



# Newsletter 006

## November 2025

### Labour Party Conference – Liverpool

Well attended and received by delegates and activists, SHA hosted two fringe meetings at the Quaker Meeting House during conference. **‘Restore Our NHS’** Speakers: Bell Ribeiro-Addy, MP; David Rowlands, CHPI; Dr John Puntis, KONP; Dr Helen Neary, BMA – chaired by Esther Giles, SHA. Well attended, informative with a highly robust discussion, read Esther’s full report, [here](#).



**‘Child Poverty and Health’** Speakers: Dr Ian Sinha, Paediatrician; Dr Jatinder Hayre, SHA; Jane Coles, SEA; Elaine Boylan, British Dental Association – chaired by Dr Rathu Guhadasan, SHA.

Videos of the fringes can be found on SHA’s [Youtube](#) – **‘Restore Our NHS’** + **‘Child Poverty and Health’**

**Subscribe SHA Youtube and share!**



### SHA Branch AGMs

**SHA Branch AGMs are currently taking place** – to see a full list of speakers and dates, read [here](#).

### Emergency Gaza Motion – Passed Labour Conference 2025

**Labour votes to acknowledge Israel’s genocide in Gaza** “In a historic vote, delegates at Labour Party Conference today voted to accept that Israel is committing a genocide in Palestine and to demand comprehensive sanction including a full arms embargo, in line with its obligations under international law”. **Congratulations to SHA delegates for their work on this.** Full text, [here](#).



Palestine Activists – Liverpool 27<sup>th</sup> Sept. 2025  
(Credit: Jeff J Mitchell via Getty Images via Tribune)

### ‘Hands Up Against Genocide’ – Tribune

**Following a crucial conference motion, Labour has finally recognised that Israel is committing genocide in Gaza – but the struggle to drag a reluctant party establishment toward justice continues.** “The resolution that passed – proposed by Unison, Britain’s largest trade union, and seconded by ASLEF, the train drivers’ union, along with rail union the TSSA, **the Socialist Health Association** and more than a dozen Constituency Labour Parties (CLPs) – commits the party to accepting the landmark UN Commission of Inquiry report into Israel’s genocide. Labour Party policy now demands that the government implement wide-ranging measures, from a full arms embargo and an end to military cooperation, to a ban on trade with illegal Israeli settlements. Labour members and trade unionists insist the government must ‘employ all means reasonably available to prevent the commission of genocide in Gaza.’ Read in full, [here](#).

## Labour Party Annual Accounts

**Esther Giles, SHA Treasurer, reporting to Labour Hub.**

"In the narrative to follow, I will set out the 2024 Labour Party Finances reported in the Annual Report of Labour Party 2025. These are the most astonishing set of accounts yet. In 2024 the Labour Party reported a deficit of £3.76m compared with a deficit of £0.85m in 2023. Behind this figure is a dramatic increase to (specifically individual and corporate) donations of £22.9m and an increase to running costs of £6.2m. Campaign costs were their highest ever at £27m. Crucially, net assets are at their lowest level since 2014, being just £2.4m. The auditors gave the Party a clean bill of financial health and agreed with its going concern assumption. Read in full, [here](#).

## Solidarity with Gloucester's Striking Phlebotomists!

**236 days and counting, the phlebotomists strike is already the "longest strike in NHS history". That is because it seeks to overturn an obvious injustice.** Phlebotomists in Gloucestershire and many other Hospitals are only paid the 'non-clinical' Band 2 pay. That is currently only £12.36, just 15p above the Minimum Wage for unskilled workers! The Phlebotomists have been likened to the Grunwick workers who struck against an exploitative boss from 1976 to 1978! Their struggle has been recognised nationally. They were invited to the Tolpuddle Martyrs Festival and joined the 'Bin Workers' picket in Birmingham. **A rally in support of the workers on the 17<sup>th</sup> of November drew mass support – including SHA members – Julius Marstrand reports.** All NHS workers can add support: sign the statement and share the petition from NHS Workers Say No! and Strike Map, [here](#).



