

The NHS - Going, Going, almost Gone



2015 Working with 38 Degrees on the NHS Petition



Marching in London July 1st 2017, Feb and June 2018

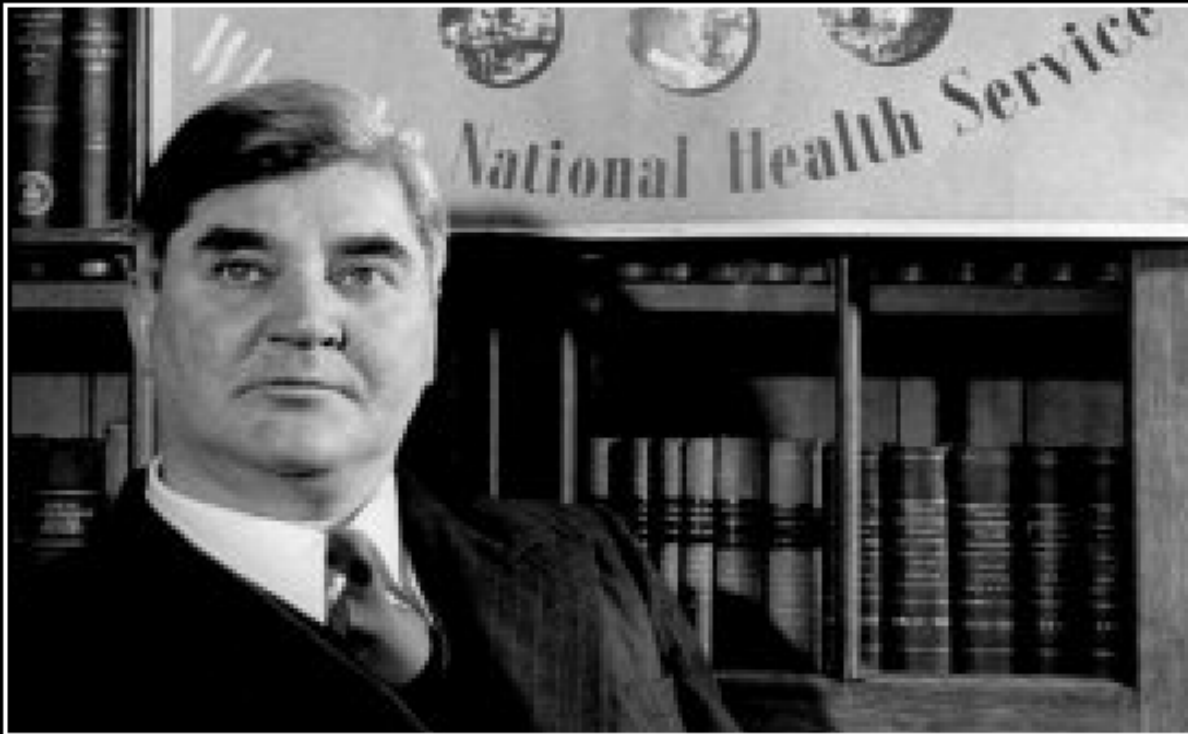
with a birthday
to celebrate!



What is most relevant here in Enfield?

1. Doctor shortages and variation in healthcare between W and E of the borough
2. We have no A and E at Chase Farm
3. Overall underfunding of Enfield in health as well as local government.
4. Loss of funding through the need to open contracts to competition and profits
5. Selling of NHS property to raise funds
6. Centralising of services in North London grouping
7. Another reorganisation of GP services (ongoing)
8. Reduction and Rationing of treatments
9. Lack of consultation with the public on what is happening.
10. GP at Hand putting GP funding in jeopardy.

After the Second World War there is Great leap Forward: A National Health Service



NYE BEVAN

"The collective principle asserts that... no society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means."

Big changes to the NHS began in 1991 under **Margaret Thatcher's** government when patient choice became the mantra for introducing the market within the health service. She maintained the health service was **“safe with us,”**



Under Blair and Brown the NHS service improved for patients but used more privatisation and more PFI's



The Health and Social Care Act 2012 created hundreds of Clinical Commissioning Groups, responsible for planning and purchasing health services in local areas with the directive in 2013 of putting all contracts out for competitive tender.



