HEALTH CAMPAIGNS TOGETHER
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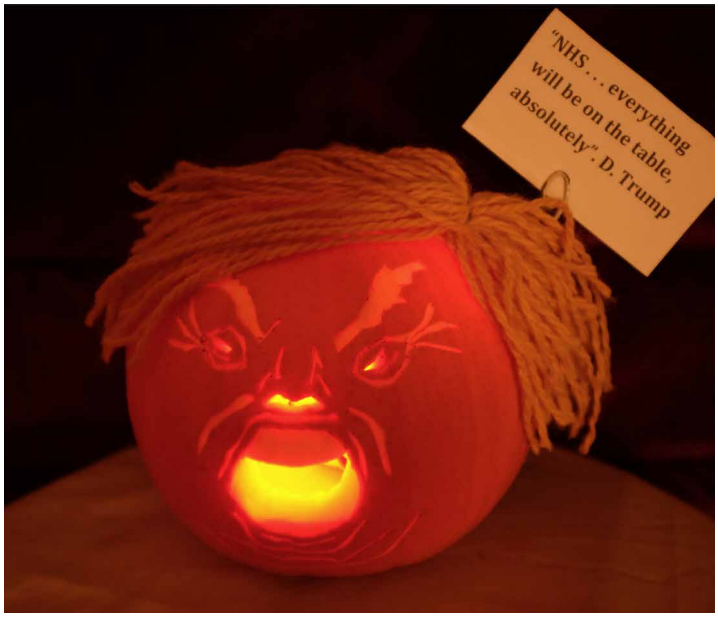
NOVEMBER 2020



Protect NHS from US trade deal!

Keep Our NHS Public local groups took to the streets on Saturday 24 October 2020 to protest a future trade deal with the US that doesn't protect the NHS.

The demonstrations were done alongside a day of action with Global Justice Now and Traidcraft Exchange, against the planned trade deal with America once the transition period after leaving the EU has ended.

The risk isn't just to more and more NHS services being up for tender to private companies, but also to your health data. Many big tech companies are pushing for health data to be made more freely available.

We Own It are organising a campaign ahead of the expected House of Lords vote.

New lockdown as new covid peak collides with winter pressures

The month-long lockdown is a heavy price to pay for the disastrous obsession of the Johnson government with using private sector contractors to test, trace and isolate people who may have been in contact with Covid-19.

A properly functioning test and trace system, linked to rigorous enforcement of quarantine restrictions is vital to stem the spread of the virus.

But the British system, set up by city consultants Deloitte and run by a motley crew of private companies including Serco and Sitel is delivering ever-declining performance.

Despite employing an army of management consultants on daily rates of up to £7,000, the latest figures show just 15% of test results are being returned within 24 hours, and only 46% of close contacts reached.

Under-funded NHS trusts face the deadly combination of a second uncontrolled wave of Covid infections with winter pressures – and the threat of financial penalties if they fail to reach impossible performance targets to reduce waiting lists.

Meanwhile serial failures Serco, who are putting the nation's health at risk, not only have contracts with no penalty clauses to make them pay a price for failure, but have just been awarded another extension to their contract, and proudly announced a big increase in profits.

The long predicted second wave of Covid-19 infection has been wreaking havoc once more in our hospitals. The numbers of patients in hospital with Covid in England have risen to 9,000, with warnings they could reach 25,000 by the end of November.

Hospitals in Nottingham, Leeds, Wakefield, Birmingham and more have begun cancelling elective operations – some of them urgent operations for cancer patients – as they are forced once more to divert theatre space and vital staff to expanding intensive care units to treat Covid patients instead.

The 4-week "circuit-breaker" national lock-down should probably bring infection rates and hospital admissions back down – but it's not enough on its own.

We need improved compensation for loss of earnings for all people affected. And Serco, Sitel and other companies must be stripped of their contracts for test and trace and replaced by a properly resourced, publicly provided test and trace system.

A special Covid NHS investment fund must be established to enable hospitals and mental health providers to modify and refurbish their buildings to ensure they are Covid-proof and expand capacity, and the NHS recruitment and retention crisis must be met with a substantial increase in pay for all staff, as demanded by the unions.

INSIDE this issue

Serco profits soar as performance declines

Serco, one of the two corporations with key contracts to deliver the shambolic UK 'test and trace' system has picked up another extension to its contract of up to £400m, amid devastating new figures on how poorly the service is performing.

The failures continue despite Test and Trace employing an army of management consultants on daily rates of up to £7,000 in an effort to sort it out: just 15% of test results are being returned within 24 hours, and only 46% of close contacts reached.

