As many Stroud Against the Cuts supporters joined due to our involvement in the Keep Gloucestershire's NHS Public campaign (which successfully prevented Gloucestershire's community health services being privatised), we want to keep you informed of NHS issues. The below stories come via our affiliate membership to the national campaigning organisation Keep Our NHS Public and subscription to the Open Democracy: Our NHS email list. If you would like to receive such updates by email, and engage in discussion about them, you can join a yahoo group for those concerned about NHS cuts and privatisation in Gloucestershire:
http://uk.groups.yahoo.com/group/Save-the-NHS-Glos/

Update to 10/03/2014

Our NHS: Caroline Molloy - Coalition MPs vote through sweeping hospital closure powers. The controversial Clause 119 of the Care Bill, dubbed the ‘Hospital Closure Clause’, has won a crucial vote in the Commons. The decision is likely to be met with anger by campaigners... The Clause broke the Coalition Agreement promise to "end the centrally mandated closure of A&E and maternity wards", instead making it far easier, many Labour MPs alleged. Jeremy Hunt, the Health Secretary, did not attend until the closing summary of the debate, a move which was labelled as "extraordinary" by Grahame Morris MP and seemed to leave some on his own benches unimpressed... Many MPs highlighted the importance of local hospitals, and concerns that increasing financial difficulties could suck more hospitals and other health services into 'backdoor reconfiguration' if the Clause was passed. Read the full article here: http://www.opendemocracy.net/ournhs/caroline-molloy/coalition-mps-vote-through-sweeping-hospital-closure-powers

Clive Peedell - Outsourcing cancer care - the biggest and most reckless NHS privatisation yet? In the biggest outsourcing to date, the NHS has announced it is tendering a huge £700 million contract for providing NHS cancer care in Staffordshire and Stoke-on-Trent, along with another £500million for end of life care in the region. It's a dramatic indication of the
rapidly increasing commercialisation and privatisation of the NHS. In the messy fight over the Health & Social Care Act, during the 'listening pause' the Coalition promised parliament the changes they had made to the legislation included “ruling out any question of privatisation”... Private sector providers will only be interested in managing the high volume, low complexity work, leaving more complex and uncommon cancer care to the established NHS centres. The NHS will lose both government money and already scarce staff to the private sector. Read the full article here: http://www.opendemocracy.net/ournhs/clive-peedell/outso urcing-cancer-care-biggest-and-most-reckless-nhs-privatisation-yet

Our NHS: Andrew Causon: “The NHS, the LibDems & the "Undesirable Contact Man". Last month one of the Lib Dems biggest donors, Sudhir Choudrie and his son Bhanu Choudrie, were arrested by the Serious Fraud Office in connection with alleged bribes paid by Rolls-Royce (makers of military jets) to the Chinese and Indonesian governments. The Choudries and their healthcare business Alpha Health are one of the Lib Dems largest donors, giving them a total of £1.26 million over the last 10 years, including hefty individual donations. In November last year Lib Dem deputy leader Simon Hughes accepted a £60,000 donation from Sudhir Choudrie. At the time of their arrest the Guardian reported that Sudhir Choudrie was on the Indian government’s list of dubious middlemen whom government agencies must keep at arm's length. The official term is Undesirable Contact Men... A few months later, in March 2004 Choudrie’s healthcare business Alpha Health gave the Lib Dems their first £10,000. In September that year the Orange Book – Reclaiming Liberalism was published. This was a collection of essays by the party’s right-wingers, included one on “reforming” the NHS by disgraced former banker David Laws. On May 2005 Alpha Health made its second donation; this time of £100,000. Five months later, Nick Clegg, then a leading candidate for party leader gave an interview to The Independent, where he told Marie Woolf: “One very, very important point – I think breaking up the NHS is exactly what you do need to do to make it a more responsive service. I don’t think anything should be ruled out.” Read full article

Daily Mirror: Firm with links to top Tory sucks £2.6 million from NHS 'reforms' he helped push through;

A firm boasting a close advisor to the PM on its board of directors has sucked £2.6m from the NHS in 10 months by filling vacancies caused by Tory health reforms. Tory MP Nadhim Zahawi – who helped push the controversial GPs’ funding system through the Commons – was appointed non-executive director of recruitment firm SThree in 2008. And the firm has been staffing new Clinical Commissioning Groups set up under the Health and Social Care Bill, via an arm of its international business specialising in “Healthcare & Life Sciences sectors” called Real Staffing... Dr Clive Peedell of the National Health Action Party, said: “It looks like a colossal amount of money going out of the NHS which could be spent on direct patient care instead of going to shareholders.” Read the full article
(worth pointing again, at this point, to this “Compilation of Parliamentary Financial Links to Private Healthcare”, by Social Investigations)

BBC News: ‘Worrying shortage of senior NHS nurses’.

The NHS has lost nearly 4,000 senior nursing posts since 2010, putting patient care at risk, warns the Royal College of Nursing (RCN). The void includes ward sisters, community matrons and specialist nurses and has been brought about by cost saving reorganisation, it says. According to the most recent data, in November 2013, the NHS was still short of 1,199 full time equivalent (FTE) registered nurses compared with April 2010. The RCN says that hidden within wider nursing workforce cuts are a significant loss and devaluation of skills and experience in the NHS, with 3,994 FTE nursing staff working in senior positions. Dr Peter Carter, chief executive and general secretary of the RCN said: “These cuts are a short-term attempt by trusts to find efficiency savings, yet they will lead to a very serious and very long-term crisis in our health service.”

Read the full article

Also covered in Hospital Doctor here:

http://www.hospitaldr.co.uk/blogs/our-news/nhs-has-4000-fewer-senior-nursing-posts-than-2010

The Financial Times: “Private groups invited to help NHS buy services.” The NHS has for the first time asked the private sector to help purchase billions of pounds worth of services for hospitals and GPs. NHS England on Tuesday advertised for companies to compete for work worth at least £5bn advising the new doctor-led clinical commissioning groups, which spend more than two-thirds of the NHS budget buying care for patients… It also highlights the opportunities for private sector investment in the service despite political sensitivity. Roughly 30 bidders, including Serco, Optum, part of United Health, and Assura, are expected to compete for the work, which will see them appointed to a “framework” of preferred suppliers, which can be used by hospitals and GPs to buy services more quickly. Voluntary sector providers, local
authorities and NHS organisations are also expected to bid, many in partnership with private sector companies such as Capita or KPMG, for example.

http://www.ft.com/cms/s/0/bcf1269c-9e1a-11e3-95fe-00144feab7de.html#axzz2vZB6kP7a

Rabble: Story on Allyson Pollock talk on the privatisation of England's NHS, given in Canada. Pollock is the Founder and, between 2005-2011, co-ordinator for the Centre for International Public Health Policy University of Edinburgh. Read the full story here:
http://rabble.ca/blogs/bloggers/penney-kome/2014/03/p3s-are-pox-on-public-purse-allyson-pollock-3

South Yorkshire Times: "Further strike action for Doncaster care staff."