The UK Health and Social Care Act 2012, removed responsibility for the health of citizens from the Secretary of State for Health, which the post had carried since the inception of the NHS in 1948.

This is what happened next across England's NHS healthcare regions..



Surplus of between £0 and £30M
Surplus of at least £30M



Deficit of more than £50m
Deficit between £50m and £0
Surplus of between £0 and £30M
Surplus of at least £30M



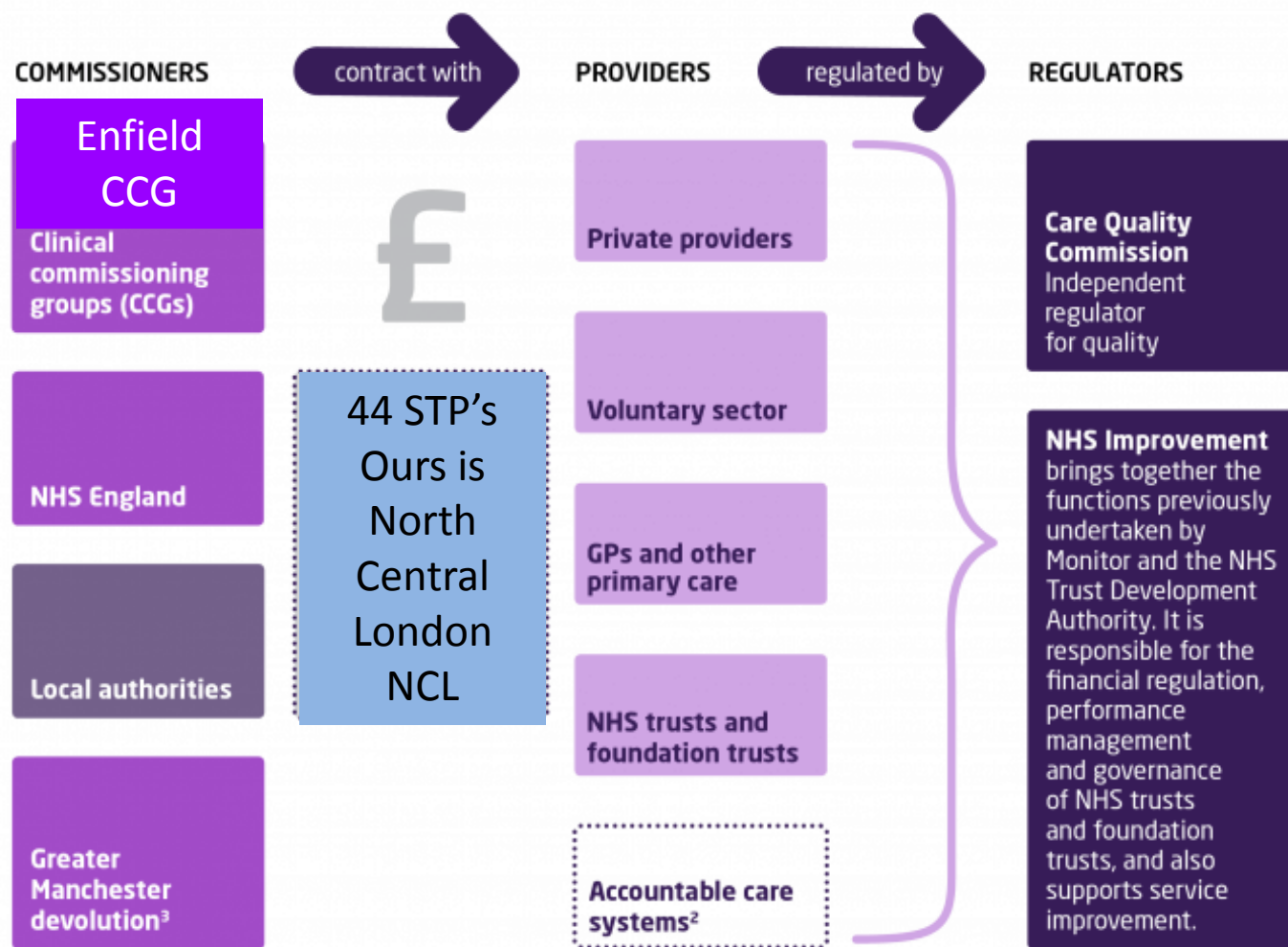
Deficit of more than £50m
Deficit between £50m and £0
Surplus of between £0 and £30M

Reference: The Health Foundation

It has also led to a huge increase in Jargon. Here are a few of them!

