

**KEEP OUR
NHS PUBLIC**

HEALTH CAMPAIGNS
TOGETHER



**RESTORE THE
PEOPLE'S
NHS**





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Introduction

The NHS founding principles are still sound. But steady privatisation and defunding has led to the worst crisis and worst performance in its history.

It is government policy that's failing the NHS, not the NHS model failing the population.

That's why we're asking campaign organisations, trade unions, health care experts, politicians and most important of all, you the public, to join our call to back the founding principles of a 'People's NHS'. An NHS fit for all.

Since 2005 Keep Our NHS Public has campaigned to save the NHS from privatisation, de-funding and damaging restructuring of services. In that time we have saved numerous hospitals and NHS services from closure, and countered the narrative making the case of inevitable decline of the NHS. With our sister organisation Health Campaigns Together we've organised some of the largest demonstrations and political events in the country fighting for our NHS. We know that, with the right political will, the NHS can be restored to world-class standards of care provision.

The Conservative Party has wrought unprecedented devastation on our NHS over the past 13 years. It was shocking to note the lacklustre NHS policy announcements at their 2023 conference. They buried the NHS knowing how their sorry record speaks for itself for most voters.

Sadly, we are also disappointed by the solutions on offer from the Labour Party. Shadow Health Secretary Wes Streeting's statements that the NHS doesn't need more funding because it is wasteful and inefficient, and his position on increasing privatisation have been especially troubling. By doing so Streeting mirrors arguments made by the Conservative Government that the NHS is irreparably flawed. They are wrong.

Instead we need policy to re-establish a national NHS that is universally accessible, and publicly funded, delivered and accountable.

The truth is the model of a public NHS has delivered the best health care this country has ever had. **Our new campaign makes the case for a return to a 'People's NHS' and is an urgent call to act before it's too late.**

Our vision is based on the following 5 main principles:

1. A PUBLICLY PROVIDED NHS: END PRIVATE INVOLVEMENT
2. AN NHS FUNDED TO SUCCEED – NOT DEFUNDED TO FAIL
3. RESPECT, RECOGNITION, AND DECENT PAY & CONDITIONS FOR ALL HEALTH WORKERS
4. RE-INVEST IN PUBLIC HEALTH & TACKLE HEALTH INEQUALITIES
5. REBUILD, RESTORE, AND EXPAND OUR NHS



How to Use This Pamphlet

This pamphlet contains our vision for a People's NHS and a series of factsheets and details on what can and must be done to restore and rebuild our NHS.

Campaigners can use the evidence-based factsheets to promote the NHS, expose the real causes of the current crisis and explain what must be done next. They explain issues crucial for the public: *why* it's difficult to see your GP or a dentist, the real damage caused by NHS privatisation and a lot more.

The factsheets will arm you with the relevant information when discussing with members of the public and politicians, and speaking to fellow campaigners at meetings, on street stalls, on social media, and even when talking to your friends and family.

You will also find useful suggestions for actions you can take to win support for our work, build our campaigns and put pressure on decision-makers to change course.

We want this to be useful both for seasoned campaigners and for people getting involved for the first time in the fight for our NHS. If you want to find out more about Keep Our NHS Public and get involved with this and our many other campaigns, you can find out about that here too.

Our commitment to the founding principles of an NHS for everyone – a *People's NHS* – is because it works, the evidence is there.

This isn't ideological, it's based on facts. Everything here is researched, fact-checked and easily verifiable online.

The many reputable sources include:

- medical journals such as [The Lancet](#), [British Medical Journal](#)
- think tanks including [The King's Fund](#), [Nuffield Trust](#), [The Health Foundation](#), [The Centre for Health and the Public Interest \(CHPI\)](#) and the US's [Commonwealth Fund](#)
- media and other sources such as [British Heart Foundation](#), [Full Fact](#)

At our [Keep Our NHS Public](#) website you can access all the sources used in putting together these factsheets and explore more about the issues contained here. You will find:

- a digital version of the pamphlet with live hyperlinks to our sources
- the individual factsheets with live links
- 100s of articles and other helpful resources including briefing papers and more



Our Vision for a People's NHS

The model of a universal, free-at-the-point-of-use NHS works. This 'NHS for all', publicly owned, provided, and accountable has frequently been ranked one of the best healthcare systems in the world. It is not the model that is broken, it is governments that have failed the NHS – and the population they are there to serve.

The NHS founding principles were sound, but the steady privatisation and defunding of our NHS has led to the worst crisis and worst performance in its history. We must change course before the service collapses completely.

What we are calling for:

1. A PUBLICLY PROVIDED NHS: END PRIVATE INVOLVEMENT

- Ensure access to health care is based on need, free at the point of use
- Uphold the founding principles of the NHS: universal, comprehensive care
- Provide free NHS care and treatment for everyone in the UK at the time of need
- Abolish NHS charges for migrants living in the UK
- End the myth that privatisation brings efficiency
- Commit to all NHS clinical and support services being publicly funded and managed, and bring back outsourced services into the NHS where they belong
- End the diversion of NHS funding into private hospitals
- No more NHS disintegration and private involvement on Integrated Care Boards

2. AN NHS FUNDED TO SUCCEED – NOT DEFUNDED TO FAIL

- Defunding the NHS is ideological and unnecessary – investment in the NHS is practical, cost-effective and delivers results
- It is a myth that publicly provided care is unaffordable
- Bring annual NHS funding up to the average per-person funding of comparable economies (e.g. France, Germany, Netherlands) and paid for through a revised tax system including tax on wealth and unearned income
- Invest new capital funding to restore infrastructure and meet standards required for comprehensive, responsive, and efficient healthcare
- Restore NHS buildings and bed numbers; ensure scanners and other equipment are provided. End the scandal of excessive waiting times

3. RESPECT, RECOGNITION & DECENT PAY & CONDITIONS FOR ALL HEALTH WORKERS

- Restore safe patient care, job safety and satisfaction for all health and care staff by providing safe staffing levels, decent pay and career progression
- Fund a long-term NHS workforce plan based on assessment of needs and revise this annually to meet the current and future health and care needs of the population and staff, matching training numbers to safe staffing levels
- Fully fund training for staff at all levels to meet the workforce plan and end de-professionalisation and deregulation of the health workforce
- Ensure necessary recruitment and retention, and put into practice ethical recruitment principles
- End the two-tier working conditions of NHS staff outsourced to private companies

