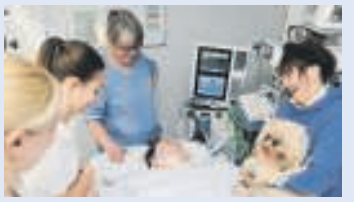
Challenged by a giant burger

Page 5



Ann's dying wish granted

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TUESDAY
Lancashire Post

Tuesday, February 14, 2017
70p

Tues	Wed
Max 10	Max 12
Min 5	Min 2
Cloudy	Dry

Local, regional and national weather forecasts at lep.co.uk

THE GREAT NHS GAMBLE

As the NHS bids to slash £572m in the area, a county GP accuses health chiefs of ...

'Shifting the deckchairs on the Titanic'

By **AASMADAY**
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@LEPONLINE

The NHS in Lancashire is facing its biggest shake-up in a generation with care from cradle to grave put through an overhaul to slash £572m from the areas' budgets.

Today, the Lancashire Post and its sister titles across Johnston Press launch 'The Great NHS Gamble' – an in-depth analysis of the 44 regional blueprints drawn up to remodel the NHS in an attempt to fill the £22bn financial black hole.

The five-year plans have been criticised for been shrouded in secrecy and filled with jargon, while campaigners fear they will lead to creeping privatisation of the NHS.

Dr David Wrigley, Lancashire GP and deputy chairman of the British Medical Association, today accused the plans of being like "shifting the deckchairs on the Titanic."

He said: "These Sustainability and Transformation Plans (STPs) are just moving the deckchairs around on the Titanic and are not going to resolve the current crisis facing the NHS.

"They are more of a smokescreen to move things around, cut services and have closures.

"There is a real gamble being taken with the NHS and politicians need to focus on the real issue which is that there is a huge funding shortfall. Unless there is a huge injection of funding, I can't see how the NHS is going to survive."

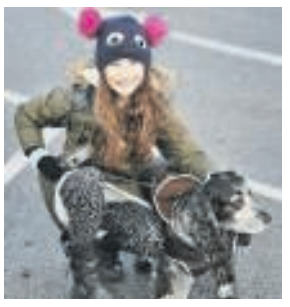
Figures revealed by the British Medical Association today show the plans need at least £9.5bn of capital funding to be delivered successfully – but the NHS leaders don't have the cash.

In Lancashire and South Cumbria alone, it is estimated a staggering £264m capital is needed to deliver the STP projects.

■ For full report: Pages 8 and 9

News Page 16

Hounds of love



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LP People supplement

News Page 6

Caribbean Carnival

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SPECIAL REPORT *The Great NHS Gamble*

'Secret' plans to trim millions from health budgets

By JOHNSTON PRESS INVESTIGATIONS
Reporting team: Aasma Day, Don Mort, Cahal Milmo, Chris Burn, Ruby Kitchen, Paul Lynch, Ben Fishwick, Philip Bradfield and Deborah Punshon

The NHS is facing the biggest shake-up in its history with plans for a massive overhaul of services which could lead to hospital closures, mergers and downgrades across the country.

Sustainability and Transformation Plans (STPs) are five-year plans covering all aspects of NHS and social care spending in England.

Forty-four areas have been identified as the geographical footprints on which the plans are based.

The plans are being criticised for being drawn up in secret and for having tight deadlines and unachievable targets.

With cost cutting at the heart of this major re-organisation, there is a real fear the NHS as we know it will be torn apart and the radical changes will be gambling with people's lives.

Johnston Press Investigations team has done a detailed examination of the plans as well as speaking to experts, campaigners and patients about their misgivings.

Our findings across the country include:

- The proposed or likely closure of 19 hospitals including five major acute hospitals
- Major re-organisations of more emergency and maternity care
- A massive move to "out-of-hospital" care with patients encouraged to manage their own health needs aided by technology which may include "virtual doctors"
- The closure of more than 2,000 beds in acute and community hospitals and the loss of nearly 3,000 jobs
- Hundreds of millions of pounds to be saved by cutting prescription costs and in some cases rationing care or operations

The STP plans have been widely criticised for their lack of consultation, vagueness and for being filled with meaningless jargon.

A recent survey revealed that six out of seven people have never heard of the STPs, prompting warnings the shake-up is being pushed through without meaningful consultation.

A Department of Health spokesman said: "We are committed to the NHS - that's why we have invested £10b in its own plan to transform services and improve standards of care including almost £4bn this year.

"NHS England are introducing Sustainability and Transformation Plans to help ensure the best standards of care, with local doctors, hospitals and councils working together in conjunction with local communities for the first time."

NHS England says the

19 hospitals face proposed or likely closure

What are Sustainability and Transformation Plans?

What are Sustainability and Transformation Plans?
First announced in December 2015, STPs are five-year plans covering the entirety of NHS spending in England.

They are the tool by which NHS England is seeking to meet its pledge to plug a £22bn hole in the health service budget using efficiency savings and new ways of delivering care.

England has been divided up into 44 areas or "footprints" with an average population 1.2m people (the smallest covers 300,000 and the largest 2.8m) with representatives of each NHS organisation and local authority in the area brought together.

The resulting plan is designed to reorganise NHS services and cover the gap in funding for health and social care that would arise by 2021 if nothing were to be done.

How will the STP affect health services in my area?
Each STP is tailored to specific needs of each area but the scale of change being sought is considerable.

Everything from accessing cancer care to maintaining general well-being to the way you interact with your GP is likely to change.

Technology will play a big role, allowing patients to access their own medical records but also using videolinks for consultations.

Care will be far more based in the community and centred less on hospitals.

If they're so important, why haven't I heard of them?
Health bosses have been accused of drawing up their plans in secret. Authors of early drafts were instructed not to release them under Freedom of Information rules.

Campaigners complain that patients and clinicians have been largely excluded from the process - one survey found six out of seven people have never heard of STPs.

In their defence, the authors of the plans point out that they are hugely complex documents produced to a demanding timescale. Further consultation is expected before the blueprints are finalised in the next few months.

So what's the big idea?
Firstly, the STPs represent a dramatic change in the way the NHS goes about its business. In recent decades the service has been built on a competitive model with hospitals and providers expected to focus on their own performance.

The STPs go in the opposite direction by asking all NHS organisations in a particular area to collaborate to meet the challenges of providing integrated care.

Think-tanks have been advocating a switch to this "place-based care" model for years.

The second major shift is to try and move the NHS away from a hospital-based service to one based on primary and community care (GPs, local clinics) where the focus is on preventive medicine.

What will all this cost?
A "transformation fund" of £3.4bn has been set aside to finance the transition of STPs to the new model. This would pay for the setting up services such as new primary care "hubs" housing services from GPs to social workers and employment advisers. But it will only be available to STPs who can show they can balance their books.

When will it happen?
From April this year, STPs will become the only way of obtaining funding to change the way services are delivered. The new structure will be phased in but is expected to be in place by March 2021.

And, above all, will it work?
That's the £22bn question upon which, according to doctor's leaders, the future of the NHS as a free at the point of delivery service depends.

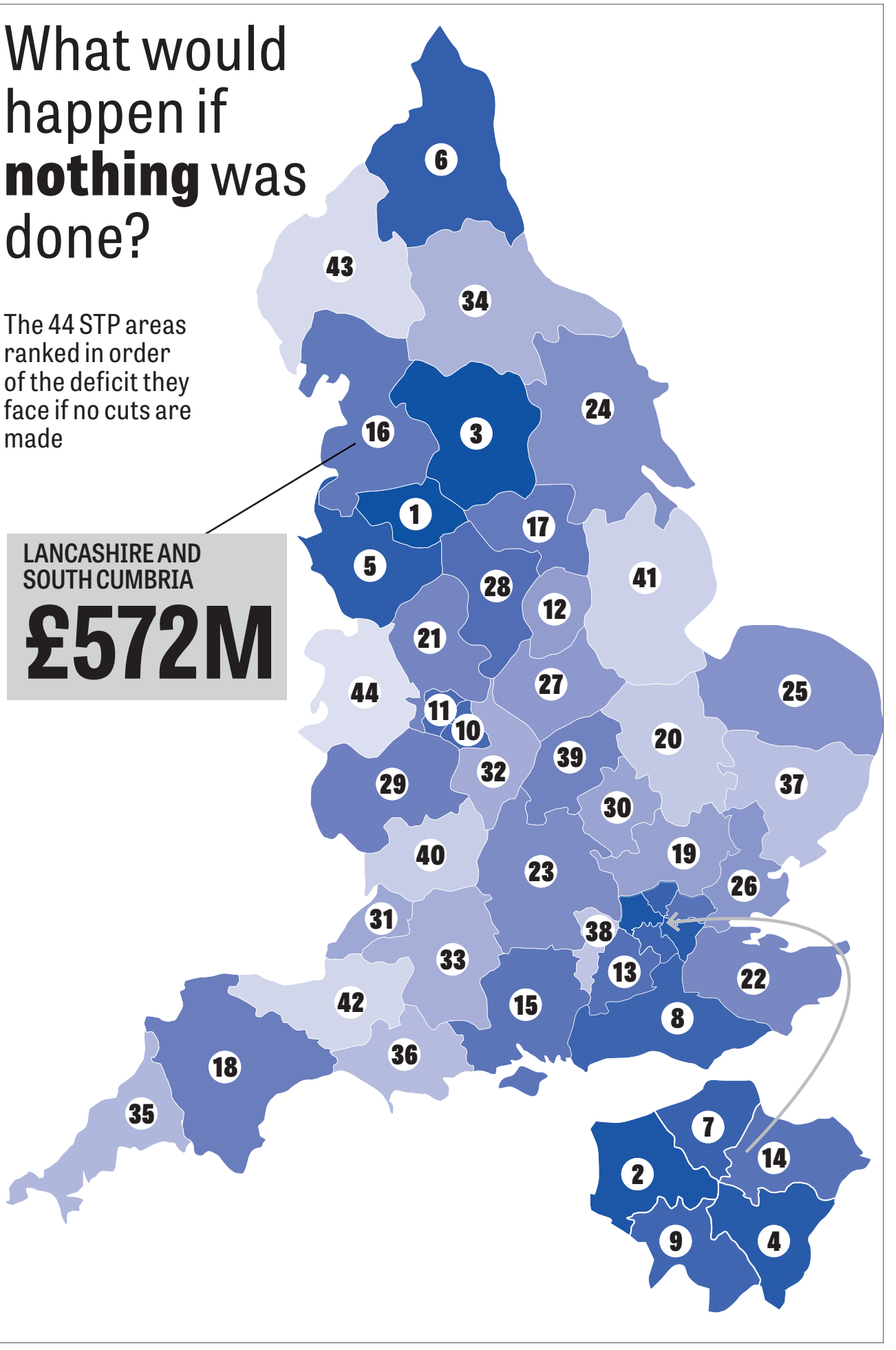
Health service managers do not downplay the scale of the task they are undertaking - essentially the biggest shake up in a generation.

Clinicians and campaigners warn of two major obstacles. Firstly and foremost, they say there is a lack of money and they believe the NHS is being deliberately underfunded by Government as a backdoor to cuts and creeping privatisation.

Secondly, concern is being expressed at the ability of hundreds of hard-pressed, cash-strapped NHS institutions to change their entire way of working - often enforced by legally-binding restrictions - to produce the future vision of an integrated NHS.

What would happen if **nothing** was done?

The 44 STP areas ranked in order of the deficit they face if no cuts are made



LANCASHIRE AND SOUTH CUMBRIA

£572M

NHS needs to make major efficiencies to live within the financial budgets set by Parliament and government.

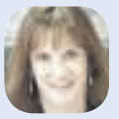
It believes the best way to do this is for local doctors, hospitals and councils to work together to identify ways that unnecessary future costs can be avoided, such as the sale of surplus land.

1 in 6

A&E departments could be closed or downgraded in the next four years

NHS England believes it is missing the point to suggest that STPs are all about saving money – and says they are a big opportunity to improve the care that patients receive, based on the experience of areas who are performing best and practical things that doctors and nurses have been saying for years.

COMMENT



Dr Amanda Doyle, Head of Lancashire & South Cumbria STP and Chief Clinical Officer at Blackpool Clinical Commissioning Group

"Across health and social care, if we continue to deliver services in the way we do now and if demand continues to grow, we will have a £572m shortfall in Lancashire and South Cumbria by 2021.

"More money is still going into the NHS but the demand is growing at such a rate that increases in investment won't keep pace unless we do things differently.

"This is not about making cuts. There is actually going to be money going into the NHS over the next five years.

"Funding for the NHS in Lancashire is set to increase over the next four years by £345m.

"We just need to manage demand so it does not outstrip resources.

"However, the demand for our health and care services is higher than ever and is predicted to increase. Our staff are are under enormous strain and services cannot continue to deliver sustainably if we carry on with the current situation, even with this additional funding.

"It isn't all about the money, even if it may appear that way. The health outcomes we get from our services are among some of the poorest in the country.

"We need to work together better across health and care and make better use of technology to make sure people receive the best possible treatments and so these outcomes are improved.

"We have to make the most effective use of the money we have got. We need to deliver care in a different way and use technology better.

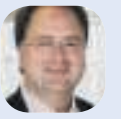
"Some of the things that need to happen, we can't do for people; they are about lifestyle changes and people keeping themselves well. Helping people to address issues such as smoking, obesity and alcohol may seem no specific but it will make a significant difference.

"We have tried very much not to keep things secret but it is not finished. There are still no finalised plans for everything.

"The document we have created does not make any specific proposals for how services may change as there has not been the level of engagement and involvement with staff, clinicians or members of the public that this would require. The STP is made up of the local plans of each of the areas so a lot of things, people will have been consulted about as part of that plan.

"We are working with focus groups and have started having a range of stakeholder meetings.

"There will be a lot more coming out soon."



Dr David Wrigley, Deputy Chairman of the British Medical Association (BMA) and a GP in Lancaster

"All the STPs are doing is moving the deckchairs around on the Titanic and they are not going to resolve the current crisis facing the NHS."

"Things are in such a sorry state of affairs, the STPs are being touted as trying to salvage the situation.

"But they are more of a smokescreen to move things around, cut services and have closures.

"There is a real gamble being taken with the NHS as these plans keep talking about moving care from hospitals into the community.

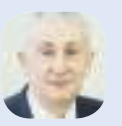
"But the problem is there is no leeway in the community as there is very little spare capacity.

"Social care is collapsing, General Practice is on its knees and that's all on top of the hospital service being in meltdown.

"Politicians need to focus on the real issue which is that there is a huge funding shortfall.

"Unless there is a huge injection of funding, I can't see how the NHS is going to survive.

"No STP is going to solve the current crisis facing the NHS."



Lindsay Hoyle, Chorley MP

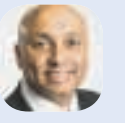
"Nobody seems to understand or know what these plans are trying to achieve apart from the natural instinct that tells us they are a cost-cutting measure.