ACRONYM	MEANING
NHS England	National Health Service England
CCG	Clinical Commissioning Group
STP	Sustainability and Transformation Partnership
NCL	North Central London
ACO	Accountable Care Organisation
ICS	Integrated Care System
AEBM	Adherence to Evidence Based Medicine
PoLCE	Procedures of Limited Clinical Effectiveness
PPG	Patient Participation Group

The NHS: How providers are regulated and commissioned



1 Since December 2015 NHS providers, CCGs, local authorities and other health care services have come together to form 44 STP 'footprints'. These are geographic areas that are co-ordinating health care planning and delivery, covering all areas of NHS spending on services from 2016/17 to 2020/21.

2 From mid-2017, eight areas of England are evolving into accountable care systems. This involves commissioners and providers assuming responsibility for a budget to deliver integrated services for a defined population.

3 From April 2016, leaders in Greater Manchester have taken greater control of the region's health and social care budget. This includes taking on delegated responsibility for several commissioning budgets previously controlled by NHS England. Other areas - including London and parts of Surrey - are also pursuing devolved arrangements.



- Put patients at the heart of what the NHS does
- Focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare

But Section 75 of the Health and Social Care Act insisted that NHS services should be put out to competitive tender. So it was not just a matter of patients being at the heart of what the NHS does, it now had to provide profits to private organisations to run services – and we all know how tricky this has been!

North Central London STP



North Central London STP 2016

Enfield CCG / Enfield Council

~320k GP registered pop
~324k resident pop
49 GP practices

Barnet CCG / Barnet Council

~396k GP registered pop
~375k resident pop
62 GP practices

Haringey CCG / Haringey Council

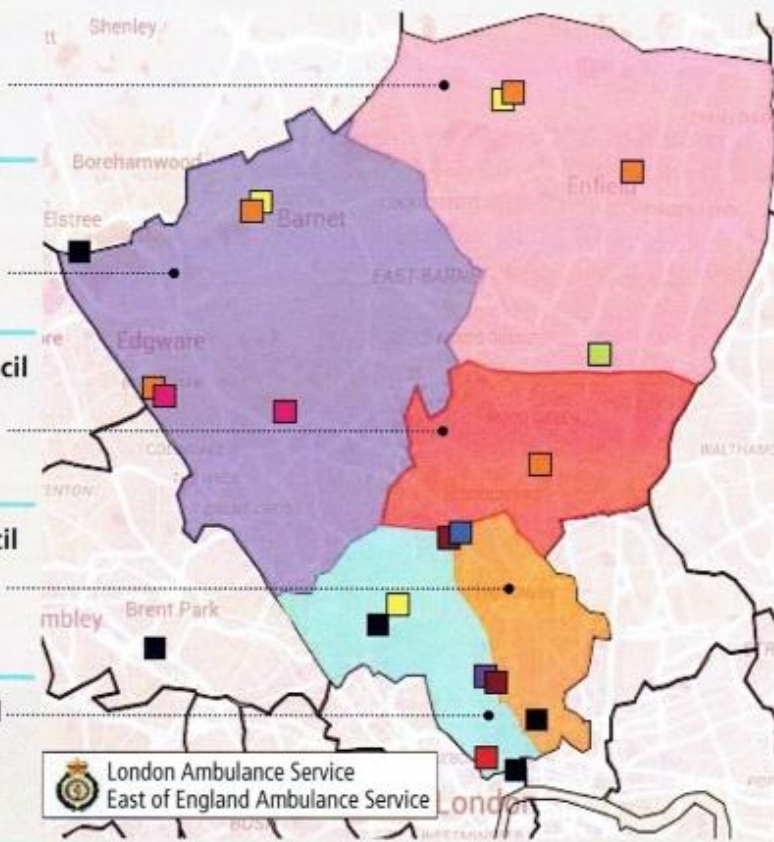
~296k GP registered pop
~267k resident pop
45 GP practices

