

The NHS White Paper: A Dangerous Operation?



Equity and excellence: Liberating the NHS

Presented to Parliament
by the Secretary of State for Health
by Command of Her Majesty

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The risk of proceeding with the reforms set out in the NHS White Paper is substantial. The NHS is already making unprecedented savings of £20bn over the next four years. Job losses and cuts in services are already becoming announced in many areas and disruption to services will increase and become highly visible. It will be tough for the government to avoid a media focussed 'NHS Crisis' and the inevitable political repercussions. Forcing the NHS into the biggest reform package in its history is therefore placing a huge additional burden on the service and taking a sizeable political risk. Core parts of the proposed changes, like GP commissioning, are untested, controversial and will be fraught with implementation difficulties.

Even the pro-market think tank Civitas are deeply concerned about the proposals: "The NHS is facing the most difficult financial times in its history. Now is not the time for ripping up internal structures yet again on scant evidence base." Meanwhile the King's Fund health charity warns, "There is a real danger that the financial squeeze on the NHS, which will start to show within twelve months, could derail the implementation of the White Paper."

The Practical Arguments

Will The Reforms Save Money?

The new system will not be a cheaper alternative, but the reverse. Calculations by the Health Service Journal suggest that the new model could cost £1.2bn more than the current one.¹

It is also estimated that the act of restructuring itself will cost up to £3bn.²

NHS Managers will be distracted from closing the £21bn funding shortfall identified by the King's Fund. Their time should instead be spend optimising performance.³

The changes will set the NHS back by a minimum of one year, but probably more.⁴

There is no evidence that the restructure would reduce bureacratic load. Hospitals alone will have at least three times the number of commissioners to communicate and contract with. 500 GP consortia will replace the current 150 PCTs - each with its own set up and administrative costs.²

1. http://www.2020health.org/export/sites/2020/pdf/004-005_HSJ_100708.pdf

2. <http://www.bmj.com/content/341/bmj.c3843.full>

3. http://www.kingsfund.org.uk/publications/improving_nhs.html

4. http://www.civitas.org.uk/press/prcs_nhswhitepaper2010.php

Will The Reforms Be Better For Patients?

Huge differences in the arrangements for healthcare will emerge between areas. With the formation of up to 500 GP consortia, all free to set their own priorities, a highly visible postcode lottery will develop. Patients will be forced to move GPs, or to relocated to another area to get the care they need.

The financial success of each GP consortia will also affect the service that their patients receive. It will influence the type of care provided and how long it lasts. Some patients needing hospital treatment will inevitably be told by their GP, "Sorry, you'll have to wait until the next financial year."

Evidence shows that making providers compete for patients and providing more choice to patients has done very little to improve quality. Most people who are offered a choice of hospitals opt for their local provider. Choice may be important, but for patients it comes below the quality, speed and accessibility of care.⁵

The proposals don't make it clear whether the patient of the commissioning GP does the choosing. However, the GPs' new contracts will have 'powerful incentives' to hit commissioning targets. So how does a patient know if they are being prescribed the best or just the cheapest treatment?⁶

Meanwhile, private patients will have the chance to pay for faster care within the NHS. Now that restrictions on the income that can be made from private patients are being lifted, cash-strapped hospitals will find it difficult to resist this income stream and patients could routinely be offered this route to faster treatment. So wealthier people will queue-jump, while NHS patients will linger on lengthening waiting lists.⁷

The Inverse Care Law has also shown that the availability of good medical care is inverse to the need of the population when managed locally.⁸

5. http://www.kingsfund.org.uk/publications/patient_choice.html

6. <http://www.guardian.co.uk/commentisfree/2010/jul/17/tories-are-demolishing-the-nhs>

7. <http://www.guardian.co.uk/politics/2010/aug/01/nhs-trusts-private-patients>

8. http://www.kingsfund.org.uk/publications/articles/inverse_care_law.html

How Will The Reforms Work?

GP commissioning is central to the success of the reforms, yet it is highly controversial and will be very difficult to implement. It could easily be undermined by a lack of the desire or expertise to fulfil the commissioning role amongst GPs. Any gap would inevitably be filled by private firms. These reforms would therefore result in the increasing privatisation of our health service.⁹

The proposed commissioning regime introduces a potential conflict of interest for GPs in advising their patients, as they would become both service provider and service purchaser.¹⁰

Two thirds of GPs oppose the DoH plans to force practices to join commissioning consortia. Almost all say that the profession should have been consulted in advance.¹¹

Why is there no pilot of the scheme? The NHS has undergone major restructuring 15 times in the past 30 years, with little or no evidence that these reorganisations have made any improvements.²

9. <http://www.healthcarerepublic.com/channel/whitepaper/news/1020480/Firms-bid-run-GP-consortia-fail/>

10. <http://www.camdennewjournal.com/letters/2010/jul/forum-handing-over-your-health-service-judy-davis-white-paper-liberating-nhs-gp-com>

11. <http://www.healthcarerepublic.com/News/MostRead/1017168/GP-anger-forced-consortia/>

The Risks Of The Market

The 'any willing provider' approach in an expanded NHS market will see many new entrants, including transnational corporations, competing to treat NHS patients. There is a proven threat to equity, value and quality of care from involving profit-led companies in the provision of healthcare. ISTCs, for example, have cherry-picked the less complex patients.¹²

The quality of work done in private treatment centres has been seriously criticised by NHS surgeons and their professional bodies - while costly repair work has had to be carried out by the NHS.¹³

Precedence of these private companies is that they do put profit before patients. This was evident with the company Take Care Now, employers of the German locum GP, Dr Ubani, who killed patient David Grey in 2008 by giving him ten times the normal dose of diamorphine. Investigations by the Care Quality Commission showed that Take Care Now operated with dangerously low staffing levels and focussed on 'cutting costs to the bone'. A report by the Commission even before the death of Mr Grey stated that "finance, operations and HR were at the heart of Take Care Now's function, rather than clinical quality and response". One ex-staff member said, "The commercial element took over and began to cut corners in the pursuit of profit."¹⁴

There is a real danger of a two-tier service developing. While providers will compete for contracts in more affluent areas, poorer communities could struggle to sustain a comprehensive range of healthcare of a comparable standard. The increasing trend to allow personal top-ups to the funding of NHS care will widen the divisions between those who can afford to pay and those who can't.

12. <http://www.lookafterournhs.org.uk/wp-content/uploads/independent-sector-treatment-centres-01062.pdf>

13. http://www.timesonline.co.uk/tol/life_and_style/health/article6843637.ece

14. <http://www.telegraph.co.uk/health/healthnews/7892044/Companythat-employed-Dr-Daniel-Ubani-cut-corners-for-profit-report.html>