"It seems they are gambling with people's lives and health services for the future.

"To create a better health service, we need more funding, better training and more staff.

"I have seen nothing to convince me these STP plans are a good idea and nobody even know what these plans are as they are so vague and full of gobbledy gook.

"My belief is the only motive is saving money by delivering health for less money at the expense of people."



Mark Hendrick, Preston MP

"These STP plans are not particularly transparent.

"They are cost-driven, not about clinical evidence and making sure things are the best for patients. They are trying to do things on the cheap.

"The idea that you can map all this out over a five-year period and have a clear fixed budget is outrageous.

"The plans are trying to make things more efficient but that does not solve the problem if there are not enough resources going into the system.

"They are trying to get more care for less money which is impossible."

SPECIAL REPORT *The Great NHS Gamble*

Town's A&E is on the hit list

In our second day examining the five-year plans to plug the gap in funding for the NHS with a major shake-up of services, we look at the threats to A&E services across the county.

By JOHNSTON PRESS INVESTIGATIONS
Reporting team: Aasma Day, Don Mort, Cahal Milmo, Chris Burn, Ruby Kitchen, Paul Lynch, Ben Fishwick, Philip Bradfield and Deborah Punshon

Chorley's A&E unit has been flagged as 'at risk' of being closed or downgraded in major overhaul of urgent care services.

Chorley and South Ribble Hospital has been included on a list drawn up by Health Service Journal of 24 A&Es it judges as being at risk of either being downgraded or closed altogether.

Bosses at Lancashire Teaching Hospitals trust said: "Currently there is no proposal to reduce either the number of hospitals or emergency departments in this area."

Chorley, along with Southport and Formby Hospital, is on the list of A&Es that Health Service Journal has judged at risk after an anlysis of documents drawn up to remodel the health service in England. Both Lancashire hospitals are graded as an 'amber' risk.

Chorley's A&E was closed from April 2016 and although it reopened last month, it still only operates for 12 hours a day.

NHS bosses who have drawn up the changes as part of efforts to plug a £22bn hole in the health service budget by 2021, insist that concentration of specialist urgent services could save lives and there are no plans for a "significant" reduction in the existing number of 175 emergency units across the UK.

But one senior emergency doctor has warned the plans amount to proposals to "make the River Nile run backwards" by planning for a reduction in demand for A&E services at a time when Britain has a growing and ageing population.

Research by the Johnston Press Investigation Unit based on 44 regional blueprints reveals that managers are planning to cater for up to 30 per cent fewer A&E visits and plans have already been advanced to downgrade units to urgent care centres with fewer specialist or consultant-grade staff.

Dr Chris Moulton, vice president of the Royal College of Emergency Medicine said: "A&E units are already desperately short of capacity and hospitals have almost 100 per cent bed occupancy.

"The suggestion that you can close A&E departments and then somehow fewer people will become ill is clearly ridiculous.

"And anyway, it is not people with minor illnesses but elderly patients with serious conditions who are the ones lying on A&E trolleys waiting for beds and then languishing on the wards awaiting social care.

"We have a rapidly growing and ageing population and therefore the idea that the health service won't have to deal with even higher numbers of people requiring emergency care and hospital admission in the future is like hoping that the River Nile will run backwards."

Deborah Harrington, who is on the national executive committee for the National Health Action Party, which campaigns for improvements in health service funding and staffing said: "According to the STPs, to make the NHS affordable and sustainable, we the public must get used to longer ambulance journeys for emergency care, longer waiting times for treatment.

"There is a shortage of doctors and nurses. Our A&Es no longer have a mid-winter crisis, they have a year-round crisis.

"But apparently a 'magic wand' will make us all so healthy that we will no longer need services or hospital beds."

An NHS England

CHORLEY AND SOUTH RIBBLE HOSPITAL A&E

According to analysis by the Health Service Journal, 24 emergency departments - around 15 per cent of the national total - could be closed or downgraded in the next four years.

The Health Service Journal rated Chorley and South Ribble Hospital as being at "amber" risk of closure or downgrading as it has struggled with staffing and was temporarily closed and is now open on reduced hours.

The STP Plan refers to a "redesign of urgent and emergency services" but does not have detailed proposals.

Chorley A&E was closed in April last year as Lancashire Teaching Hospitals Trust was unable to safely staff both Preston and Chorley's A&E units.

The Trust had particular problems in recruiting junior doctors.

For around nine months the town had no A&E, only an urgent care centre which can treat more minor injuries and conditions.

A vociferous campaign, supported by Chorley MP Lindsay Hoyle, saw weekly domonstartions outside the hospital.

Mr Hoyle said: "When Chorley A&E was temporarily closed, the pressures it forced on all the other A&Es around Lancashire and beyond almost brought services around here to a standstill.

"We are now waiting for it to open fully and be working 24/7.

"We hope they are not pretending Chorley and South Ribble Hospital is safe when it is not."

The closure at Chorley also had a severe knock-on effect on Royal Preston Hospital A&E, as the most serious cases were redirected to Preston.

Preston MP Mark Hendrick said: "I went into Royal Preston Hospital just before Christmas with my little boy and I had to pass lots of people laid up on trollies on either side of the corridor.

"I saw first hand the pressures staff were under and it was phenomenal.

"The health service is overstretched and a lot of people are not getting the care they need.

"The crux of the problem is there is already too much pressure on the system."

A spokesman for Lancashire Teaching Hospitals NHS Foundation Trust said: "Both our local delivery and sustainability and transformation plans are still in the initial set up phase.

"Currently there is no proposal to reduce either the number of hospitals or emergency departments in this area.

"Options for the future provision of health services won't be developed until later this year and will fully involve local people and a wide range of stakeholders.

"Any significant service change would of course be subject to public consultation."

24
casualty units have been marked for **potential closure**

26
hospitals are in 'head to head' comparisons where one unit could be **closed** while another offers A&E services

Protestors against the clusure of Chorley A&E department

CASE STUDY – JESSICA KNIGHT

Stab victim Jessica Knight, who was attacked by a crazed knifeman in a park, as a teenager has vowed to do everything in her power to stop Chorley's Hospital being closed or downgraded in any way.

Jessica, 23, who lives in Buckshaw Village, says: "The people of Chorley are very stubborn and are true Northerners and we won't let our hospital be taken away or downgraded in any way without a fight.

"Everyone feels very strongly about the hospital in Chorley and we are united in wanting to keep it."

Jessica was only 14 in 2008 and walking through Chorley's Astley Park when she was subjected to a frenzied knife attack by a stranger and stabbed in the chest, neck, stomach and back and left for dead.

She was taken to Chorley and South Ribble Hospital where medics battled to save her life.

She said: "The doctor told me that if it had been another five minutes, I would not be here today as I would have bled to death.

Jessica Knight returns to Chorley A&E

"The police even had to drive the ambulance to Chorley so all the paramedics could work on keeping me alive. That's how critical every moment was."

Jessica, who suffered a stroke as a result of her injuries and suffers from nerve pain and speech difficulties, says she was traumatised for a long time by what happened to her but is a lot better than she used to be.

Jessica, who is an artist, says: "Even though other people might not have a situation like me and be at death's door, Chorley Hospital is very important to them and has a lot of family history.

"People have had babies born there and said goodbye to their loved ones and it an important part of the community.

"People need to stick to their guns and fight to keep it open if any more threats for its future come out in the NHS plans."

PRIVATE CONSULTANCY COSTS

Contracts worth more than

£17m

were given to management consultants involved in drawing up the STPs

Consultancy firms have been paid tens of millions of pounds from public funds to help draw up plans designed to strip £22bn of costs out of the NHS budget, our Johnston Press investigation can reveal.

Data obtained using Freedom of Information rules shows that at least £18m has been spent on hiring companies including blue chip companies such as PwC, Deloitte and KPMG to advise on restructuring the health service in England.

NHS organisations across England were divided up into 44 geographical areas to draw up Sustainability and Transformation Plans (STPs) by the end of last year detailing how they will plug the gap expected in their budgets by March 2021.

FOI requests have revealed that many of the STPs were only produced to the deadline set by health services after executives brought in outside consultancies to make up for shortfalls in expertise and staffing.

Information provided by each of the STPs shows that three out of four of the 44 areas used private consultants.

The total bill across 37 STPs which provided data for their spending on outside consultancies was in excess of £18m.

In response to the FOI request for Lancashire and South Cumbria STP said it was only able to supply information in respect of Healthier Lancashire and South Cumbria projects and activities.

They confirmed the Lancashire and South Cumbria Sustainability and Transformation Plan was mostly produced and drawn together by the internal team apart from two independent consultants who provided short term extra staffing capacity at a cost of £25,000.

Payments were made to consultancy firms including

McKinsey&Company
KPMG
pwc
Deloitte.

David Wrigley, deputy chairman of the British Medical Association and a GP in Lancaster said: "This is an issue that has gone on in the NHS for years.

"Millions are spent on these so-called experts who are parachuted in to come up with glossy documents and plans and they then move on to their next project.

"This money will just be the tip of the iceberg - and it is millions of pounds lost from the NHS which could have been spent on doctors and nurses."

NHS England say it is up to STP areas to decide where they may need support or advice from external organisations such as consultancies.

They remarked that obviously, all STPs need to be disciplined about keeping costs as low as possible as they work to alleviate pressures on the NHS.

spokesman said: "The number of people seeking urgent care is on the rise so overall we expect the range of services available to them to expand over coming years.

"Within that overall expansion, it may be possible to improve care and save lives with some concentration of specialist urgent services.

780 people waited **over 12 hours** for a bed in A&E in January

"This approach has increased the chances of surviving a major trauma in this country by 50 per cent, and only today the Stroke Association have called for more concentration of stroke units to improve outcomes.

"However we do not expect significant numbers of A&E changes in the years ahead, and many schemes were in fact decided on many years ago so this is a rehash of old news."

NHS England also pointed out that The Royal College of Emergency Medicine have said that the threat to A&E departments from local transformation plans is "overstated".

NHS England has been clear that every STP area must fully discuss their plans with the communities they serve.

Around £1.8 billion of funding in the Sustainability and Transformation Fund has been provided to support providers improving performance, particularly in A&E, and balancing the books as they plan for the future."The document that we have created does not make any specific proposals for how services may change as there has not been the level of engagement and involvement with staff, clinicians or members of the public that this would require.

"We are committed however, to make sure that widespread involvement with stakeholders takes place over the coming weeks and months to help shape our thinking. We are working to develop an easy-read version of the Sustainability and Transformation Plan and a suite of materials, which has been tested with members of the public to make sure these are easy to understand."

Your in-depth leisure guide

Page 23

City mill up for sale

Page 7

THURSDAY
Lancashire Post

Thursday, February 16, 2017
70p

Thur	Fri
Max 11	Max 11
Min 3	Min 5
Drizzle	Cloudy

Local, regional and national weather forecasts at lep.co.uk

25 medics saved my life giving birth

THE GREAT NHS GAMBLE

Mother who nearly bled to death says fewer hospitals will cost lives

By **AASMA DAY**
aasma.day@jpress.co.uk
@leponline

A mum who almost bled to death after giving birth has revealed she would not be alive today if she hadn't had her baby in hospital.

Rebecca McDermott, 32, of Ribbleton, Preston, has spoken out as part of Johnston Press' investigation into radical plans to shake up the NHS in a bid to plug a financial black hole.

Rebecca, who had her life saved by 25 medics at Royal Preston Hospital and needed nine blood transfusions, fears if major changes to the NHS mean less hospitals, lives will be put at risk.

She said: "If I had been at home or in a midwife only unit and needed to travel to have surgery, I would not be here to tell the tale."

Grateful: Rebecca McDermott with her daughter Hayley today, and below Hayley as a baby

Full story: pages 12–13

Jobs From Page 55

235 jobs in today's Post

News Page 9

Minimum wage shame

Sport Page 70

5,000 Simon Graysons?

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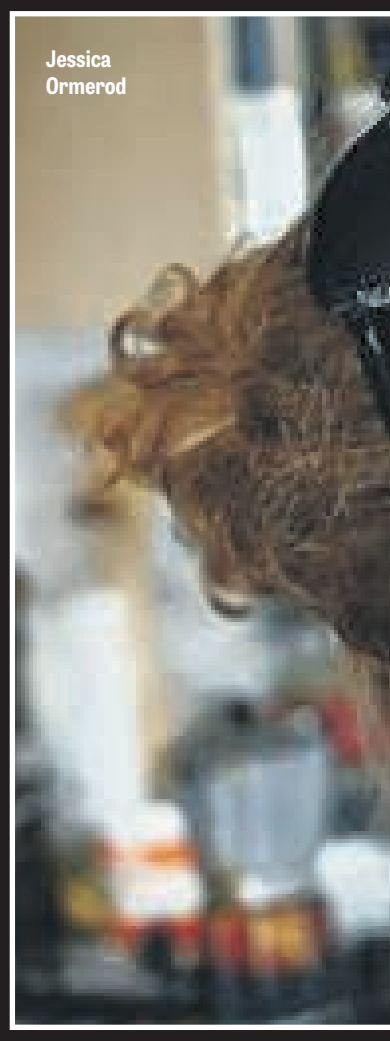
SPECIAL REPORT *The Great NHS Gamble*

Vital maternity services near breaking point


Jessica Ormerod

The Johnston Press Investigations team has produced an in-depth analysis of the Sustainability and Transformation Plans to shake up the future of the NHS. Today, AASMA DAY looks at maternity – and the fears surrounding its future in the face of demand

Now that women are giving birth later in life, a nationwide shortage of midwives and an ageing midwife profile is putting unprecedented pressure on maternity services.

And the situation could reach crisis point as analysis of the NHS Sustainability and Transformation plans shows around 11 maternity and neonatal units across England may be facing closure or consolidation.

The Royal College of Midwives were concerned that many of the plans – particularly those outside of London – do not give many details about maternity changes and transformations.

The plans include more midwifery units and birth centres and improving the choice and personalisation of maternity services.

Jacque Gerrard, director for England at the Royal College of Midwives, said: "There is a lot going on but it is still very early days.

"There are ambitious things such as looking at more personalised care plans, better unbiased information and digitalised maternity tools that women can access.

"There is also work going on into looking at improving antenatal and postnatal care and trying to do it via a personalised maternity care budget.


Jacque Gerrard

"There are pioneer sites in Cheshire and Merseyside testing this model.

"In a nutshell, it means where the woman goes, the budget should follow her such as she wants for things such as hypnotherapy on top of her agreed care.

"Women on the pilot sites will not be asked to pay any top-ups.

"But until we test it, we don't know how the personalised maternity care budget will work."

Dr Gerrard says evidence shows births in midwifery units are safe.

