

# Under Cover of Covid

## What's Next for the NHS: The Sale of the Century? Integrated Care Systems (ICSs): Caring for Money - Not People

This Government plans complete privatisation of the NHS. To achieve this, they are setting up Integrated Care Systems (ICS), new business units to run NHS Health and Care services. In 2021 the ICS in North Central London (NCL - Haringey, Camden, Islington, Enfield, and Barnet) will emerge from North London Partners in Health and Care, itself a merger of the Clinical Commissioning Groups, CCGs, in each Borough.

In preparation for privatisation these reorganisations install strong top-down management of health and social care. Under the NCL ICS there's a new Integrated Care Partnership (ICP) in each Borough. ICSs and their ICPs are not primarily about providing more or better services. Their main purpose is to save money. To do this, NHS England (NHSE) is making big changes to health and care services without public consultation – with the pace of reorganisation even speeding up during the Covid pandemic.<sup>1</sup>

### In NCL

- Enfield Older Person's Assessment Unit was moved without notice from Chase Farm Hospital to Barnet Hospital, less accessible for frail older people
- Paediatric Emergency Care was moved from University College Hospital and the Royal Free to the Whittington, a move only made public after it had happened
- 'e-consult' appeared with a week's notice. Contacting your GP means filling in a long on-line questionnaire
- GP consultations have become 'remote' either by telephone or video
- 111 service to book appointments and reduce attendances at A&E

### Borough Councils

NHS England and NHS London are making these changes without public consultation. Local Councils and their residents lose out. Councils are responsible for social care but now their budgets are to be pooled with ICPs in Borough Partnerships. Victims of a power grab, Councils lose control of their

budgets. While we vote for our Councillors, we can't vote for those running ICSs.

## **General Practice**

GP Practices are grouped into Primary Care Networks, PCNs. PCNs will make savings for the ICSs and ICPs by keeping patients out of expensive hospital care. Patients will be discharged faster and hospital outpatient visits replaced by cheaper community care. ICP contracts for PCNs will reshape General Practice with salaried GPs working to strict ICS performance targets. The results will be de-skilling of GPs, and a serious loss of clinical care and support for us, their patients.

## **A Legal Bit**

At present the ICSs have legal powers of CCGs to commission services. Simon Stevens, NHS England boss, has announced they will gain new legal powers in 2021. Then, as well as commissioning services, they will be able to restructure them. GPs may well be ousted from their roles running CCGs.

The ICS budget will be an annual per capita payment from the Government, not enough to pay for the services we need. Already access to treatments is restricted, including hip and knee replacements, cataract operations, and some medications.

Until January NHS organisations are bound by EU procurement law. This will change with the implementation of the UK Internal Market Bill now going through Parliament. This, and another draft law Stevens and NHSE plan, will bring about complete deregulation of the NHS market. This will eliminate any democratic consultation leaving Judicial Review through the Courts as the only way to challenge decisions. NHSE and their ICSs will have wide power to merge, close, and contract services, an open invitation to private providers to game the system.

The Government wants private corporations to run the NHS. NHS Track and Trace, really Serco Trace and Trace, the fiascos over PPE, £100bn on a defective testing 'Moonshot' programme (not much less than the entire NHS budget), and contracts awarded without tenders, are warnings. To integrate their health and social care systems Nottingham and Nottinghamshire

appointed Capita. They in turn appointed another company to do the work. Neither company had relevant experience.<sup>2</sup>

In England, there will be 44 ICSs ripe for private corporations to run. When Parliament's Health and Social Care Committee raised this issue, the Government responded that this was unlikely.<sup>3</sup> But an ICS will have a budget of £2bn and be an attractive proposition for a large healthcare organisation. Even if the ICSs remain NHS organisations, they will be run like private sector companies with harsh financial targets.

And when there's a fully privatised health and care system in England, Scotland and Wales will follow even though their administrations want NHS services under state control. The UK Internal Market Bill will see to that.

### **Wholesale privatisation of the NHS – NO**

We must demand a big say in what happens. Press your friends, Councillors and MPs to campaign for

- Full public ownership of health and care services, free at time of need
- Full Public consultation on changes to health and care services
- A local Find, Test, Trace, Isolate, and Support system that works for everyone
- A Covid vaccination programme with no reduction in overstretched NHS, GP, or social care services

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<sup>1</sup> See Journey to a New Health and Care Plan, NHSE and I, 24 April 2020. While this document mentions consultation with Local Authorities, no consultation took place.

<sup>2</sup> <https://keepournhspublic.com/wp-content/uploads/2018/02/Privatisation-1.pdf> p.6

<sup>3</sup> See Para 155 p. 22 in

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/737459/government-response-to-hscc-report-on-integrated-care-organisations-partnerships-and-systems-cm9695.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737459/government-response-to-hscc-report-on-integrated-care-organisations-partnerships-and-systems-cm9695.pdf)

**Hornsey & Wood Green CLP and Haringey Keep our NHS Public**