4. RE-INVEST IN PUBLIC HEALTH & TACKLE HEALTH INEQUALITIES

- Rebuild a coherent and comprehensive public health service able to analyse, understand and respond to ongoing community needs and recognise that public health cannot be reduced to leaving it to individuals to make healthy choices
- Ensure effective planning for emergencies and pandemics
- Ensure equality of access for all communities and disadvantaged groups to quality treatment and focus resources where they can do most good
- Tackle health inequalities by addressing social inequality, poverty, low pay and unsafe working conditions, poor housing, under-investment in children and young people, discrimination and racism, pollution and climate change – all giving rise to ill health
- Defend women's health services, including ensuring improved maternity care and a woman's right to choose
- Address systemic racial health inequalities in the NHS affecting patients and staff, ensure equity and respect for disabled people
- Equity of access to healthcare and opposition to unlawful discrimination based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- Strengthen collaboration across sectors and organisations, including health, social care, housing, transport, education and early years services, and training

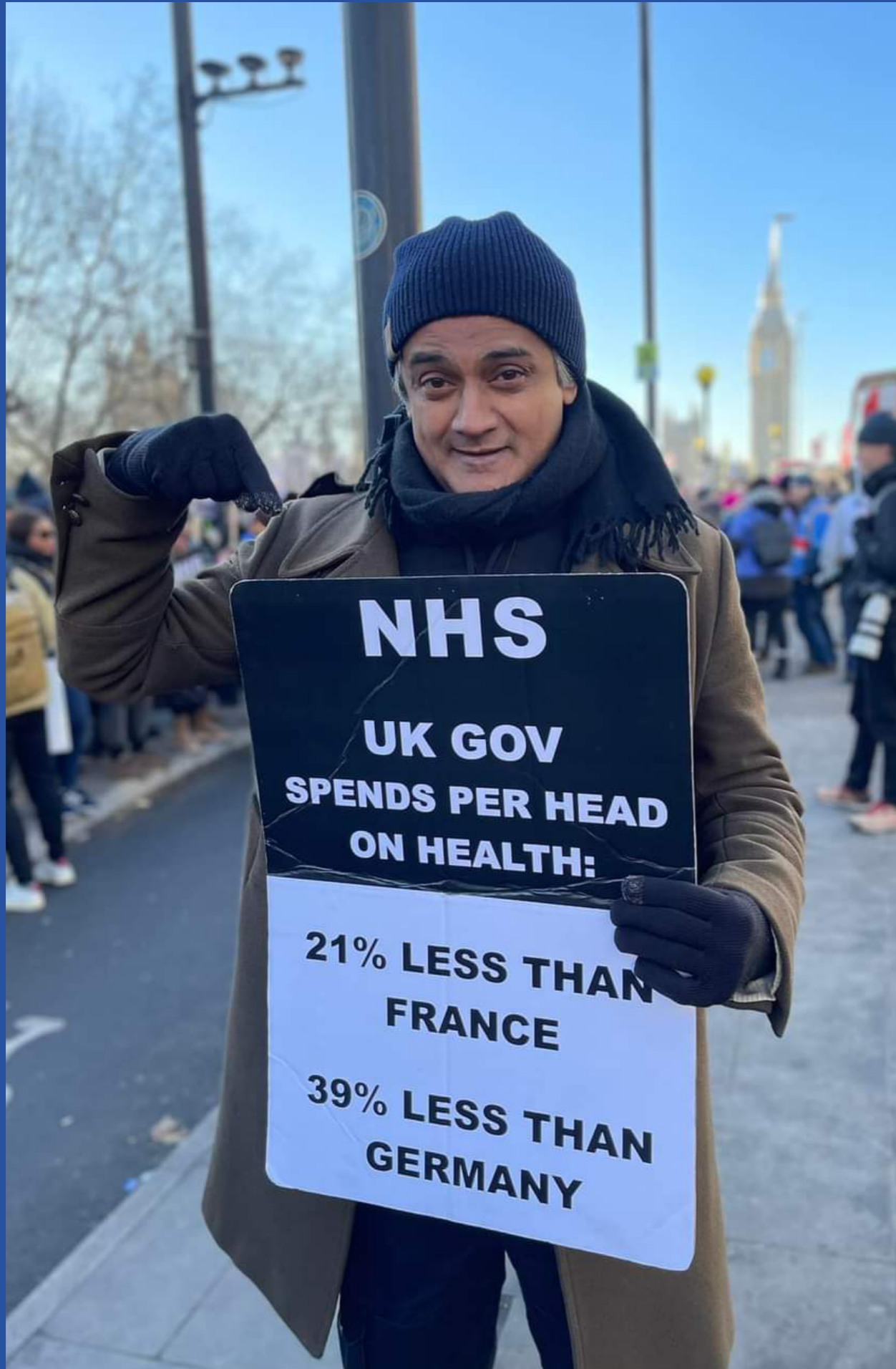
5. REBUILD, RESTORE AND EXPAND OUR NHS

- Strengthen democratic accountability for health service provision at national and local levels; develop services together with patients and public; and improve transparency planning and decisions
- Locate routine NHS services where they are accessible to local people
- End NHS charges for prescriptions, dentistry, eye care
- Rebuild general practice and NHS community services, providing enough GPs, surgeries and services to meet the primary care needs of local populations
- Restore lost NHS services that worked for patients; treatments and prescriptions including effective but low-level healthcare e.g. earwax removal
- Ensure that the use of digital and virtual forms of healthcare are underpinned by safe staffing, and driven by quality of care, clinical effectiveness, patient choice and equity of access
- Improved social care and support free at the point of use, publicly funded and provided. Set up a national care, support and independent living service which is radically re-imagined and co-produced with service users, carers, care workers and local communities to provide choice, control dignity and independence for all
- Ensure care services are in place and meet carers' needs prior to discharge from hospital
- Make NHS dentistry available to all, providing enough dentists to deliver comprehensive services
- Establish parity of esteem for mental health, learning disability, older people's services, end of life care and other NHS services
- Restore full NHS control over patient data and ensure data is used to benefit patient care and not for private profit

By committing to 'Our Vision for the NHS', politicians have a real chance to improve the lives of everyone in society, strengthen our economy and re-establish our country as one of the best health care models in the world.