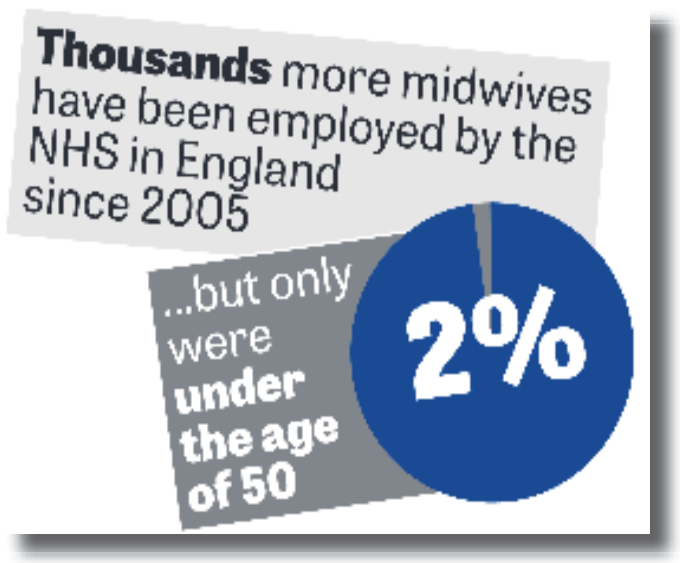
She said: "Midwives are skilled and educated and trained to degree level and base their care on evidence.

"There are certain women with complications you would not advise to go in there.

"Midwives view it as a positive to have more births at home and in midwifery units if that is what the woman wants. At the end of the day, it is the woman's choice and it is up to the midwife to make it happen.

"Regarding the issue that sometimes things go wrong in labour, midwives are skilled and trained to pick up on deviations from the norm sooner rather than later and women are transferred to a consultant when needed."

Dr Gerrard says the midwifery transformation plans include more midwifery units, more professional and family friendly care and being able to support women to have choices based on their individual needs and circumstances.



CRITICAL MIDWIFE SHORTAGE

There is currently a shortage of 3,500 midwives across England.

And with many midwives approaching retirement, the profession fears it is facing a staffing timebomb.

Figures show one in three - 33 per cent - of midwives in England are now in their fifties or sixties.

Dr Gerrard says: "More students need to be trained and brought into the health service as a matter of urgency if we are to turn this situation around. More midwives are needed and in England, where births are on the up, we calculate the shortage to be the equivalent of around 3,500 full-time midwives."

In their recent State of Maternity Services report, the Royal College of Midwives stated: "The midwifery profession is ageing fast just as the demands on it are growing.

"We are standing on a cliff edge and need swift action now."

BACK TO VICTORIAN TIMES?

"We are at risk of returning to Victorian times with more women dying in childbirth."

That's the view of Jessica Ormerod, maternity spokesman for the National Health Action Party, which is fighting to save the NHS from being turned into a US-style health service,

She believes a push for more home births or births at midwifery led units could cause women who experience problems during labour to be at risk.

She says: "The STP plans seem to suggest fewer hospitals so that means people will have to travel further to get whatever care that they need.

"Maternity is already massively underfunded and understaffed across the country and has been for years.

"Women who have no problems and are young and healthy can give birth at home or in a birth centre.

"But when it comes to labour, it can be so unpredictable and you can go from being a healthy individual to dead very quickly.

"The important thing is that any woman, whatever kind of birth she chooses, needs to be able to access acute care quickly should she need it.

"But if the STPs reduce acute care centres and hospitals with A&Es, they won't be able to do things like blood transfusions and surgery.

"If you are in a hospital that does not have acute services and if you have complications, then you will need to be transferred to one.

"It seems we are going backwards and going back to big hospitals which will not be able to give individual care properly.

"There is a real worry that we will return to Victorian times and that more women will die in childbirth."

An NHS England spokesman said: "The number of midwives has been steadily increasing over the last five years and it is safer than ever to give birth in this country, so much so that - amazingly - research recently published in the Lancet shows that pregnant women now have a lower risk of death than their male partners."

I ALMOST BLED TO DEATH...

A mother who almost bled to death after giving birth to her daughter today revealed how glad she is that she was in a hospital where medics managed to save her and her baby.

Rebecca McDermott can vividly remember a team of medics pushing her hospital bed through the corridors in a race to get her to theatre shortly after she gave birth.

Rebecca recalls: "I can remember trying to open my eyes but they would not open.

"The next thing I knew was waking up seven hours later in intensive care with all my family around me and I looked at them and asked: 'Am I dying?'

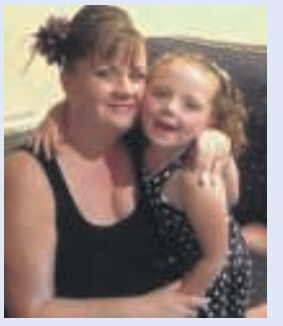
Rebecca, who lives in Ribbleton, Preston, was 24 when she gave birth to her daughter Hayley, who is now eight.

Her pregnancy went smoothly although she was told at her 20 week scan her placenta was lying low.

But at another scan at 32 weeks, she was told everything was fine and the placenta had moved out of the way.

Rebecca, now 32 says: "After that, everything went smoothly and I went two weeks over my due date so had to go into hospital to be induced.

"I gave birth naturally and it went fine and was quite a fast labour at four hours.



Rebecca McDermott

"However, after the birth, they could not contract me back down and I was bleeding heavily."

Rebecca underwent nine blood transfusions and was taken to theatre twice and more than 25 doctors and midwives rushed to her aid to save her life.

Rebecca says: "The doctors, nurses and midwives were all brilliant in how they saved my life and Hayley's life and I am just so thankful I was in a hospital.

"I was extremely lucky to have all those medics around me and get the help I needed straight away.

"If I had been at home or in a midwife only setting and needed to travel to have surgery, I would not be here to tell the tale."

SPECIAL REPORT *The Great NHS Gamble*

NHS of the future: The technology that could replace your GP

As part of a detailed look at proposals to shake up the NHS to try and make major financial savings, the Johnston Press Investigations Unit looks at plans to increase technology use

Forget "Physician Heal Thyself", plans to shake up health services and save the NHS millions seem to hinge on patients either not getting ill in the first place or looking after themselves with an increased use of technology.

However, campaigners are warning of the dangers of the tech revolution and say patients will suffer if health bosses try to replace them with apps.

A leading GP believes the health service is gambling millions on plans to use apps, Big Brother-style monitoring devices and video-link surgeries to bridge a five-year funding gap.

Health bosses around the UK are drawing up plans to shake up the patient-doctor relationship by limiting "face-to-face" interactions, both in the NHS and in drastically under-funded council-run social care.

Johnston Press Investigations found all 44 Sustainability Transformation Plans (STP), produced by regional NHS bodies, plan to meet strict five-year savings targets by increasing the use of new digital technologies to deliver health services.

Proposals include increasing "virtual appointments" where patients can talk to their GP, or take part in a group therapy session via video-call.

"Artificial intelligence" apps are already starting to deliver diagnoses on the private market and are already being discussed by Clinical Commissioning Groups (CCGs) looking to assess patients without the need for a face-to-face meeting.

But leading GPs are not convinced the move is the magic formula in helping the NHS meet its £22 billion shortfall.

Helen Stokes-Lampard, chairman of the Royal College of GPs, believes video-link doctors' appointments could actually increase their workloads.

She said: "While these might be convenient, they don't actually reduce a GP's workload as a 10-minute patient consultation takes 10 minutes whether face-to-face-or over the phone - and in some cases virtual consultations can increase workload, if a follow up face-to-face consultation is necessary.

"Whatever happens, the GP-patient relationship is unique in medicine and there is no app, algorithm or technological innovation that can, or will, replace it in the foreseeable future."

All 44 STPs are seeking to drastically reduce accident and emergency admissions, scheduled visits and "face-to-face" care in part, by moving towards a model of what has been labelled "self care."

Chris Moulton, vice-president at the Royal College of Emergency Medicine, believes types of preventive treatment are "absolutely the morally and medically correct thing to do."

But he warned they should not be used as a way of saving the NHS money.

He said: "When a 60-year-old person takes statins and other drugs to avoid having a heart attack, they don't sign a pledge saying that they will never use the health service again for the next two decades.

"Using lifestyle changes and medical interventions to prolong happy lives is the right thing to do. But it is not the answer to the financial crisis facing the NHS."

In adult social care the STPs talk of plans to increase "telecare," where elderly or disabled people can be monitored by devices in their own home.

One union leader fears the plan, which campaigners fear is a move for cash-strapped councils to reduce home visits, is flawed.

Guy Collis, health policy officer at Unison, said new technology would require staff to undergo extensive, costly raining, before it is rolled out.

He said: "I think too often there's this idea that they can be a quick shortcut for savings or improving patient experiences,

"That's all well and good as long as you have the right people. The NHS doesn't have a great track record for IT."

However, Madeleine Starr, director of innovation at national charity Carers UK, says the move to self-administered healthcare is "inevitable" considering the huge deficit in the NHS.

Patients, she believes, will simply need to adjust.

She said: "We need to move away from the idea that a GP is a sacred cow you've got to sit in front of."

'Not a replacement for care'

DAVID WRIGLEY, DEPUTY CHAIRMAN OF THE BRITISH MEDICAL ASSOCIATION AND A LANCASTER GP

"I think there is some good work going on with making use of technology so I would not dismiss digital healthcare as out of hand.

"It will help people who are housebound and is quite a clever way to remotely monitor someone's symptoms or have a video consultation.

"That definitely has merits.

"But I think it should be an additional thing and it needs to be a decision doctors and nurses need to make on which patients are suitable for this.

"There are some patients it won't be suitable for. The issue doctors face at the moment is not having time as things are so pressurised, they are dashing from one patient to the next.

"Technology should be a additional thing, not a replacement for care."

David Wrigley

Talking to technology PHOTO: Posed by model

'A computer can't hold your hand in a crisis'

DECLAN HADLEY, DIGITAL LEAD FOR LANCASHIRE AND CUMBRIA

"The most important thing to realise is that technology on its own is never going to replace a doctor or a nurse."

Declan Hadley, digital health lead for Lancashire and Cumbria change programme, said: "In times of crisis, you are always going to need to see someone. A computer can't hold your hand.

"But in almost every area of our lives, we use technology in different ways such as banking and shopping but we have not really grasped it when it comes to accessing healthcare."

Some of the ways of using technology in healthcare being trialled or used across Lancashire and South Cumbria include a person record exchange system where records of care move around with the patient and are accessible to the people providing care to them. Part of this involves patients accessing and contributing to their records.

One of the other things being pushed is apps to get patients more involved in their own care.

Declan Hadley

Declan said: "We are aiming to create super apps which will be integrated into their health records. We have just done the first one which is aimed at people with Chronic Obstructive Pulmonary Disorder.

"The apps will be prescribed as part of their healthcare."

Bosses are also looking at how digital means and technology can be used to support people to stay in their own homes.

Declan said: "We have got the 'test bed' in Lancashire and are looking at technology which can monitor things like if someone falls over in their home.

"This technology is a partnership between Lancaster University and a number of other health organisations and is looking to support frail and elderly people in their own homes.

"As well as monitoring for falls, this technology allows patient to check their blood pressure and weight themselves in their own homes.

"This doesn't mean they won't still see health professionals when they need to. It means people who might have gone into a care home can stay in their own home for longer."

Other technology being looked into and trialled is allowing patients to have Skype consultations with their clinician from the comfort of their home.

Declan said: "There is a whole piece of work going on to extend the ability to use Skype and Facetime.

"Within the next 12 months, we want to allow patients to book an appointment with their GP and do it over Skype if that's what they want to do.

"Some of these technological innovations are unique to Lancashire. We are right at the cusp of leading the way with these digital healthcare means."

'Delivering care in a different way'

DR AMANDA DOYLE - STP LEAD FOR LANCASHIRE AND SOUTH CUMBRIA

"There are enormous financial pressures on our services. But it isn't all about the money, even if it may appear that way.

"The health outcomes we get from our services are among some of the poorest in the country.

"We need to work together better across health and care and make better use of technology to make sure people receive the best possible treatments and so these outcomes are improved.

"It is about delivering care in a different way and using technology better.

"Using technology and digital health is one of our priorities to help people manage their conditions."

'It should be an option, not the option'

MARK JARNELL, ON THE NATIONAL EXECUTIVE FOR THE NATIONAL HEALTH ACTION PARTY AND A CHORLEY COUNCILLOR

"Prevention is always better than cure and using technology can be a good thing if it is used in the right way.

"But it should be used as a supplementary service not to replace direct patient care.

"Some older people do not always have that grasp over technology so to drive them towards that is not beneficial.

"If some people embrace the use of technolgy for health, it will allow doctors more time to deal with those who need them.

"If you are able to use that technology and want to use it, it should be there as an option, not the option.

"You can never replace that doctor and patient relationship."

Mark Jarnell

SPECIAL REPORT *The Great NHS Gamble*

24,000 unfilled vacancies lead to concerns about 'nursing on cheap'

As part of our continuing series of articles looking at Sustainability and Transformation Plans to shake up NHS services in a bid to save money, today The Great NHS Gamble looks at the staffing timebomb facing the service.

Lancashire's NHS may soon be forced to rely on 'nursing on the cheap' as vacancies of qualified staff mount and trainees on cheaper and quicker courses are hired, the Royal College of Nursing has warned.

Some NHS organisations in the county are trialling the use of 'nursing associates' being brought into the NHS in support roles for fully qualified nurses.

The Department of Health has introduced 1,000 trainee nursing associates this year at 11 test sites, with a further 1,000 to follow later this year.

Among the NHS organisations participating in the trial are North West Ambulance Service NHS Trust, Wrightington, Wigan and Leigh NHS Foundation Trust, Pennine Care NHS Foundation Trust and Pennine Care NHS Foundation Trust. But the RCN has warned the new staff "must not be used as substitutes for registered nurses" with 24,000 unfilled nursing vacancies across the country.

Nationally, the number of trainees applying to be nurses has fallen by 23 per cent this year after the Government controversially axed a bursary scheme to support students through education in a bid to save £800m while new figures have revealed a 90 per cent reduction in the number of EU nationals applying to work as nurses in British hospitals following the Brexit vote.

Just 101 nurses and midwives from other European nations joined the register to work here in December - a drop from 1,304 in July, the month immediately after the EU referendum.

RCN figures show there are already 24,000 unfilled nursing vacancies across the country. Tom Sandford, director of the Royal College of Nursing in England, says he is concerned the shortfalls will lead to a greater reliance on new nursing associates being asked to do more than what is in their job descriptions.

Mr Sandford said: "We are very worried they are going to be a nursing workforce on the cheap. We want to understand more about the training. It is not just in nursing, in almost every area of public service they are looking for substitution cheaper labour."

Mr Sandford said the RCN are now pushing for more details from health bosses on the intended use of nursing associates in the next few years as the NHS looks to plug a £22bn funding gap through the development of Sustainability and Transformation Plans (STPs). He says he is concerned whether the plans will be achievable without enough nurses and is calling on the Government to reinstate the bursary programme, as well as reassuring EU workers they are welcome to keep working in Britain. He said: "We are massively down on EU nurses at the moment. There are just under 60,000 staff with an EU nationality working in the NHS at the moment, 22,000 or 23,000 are nurses.