## Rethink Approach To Asylum

**The Socialist Health Association condemns the asylum reforms announced this week by Home Secretary Shabana Mahmood, which represent a deeply concerning erosion of fundamental health and human rights protections for some of the most vulnerable people in our society.** A Betrayal of Health Equity Principles: The proposal to make refugee status temporary, subject to regular review every 30 months, and to extend the pathway to settlement from five to twenty years creates a system of prolonged insecurity that is fundamentally incompatible with public health principles. People living in limbo for two decades will face chronic stress, mental health deterioration, and barriers to accessing preventative healthcare. Refugees and asylum seekers have complex health needs, influenced by experiences in their home country, during their journey or after arrival in the UK. Nevertheless, there is no evidence that they use NHS services disproportionately – in fact, migrants to the UK use fewer resources than their native counterparts. **Rathi Guhadasan, SHA Chair – read in full, [here](#).**

## NHS 10-Year Plan: The Corporate Capture Continues

**There are many aspects of the NHS 10-Year Plan (The NHS10YP) to consider.** Here, we will focus on the capital investment needed in primary and community care – and the NHS10YP proposal to adopt a "Public Private Partnership" (PPP) approach to provide infrastructure for primary care. We draw on work we have done in the SHA regarding NHS structure and privatisation, and primary care services. **"The government is constrained only by its own will and the real resources available in the economy."** Examining the real economy, anti-welfare-state philosophy (Thatcherism) and notions within the self-imposed political choices regarding government "debt", Esther Giles makes a clear case against private profiteering. **"There is no place for profit in healthcare."** Read in full, [here](#).



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## What's Wrong with the NHS Ten Year Plan – Socialist Telly

Health and Social Services Secretary Wes Streeting launched the government's "Fit for the future: 10 Year Health Plan for England" in July. It is worth recapping how we got from the NHS as created in 1948 to the NHS as it is now. The change began in the 1980s under Prime Minister Margaret Thatcher with the introduction of the 'internal market.' After 1997 the government of Tony Blair compounded this change by building new hospitals that were owned privately and leased very expensively to the NHS. The Tory-LibDem coalition and then the Tories alone introduced acts in 2012 and 2022 that dramatically expanded the delivery of NHS services by privately owned companies. At the same time life expectancy has been falling, maternal mortality has been rising, and children's health has deteriorated. **SHA Chair Rathi Guhadasan explains.**



## Resident doctors' strike November 2025

**In the continuing resident doctors' fight for pay restoration, workers went out on strike from 14th–19th November.**

"Thanks to our successful FY1 ballot, we are now calling on the Government to address both the erosion to our pay and the speciality training crisis. We've made clear these issues must be addressed together, but the Government has refused our negotiating proposals on pay. As a result, our committee has voted to take strike action over pay and jobs in England." Read in full, [here](#).



photo: Anna Livingstone – member of SHA Tower Hamlets

## We Own It – 'Say No to PFI in Our NHS'

**"Labour conference special: does your Labour MP stand by their election manifesto pledge?"**

Labour MPs were invited to stand by the Labour 2024 manifesto pledge at conference and sign a manifesto board – **30 Labour MPs**, 3 independent MPs, 2 Labour peers, have **signed**.



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## “Spiraling Welfare?”

**Its time to focus not on benefit cuts but on taxing “those with the broadest shoulders”.**

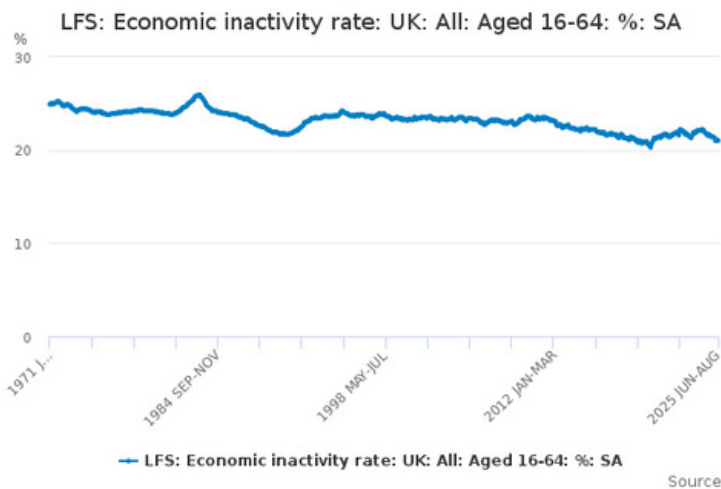
**Mark Ladbrooke**

“In the run up to November’s budget we hear dire warnings even from government websites:

*“This government inherited a broken social security system, with costs spiralling at an unsustainable rate and millions of people trapped out of work. The case for change is stark:*

*“Since the pandemic, the number of PIP awards has more than doubled – up from 13,000 a month to 34,000 a month. That is around 1,000 people signing on to PIP every day – that is roughly the size of Leicester signing up every year.” **DWP***

“But recent research is casting doubt on the very figures being used – Chris Giles writing in the Financial Times points out that welfare costs are **NOT** spiralling.”