And while under-funded NHS trusts face the deadly combination of a second uncontrolled wave of Covid infections with winter pressures, together with financial penalties if they fail to reach performance targets set by NHS England bureaucrats, failing Serco has proudly announced a big increase in profits above its projections for the year, promising that the extra cash will be shared out with investors.

Health Minister Helen Whatelyadmits that the contracts for the test and trace service explicitly contained no penalty clauses to deter Serco and call centre operator Sitel from failing to deliver, claiming – falsely – that "Contractual penalties are often unenforceable under English law."

But even this level of ineptitude in ensuring the public sector secures value for money in its huge spending on the response to Covid 19 is minuscule in comparison to the colossal sums that are unaccounted for in the whole test and trace system.

According to Tussell, which monitors contracts, the government can only account for a third of the £12 billion budget so far.

■ Take the contracts from Serco and Sitel: give local public health teams control of track and trace! Sign the petition from We Own It

Part-private Lighthouse labs are no beacon of health & safety

A joint investigation by *The Independent* and the BBC has uncovered concerns over health and safety, including a lack of social distancing, poor protective clothing, and unsafe handling of samples by staff in the part-privatised Lighthouse laboratories, who have been under pressure to process as many tests as possible as Britain tries to ramp up its coronavirus testing programme.

The network of new labs – which bypassed and sidelined the existing network of NHS laboratories – has been created through a partnership between the Department of Health and Social Care, Medicines Discovery Catapult, UK Biocentre and the University of Glasgow, supported by both NHS and Public Health England.

The Alderley Park site is "working closely with AstraZeneca," and the Glasgow facility is linked with "BioAscent Discovery Ltd"; another drug giant GSK is also involved.

Qualifications

From the outset there have been concerns of the qualifications of the staff who are being recruited to these new 'Lighthouse Labs', who according to the architects of the plan include 'highly qualified staff and volunteers.'

The new labs extensively borrowed testing equipment from "dozens of universities, research institutes and companies across Britain."

The Institute of Biomedical Sciences has warned that

"It is clear that two testing streams now exist: one delivered by highly qualified and experienced Health and Care Professions Council (HCPC) registered biomedical scientists working in heavily regulated United Kingdom Accreditation Services (UKAS) accredited laboratories, the other delivered mainly by volunteer unregistered staff in unaccredited laboratories that have been established within a few weeks."

Appalled

Now Dr Julian Harris, an experienced virologist who worked at the Milton Keynes site during July and August, has told The Independent he had been "appalled" by the lack of training and adherence to safety standards:

"They were putting themselves at risk of infection, but they didn't know it because they hadn't been properly trained," he said.

Prue Leith report adds weight to Hinchingbrooke fight against privatisation

The publication of the delayed report on hospital catering, advised by Bake Off star Prue Leith, has emphasised how far out of step North West Anglia Foundation Trust is from government policy.

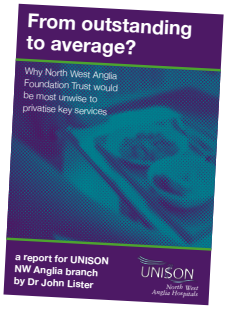
The report repeatedly stresses the importance of guaranteeing high quality food is available for patients and staff, and the need for this to be followed at Board level.

Privatising

It's clear this is not the case in NWAFT, which covers hospitals in Peterborough, Stamford and Huntingdon (Hinchingbrooke), and is pressing ahead regardless with a plan to privatise catering and support services at Hinchingbrooke.

The privatisation is led by the Estates department, who admit that they have no business plan to show what they hope to gain, and that the outsourcing has not even been discussed by the Board who apparently take no interest in any contract worth less than £50m.

Estates chiefs do not contest the official figures highlighted by UNISON and Unite showing the cost per meal for freshly-cooked, locally sourced food produced by award-winning staff at Hinchingbrooke is **46% lower** than factory-produced outsourced food at Peterborough, and **73% cheaper** than at Stamford; indeed Hinchingbrooke meals are **25% below** the national median cost of £4.56.



Nonetheless the Trust is forging ahead towards privatisation, having only sought private sector bids.

The report's foreword by Chair Philip Shelly and Prue Leith notes the failure of previous initiatives to improve hospital food have ended in failure:

"But we truly believe this time it is different. We have the leadership of the Secretary of State for Health and Social Care, Matt Hancock, the backing of the Prime Minister, and a review body consisting almost entirely of senior people (medical and nursing staff, dietitians, caterers and administrators) working in the NHS."

