



## **NHS Privatization: the true figures**

The government claims that the money paid to private businesses like Virgin and InHealth accounts for only 7 per cent of the total NHS budget. But a report from the Centre for Health and Public Interest, published online by the London School of Economics, reveals that, over the past six years, the true figure for private expenditure in the NHS is not 7 but 18 per cent. How does the Department of Health manage to hide the true cost of privatization?

It does this by not including in its account such obvious costs as:

- Money paid by NHS hospital trusts to private hospitals for such things as hip replacements. In 2018 this amounted to over £1.3 billion.
- Money paid by NHS England for healthcare services from private providers. It only looks at purchases by local Clinical Commissioning Groups.
- NHS expenditure on dental services as well as primary care services purchased from companies such as Specsavers or Boots.
- NHS expenditure on social care, most of which is provided by the private sector. In 2018 this amounted to £830 million.
- Money paid to local authorities for the purchase of social care from the private sector.

The official figure of 7 per cent also doesn't include what the government defines as the 'voluntary sector'. But this sector includes such companies as BUPA and Nuffield Health and many private hospitals registered as charities. The figure of 18 per cent doesn't include GP services even though these have private contracts with the NHS because GPs are rightly regarded as part of the NHS. The Department of Health has systematically fiddled the books to hide from the public the true extent of privatization, not 7 per cent, but 18 per cent of the whole NHS budget.

## CCG Merger Threatens Accountability



Locally, Oxfordshire CCG is in discussions with its partner CCGs in Bucks and Berks West (BOB) to form a single CCG from 2021. So far, there are no plans to formally consult us on this major variation, despite legislation and regulations requiring CCGs to formally consult the public.

We would expect to be formally consulted over a major decision to reorganise the commissioning of services, which may well have significant implications for the form in which health services will be delivered locally in future. This merger will limit the

ability of our local health scrutiny committee to exercise its scrutiny functions when attempting to hold decision makers to account across the whole BOB Integrated Care System (ICS).

The creation of a single, remote, and centralised CCG, with opaque structures and complex decision-making processes, covering a population of 1.8 million people, will make meaningful public engagement and involvement even more difficult, and will threaten already fragile public accountability. There is a strong prospect of little or no chance of this 'super' CCG listening to and acting on the wishes of local people concerned that decisions taken centrally are not in their interests. The local link will be broken.

We have challenged OCCG and NHS England on the legality of attempting to push through merger proposals without a formal public consultation. They continue to insist that the legislation demands only a period of 'engagement', which could mean referring only to GPs and Healthwatch for approval. We consider this to be unacceptable, given the scale of change involved, and the likely impact on patient services. We must not allow this merger to be pushed through without public debate and full disclosure of the plans.

Please sign the petition to stop CCG mergers. <https://petition.parliament.uk/petitions/276169>

## Private Sector Services in Oxfordshire

The Oxfordshire Clinical Commissioning Group already holds a contract with InHealth for scanning services. We are conducting our own review of patients' experiences. We have found patients are having lots of problems with InHealth

- \* Patients find the first contact very frustrating - cut off, can't get through, need a smart phone (which they sometimes don't have)
- \* Scans not available in time for the consultant appointment
- \* Treated as a number, not a person
- \* Sparse information given about the process
- \* Breakdown in communication pathway between InHealth and NHS professionals

Sadly, none of these aspects are directly measured in the framework for monitoring the contract currently used by the CCG.

We are also looking at patient's experiences of other private providers, HealthShare and Boehringer-Ingelheim. When our review is finished we will be pressing the CCG and HOSC to include highlighted areas of patient concern in their 'contract monitoring'.

---

## Campaign Successes



**Oxford City Community Hospital:** HOSC has continued to demand updates on the 'temporary' closure of the City Community Hospital on the Churchill site. HOSC have been assured that the hospital will reopen before Christmas. KONP hopes they can succeed in getting Wantage hospital reopened for inpatients soon.



**Horton:** The long running saga of the Horton Obstetric run maternity service has entered a new phase. The Cherwell district Joint Overview and Scrutiny Committee, made up of councillors from districts that use the Horton, has referred the closure again to the Secretary of State. Without the public outcry and the democratic voice of HOSC, this case would have been lost long ago.

## Political parties on the NHS

**Labour** would reverse privatisation, return health services to public control, repeal the Health and Social Care Act, and make the NHS the preferred provider.

**Conservative** PM Boris Johnson has promised an £18 billion fund to build more hospitals but the party will not reverse privatisation.

The **Liberal Democrats** would put a penny in the pound on income tax to give to the NHS. They avoid the issue of privatisation. Our MP, Layla Moran, has told us she is 'neutral on privatisation'.

The **Green Party** wants a publicly provided health service, opposes the creeping privatisation of the NHS, and calls for a repeal the Health and Social Care Act 2012.

## Mayo Clinic Scandal



Oxford University Hospitals Trust has joined a partnership with a major US private provider, Mayo Clinic, to launch a private diagnostics clinic in London. They will share the profits. Bruno Holthof, the CEO of OUHT, is a director of the private clinic.

NHS in partnership with private health corporations; NHS managers with feet in both camps. Is this the future for our NHS?



## What can you do?

- \* Keep up to date with KONP on facebook: [www.facebook.com/konpoxon](http://www.facebook.com/konpoxon)
- \* Tell us your story about private sector services (InHealth, HealthShare, BI, etc), even anonymised. These are the stories MPs, journalists, councillors need to hear. Email [eaperetz@gmail.com](mailto:eaperetz@gmail.com)
- \* Join us in the Town Hall the second Tuesday of each month at 7.30 pm.