"In some emergency departments, you will find an almost completely Portuguese workforce.

"But in December only 101 nurses applied to be registered in Britain.

"EU staff have just turned off from coming here. I'm very, very concerned that the Government sends a positive message that despite Brexit you are going to continue to work here if you want to work here."

Mr Sandford said the RCN have been doing a huge amount of work trying to understand what the STPs will mean in practice.

He said: "The implications for local authorities are massive. The absence of

Drop in applications

Latest figures by UCAS reveal a drop in student applications for nursing and midwifery places of almost 25 per cent.

UCAS has published analysis of full-time undergraduate applications made by the January 15 deadline which is the first reliable indicator of demand for UK higher education for the 2017 cycle.

The figures show 564,190 people have applied to UK higher education courses for 2017 - a decrease of five per cent compared to the same point last year.

Nursing and midwifery has seen the most notable decrease in applicants.

Applicants from England making at least once choice to nursing or midwifery fell by 23 per cent to 33,810 in 2017.

Most applicants to nursing and midwifery are over 19 and English applicants from this age group decreased by between 16 per cent and 29 per cent.

Jon Skewes, director of policy, employment relations and communications for the Royal College of Midwives said: "It seems a remarkable coincidence that this drastic fall in applications comes soon after the announcement that midwifery and nursing students are having their bursary scrapped and will have to pay tuition fees.

"This could leave them as much as £60,000 in debt when they qualify."

social care is still the reason we have acute beds blocked in hospitals. Most local authorities have lost 40 per cent of their budgets in the last few years. We have a major problem in that area."

Guy Collis, health policy officer at Unison, has also raised concerns about the use of nursing associates and the use of non-clinical staff without training.

He said: "If there are ways of expanding what they're doing and taking on other roles, providing there was appropriate training, potentially depending on the way it was done, there might be something positive to be said. Our concern is that with some of those it's going to be care on the cheap. We've seen this in particular with nursing staff, there's suggestions they will be trying to use nursing associates.

"If they're being used in place of registered nurses there's a concern there it's being driven by cost cutting, rather than any desire to improve the quality of services."

Vacancy at one third of GP practices

DAVID WRIGLEY, DEPUTY CHAIRMAN OF THE BRITISH MEDICAL ASSOCIATION AND A LANCASTER GP

"One third of GP practices have a GP vacancy.

"Young trainee doctors are not going into general practice because they know there is so much pressure and the workload is so huge.

"Doctors in their 50s and 60s are so burnt out and under stress that they are either retiring early or moving on to do something else.

"We are now hearing of GP surgeries closing across the country because they can't recruit GPs or have financial problems.

"Those patients still need looking after so they will be added to another surgery's list which is already struggling.

"This will lead to more pressures added to their workload.

"For years and years, the funding in the NHS has become reduced and it has made the service so pressurised that the NHS has become not a pleasant place to work in.

"People are leaving the NHS or not wanting to come into it."

Case Study – Christian Wrathell

Christian Wrathell, 29 is training to become a mental health nurse and is in his second year at the University of Central Lancashire in Preston.

But he admits that without the bursary support, it would have made it almost impossible for him to pursue his ambition of becoming a nurse.

Christian, from Clitheroe, said: "I worked as a healthcare assistant for about five years and training to become a nurse seemed the natural progression and I wanted to increase my skills and play more of a part in delivering care. I have worked in mental health and have a real interest in this area and I want to help and support people who can be facing harrowing and isolating times in their life. But when I started my training, there was a bursary and without this, I don't think I could have afforded to go into nursing.

"I have spoken to quite a few of my fellow trainee nurses and they are in the same situation and say they would not have been able to do it without the bursary."

Christian Wrathell

Christian has a mortgage and is already paying off the student loans he took out while studying his degree in American Studies.

Christian said: "A lot of people going into nursing are mature students in their late 20s and 30s and they bring a wealth of experience from different areas.

"The financial pressure of doing nursing courses can be too much for people, especially if they have mortgages and families. The removal of the bursary will certainly put off people from lower income backgrounds from going into nursing. We are already seeing a drop in nursing applications and that is worrying.

"Doing a nursing course is very pressurised as you have a full-time placement and have university work to do as well so it is difficult to have part-time work on the side too.

"I do shifts as a healthcare assistant but this can be difficult when the university work is piling up. When I do my placements, I can see the pressures on staffing in the NHS and there is a lot of reliance on agency staff, but this is expensive for trusts and not a good use of NHS money.

"However, it is difficult to see how these vacancies will be filled when there has been such a huge drop in student nurse applications. It is futile making all these plans for the future of the NHS is there aren't going to be enough staff to deliver it."

'Trying to stay optimistic'

ESTEPHANIE DUNN, NORTH WEST REGIONAL DIRECTOR FOR THE ROYAL COLLEGE OF NURSING

"There is already a shortage of 24,000 nurses across England and we won't know the full extent of the removal of bursaries until this September and October.

"We are trying to remain optimistic that people will still want to come into nursing,

"But we know from speaking to nurses who are in training now that if they had had to pay their fees, they could not have done it. Many have families and mortgages.

"If they have to pay £9,000 a year fees and then take out loans, they could be leaving with £56,000 of debt before they start their nursing careers.

"Student nurses work shifts, nights and evenings and have assignments to do so it is difficult for them for work part-time to earn money.

"The STPs should not be about doing care on the cheap but about knowledge, skills and expertise."

SPECIAL REPORT *The Great NHS Gamble*

'NHS plan focuses on strokes when they happen not aftercare'

In our continuing series of articles looking at Sustainability and Transformation Plans to shake up NHS services to save money, today The Great NHS Gamble looks at how specialist care could be affected

Many of the plans to shake up services in the NHS and change the way of working talk about having specialised services – but campaigners fear this may mean patients travelling further to fewer hospitals.

A large number of the 44 Sustainability and Transformation Plans talk about having more specialist services to treat things such as stroke - something that hasn't escaped the attention of The Stroke Association.

Esmee Russell, head of policy and influencing at The Stroke Association, said: "We have picked up on the fact that a lot of the STPs are using these plans to push forward on reorganisation of acute stroke care.

"Reorganisation of acute stroke care has been happening for a while.

"It has happened successfully in London and Manchester and other areas are now looking to do it.

"A 'hyper stroke unit' is when stroke care is reorganised into one huge centre where there is all the equipment and expertise to treat stroke and it is staffed 24/7.

"The evidence from London and Manchester shows that when people are treated at these hyper stroke units, they spend less time in hospital and are less likely to die as a result of the stroke.

"This improves lives but it also saves the NHS money at the same time."

Ms Russell says, although the Stroke Association is backing health leaders across the country to continue with the reorganisation of stroke care, they want to make sure it is done properly.

She explains: "We would like everyone to be a maximum of 45 minutes away from one of these hyper stroke units.

"We also want to ensure the units are well staffed by having enough consultants with stroke expertise and that they meet the standards around scanning which is that every patient should be scanned within one hour of arrival at the unit.

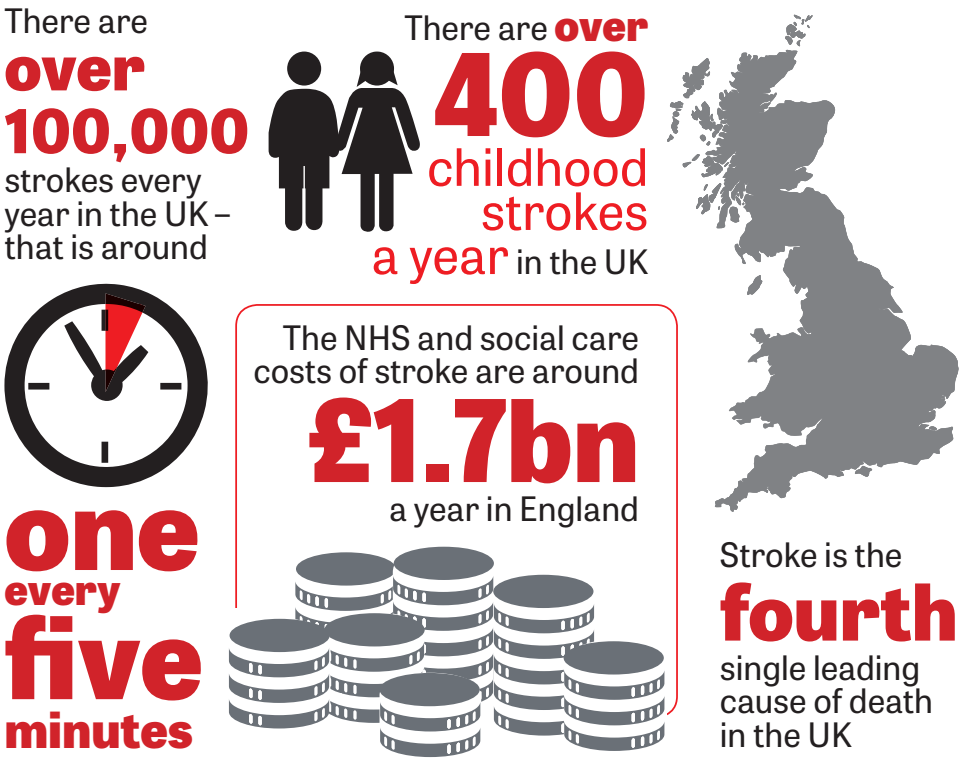
"They also need to be able to provide treatments for stroke such as thrombolysis – which is a drug injected into individuals which breaks up the clot.

"The aim is to have 90 per cent of appropriate patients thrombolysed within 45 minutes of arrival to the unit as the treatment has to be given within four hours of the onset of symptoms of a stroke."

Although many people fear travelling further for treatment will have a negative impact on recovery, Ms Russell says people are much likely to recover from stroke if they receive the specialist care they need."

She says: "Evidence shows people are more likely to receive this in hyper stroke units even if it means travelling a bit further.

"If the hyper stroke units are run as they should be, they will be more efficient when it comes to scanning patients and giving the treatment patients need in time."



The concerns The Stroke Association has around the STP plans are around post acute stroke care and making sure patients get the support they need after a stroke.

Ms Russell says: "A lot of the plans don't give details of the support patients will get when they leave hospital. This can be things like language therapy, physiotherapy and emotional therapy.

"This is a big area of concern for stroke survivors. Forty five per cent of stroke survivors have revealed they felt abandoned after leaving hospital.

"We have a real concern that the STP Plans are not addressing this. They are looking at treating stroke when it happens, but not the aftercare.

"It is very important to make sure stroke survivors have the right care afterwards to aid their recovery.

"It is about making sure individual stroke survivors get the support they need. Some patients can self manage but others need the support of professionals and it is important they get this.

"As long as they are set up correctly, we are in favour of hyper stroke units. There is work going on to look at local geography to see where these hyper stroke units should be located."


Mohamad Nidal Bittar (bearded in centre) with the Lancashire Cardiac Centre team

SPECIALISED CARE – DR Amanda Doyle, Lead for Lancashire and South Cumbria

Something that is a big issue when it comes to health is that for some serious conditions, people don't always get the best clinical outcome from their treatment as they could do if we delivered care differently.

"When it comes to things like stroke, the outcome for people in Lancashire and South Cumbria is not as good as if we did things differently.

"There is a lot of evidence that very specialist centres for some conditions produce better outcomes.

"A good example of this is the Cardiac Centre at Blackpool.

"People from all over the patch will go directly to Blackpool where there is a very specialist service.

"You are much safer travelling further to a specialist centre which is able to give the specialist treatment you need than you are going to a very close hospital that is not able to do that.

"Time is of the essence but it is not the major factor.

"You are better travelling further than going somewhere close by that does not have the treatment you need.

"We have done this for several years now with heart attacks and the survival outcomes have improved significantly.

"In the STP, we are carrying out a review of hospital services and specialist services to look at the best way of delivering them.

"For some very specialist conditions like stroke, it is likely to mean changes in where we provide this."

Around
150,000
people in the UK have coeliac disease
– a further
500,000
extra could be undiagnosed

1 in 3
of England's CCGs have told GPs to stop prescribing gluten-free food

PRICES CHECKED ON FEBRUARY 20, 2017

'I feel I am being punished for my illness'

"I feel like I'm being punished for a condition I have no control over."

When Stephen Russell lost weight and felt so lethargic and ill that he could not get out of bed in the morning, he feared he had cancer.

Stephen, 71, of Clayton-le-Woods, near Chorley, recalls: "I felt so ill, I could not think straight and my whole body felt really bad.

"I went to the doctor and he suggested I went to hospital but there was a 13 week waiting list and I was so worried, I could not wait so I had a private consultation with a doctor."

Stephen had a biopsy and an endoscopy and was told he had coeliac disease and had to stop eating wheat, rye and barley.

Stephen, who was diagnosed around 10 years ago, admits: "When I was first diagnosed I did not understand coeliac, to me it was an alien thing I had no idea about."

When Stephen discovered he could get gluten free products on NHS prescription, he decided the only two products that were important were bread and pasta.

The year after his diagnosis, doctors discovered he had another disease of the stomach as well as Irritable Bowel Syndrome so Stephen could not have anything with grains or high fibre as well as gluten.

He says: "We worked out there were only two breads I could have.

"Those two breads you can only get on prescription. You can't get them from supermarkets.

When Stephen found out his CCG had stopped gluten-free prescriptions for those with coeliac disease in December, he went to the chemist to collect the bread he had already ordered and had to pay £70 for 16 loaves.

He explains: "I get the bread in bulk and freeze it. The loaves are only small so I get through three a week.

"So it is now costing me £4.40 for a little loaf of bread."

Stephen, married to Lesley, is a retired engineer and says for him it is like a cut to his pension.

He said: "Lots of people with coeliac disease get things like biscuits and crackers on prescription but it's just the staple of bread that I want as I cannot buy the bread I need from the supermarket.

"I appreciate the problems the NHS has got and realise it needs to make savings. But you cannot do anything about coeliac disease.

"Here I am with an illness I cannot do anything about and I feel like I am being punished and penalised.

could be living in the UK undiagnosed, Ms McGough said.

"Coeliac disease is not a choice, it's a serious medical condition, when the body's antibodies attacks its own body when gluten is eaten," Ms McGough added.

"If you continue to eat gluten then essentially there will be a risk of complications with coeliac disease and then there are problems of osteoporosis, due to malabsorption of calcium, then there's a rare risk of cancer.

"We understand the cost pressures for the NHS and obviously want to try to work with the NHS to make the cost efficiencies.'

Separately, Dr Tony O'Sullivan, co-chair of Keep Our NHS Public, has warned putting restrictions on prescriptions may force people to seek private care.

A former clinical director at Lewisham Hospital who has more than 40 years of experience in the NHS, Dr O'Sullivan, said: "The more restrictive the health service becomes, we're going to make it more difficult for people.