Pay more for less

They clearly have not met the NWAFT bosses, who for no obvious reason prefer to pay through the nose for privatised mass produced food rather that extend the model from Hinchingbrooke to bring cheaper catering and support services in-house across the trust.

The fight goes on. **Sign the Petition.**

SE London CCG pathology outsourcing set to undermine local NHS trust

Tony O'Sullivan

The South East London Integrated Care System ('Our Healthier South East London' – OHSEL) has been overseeing the drawing up of a huge pathology network contract for South East London. The estimated value is a staggering £2.25 billion over 15 years (with a 5-year extension option).

The merged SE London Clinical Commissioning Group (SELCCG) has now given the green light to the private company SYNLAB.

However Lewisham & Greenwich NHS Trust (LGT) chose to opt out of the contracting process, deterred by the size of the contract and the fact that local NHS partners appeared to favour a partnership with the private sector.

LGT is now working with Barts and the Homerton NHS trusts to provide a wholly NHS pathology network, aiming to maintain the link between the pathology service and their respective communities in north east and south east London, and NHS England/Improvement is not obstructing this path.

Part of LGT's work has been 'direct access' pathology services for GPs, mental health and community services in the three boroughs of Lewisham, Greenwich and Bexley, over 45% of its pathology income.

This service has been satisfactorily delivered for years, but will now come from SYNLAB after April 2021, an international private provider with no proven record of good service delivery in South East London.

Previous assurances (minuted at a Lewisham Council Healthier Communities Select Committee October 2019) that direct access pathology for borough health services would be subject to local borough-based commissioning have been ignored.

So this major commissioning decision for the OHSEL Integrated Care System (ICS), taken by the recently merged South East London CCG, has flouted previous commitments and in one swipe takes services worth £12.1m from Lewisham and Greenwich Trust.

In a related twist that smells of back room dealing, the two NHS foundation trusts Kings College Hospital and Guys and St Thomas' (GSTT) bought out Serco's share in their joint partnership company Viapath, which has been providing pathology services for those trusts and other contracts.

Kings and GSTT now are described as in a joint partnership with SYNLAB to provide the pathology network contract – including the six-borough SE London direct access pathology service.

Many local campaigners will feel that between the ICS, the CCG and the two foundation trusts, Lewisham & Greenwich Trust's pathology services have been stabbed in the back.

If this is the kind of undemocratic decision that can emerge through the new NHS structure of integrated care systems and merged CCGs, then other massive outsourcing deals over 10-15 could surely follow. Campaigners and NHS trusts should beware.

● This edited article first published in full in The Lowdown October 26

Campaigning together to end the crisis in social care

Tony O'Sullivan, Co-chair Keep Our NHS Public

Enthusiasm and hope were evident at the 'End the crisis in social care' conference on 10 October.

Keep Our NHS Public and the Socialist Health Association launched the demands for a national service delivering care, support and independent living which would transform social care if achieved.

The conference was oversubscribed, so for those who missed it, the link to watch it all is here.

The conference was taking place in the shadow of Covid and the shocking conclusions of the Amnesty report published the same week:

'The UK government, national agencies, and local-level bodies have taken decisions and adopted policies during the COVID-19 pandemic that have directly violated the human rights of older residents of care homes in England – notably their right to life, their right to health, and their right to non-discrimination.'

Tony O'Sullivan (KONP co-chair on the day with Brian Fisher, chair of SHA) opened the conference:

'After a decade of austerity and huge impact on disabled people and those needing social support, today's focus is so important: the right to care, to support, to a life lived independently – and the duty of our society to support those rights. If we cannot demand now a publicly funded national service providing care and support … then when?'

We Own It recently reported strong public support for public services – 74% of respondents in a Survation poll said they wanted to see care homes run by public bodies. The scene was set for a great discussion.

Two leading disabled activists, Bob Williams-Findlay, Reclaim Our Futures Alliance and Sandra Daniels, Reclaim Social Care (set up following the HCT conference in 2018) spoke of the true meaning of independent living and democratic co-design of services with users.

Rachel Harrison, GMB and Gavin Edwards, UNISON shared strong commitment, outlining their policies on social care and the currents fights for pay justice.

Jan Shortt, National Pensioners Convention focused on the benefits for older people of a coordinated National Care Service outlined in the NPC publication Goodbye Cinderella.

The leader of Hammersmith and Fulham Council, Steve Cowan described successfully in-sourcing previously privatised social care – his council provides free homecare without means testing.

Barry Rawlings showed how his Labour Group has been challenging the Tory-controlled Barnet Council to deliver the real meaning of the Care Act.

Heather Wakefield explained the Women's Budget Group's powerful justification for a new economic settlement based around a caring society. She showed how investing in social care reaps huge economic, health and care dividends.

