventilators. Close to 2 million have Long Covid. Today is our first in-person conference for over three years – an exciting and valuable moment.

### **To maximise Covid safety, we recommend to you that:**

- **Conference attendees wear masks for mutual safety**
- **FFP2 masks are best if you have one**
- **Surgical masks and hand gel are provided**
- **Please respect everyone's needs at this busy**

## **SOS NHS CONFERENCE SPEAKERS LIST**

### **The NHS crisis in context: Why are our services on the brink and who's to blame?**

**Chair:** Tony O'Sullivan, SOS NHS organiser and co-chair Keep Our NHS Public

**Speakers:**

1. Video from author and NHS activist Adam Kay
2. Rachel Harrison, GMB
3. Dr Pallavi Devulapalli, Green Party Health Spokesperson
4. Guy Collis, Unison
5. Holly Johnston, Nurse, HCT Committee and NHS Workers Say No

### **Covid: Learning the right lessons for an ongoing pandemic**

**Chair:** Dr Louise Irvine, retired GP and Keep Our NHS Public

**Speakers:**

1. Jacky Davis, People's Covid Inquiry and KONP
2. Matt Dykes, TUC Public Affairs Manager
3. Phil Clarke, Vice-president, NEU
4. Robert West Independent SAGE
5. Nathan Oswin Covid-19 Bereaved Families for Justice

### **Why is privatisation bad for your health?**

**Chair:** Tom Griffiths, SOS NHS organiser

**Speakers:**

1. Aliya Yule, Migrants Organise
2. Rachel Bannister, Mental Health time for Action & Just Treatment
3. Johnbosco Nwogbo, WOI
4. Mike Forster, Chair of Health Campaigns Together
5. Kate Osborne MP

### **Nothing without workers: Winning better pay and conditions for all health and care staff**

**Chair:** Dr Andrew Meyerson

**Speakers:**

1. Helen O'Connor, GMB NHS organiser and People's Assembly NHS lead
2. Ben Selby, FBU Assist. Gen. Sec elect.
3. Ian Hodson, Bakers Union
4. Holly Turner, NHS Workers Say No
5. Simon Day, GMB Paramedic

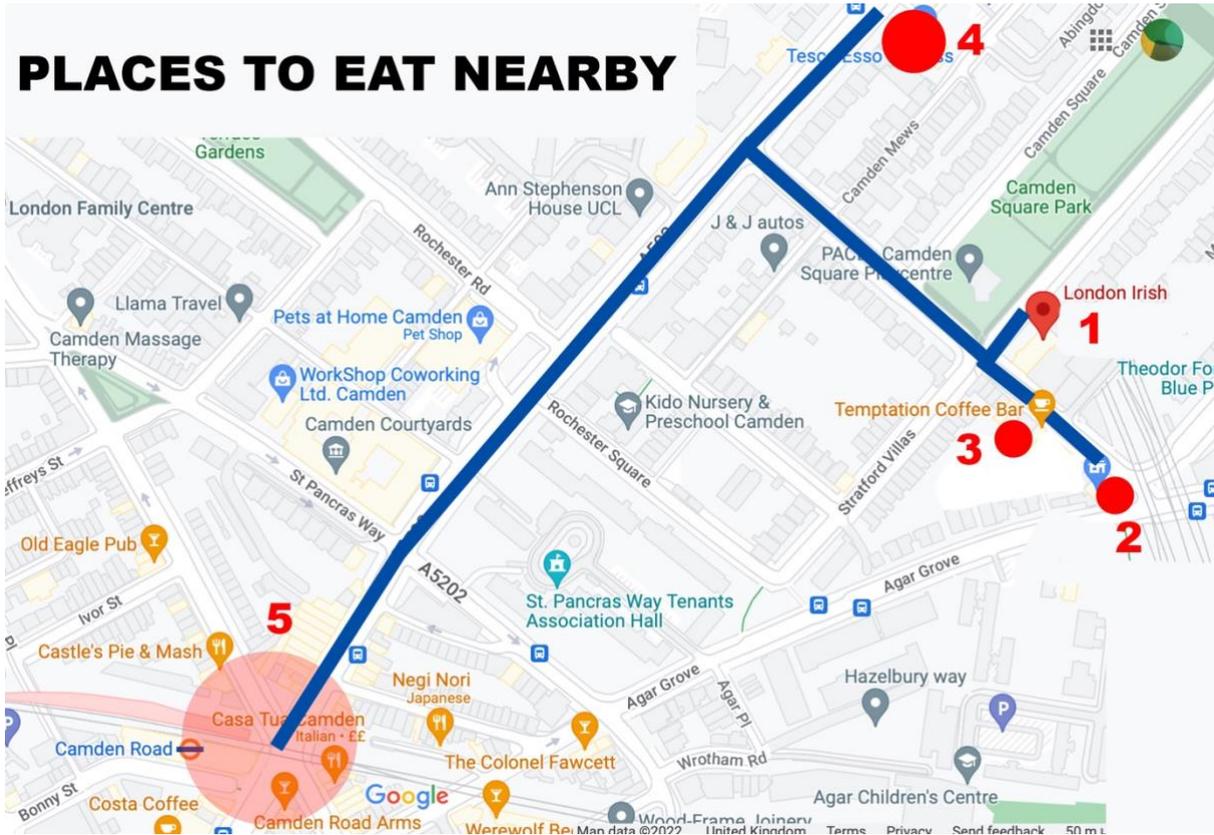
### **Save our NHS: Building the strongest movement possible**

