Changing the face of Health Services in Oxfordshire – what is going on?

In Oxfordshire we are currently facing proposals for cuts and changes in health services all over the place, for instance, Wantage hospital, primary care provision in Witney, acute care at the Horton in Banbury, and the total reorganisation of Oxfordshire health and social care in a new Integrated Care System. This newsletter tries to put the proposals in context, so that we have a collective idea of what is really going on. The latest local proposals are part of a bigger story.

The 1948 NHS model and why it has served us so well

The NHS model has been copied and praised all over the world since its inception in 1948. A key feature of the original NHS model was the family doctor. He/she was a generalist, backed by a team of nurses, health visitors, and midwives that would service a small community and get to know you and your family, from cradle to grave. In the original model, home helps and council services were readily available to back up the GP team. And in the original model, the family GP was all about prevention as well as cure.

This system of ‘primary’ care (its all here in the name – you come here first) worked extremely well to keep people out of hospital until they needed specialist care. It acted as a regulator, which kept the pressure off the hospitals and kept the cost of the system down.

The 1948 model today

This model has been severely financially challenged by decades of cuts and a carving up of the primary care team which has left slices of out patient care under the management of the hospitals. GP training has been run down, leading to a severe shortage of GPs. Patients are meant to be seen in a matter of minutes rather than the relaxed half hour or so they used to have.
Another problem is that hospitals have been closing their long-term chronic wards and have been sending patients into home or residential care at a time when funds for this part of the system have been dramatically cut by central government. According to the National Audit Office, government funding for local councils has been cut by about 50 per cent since 2010. Council spending on adult social services per adult fell by 13.5 per cent in England over the same period. Families and friends are left to cope alone.

**Five Year Forward Plan and STP**
The government’s Five Year Forward plan for the NHS in 2014 forced local NHS planners and commissioners to come up with plans to cut the costs of local NHS services. This Sustainability and Transformation Plan (STP) would make changes to both hospital and specialist services as well as primary care, and would have to be consulted on with the local population. The STP for Buckinghamshire, Oxfordshire and Berkshire is still in place. Later an Accountable Care Organisation was proposed for Oxfordshire, It is now known as an Integrated Care System. All of these plans involved not just cost-cutting but also opened up the NHS for further privatisation. The way that the local Clinical Commissioning Group (CCG) has carried out this plan has been a story of disinformation, secrecy, mismanagement and failure to honour its duty to consult local people.

The CCG announced it would introduce and consult on the STP plan in two phases. Then it made the inexplicable decision to begin with specialist and hospital care and, once that had been implemented, move on in phase two to primary and community care. But primary and community care is the foundation of the whole system. How can you close wards and cut hospital beds if you haven’t first ensured that that personal care services and residential homes are able to cope? All care in the community that lies outside the NHS is crucial if the NHS is to work. There needs to be good, accessible, and sustainable rehabilitation, free at the point of need, and personal care services in people’s homes and in nursing and residential homes. Without that, every health service will clog up.

The CCG then announced that, as part of phase one, the Horton in Banbury would be downgraded to a day hospital and nine of Oxfordshire’s community hospitals would be replaced by “up to four hubs”. The consultation on this
plan was limited and poorly publicised. The “big conversation” spoke to only 900 people. The residents of Banbury opposed the plan and their campaign raised a legal challenge which is ongoing. The Oxfordshire Health Overview and Scrutiny Committee, which has a legal duty to scrutinise changes in the provision of health services, complained to the Secretary of State for Health who passed the complaint on to an Independent Reconfiguration Panel. This IRP said that the way the CCG had organised the consultation “fell short” and the split into two phases “has added more to the confusion and suspicion than helped move matters forward”.

Phase 1 is still up in the air because a judicial review into the proposed downgrading of the Horton hospital in Banbury is still ongoing. This hasn’t stopped the Horton ‘proposals’ going live. The obstetrics unit has been shut down (mothballed) in Banbury so all babies who need specialist attention during the birth are born in Oxford at the JR – with all the obvious risk issues attending that decision (travel time, moving from one centre to another).

