The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

NHS leaders face second wave without sustainable funding

AS THE SECOND wave of the covid-19 pandemic approaches, on the cusp of the winter flu season NHS leaders have truly daunting challenges and now question their ability to sustain services in the face of escalating costs that the government has so far not committed to meet.

The latest call for extra funds came from Chris Hopson, CEO of NHS Providers which represents NHS hospitals, saying that current funding is "not enough to do the job" and that a new plan is needed to help meet day-to-day running costs for buildings and equipment, and for staff training.

Delays to the budget and to the government's spending review mean that the pivotal NHS workforce strategy remains largely unfunded.

Rising health demands

The government points to an extra £31.9bn in resources that have been funnelled towards the NHS. But covid-19 costs are huge. Test and trace will cost £10bn and the bill for PPE is an eye-watering £15bn. And the cost of the vaccine, when it arrives, has not been factored into the current budget.

Health planners are worried about the rising health demands from covid-19: the impact upon mental health, the cost of dealing with record NHS waiting lists and the new patients suffering long-term covid-19 issues.

Health economists argue that major cost items like PPE, test and trace and the cost of staffing through the pandemic have already drained the coffiers.

Much of this is being spent with outside providers and suppliers, not invested in extra long-term capacity.

Before covid-19 the NHS had a shortage of 100,000 staff and a £6.5bn backlog in building maintenance that had accrued due to the biggest squeeze on NHS finances in its history.

The recent Conservative Party conference slogan to now Build Back Better and make good on the promises of 40 new hospitals has faltered under an NHS Provider's analysis, as it emerged the government has only committed £3.7bn towards a building project that would normally cost £20bn.

Paul Evans

The total bill for PPE is expected to reach £15bn

Also in this issue...

Who's cashing in on ICS partnerships?

WHILE THERE is little sign of any activity in the public domain, the establishment of Integrated Care Systems (ICSs) is likely to result in significant changes being pushed through behind the scenes, due to new funding arrangements and the pressure to increase spending on private sector management consultants, data and digital providers.

The new funding system which will run to the end of the financial year allocates funds at "system" level, and requires providers and clinical commissioning groups (CCGs) to "achieve financial balance within their ICS/STP envelope".

However, individual organisations within each system may record a deficit "dependent on mutual agreement within their systems".

"In August the private hospital sector was offered an unprecedented bonanza when NHSE published a new 'open opportunity contract notice' aimed at establishing a £10bn framework agreement"

Proactive approaches

The pressure to bring in more private contractors and consultants is linked to the Health Systems Support Framework (HSSF) established by NHS England (NHSE) which facilitates swifter and wider use of the private sector to help steer ICSs, and direct them in how to spend the funding allocated.

Some elements of the HSSF were re-tendered last year by NHSE as a four-year £700m framework contract, which was explained as a means to help establish ICSs:

"The [HSSF] was established to provide a mechanism for ICS and other health and social care organisations to access the support and services they need to transform how they deliver care. It focuses on specialist solutions that enable the digitisation of services and the use of data to drive proactive population health management approaches across Primary Care Networks and integrated provider teams."

The HSSF comprises around 80 firms, about two dozen of which are US-based, and follows on from the management consultancy framework contract put in place by NHS Shared Business Services back in 2018.

Additional contract

That involved 107 companies and included the 'big four' (PwC, Deloitte, EY and KPMG) along with the top three strategy firms (McKinsey, Bain and Boston Consulting Company) as well as "a number of boutique firms". The framework selected companies that were pre-approved for work on ten different 'lots'.

Consultancy.uk reported: "As well as reducing costs, these frameworks can also streamline and harmonise the hiring processes across NHS bodies – as lengthy tender processes are reduced by having a list of preferred suppliers in place – and across the full spectrum of operations, covering everything from audit services and construction consultancy to catering, facilities and management consulting."

On 8 September NHSE published a contract notice advertising an additional contract worth up to £30million for 'Health Systems Support Framework — Workforce Deployment Solutions as part of the HSSF', noting that:

"NHSE and NHS Improvement have determined a requirement to expand the scope of the HSSF in order to provide access to workforce and HR solutions which help to deliver the NHS Long Term Plan and NHS People Plan. As such we are developing a new workforce service category and, under this procurement, are opening up the HSSF to bids from suppliers of eRostering, job planning

and temporary staffing software solutions."

One ICS which clearly displays the extent to which it is being taken over by costly management consultants is Bedfordshire, Luton and Milton Keynes (BLMK), where the lucky winner of seemingly endless consultancy work is Carnall Farrar.

The BLMK ICS Partnership Board papers from September show this body's determination to press through with the merger of CCGs into a single CCG covering the ICS area, despite (as reported in The Lowdown last month) the clearly stated opposition of three of the four local authorities at the July meeting.

Who's in charge?

Carnall Farrar is determined that the merger should forge ahead regardless, and the September papers include a shameless 'BLMK CCG Merger – Update' which makes clear that not only was the bid being submitted at the end of September, but before NHSE rubber stamps the plan, Carnall Farrar will begin working on the next stage. The consultancy said:

"Our OD programme is designed to start work developing the BLMK CCG values in September/October… Next steps on this work will be progressed with support from Carnall Farrar Sept-Oct."

So frequent are the references to Carnall Farrar that it's unclear what role, if any, is being played by senior NHS management in the emerging BLMK ICS:

"As part of the Carnall Farrar work starting on 14 September we will work with ICS partners to identify commissioning activities and the associated resources that could transfer to partner organisations in the ICPs (tactical commissioning) as we implement strategic commissioning in due course. **It is expected therefore that the BLMK CCG will reduce in size over time as we implement the co-designed Target Operating Model for the strategic commissioner**."

Expanding frameworks

In addition to an ever-increasing variety of "framework contracts" spanning ICSs, others are being set up by individual trusts.

