Health & Social Care News

National Pensioners Convention **Health & Social Care Working Party**

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SPECIAL EDITION

Introducing the members of the newly formed Health & Social Care Working Party:

Mary Cooke

Clive Evers

Jean Hardiman-Smith (Chair)

Claude James

Shirley Murgraff

Terry Pearce

Pat Prendergast

Pat Roche

Elaine Smith

Dot Gibson (Gen. Sec)

Jan Shortt (Vice President)

We hope you continue to enjoy our newsletter and that you will share your stories with us.

Petition:https://you.38degrees.org.uk/petitions/stop-the-plans-to-dismantle-our-nhs - This is about Sustainability and Trans-formation plans for the NHS – the biggest threat to date.

Dates for your Diary:
- Older People's Day: 1 October 2016
- Lobby of Parliament: early November

Websites: **www.cresc.ac.uk** – Centre for Research on Socio-Cultural Change: 'Where Does The Money Go? Report

SOCIAL CARE: WHERE DOES THE MONEY GO?

Dot Gibson, General Secretary

A report by the Centre for Research on Socio-Cultural Change (CRESC) exposes the depth of the crisis looming over UK adult social care.

We all know that government cuts to local authorities are taking their toll on services: around 1.86 million people over the age of 50 are not getting the care they need; approximately 1.5 million people perform over 50 hours of unpaid care per week; the proportion of GDP the UK spends on social care is among the lowest in the OECD, with budgets having undergone an overall reduction of over 30 per cent since 2010.

Private companies in the care sector are also blaming inadequate government funding, saying that this is and can lead to the closures of nursing homes. But is that the whole story?

The CRESC report: *"Where Does the Money Go? Financialised Chains and the Crisis in Residential Care* reveals the dubious financial engineering, tax avoidance and complex business models shifting risks and costs from care home owners to care workers, local authorities and self-funders.

To show the severity of the crisis, the report gives the example in detail of the dubious activities in and around care providers *Four Seasons*.

Before being purchased by *Terra Firma Capital* in 2012, *Four Seasons* passed from one private equity firm to another, as each debt-leveraged buyout was followed by a larger one, with the seller making a profit from the willingness of the buyer to pay more and cover the cost of the debt.

By 2008 *Three Delta, Four Seasons* was servicing £1.5 billion debt, with the interest alone claiming £100 per week on each of its 20,000 beds.

Eventually this situation ended with debt write-offs and

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restructuring when *Terra Firma* invested £300 million of its own capital, repaid £780 million of the old debt and issued a more sustainable figure of £525 million of new debt through bonds.

The report says that much of the media simply absorbed the announcement that *Terra Firma* had "bought stability to the company". However, nothing could be further from the truth.

Four Seasons now consists of over 185 companies in 15 tiers registered in numerous jurisdictions including multiple tax havens with the primary purpose being tax avoidance. The company's obscure financial operations have turned what was in 2013-14 a cash generative business into a loss making one and this is blamed on the lack of state funding.

But, as the report explains, discretionary accounting and financial decisions in the form of "charges" between the 185 companies means that *Four Seasons* has over £300 million of *internal* debt which shows that the loss isn't what it first appears to be, and the owner will not be out of pocket in the event of liquidation or sale!

The report explains that "the declared profit of operating subsidiaries in financialised chains. . . . . is the. . . . . result of manoeuvring over several years to reduce tax, extract cash and rearrange obligations with an eye to exit"; and: "the problem is that in each chain nobody except the upper tier owners knows where the holes in the bucket are, so that public money can disappear without political debate or social accountability."

Can there be any doubt that private ownership of social care with the irresponsible practices of companies like *Terra Firma* are at the heart of the crisis? It certainly is not the fault of frail elderly and disabled people and their families, nor the care workers on low wages and poor working conditions.

Tell Us Your Story Project

There will be an opportunity for those attending the Pensioners' Parliament in Blackpool to involve themselves in telling us their stories about the NHS and Social Care (good, bad, indifferent – they are all important). All information is confidential – we only need a first name (or an initial) and the first part of your post code. A table will be inside the Pavilion Theatre where the sessions on NHS and Social Care take place on Wednesday 15 June. A member of the H&SC Working Party will be available during the lunch time on Wednesday and again at 4pm

Social Care in Britain: Commercial Opportunism

Britain's care time bomb is 'one of the biggest commercial opportunities for private firms' – so says Health Secretary, Jeremy Hunt.

