Newsletter 008
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Cumberland Infirmary PFI terminated - but what of the costs and the workers?

Jamie Green

North Cumbria Integrated Care NHS Foundation Trust (NCIC) that oversees the Cumberland Infirmary in Carlisle issued a statement at the end of January this year stating NCIC had served notice of a "no-fault voluntary" termination of the PFI contract to Health Management (Carlisle) Limited on 31st of December 2025, effective from 31st March 2026. SHA Branch Cumbria has campaigned on the cost of Cumberland Infirmary PFI for the last three years - producing material detailing its poor value for money. Exorbitant amounts of money have been drained from the national health service into unnecessary, private-profiteering contracts, hollowing out the NHS through stealth methods of privatisation.

Cumberland Infirmary was the first PFI hospital built at a cost of £67M. It made national headlines early on with news of reduced bed numbers, leading to bed shortages (a documented and known problem caused by PFI from research early as 1997), crowded wards, as well as poor hygiene standards. There were further reports of the "not fit for purpose" safety of the building (Pollock, Gaffney, Macfarlane and Majeed, 1997; Browne, 2001; McGowan, 2017). Labour leadership, at the time was particularly fixated on the use of PFI to fund projects, casting aside the possibility of funding through the Public Works Loan Board (PWLB).As reports showed in 1999, this would have provided a potential exceptionally low-interest, long-term loan for a hospital build or refurbished. Use of the PWLB would have allowed the public sector to retain hospital ownership, and avoided high private-sector profiteering payments.

SHA Cumbria branch members outside Cumberland Infirmary (2023)

The hospital made headline news again in 2011 when it was revealed by the BBC at the end of the 30-year contract, the trust would have made total payments "upwards of £587M" on a hospital the NHS would not come to own.

Northumbria Healthcare NHS Foundation Trust, Hexham-based hospital was the subject of a buy-out of PFI deal, the first of its kind. The trust was able to secure a loan from the local council, Northumberland County Council, for £114M to pay off private contractors who had built and were contracted to run the site for the next 32 years. The deal would, as was estimated at the time, save the trust "about £3.5M a year". The recent statement from NCIC regarding Cumberland Infirmary and PFI did not include specifics of how exactly the "no-fault termination" was to be implemented - whether there was a loan acquired for a buy-out, nor any amount of sums mentioned. Questions also remain up in the air regarding Mitie workers - on insourcing or otherwise. " Read in full, **here.**

This article is part of the ongoing PFI campaign from SHA Cumbria. The branch built a campaign by organising dedicated branch meetings, inviting local campaigners as speakers,, and utilised resources - peer reviewed articles (google scholar), newspaper articles, parliamentary documents - speeches, written questions and select health committees. Organised dates for follow-ups and campaigning. There is an SHA PFI template you may like to share with your SHA branch and lead a campaign on your local PFI, here. If you would like further support, contact admin@sochealth.co.uk

SHA AGM Reminder

SHA Annual General Meeting will take place on **Saturday, 28th of February** at 10:00 AM online via zoom.

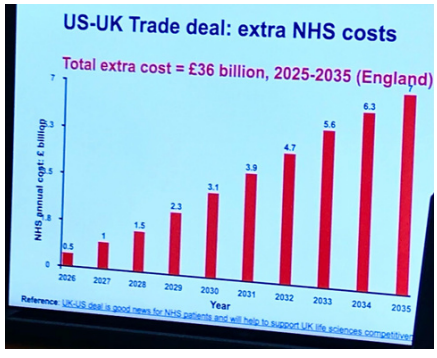
Only members who were fully paid up by the 3rd of January, 2026 are allowed to be nominated, attend and have full voting rights at the meeting.
Zoom link to register to attend was previously sent out to members. The SHA AGM 2026 website page has further details.