Care UK staff in Doncaster are set for a further seven-day strike after union members could not come to an agreement with bosses over terms and conditions. Unison representative Jim Bell met with Care UK morning, when he gave legal notice of a further week-long industrial action. A seven-day strike was held last week after union members, who care for some of the most vulnerable people in society, voted overwhelmingly for action over management threats to slash their wages by up to 50%. Mr Bell said: “We had a meeting brought about by ACAS last Friday and heard the company had made marginal improvements on the transitional payments from 12 to 14 months, but there has been no movement on holidays or sick pay. We spent a day with ACAS and that offer was unanimously rejected. Members are 100 per cent committed to defending their terms.” Read the full article

Independent: "NHS faces ‘managed decline’ unless it is properly funded, says health chief."

The NHS cannot survive in its current form and problems could escalate to the point where anyone who can afford it will choose to go private, the chief executive of NHS England has warned. Read the full article
Update to 03/03/2014:

Guardian: “Changes to the NHS add to the pressure on services.”

A letter to the Guardian signed by Dr David Wrigley, Dave Prentis, Dr Jacky Davis and several KONP campaigners reads: The coalition recently lost a battle to close the thriving and solvent Lewisham hospital when an adjacent hospital was suffering financial problems due to government cuts and disastrous PFI debts. The coalition subsequently rushed through an amendment to the care bill (clause 119) which gives sweeping powers allowing Whitehall bureaucrats to close any English hospitals without full and proper local consultation (Report, 27
February). With this "hospital closure clause" in place, no English hospital will be safe from financially driven closures. Local patients, clinicians and commissioners will have little meaningful say in the closure process. Whatever happened to the mantra used by the coalition to sell the recent NHS reconfiguration to us all – "no decision about me without me". In effect clause 119 brings about a fast-track hospital closure process. Clause 119 is pernicious and hugely damaging to the future of healthcare in England and we implore politicians to withdraw clause 119 or vote against it as it moves through parliament. Read more

Privatisation and cuts: “GP payment services may be outsourced nationally.”

GP payment services for the whole of England could be handed to a single outsourced company following an NHS England bid to slash £40m from primary care support (PCS) services, it has emerged. NHS England is considering proposals to provide PCS services, also known as family health services, nationally after the body launched a consultation on plans to cut 40% of the £100m budget. The body said in November that it would seek the savings and could reduce the number of regional PCS offices from 37 to 12. Consultation with practices on the effects of the changes began in January, but GP leaders have warned the cuts could create more payment chaos. NHS England is considering an offer by an outsourcing firm to provide the services nationally. The board has ordered a full assessment of the bid by Shared Services Connected Ltd (SSCL) ‘to determine whether it could deliver safe efficient PCS services’. SSCL is a joint venture firm 25% owned by the government and 75% by Steria Limited. Steria also owns 50% of NHS Shared Business Services, which currently provides PCS services for some of the 30% of NHS England area teams that already outsource them. Read more

It seems Steria are taking over the world currently with the fashion for out-sourcing.

Herald Series: “**NHS privatisation plans are put on hold amid concerns.**”

Plans that could see private firms run part of maternity, OAP and mental health services have been scaled down after NHS managers’ concerns. Managers who control budgets were last year were among the first in England to look at a new way of drawing up NHS contracts. These would be based on how well patients got as a result of their care rather than just whether they were seen in the first place. But this would let any type of provider, whether a private firm or charity, compete to run services or part of them. The move led to concern from NHS hospital and mental health managers over the impact on their organisations. Now Oxfordshire Clinical Commissioning Group (OCCG), which controls budgets, has agreed to work with state providers for the next financial year. Yet it warned it could go to the “open market” if this approach is not successful. Ian Wilson, interim chief executive of OCCG, said it had “listened very carefully” to views on the “outcomes based commissioning” (OBC) programme. The move was welcomed by Oxon Keep Our NHS Public campaign group chairman Ken Williamson. He said: “Collaboration rather than competition has to be the logical way to go. They would have been making off into the unknown.” [Read more](http://www.computerweekly.com/news/2240214744/Gloucestershire-County-Council-replaces-Capita-with-Steria-to-transform-ICT-delivery)

BBC News: “**Cambridge sit-in protest against mental health service cut.**”

A sit-in protest is being staged at an NHS clinic in Cambridge by a group of campaigners trying
to stop a mental health service being axed. Eight protesters occupied the Tenison Road Centre to demonstrate against a programme for people with personality disorders being cut. Campaigner Alex Jones said they would stay until they met clinic bosses. The Cambridgeshire and Peterborough NHS Foundation Trust said other services in the building had not been disrupted. A trust spokeswoman said it needed to save £6.5m from its annual budget. Ms Jones said up to 25 people joined in, angry that the Lifeworks service, which offers twice-weekly drop-in sessions and a daily crisis clinic, was due to close at the end of the month. She added about 100 people used the service, which would be replaced by a "more restrictive" scheme. "Roughly 90% of patients in the Lifeworks service are not being referred to the new pathway so the majority of patients are going to be referred back to GPs with no help whatsoever," said Ms Jones. She said personality disorders were a lifelong condition but that the new pathway would be limited to two years.  

Coventry Observer: “Fresh fears over George Eliot Hospital sell off.”

George Eliot Hospital and one of its potential private backers have tried to allay fears over the future of staff pensions. The Nuneaton hospital is close to being taken over by a private firm after major failings at the site. One NHS Trust - South Warwickshire - is in the running but the hospital could falling into the hands of a private company. A spokesman for the George Eliot insisted staff would remain in the NHS pension scheme regardless of who took over, and that terms and conditions would remain the same. But The Observer has been contacted by some workers who still fear their arrangements could be altered if the trust was to fall into private hands. One source claimed there was cause for concern in the longer term with private companies, in theory, able to bring in new pension rules, and change terms and conditions. They said the fears were not groundless and that similar scenarios within the public sector had witnessed changes. However, one of the private firms involved in the bidding process - Circle Healthcare - pointed to the fact workers at one hospital it runs, Hinchingbrooke, remained within the NHS and had not seen their conditions altered. The other firm involved in the bidding Care UK refused to comment.  

Guardian: “Age UK sounds alarm over cuts to care for older people.”

About 168,000 older people have stopped receiving help with essential tasks such as eating, washing and getting dressed as a result of deep and continuing cuts to social care under the
coalition government, a report from Age UK says. More and more vulnerable pensioners are being denied support to help them continue living at home, which also include meals-on-wheels and visits to daycare centres, the charity says. It laments the "distressing human cost" involved, including loneliness, isolation and upset for those affected and a greater caring burden for their families. The dwindling availability of social care has been going on since 2005-06, when Labour was in power, but has increased with deep coalition cuts to the budgets of England's 152 local councils, Age UK found in its Care in Crisis 2014 report, which is based on official figures.  

Clause 119

Guardian: “NHS hospital closures should be shaped by health needs, not by the market.”