John McDonnell MP spoke passionately about the need for a National Care Service, based on the campaign's key demands. Beware the Tories' offering insurance-based services a way to shore up the shaky private sector market in social care.

Amidst the trauma and death of Covid – 20,000 deaths in care homes and 3,600 excess deaths in domiciliary (home-care) settings – this issue resonates powerfully with the public.

Now is indeed the time for such a campaign. We hope that our allies will come together to build momentum behind the call for a publicly funded, universal service free at the point of need, with the profit motive taken out – we need a publicly provided national care and independent living service now.

Hospices face redundancies

In September ITV News reported that a third of England's hospices - 56 out of 169 - are at financial risk and were being forced to contemplate redundancies

But since then the number at risk has doubled: two thirds of the hospices are so deep in financial crisis that they are contemplating redundancies and damaging cuts.

The Covid pandemic has increased the need for hospice services, with caseload up to three times as high as 2019.

But as charities with only 32% of their funding coming from government they have been heavily hit by the lockdown and restrictions on fundraising.

A government handout of £200m has not been sufficient to compensate for the lost income, and talks on more financial support from the DHSC have been held up awaiting Treasury approval.

Teignmouth – fighting to defend local hospital

November 12 is the date for Devon CCG to take their case for closing Teignmouth Hospital and the results of their consultation to the Devon CC Scrutiny committee. Campaigners who have been stubbornly resisting this loss of access to services are urging as many people as possible to sign their petition in advance of this meeting.

Hands Off Teignmouth Hospital and Save Our Hospital Services, who have been fighting the threat of closure for four years, have produced a detailed response to the public consultation

NHS Devon CCG continue to insist that money for a new health and wellbeing centre can only be found if the hospital is closed, although as recently as September they told campaigners in an email that "The construction of the Health and Wellbeing Centre in Teignmouth is not dependent on funds from the sale of the Teignmouth Hospital site.'

Other minutes show the CCG planning to link the two issues during the consultation in order to overcome public opposition to the closure plan.

Teignmouth Hospital hosted the community response to COVID-19 in the first wave of infections, providing coordination for health, care and voluntary teams. Closing the hospital would not improve joined-up working.

It would reduce the continuity between home and bed-based nursing, as people with complex needs would be sent to a private nursing home and/or out of the area.

Teignmouth Hospital provides essential NHS capacity, including many high-use community clinics, specialist clinics, a ward for 12 beds, and a day-care surgical unit.

Teignmouth Hospital, the first NHS hospital to be purpose built with public funds, is still a much-loved community asset.

The proposed new-build would be owned a private investment company, leased back to the NHS on a long and expensive PFI lease.

Refurbishing or rebuilding the hospital on the present site has never been fully costed or presented for scrutiny – the only case put forward has been to close it down.

■ This is a shortened version of a longer statement on the HCT website.

■ Contact Hands Off Teignmouth Hospital

Leicester campaigners welcome hospital investment, but raise concerns about inadequate plans

By Tom Barker, October 21

Save Our NHS Leicestershire welcomes coverage of our campaign in yesterday's Leicester Mercury. However, we take strong issue with the title of the online piece, 'Campaign launched to fight against £450m hospitals revamp' (the paper copy leads with the marginally better 'Campaigners battle £450m hospitals revamp plans') , which is demonstrably contradicted by the content of the article.

The piece interviews Steve Score, co-chair of the campaign, who stresses that "we think that this is an investment that is much overdue". The article also explains that campaigners have welcomed the £450m investment.

We stand by these statements and cannot understand how the title of the article was arrived at. But what we do oppose is a long-term plan which does not include a significant increase in the number of beds, when we know that hospitals are frequently at capacity during Winter months.

Where will extra beds go?

If most of the land and building of the Leicester General Hospital is to be sold off, where will extra beds in the future be built?

In the Mercury report, a spokesperson for the Clinical Commissioning Group in Leicester, Leicestershire and Rutland responds to this by saying that "Nowadays, modern patient care is not just about having beds in hospitals; our focus is on providing care closer to where people live."

But community care is in complete crisis due to a decade of austerity and there is no explanation in the Trust's plans as to how this alternative will be funded. In fact, on page 6 of the public consultation document, the Trust explicitly states that:

"This consultation does NOT include community hospitals, GP practices, mental health and other services provided in the community or in people's homes."

We are opposed to the dishonesty about the closure of Leicester General Hospital, the loss of public land and its impact on communities in Leicester East and in Leicestershire.