Parliamentary Briefing US-UK Pharma Deal

Barbara Roberts, SHA vice-chair

"On December 1st 2025 the UK government signed an agreement in principle with the US that will permanently weaken NHS drug price controls, locking in dramatically higher medicines prices. Under the terms of the deal the UK will double spending on new medicines from 0.3% GDP to 0.6% by 2035. ***This means spending as much as 9 billion a year extra by 2035. Diverting funds from other parts of the NHS to pay for higher drug prices could result intent 1000 of excess death annually"*** - Global Justice Now (GJN, 2026)

GJN continued, "Under the deal, the UK has agreed to raise its price threshold for buying new medicines by 25%. A key agreement which currently helps the NHS control medicines spending will also be hit, with the amount drugs companies pay back to the NHS from sales of branded medicines to be capped at 15%. The government has claimed that the deal will only cost around £1 billion per year, but the UK's new commitment to double the amount the NHS spends on medicines to 0.6% of GDP suggests a much larger increase is eventually likely." (GJN, 2026)



US-UK Trade Deal bar chart: extra NHS Costs

"On the 28th of January a parliamentary briefing was held at Parliament in Portcullis House. This meeting was chaired by The Right Honourable John MacDonald Donald MP Hayes and Harlington. As signatories of this letter, the SHA chair Rathi Guhadasan and myself were invited to attend. The NHS has to double spending on new drugs, from 0.3% to 0.6% of UK GDP, by 2035. 0.35% by 2028. Drugs are "cost-effective" if the NHS pays up to £35,000 per life-year saved (QALY) Drug companies pay less tax: 10-15% instead of 2 rebate to voluntary pricing agreement (VPAG). Most of this money will go to US drug companies, who already avoid taxes." Read in full, **here**.

"Safe staffing = Safe care" says RCM

Pat Schan, Retired Midwife and Clinical advisor SHA CC member

"Last month, the RCM published an article entitled Safe staffing=Safe care calling on policymakers to take urgent action. Working hours have long been an issue for midwives and are often given as a cause for leaving the profession. In other safety-critical industries such as aviation, strict limits exist on working hours and obligatory breaks are mandated. No such protections are given to midwives, who often work all day and go straight onto an on-call shift. Midwifery is a demanding profession, physically and mentally and tired midwives are a preventable risk.

Leah Hazard, Midwife, writer and advocate for safer maternity, has written how Working Time Regulations (WTR)are routinely flouted, and many staff are expected to opt out of WTR as part of their terms of employment…In December, Baroness Amos published her interim report on maternity and neonatal services in England. Having been appointed by the Secretary of State, Wes Streeting her brief was to act urgently to improve care and safety. This followed several reports going back to 2015 when the report into Morecambe Bay NHS trust first identified serious failures of clinical care leading to unnecessary deaths and serious harm to mothers and babies.

Leah Hazard has started **a petition** demanding that legally enforceable role-specific limits on midwives' working hours be established as a matter of urgency. The SHA Maternity working group will support this initiative as part of our continuing dialogue with MPs about the dire state of maternity services and the dangers this presents to midwifery as a profession."Read Pat's response in full, **here**.

NICE Thresholds

Esther Giles

"This is a summary of the response the SHA submitted to the Department of Health and Social Care consultation about proposed changes to the NICE cost effectiveness thresholds. These proposed changes followed extensive lobbying by pharmaceutical companies and trade negotiations with the Trump administration." Read in full, **here.**

5 Day of Strike Action: Driver/Porters at Greater Manchester Mental Health Trust

GMMH out following trust failure to honour 'Agenda For Change' re-banding
Caroline Bedale, SHA GM and CC Member

Members of GM SHA joined the GMMH Driver/Porter picket line on Thursday 29th Jan. to show our support.

Band 2 Driver/Porters based at Prestwich appealed their Band 2 Job Description using the GMMH Job Evaluation process as set out in the GMMH Job Evaluation Policy. The job description was then rebanded as a Band 3. GMMH initially discussed the outstanding backpay – to spring 2023 – for this valuable and essential group of GMMH workers. However, GMMH then suddenly and without any discussion or agreement decided to breach their own agreed Agenda For Change process and insist that the job description be reconsidered externally without any discussion or agreement about this extraordinary action. To be clear the rebanding was also checked by the GMMH Consistency Panel after the banding panel scored and assessed the up to date job description.

GMMH have not provided any explanation why they chose to circumvent the GMMH internal jointly agreed Agenda For Change process.

These important low paid Band 2 workers were balloted by GMMH UNISON and on 100% turnout there was 100% agreement for industrial action in the absence of any proposed resolution by GMMH.

UNISON GMMH Branch Secretary Ben Jackson said: "GMMH have moved the goalposts on our members, they have gone outside the nationwide, recognised Agenda For Change process, because they did not like the outcome, an outcome that even passed through the internal scrutiny and consistency panel. Our members feel extremely let down'. Article, **here**.

