

Ten Good Reasons to Kill Lansley's NHS Bill!

1. Andrew Lansley's Health and Social Care Bill is about much more than handing £80 billion worth of NHS budgets over to unaccountable local consortia of GPs: it's about opening up the whole of the NHS – both the commissioning and the provision of services – to the private sector. The Bill encourages “any willing provider” to cherry pick profitable slices of NHS services. Existing NHS services will be left with reduced budgets, so many will be forced to close. It's the biggest-ever privatisation of health care, anywhere in the world, and carried through with no mandate or support from voters, patients or health workers and professionals.

2. This proposal to turn our National Health Service into a National Health Market – with profits for private providers funded through taxpayers' money – will cost billions to implement, and be far more unequal in its provision of services than the current system. It will save little if any money, as existing public sector managers will be replaced by costly private sector consultancies.

3. GP consortia – with their budgets squeezed by the need to generate £20 billion of “efficiency savings” – will become no more than local rationing bodies, restricting access to hospital care, and drawing up ever-longer lists of treatments excluded from the NHS, giving patients a ‘choice’ they didn't want: between paying privately for care or going without. The postcode lottery on local access to services will be more random than ever.

4. In reality most GPs will not do any of the commissioning themselves. They are not trained, and have no time for this work: and many are being dragged reluctantly into consortia they don't support. So the consortia will hand the reins over to managers re-employed from Primary Care Trusts, or to private management consultants, who are the only people to have welcomed Lansley's plans. Already in Hounslow,

west London, UnitedHealth has been brought in to cut a consortium's spending by “managing” (reducing) GP referrals of patients for hospital care – making a nonsense of ‘patient choice’.

5. The Bill means that patients and the public will be even less informed than ever on their local health services, as existing public bodies (Primary Care Trusts and Strategic Health Authorities) are scrapped and replaced by local GP consortia, that function in secret sessions, and a remote national NHS Commissioning Board. These bodies are being set up without any public consultation or debate. Unlike PCTs and SHAs, they will meet behind closed doors with press and public excluded. They will not publish board papers, and will only one token public meeting a year.

6. Health care services are to be privatised, with EU competition laws forcing GPs to put any service out to tender to non-profit social enterprises and for-profit companies: Foundation Trusts will be removed from the NHS balance sheet and increasingly obliged by the regulator (an organisation called Monitor) to compete and act like private hospitals. This will require them to close down any of their services which do not make a surplus.

7. All limits on the money Foundation Trusts can earn from private medicine are to be scrapped. But with NHS budgets frozen for four years, and £20bn of ‘efficiency savings’ forcing down the price hospitals are paid by the NHS for each item of treatment, this will more or less compel many hospital managers to prioritise attracting wealthy private patients from both home or abroad – rather than providing services for less profitable NHS-funded patients.

8. Price competition is to be introduced in clinical services, despite warnings from all sides (including NHS chief executive

Sir David Nicholson) that this will trigger a disastrous race to the bottom, undermining the quality of care in just the same way as competitive tendering of hospital cleaning services wrecked hygiene standards in the 1980s and unleashed a wave of MRSA-style infections.

9. The limited “scrutiny” proposals are a fraud: GP consortia and the Commissioning Board will take their decisions in secret, and are not even obliged to go through the motions of consultation. Local people will only be provided with PR spin. There is no statutory right to know what is being discussed, to provide hard information or to explain the financial situation to local communities. Council “Health and Wellbeing:” committees will only offer token public involvement. And the “Local Healthwatch” bodies set up by the Bill will be ineffective advice and information bodies only, with limited local independence.

10. Almost nobody who knows anything about health care has supported Lansley's plans. The Bill breaks the Conservative pledge of “no more top-down reforms” and was in neither coalition party's election manifesto. Lansley has chosen to ignore not only the health unions and the TUC, but also a majority of GPs, and virtually every organisation of health professionals, including the Royal College of GPs and the BMA and almost every think-tank and serious academic. Even his Conservative party colleagues on the Commons Health Committee have been critical. Only private sector providers and management consultancies have welcomed these proposals. They can see profits: for the rest of us the Bill threatens the fragmentation of our most popular public service.

That's why Lansley must be stopped. It's time for urgent political action to Kill Lansley's Bill.

*John Lister
Health Emergency. 23 Jan 2011*

Join the fight to Kill Lansley's Bill: join Keep Our NHS Public (www.keepournhspublic.com) and get your trade union or campaigning organisation to affiliate to Health Emergency (www.healthemergency.org.uk.)