Again, the CCG spokesperson states: "The General Hospital would not close, but would be retained as a community health campus including some non-acute beds."

However, the only University Hospital of Leicester services remaining on the site will be the Diabetes Centre, an imaging hub (CT scans etc) for GP referrals, possibly an administrative block, and possibly (subject to consultation and for a trial period) a midwife-led unit.

Do these four services (compared to the 87 currently at the site) make up a hospital? We think not.

In addition to this, we are very concerned about the overcrowding and congested site at the Royal Infirmary and the proposal to place all maternity services in the county there; as well as the lawfulness of consulting the public in the middle of a pandemic with extreme social restrictions in place.

■ Save Our NHS Leicestershire will be holding two online public meetings to discuss these issues and more. **To join the discussion about the plans,** register here – or get in touch on 07896 841 902

Better late than never for Chorley's A&E

Chorley's A&E department, which closed to free up capacity during the coronavirus pandemic, is to reopen – two months later than planned.

The unit at Chorley and South Ribble Hospital was closed in March so more staff could work at the Royal Preston.

In June Health Secretary Matt Hancock gave a formal commitment in the Commons that Chorley's "temporarily" closed part-time A&E would reopen, although no time frame was set.

Plans to permanently down-grade the A&E, and use the Chorley site only for elective patients have been hotly debated for years.

Chorley's MP is Commons Speaker Sir Lindsay Hoyle – who welcomed the health secretary's comments about reopening the A&E commitment", but stressed that "the pressure [will] remain until that happens".

The A&E closed in 2016 on grounds of staff shortages, triggering a storm of local protest that forced a partial reopening, but trust bosses and local commissioners have continued to favour options that would close the full A&E and critical care beds at Chorley.

After Hancock's commitment it was due to reopen in September but this was delayed because only half of the required staff could be found. The A&E is now set to reopen on 2 November, running a reduced adult-only service between 08:00 and 17:00 7/7.

Stroke patients' lives in Matt Hancock's hands

Carly Jeffrey

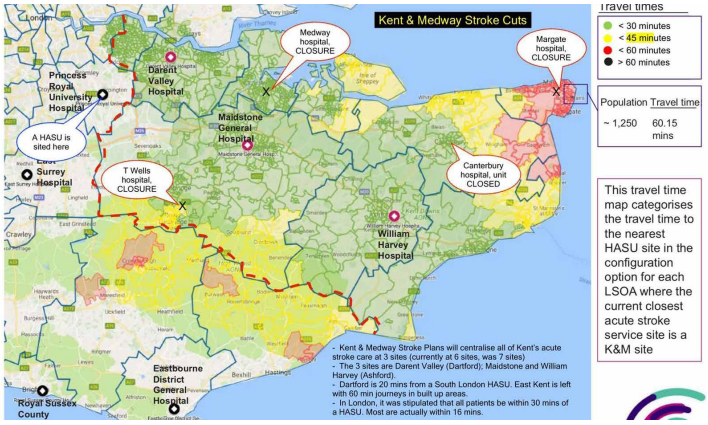
It's now Hancock's decision whether to allow or not allow local NHS bosses to close half of the county's stroke units, including one at Margate hospital which serves Thanet, one of the poorest parts of south east England. Many thousands of people, it's feared, will be left too far from the emergency treatment they may need.

Until Covid struck, there were six acute stroke units in Kent, all located at district general hospitals. In 2018 plans were made public to shut half of them, leaving just three acute stroke units for the whole of Kent and Medway — a population of 2.2m. A legally required public consultation followed.

During the consultation, the campaign group Save Our NHS in Kent (SONIK -a grassroots community campaign) exposed the stroke plan's considerable flaws and there was generally hostile public response. Despite huge protests, the plans were passed in early 2019.

But the fight went on. Medway Council voted to refer back the plans to the Health Secretary Matt Hancock, and a request for a judicial review was mounted by three parties including SONIK.

In early 2020 the news came through that the judicial review had failed.



The review, campaigners discovered, was all about the letter of the law, and not the spirit. The NHS execs didn't have to disprove potential dangers and drawbacks – merely stating that they had "considered" them was enough, according to the law.

So hopes now hinge on Matt Hancock. He will look at the recommendations of an "independent panel" but as this is stuffed with business-minded managers and the decision was made by a team chaired by a Conservative peer, campaigners have little hope they will do anything but recommend the plans go ahead.

■ SONIK's petition: ***https://bit.ly/31f7m9w***

■ This edited article first published in full in The Lowdown October 26

Police left to respond as 999 calls for mental health increase

https://news.npcc.police.uk/

A 41 percent increase in the number of 999 callouts for police to deal with incidents involving people suffering from mental health crises has raised fresh concerns about lack of NHS help for the mentally ill.

