

Liberating the NHS: Commissioning for patients

Green Party response to the NHS White Paper

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1. This is the Green Party's response to both the full White Paper, Liberating the NHS and to the subsection on "Commissioning for patients".

2. The Green Party is fundamentally opposed to the concept of the market approach to health care. We believe that health care should be a public service based on collaboration and cooperation between health professionals and their patients rather than a competitive purchasing based system that relies on a range of businesses to provide health care.

3. The Green Party recognizes the need for high quality health care planning, however these skills are in short supply and neither the proposed structure nor the existing structure addresses this problem. Health care planning skills have also changed over the past two decades to become a contracting function, reducing the need to understand health and increasing the need to understand trading. With this change has come increased costs and fragmented services.

4. Specifically, we have the following concerns:

- a. Increasing the number of commissioning bodies will increase administration costs. There is no reason to believe that a threefold increase in the number of commissioning organizations will not lead to a threefold increase in administrative costs. These increased costs will reduce the amount of money available for front line care.
- b. The government has not provided information on the costs of the market and had not identified the increased cost of the proposed changes.
- c. Increasing the number of commissioning bodies will dilute health care planning skills. The ability to be able to plan health care is a skill that is in short supply. The notion that GPs have this skill is not based on evidence although it is likely that some will be able to do this.

- d. Planning on a small scale is commensurately harder than planning on a wider one and with the dilution of this skill across commissioners, the level of poor planning will increase.
- e. Increasing the number of commissioning bodies will introduce instability into a system that is already facing a huge financial challenge.
- f. At a time when the NHS is facing £20bn of cuts, i.e. is already increasingly unstable, introducing such a level of systematic change will exacerbate the financial problem.
- g. Increasing the number of commissioning bodies will increase the variation in services across the country, making the 'post-code lottery' problem worse.
- h. Conservatives and Lib Dems have been highly critical of the 'post code lottery', yet the proposed changes will increase the level of local decision making that directly leads to this charge. There is no assurance or policy in the white paper about how this will be avoided, so we can only conclude that the government is happy to deny some people health care that they might receive if they lived in a neighbouring town.
- i. Implicit with increasing the post code lottery and with the introduction of the business model for providers is the creation of a two tier NHS. More affluent people will be able to top up care whereas poorer people will not.
- j. We are concerned with the increasing role for private providers. Expansion of the market will increase cherry picking of care and damage core providers such as hospitals. Private providers are primarily concerned with profit rather than patient care or training professionals. It is wrong for taxpayer's money to go into the pockets of shareholders, especially when it is done at the detriment of our NHS.
- k. The increased number of commissioners will lead to increased spending on private companies providing commissioning support. These combined with the move to a fully privatized / social enterprised NHS will significantly reduce transparency and accountability.
- l. There is no indication about how will core services be protected. We are concerned the local people should continue to have care at the

point of need and that that care should be local as patients are often unable to travel long distances.

- m. The white paper states that there will be no bail outs, but not what will happen instead. Will failed GP consortia be replaced with another consortium composed of exactly the same GPs? How will patients access services is a true business model if their local hospital is not funded?
- n. Without a system wide approach to ensuring continuity of health care provision, poorer areas will suffer drastic reductions in provision.
- o. Much has been said about the conflict of interest of GP provided services being commissioned by GPs. We endorse this concern.
- p. The white paper continues to espouse the notion that patients want a choice of provider, however all the evidence shows that patients imply want to access good local services. As choice is the basis for the market, this suggests that the concept of the market is fundamentally flawed.
- q. There seems to be great confusion within the papers about whether the government wants a depoliticized NHS or not. Introducing local government involvement in public health is welcome but the rest of health care provision and commissioning is being moved even further from democratic mandate. This is a core weakness in the white paper.

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