

Setting the mandate to NHS England for 2016/17

Submission to consultation on behalf of the National Pensioners Convention

Introduction

The National Pensioners Convention (NPC) is Britain's biggest pensioner organisation, representing around 1.5m affiliated members, across 1000 member groups. It is the first hand experience of our members, many of whom remember conditions before the birth of the NHS in 1948 that has helped to inform and influence the nature of our submission to this consultation.

The mandate to NHS England sets the Government's objectives for NHS England, as well as its budget. In doing so, the mandate sets direction for the NHS, and helps ensure the NHS is accountable to Parliament and the public.

General response

At the heart of the problem associated with this consultation and the concept of a "mandate" for the NHS, is a distrust among the public as to its purpose. That is why we believe the mandate's aims and objectives should be driven by the NHS values the public understand and hold dear. These are not merely popular phrases or clever PR "buzz" words, but values that actually mean something to patients, such as a service that is publicly funded, comprehensive, universal, staffed with a skilled and properly rewarded workforce; run and underpinned by proper evidence.

The NPC also believes that the ultimate responsibility for health services should be retained by the Secretary of State for Health. The National Health Bill addresses this, and is due to come before the House of Commons in March 2016 for its second reading. The Bill would:

- reinstate the government's duty to provide the key NHS services throughout England, including hospitals, medical and nursing services, primary care, mental health and community services
- integrate health and social care services
- declare the NHS to be a "non-economic service of general interest" and "a service supplied in the exercise of governmental authority" so asserting the full competence of Parliament and the devolved bodies to legislate for the NHS without being overtaken by EU competition law and the World Trade Organization's General Agreement on Trade in Services

It is important that the Government therefore supports this Bill.

Alongside any ideological approach to the way in which NHS services are delivered, runs the issue of funding. The current NHS financial problems are due to a shortfall this year of £2bn, but last year the Treasury clawed back £3.2bn. NHS spending has not been increased year by year despite Government claims and there are a number of well documented papers that confirm this.

The latest is the report by the regulators Monitor and the Trust Development Authority which have described the problems as the "worst for a generation". Overall,

eight in 10 trusts were in deficit by the end of September and overspending on agency staff has been highlighted as one of the major problems as well as rising demand for services. The regulators have also warned that hospitals are facing growing problems discharging patients because there are not enough services available in the community either from councils or the NHS to care for the most vulnerable; particularly older patients.

It is therefore worrying that the mandate does not contain any commitment to sufficient funding through the fairest and most efficient system of progressive taxation. What makes this consultation even more difficult is the fact that whilst commitments are being made in the document, it is impossible to know whether or not they will be deliverable after the Comprehensive Spending Review, which takes place 2 days after this consultation closes.

In addition, it is worrying that the document does not say anything that would rule out an increase in health co-payments (ie patient charges), given that voices within Government such as health minister, Lord Prior have been floating the consideration of such charges. Equally, the document does not say anything that would rule out large groups of people being prevented from accessing NHS services on account of (clinically unrelated) lifestyle choices/diseases, as Devon attempted to do last year. The absence of a commitment to provide comprehensive health care also means that hospitals are already discussing how they can shed unprofitable procedures and patients. This must be stopped – not encouraged.

Specific items

The consultation states that the new mandate will be based on the priorities the Government believes are central to delivering the changes needed to ensure that free healthcare is always there whenever people need it most. The priorities listed include:

- Preventing ill health and supporting people to live healthier lives - The cuts expected in in the Comprehensive Spending Review are likely to severely damage Public Health England's ability to deliver preventative services. The statement in the document therefore looks like being undermined by political decisions made elsewhere by the Treasury. In addition, it is well known that health outcomes are worse in areas of deprivation. However, Government policies in other areas from health are having a serious impact on the health outcomes of individuals. For example, changes in benefits, the reduction of tax credits and cuts to other support services all contribute to making people less in control of their fate, and likely to suffer from ill health. Tackling these issues is key to reducing demand on the NHS.
- Creating the safest, highest quality health and care service, by securing high quality health and care services and 7-day hospital care to improve clinical outcomes - High quality care requires well-paid staff, yet the pay of hospital workers has been frozen, there is a shortage of nurses, hospitals depend upon agency workers and now junior doctors are due to take strike action for the first time in living memory. Clearly, the Government is unable to match the stated commitments to political reality.

- Person Centred Care – The mandate gives heavy emphasis on what it describes as 'person-centred' care without any proper explanation of what this actually means, beyond patients being “empowered” to “make meaningful choices”. We fear that - given Simon Stevens commitment to rolling out personal health budgets to millions - 'person-centred' may be interpreted as treating patients as consumers, shopping around with their personal health budgets. Such a system we see as little different to the voucher schemes of old, and similarly likely to lead to cost caps for patients and devastated budgets/planning for NHS providers. There is a paucity of independent evidence for the benefits of personal health budgets, per se - and certainly evidence that they are unpopular with older patients.
- Merging NHS and Local Authority Spending – The proposed mandate green-lights the continued merging of NHS and local authority spending, but the impacts of expenditure through this route to date have not been sufficiently assessed, and the Public Accounts Committee found much money had been wasted. We also have serious concerns about the pace of, and lack of accountability of, the delivery of some of this merging of expenditure, through devolution, vanguards, 'success regimes', and personal budget roll-out. The mandate is worryingly silent on the implications of all of these - despite the fact the Kings Fund has recently raised serious concerns that the NHS cannot cope with devolution on top of its other challenges. Whilst it is right that social care and health care merge, it is imperative that we ensure it operates along the best model. The NPC supports the creation of a new National Health and Care Service, funded through taxation, rather than a regionally devolved model that seems to be taking shape.

Conclusion

Despite the phrases and commitments mentioned in the proposed mandate, there is a genuine concern that the real purpose of this exercise is to give legitimacy to the statement outlined in paragraph 3.23, which states:

“Meeting the demands of today’s and tomorrow’s patients depends on delivering the significant efficiencies at the heart of the Five Year Forward View, estimated by the NHS to be £22bn. Delivering this transformation is a major responsibility that will require tough decisions and tough actions. We propose to include an objective for NHS England to play a key role in supporting the NHS to live within its means.”

This approach clearly believes that better services can continue to be delivered by ever decreasing resources. However, this is simply unsustainable. The lack of sufficient funding of the NHS, cuts to local authority social care budgets, the rationing and reduction in care services, the high turnover and low morale amongst health staff and the continued privatisation and outsourcing of previous public health services stand little chance of being addressed under this proposed mandate. That is why we believe that the Health & Social Care Act should be repealed, funding improved and support given to the values of a publicly funded, comprehensive, universal and properly staffed health and care service.

