



100,000 NHS STAFF TO LOSE THEIR JOBS

CALL ON WES STREETING AND KEIR STARMER: STOP NHS JOB CUTS!

More than 100,000 NHS staff are set to lose their jobs under the Government's cost cutting measures and NHS 10 Year Plan.

The Government claims these job cuts will reduce waste and improve efficiency, as only bureaucratic roles are being cut.

In reality, admin roles are already understaffed, and clinical roles are going to be cut too. This is happening everywhere across the country.

Wes Streeting's mentor, Alan Milburn, New Labour's privatising Health Secretary and the key influencer behind the 10 Year Plan said 'we've got to stop viewing the healthcare system... as being about a single institution [the NHS]... and instead see it as being an ecosystem of very different providers.' We have a real fight on our hands.

The Government's flagship NHS reorganisation plan includes abolishing NHS England, halving Integrated Care Board (ICB) running costs, and forcing trusts to reduce corporate growth.

Guardian analysis suggests trusts face between 3–11% workforce reductions. Applied across approximately 1.37m trust staff, this equates to around 41,100 to 150,700 potential losses. In addition, around half of NHS England's 15,300 staff, plus around 12,500 ICB staff (50% cut), and some Department of Health and Social Care (DHSC) posts will go. Total job losses could easily exceed 100,000 when combining central and trust-level cuts.

These plans will apparently improve productivity, reduce waiting lists, and increase appointment volumes. This is simply dishonest. Cuts to central bodies, (NHS England, DHSC, ICBs) are almost entirely managerial and non-clinical but trust-level cuts will spill into clinical areas.

Surveys show 37% of trusts are already cutting clinical roles, and another 40% will do so. The Government has not carried out any formal impact assessment of the cuts' effects on service delivery, patient safety, or financial resilience.

The impact of reorganisation will

also be severe. King's Fund and Nuffield Trust warn that these job cuts will cause disruption, loss of expertise, and delays in service improvement.

Frontline accounts from NHS staff already describe chaotic implementation timelines and a lack of guidance, creating an environment of uncertainty and low morale. Trust-level redundancy costs could be over £2 billion with no central funding and will hit trusts hard.



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PAY INEQUALITY SCANDAL AT AIREDALE SUBCO

The GMB union is planning industrial action over a two-tier pay system at Airedale Hospital in West Yorkshire.

In 2017, NHS facilities workers at Airedale NHS Hospital Trust were transferred from the trust into AGH Solutions, its wholly-owned private company, usually referred to as a 'SubCo' (short for subsidiary company).

These workers include porters, catering, security, facilities management and more. Workers who were transferred from NHS employment to the private company remain on the NHS 'Agenda for Change' (AFC) pay, terms and conditions.

However, staff employed since 2017 do not receive the same benefits, despite doing the same job.

In Airedale, NHS porters get better pension contributions, annual leave and Sunday pay than their AGHS porter colleagues.

By outsourcing the responsibility for workers to AGHS, the trust has allowed the creation of a two-tier workforce.

AGHS, like other SubCos, was set up to avoid VAT on procurement, and public sector procurement rules. In 2021, GMB members won a collective agreement with AGHS on higher pay, annual and maternity leave and weekend pay enhancements close to that of the NHS. They were met with significant support from the local community.

GMB is in fresh negotiations with AGHS and new managing director, Dennis Kentrop, who wants to maintain the two-tier workforce.

These workers 'are not NHS workers', says Kentrop, who expects AGHS to be free to operate as a 'private company'. This insult to hard-working NHS staff reveals the truth behind NHS trust-owned private companies.

GMB is demanding that the trust and its AGHS SubCo pay these workers in line with the NHS pay structure. GMB seeks to raise awareness and put pressure on AGH Solutions and Airedale NHS Foundation Trust Board.

It's time for change at Airedale: NHS pay for NHS work!
For more information: bit.ly/AiredalePayScandal

**KEEP OUR
NHS PUBLIC**

THE IMPACT OF NHS PRIVATISATION

In April 2024, Wes Streeting insisted that the NHS would be privatised 'over my dead body'.

But the truth is, parts of our NHS have already been privatised and it's a trend set to continue under this Government.

As of mid 2025, over 11% of NHS spending already goes to profit-making providers. This amounts to roughly £19.5 billion.

Under Labour's plans announced earlier this year, this figure will rise by £2.5 billion annually, along with private providers' share of NHS-funded services.

Private entities currently deliver around 10% of NHS-funded elective care overall. One in five patients admitted for treatment under the NHS are receiving this care in a private hospital, paid for by the NHS.

In certain specialties like cataracts, orthopaedics, and ophthalmology, the private sector's share is even higher.

To a large extent, NHS privatisation works by the transfer of public funding to private companies to provide NHS services.

In these cases, patient care remains free at point of use, but NHS trusts pay vast sums to companies that make profits from public funds.

CATARACT SURGERY SCANDAL

Over the last six years, the NHS has given substantial control of the cataract pathway to the private sector, which rapidly expanded its capacity and increased the total number of NHS-funded operations from 450,000 to 650,000 per year.