Mr. Hunt made this shocking remark whilst answering questions at the Health Select Committee in May.

He also went on to defend the shelving of the £72,000 cap on care until 2020 by saying that this was because a private insurance market could not be created to go with it! However, he insisted that the 'cap' was still government policy and a re-think was needed on the long term funding of social care.

When questioned on private companies providing care services threatening to pull out of contracts, he said: *'It is a very concerning situation, but many private firms would be willing to fill in because they see the potential for profit. At the same time many private businesses are looking at the ageing population as one of the biggest commercial opportunities.'*

With 80% of care services and 70% of NHS contracts going to private companies, we are being driven down the route to American-style healthcare faster than we ever thought possible.

The government claims that allowing local councils to raise council tax by 2% to help meet the spiralling costs of care would raise an extra £2billion a year by 2020. The Local Government Association said this could be wiped out by the cost of the National Living Wage.

Professor Martin Green, Chief Executive of Care England representing care providers said: *'If you are poor and you're old in Britain, you're in trouble now. The state cannot afford to take care of you anymore.'*

So, how does this story sit with the one across the page? Well, it shows that the government's preferred/only answer to the crisis in social care is more privatisation – determined to give contracts to more and more unaccountable, faceless financiers.

It also shows the deep lack of care and concern for citizens who, through no fault of their own, find they need help on a daily basis just to get by in life.

Sustainability and Transformation Plan

You may not have heard about Sustainability and Transformation Plan (STP) 'footprints' yet, but these are going to be the major driving force for big changes to your local NHS over the next few years.

Just a few days before Xmas 2015, instructions were issued to NHS bodies to come forward with 'footprints' for their local health areas. There are 44 of these up and down the country tasked with having a sustainability and transformation plan by the end of June 2016 (now possibly September). This will effectively be the local detail of delivering the NHS Five-Year Forward View.

The Five-Year Forward View is supposed to be the NHS's plan to delivery £22billion worth of savings by 2020 in order to match the growing demand for health services with what the current government are prepared to fund.

Virtually nobody in the NHS believes that the £22billion of efficiency savings is remotely realistic without cuts to staff or cuts to services. With more than 75% of NHS Trusts currently in deficit, there is a big challenge balancing existing budgets, let alone finding efficiency savings of the magnitude required.

The fear therefore is that the STP 'footprints' will be used to make unpopular decisions behind closed doors about closing services in order to meet the unrealistic savings demanded.

That could mean A&E closures and downgrades, at arm's length from the government and on the basis other services within that 'footprint' will remain open.

Each of the 44 'footprints' has a senior leader who are mainly Chief Executives from local Trusts or CCGs. Apart from knowing who they are, little is known about how they will be accountable to the public or how difficult decisions they will make are going to be arrived at. There is no model of governance in place yet and there is no public involvement in the blueprints currently being drawn up.

Parliamentary questions about the 'footprints' revealed that the 'footprints' and leadership teams do not have legal status or legal duties and will not have the ability to borrow. It means that if these bodies do come to the conclusion that certain local services will have to go, there may be no public consultation on such decisions and no formal mechanism to challenge them.

To date these radical changes have not been the subject of any Parliamentary debate or vote, with information being released by bland press releases on the Department of Health website,

Given the potential these bodies have to change the way publicly-funded NHS services are in the future, it is time to shine the spotlight on them.

The penalty for not achieving the plan is to be denied access to £1.8billion of 'Transformation' funding and the leader of the 'footprint' replaced.

Please ensure your MP knows about the plans

Virgin Care take over Health Services at Sittingbourne, Sheppey, Gravesend and Dartford after High Court ruling

Health bosses have confirmed the switch to Virgin Care is to go ahead after a six-month delay which has cost the NHS thousands of pounds in legal fees.

Richard Branson's private medical company was awarded the £128.4m contract to provide community care to Sittingbourne and Sheppey, Gravesend and Dartford in January. It should have taken over in April. But the High Court blocked the move in February after a complaint from existing provider Kent Community Health NHS Foundation Trust (KCHFT).

The legal team at KCHFT asked NHS Swale Clinical Commissioning Group (CCG) and its sister NHS Dartford, Gravesham and Swanley CCG to hand over information to "reassure" it that the contract had been "properly awarded." The action put the transfer of services on hold.

