

NHS NEW DEAL

After the Rainbows - a plan for a modern NHS that
is the pride of a healthy nation



A campaign by

just TREATMENT

FIRST WE CLAPPED. NOW WE ACT.

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FOREWORD

By Michael Rosen - Author, Broadcaster & COVID Survivor

In March 2020 I was whisked into A&E by my wife, where they found that I was in a critical condition caused by COVID. A few days later I was put into intensive care and stayed there for 48 days, spent more time in the open ward and then three weeks in rehab at a rehabilitation hospital. This has engaged the work, thought, skills, kindness, and care of hundreds of people. This treatment saved my life - probably several times. And of course, the same was going on all over the country. Tragically, the NHS couldn't and doesn't save everybody. All I can say is that I am the grateful beneficiary of this wonderful service.

Creating the National Health Service was an act of love. It was also a response to the huge class divide in healthcare provision that existed in pre-war Britain; part of a general demand for social provision and social care that became acute during the courage, privations and tragedies of the Second World War.

I see it as an act of love because the creation and running of the NHS requires an attitude that treats people as fundamentally the same - that at any time in our lives we might need the kind of care that only health professionals can give us. This needs money and resources - and a lot of it - so it calls on us all to make a commitment to each other, to pay for something which may or may not at that very moment be something we need. At that moment, we are doing it for someone else.

We can all tell stories of how the NHS has come into our lives: at the birth, illness, accident or death of loved ones and friends. We have all seen that combination of knowledge, skill, care and close observation applied by doctors and nurses. Some of us have seen the particular skills of the emergency services, paramedics and their drivers. Out of sight, there is the army of cleaners, cooks,

delivery people who sustain the whole system, while researchers and practitioners beaver away in labs processing the testing and experimenting with new forms of treatment.

My own experience has been various: I was born before the NHS (1946). My first big encounter with the NHS was in its own way comical. I was fielding at 'silly mid-on' (very near to the batsman's bat!) in a school cricket match and was hit on the nose by the ball. I've been at the births of all my children and seen the kind of teamwork that brings our new human beings into the world, follows it up with injections and home visits. I'm also a lifetime beneficiary of free medication as I have the chronic condition of an underactive thyroid. Once diagnosed I have been able to enjoy free treatment, free testing now for over 40 years. When I've told people from the US about this and how, for us, this kind of treatment is paid for through taxation and free at the point of service, they can hardly believe it.

The most difficult experience is ongoing: my visits to clinics dealing with what has come to be known as 'long COVID', the long term effects of this dangerous virus. There is no greater testament to the care I receive than the book made by the nurses who looked after me when I was in an induced coma: each day they wrote a kind of letter or diary entry 'telling' me how I was doing 'today'. It stands as a record of their diligence and devotion sitting by my bedside hour after hour amidst the chaos of COVID.

All this reminds me over and over again how much I need the NHS, how it is a service for all of us.

But perhaps that's too easy to say. What's harder is to figure out what has to be done to make

sure the NHS can serve all our needs: that's all patients, and all who work in it. At the heart of this is a strong, core belief: the NHS is for us and it belongs to us. Of course the NHS has to go into the market to buy its supplies but its core is not a market. It's about care, need and health. That's why as much of it as possible has to be a publicly owned, publicly run, publicly accountable service. That's what it means to say, it's 'our' NHS.

As I say, this has to be claimed. And it has to be fought for. Why? Because it is under threat. One illustration: when I went into hospital with COVID, the hospitals were under-prepared for a pandemic. When the call went out for protective clothing (PPE) for all health workers, there wasn't enough, what arrived came too slowly and some of it - incredibly - was second hand!

My intensive care ward had over twice as many patients in it than could reasonably and safely be cared for. Our NHS desperately needs more support - and needs us to fight for it.

Of course the cry goes up, but where's the money come from? If we've learned anything from the

last year, it's that the government has levers which can literally 'create money'. We hear it described as 'borrowing'. But it isn't. It really isn't. It's the governments issuing bonds - rather like the savings bonds that we can buy - but instead of us buying them, the Bank of England buys them! That's how the government has raised cash in this emergency. So we're entitled to say, 'If you can raise cash like that for an emergency, why not raise it for the service that looks after us from cradle to the grave. We are the country. Without us, there is no country. What could be more important?'

Please join us in fighting for a first class, publicly owned NHS!



WE'VE NEVER NEEDED A NEW DEAL FOR THE NHS MORE

The last year has been one of the most worrying, traumatic and uncertain any of us have lived through. The COVID pandemic has taken loved ones from our midst, struck many of us down with an illness that still lingers, cost us our jobs, and brought the economy to its knees.

It also gave us some of the most unifying moments we've lived through. The rainbows in the windows, applause on the doorsteps and generosity of communities supporting each other were inspirational. We got through it by showing social solidarity.

If nothing else, COVID19 has reminded us that there is no doubt what matters. Our health - the health of our families and friends - counts above all else. Without it we cannot hug the grandkids, cannot dance with friends, cannot get on the bus to work. Without health we cannot really live our lives. And our health is interconnected: we can only achieve good health as a society by working together in the same spirit of solidarity.

For more than 70 years the NHS has looked after us - given us the good health our lives rely on. It's there when we're born and nurtures as we grow. It picks us up when we're down. Patches us up when we're hurt. There are so many reasons to love the NHS. A family member who had life saving treatment. A friend who lives a healthy life thanks to the care of nurses and doctors. It is always there for us. In our darkest of moments, we turn to the NHS. And in these scary and uncertain times it's where we've turned again.

Through it all, the cleaners, porters, nurses and doctors - everyone working in the NHS - put their own lives on the line to care for us.

But despite their efforts, the NHS has not been able to cope. The pandemic has been a stark reminder that the NHS is fragile - we can't take it for granted.

Too many people are losing their lives, too many people's surgeries or treatments have been cancelled in the emergency of COVID.

The weaknesses that undermined the NHS response originate long before 2020. For years politicians have mistreated the NHS. They've starved it of funding. Neglected the hard working doctors and nurses who care for us. Put the interests of big corporations before our NHS. And during the pandemic - it has come close to collapse."

The NHS has been heavily financialised - a relentless drive for cost-cutting meant that the spare capacity needed in a crisis was judged to be an unnecessary luxury. Laboratories for conducting testing had been closed, staff numbers steadily dropped, and in January 2020 - before the pandemic hit - there were just 700 unused and available intensive care beds for an English population of 56 million.

And the same failings that have delivered poor patient care from profit-driven providers could be seen in the COVID response, as contracts handed to Serco and Deloitte skimmed billions from the taxpayer in return for dysfunctional test, track and trace services. Meanwhile pharmaceutical companies are doing [secret deals worth billions](#),¹ giving them monopoly control - and the potential for years of monopoly profits - on vaccines created through [taxpayer funded research](#).²

Meanwhile the government is planning further reforms of the NHS in England - creating new Integrated Care Organisations that are proposed as a means of solving the problems caused by the fragmented, privatised system their previous reforms created. In reality these changes are likely to fail to fix the mess, and could make things worse - including handing decision making power within the health service [to private, profit making corporations](#).³

Whilst we love the NHS and the under-valued staff who keep it running, we also know that in recent years it hasn't always been able to give us the treatment, care and respect we deserve. Our health - and the care the NHS provides - is the single most important thing in our lives.

So this year has proven it has to change. Going back isn't good enough. It has to do better. And whilst we all know the NHS needs more money, we also know in our hearts that more money alone is not enough: we need to rebuild the NHS so it works for us all.

So we spoke to people affected by COVID from every single one of all 650 constituencies in the country to find out their views. We listened to experts, and we learned about how things have been done differently. These demands are the result.

