***NHSE CONSULTATION: building a strong, integrated care system across England***

Link here to the survey@ [**https://www.engage.england.nhs.uk/survey/building-a-strong-integrated-care-system**](https://www.engage.england.nhs.uk/survey/building-a-strong-integrated-care-system)

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|  | **What is your name?** |
|  | **In what capacity are you responding?** |
|  | **Are you responding on behalf of an organisation?** |
| Q4 | **Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?** |
|  | Strongly disagree ***comments or additional information:*****a)**This is a very 'top down' exercise with little justification other than the hope it will allow tighter controls on spending. **b)** Claims that functioning ICSs have already demonstrated significant improvements in patient care are only wishful thinking and not evidence based.**c)** The plan for ICSs is not focussed on improving care for patients but on binding NHS organisations by financial controls and plans written by the ICS with advice from companies accredited under the Health Systems Support Framework.**d)** The NHS needs re-integration by abolishing the 2012 H&SC Act altogether and removing the competitive market and the purchaser-provider split.**e)** Facilitating even more contracting out of services and management structures including the private sector is not 'integration' but ‘dis-integration'.**f)** NHSE/I legislative proposals include the removal of Public Contracts Regulation safeguards over social, environmental and labour standards, and the ability to rule out bidders on the basis of their track record. It will expand the scope for scandals like the PPE contracts awarded without procurement to firms with no relevant experience.**g)** Other legislative proposals would embed “population health management” as a binding aim for all NHS organisations, without evidence that this will improve patient access to universal, comprehensive healthcare, free at the point of need, publicly provided and publicly accountable, funded through general taxation. |
| Q5 | **Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?** |
|  | Strongly disagree ***comments or additional information:*****a)** By “collaboration”, the plan includes collaboration with the private sector, which we oppose.**b)** There is very little accountability built into the system and large organisations are inevitably far removed from the needs and concerns of local communities. CCG mergers reduce the opportunity for local public involvement; Option 2 goes even further.**c)** Any reorganisation of the NHS should be looking at increasing accountability and democratic control rather than weakening it.  |
| Q6 | **Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?** |
|  | Strongly disagree ***comments or additional information*** **a)** Allowing management consultants and private sector representatives to sit on governing bodies undermines the public sector ethos which is key to the NHS.**b)** ICSs as proposed will only facilitate top down control.**c)** The NHSE Health Systems Support Framework (HSSF) strongly prioritises financial savings over patient need. The HSSF is designed to implement systems of patient and data management needed for insurance-based systems rather than clinical priorities and local need. The majority of companies accredited through the HSSF are major corporates, including many involved in health insurance in the US and elsewhere.**d)** This approach is incompatible with what patients and communities want and need and with NHS founding principles and values. |
| Q7 | **Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?** |
|  | Strongly disagree ***comments or additional information*** Specialist services require national commissioning in order to ensure consistent standards across the country |