Office for National Statistics’ labour force survey reports non-employment rates for 16- to 64-year-olds are still close to the record lows ... this is better than the best periods in the Thatcher, Major and Blair governments. Source ONS.

“It’s clear there is little evidence behind the suggestion that we are becoming a nation of benefit spongers. Yes after years of austerity many of the health and social care structures which would have kept workers healthy and at work are very seriously weakened. Yet it appears that as the benefit system is made harsher and more punitive, people, far from ‘shirking’, are struggling into work.” **Mark Ladbrooke – read in full, [here](#).**

## The Welsh Mutual Investment Model

**–a principled or pragmatic option?**

“In its 10 Year Plan the UK Government strongly commits itself to a new range of public private partnerships where a revenue stream, appropriate risk transfer and value for money can be assured. It concedes, probably through gritted teeth, that while the New Labour Private Finance Initiative (PFI) was based on good intentions with some patient benefit there were cases where it was a “costly mistake”. These new approaches will draw on the lessons learned from the PFI scheme and build on models currently in use such as the Welsh Mutual Investment Model (MIM). So what is the Welsh MIM?”

**Jim Gralton on the particulates of MIM, read [here](#).**

## Save Liverpool Women’s Hospital March

**A march and rally to defend Liverpool Women’s**

**Hospital, which took place during Labour Party**

**Conference, delivered a huge turnout from across**

health groups, activists, and the wider community. They marched from Lime Street to Albert Dock – to the pounding sound of drums (drum name?) followed by several critical and heartfelt speeches from campaigners. Dr Rathi Guhadasan spoke on behalf of the SHA.



Long-time campaigner Felicity Dowling



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## ***“The private sector will sort us out!”***

**photo and article: Jamie Penquite-Green**

**Labour List fringe on public ownership was one of few health-related fringes attended by SHA that hosted campaigners willing to publicly critique the ongoing private profiteering and outsourcing of services at the cost of the public.** Cat Hobbs, founder/director of ‘We Own It’ spoke powerfully for public ownership across all services.

*“Cat Hobbs... meanwhile, called for re-nationalisation ‘quick wins’...She added that “taking back our NHS would mean that Labour would have a really strong message against Nigel Farage”, while also criticising Rachael Reeves’s decision to explore “new private finance to build Neighbourhood Health Centres.” – Labour List, read [here](#).*

Others left more to be desired – with a seemingly unspoken, and often unchallenged, mantra that the private sector will sort out the NHS. However, as **recent studies** by Professor Allyson Pollock have shown, the private sector, misrepresented as the more superior and efficient method of provision, is tied to not only the creation of a two-tier health system, but also linked to lower rates of capacity and longer waiting times. “Our research makes it clear – outsourcing is **worsening** outcomes, fuelling inequality, and hollowing out the NHS from within.” Researchers rightfully calling for a “moratorium on NHS contracts with the private sector for elective surgery and an end to the private provision of clinical services in the NHS including: urgent rebuilding of in-house NHS capacity to tackle waiting lists and restore equitable care; a full investigation by Parliament and the National Audit Office into the true cost of outsourcing, the profits of private companies, and the additional income earned by NHS consultants and staff linked to this trend.”

**It is only with direct acknowledgment, transparency, and rejection of private profiteering that the NHS can be restored and saved.**

## **‘Big tech at heart of NHS 10 Year Plan’**

**– the capture of our public infrastructure by private behemoths’ – Martin Blanchard, SHA London.**

“The UK government’s ‘Cloud First’ policy (2013 and updated 2023) has resulted in the use of US big tech (Microsoft, Google, Amazon Web Services (AWS), Apple and Oracle) digital infrastructure aka ‘public cloud’ or simply ‘cloud’ across our public services. This includes the NHS with its own ‘cloud strategy’, and now with a 10 year plan in which the use of ‘technology’ is mentioned on 58 pages. Indeed, technology appears to be central to any attempt at improving healthcare productivity. To make this clear, ‘(public) cloud’ is cutting-edge ‘mega-computers’, storage facilities, and software services (the infrastructure) that is based within hyperscale data centres, and owned solely by big tech companies; and digitalisation of the NHS as planned means that the huge amount of data to be used and that has been gathered by Electronic Patient Records (EPRs) and other digital systems such as ambient AI, wearables, and clinical investigations will be stored and managed on ‘cloud infrastructure’ belonging to one or several of these five, multi-trillion dollar global tech companies...”