Palantir and the BMA

Jamie Green

BMA will issue new guidance "in due course" and advise doctors on how to "limit engagement with the NHS Federated Data Platform (FDP) because of its links with the controversial US tech giant Palantir", the US defence technology company. Speaking with *The BMJ*, BMA chair of council, Tom Dolphin said, *"Given Palantir's track record, including controversies in the US involving immigration enforcement and the risks to patient trust, data security, and NHS independence, we believe there must be a complete break from Palantir technologies in the NHS and no further contracts awarded."*

The Guardian's Booth (2026) reported that the £330m NHS contract has been called into question with fresh calls for the deal "to be scrapped" after revelations of limited rollout meaning the contract would "not offer value for money". There are further questions and criticisms arising from the appointment of Palantir within the NHS and the companies connections to disgraced Peter Mandelson in light of his ongoing relationship with convicted child sex offender, Jeffery Epstein. Listed as clients of Global Counsel, a lobbying firm co-founded and co-owned by Mandelson, were both Palantir and Open AI. "*OpenAI was also a client of Global Counsel in 2024. Just one year later, when Mandelson was in post as ambassador to the US, they announced a major 'strategic partnership' with the British government, to 'explore adoption across both public services and the private sector' of their AI tools." (Booth, 2026).* The company has secured a total of £500 million worth of contracts with the British government...

SHA has long campaigned against the contracts and infiltration of Palantir into the NHS - in its emergency motion to the Labour Party Conference in 2025 and its review of the NHS "10 Year Plan" (Blanchard, 2025). In January, 2025 SHA London Branch passed a motion, "Get Palantir out of the NHS"... SHA has tracked Palantir as far back as 2020 during the Covid Pandemic, when big firms like Palantir, Serco, Mitie and others made large profits off contracts within the NHS and other forms of "data-mining" (Walsh, 2020). Palantir's stock has skyrocketed, up 1,700% last September in five years' time. SHA would encourage use of the template motion, "Get Palantir out of the NHS" at local trade union branch meetings and CLPs – and support the action from trade unions to resist Palantir in the NHS. Read in full, **here**.

U.S.A Nurses Union, NNU calls for abolition of ICE

Jamie Green

"National Nurses United (NNU), U.S. trade union with a membership of 225,000, pledged to hold a week of action to honour Alex Pretti, the 37 y.o. U.S. citizen and intensive care unit nurse, and all others killed by ICE, in a demand that Congress should vote to abolish ICE (U.S. Immigration and Customs Enforcement). The city [Minneapolis] has been besieged by ICE, described by some as the "masked face of US fascism".

General strike, Minneapolis 23/01/2026, Lorie Schaull

Residents of Minneapolis participated in two separate days of general strike - turn out of over 50,000 people.

Approximately 4.6 million immigrants work within U.S. health services, representing about 17% of the total health workforce…Similarly in the UK, 21% of the NHS workforce are non-British**,** approximately 325,000 workers provide essential services and care, while in the health and care sector in England that figure is approximately 776,000 workers, representing almost a quarter of the total three million plus workforce.

Reform leader Nigel Farage has been all too happy to support, and try to emulate the authoritarian US leader, and Trump's allies/counterparts (Morrison, 2026). Only now has Farage stated that ICE had "gone beyond its limits". It seems coincidental timing as reports come forward of a near collapse in Trump's approval rating and on immigration (Murphy, 2026).
What can be reasonably deduced is that the end seems to justify the means – brandishing a cultural war as a tool of distraction and ragebait for the success of an election and lining of pockets (Bromley, 2025). Likewise, accepting and embracing the violence and profit-seeking of a hostile immigration system, - often benefiting the richest, is acceptable so long as it doesn't overstep, aka negatively impact those charts too far in the wrong direction (Hopkins, 2025; Welsh et al., 2025)…This behaviour and these barriers still affirm and utilise the distractionary culture war in a time of furthered austerity, cost of living crisis, private contracts hollowing out the NHS, service and welfare cuts (Smith, 2026; Crerar, 2025; Pring, 2025). These times continue to illuminate the power of workers and communities who come together – **the rank and file workers who are showing the way** – and the undeniable need for socialist policies to defend against this political vacuum, ransacking and indoctrinating some in our communities." Read in **full**.
SHA London has passed a **motion** , *"Solidarity without borders, healthcare is a basic human right."*

