

Privatisation of Health & Social Care: Quality, Accountability and Governance

LINKS 2.4.09

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Keep Our NHS Public

Keep Our NHS Public

Launched September 2005 by NHS Consultants Association, NHS Support Federation and Health Emergency

Website

www.KeepOurNHSpublic.com

Aims:

- To build a broad non-party political coalition which will campaign to protect the NHS from further privatisation and fragmentation
- To inform the media, public and MPs about the government reforms
- To keep our NHS public which means publicly provided as well as funded

Progress so far

- 33 KONP groups have been established.
- 72 other groups, many pensioners or those fighting cuts locally
- 90 unions or union branches have affiliated.
- Over 5000 people have signed the launch statement.
- KONP speakers have addressed meetings in many towns including Bristol, Sheffield, Lancaster, Liverpool, Bournemouth, Norwich, Northampton, Harlow, Plymouth, Southampton, Blackpool and several places in London.
- BMA ARM 2006 passed motion to support the aims and principles of KONP-but no money given.
- Distributed ??,000 leaflets, 13000 postcards and sold 13,000 copies of 'Patchwork Privatisation'

Background to the 'reforms'

From 1997 PFI projects increased in number

The NHS Improvement plan 2004

Original plan was published in 2000, updated in June 2004

The stated aims were:

- To increase capacity
- To extend choice
- To reduce waiting times

All admirable and the increased spending on NHS has reduced waiting lists and improved buildings

Creating a health care market

■ Commercial Directorate set up June 2003

■ First Wave ISTC contract September 2003

Expected to provide 170,000 procedures a year for 5 years at a cost of £1.6 billion

■ May 2005 Extended Choice Network of private hospitals projected 680,000 operations a year by 2008 Choose and Book scheme introduced

■ April 2008 £600,000 to allow hospitals to advertise.

Private units can use NHS logo and call themselves NHS units thus blurring the boundaries

Alternative provider medical services 21.4.04

APMS offers substantial opportunities for the restructuring of services to offer greater patient choice, improved access and greater responsiveness to the specific needs of the community. It will provide a valuable tool to address need in areas of historic under-provision, enable re-provision of services where practices opt out, and improve access in areas with problems with GP recruitment and retention.

The 'public services industry'

Worth £79 billion a year in 2006-7 and is expected to rise to £100 billion by 2011-2
European Trade Unions are seeking a new framework establishing common public service principles, legal certainty and exemption from competition regimes for social services, health, water and education and the right for local and regional authorities to provide in-house services

Key elements of the 'patient-led' NHS

- Patient choice
- Payment by results
- Tariff payment is a fixed national price for each procedure
- Multiple providers from the NHS, private and voluntary sectors
- A strategic shift into primary care
- Practice based commissioning

Threats for health care as a whole

- Fragmentation of care, with loss of continuity of the patient pathway
- Doctors loss of control of which patients they see
- Unclear clinical governance issues around the private sector and foundation trusts
- Perverse financial incentives will lead to inappropriate management of patients
- Loss of staff to the private sector
- Adverse effects on teaching and training

Threats for health care as a whole

- Closure of NHS units leading to less real patient choice
- Increasing dominance by the private sector
- Patients become commodities, and high risk patients will be unattractive leading to 'patient dumping'
- Inability to plan services as a result of 'patient choice'

Market-driven politics

1. Real markets are deeply political-state omnipresent-national politics and the state always targets-businesses want to enter NHS
2. Convert services into commodities and workforce into one orientated to profit and get government to underwrite risk.
3. Market competition transforms commodities
4. Consequences, inequality of provision, high costs and corruption (eg US health system)

Creation of a health care market-ideology not evidence

- Private sector considered more efficient than NHS
- ISTC programme-read Confuse and Conceal
- Privatised procurement -NHS logistics - DHL
- Privatised commissioning-United Health and Humana amongst 10 private companies 2008
- GP contracts to corporations including United Health who have long history of fraud in US. Recently fined by State of California and are currently being investigated in New York State
- Pressure on PCTs to set up polyclinics and force GPs to work in them in short time scale in 2008

Latest 'consultation'

Competition and Co-operation
Responses by end of April

What can we do ?

- Join Keep Our NHS Public
- Join or set up a local group
- Attend the monthly PCT meetings and go to OSC meetings if changes are to be discussed
- Respond to articles or letters in the national & local newspapers to inform the public
- Send postcards to your MP about ISTCs & GP to make them aware of what is happening

Further reading

- Colin Leys Market-driven politics (2001) Verso
- Allyson Pollock NHS-plc 2005 Verso
- John Lister Health Policy Reform 2005 Middlesex University Press www.mupress.co.uk
- Donaldson C and Ruta D. Should the NHS follow the American way? BMJ 2005 v331 pp1328-30
- Lane R and Paton A. Bevan betrayed : the demise of the NHS. BMJ 2005 331: 852
- Craig D & Brooks R Plundering the Public Sector Constable 2006
- Stewart Player & Colin Leys Confuse and Conceal Merlin Press 2008
- John Lister The NHS after 60: for patients or profits? MUP
