THREE GREAT STORIES ON OUR NHS FROM THE 'i' NEWSPAPER

NHS A&E attendance twice as high for people in the most deprived deprived areas compared to wealthiest

Of the population living in the poorest areas, some 3.1 million people in England went to emergency departments last year

Paul Gallagher; Thursday September 12th 2019

More than twice as many people go to A&E in deprived areas compared to the richest parts of the country, official figures reveal. Of the 10 per cent of the population living in the poorest areas some 3.1 million people in England went to emergency departments last year compared with 1.5 million people in the least deprived areas.

NHS Digital's figures also show that attendances for the 20 per cent of the population living in the most deprived areas accounted for 27 per cent (5.9 million) of all A&E attendances.

The report brings together newly published data from NHS Digital's Hospital Episode Statistics (HES) with previously published data from NHS England and NHS Improvement's A&E Attendances and Emergency Admissions Monthly Situation Reports. It includes attendances from all types of Accident and Emergency departments ranging from major A&E departments, single specialty, consultant-led emergency departments to Minor Injury Units and Walk-in Centres. HES data in the report shows for 2018/19 reveals that Monday is the busiest day of the week and the most popular time of arrival is between 10am and 12pm.

Patients arriving from 8am to 10am generally spent the shortest time in A&E with 16 per cent of patients arriving between 8am and 8:59am spending one hour or less; and 90 per cent of arrivals between 9am and 9:59am spending four hours or less.

HALF A DAY WAITING

Looking at all arrival times, 1.5 per cent (330,000) of all attendances in 2018/19 spent more than 12 hours in A&E, compared with 1.6 per cent (333,000) the previous year.

There was a 4 per cent increase in attendances to A&E during 2018-19 (24.8 million), compared to 2017-18 (23.8 million) and a 21 per cent increase since 2009-10 (20.5 million). The average growth per year over the period since 2009-10 is two per cent, compared with the England population average growth of one per cent per year, over a similar period.

Dr Nick Scriven, president of the Society for Acute Medicine, said the NHS is entering autumn in a worse state than ever before.

He said: "There has been no apparent planning with the total focus on Brexit to the exclusion of all other. Current performance shows activity through summer has been higher than any previous summer – there has been no respite and there will come a breaking point.

"There has been is no increase in beds available across the NHS and no reversal of the decline in numbers over the last decades. Last winter had no extraneous factors with relatively little flu and no real prolonged severe weather – if either or both of those occur this year it will cause havoc.

“I have written to the health secretary and prime minister outlining my concerns and am yet to receive a response, which seems indicative of their attitude towards the real issues facing the NHS.”

An NHS spokesperson said: “Over a busy summer, NHS staff have continued to deliver more care than ever before for those who need it, with 37,000 more people receiving A&E treatment within four hours this August compared with last August.

“July also saw the highest ever number of people in a month benefiting from fast NHS cancer checks, other routine tests and rapid treatment for serious mental health problems, while an extra 1,600 people started planned treatment every day compared to last year, showing that every part of the health service is playing its part in meeting the rising demand for care.”

You can read the report here - https://digital.nhs.uk/news-and-events/latest-news/ae-attendances-twice-as-high-for-people-in-the-most-deprived-areas-as-in-the-least-deprived

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NHS hospitals have been landed with an extortionate £80bn bill on just £13bn of investment thanks to a “toxic” legacy of PFI deals on top of a decade of austerity, a report reveals.

Paul Gallagher: Thursday September 12th 2019

The health service faces a PFI postcode lottery as some trusts are forced to spend up to £1 in every £6 on PFI payments with worrying consequences for patient safety, according to the IPPR think tank. As a result, long-term investment in buildings, maintenance and new life saving technology has been restricted with safety hazards, sewage leaks and falling ceilings now major risks at hospitals, according to the report.

The IPPR analysed the latest HMRC data and found that PFI, the scheme which funded capital spending through private finance, will cost trusts £2.1bn on repayments this year, rising to over £2.5bn in 2030, taking money away from vital patient services. Some areas are spending up to a fifth of their budget on PFI payments with the worst affected trusts being North West Anglia, Sherwood Forest, University Hospitals Coventry and St Helens and Knowsley.

The IPPR report, The Make-do-and-Mend Service: Solving the NHS’ capital crisis, says capital investment has “fallen off a cliff” as trusts have been forced to re-allocate long-term capital funds to patch up day-to-day running costs. In the last four years £4bn of capital funds have had to be reallocated.

The NHS trusts paying the highest rates

Trusts with PFI contracts worth £300m or more (in capital value of the asset at the time it was contracted) spend as much as 17 per cent of their annual income on PFI payments (see table below). Sherwood Forest Hospitals NHS Foundation Trust in Nottinghamshire is the that bears the highest disproportionate capital cost, paying over £50m last year on its annual income of £326m. In 2005 the trust, which runs three hospitals, signed a PFI agreement to build King’s Mill Hospital in Sutton-in-Ashfield, refurbish Newark Hospital and run some services until 2043. The initial cost was £976m but in 2012 it was revealed that had doubled to £2bn and it has since risen again.

