1. Should local commissioners and providers have the option of a contract that promotes the integration of the full range of health, and where appropriate, care services?

No

Please explain your response.

This contract proposes systemic changes to the NHS and should not be introduced without primary legislation. Since these ICPs are not statutory bodies, there is no public accountability. These contracts 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. This contract should not be offered.

2. The draft ICP Contract contains new content aimed at promoting integration, including:

- Incorporation of proposed regulatory requirements applicable to primary medical services, included in a streamlined way within the draft ICP Contract
- Descriptions of important features of a whole population care model, as summarised in paragraph 30.
-

Should these specific elements be amended and if so how exactly?

No

Please explain your response.

In the proposed system, 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.

Are there any additional requirements which should be included in the national content of the draft ICP Contract to promote integration of services?

No

Please explain your response.

To promote integration the NHS needs 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" is immediately undermined by the "single provider" being explicitly allowed to enter into an unlimited number of sub-contracts.

Contracts and sub-contracts with different CCGs and private providers means patients may have different levels of entitlement under different 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 integration, then it needs to be stipulated that they are to be run by the NHS.

The second is the system of means-testing and charging for social care. Social care needs to be publicly funded, publicly administered and free at the point of use.

3. The draft ICP Contract is designed to be used as a national framework, incorporating core requirements and processes. It is for local commissioners to determine matters such as:

- The services within scope for the ICP
- The funding they choose to make available through the contract, within their overall budgets
- Local health and care priorities which they wish to incentivise, either through the locally determined elements of the financial incentive scheme or through additional reporting requirements set out in the contract

Have we struck the right balance in the draft ICP Contract between the national content setting out requirements for providers, and the content about providers' obligations to be determined by local commissioners?

No

Please explain your response.

The relationship between national NHS, local CCGs and ICPs is unsatisfactory. The fragmentation of the NHS into autonomous providers means that there is a lack of planning to meet overall need, for instance in the recruitment and training of doctors and nurses. It also isn't clear how CCGs, which are accountable statutory bodies, could exercise any kind of control over ICPs. The experience of CCGs up to now gives little ground for believing they will have the ability to monitor and control the actions of these large "lead providers".

There appears to be no limit to the ICP's ability to contract-out services. And these ICPs are not accountable to local populations. So the stage is being set for these large independent providers, possibly run by companies like Virgin Care, with inadequate funding, to make key decisions about healthcare for entire sectors of the population. The entire balance between national NHS, ICPs and local populations is entirely wrong. What is needed is a genuinely integrated national NHS publicly funded and publicly provided.

4. Does the bringing together of different funding streams into a single budget provide a useful flexibility for providers?

No

Please explain your response.

Firstly, these lead providers are given inadequate funding so flexibility will most likely be exercised by cutting services to patients, something which is already happening. Second, this flexibility will simply mean that ICPs will be able to make decisions without consulting local communities. CCGs, for instance Oxfordshire CCG, have already decided to do away with consulting local populations and ICPs have no statutory duty to do so

5. We have set out how the ICP Contract contains provisions to:

- Guarantee service quality and continuity
- Safeguard existing patient rights to choice
- Ensure transparency
- Ensure good financial management by the ICP of its resources.
-

Do you agree or disagree with our proposal that these specific safeguards should be included?

Disagree

Please explain your response.

We disagree because the safeguards being proposed are inadequate. There is no evidence that the kind of organisational and financial integration proposed would lead to a better quality service. Quite the opposite. According to the national Audit Office, neither central nor local government have "yet established a robust evidence base to show that integration leads to better outcomes for patients". (https://www.nao.org.uk/report/health-and-social-care-integration/).

On patients' right of choice, patients will be automatically registered with the ICP unless they register with a different GP. But they won't know that their GP has joined the ICP until late in the day, if at all, since GPs don't have to inform their patients of their plans to move to the ICP.

With regard to the governance of the ICP, there is a complete lack of transparency since it is not established by statute. The ICP would only have a contractual “duty to engage” which is far weaker than NHS bodies’ statutory duty to consult.

Do you have any specific suggestions for additional requirements, consistent with the current legal framework, and if so what are they?

No

Please explain your response.

This contract cannot be improved by adding new clauses. The legal framework of the contract is defective since it is based on the Health and Social Care Act which established the contract-based market model for health and social care which has promoted privatisation and fragmentation of the NHS. Nowhere in the consultation documents is there an explanation why the NHS has to be "contractual". There are contracts within the NHS but the duty of CCGs and NHS England is to provide or "arrange" services and this does not have to be by contract. Non-contractual arrangements are completely ignored by the documents published around this consultation.