But the suspension was lifted after a two-day hearing on 28 & 29 May allowing the CCGs to go ahead and give the contract to Virgin. However, KCHFT says it will continue to ask the courts to rule if the award procedure was safe, fair and robust. KCHFT's new chief executive Paul Bentley said: "While we are disappointed the suspension has been lifted, we respect the court's decision."It is only right that decisions to award multi-million pound NHS contracts should be subject to the highest scrutiny."

The contract includes adult care services at Sheppey Community Hospital, Sittingbourne Memorial Hospital, Gravesham Community Hospital at Gravesend, the Livingstone Community Hospital in Dartford and in the community. The Virgin Care bid was £3.4 million lower than KCHT's bid of £131.8 million. A consortium between Dartford and Gravesham NHS Trust and Medway Community Healthcare bid £135 million. A fourth organisation, the South Essex Partnership Trust, bid £136.9 million before withdrawing.

KCHFT came top in the "scored questions" part of the bid for quality with 95.9%. Virgin care scored 95.4%.

LONG DELAY IN INTRODUCTION OF MEDIAL EXAMINERS INTO CORONERS OFFICE & NHS HOSPITALS

Mary Cooke

The Guardian headline on 27th August 2014: "10,000 Deaths a year from Natural Causes Needs Examining by Coroners."

Pathologists want reform of death certification, after a plan for Medical Examiners is delayed. Up to 10,000 deaths a year recorded as being by 'natural causes' should have been investigated by inquests, according to the Royal College of Pathologists. The data provides compelling evidence that the death certification system run by doctors in England and Wales needs changing, the college said. The reforms proposed include the introduction of medical examiners to ensure thorough external examination of bodies; checks on all death certificates (which are usually written by junior doctors); discussion about deaths with relatives; and in consultation with Coroners.

Changes were demanded more than ten years ago by an Inquiry after GP Harold Shipman certified patients (his victims) as having died from Natural Causes. It also included concerns around the care provided by the Mid Staffordshire NHS Trust about which it was reported that: *'Trials detected a cluster of infections in a hospital department; linked previous falls of unsupervised frail elderly patients in care to their deaths, and helped Doctors recognise the significance of missed treatments and medical observations of critically ill patients before their deaths'.*

Other reports of a similar nature have been recorded over the years since ***'The Coroner's and Justice Act' 2009*** introduced the requirement that Medical Examiners scrutinise all deaths that are not investigated by a coroner. At the time Primary Care Trusts (now CCGs) should have treated the Act with the urgency it required.

Giving evidence to the GP Harold Shipman Inquiry in 2005, Dame Janet Smith said: 'I think the key difficulty and problem is that too much is left to the individual doctor. The individual doctor's decision warrants two things - he is saying I warrant that I know the cause of death and I warrant that the circumstances of death do not require referral to the Coroner. It was Shipman's ability to certify false causes of death and avoid the Coroner's system completely that is the point because not one single death of Shipman's victims was reported to the Coroner. Occasionally he would have a quick telephone call with somebody in the Coroner's office saying that he proposed to certify the death as due to such and such and would that be alright and the answer he always got, was "Yes, it's quite alright, Dr. Shipman" So there was no check.

Dame Janet further said: 'I do think we need reform of the Death Certification and that it needs to be completely dovetailed in with reform of the Coronial system. You have to decide how the two are going to be related to one another. And what followed were the Reforms required, in the Coroner's and Justice Act 2009.

Fast forward to 2015 and much outcry by the House of Lords following a number of other deaths recorded as 'natural causes', also delays from Coroners Offices as to death statistics. Here we are in 2016 and we have a Consultation for the public and other individuals as to the introduction and role of Medical Examiners and changes to the system of death certification - 92 pages long. Personally I have read it and following Dame Janet Smiths recorded observations I still think the role of Doctors on the issue of death certification needs tightening up further. We will soon be having Assistant GP's installed in Surgeries so I wonder what their role would be in this. For me the Medical Examiner could be engaged more frequently. Other changes are to the charges required to be paid by the bereaved.

Interested members might like to read the Consultation and take up a view. I will report my view accordingly. Find the Consultation at: www.gov.uk/government/consultations/death-certification-reforms

1,700,050 say 'NO' to Pharmacy Closures

A massive petition against Government plans to cut pharmacy services has been presented to the Prime Minister as MPs debate the matter in parliament. The Government proposes cuts to the pharmacy budget of £170 million in 2016/17 and a raft of other 'efficiencies'. Alistair Burt, has said that up to 3000 pharmacies could close.

