

# Reject private sector NHS risk-share plan

On 2 June, Shadow Health Sec Jon Ashworth announced that in the coming months Labour would carry out a “wide-ranging consultation... over how it could re-establish a universally public NHS... where privatisation is banished”. The Liverpool Integrated Care Partnership Group, set for approval by the Health and Wellbeing Board (HWB) on 7 June, would pre-empt that consultation by creating a strategic partnership for risk sharing open to the private sector. The CQC Whole System Review Action Plan published by Liverpool City Council on 4 June confirms an explicit private sector role in the plans. Liverpool is creating an *Integrated Care System*, the new name for a concept rejected point blank by Labour Conference last September.

## Accountable Care Systems (ACS)

Last Sept., Labour unanimously resolved “...The ACSs and asset sell-off result directly from the 5 Year Forward View (5YFV) currently being implemented via Sustainability and Transformation Partnerships (STPs). The 5YFV precisely reflects healthcare multinationals’ global policy aims. Labour opposes ACSs... This Conference Calls on our Party to restore our NHS by reversing All privatisation and permanently halting STPs and ACSs”.

Liverpool Cllrs deny they are setting up an ACS, but the reality is shown by the timeline.

**June 2017:** Health and Wellbeing Board receives a CCG report on Accountable Care Systems. Mayor Anderson says “this opportunity needed to be taken up by all partners”. HWB calls for draft proposals to the Sept meeting.

**July 2017:** Joint Commissioning Group discusses Governance for development of Accountable Care, and proposes an Integrated Partnership Group.

**Sept 2017:** Jill Copeland (NHS Improvement) tells mass meeting of Liverpool Community Health staff the ACS is the Partnership Board.

**Sept 2017:** HWB adopts draft proposal for LICPG.

**Dec 2017:** Mersey Care says “As part of STPs, NHS England are encouraging local NHS organisations to develop Accountable Care Systems” and “Mersey Care is working with LCC and other stakeholders through the Liverpool Integrated Care Partnership Board”.

**Jan 2018:** HWB denies setting up an ACS. Mayor Anderson declares opposition to privatisation, STP and ACS but rejects KONP proposal that LCC will not seek a “risk/gain share” agreement involving NHS Trusts with any private providers of health or social care.

**Feb 2018:** Royal Liverpool Hospital says Next Steps 5YFV set out key steps for establishing Accountable Care Systems, then mentions LICPG.

**Feb 2018:** NHSE planning guidance renames Accountable Care Systems as Integrated Care Systems.

**Mar 2018:** “One Liverpool” cites NHSE planning guidance.

**June 2018:** LICPG Terms of Reference, Governance structure, Action Plan confirm private sector role.



NHS England’s 5 Year Forward View appeared in 2014 without Parliamentary debate. It aims to cut £22bn from the annual NHS budget. STP plans developed in secret. The Cheshire & Merseyside STP aims to cut £900m from the annual regional budget. **There’s been no public consultation on the STP, LICPG or “One Liverpool”.**

## LICPG Terms of Reference

The first two terms of reference state that LICPG will:

- (1) Act as a unique collaborative forum of Local Authority and NHS Commissioners, and NHS Providers;
- (2) Review individual Strategic Plans and Programmes to ensure alignment, synergy and clarity in terms of shared outcomes and risks which need to be identified going forward (specifically the IG Plan, One Liverpool, CQC Whole System Review Action Plan)

But what are “NHS Providers”? Gov’t guidance allows “Independent providers of NHS-funded services” to “apply for an NHS provider licence” which is required for any “commissioner requested service”. What are “independent providers”? The official NHS Data Dictionary says:

“An Independent Sector Healthcare Provider is a private sector healthcare company that is contracted by the NHS in the provision of healthcare or in the support of the provision of healthcare.”

**Private sector NHS Providers could join the LICPG under ToR (1), and share risk under ToR (2).**

ACO (organisations) and ACS (systems) are being introduced with no legal framework, with no robust evidence to support their use in the English NHS. They will help strip NHS assets, such as land and buildings; apply unprecedented cuts in NHS spending and transfer the shortfall to new local, self-contained areas; encourage rationing of services and denial of care. Faced with growing public criticism and legal challenges, Health Secretary Jeremy Hunt announced a consultation on ACOs to take place before any contracts are signed. He refused to require an Act of Parliament for ACOs, and no consultation is planned on ACS, now called ICS.

