Submission of evidence to the Health and Social Care Committee's inquiry on the Department's White Paper on Health and Social care

This response is sent on behalf of We Own It campaigners and has been informed by responses from Keep our NHS Public, Public Matters and Our NHS Our Concern.

We Own It is a voice for public service users, which campaigns for public services in public hands. We are submitting evidence because as citizens, residents and public service users who will be hugely affected by this White Paper, we want to make clear what our demands are.

INTRODUCTION

This submission aims to draw attention to concerns and shortcomings within the Department's White Paper on Health and Social Care. Whilst close co-operation between health and social care has long been desirable this is not the aim of 'Integrated Care Systems' (ICS) and indeed we have seen Local Authority input consistently minimised.

This may appear to be an attempt to streamline services and deliver better care, but it will move decision-making even further from local communities and increase private sector involvement in the NHS at many levels, including patient records, strategic planning, commissioning and more. Companies are driving (See page 2) and poised to take advantage of these changes include huge corporations, many of them US based.

Whilst it is true that the private sector is already heavily involved in the NHS, the proposal would put the entire NHS budget in each area under the control of its ICS body, with all providers bound by the plan, and 'financial controls' linked to that plan. This model will to lead to more cuts and closures of GP services, NHS hospitals and A&E.

Furthermore, as it stands private companies could sit on these decision making boards, therefore having control and influence over the budget. Private companies can also be consultants and have key roles in the infrastructure, in addition to having contracts to run services directly.

All of this will serve to only disintegrate our NHS further.

The White Paper frequently refers to accountability, however there is evidence to suggest that for patients, accountability and the ability to intervene democratically in their services will be reduced.

It is astonishing that the White Paper discusses reforms pertaining to the NHS but pays little attention to social care, which is left to another day. Without knowing the full plans that the government has for social care, local authorities would find it difficult to meaningfully collaborate with other partners. This is a good reason for the White Paper to be held back at least until plans for social care are finalised.

Key recommendations

To bring about true integrated services throughout the country, it is imperative to legislate to

- End the internal market in the NHS

- State very clearly that the NHS would be the only provider. Sub-contracting services to the private sector should be stopped. Private companies like Deloitte should be excluded from sitting on decision making bodies and boards that make decisions about how to spend NHS money.

- Ensure that there is no implementation of 'system-wide' policing of finances as a way of more ruthlessly enforcing cash limits and "control totals" limiting spending across each ICS. Patients do not want unaccountable decision making bodies to prioritise profit margins and make savings over caring for people's health. This model is already leading to cuts and closures of NHS hospitals and A&E. This would push more people to go private as cuts are made.

- Halt this legislation at least until there has been proper consultation on it with patients and residents.

- Ultimately, we believe this bill should be withdrawn. What we actually need is a national high quality, well funded, public NHS for everyone. 3 out of 4 of us want our NHS reinstated as a fully public service after the pandemic.

These demands are echoed by patients across the country, and have been made in a petition set up by We Own It which currently has over 38,900 signatures.

SPECIFIC AREAS OF CONCERN

1. Patient care likely to be compromised and local accountability reduced

The White Paper does not explain how patient care and experience would be improved.

Establishing ICSs would not easily allow local needs to be implemented. ICSs would be further away from the public; 135 CCGs would be reduced to 42 ICSs in England.

The increasing numbers of large Primary Care Networks (PCNs) would destroy continuity of care and make access to care more difficult. General practitioners are already hard pressed; the addition of implementing integrated care would further reduce time for patients. As has already become common, PCNs may well be taken over by private companies.

As Keep our NHS Public highlights:

The proposals reduce the number of commissioning organisations from almost 200 to just 42 new "Integrated Care Systems" (ICSs). This has required merging (and eventually abolishing) local Clinical Commissioning Groups (established as public bodies by the Health & Social Care Act 2012), and replacing the 44 'Sustainability and Transformation Partnerships' (STPs) set up in 2016.

The mergers inevitably result in larger bodies, more remote from the needs and concerns of any local community, and therefore a loss of local accountability. This point has been powerfully argued by the all-party Local Government Association (LGA), which represents the leaders of 335 of England's 339 local authorities. Their response states:

"We are concerned that the changes may result in a delegation of functions within a tight framework determined at the national level, where ICSs effectively bypass or replace existing accountable, place-based partnerships for health and wellbeing….

"Calling this body an integrated care system is to us a misnomer because it is primarily an NHS body, integrating the local NHS, not the whole health, wellbeing and social care system."

