

Councillors' RoughGuide to Accountable Care Systems

Protect Comprehensive Healthcare For All!

Councillors, via their scrutiny role, have the power - and the duty to use that power - to protect the NHS and social care from significant changes that would damage the health interests of the public, and the NHS and social care services themselves.

PLEASE USE YOUR POWER! IT'S YOUR DUTY!

Refer Accountable Care Systems proposals to the Secretary of State!

From April 2018, several Sustainability and Transformation Partnerships propose to become a new form of local NHS and social care organisation called an Accountable Care System. This is a new public/private business model for health and social care - like the USA's Medicare/Medicaid, which provides basic state-funded health insurance for people who are too poor or ill to get private health insurance.

Accountable Care sounds nice - but it would end comprehensive healthcare for all

The "care" is managed care: a one-size-fits-all treatment for a given disease or illness. Replacing patient-centred care with tick box routines, it allows less qualified, lower-skilled staff to carry out the work.

Designed to slash around £25bn off NHS and social care spending by 2020/1 compared to current levels, Accountable Care Systems would be contracted to provide managed care to their area's population through annual fixed whole population payments, that would have to cover everything that comes through the door.

This raises the question of what happens if more comes through the door than the one-off whole population contract could cover.

These contracts are explicitly intended to reduce "demand" and increase "efficiency" - but in countries with Accountable Care Organisations/Systems, providers have gamed the system and cherry picked patients whose treatment is seen as the best value for money, in terms of the outcome of the treatment.

This is because they are accountable to the insurers - meaning the insurer's interest in money overrides the interests of the patients and staff.

A two tier health and social care system

The likely upshot is that Accountable Care Systems in England would also restrict access to treatments - driving those who can pay, to seek private health care.

Those of us who can't go private, would just make do with reduced access to healthcare - the NHS would become a UK version of the USA Medicare/Medicaid.

The ground is already being prepared. On 30th November, the NHS England Board agreed that the Secretary of State would consult on changes to the NHS Mandate, since they say the NHS can't afford to go on doing everything it does. The Mandate spells out what NHS services the government will provide.

Increased NHS and social care privatisation

The 2015 Comprehensive Payment Review that announced NHS sustainability and transformation funding made it clear that the government is committed to Accountable Care Organisations as means of long term partnerships with the private sector.

Both the government and its quango NHS England have explicitly linked the Sustainability and Transformation Plans (now proposed to become Accountable Care Systems) to the requirement to "encourage" increased private sector involvement in the NHS.

The new managed "care models" that Accountable Care Systems will deliver are geared to increase private company involvement in the NHS.

Government under-funding of the NHS is an opportunity for the private sector to step in. Behind the derisory £325m STP funding in Hammond's 2017 Spring Budget (for a few "most advanced" STPs) is the plan for Local Economic Partnerships to source a large proportion of investment in Sustainability and Transformation Partnerships - soon to be Accountable Care Systems - from private companies by 2020.

Private companies could take a controlling position within the NHS.

The 2012 Health and Social Care Act has fragmented the NHS and opened it wider to privatisation. The private sector already has contracts for both Commissioning Support and providing NHS services.

Now NHS Improvement is working out how to licence non-NHS organisations as Accountable Care Organisation contract holders. This would mean goodbye to our National Health Service, as new local health and social care services could be run by private companies, with NHS organisations in a subordinate position within complex contractual arrangements. The position of companies like Optum, with contracts for commissioning support AND community services, is already particularly invidious.



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