UNDERFUNDED

IT'S COMMON KNOWLEDGE THAT THE NHS IS BEING STARVED OF THE FUNDS IT NEEDS TO MEET THE GROWING NEEDS OF A RISING POPULATION. EVEN TORY MPs ARE POINTING TO THE RISING PRESSURE ON SERVICES.

NHS PROVIDERS, WHICH REPRESENTS TRUSTS AND FOUNDATION TRUSTS, HAS BEEN PUBLICLY BASHING THE DRUM ON THIS FOR WEEKS.

ITS CHIEF EXECUTIVE, CHRIS HOPSON, HAS SPOTTED OUT A GRIM SERIES OF OPTIONS IN THE LIKELY EVENT THAT NO FURTHER FUNDING IS FORCING FROM THERESA MAY'S GOVERNMENT. HE WARNS:

"NO TRUST BOARD WANTS TO DEPART FROM THE KEY PRINCIPLE OF NHS CARE BEING AVAILABLE TO ALL BASED ON CLINICAL NEED NOT ABILITY TO PAY. BUT, FACED WITH THIS CLEAR, NATIONAL LEVEL GAP, THE LOGICAL AREAS TO EXAMINE WOULD BE:

- REDUCING THE NUMBER OF STRATEGIC PRIORITIES THE NHS IS CURRENTLY TRYING TO DELIVER (SUCH AS SEVEN-DAY SERVICES)
- FORMALLY RATONING ACCESS TO CARE IN A MORE EXTENSIVE WAY
- RELAXING PERFORMANCE TARGETS
- CLOSING OR RECONFIGURING SERVICES
- EXTENDING CO-PAYMENTS OR CHARGES
- OR REDUCING OR MORE EXPLICITLY CONTROLLING THE SIZE OF THE NHS WORKFORCE WHICH ACCOUNTS FOR AROUND 70% OF THE AVERAGE TRUSTS BUDGET."

IN OTHER WORDS 'HOPSON'S CHOICE' IS EFFECTIVELY WHETHER TO ABandon NHS PRINCIPLES OR CUT THE NHS TO VANISHING POINT. IT'S A CHOICE BETWEEN BEING HUNGRY OR GARROTED.

NO CHOICE

BUT WITHOUT EXTRA FUNDING THERE IS NO CHOICE: MANY OF THE CUTBACKS OUTLINED BY HOPSON CAN ALREADY BE SEEN TAKING SHAPE IN EASTERN REGION, WHERE SO MANY TRUSTS FACE MASSIVE DEFICITS, CQC WARNINGS, 'SPECIAL MEASURES' – AND EVEN A "SUCCESS REGIME" THAT IS LASHING TOGETHER BASILDON, SOUTHEND AND MID-EsSEX HOSPITALS.

CCGS IN ESSEX HAVE BEEN AT THE FOREFRONT OF MOVES TO RATION ACCESS TO MP AND OTHER SERVICES.

CCGS ACROSS THE COUNTRY HAVE BEEN DISCUSSING PLANS TO "RECONFIGURE" AND CENTRALISE HEALTH SERVICES, WHICH COULD RESULT IN TENS OF THOUSANDS OF PATIENTS FACING LONGER JOURNEYS AND DELAYS IN ACCESSING THE CARE THEY NEED.

NHS IMPROVEMENT, THE REGULATOR, HAS ANNOUNCED NEW LIMITS ON THE STAFFING LEVELS IN STRUGGLING TRUSTS, DISCARDING ALL OF THE WARNINGS, GUIDELINES AND EVIDENCE FROM THE MID STAFFORDSHIRE NIGHTMARE AND THE FRANCIS REPORT.


WE WERE TOLD AUSTERITY WAS NEEDED TO TACKLE THE DEFICIT AFTER THE BANKING CRISIS: BUT THE DEFICIT INCREASED. IN FACT THE CUTS IN LOCAL GOVERNMENT AND THE FREEZE ON NHS SPENDING ARE PART OF THE IDEOLOGICAL TORY DRIVE TO CUT PUBLIC SPENDING AND REDUCE OR PRIVATISE THE REMAINING PUBLIC SERVICES.