If 2020 was the year the NHS was brought to its

knees - 2021 must be the year we win a new future for our health service. It's our turn to care for the NHS. Last year millions of us clapped for key workers and painted rainbows in our windows. We showed that we are all united in our love for the NHS. We forced the politicians and the media to listen. They even clapped along too.

Now we need to turn that support into action. The pandemic has shown that politicians can do big things - if there is enough pressure. We can make our elected representatives give the NHS the support it needs. But only if we take action together.

We have a plan to end the mistreatment of the NHS and win a new deal in 2021, but our plan will only work if thousands of people like you - who clapped for the NHS, who love the NHS - step up and make it happen. Sign up and get involved: www.nhsnewdeal.org



Credit: Robin Francis

WHY IT MATTERS WHO IS PROVIDING YOUR NHS CARE

Close to £1 in every £5 spent by the NHS is now going to the private sector, [and this number is rising rapidly](#).⁴ Patients now increasingly access 'NHS' care from a private company, and many don't even realise. So why does this matter?



LOST FUNDS AND TAX AVOIDANCE

Private corporations profit from providing healthcare to you. That means millions of pounds that could be spent on improving services leaving the NHS to line the pockets of shareholders. Plus many of these companies have complicated structures to let them avoid paying their taxes.



POOR SERVICE

Private healthcare corporations are focused as much on making money as caring for you - so they often cut costs so much that care suffers. Three-quarters of private mental health clinics were found to be failing to meet the basic standards of care, whilst companies have dropped out of providing care when they decided they weren't making enough money, [leaving patients stranded](#).⁵



WORKERS' RIGHTS SLASHED

Corporations have boosted their profits by squeezing their staff. NHS workers have repeatedly had their pay and conditions slashed when a private company takes over. This often leaves them working for poverty wages and worsens patient care.



HUGE, EXPENSIVE BUREAUCRACY

Making it possible for private companies to profit from NHS contracts requires a very complicated and costly tendering process. It is estimated that the annual bill for running this system - known as the internal market - comes to billions every year.



ONCE IT'S GONE...

If more and more of the NHS is provided by private companies over time we will lose the capacity to provide a public health service. And private companies will become incredibly powerful. There is a very real risk that they will demand more money and more privatisation and we will have no publicly run alternative. We've already seen this starting to happen during the pandemic: our public sector has been so hollowed out that large parts of the crisis response were controlled by expensive and ineffective private companies.

PROCESS

In May, as the first wave peaked, we set out a plan to **Listen, Build** and **Win** a New Deal for the NHS.

Just Treatment is led by patients and we believe the future of our NHS should be decided by those whose lives depend on it. That's why the first step of the plan was to **listen** to NHS users across the country. We set ourselves an ambitious target to **listen** to the views and experiences of at least one person in all 650 UK constituencies about what they believed was important for the future of the NHS.

Over 400 Just Treatment supporters signed up to have conversations with friends and family across the UK about our NHS. Our target of listening to 650 people was surpassed, and we ended up hearing from over 1500 NHS users, from all walks of life, about their experiences and priorities for the NHS.

Then, throughout Autumn, we ran a series of six participatory workshops to explore the emerging themes from the listening phase and **build** a set of shared demands. We ran discussions exploring what the NHS is for, how to tackle health inequalities, how to value and empower NHS workers, how to create an NHS that centres racial justice, how to end corporate power and how to create democracy and participation in our NHS. We talked about the situation we're currently in, and imagined the situation we want to be in.

We know that there are already incredible organisations that have been doing amazing work in so many of the areas that our demands cover. There's no point in reinventing the wheel. That's why we worked with as many as possible to design the participatory workshops, and finalise the demands. Many of these organisations are mentioned in this document or have added their support on our website.

The set of people-powered demands you are reading now have been **built** from the crowd-sourced ideas and experiences of NHS users across the UK. And we're now in the final phase - the **win** phase. We want to scale up and **win** these demands to build a new NHS with, by and for the people.

PRINCIPLES

Our conversations with NHS patients across the UK gave us clear insights into what the public want from our health service.

We must take the lessons we have learnt from this terrible year and use them to fundamentally reorient our priorities. We have learnt that our health and wellbeing is priceless - and that it is interconnected: none of us are safe until all of us are safe. What would it mean if we truly took this insight to heart and reimagined not just the NHS itself, but our whole approach to health?

The NHS would no longer be seen as a drain on the public purse - but as a cornerstone of our economy and society. We would dramatically increase funding for physical and mental health and social care, recognising that skimping on our health is a huge false economy. And we would put the NHS at the heart of a wider strategy for tackling the root causes of ill health. Our demands focus on the NHS itself, but we also need to see big changes across social care, public health, and economic policy.

The NHS was founded on a principle: to provide universal public healthcare, free at the point of use, no matter who you are or what your circumstances. This is the principle we're fighting for. An NHS that looks after all of us, no matter who we are. An NHS that is owned by all of us, not by private corporations or distant managers. An NHS that cares for us throughout our lives - not just patching us up when things go wrong.

First, we want an NHS that is truly universal. We all believe in fairness - so ensuring everyone has equitable access to care was high on everyone's list. This commitment to universal, [free healthcare is supported by seven out of ten of us](#).⁶ But the pandemic has shown us how far we are from this ideal. People of colour have suffered disproportionately, the north-south divide yawns ever wider, and migrants are shut out by a hostile environment. We need to reinvent the NHS so that it is genuinely there for all of us.

Second, we want an NHS that is truly public. Our healthcare isn't a commodity to be traded and profited from; nor should cuts in services be allowed to open up a two tier system where people who can afford it can skip the queue to pay for private treatment. There was anger at the amount of money being siphoned off from the NHS by management consultants and outsourcers.

But people didn't just want to go back to a mythical past where everything was rosy in the NHS. There was also frustration at the lack of respect, dignity and voice given to NHS patients and frontline staff. The message, loud and clear, was that we want an NHS that is genuinely run by the people, not just for the people. We want NHS staff to be valued properly and trusted to deliver better care. We want patients to be empowered over their own care, not as consumers choosing between for-profit providers, but as human beings in relationship with their healthcare workers. We want a democratic revolution.

Third, we want an NHS that truly cares for our health - in the broadest sense, not just fixing body parts when they go wrong. Health is not just the absence of disease: it is about our

physical, mental and social wellbeing. So the NHS must care for the whole person, enabling each of us the freedom to live a full and healthy life. This means far greater priority given to mental health care and guaranteed access to free social care.

The NHS of the past has often focused on healing a wound or curing a disease. A bit like a factory, the NHS was built like a production line: people went in with a problem and came out fixed. Today, we face a different challenge: how to support people dealing with chronic mental and physical health conditions, from diabetes to depression to dementia – and more importantly, how to prevent these conditions from arising in the first place.

Many of the health challenges the NHS faces are caused by broader issues in the lives of patients - from poor housing to food poverty to air pollution. The pandemic has thrown into stark relief how these factors shape people's unequal exposure to disease and death. So the NHS must help to tackle these wider issues, using its place as the nations' largest organisation and employer to shape the wider economy and environment to improve everyone's wellbeing.



SUMMARY OF THE DEMANDS:

1. GIVE EVERYONE AN EQUAL CHANCE TO ENJOY THE FREEDOM OF A HEALTHY LIFE.

All of us - no matter where we live or who we are - should have an equal chance to live a full and healthy life. We must overcome the disadvantages and inequalities that mean some people's circumstances lead to worse health and poorer care.

2. AN NHS THAT LISTENS - RUN BY THE PEOPLE, FOR THE PEOPLE.

This is our NHS. We must give patients and frontline health workers the ability to shape services, so that they meet the needs of communities across the UK and give patients the respect and dignity they deserve.