University Hospitals Coventry paid more than £89m interest last year, more than 14 per cent of its £379m income. It is the most expensive PFI project in the West Midlands and there is still around £3bn to pay off on the 39-year deal. St Helens and Knowsley Teaching Hospitals NHS Trust paid £51m interest last year, just over 13 per cent of its £338m income. Its PFI partners are Innisfree Ltd, Vinci SA. Medirest and GE, better known as General Electric. The 35 year PFI contract is delivered by NewHospitals, a Special Purpose Company formed by Taylor Woodrow and Innisfree.

Details of NHS PFI contracts with capital values of £300 million, compared to incomes of respective NHS trusts

Procuring trust	Capital value of PFI (£mn)	Unitary payment (2018/19, £mn)	Unitary payment as a % of net income[1]
Sherwood Forest	326	50.3	16.51
University Hospitals Coventry	378.9	89.3	14.16
St Helens and Knowsley	338	51	13.29
North West Anglia NHS Trust	416	48.6	11.56
Derby Hospitals	312.2	59	10.90
Manchester University	512	77.2	9.33
University Hospitals of North Midlands	415.1	61.9	8.88
North Bristol	430	48.9	8.57
Mid Yorkshire	311.5	41.4	8.19
Barts' Health	1184	116	7.66
Oxford University	300	70.3	6.83
University Hospital Birmingham	625	57.1	6.66
Royal Liverpool	329.4	29.1	5.65
Maidstone and Tunbridge Wells	302	24.8	5.63
Sandwell and West Birmingham	333.7	18.3	3.70

North West Anglia and Derby Hospitals trusts are also paying more than 10 per cent of their annual income on PFI repayments. While the average annual PFI payment costs a trust 5 per cent of its income, all but one of the 15 trusts with the largest contracts pay more than that. Though it is possible that some of these costs are offset by productivity gains from new assets, this is unlikely to counterbalance such extensive cost – and represents a significantly greater burden than would have occurred through public financing, according to the IPPR report.

Central Manchester University Hospital NHS Foundation Trust, now Manchester University NHS Foundation Trust, commissioned one of the biggest PFI schemes in the NHS, designed by Anglo-American architects Anshen Dyer and built by Lend Lease. The design and build element involves the re-provision of four existing hospitals on the Manchester Royal Infirmary Site and the creation of a new centralised state-of-the-art Children's hospital – reputedly the largest in Europe. Last year, the trust made a £77m repayment, just over 9 per cent of its £512m annual income.

Last month, Boris Johnson gave the green light to 20 new building and infrastructure projects in the NHS in England. The £850m package will pay for new wards, intensive care units and diagnostic centres as well as refurbishing some existing facilities over the next five years. The Prime Minister also said there would be an extra £1bn this year to improve and maintain existing buildings, but doubts were raised over whether the money really is new.

The IPPR report says there are £3bn worth of critical maintenance issues unresolved – including fire safety hazards, sewage leaks and falling ceilings. The NHS will not be able to provide a modern health service, nor guarantee patient safety, unless it has the funds to invest in new technology and infrastructure, it concludes.

The NHS has the lowest number of MRI and CT scanners per head amongst advanced OECD economies. Pagers, fax machines and paper filing systems are still commonplace, leaving the health service dangerously outdated, according to the report.

WHAT IS PFI?

PFI deals were invented in 1992 by John Major's Conservative government, but became widespread under Tony Blair and New Labour after 1997. The schemes usually involved large scale buildings such as new schools and hospitals, or infrastructure projects which would previously have been publicly funded by the Treasury.

The projects are put out to tender with bids invited from building firms and developers who put in the investment, build new hospitals and then lease them back for 25 or 30 years, or much longer – up to 60 years – in some cases. But this came with a high rate of interest meaning that large debts were stored up for future taxpayers.

They became popular because they allowed ministers to secure large sums to invest in popular projects without paying any money up front. Under a Treasury sleight of hand, PFI debts do not form part of the deficit balance sheet. Private contractors make huge profits from the deals.

The health service has so far only paid around £25bn of the £80bn expected total cost of PFI projects. Although the government has banned PFI, it has not dealt with its legacy or provided new money for capital, leaving trusts with mountainous debts and little money to invest, the report says. It calls for the introduction of a right-to-buy scheme that allows trusts to bring bad-value contracts into public ownership, as well as an additional £5.5bn a year spending on NHS capital.

Chris Thomas, IPPR Health Fellow, said: "In 2018, the Chancellor told us 'PFI was dead'. Our analysis shows it is actually alive and well – thanks to a Government refusing to take decisive action. That means toxic PFI contracts are still driving billions away from patients and into private bank accounts. And it means the NHS has no mechanism to bring in capital investment – blocking transformation and threatening even basic safety standards in our hospitals.