Campaigners have warned that the increase highlights the erosion of services for people with conditions such as depression and schizophrenia who end up in crisis, and the failure to deliver promised improvements in mental health services.

Andy Bell, the deputy chief executive of the Centre for Mental Health thinktank told the Guardian: "Use of the Mental Health Act has grown year on year for a decade, as support to prevent crises has reduced due to funding reductions in local services.

"Austerity policies that reduce funding for early help increase spending on crisis services."

Waiting for support

The Royal College of Psychiatrists has warned that almost two in every five people waiting for NHS mental health support now end up seeking help from emergency or crisis services, such as helplines and community teams. **One-in-nine (11%) such people end up in A&E.**

A Savanta ComRes poll of 513 British adults diagnosed with a mental illness also reveals the damaging consequences that hidden waiting lists - the wait between referral and second appointments – have on the lives of patients living with severe or common mental illness.

Of those on a hidden waiting list, nearly two thirds (64%) wait more than four weeks between their initial assessment and second appointment.

One in four (23%) wait more than three months and one-in-nine (11%) wait longer than six months.

3,000 private mental health beds counted in NHS totals

The latest available NHS England (NHSE) bed figures (in a Covid-19 daily situation report dated 3 September leaked to The Lowdown) show that, of available beds open overnight, an undifferentiated 110,000 beds of all types – general, acute, mental health, maternity and learning difficulties – were occupied.

This appears to be close to the average of just 112,000 equivalent beds that were occupied in the equivalent period of 2019 before the impact of covid-19.

However unlike 2019, when all of the beds were from NHS and foundation trusts, the most recent figures show that 5,369 – nearly 5 per cent – of the total were private sector beds, at least 3,000 of which were from mental health providers.

More grim revelations from country's worst mental health trust

Patient sent 240 miles for treatment - gets Covid

Yet another scandalous failure by possibly the very worst mental health trust in England has seen a 73-year old bi-polar patient, first admitted in Great Yarmouth, transferred 240 miles north to a private hospital in Darlington in September … where she has now caught Covid-19.

Kathleen Cantell was already on the way north before her daughter was informed, giving no time to say goodbye, and it has since been impossible for her to visit.

The Norfolk& Suffolk Foundation Trust (NSFT), which has been in special measures since a damning CQC report in 2017, has become notorious for its shortage of beds and the large number of inappropriate Out of Area placements.

Promise

In January 2014 Trust bosses promised to stop sending patients out of area within 4 months: when this target was missed it was postponed until October 2017, then March 2018 – and still not achieved.

In May this year the Eastern Daily Press flagged up a massive

increase in numbers of patients sent long distances for treatment: "Adult OAP patients spent a total of 869 days in "inappropriate" out of area beds in March 2020. It is an almost four-fold rise since January this year, which was the only time the trust hit its target for these out of area placements since the start of 2019."

Now, with a national target of ceasing inappropriate Out of Area placements by 2021, NSFT's latest Annual Report (2019-20) reveals that the trust massively overshot its target to limit placements, with a staggering 11,495 bed days during the year – more than double the (already high) target of 5,539.

NSFT which was upgraded from "inadequate" to a "requires improvement" rating from the Care Quality Commission in January. It spent almost £7m on out-of-area care in the last financial year.

But the human cost is much greater. The Annual Report shamelessly makes no reference to the tragic death last December of patient Peggy Copeman, 81, on a motorway hard shoulder as she returned home from treatment more than 200 miles away.

As the Campaign to Save Mental Health Services in Norfolk and Suffolk point out, the Annual Report also reveals numerous flaws and failings of a Trust which covers Health secretary Matt Hancock's West Suffolk constituency.

Pandemic

NSFT has previously hit local and national headlines for the wrong reasons several times during the Covid pandemic, not least for management's decision to send letters to 300 young people discharging them from the waiting list, which was met with an outcry from patients and campaigners.

At the time the organisation claimed it was a mistake, "a clerical error". However, under questioning in a subsequent local council meeting the trust boss admitted that it had been a deliberate decision, based on the organisation's plan for the pandemic, and prompted by worries about potential understaffing because of Covid.

The trust subsequently issued a partial apology, with Dr Dan Dalton, chief medical officer, reiterating what has become a familiar formula: "This clearly was something where we got it wrong. I'm absolutely confident it was done for the right reasons."

In July the local press revealed a 36% increase in errors in the trust's completion of Mental Health Act paperwork, which increased from 30 in 2018-19 to 41 in 2019-20.