We will need to repeal or replace some laws in order to achieve our vision, but legislation alone will not be enough. We need the strongest and widest support possible, from campaigns, trade unions, local groups and the public in order to restore our NHS.





Factsheets

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1. Restore Our NHS

Our NHS is on its knees. It used to be one of the best healthcare services in the world and, until recently, it was free for everyone when they needed it – and it worked. After 14 years of deliberate government neglect and politicians' 'reforms', the NHS and its principles have been eroded. The NHS is less accessible – nearly 8 million people are on waiting lists, care is not available when needed, and people are dying as a consequence. Many patients have to pay out of pocket for private care. But we know that the NHS model delivers great care when funded fully and not weakened by outsourced private contracts. We must restore the model we know works and rebuild an NHS that is universal and free for all to access, comprehensive, publicly funded, publicly provided, and accountable to us all.

WHAT ARE THE FACTS?

- GPs are under intense pressure and it can be hard to get to see one
- **The NHS is no longer always free at the point you need it.** Patients now have to pay to access dozens of procedures that have been removed from NHS provision, many of which are clearly beneficial such as earwax removal - this is heightening health inequality
- **Important sections of the NHS are no longer publicly provided** - they are contracted to the private sector, and this has weakened the public NHS
- The 2012 Health and Care Act has increased a lack of accountability, with decision-making taken from local communities
- Commercial confidentiality prevents public scrutiny of private companies operating within our NHS
- Private hospitals have been shown to be unsafe, despite cherry picking low-risk patients
- **Free health care is denied to over 1 million of the population**, categorised as 'undocumented' people (including 200k children) leaving them without access to hospital and mental health care, except immediate emergency treatment

WHAT MUST HAPPEN NOW?

- Return the NHS to its founding principles
- Fund it well and drive out private healthcare
- Respect staff and pay them fairly
- Rebuild a safe and effective public health service and reduce health inequalities
- Campaign for a People's NHS that can once again be the envy of the world
- Build an NHS for all of us, freed from the fear of waiting lists and health charges

2. The NHS is deliberately underfunded

The Government says the NHS is getting 'more money than ever', but this is highly misleading. Annual increases have not taken account of inflation, nor the increasing needs of a growing and ageing population with greater complex needs. NHS funding of 'units of workload' has fallen since 2009, (against rising population, age profile, complexity of need). The UK is the sixth largest economy in the world. Funding should match per capita spending of countries like France and Germany. The decision to starve our NHS of funds is not rational but ideological. Significantly more real terms NHS funding is crucial to restoring standards of healthcare for all.

WHAT ARE THE FACTS?

- A strong NHS means a healthy society and a healthy economy
- 2.5 million people on long-term sick need better healthcare
- **6 out of 10 people in the UK think the wealthy are not paying enough tax**
- The recent rise in NHS funding (£3.3bn) was well short of the £7bn sum that NHS England said was necessary to cope with inflation, and the cost of living crisis
- **Health spending in the UK between 2010 and 2019 was £3055 per person, 18% below the EU average of £3,655**
- Funding is desperately needed to resolve the current pay crisis - crucial to retaining staff and tackling waiting lists
- 42 local NHS Boards, likely to overspend by over £4bn now face £12bn cuts in services by 2025
- The unfunded cost of delayed repairs to England's hospitals has increased from £4.7bn in 2012 to £12bn in 2023. The 2023 budget failed to provide for this backlog. Buildings with Reinforced Autoclaved Aerated Concrete are now dangerously unsafe
- Public health budgets have been cut by 24% on a real terms per person basis since 2015/16
- 82% of the public believe that funding should be increased and primarily through taxation. **Just 10% agree with current government NHS policies**

WHAT MUST HAPPEN NOW?

- Fund the NHS to the level of comparable economies and rebuild health services
- A 2% wealth tax on assets over £10m could raise £22bn; standardising 12% NI on higher incomes raises more (it's only 2% on earnings over £50k)
- Reforming non-dom status rules could raise £3.2bn a year
- Equalising capital gains with income tax rates could raise £15.2 billion a year
- Reverse NHS funding going to the private sector

3. Why is there an NHS staffing crisis?

The NHS has 1.4 million NHS staff. Over its 14 years, the Government has failed to give the NHS the resources needed to meet increased demand. NHS staff are covering 121,000 vacancies (8.4%), including 42,300 nurse vacancies. There are over 152,000 care vacancies and £10bn is spent on agency and temporary staff. The NHS depends on the quality and quantity of its staff to deliver safe and effective care – but staff are undervalued, underpaid, and demoralised. Yet they keep our NHS going under ever-increasing pressure, working themselves into the ground for patients.

WHAT ARE THE FACTS?

- 2,100 health and care staff died with Covid; 10,000 NHS staff have Long Covid; and 21% of health and care workers have high levels of depression (5% pre-pandemic)
- There are 10.8k hospital doctor vacancies and 4 in 10 doctors are considering leaving the NHS
- Nurses' pay is worth 20% less in real terms since 2010, doctors 30% less
- 4,200 GP full time vacancies (2022); but England would need 16,700 more GPs to match the average OECD country
- In 2015 the Government promised 5,000 more GPs but by end-2023 there are 1,881 fewer
- Nearly 8 million on waiting lists places unbearable pressure on staff and patients (who are being failed and dying avoidably)
- Tens of 1000s of healthcare staff are outsourced to private companies without NHS terms and conditions
- The Government's contempt for public services has undermined staff morale
- For 13 years the Treasury refused to fund a workforce plan that ensures staff numbers rise with need. An inadequate plan appeared for the first time in June 2023 and will take years to deliver
- The UK would have 50% more doctors and nurses and over £40bn extra health spend every year since 2010 if funding matched Germany
- The Government is replacing much needed skilled, experienced doctors and nurses with less-skilled non-doctor physician associates and nurse associates with shorter training
- 169,512 staff left the NHS in 2022 (up 25% from 2019) - including 40,000 nurses

WHAT MUST HAPPEN NOW?