2. No mechanism to hear the voice of health professionals

Our NHS, our Concern highlights that there is no mention at all on how the voice of patients, senior clinicians and front-line staff would be heard at any level. It is most important that senior clinicians and frontline staff have a statutory place.

The NHSE paper on ICS had not allowed sufficient time for proper discussion. In its response to the NHS plan on integration (6), the BMA stated: 'If these proposals are to have the confidence of clinicians, the public, and stakeholders organisations, they absolutely must be subject to formal consultations before being put to Parliament. This should not only provide proper time for the proposals to be considered in full but also include meaningful engagement with frontline clinicians and patients in particular.'

A proper plan to address workforce issues would aim to fill staff vacancies by addressing pay and conditions and increasing training uptake.

3. Little attention to social care

Given the urgent need for reform of social care little attention is given in the White Paper. This is of huge concern.

We call for a Green Paper on Social Care before this white paper can be considered.

4. Concerns over competitive tendering and commissioning

The White Paper should state very clearly that the NHS would be the provider of services, otherwise it will mean competition-free outsourcing of our services. Sub-contracting services to the private sector should be stopped.

While the White Paper changes have been billed as ending competitive tendering, we know the plan as it stands is to keep the private sector deeply embedded.

To replace tendering, a "bespoke health services provider selection regime that will give commissioners greater flexibility in how they arrange services" is proposed. No details are provided.

Andrew Taylor, former Director of the Co-operation and Competition Panel for NHS-funded services said when giving evidence to the Inquiry into NHS England's proposals for Integrated Care:

"There will still be a lot of private sector participation in the NHS. I do not think anyone has realistically talked about removing the private sector from the NHS…The current rules provide a Government structure for those markets. In effect, the proposals deregulate NHS markets. They do not remove markets from the NHS; they just deregulate them and remove those governance structures. My concern is that ungoverned markets will no longer necessarily deliver the best outcomes for people, so these proposals have to be treated with a degree of caution."

There legislation will open the door to more cronyism by allowing larger contracts to be handed out without tendering - this would mean yet more contracts would be given to government pals like Serco – we fear that that's what the government means by 'reducing bureaucracy'.

Contracts worth £10.5 billion were awarded directly without any competition during the pandemic to the end of July 2020; If this legislation goes ahead this could now become the norm.

5. Concerns about management, financial management and the involvement of private companies

Under proposals for ICSs, all providers will be bound by a plan written by the ICS Board with financial controls linked to that plan.

While Integrating Care argues for the need to establish ICSs as "statutory bodies" with real powers, notably "the capacity to … direct resources to improve service

provision," there are real fears that NHS England sees ICSs and 'system-wide' policing of finances as a way of more ruthlessly enforcing cash limits and "control totals" limiting spending across each ICS, with growing lists of excluded "procedures of limited clinical value".

"For example, it said ICSs will be given a "single pot" of money from which to manage spending priorities. But there is no framework for how this will be spent that assures fairness, value for money and quality outcomes."

Research in the USA and experience in England has exposed the lack of evidence that data-led attempts at "population health management," or targeting the small number of patients with complex medical and social needs, can either reduce demand or cut costs. Yet population health management underpins these changes. Such approaches do facilitate the development of private insurance pathways running alongside NHS care. There is more detail on the huge risks of a population health approach here.

There is also an understanding that saving money will lead to financial benefits for commissioners and possible private companies. Patients do not want unaccountable decision making bodies to prioritise profit margins and make savings over caring for people's health.

Shared financial risk = rewarding providers for reducing medical spending by giving them a share of the net cost savings; may also include financial penalties for cost increasing above benchmark

Private companies may support the Board and potentially have a place on the Board, as well as being contracted for services.

The "strong recommendation" of the House of Commons Health and Social Care Committee in June 2019—that legislation should rule out non-statutory providers holding Integrated Care Provider (ICP) contracts in order to "allay fears that [they] provide a vehicle for extending the scope of privatisation"—is not mentioned.

It should be noted that even with well-designed services there is little or no argument for the constant diminishing of NHS hospital and GP services. These have already been cut to the bone, to create space for the private sector to grow into.

Yet, there are closure and restructuring plans unfolding on the ground. For example, pushing GPs into large scale practices of one form or another (which the Nuffield Trusts' extensive survey showed only produces real savings in shared backroom services, designed to be run by data mining corporations like Optum); replacing highly qualified staff with lower qualified staff and removing the patient's access to a formally qualified general diagnostician – the GP – as a first port of call. And, as we have seen recently with Centene's GP takeover, the formation of large-scale practices can be run as commercial organisations.