Among the errors was the unintentional expiration of a Section 37 order - a court-ordered mental health patient admission to a secure ward.

Fighting racism in the NHS

Race discrimination still rife in NHS, RCP report finds

Black, Asian and minority ethnic (BAME) doctors are consistently disadvantaged when applying for jobs, according to a recent survey of clinicians within a year of medical certificate completion of training (CCT) holders by the Royal College of Physicians (RCP).

The RCP analysed data from 8 years' worth of annual surveys reporting on the experiences of, and outcomes for, clinicians within a year of completing their training. The findings provide consistent evidence of trainees from BAME background being less successful at consultant interview.

In surveys from previous years, CCT holders who described themselves as being of white ethnicity appeared to apply for fewer posts but were more likely to be shortlisted and to be offered a post. This year's survey results show that this is still the case, with respondents of white ethnicity (61%) far more likely to be shortlisted for interview and offered a post despite applying for fewer posts than their BAME counterpart.

White respondents had a 98% chance of being shortlisted after their first application, compared with 91% of black, Asian and minority ethnic (BAME) respondents.

This gap widened even further when it came to the likelihood of being offered a post the first-time round: 29% of white respondents were offered a post after being shortlisted for the first time, compared with just 12% of BAME respondents.

Professor Andrew Goddard, president of the Royal College of Physicians said: "It is clear from the results of this survey that racial discrimination is still a major issue within the NHS. It's a travesty that any healthcare appointment would be based on anything other than ability."

Roger Kline, a research fellow at Middlesex University and an expert in racial discrimination in the NHS, told the Guardian:.

"These findings are appalling and confirm what many doctors across all medical specialities have long suspected has been occurring.

"These patterns of discrimination are really hard for individual doctors to challenge so the medical profession as a whole, and their employers, need to finally accept systemic discrimination exists and take decisive action."

Wiktor Szymanowicz/Alamy Live

Black and minority ethnic junior doctors find it harder to step into consultant posts

Gary Mather/Alamy Live News

Black Lives Matter demonstration, Manchester, identifies the problem

Centring racial justice in the NHS

Just Treatment is campaigning for a New deal for the NHS. The fight for racial justice must be a key part of this. This is an extract from a longer article by Safiah Fardin, a Just Treatment volunteer

It hasn't been long since George Floyd's murder sparked a reawakening of public consciousness to the deep rooted racism in our society - especially towards black people.

And, as COVID made very apparent, sadly healthcare, and the NHS aren't immune to this. If we are to improve the health service and outcomes for all people, we need to address where things are going wrong.

The NHS was launched in 1948, founded by Nye Bevan on the principle of good healthcare for all.

Many people from the Indian subcontinent, Africa and the Caribbean were recruited to help build the new healthcare system, and when they arrived they found hostility and barriers to career progression which didn't exist for their white counterparts.

It's incredible that over 70 years later we would still be facing the same issues.

Now, with increasing privatisation and underfunding, health inequalities have deepened and they are disproportionately impacting people of colour.

Take these facts:

Black women are five times more likely to die from complications associated with pregnancy, compared to white women. The risk is also higher for Asian women.

Young black men are six times more likely to be sectioned under the Mental Health Act than young white men.

One third of workforce

People from black, asian and minority backgrounds comprise one third of the NHS workforce and according to the latest Workforce Race Equality Standard (WRES) report from NHS England, are suffering from increasing levels of bullying, harassment, and abuse. With levels of abuse reported by white colleagues dropping in comparison.

These facts often make the news and are then pushed to the sidelines. However the pandemic has exposed the devastating impact of structural racism in the NHS - it leads to deaths - and this makes it harder to ignore.

We must understand what is driving differences in health outcomes and act to overcome them.

Take the fact that Black people, Bangladeshis, Pakistanis and Indians are more likely to die of a coronavirus related illness than white people and that over 63% of UK health and social care workers who die from the virus were from black minority or ethnic backgrounds.

Social inequality and the higher numbers of ethnic minorities employed in lower band key worker roles, and therefore at greater risk to covid exposure, play a huge role here.

Racism is complex, impacts on all aspects of society and is not going away overnight, but our NHS needs to recognise that it has work to do.

With the COVID crisis thrusting the issue of racism within the NHS back into the limelight, it's our responsibility to make sure we don't stop talking about it.

People of colour, like ourselves, helped build the NHS.

We should be able to access the same quality of care and be given the same opportunities to work within and help grow the NHS without fear of prejudice or abuse.