There are many desirable reasons to reorganise the way hospitals and healthcare are managed. Making the case for rationalisation in general terms is easy. But arguing it through on the ground is a nightmare. The only thing that can make it even worse is for the health secretary to take the power away from the people who are affected by it and make closures all about money and the market. Jeremy Hunt's Clause 119 of the care bill, which the Commons will consider for the first time, is an emergency reaction to the court ruling, last October, that Hunt had acted illegally in cutting A&E and maternity services at Lewisham hospital in south-east London. The trust special administrator did not have the power to order the closure of some of the hospital's services in order to shore up the South London healthcare trust of which it was not part. The services were reprieved, but probably not for long. The new clause means trust special administrators appointed by the health secretary to take over any NHS trust failing financially will in future have the power to drive through whatever local changes are necessary. The regime of failure will dictate the shape of hospital services. Financial crisis driven by the need to make £20bn of efficiency savings in NHS trusts is expected to drive tens of hospital closures in the near future, including good, highly valued local units that don't fit into the cash-generating model. As the Nuffield Trust remarked in its commentary, this effectively gives the secretary of state "the ability to undertake large-scale reconfiguration". This is no way to reform the NHS. There is already evidence that hospital closures happen not for the public good, however defined, but simply where they can be made to happen. That is, where there is least political challenge. How much more likely are unfair closures when the final say is in effect in the hands of the health secretary? It will not only put politics at the heart of the process. It will amount to reconfiguration by crisis, cuts shaped by the market rather than by the community's health needs. A couple of years back, the Kings Fund recommended the reverse approach. It said far from ministers taking control of the process, they should be removed from it altogether. It found that local politicians were too often a barrier to, rather than a facilitator of, honest dialogue with the public. Strategic decisions should be a matter for a panel, working to clearly defined criteria and in collaboration with the public. If ever this government wanted a way of demonstrating that they think the whole 1948 vision of a National Health Service is broken, forcing through cuts on the basis of a market model is how to do it.
Data share again

GP Online: “GPs and patients in the dark about care.data.” A total of 65% of the English public said they did not believe care.data has been well-publicised, according to an RCGP-commissioned poll. The survey also revealed that two thirds of the public believe that their right to opt out of having their records added to the national electronic database has not been well-publicised. The results correlate with an independent study conducted by Leeds LMC, which found that 93% of its constituent GPs did not believe that patients understood the care.data programme, with 87% stating they did not believe patients were in a position to make an informed decision on whether to opt out or not. Over half said they would personally be opting out of the programme. According to the RCGP poll, carried out by polling and research company ComRes, more people were in favour of the introduction of care.data (35%) than against it (27%), but a greater number reported that they neither supported or opposed the project (38%). The RCGP also said they ‘supported’ the introduction of care.data, but stressed that the government and NHS England needed to ‘dramatically step up its efforts’ to publicise the workings and benefits of the project. The introduction of care.data hopes to improve understanding of major illnesses and diseases, but the project’s detractors have expressed concerns regarding patient confidentiality and privacy. In light of the criticism from the RCGP and other organisations, the government has delayed the introduction of care.data by six months to allow for proposed amendments to the Care Bill, which will more tightly regulate the way in which the collected data will be used.


The Telegraph: “Nicole Blackmore - NHS database: will it push up your insurance premiums?” Controversial plans to create a database of NHS patient information were delayed last week amid concerns about how the data would be used by third parties. Insurance companies have come under the spotlight after the Telegraph revealed that the medical records of 47-million NHS hospital patients in England were sold to the industry in 2012. This was despite assurances that the NHS data would never be used for insurance purposes. The Staple Inn Actuarial Society, a major organisation whose customers are UK insurers, bought the data which covered all hospital in-patient stays from 1997 to 2010. It used this information to track the medical histories of patients, identified by date of birth and postcode, and recommended insurers increase the cost of policies for thousands of customers. The Health and Social Care Information Centre, the public body that has been in charge of NHS data since April 2013, admitted its predecessor body was wrong to sell the information to the insurance industry. The revelation has raised concerns that insurers could access the new database, called Care.data, and use the information to identify “riskier” people whose health insurance would then cost more or be rejected. Even NHS England, which is behind the scheme, has warned patient confidentiality could be undermined by Care.data, saying it could be used to identify patients
“maliciously”. Its own risk assessment warned that patients, whose identities are supposed to be concealed, could be “re-identified” if database data were combined with other information publicly available.

http://www.telegraph.co.uk/finance/personalfinance/insurance/10667245/NHS-database-will-it-push-up-your-insurance-premiums.html

Daily Telegraph: “NHS hospital records used by private marketing firms.”

Hospital records are being used by private firms advising companies how to target their marketing, it has emerged. The disclosure came amid furious debate about the future of a national project to share GP and hospital records, which has been delayed for six months. Publicity materials from one marketing company state that Hospital Episodes Statistics – the records held of every NHS hospital visit – have been used to help firms to “tailor social marketing or media awareness campaigns”. The documents suggest the sensitive data would be used to target people on social media websites such as Facebook. Individuals might end up receiving spam and junk mail. The marketing firm Beacon Dodsworth said it had not been able to access raw data, but analysis of the hospital trends, integrated with other information, had been provided by NHS officials. Phil Booth, from the campaign group medConfidential, said: “How can the NHS defend this use of data? The last thing most people want is to be spammed by medical firms.” It also emerged that a full set of records, covering all hospital episodes in England, was handed to a set of management consultants, who uploaded it to Google servers based outside the UK. Campaigners questioned whether it was safe to have all such records stored outside the UK. The Health and Social Care Information Centre, which controls the use of data, said the information hosted on the Google servers by management consultants PA Consulting was not available to Google staff, but only to those with a specific contract to access data. A poll of 2,000 adults by the Royal College of General Practitioners (RCGP) found two thirds of people do not feel the public was well informed about the plans and their right to opt out. Hospital records are already collected centrally and can be sold to commercial companies and health researchers. Last week The Daily Telegraph disclosed that under the existing scheme, the records of every NHS hospital patient were sold for insurance purposes, with 47 million records sold to a society of actuaries, which used the information to advise clients on how to “refine” premiums. The disclosure prompted heated exchanges in Parliament last week. Jane Ellison, health minister, apologised for misleading the House by claiming that the data sold to actuaries had been “publicly available, non-identifiable and in aggregate form”. In fact the records tracked individual episodes of patient care, were not available publicly and had been sold on a “pseudomised” basis – meaning it would be difficult, but not impossible, to identify individuals. Read more
Arms dealing and the NHS

You may have never heard of the C&C Alpha Group, but they are making inroads into the NHS. Here is an article briefly outlining the story http://www.morningstaronline.co.uk/a-a30a-The-arms-dealing-company-taking-over-our-NHS#.UxwdXGfivcs

It is not the first time this company has made the news, the owner is Sudhir Choudhrie, a LibDem donor who has made some headlines pertaining to the dealing of arms (see, for example: http://timesofindia.indiatimes.com/nri/other-news/india-born-millionaires-arrest-shakes-up-uk-politics/articleshow/30508098.cms and this tame piece - http://www.bbc.co.uk/news/uk-26200161

Accounting in the NHS: BBC Radio 4: File on 4 - The Accountant Kings

The UK is said to have more accountants than almost any other nation on earth. Thanks to reforms in the way the public sector is run, the "Big Four" accountancy firms and the accountancy profession generally has become more powerful and more influential than ever before. But what do these accountants actually do and what does it mean for taxpayers? The NHS features for approx. 30% of the report. It demonstrates the maniacal set up thrust upon the nation, the demoralization that results and the vast cost to us all. Read more

Update, week to 20/02/2014:
Out of Hours in Gloucestershire is due to be put out to tender this year. Currently it is run, jointly, by 2 NHS trusts. The Gloucestershire health campaign group, borne of 38 Degrees, is doing some work on this to try to help keep this vital service in the NHS.

