



North East **Workers & Politics**

**Build the Workers Opposition, Set Our Own Agenda,
No to Handing the Initiative to Any Other Force!**

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By Donation

Now Is the Time For an NHS Based on the Right to Health Care!

While over 99% of the Junior Doctors have taken a stand in practice on the contract that the BMA was being offered by the NHS Employers, on the basis that it was neither safe for the patients nor fair for the doctors, Health Secretary Jeremy Hunt dictated that the contract be imposed in England.

This is the neo-liberal way, government by dictate. Not a government embodying the popular will and translating that will into legislation, but a government imposing the will of the state, of the ruling elite, on the electorate.

Why would the Junior Doctors and the BMA be opposed to a 24/7 NHS as Jeremy Hunt claimed, and as he kept repeating in Parliament as a slur on the medical profession? Hunt uses targets, waiting times, statistics without context, without substance, without regard for the world as it exists. The BMA and the Junior Doctors, as well as those that have researched and investigated the world as it exists in the health service, point out the selflessness, the dedication of those working in the NHS. They point out the flaws in Jeremy Hunt's arguments and sound-bites. They point out that the staffing levels crisis and the financial crisis in the hospital trusts, which the Health Secretary even refuses to acknowledge, are of the

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Families of People With Mental Health Problems Fight for Mental Health Services

On Saturday, February 13, a rally took place to call on people to stand up against the cuts to council, care home and mental health services at Gateshead Civic Centre.

One of the speakers, Stephen Luke, who represents the many families whose loved one suffer from mental illness, spoke to raise awareness of the present changes to Mental Health Services. He started by saying that these are not only the biggest changes in recent years but probably overall the most damaging to Mental Health Services in Gateshead and Newcastle. He said that over the last 5 years Northumberland Tyne & Wear NHS Trust "have already closed 459 mental health beds, which has contributed to all the remaining wards being full and over capacity." He pointed out from statistics he had investigated there had been "a 62% increase in violence towards staff, carers & family members and an increase in suicides, murder, restricted access to inpatient services and a reduction in recovery rates." He said there had also been a "63% national increase of inpatient referrals under

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government's own making. They point out that "over-spending" is a quite different situation from the hospital trusts' not being financed by the government for the work they have to do. They point out that the contract which the government is now declaring it will impose will mean the end of contractual safeguards, the banding system, and the end of annual pay progression.

Why would Jeremy Hunt deny these facts of life? Would one not draw the conclusion, as many commentators have done, that the government is intent on managing the NHS for the benefit of the private sector? There have been many thin edge of the wedges over, shall we say, the past twenty years, in the sense of measures which have gone against the principle that health care is a right which must be guaranteed by government. One of the most infamous of recent years was Lansley's Health and Social Care Act 2012, which – after the Conservatives had openly declared that there would be no further top-down reorganisation of the health service – "threw a grenade" into the NHS. The Act declared that the Secretary of State would no longer be responsible for providing a comprehensive health service in England, under the guise that this responsibility should not be government's. What remains is the ability of the government to dictate, and hypocritically pose as a concerned observer. What these attempts to re-organise the NHS show is that they have all been steps in the direction of putting the NHS in the service of the private sector and the monopolies.

The Junior Doctors are refusing to accept the imposition of a contract. Legally, it is being advised that an imposition of contract terms such as these could itself be a breach of contract and could provide grounds for a legal challenge.

With this in mind, the BMA announced new dates for industrial action. These dates are: 9 -11 March, 6-8 April and 28 April.

These days of action will follow the emergency-only model used for the previous protests. The BMA is also set to launch a judicial review into the government's decision to impose the new contract, claiming the government failed to follow due process.

The government is playing with the lives and health of the public in its fanatical pursuit of imposing its contract. It is despicably using the ploy of achieving a 24/7 NHS to impose a business model on the health service which eliminates the human factor. It is denying that TTIP would lead to the irreversible privatisation of the NHS against all evidence. To Jeremy Hunt and Co., patients are not patients but consumers.

The conclusion is that enough is enough. The whole direction that the NHS is being driven in is at fault. The resistance of the BMA and the junior doctors is one factor, and a very crucial one, in the resistance of health workers and professionals, as well as the public at large, to this direction. The struggle is putting a spoke in the wheel of the government's juggernaut. And in doing so it is revealing in higher profile that now is the time for an NHS based on the right to health care.

WWIE calls on the whole working class and people to get behind the struggle of the junior doctors. The fact that the government does not accept that the working conditions of the junior doctors are the conditions for the health care of the public exposes how low the ruling elite has sunk in blocking the requirements for a modern health service. We call on the working class to inscribe on its banner that health care is a right. This is the way forward.

No to the Imposition of a Contract on the Junior Doctors! No to the Privatisation of the Health Service! Health Care Is a Right! For an NHS Based on Fulfilling this Right! □

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What Does this “Alliance” of South of Tyne Health Services Really Mean?

On February 29, the South Tyneside NHS Foundation Trust (STFT) announced to its staff that it was developing its partnership with City Hospitals Sunderland (CHS) into an “Alliance”. The statements issued were that there was urgent need to “rebalance” the services with South Tyneside “moving away” from providing complex acute services and in future “leading on” out of hospital rehabilitation and diagnostic and screening services. The claim is this will lead to “high quality and sustainable hospital and community services”.