Islington CCG / Islington Council

~233k GP registered pop
~221k resident pop
34 GP practices

Camden CCG / Camden Council

~260k GP registered pop
~235k resident pop
35 GP practices



**Total health
spend
£2.5bn**

**Total care
spend
£800m**

NHS England

**Primary
care spend
£~180m**

**Spec. comm.
spend
£~730m**

- BEH Mental Health NHS Trust (main sites, incl Enfield community)
- Camden and Islington NHS FT (and main sites)
- North Middlesex University Hospital NHS Trust
- The Royal Free London NHS FT
- University College London Hospitals NHS FT
- Whittington Health NHS Trust (incl Islington and Haringey Community)
- Central and North West London NHS FT (Camden Community)
- Central London Community Healthcare NHS Trust (Barnet Community)
- Specialist providers

Note that our hospitals are not in the centre of gravity in NCL which has implications for planning services such as orthopaedics

The New Chase Farm Hospital



State of the Art Hospital

- The hospital will provide planned ("elective") treatments in eight operating theatres and an endoscopy Unit. There will be 50 beds - 42 in single rooms, all ensuite and all with free Internet and a 42" TV.
- There will be no A&E unit. But the Urgent Care Unit will be open 14 hours per day and aims to treat and discharge 80% of patients within 2 hours.

Comment:

- 1. Orthopaedic treatment with no A&E on site..... may be mainly private patients (49% allowed)*
- 2. Selling of NHS land for housing and not health usage.....beware of more NHS property sales in future!*

Consultations in Enfield

1. 2017 about Procedures of Limited Clinical Effectiveness (cataracts, hips and knees, inguinal hernias among many)

A recent example from the Mail Online April 8th 2019: **Cataracts?**

**Just wear dark glasses, grandmother is told:
Elderly patients being refused surgery because the
NHS refuses to pay.**

More than half of local [NHS](#) boards in England are rationing access to cataract surgery, a report has revealed.

Mike Burden, President of the Royal College of Ophthalmologists says of cataract surgery it is “**probably the most life-transforming procedure the NHS does**”,

The college said that refusal to fund surgery was “insulting”

Orthopaedic Services in NCL

The NHS currently delivers elective secondary care orthopaedic care for NCL patients at 10 separate NHS and independent sector sites within NCL (plus other NHS and independent sector sites outside NCL):

- Royal National Hospital Orthopaedic Hospital
- University College London Hospitals – University College Hospital
- University College London Hospitals – National Hospital for Neurology and Neurosurgery
- Whittington Health – Whittington Hospital
- North Middlesex University Hospital
- Royal Free London – Royal Free Hospital
- Royal Free London – Chase Farm Hospital
- Highgate Private Hospital (Aspen)
- The Cavell Hospital (BMI Healthcare)
- The Kings Oak Hospital (BMI Healthcare)



Royal Free London NHS Foundation Trust	3,390
North Middlesex University Hospital NHS Trust	2,523
The Whittington Health NHS Trust	1,971
University College London Hospitals NHS Foundation Trust	1,878
Royal National Orthopaedic Hospital NHS Trust	1,024
Highgate Hospital (Aspen)	290
The Cavell Hospital (BMI Healthcare)	259
The Kings Oak Hospital (BMI Healthcare)	223
Other NHS Providers (outside of NCL)	766
Other independent sector providers (outside of NCL)	214
Total	12,538

Who works for us as users of the NHS?

- Enfield Healthwatch
- Over 50's Forum
- The CCG
- Council Committees
- Doctors and other health staff.....
- PPG members – do join your doctors group
- Nationally - KONP and HCT nationwide.
- Your MP and Councillors
- DENHS

Remember we can afford a fully-funded NHS. At present we are fighting for survival against the power of big private companies trying to take over our NHS. We are definitely into the phase of '*almost Gone*' unless we can effect a huge policy change.

- **Post Script Campaigning Appeal from Jeff:-**
- A universal state-funded and state-run system is more efficient and better value for money than insurance-based private provision.
- Compare health costs per capita Europe vs USA. £3,000 UK —£3,900 France-- £4,150 Germany **£12,000 USA**, and failing to cover the entire population. In the USA system, the costs of business administration, actuarial, underwriting and legal work, and profits, overwhelm resources actually going to health care.
- Current UK policy is driven by people who want to go down the USA route.
- Their tactics to achieve this in the UK are well underway as is national opposition to these, including the Reinstatement Bills.
- Locally groups campaign to resist privatisation and cuts in services.
- Join us and help!