3. TACKLE THE ROOT CAUSES OF POOR HEALTH.

Across the UK bad housing, poorly paid work, pollution, and poverty are making us sick. We must do something about these underlying causes - it's not good enough to simply treat people once they're already unwell.

4. FULLY FUND OUR HEALTH AND CARE, RESPECT AND VALUE NHS STAFF.

If nothing matters more than our health, then why aren't we funding healthcare properly? We must dramatically increase spending to the levels seen in France and Germany - and ensure that NHS staff get the pay and support that means they can do their job.

5. OUR CARE IS NOT A COMMODITY: STOP BIG CORPORATIONS RIPPING OFF OUR NHS.

Right now, the profits of healthcare and pharmaceutical corporations are being put before our right to health. We must bring an end to private companies running NHS services, and take action to protect patients from big pharma and big data firms.

To achieve an NHS that meets these principles we've drawn on the ideas of people in every corner of the UK. The NHS now looks increasingly different in England, Northern Ireland, Scotland and Wales, so while some of these demands apply to all of the UK - others need to be acted on differently in London, Belfast, Edinburgh and Cardiff.

THE NHS ACROSS THE UK

Responsibility for the health of their citizens was devolved to the governments of Wales, Scotland and Northern Ireland in 1999. Since then the NHS

has changed considerably across the UK with the NHS in England undergoing a huge, damaging transformation in 2013.

ENGLAND

A hugely complex system which was created in 2013 by the Coalition government includes Clinical Commissioning Groups (CCG) led by GPs assessing local needs and 'commissioning' (organise a tender process to appoint a provider - either NHS or private sector) services. NHS England commissions national specialised services, for example rare cancer care, and GP services. A range of organisations oversee quality, training, data and other areas; whilst local councils deliver public health services. The structures are constantly changing, with the number of CCGs dropping from 211 to 135 since 2013; further local devolution of health happening in Manchester; and around 42 new Integrated Care Systems in the process of being created to ultimately replace CCGs, overseeing the NHS at regional level.

SCOTLAND

Fourteen health boards plan and deliver most health and care, including public health services, alongside seven special boards covering ambulance services, quality assurance and training, and Public Health Scotland which supports national public health interventions.

WALES

In 2009 Wales took major steps to simplify the structures in its health service, with seven health boards overseeing everything from GPs to hospitals, and three national NHS trusts overseeing specialist cancer care, ambulance services and public health.

NI

Also simplified in 2009, Northern Ireland's NHS is overseen by a single health board, with five local commissioning groups planning and shaping services which are provided by five health and social care trusts.



! END THIS PANDEMIC - PREVENT THE NEXT

Most of the demands in this document focus on the long-term failings which have undermined the NHS and its ability to respond to the pandemic. They make a positive case for the better health service we need to win for the future of everyone in the UK. But the pandemic that sparked the creation of these demands continues to rage and we cannot build long term change unless we urgently bring it under control and take steps to prevent the next one. That includes - but is not limited to:

- Investing in a large scale, locally controlled, publicly run test, trace and isolate programme that actually works
- Dramatically increasing support including statutory sick pay and universal credit so people don't lose out by following government advice to isolate or as a result of the economic consequences of the pandemic
- Funding proper action and support to address the needs of the most vulnerable groups, including black and ethnic minority people - especially key workers
- Rapidly scaling up mental health services to help the millions struggling to cope amidst this crisis
- Invest in research and care for those affected by 'long COVID'
- Putting the pandemic response before drug company profits by supporting the pooling of all intellectual property and know how on COVID technologies, overriding the monopolies that are artificially constraining supplies and inflating the prices of COVID vaccines
- Reforming the pharmaceutical innovation model to ensure public investment in the creation of new tools to tackle future pandemics
- Fully fund global efforts to end the pandemic everywhere
- Taking action against corporations responsible for the deforestation and climate change which are fueling a rise in new diseases jumping from animals to humans
- Rebuilding public health infrastructure throughout the UK



THE DEMANDS

1. **GIVE EVERYONE AN EQUAL CHANCE TO ENJOY THE FREEDOM OF A HEALTHY LIFE**

Over the last decade patients have seen quality healthcare erode within the NHS. Overworked staff have tried to cope as cuts and top-down reorganisations have resulted in people's rights to health services ending, waiting times lengthening and facilities closing. The NHS has been forced more and more to do the bare minimum for its patients.

But simply being patched up and sent back into the world isn't good enough. It never was. Targets and cuts have made things worse. The NHS needs to do a much better job of treating the whole human being - not just body parts. This is increasingly accepted as the right approach - but we need to redesign the system so that staff have the time, resources and relationships to do this properly.

'I would really like to see investment in people's well-being from cradle to grave - a proactive rather than reactive approach'
- Workshop participant

The NHS has the potential to give everyone the freedom to live a healthy life. And that starts with all of us having the right to health. But it doesn't end there. The pandemic has exposed the UK's huge health inequalities, rooted in long-standing issues of poverty and racial injustice. Achieving truly universal rights to health means demanding equity, not just equality: recognising and actively redressing these imbalances so that everyone's health is prioritised and protected.

'I want to know that within reason, whatever ailments befall us, the NHS will be ready & able to provide us with the treatment we need, no postcode lotteries.'
- Workshop participant

A healthy life also very clearly requires good mental health as much as good physical

health. This has been widely understood and acknowledged by the government for years - but the investment and prioritisation mental health services need has not materialised. The growing demand on mental health services has led to a two tier system where those who can afford to pay privately for help get it, whilst those who cannot, suffer unsupported. Privatisation has also undermined mental health care, with privatisation going further, faster in inpatient mental health than any other part of the NHS. As COVID and the lockdowns take a huge toll on the nation's mental health - [one fifth of the English population are expected to need support](#)² - we will need to make dramatic interventions to avert an ever deepening crisis.



CASE STUDY

CAROL'S STORY

Three members of my family died due to Coronavirus, all three were male and all three were black. It was shocking to see that black men were up to four times more likely to die from coronavirus than white men of similar ages. First my uncle died. He was a man of the community - he was able to give many men and women an opportunity to work if they were down on their luck. His funeral would have been really big, unfortunately, only 10 people could attend.

With the death of George Floyd and the mood of the country, it has been really hard. The Government makes really dismissive remarks. We're made to feel as though it's our fault that more of us are dying. But austerity and cut after cut impacts us more. It magnifies the disproportionality of health, wealth, employment, over-policing, stop and search and housing. There have been so many reviews and so many reports. But recommendations are rarely followed through!

I worked as a nurse through the start of the pandemic. It was emotional, physically, and mentally exhaustive. I am tired, and drained. I just wish we could go back to the basic values of the NHS to treat everyone equally. The NHS was never meant to choose who they treat by the colour of their skin. I want it to be the envy of the world again.