- Restore fair pay, staffing levels and morale for health and care staff
- End outsourcing to private companies
- Restore NHS student bursaries, fully fund staff training and abolish student debt
- End de-skilling and downgrading of the health workforce
- Implement an NHS workforce plan to meet the long-term health and care needs of the population and staff, alongside ethical recruitment



4. Government has failed the NHS

Underfunding, understaffing and long delay of any serious workforce plan have resulted in the biggest crisis in NHS history. Waiting lists are close to 8 million (**6.4m patients awaiting 7.6m treatments**). Thousands have died avoidably, either waiting for care, in the back of ambulances, or in understaffed hospitals, despite the best efforts of an overworked and underpaid workforce. In addition, **the austerity policies that have damaged the NHS are also implicated in 335,000 excess deaths** in England, Scotland, and Wales over 2012-2019 from the wider impact of local government cuts, homelessness and poverty. This cannot go on.

WHAT ARE THE FACTS?

- Due to pressure on GP services, patients are not getting timely investigation and treatment, leading to delays in diagnosis including cancer
- The Association of Ambulance Chief Executives reported that through ambulance delays **160,000 people came to harm in one year**, over 500 with urgent conditions died before an ambulance arrived and others died in ambulances
- **According to the Royal College of Emergency Medicine at least 500 excess deaths occur each week** because of full wards preventing timely transfer from A&E
- **30,000 patients have died waiting for heart treatment** in 2½ years since the pandemic onset
- Hundreds of people have needlessly gone blind because of delayed treatment – nearly 10% of those on waiting lists are for eye appointments
- The Government claim there are 'more' staff than ever: but there are over 121,000 vacancies and nowhere near 'enough' for safe staffing
- **NHS providers are very clear that the main cause of long waiting lists is understaffing** (contributed to by poor pay for health workers)
- Meanwhile the private sector relies on staff trained by the NHS; the cost of this training has been estimated to represent a public subsidy to the independent sector of £8.5 billion

WHAT MUST HAPPEN NOW?

- An urgent funding injection to provide fair pay, safe staffing and improved working conditions
- This will boost retention and support staff health and mental wellbeing (as called for by WHO)
- Restore NHS training bursaries for nurses and allied professions
- A fully funded long-term workforce plan that guarantees safe staffing levels across all staff groups, protecting patient care

5. Why can't I see my GP?

GPs are working harder than ever, but there aren't enough of them and workload has increased to an unmanageable level, putting them under severe pressure. **Each GP in England saw an average of 8,534 patients in 2022 (up from 8,351 in 2019)**; workload has increased as the NHS shifts care responsibility from hospital to community. This results in reduced access and a loss of continuity of care (linked to worse health outcomes). Patients find it more difficult to get GP advice. But it is not GPs who are at fault: the Government must invest in more GPs and practice staff, ensuring continuity of care for all – we need 7,000 more GPs to meet current needs.

WHAT ARE THE FACTS?

- GP funding has fallen from 10.4% of the NHS budget in 2004/5 to 8% now
- **In 2020, the Government promised 6,000 more GPs by 2025; there are now 1881 fewer full-time qualified GPs than in 2015**
- 4200 current GP shortages, expected to grow to 8,800 by 2031 – around 1 in 4 of projected GP posts
- 1 in 4 GPs know a colleague who has died by suicide; 51% have lost staff due to workload; 48% say GPs have left due to mental health or 'burnout'; 84% have felt anxiety, stress or depression in the last year; more than half of GPs and their staff (56%) have experienced mental abuse in the past year
- **GPs in the UK have some of the highest stress levels and lowest job satisfaction in a survey of 10 countries**
- Most GPs are working full time; a quarter of GPs are working 50 hours or more

WHAT MUST HAPPEN NOW?

- Invest to restore patient access and prioritise continuity
- Reintroduce personal lists and cap sizes
- Embed health and wellbeing services in community; focus on health promotion
- Fund enough staff to keep patients safe and promote retention and returnees
- Target investment to disadvantaged/underserved areas
- Modernise IT, equipment and practice buildings
- End unfunded task shifting from hospitals
- Stop new private Alternative Provider of Medical Services (APMS) contracts and phase out existing APMS
- Invest in community nursing, social care, public health, palliative and end of life care

6. Why can't I see a dentist?

In England, 8 million people are now struggling to find an NHS dentist. **9 in 10 NHS dental practices are closed to new adult patients; in some areas it is almost impossible to register.** Charges for dental treatment (introduced in 1950s) are an added barrier to people getting the care they need. **Some are taking their own teeth out.** Oral health is deteriorating. What has happened to **dentistry** graphically illustrates where current health policy is leading the whole NHS. A controversial **contract** imposed in 2006 limited dental practices in the amount of NHS care they provided. **Good, preventive dental care was not funded.** Some dentists started turning NHS patients away.

WHAT ARE THE FACTS?

- Dentistry was one of the **founding pillars of the NHS** and significantly improved oral health
- In the 1980/90s, the dental profession was pushed into the mixed NHS/private economy, creating an NHS dental **workforce crisis**
- The overall number of dentists now is the lowest for a decade
- Dentists in England and Wales saw taxable income fall by 35% over 10 years from 2006
- **Across the UK, there were 1,038 fewer dentists working in NHS primary care in 2020/21 than there were in 2019/20**
- Smaller practices are being priced out and taken over by large dental corporations
- **The impacts of poor oral health disproportionately affect the most vulnerable and socially disadvantaged individuals and groups in society**
- The Faculty of Dental Surgery is seriously concerned about the state of **children's oral health** (a third of five-year-olds are suffering from tooth decay)
- **Tooth extraction for dental decay is the commonest reason for 5-9-year-olds in England to be admitted to hospital**, costing the NHS £50 million per year. Over 60,000 children aged 0-19 were admitted for teeth removal in 2015/2016

WHAT MUST HAPPEN NOW?