Accountable Care developed in the US, where healthcare costs spiral out of control. But ACOs have not actually cut costs. In Valencia, Spain, the newly elected left-wing regional government is now taking back the privatised hospitals managed by Accountable Care pioneers Ribera Salud, 50% owned by US health insurance firm Centene. In October, Ribera Salud was fined €150,000 for exposing workers to carcinogens. Centene UK is contracted to develop ACS plans in Nottingham.

## CQC Action Plan for private (“independent”) sector

The Action Plan published 4 June responds to a CQC Whole System review of Liverpool health and care.

The CQC said “Strategic planning needs to be system-wide, recognising the role of all partners, including the private and voluntary sector across health and social care”. The Action Plan says “Workforce strategic planning to be included as a task for the Provider Alliance”.

The CQC said “System leaders need to work with providers to shape the market, recognising independent providers and VCSE sector organisation as system partners,

ensuring they are involved in strategic planning and market shaping to determine how desired outcomes can be effectively met”. The Action Plan says “Agree independent sector representative for Provider Alliance Group (via PSS - Person Shaped Support, Care Home Partnership, Domiciliary CIC)... providers should be involved in market shaping.”

The Action Plan also agreed “Independent Sector providers to be included in Provider Alliance” and, for the social care market, “a refreshed Market Position Strategy - independent sector fully involved”.

**Yes, the NHS currently has to coordinate with private providers. No, it does not have to share risks or make strategic plans with them. Tax-funded publicly provided social care, free at the point of need, could be integrated.**

## One Liverpool: 85 projects based on 5YFV

The CCG’s “One Liverpool” (OL) plan, unveiled in March, is explicitly based on the NHS England 5YFV.

Some 59 of the 85 projects are already progressing. Many involve reductions in hospital activity. By 2020/21, OL expects 22,000 fewer outpatient appointments for gastroenterology and 1,500 fewer for dermatology. Prostate cancer patients will have “Virtual” (non face-to-face) follow-up.

OL supports moving the Women’s Hospital to the Royal, and plans public consultation to “gain approval for Decision making business case”.

Many projects are of a type being awarded to private companies or social enterprises elsewhere, e.g. Urgent Care Clinical Assessment (Herts Urgent Care, for patients who “think they need to go to A&E or another NHSE urgent care service”) and Urgent Care Treatment Centres (Virgin, disastrously in Croydon; Vocare Ltd in North Staffs and Stoke-on-Trent; “FedBucks” GP Federation, part of an Accountable Care Organisation in Buckinghamshire).

Very few “One Liverpool” projects will face public consultation.

## How to privatise the NHS below the radar

1) a company like Centene gets a contract to design an ACS, ICS or ACO.

2) private companies – social care or independent sector – get involved in designing place-based services.

3) a company replaces the CCG as contract holder in an ACS. Bidders for a Notts community services contract had to agree that their contract could shift from the CCG to an unspecified provider or “Care Integrator”.

4) a company gets the lead contract for an individual ACO. Jeremy Hunt wants to amend the ACO regulations to allow for contract holders which are neither NHS nor local authority bodies.

5) firms supply support services for accountable care systems and STPs, with new framework for: health and care data, relationship management and supply chain support, waste minimisation, medicine optimisation, personalised health budgets, integrated commissioning, local health and care, IT, cybersecurity, electronic patient records, population health, demand management, capacity planning.

6) firms get individual contracts or joint ventures for “back office” or clinical support services. C&M STP mentions options for “commercially sustainable” admin, pharmacy, pathology, and radiology.



**Councillors are allowing Gov’t plans to increase privatisation and cuts**

## We demand

- The Health and Wellbeing Board reject the Liverpool Integrated Care Partnership Group, One Liverpool, and the CQC Action Plan.
- Councillors come in line with Labour Party policy, reject Accountable Care Systems in practice, however they are renamed, and do not pre-empt Labour’s promised consultation on renationalising the NHS.
- Before planning to reorganise health and social care, the Health and Wellbeing Board disclose the hard evidence that this would improve services, allowing the public, healthworkers and their unions to evaluate and debate the plans.

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