There have been a number of privatisations of OOH across the country and many have been very poor. Besides this, losing services from our local NHS trusts reduces their viability in a number of ways, mainly through lack of funding reducing ability to cross-subsidise in times of need.

Please do consider signing up to the [Yahoo group here](#). David Perry from the health group sent an email this week with [specific jobs to be done](#) - please get in touch if you can help (contact@stroudagainstcuts.co.uk)

Also, there is a [petition against tendering of the local service to sign](#) here, and to remind you of the campaign, nationally - [38 degrees have a petition here too](#).

**Arriva** was given the contract for non-emergency patient transport in Gloucestershire, Wiltshire and North-East Somerset, previously run by the ambulance trust. Since it took over, there have been a number of articles relating to 'poor performance'. Here are two: &quot;London pensioner's five hour wait to get home in latest Arriva complaint&quot; &quot;Only a matter of time before someone dies&quot;

Please do remember, when you have problems with a service, don't just moan - write to the service provider and to Gloucestershire Clinical Commissioning Group! Get in touch with us if you need tips: contact@stroudagainstcuts.co.uk
Campaigners in Bristol are using the same law firm that helped us to stop privatisation of local community health services to challenge their local Clinical Commissioning Group (CCG) over public consultation when making decisions about who will run services in future. See their 'letter before claim' here.

Stroud Against the Cuts member Hannah Basson has written an introduction to the proposed new NHS information system "care.data":

Governance and local NHS bosses: A piece here about what a hospital governor should or shouldn't do - are they to be silenced?

Mirror: More than half of 'unhappy' nurses may quit NHS for jobs overseas says new poll. Brits in the job are highly sought after in countries such as Australia and Dubai where they can often earn upwards of £10,000 a year more than they do here.

Mirror: Health chiefs block plan which could force NHS to discriminate against jobless and elderly. A shocking proposal that could force the NHS to
discriminate against the jobless and elderly has been blocked by health chiefs. They rejected a plan by ministers to look at “benefit to society” when deciding who gets new drugs. Sir Andrew Dillon, head of drugs control body Nice, fears the policy could see younger patients with jobs go to the front of the queue.

Colin Leys: "The only thing wider than the NHS funding gap is the policy vacuum"; Several recent reports have made two basic facts about the NHS impossible to ignore. One is that on current spending plans, the NHS will run out of money within the next 5 to 6 years. The other is that the Health and Social Care Act 2012 has created a dysfunctional set of structures which mask the government’s failure to offer a credible response. The Nuffield Trust has shown that because of population growth, ageing and cost increases, by 2020-21 the NHS will require some £30bn (25%) more than it is getting now just to maintain services at their present level – yet the government plans to keep NHS spending constant. Either services will be severely reduced or quality will deteriorate drastically or, more likely, both.

The Press Association:

One hundred practices ‘may shut amid cuts’.
Around 100 GP practices could be forced to close due to cuts in national funding, leaving patients in rural areas without a GP, doctors' leaders have warned. Changes to how practices are paid mean some could no longer be viable, despite the fact that many of them “provide vital services to thousands of rural patients”, the British Medical Association said. It warned that large areas of rural England could be left with no GP practice for local residents… Chaand Nagpaul, chair of the BMA’s GP committee, said: “The government has seriously misjudged the potential impact of its funding changes, especially on rural GP services.

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Update, week to 03/02/2014:

Braintree Community Hospital's future feared as Serco cuts contract. A private company's decision to end an NHS management contract early could threaten the future of an Essex hospital, users have said. Serco took over at Braintree Community Hospital in 2011 but in December announced it was ending its contract this December, three months early. The company said not enough patients were using the facility. Braintree Pensioners' Action Group has called for the NHS to take over services again to "secure its future".

http://www.bbc.co.uk/news/uk-england-essex-26049360

(Ah, the beauty of profit-driven, relatively short contracts)

Low opinions of local authority health integration revealed

Only 15% of professionals believed the change to providing public health in local authorities has had a positive impact on health improvement outcomes and over half did not believe in the potential of the new system to improve health or reduce health inequalities. Public health professionals claim decisions made at local authorities are being based on politics rather than evidence, and that ring-fenced
health budgets are not being reserved for healthcare. Three quarters of respondents to a survey conducted by the Royal Society of Public Health (RSPH) also suggested that financial restrictions are impacting their team’s ability to deliver health improvement initiatives.


Mirror: Hospitals facing combined finance black hole of £330 million - and 44% are in Debt. Hospitals are facing a combined black hole of £330 million in finances – the worst for a decade.

http://www.mirror.co.uk/lifestyle/health/nhs-debt-hospitals-facing-combined-3099734#ixzz2sH0tdNYX

Same story also covered in the Telegraph:

The Telegraph: Scale of NHS financial crisis revealed amid looming staff cuts.

Board reports covering all 145 hospital trusts in England disclose that 44 per cent expect to end the year in deficit - with a combined “black hole” of more than £330 million between them. Senior NHS officials said organisations are struggling to cope with pressures on Accident and Emergency (A&E) departments, with hospitals recording their highest ever levels of emergency admissions in the run-up to Christmas. Many organisations are spending heavily on agency staff, with a 60 per cent rise in the total bill for locum doctors in the past three years, with doctors being paid up to £1,500 a shift. The figures suggest widespread financial problems, which have not been seen in recent years, since a crisis in 2006, which led to mass job losses, cuts to hospital services, and the resignation of the NHS chief executive. Many of the worst problems are in London, where Barts Health NHS trust is predicting a deficit of £50m by the end of the financial year, and has drawn up plans to reduce the numbers of nursing staff on the wards.

http://www.telegraph.co.uk/health/nhs/10610648/Scale-of-NHS-financial-crisis-revealed-amid-
looming-staff-cuts.html

(This week's Private Eye links PFI debt to those in most trouble, see also next article...)

The Telegraph: Hospital saves £14m by getting out of PFI deal.