- More dentists, dental nurses and hygienists must be trained urgently
- A new **contract** should support dentists to provide a full range of treatments on the NHS and be patient-focused and preventive
- The contract should be payment per numbers of patients, and charging must be abolished
- Dentists should be **co-located** with General Practitioners in neighbourhood health centres where the staff work as public servants for a public service

7. Mental health: under-resourced and under pressure

The level of anxiety or depression is **increasing**. Adult mental health services in England received a record 4.6 million referrals during 2022 (up 22% from 2019). In **children and young people**, the situation may be even worse – with rates increased from 1 in 8 (2017) to more than 1 in 6 (2022) aged 7–16, and from 1 in 10 to 1 in 6 aged 17–19. Demand for care far outstrips current resources.

WHAT ARE THE FACTS?

- Those in the poorest 5th of the population are **twice as likely** to develop mental health problems
- **Public services are not resourced to meet such demand, and there are long waits and high thresholds for treatment; an estimated 1.4 million (2021) are waiting for help**
- **The private sector** provides 30% of mental health hospital capacity with 50% of Child and Adult Mental Health Support (CAMHS) beds and almost all secure beds
- **17,340 serious incidents were reported by services to the Care Quality Commission (CQC) in the last year**
- **There are not enough staff:** 1 in 7 FTE medical roles and 21% of nursing posts are currently vacant across England (June 2023) while true vacancy rates are likely much higher as cash-strapped hospitals may not advertise posts
- **Learning disability** and mental illness beds have seen the largest reduction since 2010/11 – 69% and 24% respectively

WHAT MUST HAPPEN NOW?

- Safe services should include: access to professional assessments; careful self-harm prevention and protection; community support during a crisis; wards, or other places of safety, with more beds, better environments, and more skilled staff with more time to care; ongoing support to keep us well and common standards throughout England for good community and hospital care
- Meeting **increased demand** must be addressed by government with adequate funding, protected against inflation - the 2019 promised increase in budget for services needs to be doubled to £5.2bn
- More **psychotherapists** are required for people with complex needs
- More inpatient **mental health beds** are necessary in England to eliminate the need for inappropriate out of area placements
- More **skilled staff** are needed to achieve 'safe staffing' for the greater, safer inpatient capacity; there should be no more than 85% bed occupancy
- Beyond hospitals there should be venues to go to during the day for those of us with long-term mental health needs for access to both peers and professionals

8. We need safe maternity services

Every child and every mother needs safe maternity services and facilities at childbirth. Damaging government policies have resulted in cuts, privatisation, staff shortages and disrespect for women and babies. Outcomes are getting worse for Black and Asian mothers. **Many women are not receiving the safe, high-quality care they deserve; there are multiple reports of unnecessary baby deaths.** We must not emulate the US which has the highest infant and maternal mortality rates among high-income countries.

WHAT ARE THE FACTS?

- **Maternity services have been let down by the Government – 38% of maternity units are judged in need of improvement (2021)**
- Staff are under huge pressure - there are 2,500 midwife vacancies – 25% are looking for a job outside the NHS, citing excessive workload and stress
- Lack of professional support contributes to low breastfeeding rates
- Mental health and postnatal care services together with Health Visitors have been savagely reduced
- Deepening social inequalities, maternal deprivation and disadvantage result in higher rates of infant death - the UK has a higher infant mortality than most OECD countries
- Early poverty damages long term health; many families cannot afford formula feeds
- **Stillbirths and neonatal deaths rose across the UK in 2021 after seven years of reduction – twice as many black babies die than white**
- **Black women are four times more likely to die from childbirth than white and this is not improving**
- In 2019–20, the NHS paid out £2.3 billion in compensation for maternity claims (40% of all payments)

WHAT MUST HAPPEN NOW?

- Maternity care must be universal, publicly provided and free for everyone at the point of need
- Abolish charging undocumented and migrant people for maternity care and address racism
- Restore and improve postnatal care, breastfeeding support and maternal mental health services
- Invest in safe levels of qualified midwives and other staff as recommended in official inquiries
- Ensure all staff receive ongoing professional education and end replacement of midwives by less qualified staff

- Develop maternity services that address inequalities in access
- Restore fair pay for staff, full bursaries for NHS students; boost retention by improving pay and abolishing student debt
- Develop a no-fault compensation system
- Hold a public enquiry into the state of maternity services with direct trade union and patient input



9. A Social Care system on its knees

Our Social Care system is failing everyone except the private providers rinsing it for profit. £1.5bn leaks out of the care home industry annually in the form of rent, dividend and interest payments, directors' fees, and profits. Half of those requesting support get no help. Support is erratic and institutionalised, focusing on meeting basic physical needs and providing little choice, control, dignity or support for independent living. The inability to discharge medically fit people safely into the care sector is also one major reason for delays in urgent hospital treatment.

