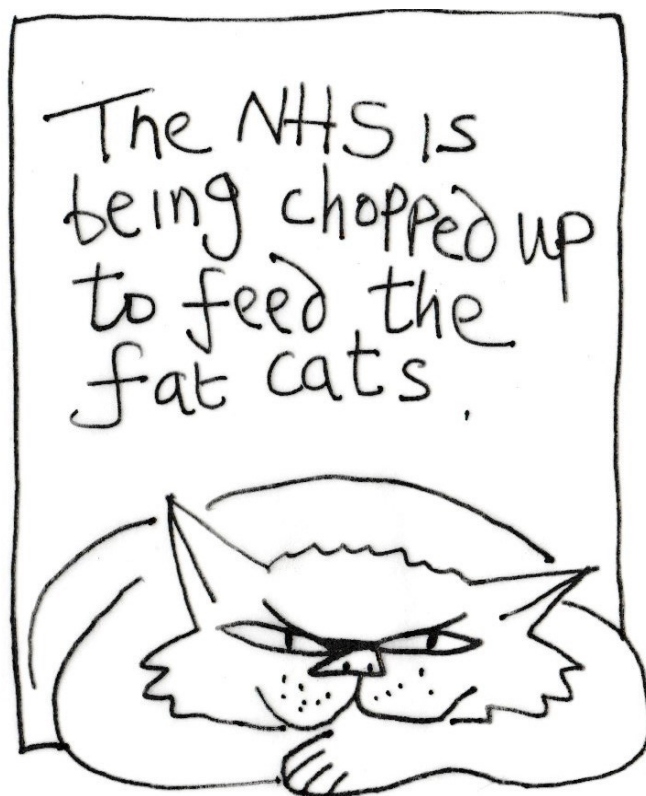


OPPOSE the Health and Care Bill 2021

The NHS is being broken up and private companies are grabbing the lucrative pieces. This Bill is part of a long term plan to fragment the NHS, redefine ways of working, and increase involvement of the private sector at the expense of patients and public accountability.



Integrated Care Systems

- The NHS in England will become about 40 separate Integrated Care Systems (ICS), They will write their own constitutions, draw up their own plans in line with a tight budget.
- The ICS area is much bigger than Local Authorities, where Clinical Commissioning Groups now arrange services, so key decisions will be further from the public.
- Two levels of bodies will govern each ICS: a main IC Board and an IC Partnership. Private sector representatives could sit on both, and their committees, deciding which services are provided and by whom.
- That's a clear conflict of interest as those companies might also want the contracts to provide those services.

Not Integration

- The Bill is NOT about integrating health and social care services. There's *virtually nothing about social care*, and no guarantee of funding for integration between different parts of NHS and/or local councils.

- The government claims to be learning lessons from Covid and building on the



NHS response – but the NHS and local councils are cooperating DESPITE the government.

Private Sector Takeover

- The Bill IS about integrating systems to run the NHS, and integrating the private sector in that, while reducing NHS services and saving money.
- Companies will make profits from filling gaps as people 'go private' because the NHS won't be funded or staffed to treat everyone who needs it.
- Some 200 firms, at least 30 US-owned and major players in the health insurance market, may provide systems to support ICS development and management.
- Private companies will be consulted on a new payment scheme to set NHS costs, varying by area and provider.
- Removing the requirement to put services out to tender (from the 2012 'Lansley' Act) will not end privatisation. Contracts may be awarded without any bidding – that's a deregulated market. Another bonanza for cronies, as we saw with Covid contracts.
- Exempting the NHS from the Public Contract Regulations 2015 will remove the right to reject bids which don't comply with environmental, social, or labour laws or on the basis of a bidder's poor track record.

KONP wants a comprehensive health service that is available to all, publicly funded, publicly provided, publicly accountable and free at the point of need – with clinicians able to focus on the patient, their condition and the best available treatment.

KEEP OUR NHS PUBLIC

Failing to introduce democratic input

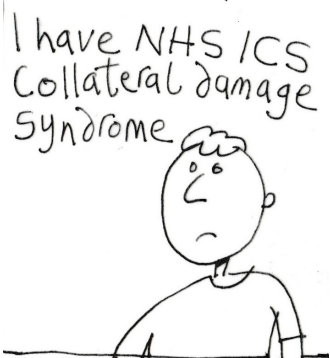
The NHS is a public service, but will be accountable only through MPs. We don't vote for commissioners who run the NHS now, though some areas involve local councils in joint commissioning. The Bill does not extend democratic input.

- Local councils won't have a real say in decisions on funding levels and services to be provided, with only one council representative on the IC Board.

- They will sit on the less powerful IC Partnership, that prepares an 'integrated care strategy' for how NHS bodies and local councils could work together to meet the needs. They will do the vital ground work but with little control of the ICS budget.

- Councils will still prepare Joint Strategic Needs Assessments, through their Health and Wellbeing Boards – but the IC Board will only have to 'have regard' to these, not be bound by them.

- Local councils are being dragged into a strictly controlled financial project without real democratic accountability. If things go wrong, who is accountable?



Workforce

- There is no plan to deal with staff shortages. There will just be a report by the Secretary of State every 5 years on "assessing and meeting" workforce needs

- The Bill's lack of strategy means that staff, already expected to be 'agile' and 'flexible' and work across different organisations within (or even beyond) an ICS area, will be under even more unhealthy pressure.



- ICSs will work within limited local budgets, set by a scheme varying around the country. With staffing their biggest cost, an ICS may try to ditch national pay agreements and introduce local pay.

- The Secretary of State could deregulate certain healthcare professions and

disband or merge regulatory bodies, which is dangerous. New lower paid, less qualified, jobs can be created as 'associates' to professional roles.

Government Power

The Secretary of State would get many new powers to make changes without further laws (some without parliamentary approval). For example:

- To require a reconfiguration of services to be referred to him/her instead of being dealt with locally, at any stage of the process.

- To require the promotion of patient choice (such as choice of private sector treatment paid by the NHS).

Patients / the Public

- 'Digital First' means more patient care given by less qualified (cheaper) staff, directed by computers and checklists.



- Patients will be expected to do more 'self-care', using phone apps or websites for information. What about people without apps or computers?

- Data collected by apps is lucrative

information to target advertising by private companies.

- ICSs are not required to provide emergency services for everyone in their area. This means some people might be denied urgent treatment. What about migrants and refugees, or if you become ill or have an accident away from home?

- The pandemic highlighted the shortage of hospital beds. The Bill endorses 'Discharge to assess', a requirement to assess patients' continuing needs *after* they leave hospital, instead of before. It's potentially dangerous, relying on families and voluntary care because of lack of community services, and increasing chances of readmission.

Government failure to address current crises

Waiting Lists

- No plan to reduce waiting times or prioritise waiting lists, so services could be rationed or cut, non-urgent referrals delayed or refused because of budget pressure on ICSs.

- Those who can (just) afford it will be pushed towards private care, creating a two tier healthcare system.

- The NHS paying the private sector to take on cases won't help – they will just drain staff and resources from the NHS.

Mental health and Public Health

- Nothing in the Bill to deal with the increase in mental health problems, with more reliance on private homes and hospitals far from the patient's home.

- No real consideration of what is needed to improve the health of the population generally nor how this should be implemented, staffed and financed.

What you can do

Write to your MP urging them to oppose the Bill and ICSs.

Trade Union: If you're in a union, call on them to oppose the Bill.

Go to the Keep Our NHS Public website for our petition and more information:

keepournhspublic.com/campaigns/scrap-the-health-and-care-bill/