

KONP Merseyside motion on Health Bill

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This motion was unanimously adopted at the Keep Our NHS Public Steering Group on 11 December. Below it is my speech in moving it.

KONP will maintain its position of opposing the Health and Care Bill 2021-22 and will continue to call on MPs and Lords to vote against it at every opportunity. We see the merit of specific amendments to highlight, and if possible remove, some of its most pernicious aspects, but we believe that even an amended Bill represents a fundamental attack on the underlying principles of the NHS and will have strong negative impacts on NHS staff and patients. We will continue to highlight this attack in our engagement with the public, NHS workers and their unions, and in Parliamentary lobbying. We oppose any move to change our strategy for confronting the Bill from opposition to mitigation.

We are not MPs, Lords, a political party, or a trade union. We are not in control of the Parliamentary process. Our role must include the unvarnished truth as we understand it. Our primary audiences are the public and the workforce, and their organisations.

Lord Kamall, leading for the Government in the Lords this week, said the founding principles of the NHS are “taxpayer-funded healthcare available to all, cradle to grave and free at the point of delivery”.

But the real underlying principles are: Universal healthcare, comprehensive, publicly provided, publicly accountable, publicly financed through general taxation, free at the point of use, with decisions on treatment taken on clinical grounds not ability to pay.

All of these principles are under attack. There’s just time to look at a few.

Take Universal. There is no guarantee that an Integrated Care Board will be responsible for everyone in the footprint, or even everyone living in the footprint. The Bill refers to “Core responsibility” but this is undefined. Persons will be assigned to an unspecified Board if they are either registered with a GP, or unregistered and “usually resident in England”. But “usually resident” is undefined. What about people working or visiting, or not deemed “ordinarily resident”, or undocumented? There is an option for the Secretary of State to introduce a regulation giving each Board core responsibility for those who “usually reside in its area” while making exceptions for “people of a prescribed description”. Meaning what?

As to Comprehensive, there is no requirement to ensure emergency care for everyone present in the area, as currently required for CCGs. For some time now, NHS England has been removing so-called procedures of limited clinical value, forcing people to get such treatments outside the NHS. In other words, rationing care.

Publicly provided is a key principle, and the Government is defensive.

In the Commons on 22 November, Health Minister Edward Argar declared: “the Bill does not privatise the NHS. The NHS will always be free at the point of delivery”, as if that resolved the issue.

In the Lords on 7 December, Health Minister Lord Kamall stated:

To put this beyond doubt, we amended the Bill in the other place to make it clear that that no one may be appointed to an ICB who would undermine the independence of the NHS, either as

a result of their interests in the private healthcare sector or otherwise... I assure the House that we have no intention of opening the door to privatisation.

Then Lord Stevens – formerly NHS England Chief Exec Simon Stevens, stated:

It is hard to sustain the argument that the Bill in some way advances the privatisation of the National Health Service when in fact it scraps the EU compulsory competitive tendering regime imposed on it.

Baroness Blackwood weighed in “The King’s Fund says that it has nothing to do with privatisation.”

Oh yes it does. The Commons amendment cited by Kamall only bars the Board from appointing someone if they “consider that the appointment could reasonably be regarded as undermining the independence of the health service”. This subjective test may not even keep the private sector off the Integrated Care Boards, and makes no mention of its committees and subcommittees, or the Provider Collaboratives receiving delegated budgets from the ICB.

The Bill is described as learning from Covid. The Government spent £43.3bn on covid contracts, many for cronies, and many awarded without competition. Private Eye’s “Profits of Doom” report has the details.

Now the Bill gives the Secretary of State power to introduce unspecified new Procurement Regulations, expected to include an option for new contracts to be awarded without competition if the commissioner “reasonably believes” that one or more providers are the most suitable to deliver the service. The protections for compliance with environmental, social and labour legislation such as ILO conventions on Freedom of Assembly and the Right to Strike, will go.

A new Payment Scheme, replacing the national tariff, and varying by area, patient and provider characteristics will fragment NHS finances. The Scheme will determine the ICB budgets, controlling the overall spending by NHS providers in the area. But NHS England must consult on the Scheme with “any relevant provider”. For example, they must consult on the Scheme with G4S and Virgin.

In the Commons, Margaret Greenwood’s amendments on the Scheme were not voted on, and no-one else even mentioned it. In the Lords, there was one mention, which missed the point, and no amendments.

No-one has mentioned “Accountable Care”, the US health financing system. Until 2018, the plan here was called Accountable Care. NHS England then renamed it Integrated Care.

In the Commons, no-one named Centene, the US health insurance and data analytics giant whose subsidiary Ribeiro Salud is a pioneer of Accountable Care, and which helped design the Integrated Care System (ICS) in Nottingham. Centene’s UK subsidiary Operose now controls dozens of GP surgeries and community clinics, and their former CEO advises the Prime Minister on health policy.

Operose is accredited through the NHS England Health Systems Support Framework to support the development of ICS. The Framework has some 200 private firms, over 30 of them US-controlled, many of them active in the health insurance market, accredited under dozens of topic headings from population health management and business intelligence to personal health budgets and payment reform.

This Framework is the real driving force behind the Bill, never mentioned in the Commons or Lords.

Lord Kamall and others repeatedly said this is the Bill the NHS itself wants, and that the Bill merely regularises what the NHS has already put in place under Simon Stevens.

But the idea actually came from the World Economic Forum in 2012-13, in workshops convened by McKinsey and steered by Simon Stevens, then with UnitedHealth. He then promoted the plan here, calling it the Five Year Forward View.

Winding up for Labour in the Lords, Baroness Thornton described Stevens as a national treasure.

Yes, Labour knows we're in the midst of an escalating pandemic, and hopes to delay implementation by 6 months. Yes, there are some good amendments on workforce planning – which the Tories themselves know is a problem – and on ICB governance and procurement. Those will most likely fail in the name of flexibility.

The Bill is not what NHS staff or patients have demanded. It is about privatisation. It will fragment the NHS. It does undermine the real principles of the NHS. Our job is to continue to tell the truth to anyone listening.