Why am I getting in touch?

1/6	17%
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It's widely acknowledged that the NHS is one of the defining issues of this election campaign. In Shropshire Defend Our NHS, we think that's quite right. We believe the NHS faces unprecedented threats, nationally and locally.

We very much hope to find out what you think about the NHS – not your Central Office, but you. That's why we're circulating a structured online questionnaire to all Parliamentary Candidates across Shropshire and Telford and Wrekin. Please take a few minutes to complete this short questionnaire. We really do wish to know what your views are on the NHS, regarding key local and national questions.

*1. Firstly, it would be really helpful if you could tell us who you are

Your name:		
Your party or organisation:		
The constituency in which you are standing		
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LOCAL NHS FUNDING

2/6	33%
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Our hospital trust borrowed over £12 million last year, just to keep the doors open at the Royal Shrewsbury and the Princess Royal, and has set an £18 million deficit budget for the coming year. The trust's 'recovery plan' is to make recurrent spending cuts of £12 million a year.

The Chief Executive of West Midlands Ambulance Service says that Shropshire Clinical Commissioning Group doesn't put enough money put into the ambulance service in Shropshire, but the Clinical Commissioning Group says it can't afford any more. Meanwhile, national ambulance response time targets are not being met in Shropshire, with a performance that has steadily declined over the last three years. Lives are being put at risk particularly in rural areas.

The clinical model for the local 'Future Fit' NHS reorganisation states clearly that financial austerity is one of the key drivers for change.

Astonishingly, NHS England still believes that Shropshire is over-funded! This means that any future increases in funding will almost certainly be pegged to the national minimum.

2. Do you believe healthcare in Shropshire and Telford and Wrekin is underfunded?

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Y	Ω	c

No		
Do you have any other views on loc	cal NHS funding? Or p	erhaps on funding for local social care services?
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NATIONAL NHS FUNDING

3/6	50%

How about nationally?

Between 1950 and 2010, the average real terms increase in NHS funding has been 4% a year. This is how the NHS has grown and developed world class healthcare. We are now routinely saving the lives of premature babies, of people with cancer, people with complex cardiac conditions - patients who in the past would have died. Routine operations such as cataract surgery and hip replacements transform lives. Unglamorous day to day community services allow people to live with dignity and independence. The NHS has moved on from 1948 healthcare because it has had the investment to do so.

Since 2010, this 4% a year has dropped to an average 0.8% a year. The real terms per capita increase was 0.4%, with a slight real terms cut in age adjusted per capita spending.

The NHS has also implemented £20 billion 'efficiency savings' since 2010. Many frontline health workers have experienced those savings as cuts. If current spending patterns are maintained, there will be a shortfall in NHS spending of £30 billion by 2020. Mainstream political parties are seemingly united in expecting at least a further £22 billion of 'efficiency savings' to be achieved in the lifetime of the next Parliament. No healthcare system anywhere in the developed world has successfully implemented efficiency savings or productivity gains that come close to this level.

This winter, the NHS was on the edge of crisis. By October 2014, a shocking 76% of acute hospitals were in deficit. From winter 2013/14 to winter 2014/15, we saw a 55% increase in ambulances queuing outside A&E; a 25% increase in planned operations cancelled; and a 23% increase in patients not discharged or transferred out of NHS hospitals because the health or social care services they needed were not in place.

3. Do you bel	lieve the NHS nationally has enough money?
Yes	
No	
	y other comments on national NHS funding? How about social care funding? (Adult social care funding? (Adult social care funding? (Adult social care funding? (Adult social care funding?)

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PRIVATISATION

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Clinical services in Shropshire and Telford and Wrekin are being picked off by private companies, with part-privatisation already of audiology, dermatology, optometry and pain management. Walk In Centres in Telford are privately run, as is the new Urgent Care Centre that is now part of A&E at the Royal Shrewsbury. A private company runs several of the GP centres in Telford and Wrekin. The private sector is making quite substantial inroads into NHS services in Shropshire and Telford and Wrekin.

A major contract for PET scans regionally has just been awarded to the private sector, despite the NHS bid being £7 million cheaper. The contract covers over 50% of all PET scans carried out in England (including those for Shropshire and Telford and Wrekin patients).

The Health and Social Care Act of 2012 will lead to a sharp increase in the privatisation of clinical services, with most NHS contracts for clinical services put out to tender as they come up for renewal. Some of the contracts amount to massive chunks of the NHS. For example, cancer services and End of Life care in Staffordshire will be privatised, with the combined contracts worth over £1 billion.

