

LABOUR MUST DO MORE TO END NHS CRISIS

The government has promised £22.6bn over the next two years for day to day spending, and a further £3.1bn capital over the same period.

However, this does not come close to closing the funding gap left by 14 years of Conservative governments.

The new budget is largely for repairs and upgrades and falls far short of what is needed to rejuvenate our NHS. For example, social care is to receive a paltry £600m, and like general practice, will be hit by the rise in employer National Insurance contributions and the rise in minimum wage.

The truth is that since 2009/10 there has been a £446bn cumulative underspend compared to historical funding. £38bn more would be needed each year until 2029/30 to meet growing demand. There is a £37bn capital investment deficit against comparative countries such as Germany or France. An annual £6.4bn capital increase is needed to improve workplaces. £11.6bn is needed to bring NHS estates to an adequate condition.

There is no new money for this year, despite a current estimated £12.9bn shortfall in NHS England finances, and a crisis that is seeing 14,000 avoidable deaths each year from delays in Emergency Departments.

Labour rejected the taxing of the very wealthy and watered down their pledge to tax the huge bonuses for private equity bosses.

While extra funding is welcome, it must be invested in the NHS as a public service provider and not diverted to profit taking



Rachel Reeves and Wes Streeting / HM Treasury CC BY 2.0

companies. Investment in social care and rebuilding public health services should also be prioritised, with a focus on reducing health inequalities by addressing the social factors that determine health, such as living conditions.

There is compelling evidence that a failing NHS will lead to a failing economy, the Darzi review found, 'It is not a question of whether we can afford the NHS, rather we cannot afford not to have the NHS.'

The budget is a small step in the right direction, but it will likely only maintain services and not bring about improvements in care. The budget has been described as '£22bn worth of CPR'; much more will be needed to restore the NHS to full health, including a far greater commitment from Labour in the coming 10 year

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NHS STAFF ON FRONTLINE AGAINST CUTS

Despite the promise of new funding from the Government, the NHS remains in crisis as NHS Trusts still scramble to slash spending.

NHS staff around the country are pushing back against these cuts, and fighting for a publicly funded, provided and accountable NHS.

Trust plans eviction of health workers, Rotherham

76 overseas workers in Sheffield face eviction from accommodation at Rotherham Hospital. In July the trust informed staff they had to leave by the end of January 2025. There was no consultation with the tenants or trade unions nor an attempt to offer alternative accommodation. The trust cites a fire safety report and claims it can't afford to make repairs, but has not released any cost figures or admitted to any immediate health and safety dangers. Labour MP Sarah Champion said, "I believe the closure to be shortsighted [and] detrimental to the wellbeing of the residents and the operation of the hospital".

The trust also appears to be targeting overseas NHS workers. In the context of the recent racist riots in Rotherham, many NHS staff are worried about walking in Rotherham particularly at night. The housing blocks on site provide safe and secure accommodation for staff. We must stand by all overseas staff working in our NHS. The NHS would not function without a large migrant workforce, which should be wel-

comed and celebrated. All evictions must be halted and necessary repairs carried out.

NHS workers strike for better mental health services, Manchester

UNISON and Unite Members staffing the Psychosis Service in Greater Manchester Mental Health NHS Trust are calling for more funding to ensure their service can deliver adequate care to some of the most vulnerable people in society. The workers have already had one strike day where several service users joined them on the picket line, are continuing to 'work to rule', and have called a further two strike days in November.

Manchester has one of the highest mental health death rates in the country, and the staff fear that the under-resourcing of their service is putting patients at risk. Staff are currently dealing with caseloads of up to 40 patients when there should be no more than 15. Over-reliance on temporary agency and bank staff also means lack of consistency in care. Patients, many of whom require long-term support, subsequently get fleeting visits from different staff, or no-one at all.

Senior management claim investigations are under way to 'understand' and address staff concerns, despite underinvestment already leading to numerous grievances over the years and strikes in 2007/8.

With Greater Manchester ICB trying to fill a £175 million funding hole,

all NHS services in the area are faced with cuts. In addition, £30 million a year is wasted on out of area beds for severely ill patients, because inpatient beds have been severely cut too. That's money going straight to private health providers, rather than being invested in NHS services. It's vital that NHS services are given emergency funding to end the crisis in these essential areas and end its wasteful reliance on the private sector.

Dementia homes threatened with privatisation, Kirklees

Kirklees Council in West Yorkshire is pressing ahead with a proposal to privatise the last two specialist dementia homes under Local Authority ownership. These homes were earmarked for closure by the council 18 months ago, but stayed public after a fierce campaign by residents' relatives.

The council now claims it cannot afford to run these homes and is seeking a 'preferred bidder' to take control of the whole 'business'. Relatives and the public oppose this u-turn from the council. The renewed 'Save Our Kirklees Dementia Homes' campaign has challenged the proposal with a large lobby of the council and a formal deputation.