The NHS body was due to pay £2m a year for the next two decades to the private firm that built West Park Hospital in Darlington, County Durham. But after reviewing the costs, Tees, Esk and Wear Valleys Mental Health Foundation Trust decided to take advantage of a break clause in the deal. It paid £18m upfront to get out of the PFI contract 23 years early, but it now owns the hospital outright and expects to save £14m over the course of the deal once maintenance and inflation is taken into account.

http://www.telegraph.co.uk/health/healthnews/8296685/Hospital-saves-14m-by-getting-out-of-PFI-deal.html

On Medical Data ('care.data' system):

"If you thought someone snooping around your emails and listening to your phone calls was bad, imagine them looking at your medical records. The private realm may be ever-shrinking – in an age when we reveal so much of..."
ourselves online and when we know the eavesdroppers of the NSA and GCHQ are never far away – but if there’s one thing we’d want to keep behind high walls, it’s surely the intimate histories of our mental and physical health. So there can be little surprise that privacy campaigners are recoiling at the expansion of NHS England’s data collection, which from this spring will take in information from the place where most people experience the NHS: their GP’s surgery. Until now, the NHS in England kept the stats from hospital visits but not from those day-to-day encounters with your local doctor. As 26.5m leaflets pop through letterboxes, explaining the new “care.data” project, groups such as medConfidential.org are urging patients to opt out in the name of basic privacy.


An alternative view from Allyson Pollock and Alison Macfarlane: Opting out of care.data is not the answer. Mistrust of care.data is not surprising, given the corporate interests involved - but simply opting out will make it even harder to monitor the impact of privatisation on Britain's health. NHS England has sent a leaflet ‘Better information means better care’, sent to every household in England. This has triggered a campaign to encourage people to opt out of the new care.data system by telling their GP that they do not want their health records uploaded to it. Opting out will undermine both the new system and our existing national statistics as well playing into the hands of the private sector. It means data will be inadequate to assess the impact of government policies to privatisse the NHS.


Finally on the medical data issue, from the Daily Mail:

“GPs revolt on patient records: Growing anger at NHS plan to harvest private data. Growing numbers of GPs are joining a rebellion against an NHS scheme to harvest millions of medical records. Unless patients object, officials will start to extract confidential data from their files next month. The information will be used to improve care and assist research work, health chiefs say. But some family doctors fear the data will be misused by insurers and businesses. At least four GPs – with thousands of patients between them – are defying orders to hand over their patients’ records. Many more are known to share their
concerns. Gordon Gancz, who has a practice in Oxford, had been told by NHS officials his decision not to co-operate may cost him his job. Another GP, John McCormack, from South Woodham Ferrers in Essex, has written to his 2,800 patients to ask them if they are happy for their data to be used. Nearly all said no and Dr McCormack has handed over only the files of those who gave consent. Another GP in central London and one in the North West have taken a similar stance. Neither wishes to be named for fear of reprisals from NHS bosses. The doctors believe patients may refuse to reveal sensitive information about their lifestyle – drinking habits or smoking – if there is a chance it will be sold on and potentially used against them. NHS England insists the data will be used mainly to improve care by identifying areas with long waiting times, poor services or substandard treatment. But it has admitted the data could be passed on to private organisations – including insurers – who may use it to hike up premiums for certain patients. The way in which patients can object to the plans differs between surgeries. Some practices have told them they must do so in writing – by a letter or email – while others are allowing them to phone up or tell their doctor during a routine appointment. But millions are simply receiving leaflets by post which some doctors say are confusing and easy to dismiss as junk mail.

Update, week to 19/01/2014:

The Independent

Privatisation agenda drives Tory policy on NHS, says Andy Burnham. Jeremy Hunt has been on a “mission to run down the National Health Service” to serve “a privatisation agenda” that will lead to the end of free, universal health care in the UK, the shadow Health Secretary has said in an explosive attack on the Coalition’s record on the NHS. In an exclusive interview with The Independent, Andy Burnham accused the Coalition of crippling the NHS with competition law and setting it on a path towards charging patients for their care. The Labour frontbencher said that he had “huge reservations” about links between the Conservative party and private health-care companies – arguing that the NHS would be prey to giant American corporations picking off key services for profit if a landmark European Union free trade agreement is reached with the US. Mr Burnham also condemned the Government for destroying the morale of NHS staff with public criticisms and labelled the health reforms, which
were not in either of the Coalition party’s manifestos, “a democratic crime of monumental proportions”.


Pulse

BMA: Threat to GP occupational health services is 'unacceptable'. The BMA has said it is 'unacceptable' GP occupational health services were in jeopardy, after managers confirmed to Pulse that GPs suffering mental exhaustion and stress will no longer be provided with any central funding for support unless there were formal concerns about their performance.

http://www.pulsetoday.co.uk/home/battling-burnout/bma-threat-to-gp-occupational-health-services-is-unacceptable/20005517.article#.UtMqybSS5mU

Tuesday 14th January 2014

Independent

The NHS is more fragmented than ever.

Prof Chris Ham, chief executive of The King's Fund, writes: The Coalition Government’s NHS reforms have resulted in a degree of complexity never seen before. The reforms have also extended the use of competition by requiring many services to be put out to tender and giving the OFT a role in reviewing proposed mergers between NHS providers. Both the organisation of care and how it is provided have become more fragmented as result. Is it therefore credible for Jeremy Hunt and Norman Lamb to argue that care needs to be integrated to meet the needs of older people and others with complex needs?

The answer depends on whether Ministers are prepared to provide the means that are required to deliver integrated care. A welcome start has been made with the decision to grant 14 areas of England the status of pioneer communities with support to take forward integrated care at scale and pace. Equally important is the transfer of almost £4 billion from the NHS
ring fenced budget into the Better Care Fund. This will be available to all areas of England to pump prime services that bring together health and social care. Ministers must also be willing to review the role of the OFT in mergers, ensure the Care Quality Commission assesses how organisations work together, and insist that the right incentives are in place to develop integrated care. They must make it clear that competition should be used selectively rather than as an organising principle. Failure to do so will make the government vulnerable to the charge that it is intent on undermining an institution that remains dear to the hearts of the British people.

Read more ...

Guardian

NHS spending on temporary locum doctors in A&E up 60%, says Labour.

Labour has blamed the coalition’s NHS reforms for a surge in the use of temporary locum doctors in A&E wards at the cost of £83m a year. Andy Burnham, the shadow health secretary, said the government did not listen to warnings about a looming shortage of emergency medicine doctors because it was “obsessed” with shaking up the health service structure. Labour figures show spending on locum doctors has shot up by 60% since 2009, with some paid up to £1,500 for a shift. The College of Emergency Medicine said it was not a sensible way of spending money.

Read more ...

Daily Telegraph
NHS care at home for elderly and disabled quietly slashed by a third.

The number of frail elderly and disabled people receiving care at home has been slashed by a third in just five years as councils have reined in spending because of pressure from budget cuts, a new study shows. The squeeze in overall numbers receiving care in England comes at a time when the numbers of older people has been growing almost twice as fast as the general population. The study, led by academics at the London School of Economics (LSE) exposes the scale of rationing now being applied to help with basic tasks such as washing or dressing. It concludes that the contraction in the care system in the past five years alone is “unprecedented” and warns that further reductions are likely.

Details of the study, which was commissioned by the Care and Support Alliance, an umbrella group of 75 charities working with elderly and disabled people, were published as a committee of MPs continues the process of revising the Government’s Care Bill. The long-awaited shake-up of the system will introduce a theoretical £72,000 cap on amount anyone in England should have to pay for care in their lifetime.