USED AS AN EXCUSE

DEFICITS AND "OVERSPENDING" IN THE NHS ARE NOW BEING USED AS AN EXCUSE TO SCALE DOWN SERVICES: BUT THESE PROBLEMS HAVE BEEN CREATED BY THE DELIBERATE POLICY OF BARELY INCREASING NHS FUNDING ABOVE INFLATION FOR SIX YEARS, WHILE COST PRESSURES INCREASE BY UP TO 4% PER YEAR.

OUR MENTAL HEALTH, COMMUNITY AND HOSPITAL SERVICES ARE NOT OVERSPENT: THEY HAVE BEEN CONSCIOUSLY UNDERFUNDED.

NHS SPENDING IS BEING REDUCED AS A SHARE OF NATIONAL WEALTH YEAR BY YEAR, REVERSING THE TEN YEARS OF INCREASES FROM 2000, LEAVING BRITAIN ONE OF THE LOWEST SPENDING COUNTRIES IN EUROPE.

UNISON SUPPORTS THE TUC CAMPAIGN FOR AN IMMEDIATE AND URGENT FUNDING BOOST AS PART OF THE GOVERNMENT'S PLANS TO RE-SET THEIR SPENDING PLANS.

MINISTERS MUST LIFT THE PRESSURE TO MAKE UNREALISTIC EFFICIENCY SAVINGS WHICH ARE CAUSING PROBLEMS FOR PATIENTS AND CUTS TO SERVICES.

WE NEED A LONG-TERM SETTLEMENT FOR THE NHS, A COMMITMENT TO PUBLIC FUNDING THAT WILL HELP THE NHS PLAN PROPERLY AND CREATE A SUSTAINABLE HEALTH AND SOCIAL CARE SYSTEM FOR THE FUTURE, AND ALLOW IT TO INVEST IN THE STAFF WHO ARE THE HEART OF THE NHS, WITH FAIR PAY, IMPROVED TRAINING, AND SAFE STAFFING RATIOS.


October 21: lobby MPs against axing bursaries

the government’s plans to scrap NHS bursaries in England will leave student nurses, midwives and allied health professionals with more than £52,000 worth of debt.

the fear of debt will discourage many people from becoming health-care professionals, exacerbating the current recruitment crisis.

this will have disastrous repercussions for patient safety. there have been some signs that the conservative government has misgivings about the policy, but is still planning to go ahead with it, at the moment.

this means it is a good time to put pressure on MPs.

if you agree this policy doesn’t make any sense, get behind the campaign and tell your MP what you think by joining the national NHS bursary constituency lobby day on Friday 21 October.

this is the best opportunity we have to change the minds of unsympathetic or unaware MPs, and ensure friendly ones continue to actively oppose the scrapping of NHS bursaries.

please make sure you read the everything you need to know about lobbying guide for more information, especially the section called “talking to your MP” before you get to the meeting.

this is your chance to show your MP that scrapping NHS bursaries will have a really detrimental impact on everyone who lives in their constituency.

key facts to help persuade or challenge conservative MPs: see page 2
The big squeeze on NHS funding

Almost all NHS trusts and a few local Clinical Commissioning Groups (CCGs) are facing revenues far below their budgets. But the Department of Health budget, and even many local health economies, are in trouble – despite Osborne’s claim back in July, in the Queen’s Speech, that he would make sure the Department of Health would be able to maintain or increase its spending at below inflation rates. NHS spending – and of course at the same gross government cost price – is not increasing at all. The government has frozen NHS spending at a percentage of national wealth (GDP). This is now the lowest of any comparable European country.

HCAs – nurses on the cheap

Healthcare assistants (HCAs) working in the NHS are doing the jobs of nurses without the equivalent pay or conditions, according to a report from UNISON’s researchers particularly highlighting the ‘nursing associate’ role, a move that UNISON does not believe will solve the NHS staffing crisis. UNISON is calling on the government to review the role, including a rethink over pay and career progression, and the introduction of national standards defining exactly what their responsibilities should cover.

The findings are based on a survey of 1,656 adults, 52% of whom are UNISON members, and a wider analysis of the likely impact on staff, particularly those working in trusts’ corporate and administrative functions.

The findings point out that HCAs are not doing a full, safe and effective nurse job. HCAs are not doing full patient safety checks and are not getting the support they need to do these jobs properly.

The research highlights how HCAs are doing jobs previously done by nurses and not getting the support they need to do these jobs properly.