6. Should we create a means for GPs to integrate their services with ICPs, whilst continuing to operate under their existing primary care contracts?

No

Please explain your response.

We reject the ICP system for reasons outlined in previous answers.

7. Do you think that the draft ICP Contract adequately provides for the inclusion of local authority services (public health services and social care) within a broader set of integrated health and care services?

No

Please explain your response

Underfunded local councils have been unable to offer the most basic statutory provision of social care. Those that have gone along with government plans for "integration" are doing so without public support and increasingly, as in Oxfordshire, through secretive cabinet-level meetings. Bodies with a statutory duty to scrutinise such plans have failed to stand up for local patient interests and have become co-opted into enabling them.

ICPs would not fundamentally change this basic situation. They do not offer a way of genuinely integrating underfunded health care with even more seriously underfunded social care that is privatised and subject to means-testing.

If not, what specifically do you propose?

A nationally provided 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.

8. The draft ICP Contract includes safeguards designed to help contracting parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP:

- It provides a framework within which decisions can be taken by the ICP, based on a defined scope of services which the commissioners require the ICP to deliver
- It includes a number of specific protections, outlined in paragraph 83, which together prohibit the provider from carrying out any activity which may place commissioners in breach of their statutory duties
-

Are there any other specific safeguards we should include to help the parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP?

No

Please explain your response.

1. ICPs need to be stopped, not amended, for all the reasons given here and elsewhere by campaign bodies, medical professionals and even by the Health and Social Affairs Committee which, in it's thorough report on government proposals for integrated care systems or ACOs, wrote that:

"We recommend that ACOs, if a decision is made to introduce them more widely, should be established in primary legislation as NHS bodies. This will require a fundamental revisiting of the Health and Social Care Act 2012 and other legislation." (Integrated Care: Organisations, partnerships and systems, p. 86)

2. All health services should be kept under the control of statutory public bodies that are accountable to the public.

9. The draft ICP Contract includes specific provisions, replicating those contained in the generic NHS Standard Contract, aimed at ensuring public accountability, including:

- Requirements for the involvement of the public as explained in Paragraph 89-93
- Requirement to operate an appropriate complaints procedure
- Complying with the 'duty of candour' obligation
-

Should we include much the same obligations in the ICP Contract on these matters as under the generic NHS Standard Contract?

No

Please explain your response.

Accountability is not guaranteed because ICPs are not statutory bodies. For instance, it is not clear that ICPs would be required to respond to freedom of information requests. The public would have to rely on the CCG to hold an ICP to account but CCGs are already resistant to public demands for accountability and it is difficult to see how a CCG could have enough leverage to enforce any meaningful accountability on a large sole provider.

Do you have any additional, specific suggestions to ensure current public accountability arrangements are maintained and enhanced through an ICP Contract?

No

Please explain your response.

All health services should be kept under the control of statutory public bodies that are accountable to the public.

10. It is our intention to hold ICPs to a higher standard of transparency on value, quality and effectiveness, and to reduce inappropriate clinical variation. In order to achieve this the draft ICP Contract builds on existing NHS standards by incorporating additional provisions describing the core features of a whole population model of care and new requirements relating to financial control and transparency:

Do you think that the draft ICP Contract allows ICPs to be held to a higher standard of value, quality and effectiveness and to reduce inappropriate clinical variation?

No

Please explain your response

All health services should be kept under the control of statutory public bodies that are accountable to the public.

11. In addition to the areas covered above, do you have any other suggestions for specific changes to the draft ICP Contract, or for avoiding, reducing or compensating for any impacts that introducing this Contract may have?

No

Please explain your response.

See response above to question 8.

12. Are there any specific equality and health inequalities impacts not covered by our assessment that arise from the national provisions within the draft ICP Contract?

Yes

Explain your response
The wording of the ICP contract will have little or no effect. What is needed is adequate funding and the scrapping of contracting NHS services to private corporations that have no interest in or commitment to greater equality. NHS England has already proposed that seventeen services should no longer be offered on the NHS. Historical inequality in the provision of health services arose from the need to pay. This need to pay is gradually being re-introduced, especially in social care where underfunded local authorities are no longer able to pay for services.

It is unclear in this contract whether ICPs would be able to inform patients about services it provides privately. Such a provision was explicit in an earlier draft of this contract and the practice is already widespread in the NHS.

The market is an inherently unequal instrument of distribution and is therefore not appropriate in the area of human health.

The questions in this consultation all assume that the basic model of health care encapsulated in this contract is acceptable and the public is asked to suggest additions or amendments. But 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.