challenging barriers to health

THE FUTURE OF THE NHS: WHOSE CHOICE?

The Government says its reforms will result in greater choice for patients. According to its White Paper 'Equity and Excellence: Liberating the NHS'

> *"..patients and carers will have far more clout and choice in the system; and as a result, the NHS will become more responsive to their needs and wishes".*

This sounds very appealing and increased choice is often promoted as a positive aspect of the reforms. But what exactly is meant by 'choice', who will have a 'choice', and will 'choice' improve the quality and efficiency of services for everyone?

Medact believes the notion of choice is being used as a smokescreen for cuts and privatization of the NHS.

Do patients want choice?

> *"..over two-thirds of people want quality local services and do not want to travel"* Kings Fund, 2010

Public opinion surveys have repeatedly shown that patients want good, accessible primary care services close to home, with health professionals they know and trust. They want to be treated sensitively and they want their views to be taken into account. They want health and social care to work together to help them stay healthy and lead independent lives. In terms of secondary care, they want a good hospital reasonably nearby, and they want to be treated relatively quickly.

Significantly, people want health services which are fair for all, with more help for those most in need. (Our Health, Our Care, Our Say, Department of Health, January 2006).

There is already a degree of choice in the NHS. In most urban areas patients can choose between a number of GP practices, and different hospitals. Some people exercise choice once they have consulted relatives, friends and health professionals, others simply choose the nearest service.

More 'choice' will increase inequalities

Patients and their families understandably focus on their individual experiences, needs and priorities. If their needs are not met, the Government says patients will have the opportunity to go to a different hospital or a different doctor - effectively to 'shop around'. However 'shopping around' will only benefit those who have the time and resources to do so. There is an assumption that everyone can make 'the right choice of hospital or clinical department.' Consequently, greater 'choice' is likely to benefit younger, better educated, and more affluent patients. Patients living in poverty, or who have chronic illnesses or complex health problems are far less likely to be able to make their voices heard, and people without a car, funds to travel, access to a computer, or time to research treatments and services will *not* have an equal choice.

Our second concern relates to a question the government has never answered: "Who will be left with the services that are not 'chosen' by others?" The fact that those with the time and resources to shop around stand to benefit from the greater 'choice' the Government is promoting will mean that the poorest and most vulnerable people will lose out.

Choosing healthcare is not like choosing vegetables

The present reforms are based on the assumption that patients are consumers in a market-based system, and that local people will apply pressure to bring about improvements in 'unacceptable services'. This is based on a false proposition because health is a public good – we don't choose to look for health care because we don't want to be sick, disabled or impaired. To get the best services patients will be expected to know about the providers, be willing to spend time examining their records, and be willing to travel – not necessarily what you want to do when you are sick. People who cannot do this will be left with the 'wrong choice'. Services will become less equitable, and the time and effort providers spend on 'competing' will put good quality, efficient healthcare for all at risk.

GP Commissioning and choice

> *"We believe the plans for free choice of GP practice will be damaging in terms of continuity of care, health inequalities and, potentially, patient safety".*
> Royal College of General Practitioners.

The proposed GP consortia will result in an inequitable system and a postcode lottery. There will be varying degrees of quality depending on where you live, with consortia in different areas making different decisions as to which services to commission. Patients

who need services that have not been commissioned by their GP consortium may be denied healthcare available to patients in other areas.

While individual patients or patient pressure groups can be very effective at lobbying, they often focus on single issues. Their voice is needed, but a national body has to balance all these voices for the greater good. A fragmented patchwork of consortia competing with each other will lead to less equity, with the loudest being heard, and less choice for the majority of us.

Our National Health Service is just that – a national service which uses its resources for the good of everyone, which takes patients' concerns, the experience of health professionals and academic research into account. The NHS can do this using its own budget in a cost efficient manner and while pressing for more resources where they are needed.

There is another worrying development. The National Institute for Clinical Excellence (NICE) is an organization which has set equal standards for the whole UK. The current government has downgraded NICE and its guidelines, removing vital protection against increasing inequality, escalating costs and profiteering by providers.