Read more ...

Then note that some of the NHS is being integrated with social care and wonder where the so called 'ring fence' is going to stand around NHS funding.

BBC News

Staff bullying concerns raised about largest NHS
Staff members at all levels and across all sites of England's largest hospital trust have expressed concerns about being bullied, a report has shown. The Care Quality Commission (CQC) found "staff morale was low" at hospitals run in central and east London by the Barts Health NHS Trust. A Barts Health NHS Trust spokeswoman said the report was "tough but fair". The trust has a workforce of 14,000 and serves an area with a population of about 2.5 million people. The CQC inspected the quality of care provided by Barts Health NHS Trust across three acute hospitals, three specialist hospitals and two birthing centres in central and east London. The Royal College of Nursing responded to the report saying: "The report repeats serious warnings about the staffing levels at Barts Health and says explicitly that problems with bullying, stress and low morale have to be addressed if the trust are to achieve their vision. It is hard to see how this is reconciled with the trust's decision to cut 200 nursing posts before Christmas and cut pay for several hundred more."

Read more ...

Thursday 16th January 2014

This is Local London

Campaigners claim victory over Serco decision by Lewisham and

Protestors say a hospital trust's decision not to outsource

Read more ...
&quot;The board does share the concerns which have been raised about Serco's reputation.&quot; For real?! BBC News

20% of NHS work does no good, says Welsh
Up to a fifth of the NHS's work does not benefit patients and could cause harm, ... eminent doctors warned the NHS faced financial collapse unless changes were adopted. Read more ...

Private firms 'win 70% of NHS contracts'. Almost 70% of contracts for NHS services in England ... prejudice is being done to patients, and it is really putting patients' lives at risk. Read more ...

17/01/2014

The Guardian

The marketisation of the NHS pits hospital against hospital, and specialism against specialism. The whole service is suffering, not just A&E. Emergency medicine is atiny speciality,
with fewer than 4,000 doctors in contrast to 32,000 GPs – and yet it consumes an inordinate amount of airtime. Why? A&E is the canary in the mine; it tells the story of what is going on elsewhere in the service. Cuts, competition and the fight for survival are at the heart of the story. Over the past 20 years many hospitals and A&E departments have been closed, usually as part of private finance initiative projects: what drove the closures was the high price of PFI, not changing patient needs. Hospital beds have been lost at a rapid pace too, not because there isn't a need for them, but because the government is paving the way to divert patients to the private sector in the future, or removing NHS services to allow foundation trusts to generate income from private patients. Over two and half decades successive governments have closed over 50% of NHS beds. In 2013/14 there were 135,000 NHS beds compared with 297,000 in 1987/88. England now has one of the lowest number of beds in Europe and the highest bed occupancy – over 100% in some specialities – which means medical patients are being displaced on to surgical wards, leading to cancelled elective surgery and increased waiting times. And without beds, pressure builds in A&E. No one is monitoring or measuring this: community health councils, once the voice of local people, have long since been abolished, and there is no census of emergency departments. Contrary to popular belief, attendances have stayed static since 2003 in what the Department of Health calls type 1 units – the big hospital-based A&E departments. The increase has occurred in type 2 and 3 units – the minor injury and walk-in centres – and so can be explained by the decline in GP out-of-hours services. So why are alarm bells sounding in the big A&E departments? Since the Health and Social Care Act removed the duty on the secretary of state to provide universal care, it is every hospital for itself, competing against each other in a market place; there is no planning, only forecasting for income and sales. But A&E is expensive and, like geriatric care and children’s services, the price the government pays may not meet the costs. Hospitals would rather concentrate on niche markets like cancer, cardiac and elective care, especially if
they can raise some private income at the same time. Markets don't like risk or uncertainty. Thus the new NHS pricing model works against A&E.


Jeremy Hunt trying to undermine trust in us, say four in five GPs. GPs have responded to Jeremy Hunt's criticisms of how they care for patients by accusing the health secretary of trying to damage the public's trust in them. In a poll for the Guardian, four in five family doctors say they believe Hunt is deliberately seeking to undermine trust through a series of sometimes trenchant attacks on them, and some complain that they are being used as political scapegoats. The poll found that 83% of respondents agreed with the statement that "Jeremy Hunt is seeking to undermine public trust in GPs", and 3% disagreed. An even larger proportion (88%) rejected Hunt's repeated claim that the contract agreed between Labour ministers and GPs in 2004 – which meant family doctors no longer had to provide out-of-hours care – was a key contributor to greater overcrowding in hospital A&E units. The 1,008 GPs polled, selected to be representative of the UK's 40,000 family doctors, were asked whether they agreed or disagreed that the health secretary was right to say that changes in the 2004 GP contract were a key contributor to the current load on emergency departments. Just 4% said they agreed or strongly agreed, 25% disagreed and another 63% strongly disagreed. The British Medical Association (BMA), the doctors' trade union, has said there is no evidence for Hunt's claim. Many GPs have become frustrated and resentful because they feel they have been unfairly portrayed in recent months as the cause of problems in the NHS. That anger was underlined in the poll, with 94% of participants saying they agreed or strongly agreed that "GPs are being unfairly
criticised for political purposes”. The participants belong to the Omnibus panel of GPs run by Doctors.net.uk, a professional networking site to which almost all of the UK’s 250,000 doctors of all types belong. They are representative by age, gender, region and seniority of all family doctors. The Department of Health (DoH) said the poll was not reliable because leading questions had been asked. Two weeks ago an alliance of 10 NHS organisations called for an end to what is called unfair and sustained criticism of the service. Hunt has criticised GPs for not providing more out-of-hours care, doing too little to look after elderly patients, and making patients wait too long for an appointment.


HSJ

CQC promotes private health firm. NHS hospital inspectors are being signposted towards private healthcare by their employers, it has emerged. The Care Quality Commission directs its workers to Benenden Healthcare through its company intranet, a Freedom of Information request by the Press Association has revealed. The watchdog, which regulates NHS and private health and social care services in England, said information about the private healthcare firm is displayed alongside information about childcare vouchers, a cycle scheme and a counselling and legal information phone line.

http://www.hsj.co.uk/news/cqc-promotes-private-health-firm/5066986.article#.UtlUv7TFLIU

Community Care

Care homes hit out over GPs charging fees to treat residents. The practice of GPs charging care homes retainer fees to guarantee NHS care for their residents is “unacceptable” and must end, care provider leaders have warned. Research by Care England, the biggest umbrella body for English providers,
found that 30 of 34 care homes surveyed were charged ‘retainer’ fees, in one case £2,400 a month, to guarantee GP care for their residents.

http://www.communitycare.co.uk/2014/01/14/care-homes-hit-gps-charging-fees-treat-residents/#.UtZe2RZ8vkw?cmpid=NLC|SCSC|SCNEW-2014-01-15

