NHS NOT FOR SALE

Keep our NHS public

NORTH EAST

"Keep Our NHS Public" Briefing Paper: Accountable Care Systems and Accountable Care Organisations

<u>This briefing</u> outlines how, as little as five years since the massive restructuring imposed by the Health and Social Care Act (HSC Act) of 2012, the NHS is again undergoing radical change, this time at breakneck speed and without parliamentary consent.

Recent changes by NHS England (NHSE) divided the English NHS into 44 local health systems or 'footprints' (now 'Sustainability and Transformation Partnerships'). Each of these was required to integrate its local health services, and social care services where local authorities were willing, through cross-boundary working and pooled budgets.

These changes, relying on collaboration between healthcare providers within a 'footprint', appeared to run counter to the Health and Social Care Act of 2012, which sought to increase competition.

Now, as a result of further changes in 2017, ST Partnerships are required to deliver 'accountable care' by morphing into Accountable Care Systems (ACSs), with the aim of becoming Accountable Care Organisations (ACOs). ACOs are non-NHS bodies, 'designated' by NHSE, despite the absence of any statutory authority.[i] Behind the rhetoric of superseding competition with collaboration, NHSE intends to replace multiple smaller NHS contracts with a single, long-term lead ACO contractor for each region.

NHSE argues that introducing 'accountable care' (a term often and misleadingly replaced by the more politically acceptable 'integrated care') is central to Government aims for the 'financial sustainability' of the NHS. In this context***, 'sustainability' means reducing services to match insufficient funding.*** Despite being one of the richest countries in the EU, the UK currently spends less on healthcare than countries like France and Germany.[ii] To close the gap between these countries and the UK would require an increase in spending of over 10%.[iii]

<u>Accountable care systems (i.e. both ACOs and ACSs) need to be opposed for the following reasons</u>:

- They are being ***introduced without adequate public involvement or meaningful consultation, and without Parliamentary scrutiny***;
- They are being imposed in a context where ***NHS and social care services are seriously underfunded****;*
- They are ***being implemented beyond any legal framework****,* creating problems of governance and accountability;

 They are being introduced at pace, with ***no robust evidence base*** to support their use in the UK context;
 They ***increase the potential scope of NHS privatisation***. For example, multiple procurements will be replaced by a single, major, long-term contract to provide health and social care services for an entire area. The draft model contract for ACOs published by NHSE allows for, and may well attract, bids from multinational corporations.[iv]
 ACOs will ***help strip NHS assets, such as land and buildings***, so ending the social ownership of much of the NHS estate while allowing private companies to profiteer from it.
 They will ***enforce the unprecedented real terms freeze in spending*** (while costs continue to rise by an estimated £22 billion[v] by 2020, compared with 2015 levels) and transfer the NHS's funding shortfall to new local, self-contained areas.
 They ***incentivise rationing of services and denial of care***, and so are fundamentally at odds with social solidarity and the values of equity and universalism that underpin the NHS;
 They ***rely on unrealistic expectations***, for example about collaboration and the sharing of risk and gain between private and NHS service providers.
 They entail 'transforming' the NHS workforce, replacing experienced clinicians such as doctors and nurses with technologies and introducing new, lower skilled roles, such as physician and nurse associates. ACOs are ***likely to under-deliver required skill levels and undermine NHS terms and conditions of employment.***

No one can deny that acute, primary care and community NHS services and social care need to be better integrated***.*** However, this does not require commercial contracts and the involvement of corporates.

A truly integrated system of health and social care requires:
a) Increased funding of the NHS and personal social care;
b) Personal social care provided on the same terms as health, free at the point of use and paid for from public funding;
c) Full and public involvement and meaningful consultation;
d) Robust piloting of future plans for integration and in-depth, independent evaluation; and
e) New legislation (see, for example, the NHS Bill 2016-17) that protects Bevan's founding principles of the NHS; ends the marketisation and fragmentation of the NHS; and re-establishes public bodies and NHS services that are accountable to Parliament and local communities.

This briefing paper by national "Keep Our NHS Public" summarises a full document which provides more detail.
Both this briefing paper and the full document may be found at:
https://keepournhspublic.com/campaigns/accountable-care/

Links to other materials about Accountable Care Systems and Organisations are located at the local KONPNE website page:
https://konpnortheast.com/stp-aco/

"Keep Our NHS Public North East" comprises members of the general public, including some doctors and nurses. We meet in Newcastle and are an active campaigning group, open to all. We are not aligned to any one specific political party.

Keep Our NHS Public North East

No cuts or cash-driven closures | Fair pay for all NHS staff | A fully-funded, universal, publicly owned and publicly provided National Health Service
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