

## UNISON BRIEFING ON NEW HEALTH WHITE PAPER

The government's health white paper, *Equity and Excellence: Liberating the NHS*, was published in July 2010. It represents a massive shakeup for the NHS, with the potential to cause huge damage to patient care and waste vast sums of public money. The white paper is an £80bn gamble with no evidence base or electoral mandate, and presents a major threat to the future of the NHS. UNISON's main areas of concern are outlined below.

### Democratic legitimacy

The white paper includes a number of changes that did not feature in either the Conservative or Liberal Democrat general election manifestos. For example, primary care trusts are to be abolished, along with the private patient income cap that stops hospitals prioritising private patients over NHS ones. These omissions are all the more striking given that the coalition's May 2010 document, *Our Programme for Government*, also failed to mention such significant changes. It has taken the government just two months to break its promises on the NHS.

### Top-down structural change

Similarly, despite repeated assurances to the contrary, the plans represent the biggest upheaval in the 62 year history of the NHS. Primary care trusts and strategic health authorities will be abolished, with the vast majority of the NHS budget (as much as £80bn) controlled by consortia of GPs, who will be allocated money by a new super-quango, the NHS Commissioning Board. Surveys carried out since the white paper was published have shown that the majority of GPs do not feel able to take on such onerous new responsibilities.

### Cost

There will be a huge transitional cost. The Department of Health has already set aside £1.7bn this year for reorganisation, with other commentators suggesting the overall cost of implementation will be closer to £3bn. Red tape and administrative costs are also likely to increase with as many as 500-600 GP consortia buying in services rather than 152 PCTs at present. All of which is taking place at a time of unprecedented fiscal austerity for the NHS, with the service required to make savings of £15-20bn over the next four years.

### Instability

Forcing through so much change in a very short timeframe is bound to produce instability. There will be a more cutthroat system in which GPs shift alliances between foundation trusts, with "failing" hospitals no longer taken back into the NHS. There is not yet a coherent plan for what should happen to these hospitals and the services they provide. All of this change is to be achieved with far fewer managers, given breathtaking planned cuts of more than 45% in management costs.

### Markets and privatisation

GP consortia will be free to buy in support from private companies such as Bupa or American giants like United Health. Hospitals will cease to be NHS organisations, instead operating as social enterprises. A shift away from Labour's "NHS first" approach to an "any willing provider" model of provision is designed to encourage more companies and social enterprises into delivering community services, such as district nursing and health visiting. This all runs counter to the recent findings of the Commons Health Select Committee, whose report on commissioning suggested that the NHS market system based on the purchaser-provider split may need to be abolished "after 20 years of costly failure".

### Wider impact on patients

The removal of the private patient income cap is a recipe for unfairness: it will encourage hospitals to treat fee-paying patients first, at the expense of NHS patients who will find themselves pushed to the back of an ever-lengthening queue. GPs are encouraged to “strip out activities that do not have appreciable benefits” – but who decides what these are and does this mean that patients will lose access to vital specialist services?

### Mental health services

Mental health charities have expressed fears that mental health services will suffer under new plans, with GPs themselves expressing concern about their ability to commission these services. Evidence shows that demand for mental health services has increased since the effects of the credit crunch and recession have begun to take hold.

### Wider impact on the NHS

The NHS will be reduced to little more than a brand name for the system, with staff employed by newly mutualised foundation trusts, GP consortia or private companies. Experts are concerned that a populist new Cancer Drugs Fund could undermine NICE and lead to greater pressure for co-payments to be permitted in the NHS. With waiting time targets removed, patients are likely to be faced with a choice of waiting longer or paying to go private.

### Accountability and scrutiny

There will be no PCTs or SHAs to hold new GP consortia to account – it remains to be seen how effective the new Board will be at this task. There will be more local authority involvement in health, but the current scrutiny role of health Overview and Scrutiny Committees will go. In a separate move, the Care Quality Commission has been asked to drop its annual health check reviews of hospitals, which patients have come to value.

### Impact on staff

The government states explicitly that there will be less staff employed as a result of its plans. UK-wide collective bargaining and the role of the independent NHS pay review body are under threat. Greater local autonomy over training and workforce planning could affect staff development. There is virtually nothing in the white paper on the role that staff engagement can play in boosting productivity and efficiency in the NHS.

### What happened to Liberal Democrat policy?

Prior to the general election, the Liberal Democrat health spokesman described the idea of an NHS Board as “nonsense”. Lib Dem concerns about the Board had apparently been assuaged with the commitment to an elected element on PCT boards in the coalition’s *Our Programme for Government* in May 2010. However, somewhere between May and July this policy went missing too, with PCTs now set to be abolished entirely.

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