Key actions needed to achieve this vision include:

- **The right to health enshrined in law.** A new legal protection for everyone in the UK, no matter who you are. The right “of access to preventive health care and the right to benefit from medical treatment” was contained in the [European Charter of Fundamental Rights](#).⁸ Now the UK has left the EU we must establish this right at a national level.
- **Mental health spending must be doubled.** Just 13% of NHS England’s spend is focused on mental health despite it accounting for [28% of the disease burden](#).⁹ The strain of this pandemic is causing a further rise in demand for care. So this investment must be dramatically increased to meet people’s needs, along with spending to build and renovate the facilities needed to provide good care. Mental health legislation needs to be modernised and action to address the racial disparities in care faced by people of colour. Private providers of inpatient care should have their contracts terminated to be replaced with NHS provided care.
- **Investment to deliver equity of health across the country.** Too often budget cuts, perverse performance incentives, and flawed funding formulas have led to patients in different parts of England - as well as across the devolved nations - getting different standards of care. The NHS must guarantee the same access to treatment and care right across the country. Again, this is about equity, not just equality. It is wrong that - on average - a person born in Barnet will live almost ten years longer than someone born in Blackpool. This injustice is also seen at a local level. Within Oxford, for example, people born in the wealthy areas [live 15 years longer than those born in the most deprived areas](#).¹⁰ We must tackle these disparities with additional resources for places facing greater health challenges.
- **Action on racial justice and discrimination.** These inequalities are not just caused by where we live. They mean women have

poorer access to care than men; and Black, Asian and other people of colour have worse outcomes than white people. This is partly down to economic injustice: for example, people facing [riskier work and poorer housing](#).¹¹ But that is not the whole story: it is also about how the NHS communicates with people, how it treats them, whether it really listens to what they are saying about their own bodies, and whether there are people in positions of power who look like them. The NHS was founded in the dying days of empire: today its staff are still disproportionately migrants and people of colour, yet these groups are under-represented in senior management. From the way medical students are trained to the way complaints of racism are handled, the system needs to be overhauled. We need a full review and plan developed by patients and staff of colour to overcome structural racism including: targets for representation of people of colour in leadership positions; scrapping [Prevent](#);¹² and making it safer for staff and patients to report racism without fear of repercussions. [Healing Justice London](#),¹³ [Decolonising Contraception](#)¹⁴ and [Race and Health](#)¹⁵ are some of the groups doing important work on these issues.

- **An end to the Hostile Environment.** The NHS should be there for the most vulnerable and marginalised amongst us. So it is wrong that people who need the care of a doctor fear seeking their help. To fulfil the promise on which it was founded, the NHS should be free at the point of use for everybody - so that no matter who you are, you get cared for. The ‘Hostile Environment’ has eroded this principle, with migrants now subject to charges, ID checks and data-sharing with the Home Office. During the COVID crisis, many migrants have been effectively excluded from NHS care because they are so fearful of being charged extortionately high bills for their treatment, or of being reported to immigration enforcement and subsequently detained or deported. The result has been avoidable deaths, and many needlessly suffering with illnesses that need treatment.

This is a scandal and a tragedy. NHS staff should not be made to enforce immigration rules - they should be free to treat all patients as equals. By ending the hostile environment in the NHS, and other public services, we can improve everyone’s health. We support the work of allies like [Docs Not Cops](#),¹⁶ [Migrants Organise](#)¹⁷ and [Medact](#)¹⁸ on these issues.

- **Learn the lessons of COVID.** To achieve this transformation we have to acknowledge and learn from our failures. This is particularly urgent as the pandemic is ongoing. The government should heed the demands of the [COVID Bereaved Families for Justice](#)

[campaign](#)¹⁹ and undertake an immediate and transparent, independent public inquiry into the handling of the pandemic. It must look at the errors in decision making during the crisis - but also the long term causes of vulnerability including NHS funding, dismantling of public health infrastructure and the profit-centred pharmaceutical innovation model.

“Where I can trust that I will get as good care as my white neighbour and live a long, healthy life just the same as him?” - Workshop participant

“If you say you have suffered racism, it should be believed” - Workshop participant



CASE STUDY

JUSTICE FOR SIMBA

A few days before his 30th birthday, Simba suffered a stroke that left him in a coma and paralysed on his left side. When he woke up in intensive care, the hospital presented him with a bill for £93,000 for the life-saving treatment he received. Simba has lived in the UK since he was a child, but because of his immigration status he is charged 150% of the cost for his NHS care. It's likely Simba would not have had a stroke if he had been able to access the NHS services he needed. He has a blood clotting condition and had been receiving treatment, but started receiving bills for thousands of pounds for his care, which he could not afford and so stopped his treatment. He did not see his specialist team for months, when he suddenly had a stroke. It was then that he received his bill for £93,000.

Following the stroke, and in coalition with other campaign groups in Sheffield where he lives, Simba and his partner launched the Justice for Simba campaign, aiming to overturn the charges for his treatment, and to challenge the Hostile Environment in the NHS.

Hostile Environment policies have created untold harm during the pandemic. One man known as Elvis, a Filipino cleaner who had lived in the UK for 10 years, died in his home of suspected coronavirus without seeking any help because he was so fearful that if he made himself known to a doctor, he would risk himself or his wife being deported.

A rapid research report during the pandemic found that migrants are not coming forward for healthcare in the pandemic because of the Hostile Environment, and that the charging exemption for coronavirus is not working.²⁰

More information: Patients Not Passports (www.patientsnotpassports.co.uk), Justice for Simba (www.facebook.com/justiceforsimbashffield)



2. AN NHS THAT LISTENS - RUN BY THE PEOPLE, FOR THE PEOPLE

We all feel a deep affinity for our NHS. It is there for us through the most difficult and uplifting moments of our lives. It is one of the few things that unites us - with everyone, right across the political spectrum, agreed on the need to safeguard its future.

But most of us have also, on occasion, felt a sense of frustration at how we have been treated; saddened by the care loved ones have experienced; or confused by the complicated web of services we've had to navigate. As grateful as we are for the expertise of doctors and nurses, we also know that it creates a power imbalance that can sometimes leave us feeling helpless and unheard. The NHS can do a much better job of consistently treating patients with dignity and respect.

That respect should flow from direct, deep and consistent involvement in the design and delivery of NHS services. We want to be involved in our healthcare and in our communities - not treated as healthcare shoppers making 'choices'. But empowering patients is not at odds with empowering staff. Freed from the pressures of micromanagement and the stress of understaffing, NHS staff could have the time and the trust to build relationships with patients, working out their needs and how best to meet them. By 'co-producing' care and treatment programmes collaboratively between patients and staff we can improve outcomes, reduce tension and increase efficiency.

Local communities, patients and frontline staff - with input from relevant health experts - know best how to meet people's needs in their areas. We've seen through the pandemic that local public health teams have been much more effective at contact tracing than far-away private call centres. We need to combine universal rights and guaranteed standards of care with local participation and control. We need to decentralise

power and put it where it belongs, in the hands of those who use the NHS and those who keep it running.

At the moment, we have the worst of both worlds: our healthcare system has been fragmented and eroded by privatisation, yet it is still overly centralised, bureaucratic and top-down. The catastrophic failure of Serco's test-and-trace system is a perfect example of this. We want to reclaim the NHS as a public service, but also reimagine and redesign it for a new era of democratic public ownership.

"I'd like to understand how decisions get made in the NHS - the complexity and opacity of decision making is so infuriating"
- Workshop participant

"If you have a family GP it is easier to build a relationship - with locums coming and going this is not conducive to opening up"
- Workshop participant

"We need an end to people managing healthcare services who've had no experience of healthcare"
- Workshop participant

The New Deal for the NHS must include:

- **New approaches to care built around consistent long-term relationships between patients and healthcare workers.** Reinvesting in primary care - ensuring patients can see the same GP from month-to-month and year-to-year is critical. We can learn from examples like the [Dutch Buurtzorg model](#),²¹ where staff work collaboratively in non-hierarchical teams to support people as individuals, drawing on the resources of their wider communities. In the UK, organisations like the Equal Care Co-op (see box) have

brought this ethos into social care in a way that also focuses on empowering care users.