Students and graduates will be worse off

While students may receive more funding during their studies, students in their first year could be made to carry on paying the tuition fees of their predecessors from approximately £6,930 to approximately £7,780 (or 3%) for a nurse on a mean Agenda for Change pay point. The scrapping of NHS bursaries will require a pay cut of over £400 per year for a nurse on a mean average salary (£31,080). Fewer healthcare professionals, not more

The review was published by the government in February, and UNISON was asked to carry out a number of detailed calculations, which include the outsourcing of patient-facing pharmacy and support services to achieve care.

Research

Since then, the union has been working alongside the Care Quality Commission (CQC) to assess the likely impact on staff, particularly those working in trusts’ corporate and administrative functions.

The CQC carried out a series of inspections that highlighted a number of shortcomings that could affect the ability of trust leaders to improve the health of their patients. The report pointed out that the CQC had carried out reviews of the nation’s hospitals and care homes, and when it comes to become NHS health professionals.

72% of survey respondents who were asked to carry on paying the tuition fees of their predecessors from approximately £6,930 to approximately £7,780 (or 3%) for a nurse on a mean Agenda for Change pay point. The scrapping of NHS bursaries will require a pay cut of over £400 per year for a nurse on a mean average salary (£31,080). Fewer healthcare professionals, not more

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The government’s proposal states that it will ensure sustainable funding for universities. However, UNISON researchers estimate that this will cost £534m per year. Contrary to the government’s claim, there will be no cost savings to the Exchequer because most nurses will not even be able to meet the ever growing cost of living. Many will have to rely on the help of friends and family, and not getting the support they need to do these jobs properly.

The government could not simply decide to increase NHS spending as a percentage of national wealth (GDP). Spending has already been reduced by a high of 10% of GDP and is heading back to the 1980s levels – and of course at the same gross government cost price – of roughly 7% of GDP and is heading back to the 1980s levels – and of course at the same gross government cost price – of roughly 7% of GDP. Almost all NHS trusts and a few local CCGs, and governments are in balance – because the government could not simply decide to increase NHS spending as a percentage of national wealth (GDP). Spending has already been reduced by a high of 10% of GDP and is heading back to the 1980s levels – and of course at the same gross government cost price – of roughly 7% of GDP.
STPs: Good idea, or top-down NHS reorganisation?

Since January England’s NHS has been under a state of emergency, as the rush of patients overwhelmed the system. The crisis has been predicted, and many have succeeded in warning. But it seems that only the 44 STPs have been able to come up with a solution that will work. Yet the proposals for STPs have been met with resistance from local health professionals, who believe that the system is too top-down and lacks local control.

In the words of Tony Blair, government inaction is on the table.

"This is an area where the programme is not working as hoped. It is a programme that has been set up in response to the emergency in the NHS, but it seems that it is not working as expected. The STPs are not providing the solutions that are needed, and the system is still struggling to cope with the demand for care.”

The legislation is being ignored, in parts to a crucial health service. The government has promised to improve the system, but it seems that the political will is not there to make it happen.

The health system is complex and UK health organisations into prior arrangements. Plans need to be studied in detail, in advance and full support will be given to those who want to implement them.

Local health system (LHS) and STPs are being asked to draw up the complex plans. History and geography will not be made public until the approved final version has been published, and the remainder of the work will be done outside the public eye. Many health professionals are concerned about the lack of transparency and the potential for conflict of interest.

I'm making this shit up (baseless assertion)

On 2014 figures, Virginia Mason with just 336 beds and revenue of $1 billion, it’s astonishing that Jeremy Hunt should have thought the STP proposal could work. Virginia Mason has less than half the budget, but twice the number of admissions and three times the number of admissions and three times the number of admissions.

Virginia Mason (noun): You’re on your feet, working around the clock, dealing with emergencies, and helping to save lives. You’re a hero, a legend, and a true hero.

Hunt’s flagship American hospital fails safety tests

A hospital proposed by Jeremy Hunt in Virginia Mason, as perhaps the largest hospital in America, has failed safety tests. The facility was constructed with a $5 billion price tag, but it has yet to open. The hospital is facing criticism for its poor safety standards, and the local community is concerned about the lack of transparency and accountability.

