

# Corporate Bonanza for Integrated Care Systems

While the Covid-19 pandemic is raging, the Government is preparing changes to the NHS which will entrench the role of private companies, including giant US healthcare corporations, through a patchwork of 42 “Integrated Care Systems”. With legislation expected this Spring, the plans threaten the NHS, which should be a national public service providing comprehensive healthcare for all, accountable to the public, free at the point of use.

It is being turned into a brand name used to make profits for private companies. In Spring 2020, the government began their first bonanza. Over £21bn in 3000 covid contracts has been handed over, some to firms with no relevant experience. PPE supplies failed, and the “NHS” Test & Trace programme, run by Serco and bypassing public health teams, could not trace the contacts of infected people for months.

After over 100,000 deaths, it should be political suicide to offer private companies another bonanza. But NHS England (the national management body) claim the pandemic is “shining a light on the most successful approaches to protecting health and treating disease” and that “COVID has made the case for a step up in scope and ambition”. With an eye to forthcoming legislation, they are banging the drum for Integrated Care Systems (ICS).

ICS are **not** actually about integrating health and social care. ICS **are** about embedding private companies in running the NHS together with digital and data systems imported from the US healthcare market and insurance firms. The underlying idea is called ‘Population Health Management’ (PHM).

## Population Health Management

PHM shifts the focus from delivering universal comprehensive care to individuals, to achieving targets generated by data rather than real assessment of needs for the population of the area covered by the ICS. What’s “good”, according to the targets, may not be good for the individuals who live there. It depends on who sets the targets, how, why, and whether the NHS has the funds and staff to meet them.

The ICS may decide to increase treatment at home by 2% per year, and compel all providers to adhere to this plan through the payment system. They may use referral management systems, run by companies like Optum, to control GPs referring patients for possible secondary



*Optum, a US healthcare corporation with an annual turnover of \$100 billion, is one of 22 US-owned companies accredited by NHS England through the **Health Systems Support Framework**, to support the development of ICS. Accreditation will support bids through 10 Lots, covering topics such as electronic patient records, system planning, demand management and capacity planning. In all, 83 companies are accredited via the HSSF*

## NHS England Plans

NHSE aims to convert the NHS to 42 separate ICS whose plans and financial controls will be binding in their patch. Each ICS will hold a 

care. Such plans interfere with clinical judgement and make it harder for patients who actually need hospital treatment.

It’s fine to use healthcare data to estimate how many clinical procedures will be needed. But PHM uses data to undermine the NHS model of freely provided health care in response to need. It specifies how much care will be provided, sets budgets accordingly and restricts the amount of care so that NHS facilities can be reduced, encouraging patients to go private.

Patients and staff **won’t** be planning and evaluating the service, and making decisions on what to prioritise. Instead, the HSSF means corporations that are accredited to support ICSs **can** influence such decisions.

“single pot” controlling almost all NHS funding, and payments to hospitals and other care providers must conform to the ICS system plan, with no veto rights. Companies may help write the plans, and may even have a seat on the ICS Boards. The public will not be invited. Clinical Commissioning Groups will continue merging and may be abolished.

So far, there is no basis in UK law for ICS, or for their previous version, Sustainability and Transformation Partnerships (STPs). NHSE simply created both of them. Over Xmas, they held a consultation designed to influence government plans. It asked respondents to agree that “giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade” and that Boards should be open to members **other than** NHS bodies and Local Authorities. This opens the door to private firms to control the NHS, behind the scenes.

## Unaccountable

The Health and Social Care Act (2012) diluted the Secretary of State for Health’s responsibility for the NHS, weakening accountability through Parliament.

Now ICS Boards will be accountable upwards to NHSE, but not to the public.

The Boards intend to involve local authorities, but the **Local Government Association** argues that

“...the ICS as currently proposed will be an NHS body with local government representation, not a partnership of equals across the whole system... the changes may result in a delegation of functions within a tight framework determined at the national level, where ICSs effectively bypass or replace existing accountable, place-based partnerships for health and wellbeing.”

The companies which may support the ICS or even join the Boards are not accountable to the public.

## Cerner and North Central London

*Cerner Corporation is a US supplier of health information technology with annual revenue of \$5.7 billion. It is accredited for 5 Lots under the HSSF and has a contract with North Central London STP for Population Health Management. The software license will have to be renewed, draining the NHS each year. Cerner’s Senior Vice President for Population Health and Global Strategy Matthew Swindells was NHSE National Director: Operations and Information from 2016 - 2019, when he left to join the HSSF-accredited firm Accenture.*

## What We Need

**Instead of another private sector bonanza, we need a complete end to the healthcare market, restoring the NHS as a fully public organisation, properly funded through general taxation, publicly provided, accountable to Parliament through the Secretary of State and to the public through Health Boards involving patients, NHS staff and their unions, and elected local authorities.**

Proposals along these lines are contained in the NHS Bill <http://www.nhsbillnow.org/>

## What You Can Do

- [Read the briefings](#) produced by Keep Our NHS Public
- **Inform your Councillors and MPs before the Government brings forward legislation.**
- **When legislation is tabled, respond to calls for further support.**

<http://www.keepournhspublic.com>