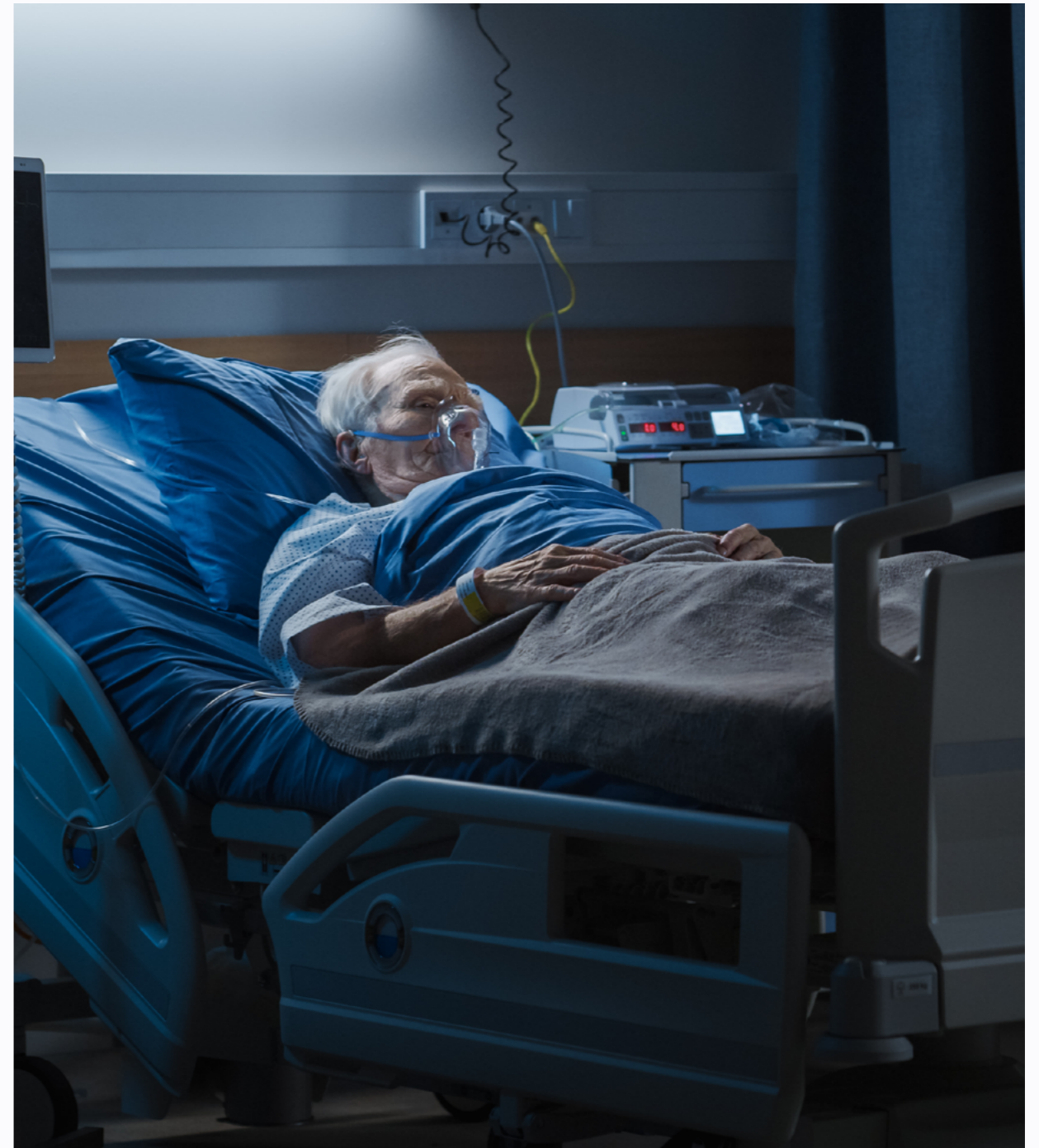
WHAT ARE THE FACTS?

- 84% of 18,000 different care providers are for-profit - provision is fragmented and unstable
- Local Authority care spending has hardly increased over the past decade despite rising demand
- The average hourly wage is £10.11 in the private sector for half the workforce (below national minimum wage £10.42); overseas workers are being exploited
- 152,000 vacancies and annual staff turnover of 30% meant 500,000 hours of homecare not delivered (Spring 2023)
- Care packages are being cut and charges hiked; some people are forced to give up essential support to pay for food, heating etc.
- 60,000 disabled adults and those with long-term illnesses in England were pursued for care charges debt and Councils took legal action against 330 people in 2021/2
- While UK's 2021 Census recorded close to 5 million unpaid carers, Carers UK estimate 10.6 million (6,000 are children)
- Carer's Allowance is only £68.70/week, irrespective of how many people the carer supports
- Almost 30% of 13 million disabled people in the UK live in poverty; counting carers and family members, half of the 14 million living in poverty are affected by disability
- The Government was found in breach of UN Convention on the Rights of Persons (2016) with Disabilities but is now making further cuts and has downgraded the role of disabilities minister

WHAT MUST HAPPEN NOW?

End Social Care Disgrace Campaign (ESCaD) calls for a National, Care Support and Independent Living Service which is

- free at the point of use
- publicly provided, funded and accountable
- nationally mandated but radically re-imagined and co-produced locally with service users, carers, workers and local communities
- offering choice, control, dignity and independence
- providing support for carers with good pay and conditions



10. Migrant charges & racism

The Government's Hostile Environment scapegoats undocumented people for crumbling public services. They use this disgraceful lie to deflect their blame by fuelling racism. Universal access to healthcare free at the point of need has ended – so many migrants are being charged for NHS care. NHS staff do not want to withhold care or witness its denial. We must oppose charges for undocumented people and defend universal access to healthcare *for all people living in Britain* who need help.

WHAT ARE THE FACTS?

- Universal access to health care is no longer available to over one million undocumented people living in Britain, including 215,000 children
- GP and emergency care in A&E are not charged, but people who can't prove their right to free care pay 150% of NHS prices for other hospital or mental health care, even in life-threatening emergencies
- Asylum seekers and refugees are exempt from charges, but the *Illegal Migration Act* bars almost all new arrivals from seeking asylum; so, over 160,000 more people will be forced to live here undocumented by 2026
- Over 80% of asylum claimants eventually win the right to stay
- 60% of migrant charges are to women: mothers charged £7500 for having a baby, and up to £15,000 for more complex delivery if things go wrong
- Charges have terrified the family of a child with cancer (£76k) and a young man whose stroke was preventable (£99k); NHS Trusts regularly use debt collectors to chase patients for bills they cannot pay
- Fear of being reported to the Home Office can be fatal – during the pandemic, people were put off being vaccinated or seeking healthcare, despite Covid treatments being free
- The Government divides migrants from other public sector workers, claiming to fund pay 'rises' by almost doubling the Immigration Health Surcharge (giving access to the NHS) and raising visa fees
- Without migrants the NHS could not function: one in six NHS staff are non-UK nationals, including 32.6% of doctors; 48% of new UK nurse registrations have trained overseas
- The BMA, Academy of Royal Colleges, and several Royal Colleges oppose charges for undocumented people; the Royal College of Paediatrics and Child Health calls for abolition of all charges

WHAT MUST HAPPEN NOW?