“The entry into our public services by US mega-corporations which are so close to the US administration must be seen for what it is: tech-based ‘colonial’ primitive accumulation and we must reject them if we are to maintain ourselves as a separate, sovereign state.” Read in full, [here](#). To join the **‘Digital Capitalism’ working group – led by Martin Blanchard** – **contact [admin@sochealth.co.uk](mailto:admin@sochealth.co.uk)**

## **Reinvesting in Sure Start is crucial for children’s health**

**Dr Jatinder Hayre**

“Sure Start was introduced by the Blair Government as a means to redress entrenched inequalities in child health and development. But over the years, austerity policies from 2010 onwards have significantly watered down its scope. Jatinder Hayre makes the case for a renewed commitment to early years interventions in children’s health, both as a moral imperative and as a smart economic investment for the future.” Read [here](#).



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## RSHA Cymru responds to Welsh Labour policy consultation stage 2

### Iechyd Da – A Healthier Wales

SHA Cymru welcomes this Stage 2 consultation exercise. There are a number of positive proposals but in the Iechyd Da – A Healthier Wales section there is little that will have a “transformative effect which will make a real difference”. It is a continuation of the present range of policies. These policies are having some welcome impact but at a slow pace. They are not “the bold ideas” that the consultation document calls for.

Labour has a proud record but this legacy is more or less exhausted. We must show the electorate that we are a party with a new range of fresh and radical ideas that reflects the needs of Welsh people. We cannot be the party of the status quo and “more of the same”. Health and social care will be massive Senedd election issues and it is essential that the extra £600m investment is used to make a real difference. The level of performance will need to continue to improve to make a sufficient impact by the election day.” **Jim Gralton – read in full, [here](#).**

## Is there an event or festival happening near you?

### Let us help you organise an SHA stall.

It's a great opportunity to speak with members of the public about health policy and the SHA. Let us know what events are happening near you and how we can support! Get in touch: [admin@sochealth.co.uk](mailto:admin@sochealth.co.uk). Please also get in touch if there is a local NHS or health issue that would benefit from SHAs support.

## Join a policy working group

Policy Working Groups	
Group	Lead/s
Child Poverty and Health	Jatinder Hayre / Rathi Guhadasan
Communications	Mads Wainman / Rathi Guhadasan
Constitution	Caroline Bedale / Mark Ladbrooke
Dentistry	Rathi Guhadasan
Digital	Martin Blanchard / Rathi Guhadasan
Food Security	Teresa Cairns
International	Rathi Guhadasan
Maternal and newborn care	Rathi Guhadasan / Pat Schan
Mental health	Terry Harper / KONP
NHS Policy Influences (incl. Privatisation)	Esther Giles
Race and Health	Rathi Guhadasan
Social Care	Lesley Spillard / Barbara Roberts

## 'End the Housing Crisis'

### – SHA Cumbria branch motion

*“Poor and insecure housing makes people physically sick, and has a negative impact on mental health. Bad housing means unhealthy living conditions” (PHT, 2025).* There has been no council house building in Carlisle in the last 15 years. Right to Buy has allowed the mass sell off of council stock homes which has fuelled this housing crisis and cost councils and taxpayers upwards of £200bn (Partington, 2025). Neoliberalism and predatory landlordism, alongside private profiteering partnerships with investment firms (see Labour + US investment firm, BlackRock, [here](#)) over the last 40 years has decimated the fundamental human right of secure, safe and affordable social housing in the UK. Hundreds of council houses have been lost in Carlisle alone. Labour's pledge to build 1.5 million new homes is fraught with purported funding constraints and challenges...Some maintain this is only obtainable through the continued use of private investment. Even then, some predict it will not happen (Hills, 2025). The motion calls for: An end to Right-to-buy, removing the artificial local borrowing cap to allow councils to borrow against their housing stock, allowing council homes to be built. Bringing homes and homebuilding into democratic, public ownership. To build “100,000 council houses a year, 50,000 social homes through housing associations – all of them to high environmental standards”, securing safe housing and green jobs in Cumbria and across the UK, amongst other demands. 50,000 council homes accumulating £64.00 per week would take in £166,400,000 per year/per council. The motion, [here](#), was passed at Carlisle CLP.

**SHA Cumbria delegates successfully moved a motion in Carlisle CLP against privatisation, outsourcing and profiteering within the NHS** – which demands a full restitution of the NHS, publicly owned *and* operated. The motion also agreed the demand that no MP should be “accepting donations or gain(s) from any donor associated with the private healthcare sector, foreign or domestic”. Read in full, [here](#). **SHA members are encouraged to take these motions to their CLPs.**



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