**STPs: Frequently Asked Questions**

**Why doesn’t KONP support STPs?**

We’re told that STPs represent a complete change of direction from Lansley’s NHS and Social Care Act 2012: that STPs mean services being planned and co-ordinated at local level, collaboration in place of competition, an emphasis on prevention and close collaboration between the NHS and social care. These are all aims KONP supports – so why do we oppose STPs?

**Here’s why**: for a start, locality-based, co-operative and well-co-ordinated services with a focus on prevention have been a repeated *mother-love and apple pie* goal of each and every Government NHS and social care policy for many decades. We need to examine what lies behind the rhetoric!

England’s 44 STPs take very different shapes. Many of the specific proposals set out in STPs have been planned with clinical outcomes and patients in mind. But many other proposals are cost-driven and are the product of wishful, magical or dangerous thinking.

**STPs have many common features:**

* STPs are designed to implement massive savings: they will cut the annual spend on the NHS by £30 bn by March 2021 – a 25% reduction from the £119bn spent in 2015-16. This level of cuts in health spending is unprecedented in any modern democracy, and extremely risky. NHS failings are already making almost daily news. The situation is set to get much worse.
* By devolving increasing responsibility to local authorities, the government is shifting blame for NHS failures from itself to local councils. The STP leaders are expected to come up with ‘local solutions’ for implementing these cuts.
* STPs stress ‘self care’ and ‘prevention’ rather than treatment. However there is little or no investment planned to support this – only wishful thinking on the part of planners and plans to reduce the services available.

**The solutions – in the form of ‘new care models’ set out in STPs are drawn from NHS England’s 5-Year Forward View – written with much input from major private consultancies. They include a mix of:**

* **Reducing the number of sites** where healthcare is provided – so patients and their visitors have to travel much further, take more time off work, arrange more hours childcare and so on. Or not visit.
* **Discharging patients quickly** from hospital as soon as they no longer need medical intervention. Patients will still need post-operative monitoring and care – but this will rely on family members or on chargeable, not free like NHS care, social care staff and remote digital monitoring.
* **Reducing numbers of staff** employed across the STP – yet more pressure on hard-pressed staff.
* **Downgrading professional roles** – for instance, replacing fully qualified doctors with ‘physician assistants’ who have just two years’ training, or replacing qualified nurses with health-care assistants – who receive minimal training. What little evidence exists shows clearly that this results in worse care for patients.
* Increasing **reliance on digital technologies** – including computerised questioning leading to diagnosis and treatment and Skype consultations. Good for some patients, but hugely problematic for others.

Many commentators have insisted that this level of cuts is completely unrealistic and cannot be achieved. But local authorities have already achieve the ‘miracle’ of cutting 33% from the social care budget, all but wrecking those services. KONP believes it’s all too possible that the NHS cuts will also be realised - with devastating effect.

**What about the promise of collaboration in place of competition?**

It’s been estimated that the UK currently spends between £5-10bn each year on the NHS market – the legal, financial and management costs of simply buying and selling NHS services. If the Government was serious about maximising collaboration and saving costs it would abolish the NHS market and renationalised the whole NHS. But is has no intention to do that.

Along with swingeing cuts, the aim of STPs is also to change local organisational structures. Many smaller health and social care provider will be combined together into a single provider organisation as an ‘*Accountable Care Organisation’*. For the moment, the Government sees much advantage in the NHS staffs’ widely recognised talent and interest in collaborative work – hence NHS England’s seemingly benign focus on ‘collaboration’ as a watchword. With a welcome change in focus from competition, hard-working NHS staff will find new ways of collaborating and making systems more efficient and better for patients and the new locality-based structures will have settled down. However, in practice, the new ACOs will prepare the NHS for a devastating new wave of privatisation. **See our article on collaboration between health and social care for more information**. (link here)

This is because Lansley’s 2012 Health and Social Care Act and other procurement regulations remain in place. So long as there exists a market in health care, procurement rules require that all but the smallest health and social care services be put out to tender. When the new ACOs are tendered (for contracts starting in April 2019) these STP-devised bodies will be just the right size and combination to be snapped up and privatised by giant international corporates. These bodies are adept at making profit. If that is at the cost of the nation’s healthcare it’s not they or the government will worry about it.

**STPs are the government’s vehicle for implementing savage cuts and preparing the NHS for wholesale privatisation. We recognise there may well be individual positive elements in some STPs, but taken as a whole the STP programme brings a wrecking ball to the NHS and that’s why we oppose it.**

**If not STPs, what does KONP want?**

The UK is the 6th largest economy in the world and can well afford a decent and modern NHS. And yet the UK spends far less per head of population or % GDP than comparable countries such as Germany or France, resulting in far fewer doctors and hospital beds. People in the UK value the NHS as our greatest institution. KONP believes the NHS should provide a similar level of funding to France and Germany.

The UK wastes between £5-10bn per year simply administering the NHS market, buying and selling NHS services. So long as we operate the NHS as a market, we are required by international and UK law to put services out to tender from international corporates. KONP wants an end to the NHS market, with all services brought back into public ownership.

To achieve this, KONP supports the **NHS Reinstatement Bill** that will end the market in NHS services and abolish privatisation. The Bill will establish locality based healthcare based on long-term co-operation and collaboration between health bodies and with social care. But it will achieve this without the risk of privatisation.

The NHS Reinstatement Bill has been introduced to Parliament on several occasions since 2015 (updated each time to reflect new developments). Thanks to supporting MPs the Bill will continue to be promoted as the legal means through which we can regain control over the NHS.

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