- Abolish NHS charges for undocumented people
- End the use of NHS staff in implementing border control in the NHS
- Address systemic racial health inequalities in the NHS affecting patients and staff

11. Inequality is bad for health

A combination of poverty, austerity and Covid caused 1m early deaths in England in the decade 2011-2020, related to living in socially disadvantaged areas, bad housing and unemployment. This is health inequality. It is NOT down to 'poor lifestyle choices', its causes are avoidable. Tackling them well or badly is a political choice. Justice and equity are founded on access to education, support for children in their early development, security of income and employment, sufficient food, safe and secure housing and amenities, social inclusion free from discrimination, an environment safe and protected from war, that should welcome refugees and migrants. All these are dangerously undermined by 14 years of austerity. The NHS safety net - access to free healthcare for all – is now threatened.

WHAT ARE THE FACTS?

- One million children in the UK are living in destitution (tripling 2017-2022); 4.2 million (29%) live in poverty but 48% of black and ethnically diverse children
- **335,000 excess deaths between 2012-2019 were linked to austerity**
- Life expectancy gains have stagnated or reversed since 2010 for the first time in 100 years
- The UK has the lowest sick pay of OECD countries, forcing people to go to work to feed their families even when they have Covid
- Despite the UK being the sixth richest country, it had the 2nd worst Covid outcome in Western Europe and those facing social inequalities were at greatest risk
- 6 in 10 people dying with Covid in 2020-21 were disabled and disabled people's benefits are under severe attack
- There is a two-tier health system placing disadvantaged people in greater danger of avoidable deaths and morbidity
- Deaths from homelessness and squalid homes are increasing; damp and mould in social housing killed 2 year-old Awaab Ishak in Rochdale (2020)

WHAT MUST HAPPEN NOW?

- Equity of access to healthcare for all – including disadvantaged groups
- Action to address social inequality, poverty, low pay and unsafe working conditions, poor housing, under-investment in children and young people, discrimination and racism, pollution, and climate change – the overarching causes of health inequality
- Improved women's health services and maternity care
- Action to ensure disabled people have equity of access to healthcare

12. Covid lessons must be addressed

The UK Covid-19 Inquiry has already proven that tens of thousands of Covid deaths were preventable. According to [The Lancet 'Amid the claims of extreme misogyny, profanity, and chaos \[there\] is a story of complete government breakdown'](#). The Covid pandemic revealed profound problems with the UK's health and care system – see [People's Covid Inquiry \(PCI\)](#). Deepening social inequalities exacerbate the impact of chronic underfunding of public health, preventive healthcare and mental health services. Covid-19 exploited these failings and social inequalities ensured fatally unequal outcomes.

WHAT ARE THE FACTS?

- **233,000 people have died from Covid (end-2023) - 2nd worst outcome in Western Europe**
- Government policy has led to life expectancy stagnating and, for some groups, declining
- Before the pandemic, health, care and support services had been undermined by a decade of underfunding relative to need (See [PCI](#) for these facts)
- **PPE was not available for staff, care homes and vulnerable people – procurement of PPE had been outsourced to private corporations who failed to supply what was needed**
- **47,000 care home residents died from Covid after 25,000 untested patients were discharged to care homes without testing**
- Six out of ten deaths from Covid in 2020 were disabled people
- Over 2000 Health and Care frontline staff died from exposure to Covid
- **Government bypassed the NHS, universities, public health and local authorities and squandered £billions on failed Test & Trace, giving to incompetent private sector cronies**
- Our current health and care services have no spare capacity and are now in an even worse position than pre-pandemic to cope with emergencies

WHAT MUST HAPPEN NOW?

- Restore a national and local public health service able to cope with the [next pandemic](#)
- Act on the lessons of social inequality - investment in public services, mental health and illness prevention delivers [healthier population and economy](#) and saves lives
- Pandemic plans must rely on universal access to an equitable, comprehensive, high quality, free at the point of use, publicly funded and provided NHS
- Effective planning to ensure that material resources, staffing and infrastructure can maintain essential services in times of emergency

- Much greater priority given to using evidence-based approaches to reducing inequalities in all services
- Services and procurement of equipment under direct control of government
- The pandemic is not over - clean air, ventilation, masks in healthcare settings must be established alongside wider access to vaccines



13. Our personal health data must not be sold

Health data is private and sensitive. **Our personal information is becoming a new form of corporate asset** worth £10 billion if powerful Big Tech companies gain a stranglehold on that data without safeguards. NHS data is important for research for the public good. Management of our data by the NHS should be founded on public trust. It must not be exploited for profit. The NHS is increasingly dependent on digital technologies. More decisions about our healthcare are based on computer-generated rules (algorithms) that are closed to challenge. Human interaction in clinical decision-making is becoming marginalised with worrying implications for patients and staff.

WHAT ARE THE FACTS?

- The NHS holds the single biggest health data set in the world
- The £480 million contract for the data platform controlling this has been awarded to Palantir the US spy tech and battle tech company
- Our personal health and genetic data are increasingly detailed and intimate in nature; yet the Government is set to allow the private sector to exploit this data
- **Governments have failed to invest in NHS IT infrastructure;** the NHS is left heavily dependent on tech companies to control data platforms, data analysis and processing
- This allows corporate access to our sensitive information and Big Tech can shape decisions on healthcare developments and treatment to serve its own agenda
- In the US, wealthy pharma companies have illegally used IT algorithms to maximise profit from drug prescribing
- **Our right to opt out of our data being used for purposes beyond our direct care is at risk**
- Weakened legal protections for our data – Secretary of State can bypass Parliament and impose new legislation unilaterally
- The Information Commissioner's Office (data watchdog) is no longer independent of government and must consider business interests and economic growth when considering data safeguards

WHAT MUST HAPPEN NOW?

- People must have the right to know who is using our data, how and for what purpose
- Governance of patient health data through legally backed, independent bodies that can restore trust
- Clarity about consent, and a right to opt out of our data being accessed
- Citizens' rights and the public good must be paramount – above the interests of commerce

- Comprehensive and meaningful patient involvement on how NHS data is used
- State-funded investment allowing the NHS to develop relevant technologies and staff training and reduce its dependence on the private sector



14. End private sector involvement in our NHS

Around one fifth of the NHS budget is now spent on clinical services from private companies with some Integrated Care Boards spending an even higher proportion of their budget. This is wasteful and damaging to patient care. Public funds spent with private companies flow out of the NHS and lead to underinvestment in NHS staff and equipment. According to the World Health Organization (WHO), the NHS paying the independent sector for operations is a form of privatisation. The 2012 Health and Social Care Act encouraged more contracting out and the 2022 Health and Care Act made it even easier, with less scrutiny. PFI contracts also drain budgets and management consultancies influence spending plans, while their reports are private and obstruct public accountability.

