



Oxfordshire NHS News
March 2019

Stop our PET scanners being privatised!

PET (positron emission tomography) scanners are used in cancer care in the Department of Nuclear Medicine at the Churchill in Oxford. This location is convenient for patients, consultants and nurses. Trained and qualified staff operate the scanners, which are a key part of the patient journey for certain forms and stages of cancers. The scanners are part of the hospital equipment at the Oxford University Hospitals NHS Foundation Trust (OUH).

NHS England has decided that our PET scanner services – NHS ones – should be put out to tender, even though the Churchill ones are working perfectly well. They have put all PET scanner services out to tender across the South East. This meant that OUH had to put in a bid to run its own scanners. Which they did, explaining how the existing budget is needed for the service to function.

They lost the contract. InHealth, a private, for-profit, company undercut the OUH – and NHSE awarded the contract to InHealth. This would have a bad impact on the services, and the patients, and would risk poorer outcomes if the change goes ahead. The scanners may be moved to a private site – this is still to be arranged.

Questions have been raised about the professional quality of the InHealth staff required for the leadership of this category of nuclear diagnosis and treatment, namely whether the on-site lead clinicians hold the required ARSAC Licence. (ARSAC = Administration of Radioactive Substance Advisory Committee). The current team at the Churchill is also a multi-disciplinary team which brings together the clinicians from different disciplines (surgeons, oncologists, radiotherapists, etc) who meet to decide on the best treatment for each patient's cancer.

Taking this equipment and top-quality service away from the Churchill can't be right! We should support our NHS Trusts to stand up to this, and keep the PET scanner service in the Churchill, run by the Department of Nuclear Medicine. (see What You Can Do, page 4)

CCG takes money from private pharmaceutical

We have learned that Oxfordshire Clinical Commissioning Group (OCCG) has taken money from a large drugs company, Boehringer Ingelheim (BI), to fund a community-based pilot project here in Oxfordshire. Boehringer Ingelheim is one of the pharmaceutical industry's top 20 companies. In 2017, it achieved net sales of nearly 18.1 billion euros.



Although it is the role of central government to publicly fund the NHS from progressive taxation, we recognise that the CCG is cash-strapped, owing to the deliberate defunding of our health service. But the CCG should not be taking money from a private company, especially one with such an obvious vested interest. Allowing the body that buys health services on our behalf to partner up with a drugs company is unprecedented and risky. And must be halted.

We are not reassured by OCCG's claims that BI staff will be 'non-promotional'. Which leads us to ask why a pharmaceutical company would want to fund the CCG. If our interpretation is correct, the drugs company will retain the intellectual property rights to all materials and development, essential should there be a falling out down the line. But the main reason is surely because they will have direct access to patient data. The care. data scandal revealed how eager commercial companies are to get their hands on this precious resource.

The local scrutiny committee (JHOSC), whose statutory duty is to examine any proposal which may significantly affect provision of health-care services in Oxfordshire, has been told about Oxfordshire CCG using private money for frontline NHS services. But it was reluctant to intervene and hold OCCG to account for its arbitrary and high-handed departure from acceptable funding arrangements. To allow the CCG to take funds from a commercial company would be to ignore another threat to the NHS from privatisation.

We demand that 1) JHOSC opens an investigation into these new funding arrangements and 2) OCCG has a formal public consultation on the issue of private funding in healthcare.

Stolen treatments: another route to privatisation

NHS England issued new guidelines to all CCGs in November 2018 which restrict the referral criteria for 17 surgical interventions including grommets, tonsillectomy, and haemorrhoids, which it said are 'of little or no value to patients'. But this is only the most recent example of rationing NHS treatments that has been going on for some years.

Oxfordshire's Clinical Commissioning Group have listed a number of NHS treatments that it doesn't offer or only offers under certain circumstances (rationing). GPs can no longer decide when to send patients to see a consultant at a hospital. Instead they must follow strict rules which mean they can only refer patients who are most severely affected. Some patients are being left with pain and disability and placed at increasing risk of severe complications. In addition, GPs' professional opinions are being overridden by non-accountable panels and committees. Meanwhile public funds are increasingly being spent in the private sector instead of being used for investment in the NHS.

These are some of the treatments that have been stopped or rationed in the past two years:

- varicose veins
- hernia repair
- tonsillectomy
- cataract removal
- ganglion cyst
- carpal tunnel
- revision of hip and knee replacement
- low back pain and sciatica
- chronic neck pain

While NHS England said the changes will free up GP time, GPs argued it is 'unfair' that such measures are brought in without addressing how they are communicated to the public, and said they will be forced to spend appointments explaining the restrictions to unhappy patients. Of course, the only option for many patients will be to go private. Which is probably the whole point of the exercise.

More Cuts to Social Services

In February, Oxfordshire County Council agreed to cut £3.9 Million from its social care budget, which will affect our most vulnerable Oxfordshire residents and their families. Councillors also agreed a further £1.5M cut through price negotiation with care home owners. These savings are to be made through 'reassessments' – putting families through the misery of being told they will lose existing care, and putting further strain on emergency services. The real costs of these savings are not calculated – costs on families, on the NHS, on people themselves.

Why is the County not looking at the much more crucial savings that could be made through bringing home care and care homes back into public ownership? There is abundant evidence of the heavy costs Councils have incurred through this process, and even more evidence of the misery caused to users. Surely it is time to bring these services back in house?

The 70 plus agencies providing home care are not coordinated, and a handful regularly collapse each year, costing families and the Council practically, financially, and emotionally. And we know from media revelations how poorly many homes are run, and how badly staff are treated. KONP calls on our County Council to bring all its social care in-house. That way, staff could be paid, trained, and given a career path within a structure that is under public control, fully publicly accountable.

What you can do to stop the loss of our PET scanners

Write to your county councillor (this should have come to the Joint Health Overview & Scrutiny Committee and it hasn't – so urge them to halt the process until it has been scrutinised).

Send a post card to Professor Jonathan Montgomery, chair of Oxford University Hospitals Council of Governors, and of its board of directors or email him here: governors@ouh.nhs.uk

Send an email to Dr Kiren Collison, chair of the Oxon Clinical Commissioning Group here: k.collison@nhs.net and the chief executive Lou Patten at oxon.gpc@nhs.net

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