

Stand up and be counted - Before it is too late

Talk for BMA; Health and Social Care; Dr Clare Gerada 21st March 2013

I have been asked today to speak about the impact of the health reforms on the front line from a GP's perspective So, here goes....

GPs have been forced into commissioning as the Trojan horse of these reforms. They have been hood winked HookLine And Sinker

My profession – many of whom are working hard to make commissioning work are instead being used to sanitize the privatizing of our NHS, which is moving responsibility for the provision of our health service into the hands of the for-profit commercial sector.

We were told that these reforms were about putting GPs, at the **centre of determining health care** for their local patients. We were chosen to lead as we have our “fingers on the public’s pulse”

Instead As examples such the roll out of 111 Or the survival of Lewisham A&E Or the outcomes of Hackney out of hours services show, that GPs we will have no more control of where services are



provided than King Canute had in keeping the tide-back.

Clinical Commissioning Groups will **not be** able to use their professional judgment to determine what is best for their patients and their communities

The **market will determine** how care will be

provided based on profits. And commercial lawyers will be **their intermediaries**. GPs have been told to use their **clinical skills** to devise new and better pathways to ensure they stay within

budget. And they've also been told to set targets for their fellow GPs to follow.

But there's a fly in the ointment...Commissioning is a **complex business**, and difficult to do well. Research indicates that it's not possible to demonstrate that 'good' performance in a single year

is due to any specific set of actions, rather than just due to chance –in other words, statistical randomness.

Additional volatility is due to a host of environmental factors¹, such as: the weather, air

¹ Jones R (2004) Financial risk in healthcare provision and contracts. Proceedings of the 2004 Crystal Ball User Conference, June 16-18th,

quality, infectious agents, and even noise. These sundry environmental factors are as **much a cause** of variation as clinical commissioning acumen, or mindless adherence to targets.

We were told that we needed GPs to be in charge because of the **unsustainable NHS costs**. Yet last year, the NHS budget was underspent and £2 billion was returned to the Treasury².

Turning to the subject of competition. Despite reassurance from Mr. Lansley when he said *"commissioners would not be forced to put services out to tender"*. Then by Simon Burns. It is not the government's intention to *"impose compulsory competitive tendering requirements on commissioners, or for Monitor to have powers to impose such requirements"*.

2004, Denver, Colorado, USA.
http://www.hcaf.biz/Financial%20Risk/CBUC_FR.pdf

² Department of Health. Securing the future financial sustainability of the NHS, Sixteenth Report of Session 2012–13, House of Commons, Committee of Public Accounts
<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmpubacc/389/389.pdf>

Lord Howe only last month emphasised that there would be *"no legal obligation to create new markets"*. Yet, the secondary regulations will mean that GPs risk legal action if they do not tender new services. Meaning either fossilizing old ones. Or embarking on an expensive tendering process and compulsory competition. Far from

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being in charge GPs will be **merely unwilling bystanders** – denying care before it has been provided.

For almost three years now – since the realization that my tenure would be dictated to by another health service reform – so large that it could be seen from outer space and so complicated not even its author Mr. Lansley could explain it, I have been working hard to highlight the disastrous

consequences of the Coalition Government's changes to our health service.

A health service that was in 2010 functioning so well that for the first time in my lifetime it was not an election issue. An NHS that has provided what no other country in the world has achieved at the same cost: universal health care in the form of equal access to comprehensive care irrespective of personal income. at a cost to us the tax payer at many billions of pounds less than comparable health services. A health service that bound us together as a society – where every 11th hour worked was our contribution to those that need it.

A health service – of which Sir Ara Darzi said *"The NHS is the greatest expression of social solidarity found anywhere in the world: it is as much a social movement as it is a health system. It is not just that we stand together but what we stand for: fairness, empathy and compassion. It is for these reasons that we all care so deeply about its future; and it is*

why I stand ready to contribute to ongoing efforts to invest in and improve the NHS, in any way I can."

Over the last 2 years people have said to me...."you are scaremongering" "we are where we are" "there is nothing we can do" "if GPs pull out [of commissioning] then others will take their place"

I have been accused of being "passionate" Of being "that woman" Of being a "part time GP" Of "not representing my constituents" And oddly of being "God" Of anything other than someone who had taken the trouble to become informed

Taken the trouble of learning what is happening and speak out.

I spent one summer; at my own expense Looking at the largest health market in the world. Not from the bits that others rave about when they are paid to go on fact finding missions No To look at the underbelly of the US health system Which has achieved the remarkable double whammy Of having the most expensive health care in the world

And some of the worst outcomes. I went to find out why 75000 people per year die from lack of health care And another 25000 from over treatment. I saw a State hospital Where patients, acutely unwell, wait for 2 days in corridors for a hospital bed. I saw a federally qualified health centre – the closest they have to a GP practice, Where family physicians spend much of their time

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trying to negotiate the insurance system to lobby for health care for their patients As they do treating the sick And I saw Remote Access Medicine A free service for the uninsured Where men, women and children queued all night, in the cold - 2000 deep by the morning, waiting for basic health checks .

I have been saddened as many of our medical leaders who should be standing up to be counted instead are quiet or worse still not understanding

what the stakes are. Some say "Whilst Rome burns".....could never be so apt than in this building.

Since the start of these reforms We have had two pauses Both shams resulting in cosmetic changes only. For example "Any Willing" to "Any Qualified provider." "GP commissioning Groups" to "Clinical Commissioning Groups" And now....Cosmetic changes to Regulation 75 "Promotes competition" to "prohibits anti-competitive behaviour"

So note well And no scaremongering here...In England, in less than 2 weeks, we are about to change the rules forever No big bang But a slow burn We are about to unleash the framework that allows for wholesale privatization of the Supply Planning Organization Finance and distribution of our health care.

Introducing structures borrowed from an American insurance industry notorious for its high cost and unfairness. We will all be the worst off for it. The

tax-payer The well But especially the sick Who will have a combination of Reduced services Exclusions And Pre-authorisation hoops to jump through.

This privatization - hidden under the trusted NHS logo – so blatantly seen by adverts for ‘free-digital hearing aids’ on the side of bus stops. In future, no single organisation will be

responsible for ensuring all an area’s health care are covered and it will no longer be clear who should be held accountable when things go wrong.

Our relationship with our doctor will change when for-profit companies run more services.

As a patient we will no longer necessarily come first: how can we feel confident that our doctor is putting us first when he or she is a for-profit company employee?

So where now? Many have asked where we should go now?

I say to my GP colleagues Focus on the day job On providing excellent care to their patients On being kind and compassionate On provider reform Joining together with other practices

And helping each other With respect to the health service

We must call for **reinstatement of the NHS** We must **restore the democratic and legal basis** of the NHS and the secretary of state’s duty to provide comprehensive health services and restore the legal and democratic basis of the NHS and the citizens’ rights ultimately to hold the Secretary of State to account.

We must **restore the Secretary of State’s duty** to provide the NHS in England and gives him or her ministerial powers of direction and planning in order that the duty can be properly discharged. If

these do not happen it will be the biggest failure of British democracy in living memory.

No-one voted for NHS privatisation, it’s not in the coalition agreement it will squander money It will harm us

We must all stand up now and be counted – before it is too late

Text taken directly from the speech – check against delivery.

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