Thanks to relentless public pressure, the minority Labour Council has found itself outnumbered by opposition parties against their plan.

Despite this, they still intend on pressing ahead. The campaign is yet to



find out who the so-called 'preferred bidder' is, but has launched a petition, called a public meeting, and has secured legal representation from Irwin Mitchell. This campaign has had huge local media coverage but needs continued support from the wider public and trade unions.

Find out more about our End Social Care Disgrace campaign here: endsocialcaredisgrace.org

Staff push back against outsourcing of MRI services, Frimley

GMB members have reached a 100% ballot vote to strike in their fight against plans to outsource MRI services at the new Community Diagnostics Centre (CDC). MRI staff fear that if the new contract is handed to imaging company InHealth, work from nearby Wexham Park and Heatherwood Hospitals could also be moved there. GMB has also questioned the extent of links between some Frimley consultants and InHealth.

The MRI Team (Heatherwood/Wexham site) also point out that while arguments for outsourcing normally

focus on the lack of NHS capital for investment, the private provider delivering MRI services in Frimley Park Hospital is using much older and less efficient scanners than the NHS unit at Wexham and Heatherwood. However, the resounding ballot result (on a 100% turnout) seems to have stunned Trust bosses, who have now invited the union to a meeting on November 5.

Gary Palmer, GMB Regional Organiser, told The Lowdown there are "indications the Trust might be willing to meet the concerns of the membership". Mr Palmer stressed that if the meeting does not deliver an acceptable outcome, the ballot decision to strike will be implemented. "If [the workers] had wanted to take jobs in the private sector they could have done so: but they are NHS through and through."

Campaign to Save Services at St Cross Hospital, Rugby

With less than 10 days' notice, over 500 people marched through Rugby on Saturday, 26 October against the closure of the Hoskyn Ward at St Cross Hospital. The ward specialises in el-

derly care and has almost a quarter of the beds at the hospital. The local NHS trust announced the closure on 16 October, with a closure date just seven weeks later.

Since 2017, Rugby has lost local maternity services, seen the downgrading of the Accident and Emergency department, the closure of the ambulance station, and now the closure of Hoskyn Ward at St Cross. Rugby is a fast-growing town: between 2011 and 2021, the population grew by 14%, and over 12,000 new homes are planned for the 2020s.

Dave Nellist (Coventry KONP), told the march that the loss of services was a direct result of the market-based system in the NHS and, in particular, "a Private Finance Initiative model that prioritises centralised care at the Coventry super-hospital over the needs of local people." Coventry KONP has called for the closure to be halted and for proper public consultation to occur. *For more information go to: facebook.com/KeepOurNHSPublic-Coventry/*



Keep Our NHS Public join ESNEFT picket line

NHS NOT FOR PROFIT: END OUTSOURCING NOW

The scale of outsourcing in the NHS is vast, but what is it and why is it a problem?

Outsourcing in the NHS and social care refers to the use of the private sector to provide essential services that would otherwise be provided by the NHS or other public bodies.

The private sector runs huge sections of community healthcare and is heavily involved in the provision of social care. In 2022, 9.1% of all NHS treatments were carried out by private companies. In the same year, 96% of adult social care was provided by for-profit companies – an 88% increase on 2011.

In-patient children's mental health services, community care, patient transport and routine operations regularly take place in the private sector. The situation in social care is also bleak: 75% of adult care homes and 80% of children's homes are run for profit.

Staff whose jobs are outsourced receive lower pay and have worse working conditions allowing NHS trusts to cut costs by handing vital services to the private sector. In most cases, it is non-clinical staff whose jobs are outsourced, such as cleaners, porters and administrative and catering staff.

But, there is pushback against outsourc-

ing in the NHS. Industrial disputes often arise when workers are faced with their contracts being given to the private sector.

Earlier this year, soft facilities workers at Barts NHS Trust were brought back in-house, having previously worked for private company Serco, and forced their trust to give them back-pay for hours worked during the pandemic.

There was another Unite win in London after nurses at Guys' and St Thomas' won their fight against increases to late night finishes.

An ongoing dispute at the East Suffolk and North Essex Foundation Trust (ESNEFT) has seen hundreds of UNISON members strike against plans to outsource their jobs too.

The ESNEFT strike has had a huge amount of public support and press attention. It is an important test case in the light of claims by the new government of wanting to keep our NHS in public hands

Unison General Secretary, Christine McAnea, told Keep Our NHS Public, "We've got a government that has given a commitment... to see the greatest wave of insourcing in a generation, but let's start here in Colchester and Suffolk."

Healthcare should be free at the point of delivery, publicly provided and accounta-

ble. The outsourcing of NHS services undermines these principles.

That's why we oppose selling off our NHS to companies that turn public funding into private profit and why outsourcing must end now.

HEALTH CAMPAIGNS TOGETHER

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healthcampaignstogether.com/joinus.php

Join us today!
Be part of the growing campaign to save the NHS from outsourcing and privatisation.

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