**Chair:** Hope Worsdale, Just Treatment & SOS NHS organiser

**Speakers:**

1. Maurice McLeod, Socialist Health Association
2. Paula Peters, DPAC & Unite Community
3. Alia Butt, NHS Staff Voices
4. Colenzo Jarrett-Thorpe, Unite the Union
5. Dr Sonia Adesara, Doctor and KONP member

## PLACES TO EAT NEARBY



There are lots of options for food if you haven't brought your own close by to the venue. See the numbers on the map above for some suggestions.

1. The London Irish Centre itself has a working bar, where drinks, soft-drinks and snacks can be bought throughout the day.
2. There is small convenience store here, on the corner of Murray Street and Agar Grove.
3. There is a lovely café called 'Temptation' here just around the corner from the venue.
4. If you want to buy yourself a sandwich or similar and bring it back to the venue, there's a Tesco's 5 mins walk away on Camden Road.
5. There's lots of food options if you don't mind the 10 min walk back to the area around Camden Road station.

We'll be providing teas, coffees and biscuits in the morning and fresh water all day. Feel free to make the use of the London Irish Centre bar and the foyer to rest, relax, and have a chat with other attendees.

## WHAT IS THE SOS NHS COALITION?



**SOS NHS is a new coalition of campaign groups and trade unions which are demanding emergency funding for the NHS from the Government to support services and staff and not the private sector. So far our campaign is backed by Keep Our NHS Public, Health Campaigns Together, UNISON, Unite the Union, GMB, many other unions, People's Assembly, We Own It, NHS Support Federation, NHS Workers Say No, NHS Staff Voices, Doctors in Unite, Doctors for the NHS, Just Treatment and more.**

### **OUR THREE INITIAL DEMANDS:**

- 1. Emergency funding to save a struggling NHS**
- 2. Invest in a fully publicly owned NHS & guarantee free healthcare for future generations**
- 3. Pay staff properly: we demand pay justice for all health and care workers**

Note: You can find more detail about our demands and who we are at [SOSNHS.ORG](https://SOSNHS.ORG)

**The NHS faces its darkest hour. Now we must make sure that SOS NHS becomes the most successful coalition ever and strong enough to save the NHS.**

**We are asking today whether a wider set of demands can help our coalition – for example the need to rebuild public health, to address the crisis in mental health, the dangerous gap in NHS dental care. We feel it is achievable to expand our demands and build an even stronger coalition. Below we offer an early draft, not for detailed discussion today, but to debate the value of this approach for our alliance. If this ambition is agreed, we will work within our coalition and with supporters over the next 6 months.**

# **SOS NHS 'EXPANDED DEMANDS' PROPOSAL**

As we approach the 75th anniversary of the NHS, we will no longer tolerate the destruction of our health and care system. We affirm that the founding principles of the NHS are as relevant today as they were back in 1948, and that the NHS — rated as the best healthcare system in the world just five years ago — has been failed by politicians who have repeatedly refused to listen as both patients and care workers suffer. Given the current crisis, the Government should now show support for the NHS through massive long-term investment and heed our coalition's expert advice. We will enthusiastically endorse strike action by health and care workers in pursuit of pay justice and as a means to defend vital public services for current and future generations. The following is a list of our demands.

