

Dr Steve Field  
Chairman of the NHS Future Forum  
NHS Modernisation Listening Exercise  
Department of Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NI

9<sup>th</sup> May 2011

Dear Sir,

NHS Future Forum

The Stockport Health and Care Forum duly brought this issue to the attention of the Stockport LINK and the LINK Core Group has asked me to send a letter of support enclosed with the original letter from the Health and Care Forum.

Yours faithfully,

John Leach  
Stockport LINK Chair

CC:

Ann Coffey MP  
Andrew Gwynne MP  
Mark Hunter MP  
Andrew Stunell MP  
Local Media

Stockport Health & Care Forum  
Alan Watt – Secretary  
C/O Pebble Enterprises  
Labyrinth House  
45 Middle Hillgate  
Stockport  
SK1 3DG

2<sup>nd</sup> May 2011

Dear Member of Parliament

Health & Social Care Bill – The NHS Future Forum

The complexity of the Bill makes it very difficult to understand the detail of what is proposed and to understand all the implications. We do our best and follow what we can in all the more responsible publications.

Members of the Stockport Health & Care Forum are very concerned on what we believe to be some of the most serious implications of the changes intended and we send you a copy of the letter we have sent to the Chairman of the NHS Future Forum expressing some of our reservations.

We feel strongly that there must be a very significant re-think before it is too late and ask you to play your part in this.

A copy of this letter is being sent to the Stockport LINK so that it has the opportunity to consider the points being made.

Yours sincerely,

Alan Watt – Secretary of Health & Care Forum

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Dear Sir,

NHS Future Forum

This Forum, a part of the Stockport LINK, has made representations about some aspects of the Health and Social Care Bill and takes up the suggestion by Earl Howe that we pass some views to the review panel.

One of our points was the obvious haste to make changes. To this we received the response that most of the Government's approach was not new, but building on what already exists. This we do not dispute, it is just that the much welcomed increase in investment in the NHS has by no means been matched by an appropriate increase in productivity or in quality. Taking time to understand the reasons for this seemed no more than common sense, particularly as there is at least one significant enquiry into a particular but significant failure going on already.

It is our belief that the lack of public outcry about the full implications of the Bill is purely because most of the significant points are not known.

We shall not attempt to itemise all our reservations but some of the most fundamental points are outlined below:

1. In the traditional NHS the Government had a duty to provide comprehensive healthcare free at the point of delivery.

The Bill intends a change so that 'duty' is well watered down, to be replaced with a 'duty to act with a view to securing'. The GP Consortia have only to 'arrange for services' to 'meet all reasonable requirements'. Each consortia throughout England will have to determine which services are 'appropriate as parts of the health service'. Such abrogation of political responsibility must surely be unacceptable.

2. Consortia will have responsibility to act for patients but will be bound not to exceed the allocation of monies given to them. GP's have always been well trusted as patients believed they acted primarily in the interests of their patients. Without this trust patients will become more demanding, and more expensive.

There is no strong accountability of Consortia to the public they serve.

3. Consortia are to get funds proportional to their enrolled list of patients and as practice boundaries are to be abolished people may choose any English practice. Equally GP's are to have the opportunity to advertise and select their patients (cherry picking). This can only increase diversity when the claimed drive is to reduce it.
4. In an attempt to compensate for the likely lack of comprehensive cover for a geographical there is to be a safety net – the local authorities being required to undertake some NHS functions.

Healthcare services that Consortia and Providers judge to threaten their financial viability can be transferred out of the NHS – as was responsibility for long term care and continuing care in 1996.

Local Authorities can make charges for their services so a fundamental tenet of the NHS will be at risk.

Again, an abrogation of political responsibility and accountability.

5. The Secretary of State loses a duty to promote 'equity of access'. This is replaced with 'to have regard to the need to reduce inequalities between the people of England'. There seems no duty to Consortia 'to ensure equal access for equal need'.
6. In the present NHS services are free except where there is particular authority to charge. This power to introduce charges seems to be transferred from the Secretary of State to the different Consortia throughout England.
7. Various bodies can become Commissioning Consortia, including Foundation Trusts and "for profit" organisations.

The Bill authorises the creation of surpluses from patient care budgets and their distribution to staff and shareholders as part of a financial incentive or bonus scheme.

This seems directly contrary to the undertaking in the NHS Constitution that "public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves".

Trust can only be significantly eroded when Patients and potential Patients know that Commissioners and Providers have vested interests in reducing money that would otherwise go in care.

8. Competition requires surplus capacity and almost inevitably leads to "cherry picking". An inappropriate direction of travel at such a time when constraint is necessary. Further we are aware of no evidence that improvements in health and social care are associated with competition and there are many surveys which suggest just the contrary.
9. The bureaucracy that would be involved in meeting European laws for contracts would lead to an unnecessary bleed of further health service monies. This cannot be acceptable.

Articles in the British Medical Journal of 9<sup>th</sup> April 2011 examine many of these points and in a constructive manner suggest improvements to the Bill that would answer some of the most serious reservations.

We shall approach the BMA for a copy to be sent to you if it will in any way help.

We have no problems accepting change but the abrogation of political responsibility and sheer “buck passing” must not be allowed to go forward unchallenged.

Yours faithfully,

Alan Watt – Secretary to the Stockport Health & Care Forum

Copies:

Ann Coffey MP  
Andrew Gwynne MP  
Mark Hunter MP  
Andrew Stunell MP  
Local Papers.