The NewStatesman

How the EU is making NHS privatisation permanent. No doubt the launch of Transatlantic Trade and Investment Partnership (TTIP) in June was cause for much celebration in Brussels. The European Parliament is in the process of enabling a historic shift in world economics with countless, far-reaching consequences. A key part of the TTIP is 'harmonisation' between EU and US regulation, especially for regulation in the process of being formulated. In Britain, the coalition government's Health and Social Care Act has been prepared in the same vein – to 'harmonise' the UK with the US health system. This will open the floodgates for private healthcare providers that have made dizzying levels of profits from healthcare in the United States, while lobbying furiously against any attempts by President Obama to provide free care for people living in poverty. With the help of the Conservative government and soon the EU, these companies will soon be let loose, freed to do the same in Britain. Linda Kaucher is a leading expert on trade agreements. She has written and spoken extensively on the topic, most recently in an article in Chartist. In it, she lays out a disturbing truth about what is going on behind the scenes in Brussels, arguing that while on the surface the EU is a bastion of protections and rights, its true agenda is far more tenebrous. It is, she says, to "permanently fix corporate-driven neo-liberalism, within the EU and internationally, via trade agreements. Any reassertion of democracy
within the EU structure or member states is prevented by legally binding international trade law." She also states that the agenda is "driven and effectively controlled by transnational corporations, especially transnational financial services corporations." How does this affect the NHS? It’s painfully simple. The agreement will provide a legal heavy hand to the corporations seeking to grind down the health service. It will act as a Transatlantic bridge between the Health and Social Care Act in the UK, which forces the NHS to compete for contracts, and the private companies in the US eager to take it on for their own gain. Kaucher says: "[The Health and Social Care Act] effectively enforces competitive tendering, and thus privatisation and liberalisation i.e. opening to transnational bidders - a shift to US-style profit-prioritised health provision."
health, social care and immigration policies. The findings were published in the British Medical Journal. "The extent, speed and effect of population ageing have all been exaggerated and we should not assume that it will strain health and social care systems,"
http://www.bbc.co.uk/news/uk-24921171

**Government admits fiddling figures to hide failings of fit for work test.** Work and Pensions Select Committee member Sheila Gilmore MP has today revealed that the number of sick and disabled people wrongly declared ‘Fit for Work’ by a Government benefits test could be far higher than previously thought.

**Revealed: Four options proposed for CSU autonomy.** Commissioning Support Units (CSU) will be given a choice of four options for becoming independent, under proposals under consideration by senior leaders at NHS England. Director of commissioning support strategy and market development Bob Ricketts has submitted his recommendations for the “autonomisation” of CSUs to NHS England chief executive Sir David Nicholson. He recommends there are four possible options for each CSU. These are: A social enterprise, such as a community interest company; A staff-owned co-operative; A joint venture with a private sector partner; and a customer ownership model.
http://www.hsj.co.uk/news/commissioning/revealed-four-options-proposed-for-csu-autonomy/5065331.article?blocktitle=News&contentID=13251

**NHS competition holds up creation of specialist cancer treatment centres.** The government's drive to introduce more competition into the NHS is having the perverse effect of holding up the creation of world-class cancer treatment centres, the Observer can reveal. Investigations show that individual
hospitals whose roles would be downgraded under reorganisations are blocking moves to concentrate cancer services into fewer top-performing specialist centres, by claiming such mergers would be anti-competitive and would reduce patient choice. NHS leaders, who are deeply concerned about the effect that legal disputes are having on progress, have admitted some cancer units are being allowed to carry on operating even though they do not meet the latest official guidelines on how services should best be organised. In one case, a "rationalisation" of cancer services in and around Manchester, proposed by NHS England as a way to improve "outcomes" to world-class levels, is being challenged and held up by complaints from south Manchester NHS foundation trust and Stockport NHS foundation trust on legal grounds.


**Competition is killing the NHS, for no good reason but ideology.** It came too late. "We are bogged down in a morass of competition law. We have competition lawyers all over the place telling us what to do, causing enormous difficulty." So said Sir David Nicholson, departing head of NHS England, to the health select committee, excoriating what has been done to the NHS. Nicholson could have stopped Cameron's Health and Social Care Act had he and other NHS leaders dared speak out as it struggled through parliament, hanging on exactly this point – infecting the NHS with competition law. It's too late, now the NHS has tendered out three-quarters of new contracts to competition, according to Pulse magazine. Headlines focus on the gathering storm in A&E, bed shortages, waiting times and rationing (one eye only for cataracts). Less visible, but equally disruptive, is section 75's competition clause. Here's what's happening: two Blackpool commissioning groups (CCGs) are stunned at being referred to Monitor's competition arm for failing to send enough patients to Spire private hospital. Spire accuses the CCGs of telling
GPs to use the NHS Blackpool hospital instead. Dr Amanda Doyle, head of one CCG, "strongly refutes" and "deeply resents" the charge. She says Spire has fewer referrals for good reasons: a faster, cheaper pathway for headache care has diverted patients away from Spire’s neurology consultants, so GPs treat people in the community, ordering CT scans, avoiding costly hospital visits. GPs have been trained to give joint injections and make referrals to physiotherapy without hospital appointments, so Spire lost orthopaedic work. Doyle says. The cost will be huge for her small group: she’s had to hire an administrator to collect thousands of documents, tracking every referral from every GP for years. This has shocked me. I didn’t think it possible. She’s not alone. The final judgment by Monitor, the Office of Fair Trading and the Competition Commission forbidding Bournemouth and Poole hospitals from merging has stunned the NHS. Poole’s CEO told a meeting it cost them more than £6m in lawyers and paperwork; without merger his trust will have an £8m-a-year deficit. Tony Spotswood, CEO of Royal Bournemouth, says: The merger would have saved £14m a year, with great benefits to patients. A single A&E would offer 24-hour, seven-day-a-week consultants, but that’s scrapped, along with a new maternity centre. Several specialisms only viable when shared will go, sending patients far away. Unified cardiology would give 24-hour consultant cover, but not now. Poole and Bournemouth, 10 miles apart with no other competitor in sight, have been forced to give the Competition Commission an undertaking not to try any backdoor co-operation. Bournemouth’s motto is "Putting patients first", but priority goes to competition ideology.

http://www.theguardian.com/commentisfree/2013/nov/15/competition-killing-nhs-bournemouth-poole

The pre-election pledges that the Tories are trying to wipe from the internet. The Conservative Party has removed all pre-May 2010 press releases and speeches from their website, but
what could they possibly have to hide? Here are some suggestions. 1. No cuts to front-line services. As remarkable as it may seem, David Cameron told Andrew Marr the weekend before the general election that a Conservative government would not cut any front-line services. Since then, 5,870 NHS nurses, 7,968 hospital beds, a third of ambulance stations, 5,362 firefighters and 6,800 frontline police officers have been cut...4. NHS: “no more top-down reorganisations”. Perhaps most infamously, the Conservatives repeatedly promised before the general election that there would be no more “top-down reorganisations” of the NHS (Andrew Lansley, Conservative Party press release, 11 July 2007). In a speech at the Royal College of Pathologists on 2 November 2009, Cameron said: “With the Conservatives there will be no more of the tiresome, meddlesome, top-down re-structures that have dominated the last decade of the NHS.” In his 2006 Conservative conference speech, he said: “So I make this commitment to the NHS and all who work in it. No more pointless reorganisations.” The coalition went on to launch the biggest top-down reorganisation of the service in its history. http://www.newstatesman.com/politics/2013/11/pre-election-pledges-tories-are-trying-wipe-internet