The plan meant that all emergency treatment of a specialist nature, and all planned treatment, would be done in the Oxford Hospitals, 25 miles and more from Oxfordshire’s borders. The stroke centre has relocated to Oxford where there is specialist equipment and specialist staff. The community stroke beds have all relocated to Abingdon. Again with the same risks around access and time. And many of the Horton’s buildings have been neglected, including a nurses home, when housing for staff is an urgent matter. Although this system has yet to be formally agreed, it is already happening. The reasons given include staff shortages, ward closures, poor state of hospitals.

And the results are already apparent – daily queues to get into the hospitals (an hour’s tailback in the JR car park queue usual), anecdotal stories of avoidable episodes as people get to hospital too late while being transferred from Banbury.

Following the criticism of its consultation, the CCG announced that it would
no longer carry out any consultations. Consultation has been renamed ‘engagement’ and shrunk to locality roadshows, online surveys, and stakeholder events. According to the NHS England guide, there is meant to be full consultation on an STP or Integrated Care System. So every church hall, GP surgery, and community association in the county should have an easy-to-understand comprehensive proposal to discuss which covers the whole county, so all of us can see where our locality fits in. It would take at least three months to do this properly, and would mean enlisting communities to take part all over Oxfordshire, and giving some meaningful choices. What we are offered is some ‘engagement’ exercises online, with closed questions, or at a handful of events. And there is no blueprint to discuss, just a lot of very broad questions to agree or disagree with.

**And Phase Two? Primary and Community Care in Oxfordshire**

Phase Two hasn't happened. The reasons for this haven't been made clear publicly but a number of important changes were introduced. The plan now is for an Integrated Care System for Oxfordshire alone. Oxfordshire was criticised by the Care Quality Commission for its lack of integration, joint planning, and ‘governance’. So NHS bodies are having to make organisational changes and speed things up. The Clinical Commissioning Group also has a new head, Louise Patten, who has a track record of imposing ACOs/ICSs on communities – in her case, Buckinghamshire. Under her management a lot of the planning for the ‘integrated system’ is being developed behind closed doors. The accountable bodies that should be overseeing decisions and keeping an eye on things have been reduced to rubber-stamping decisions made in secret.

The Health Overview and Scrutiny Committee (HOSC), which has a statutory duty to scrutinise health policies on behalf of the public, now has a secret committee with the Clinical Commissioning Group to decide what to scrutinise. Its power has been compromised.

The Health & Well Being Board (HWB) is meant to be a very broad,
independent, and democratic body. It brings together all the different institutions involved (county and district councils, CCG, representative of GPs, children’s services, etc). It agrees an annual health plan, the Joint Strategic Needs Assessment, which the CCG is then required to take into account when commissioning services. HWB then acts as a steering committee and watchdog for the rest of the year. But this body has changed its membership to include all the chief executives of the NHS Trusts and has begun having meetings from which the public are excluded.

**Integrated System Delivery Board**

An even more significant and worrying development is the creation of a new body, the Integrated System Delivery Board (ISDB). The terms of reference of the ISDB were presented and approved at the November 2018 meeting of the HWB without even a murmur of dissent. Briefly, this board is made up entirely of executive officers (CEOs). It meets in secret every month and its minutes or documents are not published. The public is excluded from meetings. Not a single elected official sits on this board.

It has been given the task of preparing the blueprint for an Integrated Care System in Oxfordshire by the spring of 2019. The most important change to our health system in Oxfordshire is being prepared in secret by a group of unelected and unaccountable officials. Any pretence that it’s the HWB that makes the decisions is punctured by the fact that the ISDB meets monthly while the HWB meets only every three months. The remit of the ISDB is to deliver “an integrated approach to the delivery of all our main health and social care services by April 2019”. The HWB doesn’t meet again until March.

The Care Quality Commission was very critical of the way the CCG failed to properly consult local people over its plans for STP and local hospitals. The response of the CCG has been to exclude local people altogether. And the powerlessness of the Health and Wellbeing Board was on display in November when this ISDB was approved without dissent.

The decisions made by this ISDB won’t affect just small bits of the health and
social care system. It's not about a cottage hospital here or there, a GP surgery that may or may not close. It's about “all our main health and social care services”. That raises the issue of privatisation to a whole new level.