## **1. EMERGENCY AND LONG-TERM FUNDING<sup>(a)</sup>**

- Abandon the £12bn planned 'savings' and increase budgets to take into account inflation and pay rises; an immediate £20bn down payment is needed to start addressing urgently needed remedial interventions
- Invest in a fully publicly owned NHS and guarantee free health care for future generations

## **2. LOOK AFTER NHS AND CARE STAFF<sup>(b)</sup>**

- Substantial pay rise for NHS staff as negotiated by their unions
- Make life better for staff, e.g. by provision of free car parking, access to hot meals and rest facilities; child care facilities at work; flexible working; subsidised accommodation

### **Recruitment and retention**

- Government to publish an annual workforce plan based on projected needs of population for health and care
- Bursaries for those training in health care (including allied health professionals) and payment of tuition fees where this is relevant
- Recruitment of staff from overseas to be underpinned by ethical principles, ensuring there is no loss of pay or inferior working conditions
- End visa charges and health surcharge for overseas staff, and give them the right to become British citizens
- Change pension rules to retain experienced NHS staff and remove barriers to retirees returning to work
- An immediate and urgent recruitment campaign to fill the 130,000 vacancies

### **Social care**

- Social care free at the point of use, publicly funded and provided; radically re-imagined and co-produced with service users, carers, workers and local communities
- Provide care workers with pay and conditions that reflect their high value and skills; minimum wage of £15/hr; training and career structure, with an immediate cost of living pay rise and for pay to be linked to inflation

## **3. BEDS AND INFRASTRUCTURE<sup>(c)</sup>**

- Increase inpatient beds based on assessment of population need and towards average bed/population ratio in comparable countries

- Urgent funding to reopen theatres, repair NHS buildings and replace old equipment

#### **4. GENERAL PRACTICE<sup>(d)</sup>**

- Increase GP numbers by at least 6,000 together with 26,000 more practice nurses and receptionists
- Support general practice and stop the negative briefings against GPs; recognise the importance to patients and GPs of continuity of care
- Invest in upgrading GP premises
- Additional funding to be given to deprived communities and for preventive care and promoting population health

#### **5. MENTAL HEALTH<sup>(e)</sup>**

- Mental health services should have parity of funding with those for physical illnesses
- Massive increases in NHS beds and staffing are necessary if demand for services is going to be met. This requires substantially more investment than has so far been forthcoming, especially in community based preventive services

#### **6. PANDEMIC PLANNING<sup>(f)</sup>**

- The UK Covid-19 Inquiry must be fully transparent and independent of government bias
- Rebuild strong public health structures to be in place for dealing effectively with the current pandemic and in anticipation of the next
- To reduce risk of spread of infection, public health measures known to be effective must be promoted in addition to vaccination
- The principle of vaccine equity must be advanced both in the UK and on the international stage

#### **7. DENTISTRY<sup>(g)</sup>**

- We demand that everyone should have access to an NHS dentist for ongoing care and treatment when needed

#### **8. AN END TO PRIVATISATION<sup>(h)</sup>**

- We demand an end to all forms of NHS privatisation
- Social care must be publicly provided and funded
- Legislate for re-establishing a publicly funded, provided and accountable NHS based on its founding principles

#### **9. REMEMBERING AND LEARNING FROM COVID<sup>(i)</sup>**

- Mourn those who have died from COVID-19 by maintaining the current memorial wall, establish both a new bank holiday and a monument to health and other key workers who have died, and educate our children about this pandemic and the lessons to be learned
- To incorporate the main findings of the KONP Covid Enquiry into current and future NHS practice

### **Notes relating to demands**

<sup>(a)</sup>After a decade of NHS under-resourcing, current government funding projections indicate the NHS will now have a £20 billion budget deficit by 2025 (adding to a decade-long austerity-driven £36bn cumulative annual deficit), meaning there can only be further cuts in services and quality of care. Moreover, the NHS urgently needs £20 billion to repair dangerous buildings, tackle the most urgent backlogs in

patient care, reopen hospital beds, replace obsolete equipment, address the alarming post-pandemic mental health crisis, rebuild local public health infrastructure, and invest in fair pay for NHS staff. A national tax on wealth in excess of £5 million could pay for this vital public service. Investing in healthcare has an impact on more than health outcomes since it also boosts labour productivity and economic activity. Research indicates that every pound invested in the NHS gives more back to the economy through increased productivity, demonstrating that the NHS is both an engine room for the UK economy as well as a security net for our local communities. A recasting of the tax system (currently biased to tax income and not capital, property and wealth) could generate a considerable amount for the treasury. Britain can afford high-quality public services and social justice if it chooses - it is political choice.