- **Localised decision making.** Too often consultation with NHS users is a formality that has little consequence or doesn't happen at all. By creating transparent and democratic structures that put patients, frontline staff and locally elected councillors in charge of shaping and delivering care for the communities they live in we can ensure the NHS is responsive to the needs of local people. By combining localisation with universally enforced standards of care, we can redress geographic imbalances and make sure that everyone has access to the best care, no matter where they live.
- **Create proper accountability for those in decision making authority.** Right now the choices being made about our care are taken by an opaque network of management consultants and committees. Under a veil of secrecy a huge overhaul is already underway to create new Integrated Care Organisations and there is serious concern that there will be little transparency or accountability in these structures. They also carry significant risk of conflict of interest - especially when private healthcare providers could get a seat at the decision making table. We need proper transparency, patient and worker representation, democracy, and integration with local government in NHS decision making structures. The scrutiny of these changes by the [Centre for Health and the Public Interest](#),²² [Open Democracy's Our NHS reporting](#),²³ and the campaigning of [Health Campaigns Together](#)²⁴ are crucial to guard against reforms that reduce our voice in the NHS and accelerate privatisation.
- **Stop the secretive plans for a 'radical shake-up' of the NHS, and proposed NHS legislation, in favour of a completely transparent process focused on making the NHS a truly public service.** Legislation facilitating the creation of Integrated Care Organisations is expected to be tabled by the government in the coming months. In

their current form the proposals will fail to properly solve the damage being caused by the competitive, financialised systems which are undermining the NHS - and carry the grave risk that they will make things worse by allowing accelerated privatisation with [less safeguards than we have today](#).²⁵ Changes could be even worse if the past statements of [a small, secretive group of advisors working within 10 Downing Street](#)²⁶ on further far-reaching reforms of the NHS are reflected in [government plans](#).²⁷ These processes should be halted and replaced with proper public consultation to develop, then deliver, a plan for a truly public NHS, [reflecting the aims of the NHS Reinstatement Bill](#).²⁸

- **Sharing power over service design and delivery.** Patients must be involved in democratic decision making at every level of the NHS so the services properly reflect their needs - this will require time and resources to change how we create and decide on health care provision, and investment in the leadership of patients. These changes should build an NHS ethos aligned with the "Nothing about us without us" principle which has shaped successful health interventions - in particular the HIV response. Patients in such positions must themselves be accountable to the community.
- **Free patients and front line workers from arbitrary targets to enable co-production.** The idea of 'co-production' has been gaining growing acceptance within the NHS, but has yet to become the norm - often because this collaborative way of designing services led by patients and staff sits in contrast to centralised target setting. There needs to be a big shift from this top-down micromanagement to community-led decision making, reinforced by trust in NHS staff to facilitate the creation of a health service that meets our needs. Central oversight should focus on health outcomes, not arbitrary targets - giving staff and communities the space to innovate in how they meet these outcomes. [The New Economics Foundation](#)²⁹ has done some

pioneering work in this area.

- **Reintegrate NHS services.** The NHS has become increasingly fragmented, with the need for expensive and bureaucratic commissioning and tendering processes through what's known as the internal market hugely expanded by the disastrous reforms

implemented by the coalition government in 2013. This fragmentation wastes resources, but also makes it unnecessarily complicated for NHS patients to navigate between a myriad of poorly connected and coordinated service providers - it has to be fixed.

CASE STUDY

EQUAL CARE CO-OP³⁰

Equal Care Co-op is a platform co-operative with a mission to "put power in the hands of those who matter most - the people who give and receive care and support". Emma Back, one of the founders, had worked on tendering and designing social care services, and noticed that "power over how services are delivered sits with commissioners and managers. It's rare for people on the front-line to be in charge." She and her team set out to change this by building a new way of organising care and support. Their model is based on self-governing teams, with the person receiving support at the top, selecting their other team members: a mix of paid workers, family members and community volunteers. Equal Care focuses on building lasting, respectful relationships - so people see the same person day in, day out, not a constant stream of different workers rushing between appointments. Workers are paid a decent wage and teams have the freedom to organise themselves without constantly having to refer decisions up a management chain. Equal Care uses a model of decision making known as sociocracy, or dynamic governance, where decisions are based on consent. This extends to their technology as well. They have built a co-owned platform to facilitate the self-managing teams and caregiving relationships, enabling choice and control to remain with the people receiving and giving care and support. They believe that this more empowering, human-centred approach could offer a model for doing things differently - not just in social care, but the NHS as well.





3. TACKLE THE ROOT CAUSES OF POOR HEALTH

The pandemic has proved how fragile our lives and economy are. Without good health, all that holds us together - our families, friends, and livelihoods - can rapidly fall apart. It makes sense that we make giving everyone the freedom to live full and healthy lives the central focus of our economy and government.

The pandemic has also put public health in the spotlight - showing how the causes of poor health are never purely individual but always social. We cannot isolate our own health from our neighbours' health, or from our economy: they are intertwined. And the reasons why some groups and some places have been hit disproportionately hard by the virus are fundamentally not medical but social and economic: being stuck in poor housing, exposed to risky frontline work, or unable to afford to self-isolate. The NHS must shift its focus towards preventing people from getting sick in the first place, as well as helping them when they do.

But it cannot do this alone. Most of the things which influence our health are outside the doors

of the NHS - and if we simply expect the NHS to keep picking up the pieces of problems created elsewhere it will be constantly overwhelmed and under-resourced. Tragically, public health funding has been slashed over the last decade - decimating the capacity of support services and interventions which keep us healthy. Now, the government has made things even worse by abolishing Public Health England in the middle of a pandemic - with questions remaining over who will take on many of its health protection functions, such as tackling obesity. A New Deal for the NHS means the spirit and goals of the NHS reaching out to improve people's lives in a much broader range of ways.

- **We need the economy to serve health and wellbeing.** The NHS should never more be seen as a burden on the state finances - instead creating good health and happiness amongst the population should be the purpose of the economy. We need to shift from assessing political and economic success by the crude measure of growth, and instead focus on how well, how happy it makes the

country. Health Equity impact assessments should be carried out on all major policy decisions all across government to ensure they will [positively impact on our wellbeing](#),³¹ and public health frameworks should be embedded in all government agencies as argued by [Common Wealth](#).³² For example, this should recognise that working a low wage, insecure job is bad for your health - we cannot build a strong recovery on the idea that 'any job is better than no job'.

- **Power to demand action to tackle the things making us sick.** The NHS, along with a new aligned and properly financed public health body, should be able to mandate action by local authorities and other bodies to tackle societal causes of ill health - such as forcing landlords to fix damp or councils to address air pollution, for example through the creation of low traffic zones and improvements in public transport. Different parts of the system need to work together to tackle the root causes of ill health in a place. In the nineteenth century, infectious diseases like cholera were brought under control not by medicines but by improved access to clean water and sanitation. This is the ethos we must rediscover today. Allies like [Acorn Community Union](#)³³ are doing important work protecting renters facing poor health as a result of as a result of bad housing - this work, organising communities, should be resourced and expanded to help tackle a wide range of health challenges people face. The dramatic increase in overall NHS funding needed, must be matched by a sharp increase in funding made available for councils to deliver public health.
- **Give doctors the ability to fix the root cause, not medicate the symptom.** Where underlying economic and social issues affecting peoples' health have not been addressed by broader policy action, or if fixing those systemic problems is taking a long time whilst patients suffer, NHS doctors and other health workers should be able to significantly increase social prescribing (see box). Rather than medicines that might act as a sticking plaster on an issue, they should be empowered to address the
- **Support, don't punish.** The NHS and Department of Health & Social Care should take over responsibility for drug policy and care from the Home Office - mirroring other nations' effective actions to reduce the broad societal harms caused by current drug policies. Drug use should be seen as a health issue, not a criminal justice issue. There should be a dramatic increase in preventative interventions from sexual health to smoking cessation to drug and alcohol services to minimise the harms they cause to public health. The ideas and actions of [Transform](#)³⁸ and [Health Poverty Action](#)³⁹ are vital.

root causes of patients' ill health including loneliness, poverty and homelessness. Whilst not a substitute for tackling these causes preemptively at a whole-community level, compared to traditional approaches it can improve outcomes and save money for the NHS. This has to be properly financed so that partner organisations - particularly those in the charity sector - are adequately resourced; and should not require GPs to become experts in home heating - but rather allow them to refer a patient on to a specialist who can oversee the installation of a boiler as a consultant might oversee a treatment. Furthermore, use of this approach should be monitored closely to ensure it is delivering for patients, developing solid evidence of the impact it has.