An NPA spokesperson said: 'The Government seems to think that putting a few hundred pharmacists into GP practices is a good swap for the loss of potentially 3000 community pharmacies. I disagree. And so do at least a million and a half patients and concerned citizens. Any changes to the NHS should have the improvement of patient care as the top priority, not simply saving money'.

Under Attack! Reflections on the Destruction of the English National Health Service, 1977-2016

by Jean Hardiman Smith and Alex Scott-Samuel

When people talk about the NHS there is often an unspoken belief that no government, no political party, would ever try to change the underlying assumptions we have lived with all our lives. When we are ill, there will be nurses, doctors and hospitals to support us. The NHS will be free, staffed by people who are well trained and dedicated, and all this as a shared enterprise, owned by us, the public, and paid for by our taxes. It has always been this way, works well, and why would it not continue? Only a very few voices, now almost silent, remain to tell us things were once very different. One of the few is Harry Smith whose book, 'Harry's Last Stand' (http://www.harryslaststand.com/) provides a wakeup call for anyone who thinks the NHS would work better and more efficiently if it was in private hands, as it was when he was young. As Harry Smith so starkly shows many of us would not be here, perhaps not even born, if it was not for the NHS. It is the jewel in our national crown, and worth fighting for. Increasingly, ordinary people are coming to realise that something is happening they cannot quite understand. Why is the NHS and talk of commissioning, of buying in services from the private sector, going hand in hand? Why are some activists talking about the involvement of Richard Branson and Virgin, not to mention other large scale private companies? Both the Conservatives and New Labour have said it is all necessary to modernise and restructure the NHS to be fit for the 21st century

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/AnnualReports/Browsable/DH_4933598

https://www.england.nhs.uk/2014/12/forward-view/

The government are saying publicly that there will be more money for our health services, and a more modern structure, and that must mean governments are protecting the health service? The media are certainly backing this notion up, and are blaming hospitals and doctors for any problems. While the media remains silent on any governmental blame or agenda for change to a private sector provision, an increasing number of people, experts, clinicians, doctors and activists in the field are saying that the issue is the privatisation of not only services, but buildings and assets too. Privatisation behind the backs of the people of this country. Marion McAlpine has photographed many of the buildings that people take for granted we still own as a nation, but which are now owned by private companies. There is good evidence that the NHS and health services are often paying usurious rates on long term leases to these companies. People are shocked when they see this exhibition, but so many people do not see and do not know. They refuse to believe with or without the evidence, and repeat that the BBC would have informed them. Surely, they comfort themselves; this is all about left wing conspiracy theories.

http://liberalconspiracy.org/2013/03/24/how-the-nhs-will-be-quietly-privatised-from-april-1st-while-the-media-ignores-it/

It seems that unless we have a roadmap setting out exactly what is going on, how it will happen and naming names, people will find this too painful to even contemplate. Every denial, and where denial is impossible due to public outcry every statement to say that a decision has been changed on, say, closing a local service or hospital, will be seized on gratefully. Many of us have looked at private healthcare costs in the UK and found them beyond our budgets, while thinking that if people can afford a nicer carpet and selection of sandwiches that is their prerogative. What if that was the only health service available? What if, having got rid of the free NHS private healthcare and insurance costs rocketed exponentially? More and more aware people are waking up to the fact that in a health market economy even with similar protections that the US has put into place with the Affordable Care Act (ACA) of January 2014, which provides Medicaid to many low income individuals, and Marketplace subsidies for individuals below 400% poverty, a large number of people have no healthcare cover at all. Under the act the number of uninsured nonelderly Americans decreased by nearly 9 million. That is good, but when we say it is now down to 32 million who are still not insured under the Act, it sounds like there is still a very long road to get to the place we have enjoyed for so long under the NHS. Think of it; 32 million people who cannot call an ambulance when they have a heart attack, have treatment of any kind if they have cancer, or go to A&E if they are in an accident. Healthcare in the USA is impossible to

afford for a significant minority, despite the recent changes.

http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

http://fivethirtyeight.com/features/33-million-americans-still-dont-have-health-insurance/

So things are bad in the US, but surely that means our government, knowing that, will not be open to a US style system in the UK. People wouldn't stand for it;

http://www.theguardian.com/society/2014/aug/30/nhs-bosses-summits-contracts-unitedhealth-insurer