"You won't be able to have two cataract operations, you'll have one eye not the other, you can have one hearing aid but not two.

"The more the waiting lists goes up for hip and knee replacements – certainly they're making changes so that people who can will go privately."

Sarah Sleet, Chief Executive Of Coeliac Uk

National charity Coeliac UK is strongly opposing the removal or restriction of gluten free prescriptions around the country for those battling coeliac disease, arguing that if the treatment for the condition was a drug, patients would not be facing this situation.

Clinical Commissioning Groups (CCGs) are responsible for the commissioning of NHS services at a local level including the prescribing of gluten-free staple foods. There are 209 CCGs and currently around 60 per cent of CCGs are following the National Prescribing Guidelines with over a third now restricting what is available on prescription.

While some are still prescribing gluten free products for those with coeliac disease, others are restricting products, with some CCGs having already partially or completely withdrawing the prescriptions resulting in a postcode lottery.

In many other areas, the policy on gluten-free prescribing is currently under review.

Coeliac disease is a serious autoimmune condition caused by a reaction to gluten, a protein found in wheat, barley and rye.

Coeliac UK, believes any cuts to gluten free prescriptions will leave vulnerable patients with coeliac disease without support which will affect their ability to stick to the gluten free diet - the only treatment for the condition.

The potential serious long term health complications of not maintaining a gluten free diet include osteoporosis, infertility and, in some rare cases, small bowel cancer, conditions that could cost the NHS a lot more in the long run.

Sarah Sleet, chief executive of charity Coeliac UK, said: "It is a very difficult situation.

"We completely understand the NHS is hard pushed for resources at the moment.

"But for people with coeliac disease, it is a life long condition and the only treatment is a gluten free diet. Unless you have to do it every day for the rest of your life, it is easy to think it is an easy diet to manage with the increasing availability of gluten free products.

"But it remains difficult because of the pricing."

Gluten-free food staples such as pasta are three to four times more expensive than comparable gluten-containing products, gram for gram but gluten-free bread is six times more expensive than regular gluten containing bread in the supermarket.

On top of this availability is limited in rural areas, discount supermarkets and small stores.

50p

THE PAPER – BRITAIN'S FIRST AND ONLY CONCISE QUALITY TITLE

TUESDAY
14 FEBRUARY 2017
Number 1,942

Exclusive

Revealed: 19 NHS hospitals face closure

» Biggest health service shake-up in a generation

» Major city and community hospitals set to shut – with loss of more than 2,000 beds

» i investigation uncovers radical changes to A&E and maternity care

» New rationing for operations

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WHERE NEXT FOR THE NHS?

Inside

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FINANCE

Health chiefs: we can't afford to keep hospitals open

At the heart of the transformation is a strategy to move the fulcrum of the NHS away from hospitals to a new set of community services integrated with social care.

Analysis of the 44 NHS England health plans shows that, in many cases, specialist care from stroke services to major trauma will be centralised to fewer units, where research suggests the results for patients can be improved despite longer journeys.

But the STPs make clear such changes cannot be brought about without significant changes to hospital provision, including closures. Some 44 per cent of the blueprints contain plans for the consolidation of services on fewer hospital sites.

In south-west London, where one of five major acute hospitals is marked for closure, the STP makes its case bluntly: "Clinicians do not believe that we will be able to recruit or pay for sufficient workforce to deliver seven-day services at five acute sites."

Community hospital provision is also facing significant reductions with plans for the closure or redesignation of sites from Cumbria to Devon.

These sweeping changes to a health service brought accusations from doctors' leaders that they amount to a ploy to hollow out the NHS, while shifting blame away from ministers on to health service chiefs.

Doctors claim the changes amount to a charter for cuts and creeping privatisation, which threaten the founding ideals of a health service free at the point of delivery.

Dr Mark Porter, chairman of the British Medical Association, told i: "We are being asked for too much and are being deliberately underfunded. What is being asked goes far beyond efficiency savings and dips into the area of cuts."

An NHS England spokesperson said: "The number of people seeking urgent care is on the rise so overall we expect the range of services available to them to expand over coming years. Within that overall expansion, it may be possible to improve care and save lives with some concentration of specialist urgent services. However, we do not expect significant numbers of A&E changes in the years ahead, and many schemes were in fact decided on many years ago."

before the blueprints are finalised in the next few months.

So what's the big idea?

Actually, there are a couple. First, the STPs represent a dramatic change in the way the NHS goes about its business. In recent decades the service has been built on a competitive model, with hospitals and providers expected to focus on their own performance. The STPs go in the opposite direction by asking all NHS organisations in a particular area to collaborate to meet the challenges of providing integrated care. Think-tanks have been advocating a switch to this "place-based care" model for years.

The second big shift is to try and move the NHS away from a reactive, hospital-based service to one based on primary and community care (GPs, local clinics) where the focus is on preventive medicine to keep people healthy in the first place.

What will all this cost?

A "transformation fund" of £3.4bn, rising to £10bn, has been set aside to finance the transition of STPs to the new model. This would pay for setting up services such as new primary care "hubs" housing services from GPs to social workers and employment advisers. But it will only be available to STPs that show they can balance their books.

When will it happen?

From April this year, STPs will become the only way of obtaining funding to change the way services are delivered. The new structure will be phased in but is expected to be fully in place by March 2021.

And, above all, will it work?

That is the £22bn question upon which, according to doctors' leaders, the future of the "free at the point of delivery" NHS depends. Health service managers do not downplay the scale of the task they are undertaking – in essence, the biggest shake-up in a generation.

Clinicians and campaigners warn of two big obstacles. First, they say there is a lack of money and they believe the NHS is being deliberately underfunded by the Government as a back-door means to cuts and creeping privatisation. Second, concern is being expressed about the ability of hundreds of hard-pressed, cash-strapped NHS institutions to change their entire way of working – often enforced by legally binding restrictions – to deliver on the vision of an integrated NHS.

Cahal Milmo

At-risk list Hospitals that may be marked for closure

ACUTE

Five acute hospitals are closing or are now at risk of closure:

Leicestershire One of three acute hospital sites is proposed for closure.
South West London One of five sites is proposed for closure, from St Helier, St George's, Epsom, Croydon or Kingston upon Thames.
North West London Future of Ealing Hospital is now in doubt.
Black Country Merger of two general hospitals to a single site.
Dorset Merger of Royal Bournemouth *(above)* and Poole Hospital.

COMMUNITY

Fourteen community hospitals face closure or redesignation: three in Lancashire and South Cumbria, two in Derbyshire, two in Leicestershire and Rutland, three in Dorset, and four in Devon:

Alston, Cumbria **
Maryport, Cumbria**
Wigton, Cumbria **
Hinkley and District Hospital, Leicestershire
Rutland Memorial Hospital, Leicestershire
Bolsover Local Hospital, Derbyshire
Newholme Hospital, Derbyshire
St Leonards, Dorset
Alderney, Dorset
Westhaven, Dorset
Ashburton, Devon *
Bovey Tracey, Devon *
Dartmouth, Devon *
Paignton, Devon *

** To be replaced by "health and well-being centres"*
*** Closure of all beds*

Wraps are off Now we can have the vital debate

The former Chancellor Nigel Lawson asserted that the National Health Service was "the closest thing the English have to a religion". The same observation can doubtless be applied to the other parts of the United Kingdom, and when the tenets of that faith are suddenly up for revision then its adherents should know.

That is why the Johnston Press Investigation Unit felt it important that we scrutinise each and every one of the 44 sustainability and transformation plans (STPs) that have been drawn up to remodel the NHS across England with the conveniently converging aims of making Britons healthier while plugging a £22bn hole in the health service budget.

Until December, these blueprints for far-reaching reform were carefully kept under wraps, and even now far fewer know about them than should. If you think the title of these documents is less than mouthwatering, try the contents themselves. Even by the jargon-riddled standards of most reports produced to analyse the structure and goals of large organisations, some of the STPs should be rightly accused of setting new standards of impenetrability.

But the future of the NHS is too important to be shrouded for long in the obfuscatory language of "affordability challenges" and "risk stratifications".

Look hard enough in the thickets of small print and the contours can be discerned of a dramatically different NHS – one where hospitals are closed and services trimmed and concentrated, but also where people will be brought closer to their clinicians and encouraged to lead healthier lives.

The desirability and viability of these changes are matters for informed debate which, until now, has been hobbled by a distinct absence of detail available to the public about what the Government and NHS England's five-year plan actually means in terms of the service 55 million people will receive – and doubtless eventually the rest of the population in Scotland, Wales and Northern Ireland where the pressures on health services are every bit as real.

Will there still be beds in your community hospital? How far will you have to drive to the nearest A&E unit? How will technology make a difference to treatment of a long-term condition such as diabetes or heart disease?

We cannot claim to have found all the answers but our analysis over the coming days will lift the lid on changes which, by accident or design, have until now remained largely unknown and untested.

Only then can we decide whether our national religion is going through the sort of reformation we should support or resist.

Cahal Milmo

The state of the nations

England [illegible]

Wales [illegible] **Northern Ireland** [illegible]

Northern Ireland spending per person

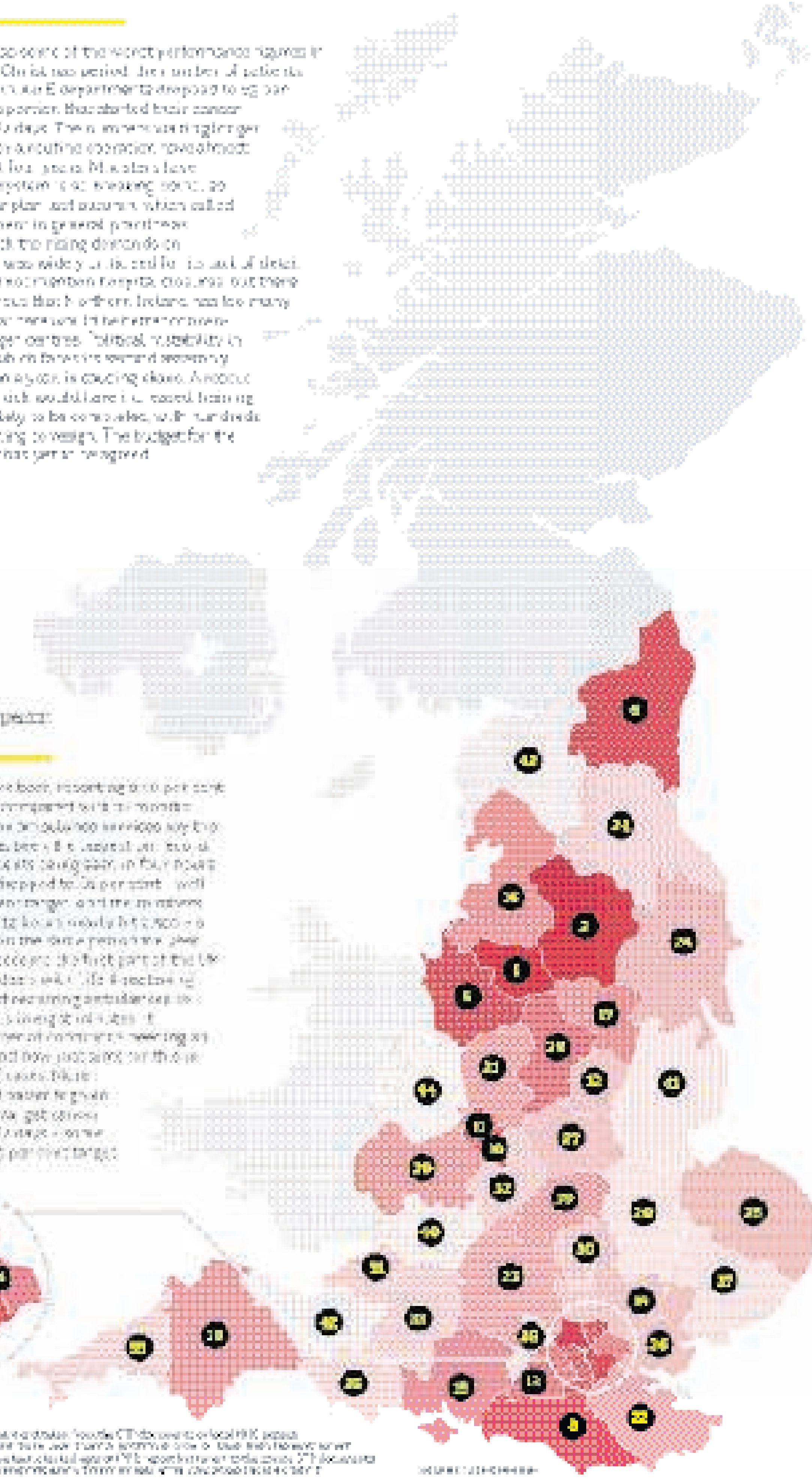
£2,125

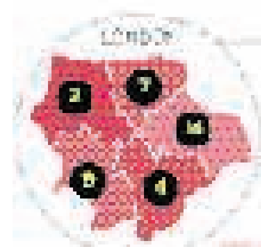
[illegible]

Wales spending per person

£2,084

[illegible]





Scotland spending per person

£2,160

[illegible]

What would happen if nothing was done?

[illegible]

Population (m) | Do nothing scenario (£m) health & social care | Cuts needed per head of population (£)

England

		Population (m)	Do nothing scenario (£m)	Cuts needed per head (£)
1	Greater Manchester	[illegible]	[illegible]	[illegible]
2	North West London	[illegible]	[illegible]	[illegible]
3	West Yorkshire	[illegible]	[illegible]	[illegible]
4	South East London	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]
6	Northumberland, Tyne and Wear	[illegible]	[illegible]	[illegible]
7	North Central London	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]
10	Birmingham and Solihull	[illegible]	[illegible]	[illegible]
11	The Black Country	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]
14	North East London	[illegible]	[illegible]	[illegible]
15	[illegible]	[illegible]	[illegible]	[illegible]
16	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	[illegible]	[illegible]	[illegible]
18	Devon	[illegible]	[illegible]	[illegible]
19	[illegible]	[illegible]	[illegible]	[illegible]
20	[illegible]	[illegible]	[illegible]	[illegible]
21	[illegible]	[illegible]	[illegible]	[illegible]
22	[illegible]	[illegible]	[illegible]	[illegible]
23	[illegible]	[illegible]	[illegible]	[illegible]
24	[illegible]	[illegible]	[illegible]	[illegible]
25	[illegible]	[illegible]	[illegible]	[illegible]
26	[illegible]	[illegible]	[illegible]	[illegible]
27	[illegible]	[illegible]	[illegible]	[illegible]
28	[illegible]	[illegible]	[illegible]	[illegible]
29	[illegible]	[illegible]	[illegible]	[illegible]
30	[illegible]	[illegible]	[illegible]	[illegible]
31	[illegible]	[illegible]	[illegible]	[illegible]
32	[illegible]	[illegible]	[illegible]	[illegible]
33	[illegible]	[illegible]	[illegible]	[illegible]
34	[illegible]	[illegible]	[illegible]	[illegible]
35	[illegible]	[illegible]	[illegible]	[illegible]
36	Dorset	[illegible]	[illegible]	[illegible]
37	[illegible]	[illegible]	[illegible]	[illegible]
38	[illegible]	[illegible]	[illegible]	[illegible]
39	[illegible]	[illegible]	[illegible]	[illegible]
40	Gloucestershire	[illegible]	[illegible]	[illegible]
41	[illegible]	[illegible]	[illegible]	[illegible]
42	[illegible]	[illegible]	[illegible]	[illegible]
43	[illegible]	[illegible]	[illegible]	[illegible]
44	[illegible]	[illegible]	[illegible]	[illegible]
TOTAL			[illegible]	[illegible]

[illegible]

SCOTLAND

Three operations called off every day in 2016

By Ian Swanson

INVESTIGATIONS TEAM
Cahal Milmo, Aasma Day, Don Mort, Chris Burn, Ruby Kitchen, Paul Lynch, Ben Fishwick, Philip Bradfield and Deborah Punshon of Johnston Press

Almost 1,200 operations were cancelled in Lothian last year because hospitals could not cope.