(b) We affirm that those who deliver health and social care perform among the most important jobs in society and believe they should be paid accordingly. 40,000 nurses left the NHS last year, a third of GPs are planning to retire early, and as many as 50% of NHS consultants are considering taking time away from NHS after next year. At a time of 132,000 vacancies in health and 165,000 in social care it is vital that recruitment and retention of staff is addressed, including a significant pay rise for a workforce that has seen a shocking fall in real terms pay of around 25% over the past decade. We stand firmly with our nurses, health care assistants, doctors, paramedics, porters, ward housekeepers and all others who work in the NHS as they seek pay restoration for their work. We demand that the government address their grievances and meet their union representatives to negotiate a satisfactory pay package.

(c) The NHS is woefully short of beds following years of cuts that have seen our bed capacity drop by 25,000 since 2012 - giving us the second lowest number of beds per 1,000 people in Europe. The NHS has not been allowed to grow to allow it to care for an increasing population and change in demographic bringing increased demand. The NHS does not have nearly enough beds to properly care for those who need it; currently there are around 9,000 beds occupied by covid patients, and 12,000 with patients where discharge is precluded because of unavailable social care. We are firmly against 'virtual beds' as a solution, where in the context of underfunded and under-staffed community and care services, people will be reliant on friends and relatives for care at home. We demand that this beds crisis is acknowledged by government and corrected with investment in actual hospital beds, inside actual hospitals, and not ones that exist solely in the realm of government fantasy. The new hospital building programme should be fully funded as a matter of urgency, and the 34 hospital buildings in 16 trusts identified as in imminent danger of collapse be given priority.

(d) General practice is the cornerstone of the NHS, last year helping around 50m people in England, and providing 370m consultations. More than half London practices recently described demand for appointments as unmanageable. Across the UK the number of fully qualified Full Time Equivalent GPs in relation to population has fallen by 10% in the last five years, and nationally, one in seven posts are unfilled. More than one third of GPs are contemplating early retirement. A barrage of criticism from the right-wing press has added huge pressure and unwarranted criticisms have not been robustly challenged by NHS England. Many GP surgeries

require upgrading and particular attention should be focused on deprived communities where need is greatest but attracting and retaining staff more difficult. Government promises to increase GP numbers have not been met and access to care has been promoted over continuity.

(e) Mental health, like primary care, is a poor relation of the NHS, comprising 23% of NHS activity but receiving just 11% of its budget. The Covid-19 pandemic has led to a large increase in mental illness, with one model suggesting that up to 20% of the population will need either new or additional mental health support as a direct result. It has been estimated that £1bn investment will be required each year for three years to meet the demand. Even before the pandemic, mental health services were in a state of disarray, with increasing numbers of cancelled outpatient appointments and imposition of stricter eligibility criteria. Mental health beds have slumped by 3,000 since 2013, with some patients needing to travel hundreds of miles for care, increasingly to private hospitals. Staffing numbers have also fallen, with 24,000 mental health workers leaving the NHS in 2017-18. Services for alcohol and drug addiction have been cut. Additional funding has fallen far short of what is needed, and only adequate investment will bring about meaningful improvement.

(f) The COVID-19 pandemic is not yet over, and future pandemics will undoubtedly occur. We demand a fully transparent and independent COVID-19 inquiry, and acceptance of all inquiry findings with investment and actions to ensure success, as well as implementation of previous pandemic recommendations such as Exercise Cygnus (negligently ignored by the Conservative government). There must be restoration of a strong public health infrastructure, support from government for independent expert advice to politicians, decent sick pay for all working people, safe working environments (including PPE sourced domestically and tested by NHS staff), clean air inside our workplaces, access to free testing for all, and services with built in resilience to handle surges in demand while maintaining routine work in times of crisis.