WHAT ARE THE FACTS?

- Spending on clinical services from the private sector increased by 23% from 2013/4-2018
- Around 230 private companies are accredited to develop integrated care systems: some are US owned with a history of corrupt practices drawing heavy fines
- NHS organisations, increasingly dependent on Big Tech, are being pushed to sign deals with private companies to share our data; this is encouraged in new legislation that weakens our data privacy, and promotes market-led service development
- Private companies restrict patient access to protect profits and abandon NHS contracts when their profits fall
- Outsourcing NHS services to private companies is associated with lower quality, less safe care; some contracts are given despite a poor company track record
- Outsourcing means staff terms and conditions are less protected; continuity of care is more difficult; providers are less accountable
- Market reforms in the NHS have considerably increased admin costs
- Comparing 11 nations' health services' performance up to 2015, including equity and access, the UK was rated top, but has fallen to 4th through delayed access to treatment and lack of investment
- Nearly all private hospitals have no emergency provision: when procedures go wrong or there are complications patients are rescued by NHS hospitals - at the taxpayers' expense
- The private sector does not have spare capacity to support the NHS

WHAT SHOULD HAPPEN NOW?

- Bring back outsourced services into the NHS
- Reinvest resources wasted through private sector involvement back into patient care
- Restore a fully public NHS



What You Can Do

We need all the help you can give if we're going to persuade the public and politicians that a People's NHS is the right vision for health care.

IF YOU'RE A CONCERNED INDIVIDUAL THERE'S PLENTY YOU CAN DO RIGHT NOW

SIGN OUR PETITION

- The petition calls on politicians from all parties to back our vision for a People's NHS. You can find the petition here: keepournhspublic.com/petition-we-call-for-a-peoples-nhs/
- Share the petition with family and friends, post it on your social media platforms, and share it with your fellow activists.

USE OUR MODEL MOTION TO RAISE IN YOUR UNION

- Submit the model motions seeking support for our campaign to your local constituency party groups, trades councils and trade union branches.
- The model motions can be found here: keepournhspublic.com/peoplesnhs
- Ask your local trades council to share the motion more widely. Talk to others in your network – are they in a different union? Can they share the motion in their branch?

CONTACT YOUR MP ABOUT OUR CAMPAIGN FOR A PEOPLE'S NHS

- We'll be sharing a template letter and email on our website keepournhspublic.com soon, but feel free to write your own one now.
- You can also book a surgery appointment to discuss the issue with your MP face-to-face. The more people that put pressure on their MPs, the harder we are to ignore.
- If you don't know who your MP is or their surgery details you can find contact details here <http://www.parliament.uk/mps-lords-and-offices/mps/> or www.writetothem.com using your postcode.

USING SOCIAL MEDIA

- We'll be creating lots of graphics and other content for you to share, but you can make your own too
- Record a short video about why a People's NHS is important to you
- Tag local or national decision-makers when you post so they see your content
- Ask friends, family and colleagues to share your posts online

IF YOU'RE IN A LOCAL CAMPAIGN GROUP YOU CAN HELP IN THE FOLLOWING WAYS

ORGANISE STREET STALLS & DAYS OF ACTION

We're encouraging our local groups to push our vision for a People's NHS in street stalls in town centres or outside hospitals, during days of action and where appropriate, picketing local town halls, constituency offices and council offices.

- Ask people to sign the petition and sign up sheets for people to leave their details
- Share leaflets and other materials
- Give speeches about our vision for a People's NHS
- Invite NHS workers and allied campaigners to speak too
- Make it creative. If you can add music, costumes or street theatre – go for it!

CONTACTING LOCAL PRESS

If you're calling an event or holding a protest, it's a good idea to contact the local press in your area, or send out a press release. You can use this pamphlet to back up your arguments on almost any subject relating to the NHS in your press releases and in local radio and tv interviews. If you would like help putting a press release together, please contact our press officer at press@keepournhspublic.com for help.

GENERAL ELECTION

In the run up to and during the upcoming general election, we're encouraging local groups and other activists to organise a People's NHS public meeting in your area.

CALL A PUBLIC MEETING. For the upcoming general election, we're encouraging local groups and other activists to organise a People's NHS public meeting in your area.

ORGANISE A LOCAL HUSTINGS. Invite candidates to debate NHS policies and answer questions from the audience.

CONTACT US FOR HELP at campaigns@keepournhspublic.com. If you're interested in setting up a People's NHS event, we can help you make the event a success.

KEEP IN TOUCH WITH US. Make sure you stay up to date with our work and get useful resources: if you haven't already, please sign up to our newsletter which you can do here: keepournhspublic.com/sign-up-to-receive-our-newsletter/

JOIN KEEP OUR NHS PUBLIC

If you haven't yet joined Keep Our NHS Public we encourage you to do so. You'll be part of a community of activists with experience, passion and knowledge. If you're already a member why not ask a friend or colleague to join as well. You can join Keep Our NHS Public here: <https://keepournhspublic.com/support-page/#join>



Find out more

More from Keep Our NHS Public and Health Campaigns Together

Our campaigns:

<https://keepournhspublic.com/campaigns/>

News and analysis:

<https://keepournhspublic.com/news/>

Our local groups:

<https://keepournhspublic.com/local-groups/>

Our trade union-facing work:

<https://healthcampaignstogether.com/>

People's Covid Inquiry:

<https://www.peoplescovidinquiry.com/>

Read 'The Lowdown':

<https://lowdownnhs.info/>

SOS NHS

<https://sosnhs.org/>

Medact and Patients Not Passports – more information on migrant charges:

<https://www.medact.org/2019/resources/briefings/patients-not-passports/>