The claim is also that this is not a merger, or takeover by one Trust of another, although a new Board South of Tyne Healthcare Group has been set up with a Chief Executive from CHS and Chair from STFT. It is also clearly indicated that this will lead to an “alignment towards one Group Executive Team over time”. Already, prior to the announcement staff have been informed that the award winning acute stroke services at STFT will move to CHS and under review are most of the acute services at STFT, if not all, for transfer to CHS, whilst out-of-hospital rehabilitation and diagnostic and screening services are transferred from CHS to STFT. They have also refused to invoke a consultation process claiming that this was a “management re-organisation” and therefore there was no need for public consultation.

In the letter to staff the Chief Executive admitted that many Trusts were being encouraged by the Department of health to create “planning foot prints for Trusts to work together”. However, although the Trusts mention the “financial climate” in their statements, what they don’t acknowledge, is the deliberate government underfunding of NHS acute and community services which is the real reason behind the moves of STFT and CHS. The government’s refusal to properly resource our health service has led to the scandalous situation where CHS and STFT are £50 million + short in their budget for 2016/2017. This is what is driving



the closure of acute services for patients at STFT which they hope will safeguard acute services at CHS. However, both the acute services at STFT and CHS are overstretched now, so how will drastic reduction in these services for patients help? The increasing pressure and crisis in Urgent Care Centres (A&Es) is now the increasing lack of acute beds and services at our District Hospitals added to which is the governments’ deliberate underfunding for training, over decades, of the Doctors and nurses required by the NHS.

The government’s call for Trusts to “work together” is not to develop “high quality and sustainable hospital and community services” but to desperately try and paper over this chronic underfunding and fragmentation they have caused by their purchaser/provider split. They want all these Trusts that have been competing with each other to now engage in takeovers and mergers. Cynically, the government is using this underfunding and competition to provide services to speed up the process of privatising health and support services and attacking the pay and conditions of health workers to wreck the universal health care system built up over generations. For this purpose and for decades governments have continued to make cuts to the budgets of Trusts and other providers each year under so-called “efficiency savings”. They then use the threat of “unsustainable provider” if

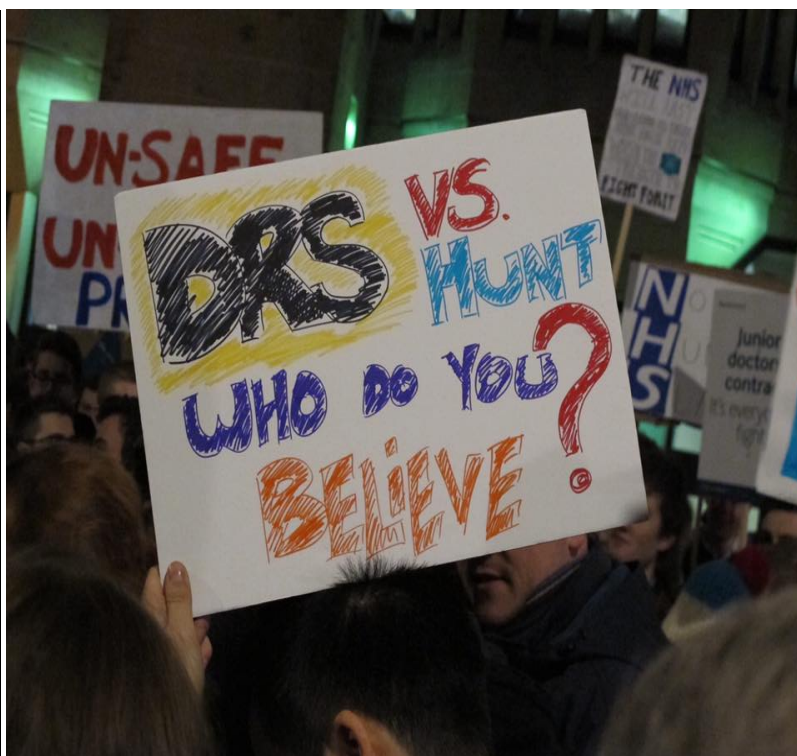
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Section 3 of the Mental Health Act, which means they must be hospitalised by law.”

He condemned the fact that there is now “a national crisis where mental health inpatients are not only sent hundreds of miles from their locality but at times can no longer get a bed anywhere in the UK both in the NHS, or with private services. There are also more mentally ill people being detained in police cells and more being imprisoned.” He pointed out that in spite of these severe and critical conditions Gateshead and Newcastle Commissioning groups are proposing the potential closure of a further 40% of the remaining acute mental health beds and proposing to remove the remaining beds to out of locality areas in Sunderland and Morpeth. He called on people to oppose the closures and stop this decision being made by the Gateshead CCG on May 24th.

As we pointed out in NEWP in the last issue supplement, the fraudulent austerity arguments that the health care of the people is too costly must be rejected. The people must assert their claim that health care is a right in a modern society and must be funded as a priority over the schemes of the rich. The people must continue to strengthen their organised resistance and expose further this whole assault on the mental well being of the people, defend public authority and bring the inhuman perpetrators of these criminal plans at the heart of government and elsewhere to account. The people must continue their fight to safeguard mental health services. □



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health services and hospitals are unable to “live within their means”.

It is this whole direction that the NHS is being driven that is at fault. The People of South of Tyne and Wear should not accept that their hospitals and health services be subjected to this financial dictate and serious irrational consequences for their health service. The people should demand that they should decide the future of their health care system based on the needs of the population in each district, region and nationally. These are not decisions that can be left to the accountants of a so-called market in health, or to the dictate of the neo-liberal anti-social agenda of governments. In the modern world health care is a human right. No community should be subject to the arbitrary closure of their acute, community or rehabilitation health services. It is our NHS – We decide!

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