

A new threat to local NHS care?

A briefing
for MPs and
councillors

Introduction

Many MPs and councillors might have thought, after the stormy passing of the Health and Social Care Act 2012 and the appointment of Simon Stevens as chief executive of the NHS to run the show, that the NHS could recede from the frontline of politics.

If you recall the idea was that Ministers should not be mired in the detail; it would be steered by GP led commissioning groups informed by meeting local priorities; and governed by independent regulatory bodies that should enforce standards of quality and safety, imposing financial discipline.

Public consent for any big change would require

- engagement and involvement of patients and staff, in a formal consultation, and
- full consultation and support from local authority Overview and Scrutiny committees ... all of this after the publication of a compelling business case.

Assurance of good management would come from close monitoring and support from NHS England. Freedom to provide health care would be granted to autonomous foundation trusts competing with each other and the private sector in a health care quasi-market, where patient choice would be used to allocate resources.

Sudden Takeover

It turns out that all such thoughts need to be erased. The rule book has been torn up, legislation somehow avoided and a takeover suddenly launched by the supposedly safe pair of hands.

Simon Stevens has driven through a massive top-down reorganisation which has carved England into 44 newly designated strategic "footprint" areas in which it has become clear that the 44 leaders appointed by NHS England will lead planning. Their task is to develop 5-year 'Sustainability and Transformation Plans' (STPs) and in this process:

- They are to be given powers to override the checks and balances within the legislation,
- They will be encouraged to overcome the "veto powers" of individual organisations to stand in the way of controversial changes impacting on local communities.
- Using delegated powers they will drive through decisions on the disposition of hospital services.

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The detail is yet to be revealed and the plans of the 44 will not be made public until the autumn, but we know enough to be able to predict:

- Many A&E departments and hospitals will be closed or significantly downsized.
- Hospital capacity will be significantly reduced in return for promises of investment in "care in the community"
- The priority in the NHS will be the capping of budgets and eradication of deficits.
- This will be achieved by restricting access to health care, cutting capacity and reducing staff.
- Procedures to ensure accountability and rational decision making will be set aside to ensure decisions are made in support of these plans, without any delay.

In anyone's book this is remarkable, and we discuss below what may be behind this and what should be done.

Case for Change

It's no surprise that the pace of change is quickening as pressure mounts on the NHS. The deficit hasn't gone away, and George Osborne had exhausted his credibility well before the Brexit vote.

The same set of arguments ("case for change") in the NHS have been well rehearsed in proposals up and down the country. Time and again we have been told:

■ The threat of huge deficits caused by rapidly increasing demands on the NHS, and budgets not keeping up, is real and growing.

- Prevention is better than cure

continued overleaf ...

■ Better social care would reduce the demand for acute care

■ Acute care can be further rationalised and concentrated to improve quality and efficiency.

■ There is no time and no point in delaying essential decisions needed to do something

■ Anyone that doesn't agree is a luddite, out of step with modernity and reality.

■ All Doctors agree.

Unpicking the propaganda

Pretty difficult for ordinary members of parliament and councillors to disagree, isn't it?

The public are fed these arguments consistently, and even opposition figures have been muted when faced with the power of the weight of propaganda mustered in support.

But once you look at the arguments and practical implications in detail it all starts to unravel.

■ The UK and England in particular, spends significantly **LESS** on both health care and on social care than comparable countries. It is a myth that modest increases in the NHS budget are unaffordable. Budgets need to increase in line with demographic pressures.

■ Public health budgets have been cut. But in any case any immediate spending on increased prevention will take years to bear fruit, and efforts would be better directed at improved school dinners, imposing sugar taxes and tackling slum living conditions.

■ The argument that spending more on social care will prevent acute episodes has proven to be unproven in the UK context. It is based on some limited success in America – where they spend 140% more on health care but 50% less on social care. In Europe, where more is spent on both social care and health care, there are more doctors, more beds and more interventions than the UK.

■ In fact the UK already has the most concentrated acute sector in the world, which has been acknowledged by the Nuffield Trust: and England has the greatest concentration of all. Further rationalisation is extremely difficult without cutting services.

■ The NHS is complex and UK geography varied. There are no simple blueprints of reform that can be unfurled. History and geography cannot be rewritten.

■ Plans need to be studied in detail, in advance and full support provided from stakeholders before decisions are made. The rulings of the Independent Reconfiguration Panel are a partial but revealing testament to the revisions and reversals that are more often necessary than not.

■ Huge reconfiguration proposals in SW London and NW London have had to be held up because plans are so weak; costing more than the benefits promised and based on entirely unjustifiable confidence that capacity can be reduced before there is proof demand can be reduced by 'out of hospital' care.

■ What has become clear is that there are conflicts of interest and vested interests that are attempting to bounce Parliament, local authorities and health organisations into prior agreement to plans that have not even yet been made public.

■ All doctors do NOT agree: most doctors have never been asked, and many GPs, on whom plans depend, are already over-worked and leaving. The UK suffers already from blockages caused by not having enough doctors, health care, or diagnostic capacity.

■ The march of technology may well enable more and more safe care to be provided in localities – but it doesn't all point towards concentration.

A bid for extra funding?

Simon Stevens knows this of course. It's possible this whole exercise could even be a ruse to apply pressure on the Chancellor for more money.

It's right to say that the choice is more money or chaos in the NHS.

Most would agree that this whole debate over the impact of austerity on our health services needs to be in the public domain, not hidden away in secretive plans that could do far-reaching and potentially irreversible damage to our NHS without even a pretence of public consultation or accountability.

Plans drawn up in this way are almost inevitably flawed through a lack of critical accountability, with errors escaping attention until too late, and appointed leaders imposing top down solutions whatever the local circumstances.

Undemocratic

The STP process is undemocratic, unscientific and in many areas unsafe. It must be stopped before it's too late.

● Local MPs, and councillors from all parties should be challenged to take a stand on the plans that are being drawn up and implemented: already one Tory MP has organised a (timid) protest demonstration to oppose a threat to a local A&E service.

● Local health unions and professional bodies in every area must also demand a voice on what is being done to the services in which their members work.

● Local communities must be alerted, and demand their voice be heard, their access to health care protected, and NHS funding increased to the levels needed to meet the demands of the future.



● **CONFERENCE on STPs and How to Respond to them, Birmingham Saturday September 17. Check out STP Watch on www.healthcampaignstogether.com**