In Place of Hunger part one - The Weaponisation of Food Access

Dr Rathi Guhadasan, SHA Chair

"When we hear talk of food used as a weapon, we might think of distant wars. But the weaponization of food operates at multiple scales: from the blockade of Gaza to the quiet violence of corporatisation and food banks in British cities, and to the legacy of colonial extraction that still shapes who eats - and who starves. Food becomes a weapon when access to it is deliberately restricted, manipulated, or controlled to achieve political, economic, or military objectives. This can be overt—soldiers blocking humanitarian aid — or structural — think of trade policies that perpetuate dependency and vulnerability.

Food as a Weapon in Contemporary Conflicts
Let's start with the most visible forms: food weaponization in active conflicts. In Gaza, there is not only blockade of food, both humanitarian aid and commercial imports, - and remember for infants and children with severe acute malnutrition, food is actually a medicine – but we've seen bakeries bombed, UNWRA and World Central Kitchen attacked, a "flour massacre" and food distribution diverted to mercenaries in the so-called Gaza Humanitarian Foundation…

The UK Context: Austerity as Weaponization
Food weaponization here doesn't look like sieges, but it's no less real." Read in full, **here**.

‘How Come We Didn't Know About NHS SUBCOs?’ London Exhibition

Launch of exhibition on NHS Subco's by Jan Savage and Marion Macalpine. Sponsored by Socialist Health Association and Keep Our NHS Public

NHS Trusts are being pushed to set up subsidiary companies (SubCos) with the aim of saving money. A wide range of NHS staff and services, along with NHS hospital buildings and other assets, are being transferred from NHS Trusts to these private companies.Come to the launch of our photographic exhibition at this great Soho venue. Find out why NHS Subcos have been so damaging to NHS staff and will lead to more privatisation of our NHS. Meet with other people concerned about Subco’s and learn how your local group or branch can borrow the exhibition to highlight these issues locally. Read more **here**.

Campaign material: What services are already privatised in *your* area?

SHA Cumbria has created a leaflet simplifying the areas of the NHS that have already been impacted by stealth privatisation including dentistry (average costs), opticians, ambulance and transport services, physiotherapy (average referral wait times) and finance (local PFI). While some statistics are consistent across the UK within these services, providing localised material can help visualisation and discussion on what privatisation is and *how* to recognise its manifestations within our health systems and communities. If you would like support gathering information and generating a leaflet for your local area, contact admin@sochealth.co.uk

Accessibility Must Be for All of Us or None of Us In Britain

- accessibility isn’t optional — it’s the law.

Glenda O’Brien, SHA Cumbria

“The Equality Act 2010 makes it clear that businesses must make reasonable adjustments so that disabled people can access services, premises, and social life on an equal basis. Yet here in Carlisle, too many pubs, clubs, and social venues remain stubbornly inaccessible: steps without ramps, narrow doorways, inaccessible toilets, and outright refusal to provide reasonable assistance. This isn’t just inconvenient — it’s exclusion. It’s discrimination dressed up as tradition. It sends a message that disabled people are less than, unwanted, or an afterthought. “All of us or none of us.” If freedom, fun, and community aren’t available to all members of society, then they aren’t truly available at all. It’s time for venue owners and managers to stop hiding behind “heritage,” “cost,” or “tradition.” Accessibility is a legal duty, a moral obligation, and a basic human right. Carlisle’s social scene should welcome everyone — not just the able-bodied. To every inaccessible pub and club in this city: shame on you. Inclusion isn’t a favour — it’s the bare minimum of human decency.” *SHA Cumbria branch will be discussing council responsibilities, austerity cuts on disability benefits and the Timm’s Review, and equalities training at next meeting.*

Public health policies and interventions to address health inequities in high-income countries: an umbrella review

Dr Jatinder Hayre, SHA Vice-Chair

“Health inequity: defined as systematic and avoidable difference in health outcome, remain entrenched across high-income countries, with socioeconomic gaps in life expectancy exceeding 7–10 years. Upstream interventions addressing the social determinants of health are critical. This umbrella review evaluates which macro-level policies and public health interventions most effectively reduce health inequity.” Read in full, **here**.

(Hayre, Canning, Pearce, Khera and Ford, 2026).

SHA

Promoting health & wellbeing through socialist principles since 1930

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