- **An NHS that works to create a sustainable future.** The NHS must also recognise the critical impact of the environment on our health - climate change will worsen our health and inequality in the UK in the years ahead and its impact will steadily grow without action. By shifting its investment and spending decisions the [NHS can act as an anchor institution](#)³⁴ to support local green jobs, improve the health of the community, [\(link\)](#) and help bring an accelerated transition to carbon neutral status by 2030. This New Deal for the NHS must sit alongside a Green New Deal that transforms how we think about [our economy, climate change and public health](#).³⁵ [Possible](#)³⁶ and [Build Back Better](#)³⁷ are doing critical work on these issues.

CASE STUDY

PERSONAL STORY FROM THE LISTENING PHASE

During this pandemic, I have been evicted, I have lost my job and at times, I have gone hungry. I always thought that the NHS would be there for me whenever I needed it. Yet when I experienced a mental health crisis because of what had happened to me during the pandemic, the system was not there for me. I've been stuck in a waiting list to receive treatment, and I have no clue when I will get the help I need. In the meantime I've been left to deal with the situation on my own. I'm struggling to cope

CASE STUDY

BOILERS ON PRESCRIPTION

In 2014, a ground-breaking pilot project in Sunderland saw family doctors radically change the way they treated patients with respiratory conditions, like asthma. Instead of prescribing inhalers to manage the symptoms of these conditions, they prescribed loft insulation, double glazing and new boilers - fixing the cold, damp homes that were causing the problem in the first place. Participants in the trial visited their GPs, outpatients and A&E departments significantly less - improving their health, saving the NHS money, as well as saving an average of £30 a month on their own energy bills. As one patient who took part in the trial said, "We're able to heat the whole house for the first time in god knows how long, it's unbelievable."⁴⁰

The scheme attracted interest from other parts of the NHS and the concept of 'social prescribing' has now become more commonplace - although there is still a long way to go before it becomes the norm. It showed that tackling issues like fuel poverty can be a win-win: improving people's health in a cost-effective way, while also having wider benefits for their wellbeing and the environment. But as transformative as social prescribing can be, solving problems in this way is always likely to be insufficient. We also need to prioritise large scale action to tackle the root causes of ill health at a whole-community level - not just for individuals who show up at the doctor's with a problem.

'Boiler on prescription' scheme transforms lives and saves NHS money

Pilot project in Sunderland hailed a success with GP and outpatient visits reduced by a third and heating bills cut by £30 a month



▲ This trial boiler on prescription scheme in Sunderland was seen to make a 'massive' difference to people's lives, raising temperatures by 3C and saving £30 a month. Photograph: Gentoo

Family doctors prescribing double glazing and loft insulation for patients living in cold, damp homes can transform lives and slash the huge sums spent by the NHS on cold-related ill health, a ground-breaking trial has shown.



4. FULLY FUND OUR HEALTH AND CARE, RESPECT AND VALUE NHS STAFF

At present more than 90% of NHS leaders say they don't have the funding they need to [provide a safe, effective service to patients](#).⁴¹ This is an outrage. A decade of underfunding has seen plummeting standards of care and huge increases in pressure on NHS staff who are leaving their jobs in record numbers. We cannot sustain and improve the health service with these austerity budgets. Recent increases have resulted in moderate improvements in the NHS' ability to provide adequate care - but it is completely insufficient, simply undoing some but not all of the harm that has been done, and failing to close the gap in health spending with countries like [France and Germany](#).⁴² If we want to restore the reputation of the NHS as a world-class healthcare system, we need to go much further.

Ultimately, all NHS and social care depends on the people who provide it. But staff morale is at an all time low, with record numbers of vacancies and health workers leaving the service in droves. Doctors, nurses and other key workers have shouldered much of the responsibility for keeping the NHS running in the midst of relentless funding cuts and restructures - often working long after their shift ends to ensure patients are cared for. COVID has meant thousands of NHS workers have worked through a relentless, traumatic year. They deserve fair pay and conditions, and the freedom and trust to do their jobs - able to spend their time caring for patients, not navigating endless paperwork and management processes. Frontline staff should be leading decision making in the NHS alongside patients.

- **Fund health like it really matters.** We have been reminded that nothing is as important as our own health and the health of our loved ones. But the UK has the second lowest level of healthcare spending per person in the G7. We must increase health spend by 1.5% of GDP to match France and Germany so

we can also match or surpass their numbers of health workers, beds and scanners. This equates to [£33bn additional investment every year](#).⁴³ Achieving this increase will require far-reaching reforms to end tax avoidance by corporations and the rich, and to create a fairer tax system that properly targets the wealth accrued by the richest - especially during COVID. This might sound like a lot of money, but when [£22bn has been wasted](#) on a completely ineffective COVID test and trace programme⁴⁴ it makes the cost of a health system that can properly care for us when we need it seem reasonable. We also need to double spending on NHS buildings to [match comparable European countries](#).⁴⁵

- **Respect NHS staff.** Give all front line NHS workers a [15% pay rise](#)⁴⁶ and implement safe staffing ratios across all NHS facilities so that nurses are able to properly care for patients. To achieve this we need a huge increase in nurses to plug the 40,000 vacancies - so as well as retaining the ones we have we must scrap student fees and reinstate the bursary to support a new generation of nurses. All the health unions and groups like [Nurses United](#)⁴⁷ and [Every Doctor](#)⁴⁸ led by health workers are doing vital work to improve the NHS.
- **Give frontline staff the power to shape services.** Staff morale is only partially about pay and conditions. Health workers often know better than anyone what needs to change to improve efficiency and patient care but their voices are rarely heard by leadership. This can be extremely demoralising - there needs to be proper systems for staff to input on decision making including representation of frontline and junior staff in senior decision making forums.
- **Fight corruption, support transparency,**

protect whistleblowers. The scandal of dodgy deals to supply PPE done with the friends and donors of the government is an outrage. The chumocracy must be ended with proper accountability and transparency as argued by Transparency International ([link](#)) and the Good Law Project ([link](#)). Blowing the whistle and speaking out when things are going wrong should be actively encouraged within the NHS, but too often doctors have been persecuted for alerting the world to a problem. A full set of protections must be put in place to make speaking out - including altering the media to the reality of what is happening within the NHS - safe and the standard culture.

- Reverse the damaging outsourcing of NHS

jobs. Outsourcing leads to worse standards of care - including higher rates of MRSA superbugs - by allowing corporations to profit by cutting corners and workers rights. We need to end outsourcing of contracts and follow the lead of St Mary's Hospital Trust and Great Ormond Street Hospital in London in bringing all outsourced workers back in-house with [full NHS pay and conditions](#).⁴⁹ Whilst most outsourcing was motivated by cost-cutting, insourcing can [actually save money](#) for NHS trusts and [improve quality](#).⁵⁰ Better conditions for NHS cleaners, porters and catering staff result in better care for patients. [United Voices of the World](#)⁵¹ are doing incredible work to reverse outsourcing in the NHS.



CASE STUDY

ST MARY'S HOSPITAL TRUST IN LONDON

For years, cleaners, caterers and porters at St Mary's Hospital in London were outsourced to a French multinational company, Sodexo. Sodexo paid these workers less than the London living wage. Workers were frequently not paid on time, got no extra money for working overtime, no sick leave and were forced to work conditions that were sometimes unsafe.