HEALTH CAMPAIGNS TOGETHER #our NHS

Our 2020 AGM

Over 50 delegates from over 80 affiliated organisations joined the online AGM on October 3. The morning session heard Guest Speaker Dr Dominic Pimenta, a presentation on the Rescue Plan for a post-Covid NHS adopted by HCT and Keep Our NHS Public, and a discussion on NHS pay

The AGM section of the meeting received reports from HCT officers on the work since the previous AGM, elected a new, strengthened team to take the work on into 2021, and agreed a series of motions including

- **a composite motion supporting union action for increased NHS pay**
- **a call for a major online conference to combat the Pandemic of Privatisation,** and develop more resources for campaigners
- **and a motion calling for increased campaigning on women's health with a specific focus on maternity services.**

Jess Hurd, reportdigital.co.uk

The AGM voted to support union campaigns for increased NHS pay

Dr Dominic Pimenta, junior doctor and author of new book Duty of Care

Dominic described his personal experience of the pandemic and how he was required to move from cardiology to ICU. Several hospitals ran out of oxygen and some drugs, something never expected. He described how patients required a lot of time on ventilators

As his book explains Dominic saw the need to start a new charity, HEROES, to try and obtain much needed PPE: his hospital had run out of supplies even during testing!

The charity had to deal with issues in relation to procurement of equipment and form a relationship with the government to gain supplies.

He expressed his opinion that the country opened up from lockdown too early, and now (October 3) there had been a large rise in hospitalisations again.

Morale has been badly hit as this feels an avoidable situation. Up to 300,000 workers are considering leaving the service. This is what campaigners should be most concerned about. People are asking why are they doing this again?

Trust in government planning has eroded, after they opened up things too fast and pushed too hard for people to resume normal activities.

Compromises don't work. We need a circuit break, a complete lockdown (except for schools) to bring cases right down and action to get Test and Trace working effectively.

Other countries have managed it successfully. New Zealand has reopened, South Korea is doing very well: both put the scientists front and centre and got politicians to step back.

We need to explain to the public why people need to follow advice. Tell people what the plan is, and admit there have been mistakes. Sadly this won't happen, though.

NHS rescue plan

HCT Editor John Lister spoke about the Rescue Plan jointly published by HCT and Keep Our NHS Public, explaining it was intended as a positive vision for the NHS after the 72nd birthday in July.

It was not exclusively aimed at campaigners, and was also intended as a working document for trade unions to use. The intention isn't to keep re-writing it, although it has been substantively amended already.

John spoke about the shambles that has been a private test and trace system and argued that there needs to be a public inquiry to see how many contracts have been wrongly awarded and how much money has been wasted.

Bypassing public resources is also something that requires investigation, not least the way government had ignored the existing network of NHS laboratories, and created new, part privatised Lighthouse Labs to process Covid tests.

There has also been a focus by NHS England on private hospitals as a solution to the backlog and pressures on NHS hospitals, even though this diverts vital resources out of the NHS.

Extra funds are needed to ensure a well-functioning NHS post-COVID. The government's claim to be building "40 new hospitals" has arisen again, when only six have been funded, and they are based on plans drawn up before Covid.

We need to stop the sell-off of land and buildings to retain capacity to remodel services in a post-Covid NHS: and the government must invest in retaining staff.

We need to reintegrate the NHS, but not in the way NHS England proposed with "Integrated Care Systems".

We to roll back the 2012 Health & Social Care Act and strip away the purchaser/provider split, bringing outsourced services back in house and local democratic accountability, not ICSs.

John said key issues were supporting proper pay for NHS staff, and demanding an end to and reversal of outsourcing.

He moved a motion calling for HCT to work with affiliates and allies to build a (virtual) conference on fighting privatisation, sharing lessons, developing popularised campaigning materials and explaining to public why this is still so important.

Unions, campaigners, join us!

HEALTH CAMPAIGNS TOGETHER is an alliance of organisations. We ask organisations that want to support us to make a financial contribution to facilitate the future development of joint campaigning. WE WELCOME SUPPORT FROM:

- **TRADE UNION** organisations – whether they representing workers in or outside the NHS – at national, regional or local level
- local national NHS CAMPAIGNS opposing cuts & privatisation
- pressure groups defending specific services and the NHS,
- pensioners' organisations
- political parties – national, regional or local

The guideline scale of annual contributions we are seeking is:

- **£500** for a national trade union,
- **£300** for a smaller national, or regional trade union organisation
- **£50** minimum from other supporting organisations.

NB If any of these amounts is an obstacle to supporting Health Campaigns Together, please contact us to discuss.

You can sign up online, and pay by card, bank transfer or by cheque – check it out at *https://healthcampaignstogether.com/joinus.php*

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