PFI contracts continue to drag down NHS finances, taking money away from clinical care, whilst TTIP poses major privatisation threats unless the NHS is excluded from this trade agreement.

4. Do you support the continuing privatisation of clinical services in the NHS?

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Yes		
No		
Do you have any other views	on the privatisation of clinical	al services in the NHS? On PFI? On TTIP?
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Privatisation of NHS support services

Privatisation of clinical services is a relatively recent development in the NHS, but privatisation of NHS support services has been going on rather longer.

The widespread introduction of privatised cleaning services in the NHS coincided with a sharp increase in hospital acquired infections. NHS staff who work for private companies often experience poorer pay and conditions than their NHS counterparts.

Following the Health and Social Care Act of 2012, 4000 NHS properties - including Ludlow Hospital - were given to the private company NHS Property Services Ltd. Buildings are rented back to the NHS, on terms determined by 'PropCo'. The company nominally belongs, for now, to the Secretary of State for Health, but the intention is to sell it on. In practice £3 billion of NHS assets have been transferred out of the NHS.

We are also now seeing the increased use of the private sector to provide highly skilled scientific support services to the NHS (e.g. through the escalating sell-off of hospital Pathology services, which analyse blood and tissue samples.) Another example: the Blood Plasma service is responsible for providing specialist treatments for haemophiliacs and people with immune system deficiency. It was sold to an American company in 2013.

The overall picture is one of far-reaching privatisation and decreased accountability.

5. Do you support the privatisation of non-clinical and support services in the NHS?

Yes			
No			
Do you have any other comments	on the privatisation of I	NHS non-clinical and	support services?
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A&E AND HOSPITAL CLOSURE



In Shropshire and Telford and Wrekin we currently have two District General Hospitals: the Royal Shrewsbury and the Princess Royal. Local NHS planners want to move to a single 'Emergency Centre' instead, as part of a project called 'Future Fit'. This would mean only one consultant-led A&E, and only one hospital with acute beds and services. In theory, this could mean building a new hospital. Much more likely outcomes are that one of our two hospitals would lose its A&E and its acute services. It would be downgraded to a 'planned care' centre. The other hospital would lose its planned care. Overall plans are for fewer hospital beds.

All informed observers – including the leaders of 'Future Fit' changes – acknowledge that a new hospital in Shropshire is extremely unlikely to be built. The capital costs would be around £600 million, with high ongoing revenue costs, and additional funding required for improvements to the road, rail and bus network. It is therefore overwhelmingly likely that post-election proposals will be to close one of our A&Es, close acute beds at one of our hospitals, and end acute medical care at this hospital.

This leaves us with the downgrading of the A&E and the loss of acute beds and services at the Royal Shrewsbury; OR the downgrading of the A&E and the loss of acute beds and services at the Princess Royal; OR the continuation of full A&E and acute services at both our District General Hospitals, the Royal Shrewsbury and the Princess Royal.

In Shropshire Defend Our NHS, we believe that we need both A&Es, and that we need both hospitals to provide acute and planned care. Our hospitals provide a service to 540,000 people, living across Shropshire, Powys and Telford and Wrekin (an area of over 2000 square miles). One hospital for an area this size - much of it rural, with an ambulance service that is already failing badly - cannot possibly be adequate.

We also note that two independent clinical reviews of Future Fit have raised significant concerns about the clinical and financial assumptions underpinning this project. There is not an adequate evidence base for Future Fit, and the community services that would be needed to support hospital downgrading are not being put in place. We have also heard from GPs, A&E and other hospital nurses, and community nurses who are united in the belief that Future Fit will lead to utter chaos in our local NHS.

6. Which option(s) would you find acceptable for voters in your constituency?

A new hospital between Shrewsbury and Telford

A new hospital at another location

Centralising the A&E and acute beds and services at the <u>Princess Royal</u> (i.e. downgrading the Royal Shrewsbury)

Centralising the A&E and acute beds and services at the <u>Royal Shrewsbury</u> (i.e. downgrading the Princess Royal)

Keeping BOTH hospitals - the Royal Shrewsbury and the Princess Royal - as District General Hospitals with consultant-led A&E care

Is there anything you would like to add about the future of A&E and acute hospital services in Shropshire and Telford and Wrekin?
Previous section Thanks for completing this questionnaire