As cuts are made, patients have already been promised greater rights to choose private treatment and have it paid for by the NHS. Some NHS bodies have set up

their own private companies to offer private care to compete with the private sector for business, reducing the number of staff hours available for NHS work.

Private companies are also likely to be heavily involved in ICS infrastructure. NHS England has established a Health Systems Support Framework (HSSF) to facilitate easy contracting by ICSs. The Framework consists of organisations accredited by NHS England to support the development of internal structure and management of ICSs, and, potentially, also to play a long-term role in direct management of ICSs.

A quarter of the 83 organisations approved by NHS England to take on contracts with ICSs, and potentially also take seats on decision-making Boards of ICSs (as has happened in North East London) are American-based, offering expensive data-based systems designed to benefit US insurance companies and private hospital chains.

As Keep Our NHS Public highlights, these approaches to the structure and management of ICSs pose a major threat to the NHS, distorting and undermining the core values and ethos of the NHS.

6. Corporate involvement

No assessment of "Integrated Care" or response to the White Paper should miss the complex web of corporate power behind these cuts. For example: Ribera Salud, held up as an exemplar of successfully implementing "Integrated Care", is owned by Centene and operates Kaiser Permanente's system. The company was being paid to advise the Nottingham "ACS" when they found themselves discredited in Spain (being blamed for thousands of premature deaths) and their contracts taken back by the state amid corruption allegations, governance failures, and public opposition to privatisation.

The fact companies like this are shaping and driving the entire process tells us that this White Paper signals a dark future for universal, comprehensive healthcare provided at the point of need.

7. Crucial failings of the 2012 act will remain in place

The core elements of the 2012 act will remain in place: no duty on the government to provide key services throughout England to everybody; entitlement to services dependent on being a registered patient or member, currently of clinical commissioning groups (CCGs), but in the future of "Integrated Care System (ICS) NHS bodies," though abolition of CCGs is implied, not expressed; commercial contracts and the purchaser-provider split still the basis for delivering services; foundation trusts still able to receive 49% of their income from outside the NHS; and public health functions and communicable disease control remain outside the NHS.

The failure of the Department of Health to address the urgent issues of NHS waiting lists, backlog of operations, lack of clarity on social care and insufficient time given for discussion at a time of a pandemic compels us to question the urgency for the White Paper to be implemented by next year.

REFERENCES

1. House of Lords Select Committee Public Services:

OURCOVID-19 Dots from the Frontline

https://committees.parliament.uk/writtenevidence/8040/pdf/

2. House of Lords Select Committee on Public Service:

Urgent need for change in culture; Board members should be elected. A case for a change in the Law

https://committees.parliament.uk/writtenevidence/7977/pdf/

3. House of Lord Select Committee on Public Service:

Adult social care not fit for purpose: Problems and proposals

https://committees.parliament.uk/writtenevidence/7394/pdf/

4. CQC: Beyond barriers

https://www.cqc.org.uk/sites/default/files/20180702_beyond_barriers.pdf

5. Britain needs a national care service.

https://www.independent.co.uk/independentpremium/voices/covid-national-care-service-nhs-b1806591.html

6. NHS Integrating care: Next steps to building strong and effective integrated care systems across England NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England

7. NHS History: The 1980s.

http://news.bbc.co.uk/1/hi/programmes/the_service/2120293.stm

8. Timeline of NHS policy from 1980s to the present. Timeline of NHS policy from 1980s to the present | The Nuffield Trust

https://www.nuffieldtrust.org.uk/timeline-of-nhs-policy-from-1980s-to-the-present

9. Covid-19: Hancock's failure to publish contracts was unlawful.
BMJ 2021; 372 doi: https://doi.org/10.1136/bmj.n511 (Published 19 February 2021)
Cite this as: BMJ 2021;372:n511

NOTE

The White Paper recommendations are predominantly based on the paper by NHS England on Integrating care: Next steps to building strong and effective integrated care systems across England. Comments in this submission therefore refer to the NHS plan as well. It is relevant to note that the NHS paper was published at a time when most people were busy dealing with Covid and were not given enough time to provide a studied response. The White Paper is primarily concerned with establishing Integrated Care Systems as a statutory body that would ensure integrated care. This paper therefore has focussed mainly on matters pertaining to Integrated care.