That amounts to an average of more than three surgery sessions every day called off for "capacity or non-clinical reasons".

Patients who were due to have operations found them postponed because of the unavailability of beds, staff or equipment or due to employee illness, dirty equipment or theatre sessions overrunning.

£1.5bn
Amount cut from local government funding by the SNP since 2011

The Edinburgh Southern Labour MSP, Daniel Johnson, said the figures backed up NHS staff concerns about growing pressures.

And he said the long-term solution is to invest in social care to take pressure off hospital resources.

Mr Johnson said: "Every single day NHS staff tell us that they are under pressure and under-resourced. Now we see that well over 1,000 planned operations were cancelled last year because hospitals across Lothian did not have the capacity to cope.

"A decade of SNP mismanagement of our NHS means that patients are being let down because hospitals are not getting the support they need.

"NHS staff are performing as best they can under difficult circumstances, but the lack of support from the SNP Government makes their job even harder. It's no wonder then only one-third of NHS staff think they have enough colleagues to do their job properly. The way to take the pressure off of our hospitals is to properly invest in social care."

But he said the Scottish Government Budget for 2017-18 meant more local government cuts on top of the £1.5bn cut by the SNP since 2011.

Labour would use the powers of the Parliament to stop the cuts and invest instead, he said.

Jacquie Campbell, interim chief officer, NHS Lothian, said: "We apologise to anyone who has had their operation rescheduled. We know that it can cause inconvenience and distress for patients."

WALES

Full-time nurses still in short supply

Wales is suffering from a shortage of nurses and healthcare assistants despite a recruitment drive.

Last week, the Betsi Cadwaladr University Health Board (BCUHB) was told that there is a gap of 177 full-time registered nurses in secondary care – higher than December's figure.

There is also a shortage of 79 healthcare assistants, though 34 are being recruited. One hundred applicants came forward after a national advertising and social media campaign in January, while another drive to attract more non-EU nurses will take place later this month.

On average, 85 per cent of rosters are filled in hospitals across the region.

The BCUHB, the largest health organisation in Wales, was also told that pressure on the out-of-hours GP service in the region has increased substantially in the past 12 months.

Peter Meredith-Smith, the associate director for the Royal College of Nursing Wales, told i he was not surprised by the findings.

"The Welsh Government and NHS Wales managers are making efforts to rectify the situation, but we are playing 'catch up' to put the nursing workforce on a firm footing," he said. "This highlights the need for legislation around safe nurse staffing levels."

Tens of thousands of patients in Northern Ireland have had to wait for treatment
GETTY IMAGES

NORTHERN IRELAND

Resignation letters written by hundreds of despairing GPs

By Philip Bradfield

While Northern Ireland's outgoing health minister, Michelle O'Neill, has described the NHS as being "at breaking point", the proposed means of resolving this are quite different to those in England – and have been complicated by a snap election and the uncertain future for the power-sharing government,

While detailed Sustainability and Transformation Plans have been published for 44 NHS areas in England, no such detail has been published for Northern Ireland.

After a series of reports on the future of the NHS there over the past decade, change has been minimal. However there appears to be more momentum in the wake of the Bengoa report last year.

Hundreds of individual Northern Ireland GPs have signed undated resignation letters to leave the NHS, meaning they could leave the health service. Their spokesman, Tom Black, said: "General practice is on the brink in Northern Ireland and we feel we have no alternative to proceed with collecting undated resignations from our members."

Staff at Altnagelvin hospital's emergency department in Londonderry were at "breaking point" over the new year period. A "major incident" was declared after a norovirus outbreak led to high numbers of patients.

In November, the BBC reported that 243,141 patients were waiting for their first consultant-led appointment; 5 per cent more than the previous year. More than 70,000 patients were waiting to be admitted to hospital.

In October, Ms O'Neill unveiled a 10-year plan in the wake of Bengoa, to improve an NHS that she said was at "breaking point".

Her plan had four critical aims; to "build capacity in communities", preventive care, "reform" of community and hospital services, and to ensure that the NHS administrative and management structures are organised to deliver.

What do you think? How is the NHS near you coping? We want to hear from you
Email i@inews.co.uk
Twitter @theipaper
facebook.com/theipaper

Comment

This is our chance to transform a failing system

Professor Keith Willett
NHS ENGLAND

Our GPs, community services, NHS 111, ambulances, A&E departments, and hospital services are under intense pressure. The problems are complex but must be – and are now being – addressed urgently.

The NHS of today is still based on its original 1940s design. Every industry needs to adapt, and the NHS is no different.

We are all living longer – over the next 15 years the population aged over 65 is projected to increase by 40 per cent, which is good news. But our health and care needs are greatest in the later decades of life as we accumulate multiple ageing disorders that can affect our independence as much as our wellness.

Right now, our health and social care system has an inbuilt default mechanism. When society cannot meet our personal care needs at home, we are moved, often distressingly for us, to a hospital medical setting, the only way to provide that care.

The NHS has around 100,000 beds, enough for the medical treatment of our patients. But what we are facing is using a large proportion for "personal care" – dormitories of older people.

Medical care is also advancing. Today, a paramedic or GP can undertake tests and treatments in our homes or their surgery that 10 years ago we could only do in a hospital. Likewise, there are treatments now available in specialist centres that change patients' lives and survival that are impossible in local hospitals.

As a doctor I cannot deny that offer to patients who suffer a stroke, heart attack or major injury. In London, this has saved the lives of 100 stroke sufferers a year, and across the country the odds of surviving a major trauma have risen up to 50 per cent.

The opportunities for bringing about a shift in care from hospital to home, or close to home, are enormous. Our frail and elderly patients would be particularly advantaged. Hospitalisation often disorientates them – physically, mentally and socially – and puts them at unnecessary risk.

To tackle these issues, NHS and local authority leaders have come together for the first time across England to plan future services with their communities, producing what we call sustainability and transformation plans (STPs). Such collaboration will give nurses, doctors and care staff a better chance of succeeding.

Finally we have an opportunity to deliver long-promised expansions in general practice and truly responsive and hooked-up community care services.

Through extra investment, we also now have the opportunity to make common-sense improvements to the way services work, such as making it easier to see a GP, speeding up cancer diagnosis and offering faster help to people with mental ill health.

Now what we need in every part of England is evidence-based debate about what our local authority, community and health and care leaders are suggesting. I am sure those ideas can be improved but they deserve a fair hearing.

The author is NHS England's medical director for acute care

50p

THE PAPER – BRITAIN'S FIRST AND ONLY CONCISE QUALITY TITLE

1

WEDNESDAY
15 FEBRUARY 2017
Number 1,943

Exclusive

Revealed: 24 A&E units face closure

» Dozens of casualty departments marked for closure or downgrading despite record demand and overcrowding

» Top emergency doctors accuse Government of wishful thinking – 'it's like making the River Nile run backwards'

» Health bosses expect up to 30% fall in A&E visits – and argue that concentrating resources can save lives

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WHERE NEXT FOR THE NHS?

Inside

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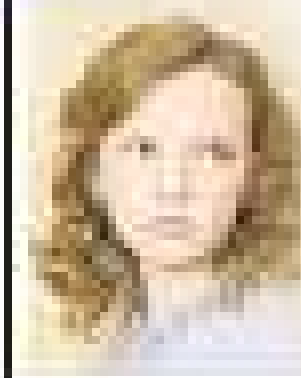
NORTH KOREA
Secret agents 'assassinate leader's half-brother'

COMMENT
I'm young and I want more sex ed
P20

POLITICS
Ukip leader: maybe my friend didn't die at Hillsborough
P13



CULTURE
Lyra's back
P21

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previously: "We do not believe that overnight A&E services will be reinstated by February 2017. The committee concluded that although indicated as temporary, the closure is in effect permanent."

Nick Boles, the Conservative MP for Grantham and Stamford, said in a statement last week: "Six months after United Lincolnshire Hospitals Trust decided to close Grantham A&E at nights because of shortages of staff across the county it is depressing how little progress has been made. An hour extra in the morning is better than nothing but does not suggest they are taking the situation as seriously as they should."

Mr Boles added: "I was extremely disappointed when ULHT decided to close Grantham A&E at nights to cope with its dramatic staff shortage. I am appalled at their failure to anticipate the exit of key members of staff and recruit replacements in advance. This is the latest chapter in a long running saga of bad management at ULHT."

Locals are planning another march which is expected to take place on 25 February.

Case study, page 9

ALAMY

At risk A&E units

ACTIVE PLANS FOR CLOSURE OR DOWNGRADE
Alexandra Hospital, Redditch
Dewsbury and District Hospital
Ealing Hospital, west London
King George Hospital, east London
Poole Hospital, Dorset
City Hospital, Birmingham *
Sandwell District General Hospital *
** Replaced by unit at new Midland Metropolitan Hospital in 2018*

FACING CLOSURE OR DOWNGRADE IN STP DOCUMENTS
*(No final proposal yet made) ***
George Eliot Hospital, Nuneaton, Warwickshire
Queens Hospital, Burton-on-Trent, Staffordshire
Broomfield Hospital, Chelmsford, Essex
Southend University Hospital, Essex
County Hospital, Stafford
Horton General Hospital, Oxfordshire
Milton Keynes University Hospital, Buckinghamshire
Bedford Hospital, Bedfordshire
Epsom Hospital, Surrey
St Helier Hospital, Surrey
Kingston Hospital, west London
Royal Shrewsbury Hospital, Shrewsbury
Princess Royal Hospital, Shropshire
Huddersfield Royal Infirmary, West Yorkshire
Darlington Memorial, Durham
University Hospital of North Tees, Stockton-on-Tees
Macclesfield General Hospital, Cheshire
Scarborough General Hospital, North Yorkshire
Southport District General Hospital, Merseyside
Charing Cross Hospital, west London
Chorley and South Ribble Hospital, Lancashire
Grantham Hospital, Lincolnshire
Warrington Hospital, Cheshire
Weston General Hospital, Somerset
Tameside General Hospital, Greater Manchester
Fairfield General Hospital, Bury, Greater Manchester
*** According to STPs in several areas, neighbouring units will go "head to head" to decide which should remain a full A&E and which will face closure or downgrade.*

Source: JP Investigations Unit/ *Health Service Journal*

Health service managers have insisted that in cases where changes are already taking place at emergency units, the result will be improved provision to local services. For example, in Dorset proposals currently out to consultation will result in specialist 24-hour A&E provision in the county – a service which is currently unavailable.

REACTION

Former health minister wants open debate

By Paul Gallagher
HEALTH CORRESPONDENT

The planned closures of 19 hospitals and thousands of hospital beds are an "inevitable consequence of the Government's underfunding of the NHS", a former health minister said yesterday.

Responding to **i**'s investigation the Liberal Democrat Health spokesman Norman Lamb called for an open debate on the future of the NHS and proposed increasing tax to pay for improved services.

"We are seeing the gradual downgrading of our health service taking place behind closed doors," he said. "There needs to be an honest debate that fully involves the public. Many people now agree that to secure the long-term future of the NHS and care, we may all have to pay a little more in tax.

"It's time for a national convention on the NHS and care that brings the public and political parties together to come up with bold solutions."

His comments follow our investigation of all 44 of NHS England's Sustainability and Transformation Plans (STPs) which found that they will lead to the closure of 19 hospitals, including five acute ones. Areas where acute hospitals are under threat include Leicestershire and south-west London.

The British Medical Association said that £9.5bn of capital funding is needed to carry out the plans. It has previously criticised STPs as a stealthy way of cutting NHS services, dressed up as modernisation.

TRAINEE GP

'I don't have the capacity to be caring... It's soul-destroying'

When the best you can do in the circumstances isn't enough. By **Marie McVeigh**

A&E is never easy but this winter has been truly hellish. Every day or night I start a shift, the first thing I do is take a look at the line of computer screens that will tell me just how bad it's going to be. The flashing icons at the top tell me which patients have been in the department more than four hours. How long that list of alerts is tells me what kind of of night I'm heading into.

This winter, the waiting times have been insane. Last week for example, on a week of nights, I could see straight away that although lots of our patients had already been seen, they had been waiting eight, nine or 10 hours for a bed on the acute admissions ward. This meant the waits would start to spiral out of control, as the later it gets, the fewer staff you have in A&E but the ambulances keep on coming. In fact, these days they keep coming more rapidly than usual because our neighbouring hospital's A&E often has so few beds it's forced to close temporarily and the patients are diverted to us, regardless of our capacity. There are no extra staff to cope with the influx of patients from another hospital. It's soul-destroying.

The work is relentless; I'm lucky if I get my 30-minute break overnight – usually around 5am. When someone severely unwell comes into the "resus bay" – where people go if we think they have life-threatening conditions – or there are elderly patients sitting in chairs lining the corridors for hours, even taking a few minutes to eat or going to the loo is a luxury.

We were down a junior doctor or two again last week. One of the consultants had to stay all night to cover the rota gap and maintain the minimum level of safety. There are no beds. There aren't enough cubicles to examine patients. We play a game of musical chairs and beds, getting people to sit out in the "arrivals corridor" by the ambulance bay... eventually moving them to the "X-ray corridor"and then "on the way to a ward corridor". It isn't dignified, and it sometimes isn't safe. People don't get their observations done on time, their urgent medications started. Life-saving initiatives, such as starting antibiotics within an hour for sepsis, fall by the wayside as drug charts are misplaced and notes moved from one corridor to the next.

I see elderly patients sent in from nursing homes with a fever and unwell, lying scared and confused for hours, calling out for help and something to drink. They often don't know where they are, or why they are here. No one has time to explain again. One distressed gentleman in his nineties has dementia, meaning we'll have to explain again in 10 minutes. I don't have the capacity to be caring, to reassure him, to give him the specialist attention he needs.