It is also a myth that fragmented purchasing will increase cost efficiency. Last year, the head of a cost-cutting programme reported that eight NHS trusts were routinely paying 19 different sums for the same pacemaker, wasting up to £750 a time. It was found that managers sitting just a few feet away from each other in the same trust could be paying different prices for the same supplies. (Daily Telegraph 3 January 2010)

The reforms will not create more choice

The Government's reforms may even reduce choice. The Government plans to put services out to tender for a specific contract period, like railway franchises. There is no guarantee that the franchise holder will continue to employ the same teams, so in this case it will be the Government and the franchise holder - not patients and their communities – who will make choices about healthcare services. And if local health services are merged into polyclinics, this will reduce local choice even more. At least now we have some ability to choose GPs and services we know and trust. And some of us choose not to choose, but simply to attend our local health centre.

The 'outsourcing' and 'tendering' proposed by the Government could create a conflict of interests. There are many examples of politicians, Department of Health and NHS civil servants, and doctors accepting lucrative positions in health-related companies. Andrew Lansley, Secretary of State for Health, confirmed in January 2011 on BBC Radio 4 that his private office received funds from an expanding for-profit player in the health care market, Care UK.

The impact of privatization

> "*We may even see the development of practices competing against one another for members (patients), just like US health insurers. That's a chilling prospect for the elderly, those with chronic illness and people with mental illness and long-term needs, who are often of no commercial interest to the corporates because of their high healthcare costs."* (Pollack and Price, Guardian, July 9, 2010)

GP commissioning may open the door to 'any willing provider'. This will certainly increase choice – but it will be for private providers, including large UK and foreign companies who already have political, financial and legal clout. Scotland and Wales, concerned about equity and higher costs as a result of this commercial competition, have already blocked this.

As these companies will operate under English competition law, contracts may be covered by commercial confidentiality. This will mean that vital information patients need in order to make a choice will be withheld. So it will be the suppliers, not the patients, who will choose.

We already know about the priorities of some of these large providers. In the US large, for-profit organizations have actively opposed President Obama's healthcare reform proposals. These proposals include universal coverage, greater equity and more accountability and transparency - principles that are core to the NHS. As commercial bodies they are interested in providing choice only in so far as it brings them profits.

Here in the UK the experience with commercial providers has already raised concerns and has illustrated the limitations of 'choice'. In the case of Independent Sector Treatment Centres, the costs have been higher and the quality of the service lower (for example in terms of emergency backup) than in the NHS. In some cases systems had to be set up to actively encourage patients to use the Centres – rather than waiting for them to be 'chosen'.

Urgent action is needed. A survey by Pulse magazine found that six out of 10 of the first consortia are negotiating with private companies to run their referrals. (Polly Toynbee, Guardian 18th Jan 2011)

Why the emphasis on choice?

Medact believes the emphasis on choice is a smokescreen for cuts. The £20 billion cuts which are to be made by 2014, together with the likely £10 billion annual shortfall (The Guardian, 27 December 2010) will have a dramatic impact. All commissioning decisions will be affected by the cuts. Some treatments will be curtailed, and some GPs have already been told to make fewer referrals to specialists. It has already been reported that patients in cash-strapped NHS trusts will be denied many types of surgery.

Patients will not have more choice, as the following examples show.

- In the northeast sector of the NHS in Manchester, some operations are to be stopped altogether, others only carried out 'in exceptional circumstances'. These include removing skin lesions, haemorrhoid surgery, wisdom teeth extraction, cataracts and joint replacements. (The Guardian 17 January 2011)

- Key staff in some of the 28 NHS cancer networks across England have been told their jobs are at risk due to the loss of the primary care trusts which provide much of their funding and most of their personnel. (The Guardian 12 January 2010)

- Cuts in related sectors will also impact on the NHS and mean that choice is limited rather than increased: thousands of older patients find themselves having to stay in hospital long after they are fit enough to leave, a problem that will be exacerbated by the coalition's cuts to council budgets (The Guardian 4 January 2010)

What can I do?

- Challenge politicians whenever they talk about 'choice'
- Repeat the fact that these reforms will lead to greater inequality
- Write to your local MP, making the points raised in this briefing. You can find your MP and their contacts at http://www.theyworkforyou.com/
- Write a letter to a national or local newspaper
- Call your local radio phone-in program
- Ask your local radio station to air a debate on the issue of 'choice' and propose a speaker you know will raise these issues
- Use social networking to blog, twitter or comment
- Join a community of like-minded health professionals at www.medact.org/