

Tory NHS Plans... and Ours

We can see the NHS is crumbling, in a “winter crisis” all year long. But what should we expect if the Tories win this election?

- **Private companies supplying more care, and deciding what care will and will not be available on the NHS. Does that matter?**
- **Yes, because private profits are taken out of the service and companies are not accountable to the public. Think Carillion (Royal Liverpool PFI fiasco) or Virgin (suing the NHS after losing a bid for children’s services in Surrey).**
- **The government are dissolving the national health into local services while decreasing public accountability, and breaking every founding principle of our NHS to bring healthcare into line with the US market.**

The job is already half done, and ready to be completed. It will be disguised as “integrated care”, a concept promoted by transnational corporations.

Whose idea?

After the financial crisis of 2008, global consultancy firm McKinsey & Company claimed the government could lower spending on the NHS by a combination of provider “efficiency savings” [fewer staff, more work], ending “low value-added healthcare interventions” [ration care], and “a shift in the management of care away from hospitals towards more cost-effective out-of-hospital alternatives” [cut hospital care].

They cited US ‘managed care’ company Kaiser Permanente as a model. The move to ‘integrated’ or ‘accountable’ care then developed through the 2012 World Economic Forum (WEF), dominated by US corporations including McKinsey, Kaiser Permanente, and the world’s largest healthcare company UnitedHealth.

Without consulting Parliament, NHS staff or the public, the WEF plan was adopted here in 2014 as the “Five Year Forward View” and then re-launched in 2019 as the Long Term Plan. This set out proposals for the top-down imposition of a new, centralised structure of “Integrated Care Systems”, to grow out of the network of Sustainability and Transformation Partnerships, policed by regional directors and a network of ‘joint NHS England and NHS Improvement regional directorates’.



Optum is owned by UnitedHealth, the world’s biggest healthcare company

The man in charge is Simon Stevens, CEO of NHS England, former President of Global Health in the UnitedHealth Group, in which capacity he acted as Project Steward of the Steering Board for the 2012 WEF report. A decade earlier, he advised Blair. But with or without Stevens, the Tories are wedded to the corporate plan.

Whose risk?

The key idea of the NHS is that the cost of healthcare should be shared out across the country, funded by general taxation. If you need treatment, it is not you, your family, neighbourhood, or city, but the whole society which takes the risk, so that medical care does not depend on your personal circumstance or where you live.

The corporate plan shifts the risk to a local “integrated care system” (ICS), responsible for the

health and resources of a defined population, so that poor health on Merseyside is Merseyside’s problem, with a fixed local budget. The risk may even fall on individuals, with a Personal Health Budget to spend on themselves.

In an ICS, commissioners (CCGs), together with a network of providers across different services, agree how to govern themselves and share risk and gain in their patch. The ICS may evolve into an Integrated Care Partnership (ICP), in which one organisation holds the main contract and decides which NHS treatments will and will not be offered in their patch. It can employ healthcare staff and/or subcontract the work to others.

Privatisation

Private NHS contracts have proliferated since 2010 and now account for 18% of the NHS ►



budget. Private companies could hold the main ICP contracts, the right size to attract bids (the NHS is too big to sell as one item). But the private sector is already involved in the ICS programme.

NHS England accredits suppliers to help local health systems develop ICS with “programme services that can support the move to integrated models of care based on intelligence-led population health management”. Out of 83 suppliers, 7 are NHS organisations and the rest are private companies, of which 23 are US based, including Centene, Cerner, Deloitte, GE Healthcare, IBM, McKinsey, and Optum, the UK arm of UnitedHealth.

Optum is now accredited to supply the ICS programme with “Local health and care record strategy and implementation support”, “Informatics, analytics, digital tools to support care coordination, risk stratification and decision support”, “Transformation and change support”, “Patient empowerment and activation”, “Demand management and capacity planning support”, “System assurance support”, and “Medicines optimisation”.

Centene is a US transnational health insurance company described as a “Care Integrator”, managing a care bundle of subcontracts. Centene helped

Nottingham to develop an Accountable Care System (the old name for an ICS). Bidders for a community services contract had to agree that their contract could in future be transferred from Nottingham CCG to an unspecified “Care Integrator”.

Trade Deal

Boris Johnson is extremely keen to sign a trade deal with Donald Trump after Brexit. As Channel 4 “Dispatches” revealed, government officials are already meeting with the US pharmaceutical industry, about a deal involving drug price hikes and restrictive practices.

As US Health and Human Services Secretary Alex Azar put it, “The reason why they [the UK] are getting better net prices than we get is their socialised system.” He wants to end that.

In the US, health is a commodity, people who lack insurance can die without emergency treatment and medical bills can cause bankruptcy.

We don’t want that.

Optum proclaims “We are uniquely positioned to help with 15 years of experience in health system support. Combined with more than 20 years in integrated health systems in the US, we can provide the tools and expertise to help you manage risk, establish partnerships and engage patients in care.”

A renationalised NHS

This nightmare won’t end if the Tories are returned to power on 12 December. In fact it won’t end until the NHS is renationalised to implement each of its founding principles, all now under attack.

Universal: The NHS Constitution proclaims “The NHS provides a comprehensive service, available to all”. Some people are now required to prove their entitlement to care, and charged up to 150% of its cost. Migrants and the Windrush generation are the first targets.

Comprehensive: The rationing programme is removing many NHS treatments, forcing patients to go private, or even suggesting they pay the NHS for treatment which was formerly free.

Publicly provided: Not Virgin Care, Circle, or other private companies whose first duty is to return a profit to their shareholders.

Publicly accountable: To Parliament, where the Secretary of State is no longer responsible

for providing the NHS. To the public, whose limited democratic input is being cut still further as Clinical Commissioning Groups merge to one per ICS, and fob off requests for information. To NHS workers, still being victimised for whistleblowing.

Publicly funded through general taxation: Not by insurance schemes.

Treatment based on clinical need: As determined by clinical staff using guidance from NICE (National Institute for Health and Care Excellence), not watered down for rationed care.

Free at the point of use: Imposing NHS charges on anyone threatens all of us.