"The bluster of Boris's proposal in August – a small, one-off capital cash-injection [of £2bn] – is wholly inappropriate given the scale of this on-going crisis."

A Department of Health and Social Care spokesperson said: "We are backing the NHS with the money it needs to provide world-class care in world-class facilities and the Government has already announced that it will no longer use PFI financing for projects. This is just the start of a more strategic approach to capital funding in the NHS, with the development of a new health infrastructure plan focused on local areas where the need is greatest along with a multi-year capital budget."

Exclusive: Critics accused the Conservatives of 'starving the NHS' by charging unreasonable interest rates

Hugo Gye Independent (i) Thursday September 12th 2019

NHS trusts are handing over more than £205m a year to the Government in interest payments after being forced to take out loans, I can reveal.

Critics accused the Conservatives of "starving the NHS" by charging unreasonable interest rates on the loans they make to hospitals and other organisations which are struggling to afford their running costs.

Trusts across England have paid more than £607m to Whitehall in interest over the past five years. The amount paid out is rising every year as NHS debts continue to mount; last year it could have paid the salaries of 7,500 nurses.

The interest goes into the general budget of the Department of Health and Social Care (DHSC) instead of being spent directly on NHS services. Trusts can request loans from the department if they face a shortfall in funding day-to-day operations or capital investments. The Government charges interest of up to 6 per cent on the loans. This summer it emerged that the total debt owed by NHS trusts stands at more than £14bn after years of austerity.

NHS hit by Treasury bill

'It's frankly heartless that the Conservatives have starved NHS trusts of more than half a billion pounds', says Tim Farron

Over the past five years, the DHSC has been paid a total of £607,404,854 in loan interest, according to figures unearthed through the Freedom of Information Act. The amount being paid has risen every year, reaching £205,053,570 in 2018-19 – nearly £4m a week. The £205m bill would be enough to pay the salaries of nearly 7,500 nurses at £27,400 each or 2,300 consultants on £90,000.

In total 184 different trusts reported paying money from their budgets to Whitehall. The largest payment last year came from Barts Health NHS Trust, which operates five hospitals in London and spent £9.8m on interest.

Critics have accused the Government of putting trusts' future in jeopardy by forcing them to take out loans and then taking millions of pounds in interest.

The former Liberal Democrat leader Tim Farron told **i**: "While hard-working doctors and nurses are being forced to work with insufficient resources, it's frankly heartless that the Conservatives have starved NHS trusts of more than half a billion pounds.

"That taxpayers' money is being spent lining the Government's coffers instead of training more doctors and nurses is a slap in the face to all of us that rely on the NHS."

Loans rack up

Some NHS trusts come to the Department of Health for loans in order to fund specific capital projects, backed by a comprehensive plan for repayment.

The Great Western Hospital in Swindon, run by Oxford University Hospitals NHS Foundation Trust, is building a new £18.4m radiotherapy centre partly thanks to a Whitehall cash injection.

But most trusts borrow money just to stay afloat day to day. For example Wye Valley NHS Trust, based in Herefordshire, is running an annual deficit of £20m meaning that each year it must beg for additional funding from the central Government. Directors have warned the spiralling debt could mean the trust is no longer a "going concern" in the near future.

Isle of Wight NHS Trust is in a similar quandary. Bills from contractors have gone unpaid thanks to the black hole in its finances which it has plugged with ever-increasing loans, with bosses forcd to choose which providers should get the money they are owed first.

The use of DHSC loans to pay everyday expenses raises the prospect of Whitehall having to bail out local trusts to the tune of billions over the coming years.

It was revealed that hospitals face a £80bn bill for private-finance initiative projects which have delivered just £13bn of investment. Some are spending a fifth of their budgets on PFI debts.

A DHSC spokesman said: "Where trusts do struggle financially, we will provide short-term loans to ensure they continue to run vital services and provide outstanding care to patients and the interest paid on those loans goes back into the NHS."

Why public bodies borrow from each other

Why are NHS trusts making these payments?
Trusts can apply for "financial support" from the Department of Health (DHSC) for a number of reasons. This comes in the form of a repayable loan.

What is the purpose of these loans?
Some go on "normal course of business" funding, where hospitals face a short-term hole in their budgets. Others fund "strategic investments" such as new buildings. Trusts in serious financial trouble can also get loans as part of a "recovery plan" designed to solve their budget problems.

What is the point of public bodies paying money to each other?

Loans go out of the DHSC's general budget and into the budgets of individual trusts. The repayments, and attached interest, go the other way. The system is designed to ensure that trusts spend their money efficiently rather than relying on an unlimited pool of central funding.

Why are the interest rates so high?

Some have rates of less than 1 per cent but nearly a third have rates of 3.5 per cent or more, with the most onerous attracting a rate of 6 per cent. The Government is currently able to borrow money for a decade at just 0.7 per cent in annual interest, suggesting the DHSC makes a large profit from some of its loans.