A&E crisis: Tories accused of dismantling alternatives. A fresh row erupted last night over overcrowded accident and emergency departments. Labour poured scorn on claims by Jeremy Hunt, the Health Secretary, that the controversial 2004 GP contract was the root cause of the crisis. Labour highlighted official figures showing that the number of people using A&E services has increased three times more since the Conservatives came to power in 2010 than it did in the period from 2004 to 2010 under Labour. Of the 986,000 more visitors using A&E since 2004, 64 per cent are said to have come since 2010, or an average of 211,000 a year – compared with increases of 70,000 a year from 2004 to 2010. On Friday, as Mr Hunt gave details of a new contract with GPs which is set to take effect from next April, he said that the 2004 contract had
“put huge pressure on our A&E

departments”, and that it broke
the personal link between GP and patient … [and] took
away their responsibility for out-of-hours care.

Citing research published early last week by Monitor, the health
services regulator in England, Andrew Gwynne, a Labour health
spokesman, pointed out that 53 of the 238 medical walk-in centres
across the country have closed since the last general election.

There have been 2.9 million extra visitors to the centres
since 2004, an increase of 494,450 per year between 2004 and
2010 and 197,654 a year since then. Mr Gwynne said:

Cameron has created this crisis by systematically
dismantling alternatives to A&E. A quarter of walk-in centres have
been closed. NHS Direct has been scrapped and funding for
elderly care has been slashed.

Keogh: Is the solution to failed outsourcing more failed outsourcing?

Sir Bruce Keogh has published a report on the first stage of his review of urgent and emergency care in England.

You can read more about the review as it progresses on NHS Choices. There are various potential causes of the current A&E problems. One reason might be that many people
anecdotally seem to have trouble in getting a ‘routine’ GP appointment. Sir Bruce says the current system is under “intense, growing and unsustainable pressure”. Unite, which has 100,000 members in the health service, said this year that it wanted the “Pay Review Body” to “grasp the nettle” of declining living standards of NHS staff. “The idea behind the flat rate increase is that the rise in the price of a loaf of bread is the same whether you are a trust chief executive or a cleaner. Why should the CEO get a pay increase of more than ten times that of the cleaner, as would be the case if you have a percentage increase,” said Unite head of health Rachael Maskell. According to one recent report, the boss of a failing NHS trust was awarded a £30,000 pay rise as patients were deprived of fluids and forced to wait in a car park because A&E was full.
Frenchay beds decision referred to secretary of state.

A decision whether to downscale plans for new community beds at a Bristol hospital when the existing facility closes in 2014 has been referred to the government. In April, the NHS committed to build a 68-bed centre alongside a private sector-owned nursing home there. But the plans were scaled back in October, taking away the provision of an outpatient service. This referral comes as a blow to finance managers in charge of the purse strings for South Gloucestershire NHS, which is facing a £3.3m deficit with no prospect of being bailed out this time. They say they cannot afford to have Cosham and Yate Community Hospitals half empty. But health campaigners fear they will only have a nursing home built on the Frenchay site and some patients will be left languishing in their beds, with inadequate nursing care.  

Read more ...
Any GP you want: so long as you're healthy.

Simon Wessely, head of the department of psychological medicine, Institute of Psychiatry, King's College London, writes: Patients will be able to pick a GP wherever they like next year, Jeremy Hunt has announced. The health secretary says it's about improved patient choice and healthy competition – the better GPs will attract more patients, get more income, and be able to invest more in their practice. What's not to like? For some, rather a lot. The link between general practitioners and the population they serve has been fundamental to the running of the NHS. And for good reasons. Health services are planned around the GP as the patient's "medical home": community and mental health services, district nurses and much more are linked to the local surgery. GPs act as the eyes and ears of local communities. But what now? You decide to register with a well-known doctor who understands why working people like you need to see a GP early (before the commute) or late in the evening – and is into holistic wellbeing. But unfortunately everybody for miles around has the same idea. So the practice can't say yes to everyone – it hasn't the staff or space, and it would defeat the object of delivering the personalised care that so attracts you. So, far from you choosing your doctor, it will be the doctor who chooses you.

Read more

22/11/2013

Serco seeks NHS help to fill vacancies. Outsourcing giant Serco has asked NHS organisations for help filling vacancies at Suffolk Community Healthcare amid concerns over its performance. The company, which won the £140m three year contract to deliver community services in the county in 2012, currently has 72 vacancies for staff and has sought secondments from the NHS to fill gaps. HSJ understands the company asked two NHS organisations to supply band 5 nurses and physiotherapists, but the requests were turned down. Serco is believed to have underbid the price paid to the NHS trust that previously provided services in the area by about £10m and has subsequently said it does not expect to make a profit during
the three year deal. Less than a month after taking on the service, Serco announced plans to axe 137 posts.

http://www.hsj.co.uk/news/serco-seeks-nhs-help-to-fill-vacancies/5065381.article?blocktitle=Headlines&amp;contentID=7838#.Uo7GiOKS5mU

Health leaders question NHS progress, survey finds. Two in every five NHS senior leaders believe the health service is in a worse condition following the current government’s reorganisation, according to a survey by a consultancy firm. One-fifth believe that the standard of care provided to patients is worse now than it was a year ago, Moorhouse says. The biggest reorganisation in the history of the health service is said by the government to have been designed to improve patient care, but research by Moorhouse found a substantial proportion of those working at the top of the NHS were critical of recent changes.


Providers set to challenge CCG tendering decisions in blow to integration agenda. Providers are increasingly looking to challenge CCGs’ tendering decisions on the basis they require integrated working, in a blow to the Government’s moves to promote greater integration, experts have warned. Procurement experts and leading GPs have told Pulse that providers – mainly smaller ones, and including a standard GMS practice – are considering appeals against CCGs based on their tendering processes to either the healthcare watchdog or even the courts. One procurement expert said she had collected a list of ‘a dozen’ providers who are building challenges, with the majority of these based on the requirements of some CCGs for providers to work with other organisations, which could be considered to be against UK and European competition laws, the expert said. This is despite the Government’s claims that its competition regulations – set out in Section 75 of the Health and Social Care Act, and based on European competition regulations – will not affect moves towards integrated working.

http://www.pulsetoday.co.uk/20005130.article#.Uo7C0eKS5mV

Criminalising nurses doesn’t make sense. The government has announced plans to criminalise ‘wilful neglect’ in the health service. The
proposal - part of the response to the Francis and Berwick reports into the causes of poor care - looks like a desperate attempt to be ‘seen to be doing something’. Meanwhile, the real causes of unsatisfactory care such as understaffing remain unaddressed.

http://www.opendemocracy.net/ournhs/julius-marstrand/criminalising-nurses-doesnt-make-sense