(g) Dental health is deteriorating and millions of people cannot find an NHS dental practice to take them on as a patient. Together with top up charges for NHS dental treatment and the high cost of private care, many are being prevented from accessing services. Despite its huge importance to wellbeing and population health, dentistry has been allowed to slip slowly away from the NHS (with more than 50% of spending now in the private sector) in a process that provides a clear warning of what happens when 'public-private' partnerships become the paradigm for health services. Only a commitment to provide a tax funded and comprehensive dental service free at the time of use, supportive of professionals and aiming to improve people's health and reduce inequalities, will reverse this appalling situation.

(h) For far too long, consecutive Conservative and Opposition parties have been willing to allow private sector involvement in the NHS. Two major NHS Acts in 2012 and 2022 made it significantly easier for the private sector to carve up the NHS, extract profit and deliver a woefully inadequate service that only hurts patients. Various think tanks now estimate that around 20% of annual public spending on health in England goes towards procuring healthcare services from private providers. Research is clear: privatised services mean patients and staff suffer, and we will not

tolerate an NHS carved up for private gain. New legislation is needed to renationalise the NHS.

<sup>(i)</sup>We have all experienced a profound national trauma during the COVID-19 pandemic, with 200,000 people having died and many thousands of lives lost as a direct result of failed government policies. Deaths continue to this day. To put this into historical perspective, deaths are now five times the number of people killed in the Blitz, yet we still have not had an opportunity to collectively mourn. We demand that the government establish a new bank holiday: COVID-19 National Day of Mourning and designate the COVID Memorial Wall as a National Monument. There should also be a memorial to the healthcare and other keyworkers who died during the pandemic, and a national education initiative to teach children about this moment in history.

### EXPANDED DEMANDS PROPOSAL ENDS

## UPCOMING ACTIONS AND CAMPAIGNS

Many if not most of the supporting actions are engaged in important ongoing activity. We encourage you to check out all the organisations in the pages below for more information. Here we'd like to highlight some upcoming campaigning for attention coming up soon!

### **KEEP OUR NHS PUBLIC - NHS EMERGENCY ROADSHOW!**

KONP plans to bring the NHS Emergency Roadshow to a town or city near you, highlighting the reasons for the NHS crisis and who's to blame. We want to hear from patients and staff about what is happening to our NHS and send a strong message to the Government that we're willing to fight for our NHS. By raising funds to do so, we can visit more locations across the country bringing a striking, visual intervention on the streets, including 'NHS Funding Can't Wait' banners, flags, T-Shirts, Tote bags, giant cards, and more.

To find out more and donate to the campaign fund please visit [www.crowdfunder.co.uk/p/nhs-emergency-roadshow](http://www.crowdfunder.co.uk/p/nhs-emergency-roadshow)

### **UNITE THE UNION – UNITE FOR WORKER'S ECONOMY**

From workplace to community, the Unite for a Workers' Economy campaign is driving a UK-wide strategy to help bring change following the failure of politicians to act. With the aim of collective action, the Union now looks to drive this country's political agenda instead of commenting on it. This is more than mutual aid. It is the potential for agitation, mobilisation, and for campaigns that organise communities — led by people for the people.

To find out more visit [www.unitefora-workers-economy-campaign/](http://www.unitefora-workers-economy-campaign/)

## **WE OWN IT - END NHS PRIVATISATION AND SAVE LIVES**

We Own It is urging all its supporters to call on your local NHS chair to commit to publishing a report on how a contract will save lives before any introduction or renewal of outsourcing and commit to ending privatisation in the local NHS in the long term and to reducing it where possible in the short term. To find out more visit [www.weownit.org.uk/blog/join-fight-end-nhs-privatisation-and-save-lives](http://www.weownit.org.uk/blog/join-fight-end-nhs-privatisation-and-save-lives)

## **THE PEOPLE'S ASSEMBLY**

The People's Assembly against Austerity is holding a national conference Saturday 14 Feb - Friends Meeting House, London. To find out more visit [www.thepeoplesassembly.org.uk](http://www.thepeoplesassembly.org.uk)

## **COVID-19 BEREAVED FAMILIES**

Covid-19 Bereaved Families for Justice is fighting to make sure those who lost loved ones are heard and lessons are learnt to save lives in the future. To find out more visit [www.covidfamiliesforjustice.org](http://www.covidfamiliesforjustice.org)

## **JUST TREATMENT**

NHS mental health services are in crisis, and millions of people – especially children and young adults – are being denied access to the care they need. Just Treatment are looking to hear from people impacted by:

- Poor quality privatised mental health services
- Underfunding of NHS mental health services
- The mental health effects caused by material crises (such as housing, debt, climate etc)

These personal stories of the challenges young people face are one of our most powerful campaigning tools. So, if you, a family member, a loved one or a friend have been impacted by this issue - we'd love to hear from you.