As highlighted in the above link, documents obtained under the Freedom of Information Act by the campaign group Spinwatch, shine a light on the workings of an obscure group whose existence and limited membership has alarmed campaigners who want the NHS to remain public. This group is The Commissioning Support Industry Group (CSIG).) A series of emails between members of the group and NHS England officials reveals that United Health, the giant US health insurer, (former employer of NHS England's chief executive Simon Stevens), chairs the group, provides its secretariat, and recently paid for senior health mangers to visit its care centres in the US on a five-day fact finding mission. Members of this group include Dr Chris Exeter, United Health's lobbyist, who in 2011 worked on non-health matters for Low Associates, a lobbying firm run by Sally Low, wife of former health secretary Andrew Lansley, who helps co-ordinate meetings for the CSIG. Other members are consultancies KPMG, Capita, McKinsey, EY and PWC. Its meetings, which began in May 2013, are not minuted.

Recently KPMG was involved in a tax evasion scandal:

http://www.independent.co.uk/news/uk/crime/four-senior-partners-with-kpmg-accountancy-firm-arrested-in-hmrc-tax-evasion-inquiry-a6750581.html

http://www.telegraph.co.uk/finance/newsbysector/banksandfinance/9984412/Scandal-hit-KPMG-could-face-probe-over-HBOS-audit.html

But surely United Health must be a well-run company given its connections with the head of NHS England, Simon Stevens?

https://attorneypages.com/hot/united-health-care-huge-fines-scandals.htm

Mc Kinsey?

http://www.independent.co.uk/news/business/analysis-and-features/mckinsey-how-does-it-always-get-away-with-it-9113484.html

EY?

https://next.ft.com/content/e6357710-a89a-11e5-955c-1e1d6de94879

PWC?

http://www.telegraph.co.uk/finance/newsbysector/energy/oilandgas/11892400/Bill-Gates-sues-oil-giant-Petrobras-and-PwC-over-corruption-scandal.html

and that is just scratching the surface. Dr Jackie Davis, co-founder of Keep Our NHS Public said that David Cameron promised us transparency, but this exposes the cat's cradle of secret connections between politicians with a financial interest in privatising the NHS and the big five management consultants, multinational private companies and the officials running the health service.

A list of politicians with a financial interest in privatising the health service can be found at:

http://socialinvestigations.blogspot.co.uk/p/key-facts-of-lords-and-mps-connections.html

The list includes 225 parliamentarians, of which 75 are MPs and of those 81% are Conservatives The list includes Cameron, Hague, Hunt, Duncan Smith, and Lansley, and large sums of money have changed hands according to an article in the Mirror newspaper.

http://www.mirror.co.uk/news/uk-news/selling-nhs-profit-full-list-4646154

All were able to vote on the Health and Social Care Act, despite having a prejudicial interest which would not have been allowed at local council level.

The destruction is not just about money, though, but about a long standing ideology. The methods used to destroy the NHS have been set in writing for a very long time, and we have traced a blueprint back almost 40 years, though there is reason to think that there have been those among the Conservatives, who opposed it from its inception on 5th July 1948, indeed the Conservatives voted against the formation of the NHS 21 times before the act was passed. https://www.quora.com/Was-there-major-opposition-to-the-National-Health-Service-Act-1946-in-the-UK-as-there-is-for-the-Affordable-Care-Act-Obamacare-in-the-US

The above provides just a flavour of the work in hand, which currently runs to about 30 pages. Watch this space!!

OUT OF SIGHT AND OUT OF MIND?

The vital work carried out by
The Relatives & Residents Association

Our story:

"Please find a Home by the end of the week – we need the bed".
This shock announcement is an all too common experience for those seeking and finding help and support from our much-praised Relatives & Residents Association's Helpline.

Many relatives and friends of those who become more dependent on care after surgery, a fall, or simply suffer gradual or sudden deterioration are faced with this painful dilemma. All too often, this happens at a time when they have other demanding responsibilities, sometimes their own health is problematic. They want to do their very best but don't know which way to turn.

Even as an alleged "expert" on social care, working in the Department of Health, I had no real idea about the full complexities and pitfalls of the care system. I was about to find out. This happened when my mother's mild dementia increased, and her subsequent broken hip, while in poor 'respite care', meant she could no longer live alone, I was faced with the classic dilemma of who to put first. One of my children was to be admitted to hospital for surgery, and my decision to opt for a temporary admission, still fills me with guilt and anguish.

At a time when much of the rhetoric of government is increasingly about the "bed blockers, it is important to remember that we are talking about some of the most vulnerable and oldest people in our society.