My A&E night shifts are only eight hours – I know I'm lucky. I'd been used to working 13-hour shifts, so I thought this four-month stint wouldn't be too bad: I was wrong. As dawn breaks I'm utterly exhausted and I've still got to drive home safely. The pace, the pressure and the never-ending flashing screens tell me that I am being too slow, failing the targets, failing our patients. I don't feel I'm giving them the best care I can give – yet I know I'm doing the best I can under the circumstances. Where does that leave us when that isn't enough?

50p

THE i PAPER – BRITAIN'S FIRST AND ONLY CONCISE QUALITY TITLE

i

THURSDAY
16 FEBRUARY 2017
Number 1,944

Exclusive

NHS plan to close maternity units

» 11 maternity and neonatal services face closure or consolidation – in major shake-up of acute obstetric care, **i** investigation finds

» More home births and midwife-led units on the way as NHS tries to plug £22bn funding gap

» Senior midwives believe reforms can give women better birth experiences – but fear cuts will hit safety

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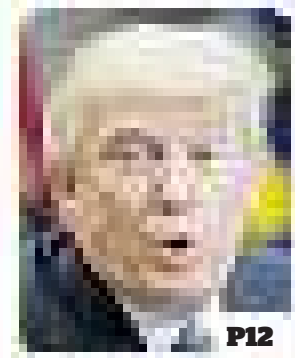
NORTH KOREA

The LOL assassin?

Woman accused of killing Kim's brother



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Trump blames his own spies for the scandal that could be 'bigger than Watergate'

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WHERE NEXT FOR THE NHS?

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EMPLOYMENT

Staffing crisis a major area of concern

Staffing levels are a real area of concern when it comes to maternity. In England alone, there is an estimated shortage of 3,500 midwives.

There are training places for around 2,500 student midwives a year, but this is not meeting demand. In the year to September 2016, midwives in England rose by 104 – the equivalent of one extra midwife per average maternity unit every two years.

This is thanks in part to poor retention of newly trained midwives, and the fact that many midwives are now reaching or approaching retirement. The latter has raised fears that the profession is facing a staffing timebomb.

Figures show that around a third of midwives in England and Wales, and two in five in Northern Ireland, are now in their fifties or sixties. The picture in Scotland is similar, with two in five midwives and maternity assistants now aged 50 or older.

According to the Royal College of Midwives, "Women who give birth later in life will need more care from the NHS".

The Royal College of Midwives' State of Maternity Services Report 2016 suggests that midwives may be leaving profession because of "the lack of flexible working for those juggling family commitments", and it suggests that more flexible working options are needed.

Dr Javque Gerrard, director for England at the Royal College of Midwives, said: "We are not against the STP plans and are very supportive of the Maternity Transformation Programme.

"It is staffing levels we are concerned about.

"We need the right number of midwives in the right places to make it happen."

ELECTION

PM refuses four times to oppose closure of maternity ward

INVESTIGATIONS TEAM
Cahal Milmo, Aasma Day, Don Mort, Chris Burn, Ruby Kitchen, Paul Lynch, Ben Fishwick, Philip Bradfield and Deborah Punshon of Johnston Press

By Tom Peck

Theresa May made a brief visit to Copeland in Cumbria yesterday, where a by-election will take place next week, but the Prime Minister refused to answer questions over plans to drastically scale back maternity services in the local West Cumberland Hospital which would force pregnant women and new mothers to drive more than an hour to Carlisle to seek emergency help.

Asked if she agreed with the local Conservative candidate, Trudy Harrison, that these changes should not go ahead, Mrs May said only that there had been "scaremongering about hospital services and the NHS by the Labour Party" and denied that West Cumberland hospital "is about to be closed".

She refused four times to say she herself was opposed to the proposals, saying only: "What is important is that Trudy Harrison is a candidate who has made clear her views, not just to me but to health ministers."

The Labour Party candidate Gillian Troughton *(inset)*, who still works as a volunteer ambulance driver in the town of Whitehaven, called the planned cuts "politically motivated" and said they "could not be allowed to happen".

"These are a politically motivated set of changes that are happening to this hospital. This is about money, it's not about care. We've had money taken out of the health economy in this area. We were promised we would have a review of the whole of the health economy, we were promised we'd look at new, innovative ways of working, and instead we've gone just back to the old way of a centralised focus."

Ms Troughton said she had "blue-lighted down every road in the constituency" and warned of the grave risks associated with moving maternity facilities.

"With a labour you know that things can go wrong in an instant," she said. "[Under the proposals] they want to have midwives here that are highly trained medical professionals, delivering babies. But they will also be the ones saying, 'this baby needs to come out' or 'this mother needs to see a doctor' and that doctor is going to be an hour and a half away. Bed to theatre, or bed to bed, is an hour and a half, and we cannot allow that. In extreme circumstances babies needs to be got out and helped in minutes, not hours. It's not on."

The by-election has been forced by the resignation of the popular young Labour MP and Corbyn critic Jamie Reed, who has taken a job as a community development officer with Sellafield.

THE INDEPENDENT

COURTS

Woman died after three units refused to take her

By Jane Kirby

A woman died from a brain haemorrhage after three hospitals refused to admit her for surgery because they had no intensive care beds.

A coroner ruled that 57-year-old Mary Muldowney would probably have survived if she had been given immediate life-saving surgery to stem the bleeding. Ms Muldowney was admitted to East Surrey Hospital in Redhill on 20 July last year where doctors immediately suspected a bleed on the brain.

A CT scan carried out just over an hour later showed heavy bleeds and doctors requested an immediate transfer to a specialist neurosurgical unit for surgery.

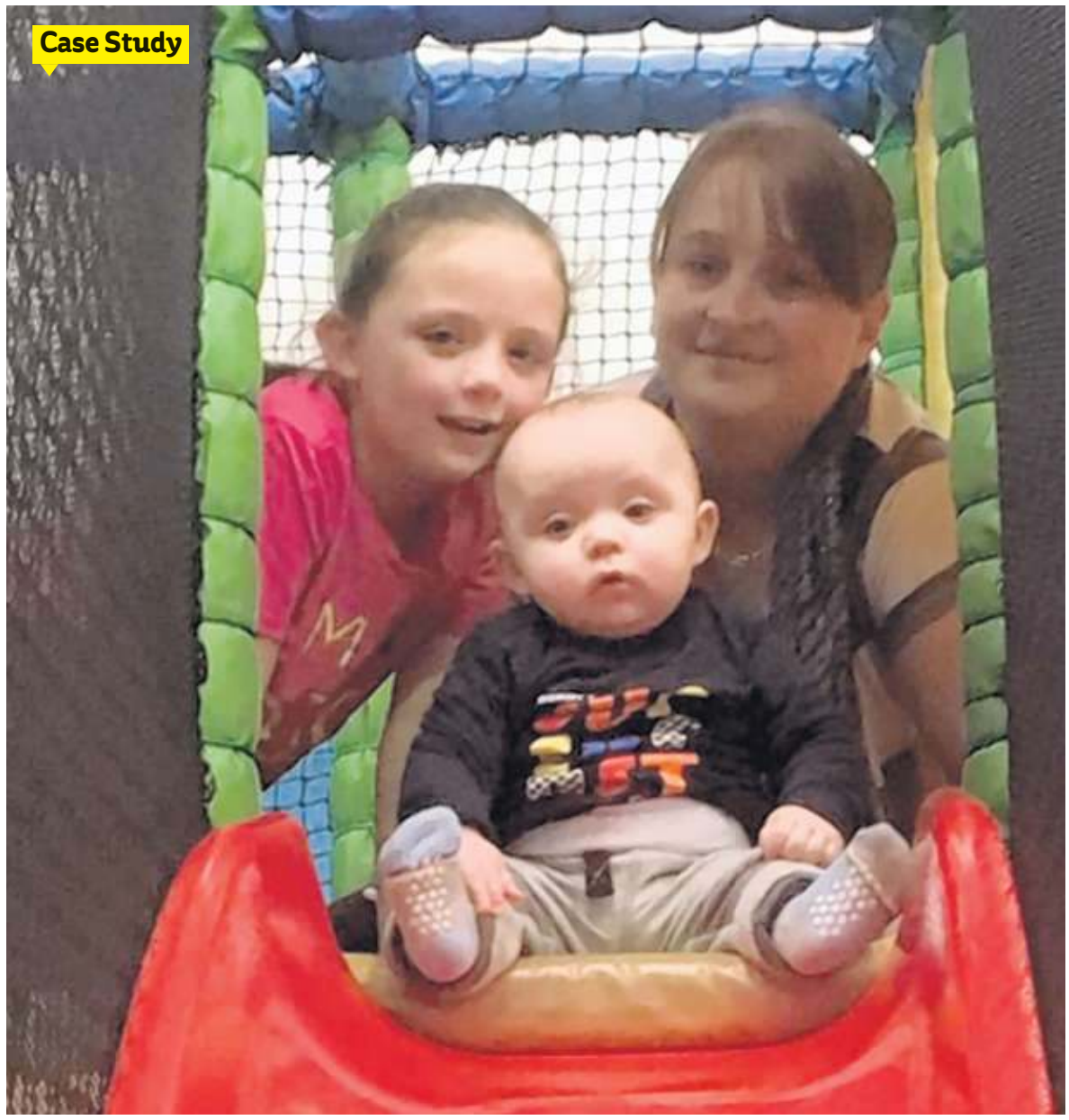
But three units – St George's Hospital in London, the Royal Sussex County Hospital in Brighton and King's College Hospital in London – refused the request due to having no beds.

Other hospitals also said they did not have an intensive care bed for Ms Muldowney, a mother and grandmother who was from Crawley, West Sussex.

The coroner, Mary Hassell, who recorded a narrative verdict, said evidence showed that Ms Muldowney "could have been transferred, undergone surgery, spent time in recovery, and then an intensive care bed procured".

"With prompt transfer and surgery, Ms Muldowney would probably have survived."

Case Study



'I almost died giving birth. More than 25 doctors helped to save my life'

REBECCA MCDERMOTT, 32, from Preston in Lancashire, can vividly remember a team of medics pushing her hospital bed through the corridors in a race to get her to theatre shortly after she gave birth. She almost bled to death after giving birth to her daughter and says how glad she is that she was in a hospital where medics managed to save her and her baby.

Rebecca, who lost a whole body of blood, recalls: "I can remember trying to open my eyes but they would not open. The next thing I knew was waking up seven hours later in intensive care with all my family around me and I looked at them and asked: "Am I dying?"

Rebecca, was 24 when she gave birth to her daughter, Hayley, who is now eight. Her pregnancy went smoothly although she was told at her 20-week scan her placenta was lying low.

But at another scan at 32 weeks, she was told everything was fine and the placenta had moved out of the way.

Rebecca says: "After that, everything went smoothly and I went two weeks over my due date so had to go into hospital to be induced. I gave birth naturally and it went fine and was quite a fast labour at four hours.

"However, after the birth they could not contract me back down and I was bleeding heavily."

Rebecca underwent nine blood transfusions and was taken to theatre twice. More than 25 doctors and midwives rushed to her aid to save her life.

Despite the traumatic birth, her daughter was born safe and well. Rebecca says: "The doctors, nurses and midwives were all brilliant in how they saved my life and Hayley's life, and I am just so thankful I was in a hospital.

"I was extremely lucky to have all those medics around me and get the help I needed straight away. If I had been at home or in a midwife only unit and needed to travel to have surgery, I would not be here to tell the tale."

Despite vowing after her horrific ordeal that she would not have any more children, Rebecca had her son George eight months ago but admits she was terrified after what happened last time.

> **"The midwives are under extreme pressure. They do a brilliant job but there needs to be more of them**

She says: "My consultant was absolutely fantastic with me and they monitored me carefully and admitted me at 38 weeks. I had George naturally and everything went smoothly."

Rebecca has nothing but praise for the maternity teams who looked after her, but from what she saw there aren't enough midwives and they work hard under extreme pressure.

She says: "When I had Hayley and everything went wrong, a friend of mine was having her baby and practically had to give birth on her own as everyone was concentrating on saving me.

"When I had George, there did seem to be more pressure on maternity staff.

"The midwives do a brilliant job but there needs to be more of them.

"People think that if you're young and healthy, giving birth should be straightforward. But as my story shows, things can suddenly go wrong."

MATERNITY

‘Great strides’ made but UK still fails to make world’s top 10 places to give birth

By Paul Gallagher
HEALTH CORRESPONDENT

Although the UK is some way off the top 10 places in the world to give birth, one woman has been doing her best for many years to try to improve the situation. Baroness Julia Cumberlege, independent chair of the NHS National Maternity Review, spent 12 months touring hospitals and speaking to women and their families before publishing her findings last year.

“I have heard many inspiring stories and wonderful ideas, but also heart-breaking experiences and moments when the care provided has fallen short,” she said.

The peer was uniquely placed to assess the landscape, having produced a report 20 years ago as a Conservative government minister, called *Changing Childbirth*. She said “great strides” have been made in transforming maternity services since then, citing the the quality and outcomes of maternity services having improved significantly over the past decade despite the increasing numbers and complexity of births.

20%
fall in stillbirth and neonatal mortality rate in England in the past 10 years

The stillbirth and neonatal mortality rate in England has fallen by over 20 per cent in the past 10 years, she also pointed out.

However, the former health minister concluded that change has not always happened or has not achieved what was initially hoped for. New challenges have also arisen as more women have children at an older age, and more women have complex health needs that may affect their pregnancy, their well-being and that of their baby.

Many women are not being offered “real choice” in the services they can access, and are too often being told what to do, rather than being given information to make their own decisions.

“We found almost total unanimity from mothers that they want their midwife to be with them from the start, through pregnancy, birth and then after birth,” she said.

“Time and again mothers said that they hardly ever saw the same professional twice, they found themselves repeating the same story because their notes had not been read. That is unacceptable, inefficient and must change.”

Problems mean NHS England spends £560m each year on compensating families for negligence during maternity care.

BUDGET

NHS admits trusts are set for £1bn deficit

By Kate Ferguson

An NHS chief has admitted for the first time hospital trusts will miss their financial target this year as forecasts predict they are on course for a combined deficit of nearly £1bn.

Jim Mackey, head of NHS Improvement, said efforts are now focused on “containing this to as manageable a number as we can” as trusts struggle with growing deficits. Figures obtained from trusts by the *Heath Service Journal* (HSJ) show they are heading for a year-end deficit of around £970m.

This is far higher than the £690m deficit predicted in November and would significantly breach the £580m maximum deficit “control target” set by national leaders.

The numbers, which have been collected from all but five of England’s 237 NHS trusts, come ahead of the official figures next week and suggest their financial positions have deteriorated throughout the year.

However, it is understood the regulator, NHS Improvement, has managed to bring some of the forecasted deficits down following discussions with trust boards.

Although it is not clear to what extent the overall forecast has been reduced, or by what means.