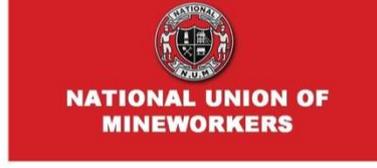
To find out more visit [www.actionnetwork.org/forms/share-your-mental-health-care-story/](http://www.actionnetwork.org/forms/share-your-mental-health-care-story/)

## **NHS WORKERS SAY NO**

NHS Workers Say No, call on all supporters of the NHS whether staff, campaigners, or patients, to support the picket lines of any health and care workers out on strike!

To find out more visit [www.nhsworkerssayno.org](http://www.nhsworkerssayno.org)

**SOS NHS COALITION SUPPORTERS**





## GETTING TO THE VENUE

### ADDRESS:

The London Irish Centre, 50-52 Camden Square, London, NW1 9XB,  
United Kingdom

Nearest Tube: **Camden Town Northern Line**

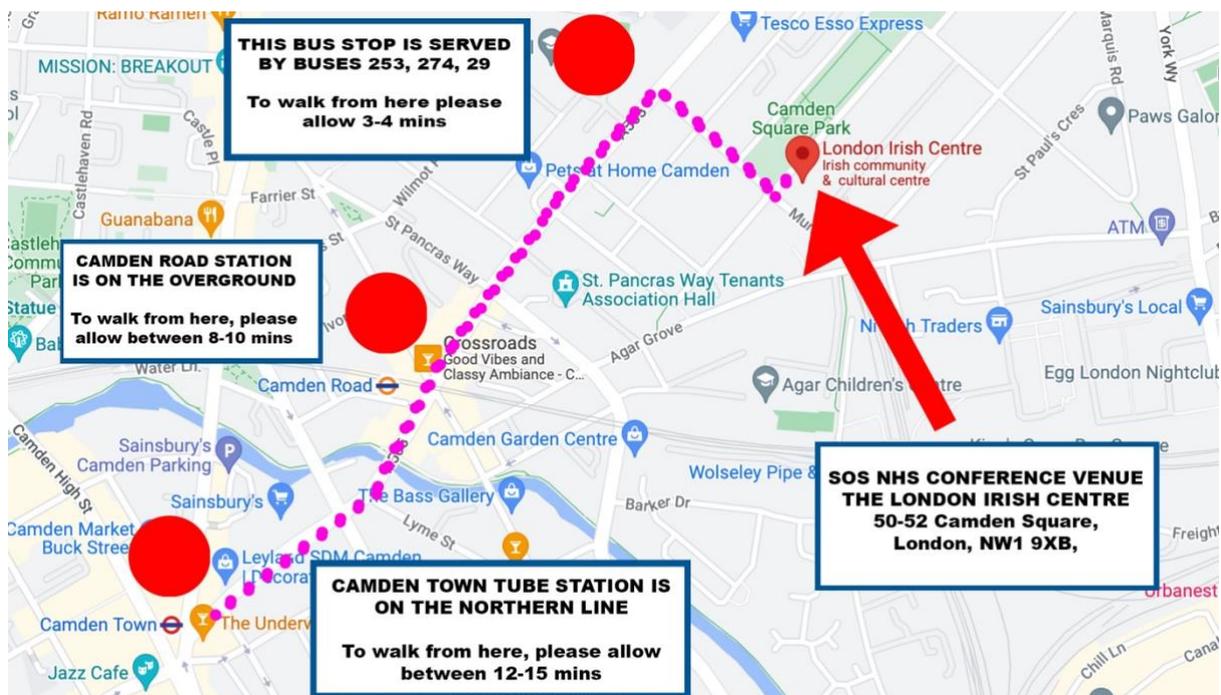
Nearest Overground: **Camden Road**

Nearest Buses: **253, 274, 29**

### ACCESSIBILITY:

The London Irish Centre is wheelchair accessible.

See map below for more information:



See you there!