The current system:

Many of those now needing the most care are in their 80s, 90s and 100s – the preponderant age group in care homes – have lived through the Depression, the privations of the Second World War. The First World War and its aftermath also bereaved many of their families.

The current system they are faced with reflects a succession of bewildering changes in entitlement and regulation over recent years. Continual change has made life even more complicated for those trying to find out what they and their partners, parents and friends are entitled to receive, regardless of whether or not they fund their own care.

Our Helpline:

The R&RA performs a unique role, not only because we are the only national organisation focusing entirely on the residential care of older people - so we really know what we're talking about, but also because of our daily interactions with our members, relatives and residents through our Helpline over the last 20 plus years.

We do not just give accurate, up-to-date information; we support people going through a time of loss and virtual bereavement, since so many of their relatives, spouses and friends have dementia. Many people simply want basic facts from a totally independent source.

We do not simply tell people what they need to know about the assessment they need, regardless of how they pay.

We help them with:

- what they should look for in a care home
- whether or not they may be eligible for "continuing care" (where the NHS should pay)
- their right to go to another area, to be near family or friends
- the intricacies of the charging system
- the standards they should expect;
- how to express their concerns/complaints to the appropriate people and, sometimes, do it for them.

Influencing policy:

Our members and callers ensure we are constantly in touch with how changes in policy, both centrally and locally, affect them.

We not only listen to sad and sometimes tragic stories on our Helpline, we try to improve the experience of residential care for older people by informing regulators and commissioners of the implications of their actions and inactions. We have a 'hotline' to the CQC, the regulator and report serious concerns to them. In return, they report back to us on what, if any, action they have taken.

We regularly lobby and give evidence to the Department of Health, the Health Select Committee, among others.

Research:

We also carry out research, relevant to people in residential care, for example, establishing how many people are completely isolated with no outside contacts at all. We also produce publications to try to improve the lives of people in care homes.

Keys to Care:

These started as twelve little cards on a keyring, handy to slip in a pocket. The things to think about, ask and do if you are to care well for a dependent elderly person at home or in a care home – a durable checklist of points for care workers to remember. They open up insights on topics ranging from the practicalities of the Care Plan and Continence Care to the deeply sensitive topics of Dementia and End of Life Care. These are all now downloadable free, from Apple or android and have been endorsed by the Department of Health, CQC and Skills for Care. Each one now has its related ***Keynote*** with good practice examples and ideas to use and adapt, as well as the underpinning Regulation. They have been found helpful to relatives, as well as the care workers they were originally designed for.

'***Your rights in a care home'***

In addition, our latest rights leaflet, will be freely available at the Pensioners Parliament. This is an additional resource for older people and those who help them on what they have a right to expect from care at home or in a care home.

Most people don't know that there is a regulator or that there are required standards monitored by inspectors. People often get more information about their prospective weekend break than they ever do about their rights (and Human Rights) in care.

Please Get Active!

Since we no longer receive any money from the Department of Health, please support us by joining us as a member or a friend if you care about your own or someone else's future in care and wish our work to continue.

Affiliate your NPC group, benevolent association, WI, political party, union, or club and help us not only to survive but grow and flourish.

Judy Downey, Chair of the R&RA **www.relres.org**

Google DeepMind (aka Artificial Intelligence)

The Royal Free Hospital in London has entered into an agreement with Google DeepMind to collect data that will 'help improve detection of acute kidney injury'. However a complaint has been made to the Information Commissioner's Office (ICO) regarding the collection of data without consultation and the safety of that information in transit and where it is eventually held. An investigation is ongoing.

DeepMind was established in London in 2011 and employs around 140 researchers at its Kings Cross office. Google (as we all know) is not a UK owned business and is not based here. Google acquired DeepMind in 2014.

It would appear that DeepMind is gaining access to all admissions, discharge and transfer data, accident and emergency, pathology and radiology, and critical care from the Royal Free and associated hospital sites. It includes highly personal data such as diagnosis of HIV and depression. Google have yet to respond to the questions asked on acquisition.

If you have been (or still are) a patient with the Royal Free, or any of their associated sites, and you have concerns about your data being used without your knowledge and consent, then you should contact the Trust's Data Protection Officer. You can request to 'opt out' your data. If you already opted out and you are worried that your data may have been 'acquired', then contact the ICO helpline on 0303 123 1113 (local rate), Monday to Friday 9am-5pm or email: casework@ico.org.uk. They will give you guidance.