CAMPAIGN

Protesters plan march in London next month

By Paul Gallagher

Campaigns are already under way in many parts of the country to challenge the reorganisation of local hospitals.

In March, a group called Health Campaigns Together will hold a national march in London in support of the NHS and against what it considers privatisation and cuts.

Campaigners from Stafford will be on the march because a report said a consultant-led obstetric service could not be provided at the hospital.

A spokesman for the Support Staffordshire Hospital campaign, Julian Porter, said: “We know it’s not financially viable – that’s not the point. The point is that we need these services locally. These reports and consultations are a complete waste of money.”

Grassroots campaigns have been successful in the past and have shown how difficult it is for politicians to reform the health service.

Nurses in costumes from the Olympics’ Opening Ceremony demonstrate in 2013
AFP/GETTY

In 2013, the battle to save Lewisham Hospital in south-east London ended up at the High Court, which quashed Health Secretary Jeremy Hunt’s proposed cuts.

Judges found that he had acted outside his powers, and therefore unlawfully, in deciding to substantially cut services and close departments, including vital maternity, A&E and intensive care units. The Government wanted local people to travel to Queen Elizabeth Hospital in Woolwich, which is almost five miles away.

NORTHERN IRELAND

Bady died after medics ignored mother’s request

By Pascale Hughes

Michelle Rocks lost her baby after doctors at the Causeway Hospital in Coleraine, Northern Ireland, ignored her requests for a Caesarean section.

Against her wishes, medics proceeded with a natural delivery. When they had difficulty hearing the baby’s heartbeat, a Caesarean section was ordered, but baby Cara was stillborn.

Her parents demanded an inquest. It was the first to focus solely on a stillborn baby and has helped save lives and improve prenatal health care, the coroner said last September.

■ Emma Eden, aged 25, from Birmingham, was left with internal bleeding when part of her placenta was left in her womb after giving birth. She was discharged from the Alexandra Hospital and later collapsed at home.

REACTION

Former health minister Lamb’s praise for NHS investigation

By Paul Gallagher

The former health minister Norman Lamb has praised the **i**’s investigations into the NHS Sustainability and Transformation Plans (STPs).

The Liberal Democrat MP said: “It is shocking to see so many vital health services across the country being lost or downgraded. This is happening by stealth and in a haphazard way, without local communities being properly consulted. It’s not an acceptable way to do things.

“The **i**’s investigations this week have laid bare the crisis in the NHS. This must serve as a wake-up call to this Government that it must plug the financial black hole facing the NHS. If that means paying a little more in tax, we must be prepared to say it.”

Mr Lamb launched a petition calling for a cross-party solution for the NHS but received a “disappointing” response from the Government.

The Department of Health said it acknowledged the NHS is facing “many challenges and increasing pressures on all parts of the health and care system”. A spokesperson said: “It is important to remember that the pressures faced by the NHS are common to most developed health systems and are due to, amongst other things, an ageing population, changing public expectations and the cost of new drugs. However, we have more doctors, more nurses, more paramedics, all delivering more treatments than ever, funded by a budget at record levels.”

NHS England’s plan for the future, outlined in the 44 STPs analysed this week by the Johnston Press Investigations unit, goes “further than ever before to integrate health and social care”, the Department’s spokesperson added.

Mr Lamb said: “It is disappointing that the Government has not backed this call for a cross-party solution.”

{i} The NHS is **a bigger concern for the public than Brexit**, according to a Ipsos MORI poll. Almost half (49 per cent) of Britons consider the state of the health service one of the biggest issues facing Britain

50p

THE i PAPER – BRITAIN'S FIRST AND ONLY CONCISE QUALITY TITLE

FRIDAY
17 FEBRUARY 2017
Number 1,945

Exclusive

The doctor won't see you now

» NHS plans to reduce face-to-face care to tackle £22bn funding gap, i investigation reveals

» Some home visits to elderly and disabled will be replaced with 'virtual appointments' and devices

» Major shake-up to patient-doctor relationship

» Public urged to do more to avoid getting ill

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Broadchurch is back
Sneak preview – and a chat with David Tennant

PEOPLE
£200,000,000 British building tycoon's huge donation to charity

SCIENCE
De-extinction Woolly mammoth hybrid within two years

WHERE NEXT FOR THE NHS?

INSIDE
Top medics back more tech – but fear gremlins

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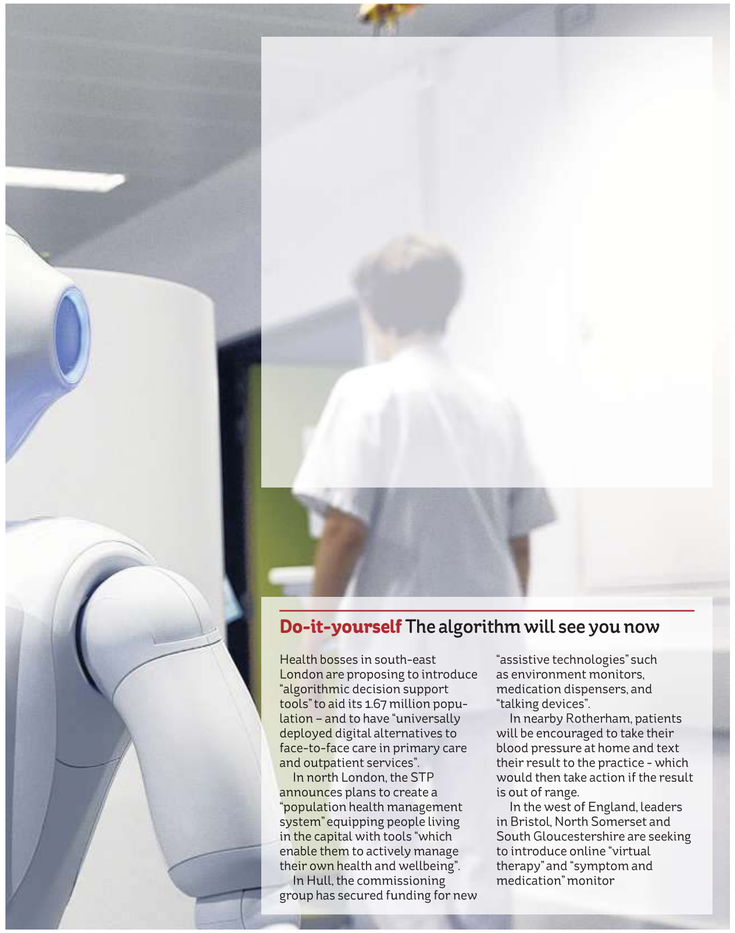

Do-it-yourself The algorithm will see you now

Health bosses in south-east London are proposing to introduce "algorithmic decision support tools" to aid its 1.67 million population – and to have "universally deployed digital alternatives to face-to-face care in primary care and outpatient services".

In north London, the STP announces plans to create a "population health management system" equipping people living in the capital with tools "which enable them to actively manage their own health and wellbeing".

In Hull, the commissioning group has secured funding for new "assistive technologies" such as environment monitors, medication dispensers, and "talking devices".

In nearby Rotherham, patients will be encouraged to take their blood pressure at home and text their result to the practice – which would then take action if the result is out of range.

In the west of England, leaders in Bristol, North Somerset and South Gloucestershire are seeking to introduce online "virtual therapy" and "symptom and medication" monitor

Pritchard-Jones. "We are spotting patients who are threatening to decline, sooner. Therefore people are not suddenly going downhill. Patients are not getting sick because trends are much more visible and we are intervening sooner."

St Helens and Knowsley uses Patientrack across 55 wards, and Mr Pritchard-Jones added: "We're very keen in the NHS to move away from systems being imposed on staff and instead being shaped by clinicians... because that's the way things get adopted and used properly. This is one of those systems where you think: 'This is exactly what we need'."

Instead of struggling to read scribbled notes about a patient's care, all the information is available, at a glance, on the tablet. "It doesn't matter which ward we move to – it's the same device, the same system. It does make our jobs safer, easier and more efficient. We're starting to see the payback already."

Handovers have become so much more efficient as well, with "stacks of folders" on patients being replaced by information on a tablet.

Ward manager Steve Riley was involved in choosing Patientrack for Whiston. "If we're cutting down the paperwork by five to 10 minutes, that's five to 10 minutes more time we can spend with the patients. As a nurse, that's what we want to do," he said. "Whereas before, paper records could get mislaid, there's none of that now. It's a patient-safety mechanism. We used to have to fill in seven-page risk assessments but that's all changed – for the better."

'You can't dispense with the human touch'

CLARE GOSLING, 35, *is an instructor in zumba, the dance-fitness workout programme, and lives on Hayling Island off the south coast of England. She was diagnosed with type 1 diabetes in 2009.*

'When I was first diagnosed, my initial contact was with my GP and it was face to face. In that first week we had phone conversations every day so we could create a plan of action. I was then referred to the diabetes centre at my local hospital, where the diagnosis was confirmed. I had a meeting with them and went to see a consultant a couple of weeks later. Ever since, it has been face-to-face most of the time. But there are a lot of phone calls involved in an initial diagnosis and in getting the condition under control.

I quite like the idea of video interaction. I'm not too far from the diabetes centre but I know others have mobility issues, and it may be better for them.

However, when you first have the diagnosis, you need to be able to meet your consultant and the nurses – the people who are going to be dealing with your care. This is a long-term condition and you need to know you can build a relationship with them.

If you're in agreement on how you should manage the condition, you could move from face-to-face to phone conversations over time. With type 1 diabetes, however, some people have a honeymoon period where their body is still producing some insulin. During that time, which can be anything from six months to two years, everything is great: the sugars are nice and level. And then, all of a sudden, boom – everything is not great. At that point you need support and you need help – and often the best way to get that is in person, face-to-face.

Don't get me wrong. If I have a problem, I know I can call my consultant or nurse and they will advise me on the best thing to do. But with video consultations over Skype, I would worry about having a secure connection. And I am also aware that a lot of people, particularly the older generation, aren't as happy to interact using modern technology. Personally, if the consultation was with somebody I had never met before, I would be a little dubious. If it was somebody I knew, I would probably be a bit happier – but it would depend on what it was for.

Complications with diabetes can involve anything from sight loss to toe loss to kidney problems. For the older generation, actually going out and seeing people is a good thing. They should not be pressured into phone consultations.

I have an annual review at my GP with my diabetes nurse. She checks to make sure I still have feeling in my feet and that I'm not suffering from diabetic neuropathy.

I'm of a generation that is used to technology. I had my first mobile when I was 13 or 14, so I've grown up as technology has developed. I'm quite comfortable and my kids are really comfortable with it. I think that, as time goes on, the NHS will probably find it beneficial to move towards video screens. But there will always be those who find it very impersonal and don't like it. Everyone is different."

Pinning hopes on telehealth as the silver bullet for social care savings could leave disabled people "prisoners in their own home", a disabled rights campaigner argues. Carlo Salvatore, 61, a member of Disabled People Against Cuts, is one of thousands across the country who manages his own personal care budget.

It means he has effectively to run his home in Northampton like a "small business", hiring agency carers to cover overnight visits, to cook meals and to assist him in getting out of bed in the morning.

But Mr Salvatore *(below)*, who has a call-out alarm fitted at his home because of a genetic condition that has left him wheelchair-bound, believes the increase in home monitoring equipment is a "shortsighted" way of making cutbacks. He said:

"It's important to remember telecare is all very well, but it's geared towards a single context, which is safety.

"Telecare cannot get you out of bed in the morning. It can't help you with key things around your life, around your needs, if you need help accessing the toilet. The danger is that a disabled person, even with these provisions, can be a prisoner in their own home."

Mr Salvatore has a pendant on his wrist that he can press if he suffers a fall or a choking fit. There is also a switch on a main unit which, if pressed, will call out a care professional.

But there are inherent problems with relying on electrical gadgets in the home as opposed to having a live-in carer.

"If there is a power outage, you don't know how long that's going to continue for," he said. "If you fall out of your wheelchair not within distance [of the main switch] it could be a problem. There are issues over whether people will get to you in time, will they be able to open the door?"

While the increase in widespread monitoring technology is two years off in many health areas' five-year "digitisation", Mr Salvatore says local authorities are already desperately finding ways to decrease home visits.

Telecare, Mr Salvatore believes, is not the answer, to saving money, when the Local Government Association predicts social care alone faces a funding gap of at least £2.6bn by 2020.

"We keep talking about a mythical extra £2bn. Maybe if we had one submarine less – you've got the £2bn right there. Disabled people are not valued the way they should be."

TECHNOLOGY

The future of health tech: uncluttering doctors' surgeries

By Paul Lynch

Apps dispensing real-time medical advice, text message diagnoses and software allowing patients to update their own clinical records are all being considered for implementation in the capital over the next five years.

Stephen Docherty, chief information officer for South London and Maudsley Foundation Trust, is leading part of the capital's vision for what it is calling a "digital revolution" in healthcare".

The trust, which helped to form South East London's STP, is looking into ways of introducing apps to help patients "self monitor" their conditions and even "generate" their own health records using their smartphone.

Mr Docherty said: "We will be able to give patients access to their clinical data; access to their medication and give them an app or a platform to interact with that prompts them with exercises, surveys on pain management for instance."

But far from just recording a patient's ailments, Mr Docherty says efforts are being made to produce apps that provide relevant advice – labelled in the STP as "algorithmic decision support tools".

In addition, he says Google and Microsoft are both in the race to develop the software.

"In the future, your app could notify you to say it's noticed when you take your medication, your pulse goes up," he said. "It would then recommend you take your medication at lunch."

Apps such as Babylon already offer video consultations with GPs, day or night, at a per-use cost, as well as an automated health text service powered "by the world's most accurate medical artificial intelligence".

The service, launched by Dr Ali Parsa *(inset)*, who was part of the team that took over the first privatised NHS hospital, Hinchingbrooke, allows patients to text their conditions to a virtual doctor and receive a quick response. Mr Docherty said the trust was looking to launch a similar service. "These things are in their infancy. We have to be open and we need to have the vision to look at what new things are coming into the market."

He thinks that such schemes will deliver millions in savings.

"It will save money, because it will introduce efficiencies. If you end up avoiding going to your GP because your app has managed your condition, that will inevitably save money," he said.

"Digitisation" of the NHS will iron out inefficiencies by doing away with paper files and creating a single point of access for care records.

But Mr Docherty said that Jeremy Hunt's aim to save "billions" by going paperless before 2018, would be "challenging".

60p

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Wanted: GPs and nurses to save NHS

» i investigation reveals looming staff crisis as recruitment struggles to keep pace with retirement

» Local blueprints for future of NHS show scant planning despite GP numbers heading for 'cliff edge'

» 'Care navigators', new nursing associates and pharmacists expected to pick up workload

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PLUS *Simon Calder*

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SOCIETY
New domestic violence laws to help survivors

WHERE NEXT FOR THE NHS?

EXCLUSIVE
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