In October 2019, United Voices of the World, a member-led trade union, supported over 200 workers in coming together to fight for their rights. Their demand was to be made direct employees of the NHS and to receive the same pay and conditions as all other NHS staff. Workers were told their demands were 'impossible'.

But workers took direct strike action, they occupied corridors in the hospital, they stormed into an executive board meeting to make the NHS managers who had outsourced them listen to their experiences of working for Sodexo and more. Eventually the 'impossible' became possible and these workers were given NHS contracts - the first time this has ever happened in the NHS. Not only are 1200 of these workers now employed by the NHS, they were given a minimum pay rise of £10,000, receive full sick pay and their terms and conditions of work have significantly improved!



👤 5. OUR CARE IS NOT A COMMODITY: STOP BIG CORPORATIONS RIPPING OFF OUR NHS.

The NHS was created to put into practice our shared value that health matters more than wealth. Regardless of economic circumstances we all have an equal right to treatment and care. We have an instinctive moral opposition to people seeking to profit from ill health - and we are outraged when corporate executives and shareholders act to increase their profits, particularly when they come at the cost of the lives of NHS patients.

There are countless tragic stories of lives lost or irreparably damaged as a result of private sector providers failing in their responsibilities to provide safe, effective care - from botched surgeries, to neglect of patients, to abandoned contracts.⁵² Mental health services have been subject to more extensive privatisation than any part of the NHS, and patients have suffered as a result, with 28 privately run mental health units judged to be inadequate, according to a 2019 report,⁵³ with often heartbreaking consequences for those in their care.

The COVID pandemic has exposed familiar failings from private sector providers, as cosy relationships with politicians helped businesses to win government contracts, at colossal expense to the taxpayer, for appalling service that endangered patients' lives. This story has been repeated over and over again over the last twenty years. The ideological commitment to privatisation is deeply damaging the NHS - as the evidence shows the quality of care patients receive is worse, pay and conditions for staff are gutted, and yet it still costs the NHS more.

Meanwhile the pharmaceutical industry is busily preparing to profit from the pandemic. Vaccine researchers were working on potential coronavirus vaccines years ago using public funds. But rather than invest to get them ready

for use in a pandemic like the one affecting the world now, big pharma didn't see enough potential profit to be made in the short term so those vaccine candidates gathered dust on the shelf. Instead the industry invested heavily in lobbying to prevent reforms to their business model that could have made us better prepared for COVID.

The vaccines now being rolled out in the UK have mostly been paid for with the public's taxes, but big pharma has still secured monopoly control over these vital tools meaning they decide who gets access, and at what price. This is putting the global pandemic response - and millions of lives - at risk. [Around twice as many people will die from COVID](#) if vaccines are distributed globally based on wealth rather than need.⁵⁴ As far too many NHS patients have witnessed first hand - when the profit motives of the industry do not align with the public ethos of the NHS - unjustifiably high prices leave life saving medicines out of reach.

- **Profiting from health is not acceptable.** We must restore the NHS as a truly public service, ending the privatisation of health and removing for-profit private providers from the system. [We Own It](#)⁵⁵ and [Keep Our NHS Public](#)⁵⁶ are close allies in this fight.
- **Prevent private providers from having a say in how NHS money gets spent.** New Integrated Care Organisations are set to transform, once again, how NHS England functions. They are being sold to us on a promise of more coordination in how the service is run and a reduction in wasteful competition, but they also risk reducing scrutiny of existing and future privatised services and open up the unacceptable possibility that private healthcare

CASE STUDY IZZIE'S STORY

At the age of six, I was diagnosed with cystic fibrosis (CF), a life shortening, chronic condition. I was told that my life expectancy was just 37 years. I wanted to dedicate those years to writing, boxing and taking care of my nan. But instead, I've spent the past five years campaigning tirelessly for better access to healthcare and a life changing CF drug, Orkambi.

Vertex, the drug company that manufactured the medicine, had put such a high price on it that the NHS simply couldn't afford it. Because the drug company put profit before lives and held a monopoly on this medicine, I was unable to access it - and hundreds died without access as Vertex held out for more money.

Alongside other patients, I campaigned for access and at the end of 2019, threatened with their monopoly being broken, the drug company lowered their price. Last year I got access to better CF treatment, along with thousands of other NHS patients.

But then COVID hit. My CF makes me extremely vulnerable so I've been shielding for most of the last year - my life on hold until I get the vaccine. But again the profit centred actions of the pharmaceutical industry are putting millions of lives at risk, as vaccines developed with taxpayers money are under the monopoly control of companies focused on selling to those with the deepest pockets, not the greatest need.

My life could be completely transformed if drug companies put people before profit, and if I did not have to constantly fight for access to better healthcare. There is both a moral and economic necessity to bring an end to profiteering from the NHS - without it we patients will get better, fairer care.



corporations will get to sit on boards making decisions about how the NHS budget is spent, and shaping the future of the health service for patients and staff.

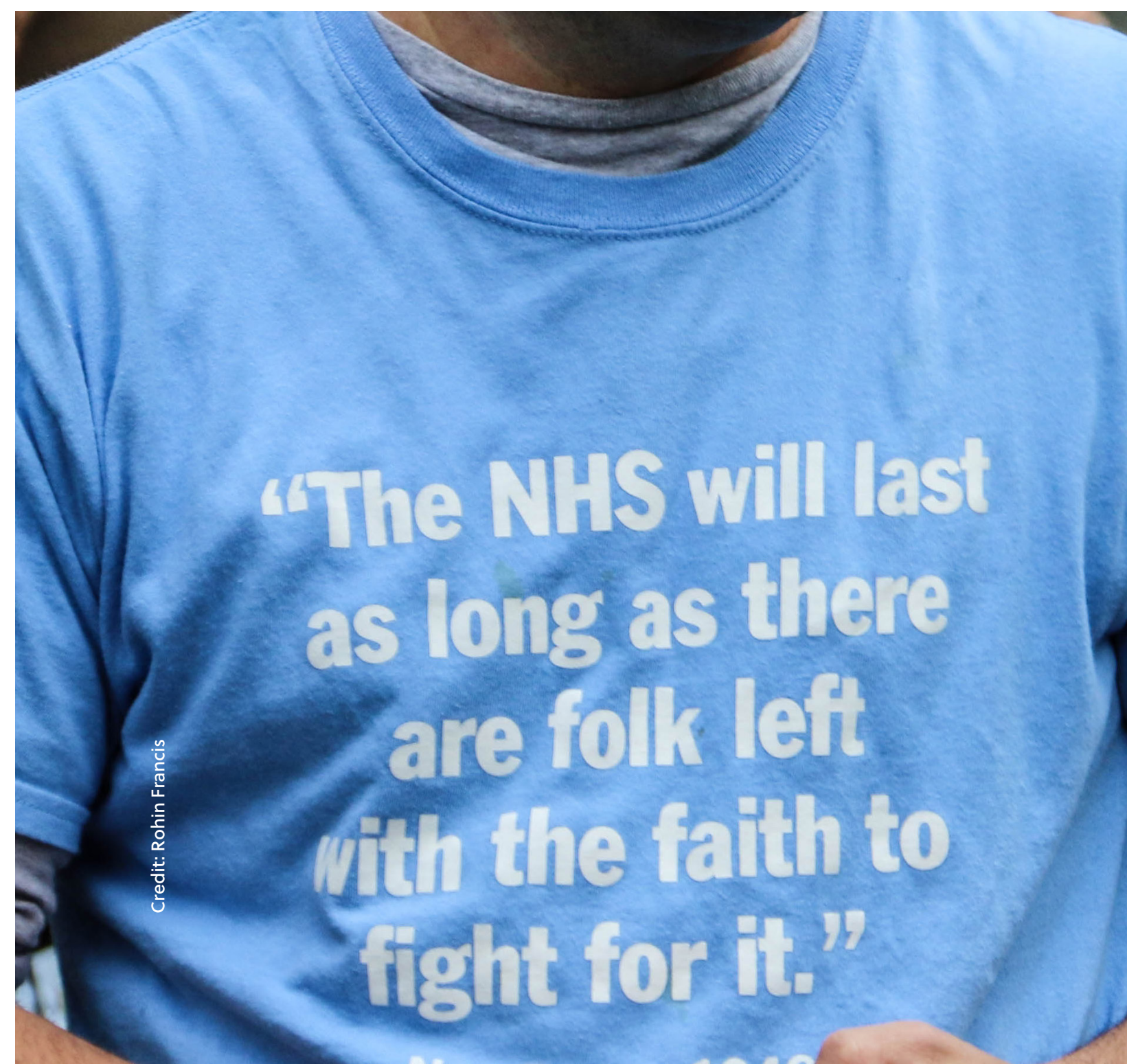
- **The pharmaceutical industry must be overhauled to protect public health.** Big pharma's business model threatens the health of NHS patients all the time, their lives held to ransom as drug companies try to use their monopolies to extract unjustified high prices from the NHS. Whilst scientists have done an incredible job to develop vaccines for COVID in record time, the innovation has largely happened thanks to public funds and public laboratories. But taxpayers' investment has not been recognised, and big pharma have still got monopoly control of the vaccines meaning supplies are more limited than necessary, and profit-driven pricing puts the jabs beyond the reach of billions around the world.
- We must end monopolies on COVID tests, vaccines and treatments so everyone gets fair access as quickly as possible.
- The government must also act to protect NHS patients from unscrupulous drug companies who charge unaffordable prices for any medicine by using their legal powers to override big pharma monopolies when necessary.
- The government should learn from the successes of COVID and invest in publicly funded drug development and manufacturing to serve the NHS. It should initiate a wholesale review of the incentive system for medical innovation, exploring alternatives to high prices as a way of paying for pharmaceutical innovation, such as prize funds.
- **Take control of our health data.** New health technology holds the promise to make us healthier and the NHS more efficient. But the rapid expansion of big tech and big data within the NHS and UK healthcare is deeply troubling. It is being done secretly, without proper consent or debate, with ministers