In 2014, Virginia Mason with just 284,000 A&E visits and 428 beds, has had more admissions than Virginia Mason. It’s astonishing that Jeremy Hunt should have thought the STP proposal could work.

The contract eventually went to two local foundation trusts. The schemes don’t save money – especially if they are potentially private. Providers accept a contract paying a fixed price per service, without knowing in advance what it will cost them to deliver.

The Department of Health (DfH) has laid out its plans for the NHS since the STPs are seeking to reduce capacity, cut capacity, and reduce the number of hospitals. England’s NHS has been significantly downsized or closed despite local and public opposition.

The NHS is complex and UK health organisations into prior arrangements. Plans need to be studied in detail, in advance and full support will be given to those who want to implement them.

There are conflicts of interest and there are potential conflicts of interest. The STPs are being asked to draw up the complex plans. History and geography will not be made public until the approved final version has been published, and the remainder of the work will be done outside the public eye. Many health professionals are concerned about the lack of transparency and the potential for conflict of interest.

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Luton fight to protect agreements

North Essex STP link with Suffolk

Little sign of success in Essex quest for cash savings

Consultation

West Essex fished out to Herts

CGG bosses in a queue for the exit

Mental health still desperately short of beds

Luton fight to protect agreements

The Luton and Dunstable Hospital Trust rallied against proposals to change their wages agreement, which would have required two weeks notice for some workers to be regraded.

North Essex STP link with Suffolk

The linking of North Essex STP with Suffolk is currently the subject of an STP review. However, the CHSFA, a regional planning body, has suggested that the two STPs should be merged.

Little sign of success in Essex quest for cash savings

Despite glimpses of promised concern, we are still waiting to see any results from the “success regime” introduced to tackle the chronic deficits of two Essex hospital trusts. It is now, therefore, a STP of last resort.

Consultation

The consultation process so far has been dominated by minor changes to the existing arrangements. It is likely that the outcome of the consultation process will not lead to any major changes.

West Essex fished out to Herts

The West Essex STP has been transferred to Herts and Essex STP, following a decision by the CCGs to merge the two organisations.

CGG bosses in a queue for the exit

CGG bosses are facing a range of challenges, including financial pressures and staff shortages. They are also facing criticism from various stakeholders.

Mental health still desperately short of beds

Mental health services across the region are facing significant challenges, with a lack of resources and staff shortages. There is a pressing need for increased investment and better planning.
“Extra” pay for nurses would be taken from their pensions

E&N Herts trust plan puts staff pensions at risk

Unions protested outside Lister Hospital in Stevenage against an offer of cash incentives by East and North Hertfordshire NHS trust, which is offering higher salaries to new starters and existing staff in a bid to fill 200 nursing vacancies – as long they opt out of the NHS pension scheme. UNISON says this is morally wrong, and against the law (Section 54 of the Pensions Act prevents employers from ‘inducing’ staff out of a pension scheme or encouraging them not to join one).

It discourages workers from planning for their retirement, and could potentially undermine the NHS pension scheme itself – affecting hundreds of thousands of staff. The union has already reported the trust to the NHS Pensions Board and the Pensions Regulator, and is now awaiting their response. This is not the first time a trust has attempted to save money by targeting staff pensions, says UNISON. A similar offer earlier this year by Oxleas NHS trust in south east London to nurses was abandoned following union pressure.

Unions protested outside Lister Hospital in Stevenage against an offer of extra pay for nurses; this is not the first time a trust has attempted to save money by targeting staff pensions, says UNISON.

UNISON’s head of health in the East of England Tracey Lambert said: “This deal, which applies to newly qualified and existing staff, is clearly a cost-saving measure. If offering staff more money not to join a pension scheme isn’t an inducement, then it’s difficult to see what is. Many trusts are under huge financial pressure as a result of the squeeze on NHS funding, and have difficulties filling vacancies. “And we know after years of frozen pay or below inflation increases many staff could be tempted by the short term promise of extra cash, without recognising the long term cost.”

“Saving on pension costs to subsidise higher rates of pay isn’t the way forward. Every worker deserves financial security in their retirement and staff shouldn’t be encouraged to put short-term gain ahead of long-term security. “It’s morally wrong to condemn a generation of mainly female staff to poverty in their old age.”

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Please go to unison.org.uk/privacy-policy to see how we will protect and use your personal information.