**Integrated Care System**

The Integrated Care System will be developed initially by an Integrated Care Provider (ICP). This is a major change in the delivery of health care but has been introduced without primary legislation. Since these ICPs are not statutory bodies, there is no public accountability. The contracts to run ICPs also come under the 2012 Health and Social Care Act, which means they will have to be offered on the private market. This would be a system-changing and unprecedented move whereby the entire NHS in a whole area of up to half a million people for a period of a decade or more could be run by a publicly unaccountable private corporation with no statutory duty to consult. Major changes of this scope just can not go on “under the radar”, away from public scrutiny. It makes a mockery of the CCG’s repeated claims of accountability and transparency.

A genuine integration of health and social care would be a good thing. But this is not the kind of integration we want. It fragments the system nationally, with a large number of ICPs, some run by the NHS, some by companies like Virgin Care. It will speed up the disintegration of Oxfordshire health and social care, since ICPs, whether owned by a big private outfit like Virgin or a Hospital Trust like OUH, are required to buy their services as cheaply as they can, and that means the highly fragmented approach we’ve already seen a lot of: Healthshare in Oxfordshire providing MSK, physiotherapy and podiatry; the community hospitals run by the Mental Health Trust; intermediate care run by our acute hospital trust; cancer drugs at home delivered by private firms; some elective procedures and operations contracted out to private providers. All of this is heading away from integration, not towards it.

In the proposed ICP, GPs would have to give up their patient lists and work for the ICP. This would mean the end of the GP-patient relationship which is at the heart of good primary care in the interest of the patient. In this model there is no continuity of care which is essential for health outcomes and a good patient experience. The contract and the model it is based on need to be scrapped. The NHS needs to improve funding for primary care to attract more doctors and work with the medical profession to develop the kind of policy that better serves the interests of both GPs and their patients.
To promote genuine integration, we need to overcome the two main ways in which health and social care in England are fragmented. The first is the competitive contract-based market for health and social care. Organisational integration by means of a "single provider" in each region is immediately undermined by the single provider being explicitly allowed to enter into an unlimited number of sub-contracts. The purchaser/provider split is being replaced by the contract/sub-contract split resulting in even greater fragmentation of the NHS. If these ICP contracts are to really promote some limited form of integration, then it needs to be stipulated that they are to be run by the NHS. The second obstacle to integration is the system of means-testing and charging for social care. Social care also needs to be publicly funded, publicly administered and free at the point of use.

The fundamental problem with this whole model of health care is this: the market is an inherently unequal instrument of distribution and is therefore not appropriate in the area of human health. It is the market-based contract model itself which is the problem in that it fragments the NHS and opens it up to privatisation. In the context of an underfunded NHS and a social care system in crisis due to cuts in local council expenditure, this fragmentation and privatisation is having a negative effect on patient care.

The market-driven approach, which favours piecemeal cherry picking, will never favour what was at the heart of the 1948 system—primary care. And it will never take on the small, time consuming, hard-to-measure interventions that made us healthier than much of the world and for less money than anywhere else. What we need is a national health and social care service that is publicly provided and publicly funded and free at the point of use for all with no means-testing. That's our definition of efficient and effective.
Who is Matt Hancock, the new health secretary?

The Institute of Economic Affairs (IEA) is a well-known right-wing free-market lobbying group masquerading as a think-tank. “There’s loads of evidence they want to abolish the NHS and make it much more market based with privatisation,” said consultant oncologist and campaigner, Dr Clive Peedell.

The IEA head of health and welfare, Kieran Niemitz, has described the NHS as one of the most “overrated, inefficient health systems in the world”. In 2016 the IEA published a report on alternatives to the health service entitled Universal Healthcare Without the NHS. So when Matt Hancock was appointed health secretary by Theresa May, even national newspapers like the Independent raised concerns about his links with the IEA. It turns out that, since 2010, Matt Hancock has received a total of £32,000 from the IEA head, Neil Record.

The then Shadow Health Minister, Justin Madders, said: “The NHS is our national treasure so it’s a disgrace that Theresa May has appointed a health secretary with links to organisations that want to break it up and sell it off.”

What can you do? Write to your MP, councillor or local paper; look at KONP online for information and local events; attend KONP public meetings, 2nd Tuesday of each month, 7.30 pm in the Town Hall. And if you know about NHS privatisations, please get in touch: secretary.konpox@gmail.com

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