using COVID as a cover to rush through [deals giving firms access to our health data that we know almost nothing about](#).⁵⁷ We risk locking the NHS into a private sector, surveillance capitalist model where we rely on large corporations with terrible track records on privacy and human rights to deliver healthcare long into the future. As a basic principle, it should be made clear that no one's care should be contingent on sharing their data. Big data should be made a public resource - not handed over to tech giants to be turned into a private commodity. Instead, we should develop a sovereign public data fund, informed by extensive public consultation and democratic debate, to steward our data, protecting our privacy and anonymity while also harnessing big data's potential to improve our health. The NHS must guard against big data monopolies by stipulating every contract must have at least three suppliers. And we must build the capacity of the NHS to develop and oversee the creation of more artificial intelligence technologies in-house, so the resulting technology is informed by our doctors, tailored to NHS patients, and owned and used for the public good. [Foxglove](#)⁵⁸ and [MedConfidential](#)⁵⁹ are important allies in protecting NHS patients from the threat posed by unaccountable big tech and data firms.

- **Stop trading away our NHS.** We must exclude the NHS and all policies linked to medicine pricing and access from all trade agreements - particularly the US-UK deal currently being negotiated. These trade deals have a damaging track record of undermining health, access to medicines and public services more broadly. We need full transparency of the negotiations and proper parliamentary accountability so the public can have a say in the dramatic changes arising from such deals. [Global Justice Now](#),⁶⁰ [STOPAIDS](#)⁶¹ and the [Trade Justice Movement's](#)⁶² work on this is critical.
- **End the outsourcing of strategic decision making to management consultants.** COVID

exposed the devastating consequences of the [hollowing out of the NHS](#).⁶³ The last 30 years have seen a steady decline in the expertise and capacity of strategic specialists within the NHS, as budget cuts have forced decision makers to scrap roles held by long standing institutional experts. We have been forced to turn to the big accountancy and management consultancy firms, spending huge amounts of taxpayer money to oversee

NHS decision making and planning - often despite a chronic lack of knowledge. We need to rebuild the in-house capacity of the NHS to manage complex projects - harnessing the experience of those on the frontline, and in line with the values of public service - not relying on or copying the private sector. The [UCL Institute for Innovation and Public Purpose's](#) analysis of this challenge is important.⁶⁴



A NEW DEAL FOR SOCIAL CARE

Though our main focus is on a New Deal for the NHS, the pandemic has shown us the dangers of fixating solely on the NHS itself at the expense of other parts of the system - such as public health and, crucially, social care. While politicians urged us to stay home to 'protect the NHS', we all witnessed the devastating effects of COVID in our care homes. It is a source of national shame that we are still not providing safe and dignified social care for our elderly, or proper support for disabled people to live independently. We must guarantee comprehensive social care and support services for all - effectively joined up with the NHS so that the whole system works together to support people's needs.

Like the NHS, social care should be a public service that gives everyone the right to a decent, independent and healthy life - regardless of ability to pay. But, just like the NHS, achieving this requires a major overhaul of the way the system works.

THIS MEANS:

-  A universal right to access care services, and a legal right to independent living for disabled people
-  A system that is fully funded from progressive taxation and free at the point of use
-  A holistic approach that supports people to live good lives and be part of their communities - encompassing housing, transport and workplaces, not just care homes and personal care
-  Kicking out extractive private providers and replacing them with locally accountable public, democratic and co-operative solutions
-  Co-design of care and support services by local authorities, service users and frontline workers
-  Expanding and protecting the rights of unpaid carers
-  Dismantling immigration rules that treat care work as 'unskilled' and push undocumented migrants into the grey economy.

We support the efforts of care workers and disabled people's organisations such as [ROFA](#)⁵⁹ and [DPAC](#)⁶⁰ to win a national care and support service based on these principles. A New Deal for the NHS and a new deal for social care must go hand in hand.

WHAT NEEDS TO HAPPEN NEXT

FOR THE PUBLIC AND SUPPORTERS

This radical set of demands could turn the crisis of COVID into a long term transformation in the NHS and the health of the nation. But to take this opportunity we need to organise a patient-led movement of people who love the NHS, the like of which has never been seen before. There are powerful forces using this crisis to further weaken the NHS and see it as a chance to finally put the profit motive at its heart. We need you to get involved to stop them.

There are so many ways to take action. Join Just Treatment and our allies in this fight to win a better future for the NHS after the rainbows: signup at NHSNewDeal.org to get involved and help build a powerful movement for the NHS New Deal.

FOR DECISION MAKERS

You have seen the importance of your own and everyone's health to our society, economy and our nation's future. You have also seen the NHS overwhelmed - deeply damaged by decades of underfunding and destructive policy making. It is too important to let this moment slip. We need your support for these demands. Pledge your backing for the NHS New Deal and get involved in the effort to build a better future of the health of our country. Get in touch: hello@justtreatment.org

FOR ALLIED ORGANISATIONS AND MOVEMENTS

These demands were built upon the ideas and actions of many amazing organisations - lots of whom have pledged their support. If you would like to add your name to our list of allies, get in touch (hello@justtreatment.org) and we'll reach out to explore how we can coordinate with you in this fight.

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We've included a campaign poster opposite - if you can, please print it out and stick it in your window to show you support an **#NHSNewDeal!**



**WE SUPPORT
THE
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DEAL**



NHSnewdeal.org

Endnotes

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