Private eye-care companies with NHS contracts extracted £169m in profits in 2023/24, from the £536m the NHS paid them (32%).

In addition, £68 million was spent by private equity investors to pay interest on debt incurred buying the cataract surgery companies. This is a huge drain on NHS budgets already stretched to breaking point.

The private cataract sector has also depleted the NHS of staff and funding, leaving it struggling to perform complex surgery on serious eye conditions, with fewer consultants and fewer staff training opportunities. This leaves many patients at serious risk of blindness.

There is also enormous risk in relying on the use of private finance initiatives (PFI) for capital projects and infrastructure repair, as is now being suggested for new Neighbourhood Health Centres. If they go bankrupt, as they have done in the past, this can harm patients and cost the NHS far more than if public money had been used.

In addition, this debt is taken from NHS budgets and contributes significantly to the financial pressures with which the NHS is already struggling.

Overall and over time, privatisation of clinical services risks a reduction in quality of care and is associated with increased patient morbidity and mortality (according to medical journal *The Lancet*).

The effects on NHS staff, especially those outsourced to private companies, are severe. This leads to declining quality of care for patients. Private companies cut costs and maximise profits by cutting staff numbers, reducing the skill mix and saving on other resources, with well documented negative impacts on staff terms and conditions.

The Government must therefore roll back its plan to cement the private sector's role in health care provision.

We cannot allow more public funds to be wasted on shareholder profits rather than on supporting patient care, staff pay, and better terms and conditions.

If the NHS continues to be privatised, a fully public and properly funded NHS, the most cost-effective model of health care provision (see *Commonwealth Fund*), will disastrously become a memory.

For more analysis: keepournhspublic.com

LABOUR'S NHS PLAN RISKS LONG-TERM DAMAGE

The founding principle of the NHS in 1948 was simple yet profound: healthcare for all, free at the point of use, publicly funded, provided and accountable.

The Labour Government's new 10 Year Plan has moved away from this legacy and now heavily promotes partnership with the private sector. Reliance on the private sector is a theme running through every section of the plan.

Labour's plan does not address the urgency of the NHS crisis. It proposes major reconfiguration now and 'transformation' of healthcare over 10 years. Abolishing NHS England, slashing and merging integrated care boards and imposing £6bn in cuts on NHS trusts means the loss of 100,000 jobs, whilst there is enthusiasm and investment for, and heavy reliance on AI and digital solutions.

Labour has come up with three strategic shifts as part of its long-term plan. 'Hospital to community', 'treatment to prevention', and 'analogue to digital', are longstanding NHS goals. However, they require

investment, not cuts, and will fail to do much good without proper planning.

Good community care benefits patients but will inevitably uncover unmet need. Effective and safe community-based care has to be founded on close cooperation between well-resourced community teams, GPs, and hospitals able to communicate and respond. Proposed job losses and chronic underfunding make such teamwork unfeasible.

Plans to replace outpatient departments with digital consultations and neighbourhood health centres are unrealistic.

Preventive care is an essential part of the NHS but cannot replace acute services. Labour fails to address the current national emergency where delays in urgent care, unsafe staffing, severe bed shortages and the failed social care system cause over 16,000 avoidable deaths a year.

The proposal for mass genome sequencing of babies to detect hundreds of genetic disorders raises profound ethical

and practical concerns.

Labour wrongly assumes that AI, apps, wearable gadgets and virtual hospital technology can replace skilled professionals. The push for digital transformation as the default care delivery model overlooks the needs of millions with limited literacy, disabilities, or without digital access.

Over 6 million adults in England have very poor literacy, and many more face barriers due to age, disability, or poverty. Unless addressed, health inequalities will deepen as millions are excluded from access to care.

The 10-Year Plan sets aside proven public healthcare principles and undermines the NHS as a universal, publicly provided service.

We need a funded plan to restore the NHS as a publicly provided service: one that addresses the workforce crisis, invests in infrastructure, rebuilds community services, and restores trust. A high-functioning NHS is not a luxury, but a necessity.

STAND WITH STRIKING NHS STAFF!

Pay disputes are once again shaking the NHS. Below-inflation pay offers and poor terms and conditions are driving staff out of the NHS and threatening patient care.

Most nurses are unhappy with the 3.6% pay increase the Government granted them earlier this year. It's no real pay rise: 'the cost of a sandwich and a drink' according to the Royal College of Nursing (RCN).

A consultation of RCN Members on this pay award resulted in a 51% turnout of 345,000 members, including low-paid nursing support workers. 91% said the pay increase was not enough. It's not just about a pay rise.

The RCN is pushing for serious reform of the decades old NHS 'Agenda for Change' pay system. The RCN want to see change that values nursing as crucial to a safe and effective NHS.

Increased starting salaries and rapid pay advancement for newly-qualified nurses and support workers is crucial, without them having to leave vital face-to-face clinical work. 44% of qualified nurses are on the lowest (qualified) pay band. Many remain at

this band throughout their career, with international and female nurses over-represented. Older, experienced nurses, who support the newly qualified, are leaving in droves.

What next? Nurses have taken industrial action before and have won better pay through striking. The public have largely supported striking nurses in the past. If the Government doesn't listen to the RCN leadership, strike action could be on the cards again.

Resident doctors went on strike in late July as part of their long-standing campaign for pay restoration.

They demand a restoration lost pay value of 21% over the last 15 years, meaning a staged uplift of 29%.

Resident doctors took eleven rounds of strike action under the last Conservative Government.

After their election in 2024,

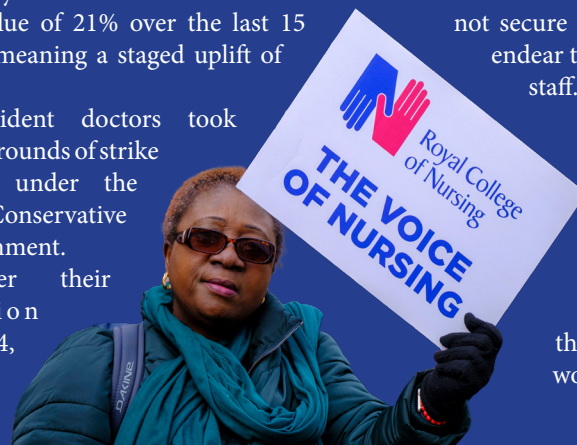
Labour conceded a 22.5% pay increase over two years, with very high inflation. #

This was just the first step in a long-term struggle to achieve full pay restoration.

Around 30% of resident doctors don't have secure employment after qualifying, according to a BMA survey. As a result, many are either leaving the profession or moving abroad for better pay and job security.

The BMA was met with an avalanche of hostility from the media, some of which was regrettably echoed by the Health Secretary, Wes Streeting, and Keir Starmer. Demonising NHS staff will not secure a settlement, nor will it endear this Government to NHS staff.

Although no further strike dates are yet planned, Keep Our NHS Public and Health Campaigns Together continue to support all NHS staff in their fight for fair pay and working conditions.





ISRAEL AND THE NHS: CUT THE TIES

PALANTIR OUT - CUT CONTRACTS WITH BOSTON CONSULTING GROUP - BOYCOTT TEVA

Creeping privatisation has allowed a series of companies with strong ties to Israel's genocide in Gaza into our NHS.

At the same time as profiting from genocide, these companies undermine the principle of a truly public healthcare service by sucking profits from already overstretched services.

It's time we cut the ties between the NHS and Israel, and put an end to the privatisation that has allowed these ties in the first place.

The Boston Consulting Group is one of the largest consulting firms in the world, worth billions. The firm was involved in the establishment of the 'Gaza Humanitarian Foundation' (GHF), a so-called 'aid' organisation that has been linked to over 800 Palestinian deaths. According to UN offshoot ReliefWeb, the GHF's 'operational model involves luring civilians to specific locations coordinated with the Israeli army, where they are subjected to killing, injury, and cruel and degrading treatment.' The UN has called for the foundation to be dismantled, labelling it 'an utterly disturbing example of how humanitarian relief can be exploited... in breach of international law'. The GHF's actions are so horrific that even the UK Government has spoken against the foundation.

In addition to profiting from Palestinian deaths, the Boston Consulting Group makes millions from our NHS.

The firm has had contracts with the NHS Blood and Transplant Authority; Norfolk and Norwich Foundation Trust;

North London Integrated Care Board (a body that oversees various NHS Trusts); the NHS Confederation; the Department of Health and Social Care, as well as Guys and St Thomas' Foundation Trust.

This amounts to around £16.7m worth of contracts between the NHS and the Boston Consulting Group. No private company should be making money out of our health service, let alone one with such strong links to Israel's manufactured famine in Gaza.

The Boston Consulting Group is not the only company with ties to Israel with deep roots in the NHS. US tech company Palantir has a £330m contract with the NHS to integrate data across different NHS trusts and ICBs. Palantir also has a strategic partnership with Israel, and has been outspoken in its support for the IDF since 7 October 2025.

The NHS also prescribes medication from Israeli pharmaceutical company Teva, which has factories on illegally occupied Palestinian land. Teva is on the official BDS boycott list, with campaigners encouraging patients to ask their doctors not to prescribe Teva drugs.

We need an NHS that is publicly provided, funded and accountable. We should not be spending millions on the Boston Consulting Group, or the myriad other private companies leeching off the NHS. The Government should instead be investing in improving vital services, fair pay for NHS workers and a sustainable model of public health care for the future.

HELP US SAVE OUR NHS: JOIN US TODAY



For 20 years, Keep Our NHS Public has fought to protect our NHS. Now, the NHS is facing its biggest crisis yet. Austerity, underfunding, and privatisation have done massive damage.

Rather than changing course and rebuilding our NHS, the Government is funnelling billions into private healthcare, partnering with companies complicit in Israel's genocide, and attacking NHS staff and migrants.

It doesn't have to be this way. We are demanding an NHS that is free at the point of need, publicly provided, funded and accountable, as it has been in the past. Join us today to make this demand a reality, and to save our NHS.

Join us via keepournhspublic.com!