In April this year consultancy.uk reported that more than 50 consulting firms had "won a spot on a £200m consultancy and advisory framework from the University Hospitals of Coventry and Warwickshire" – a trust with an annual income of around £600m.

"In addition to an ever-increasing variety of 'framework contracts' spanning ICSs, others are being set up by individual trusts"

"Over 70 consulting firms signed up for the competitive tender process, and following a due diligence on firm credentials and their bids, 57 consulting firms were appointed to the scheme across seven lots spanning management consulting, human resources, supply chain, finance, audit, digital transformation and property development."

Another example is the NHS London Procurement Partnership which set up a framework for contracting out total facilities management, including 15 different contract companies. North West Anglia Foundation Trust appears to have made use of the shortlist of approved contractors to conduct a mini competition for outsourcing catering and support services at Hinchingbrooke Hospital.

Income support

In August the private hospital sector was offered an unprecedented bonanza when NHSE published a new "open opportunity contract notice", aimed at establishing a £10bn framework agreement running up to December 2022 "for service providers capable of helping NHS trusts and services reduce waiting times".

Meanwhile the government is lining up "hundreds of consultants" to help salvage its desperately poor and failing £10bn privatised test and trace system – headed by Tory peer and ex McKinsey consultant Dido Harding.

Consultancy.uk reports: "The cost of the consulting services to the public purse is unclear at present, but any expense on such contracts is likely to come under fierce scrutiny, as the country's biggest consulting firms have already picked up paycheques for work on many aspects of the UK's covid-19 response – including test-and-trace itself."

It also points out that the expansion of NHS contracts is offering a lifeline to the consultancy sector which has suffered a sharp drop of up to 18 per cent in its income from other businesses during the covid-19 crisis: "Public sector consulting is one of the few areas where revenues continue to boom."

John Lister

Will NHS mental health care become more reliant on failing private companies?

AT THE BEGINNING of October NHS England (NHSE) passed its budget for specialist mental health services to ten groups of providers across England, but plans show that, even after changes, there will be a considerable role for private companies – in particular for in-patient mental health services and learning disability services, with some independent providers selected despite a very poor record of care at some of their sites.

The provider collaboratives will take on the budgets and the commissioning responsibility for mental health services within an area and for a designated service.

NHSE will transfer its £400m specialised mental health budget to these organisations. Seven of the ten organisations are based in London. Each organisation will be led by an NHS trust, acting as a lead provider.

Under the original plans, announced last year by NHSE, private companies could have held the lead provider contract, but following a backlash by campaigners and the exposure by BBC Panorama of the abuse at Whorlton Hall, NHSE backtracked, deciding that the lead provider must be an NHS organisation, but in some areas non-NHS provision forms a major part of the available services.

The collaborative in the East Midlands, known as IMPACT, includes four non-NHS organisations: Cygnet Healthcare, the Priory Group, St Andrew's Healthcare and Elysium Healthcare.

Evidence of abuse

Cygnet, St Andrew's and the Priory Group have all been involved with some shocking incidents of abuse of mental health patients and those with learning difficulties. The most recently reported was last month (September) at Cygnet's Yew Trees centre for women with learning difficulties, where the Care Quality Commission (CQC) saw evidence of physical and mental abuse, some of which has now been passed to the police. Strikingly, the CQC concluded that staff had allowed a culture to develop at the hospital that "increased the risk of harm to patients".

In January this year, the CQC published a highly critical report about St Andrew's Healthcare, a charity, and rated the organisation as one that "requires improvement".

In July 2019, the CQC placed two of the Priory Group's' hospitals into special measures – Priory Hospital Blandford in Dorset and Kneesworth House in Royston, Hertfordshire. The hospitals were found by the CQC to be unsafe and uncaring, and rated both as inadequate.

Conflicts of interest

Under the revised plans for the collaborative networks, companies cannot take a lead role, but according to NHSE, commissioning plans will be made by a partnership board containing representatives from these private organisations, raising questions about future conflicts of interest.

Mental health services in the NHS have become more reliant upon capacity within the independent sector, due to the closure of inpatient beds, persistent underfunding and the drive towards competitive tendering.

From next April, NHSE plans to roll out budgets to collaboratives across the rest of the country, with provider collaboratives becoming the vehicle for delivering all appropriate specialised mental health, learning disability and autism services over the next five years.

Sylvia Davidson

Still no real signs of life in 'integrated care systems'

THE PATH towards NHS England's (NHSE) vision of "integration" of local health care systems is proving a long and rocky one. As we discussed in the previous issue of The Lowdown, stubborn Clinical Commissioning Groups (CCGs) in a number of areas are still standing firm against delayed plans to merge them into larger, less local bodies – and now even the delayed North West London merger of eight CCGs has been obstructed once again.

And despite promises last year to drive forward NHSE's ambition, set out in last year's Long Term Plan, of establishing 42 'integrated care systems' (ICSs) to cover England, each spanned by a single CCG, ministers keep postponing their promised new legislation to override sections of the 2012 Health and Social Care Act, and give real powers to the new ICSs.

More than just a name

Despite previous denials that NHSE wanted the ICSs to have statutory powers, NHSE chief Simon Stevens has now told the online news site HSJ that he is expecting the government to push through legislation "in the first half" of next year which will give the new bodies a 'legal form'.

At present the 18 ICSs that have so far been established

exist largely in name only, standing outside the legal framework of the NHS, meeting and functioning largely behind closed doors, with no formal accountability to the local communities they cover, and dependent on CCGs to enact any decisions.

New laws to change this could sound the death knell for the CCGs, if left as a redundant additional tier of bureaucracy.

Clearly Stevens has now had a change of heart, telling HSJ, "An integrated care system needs a legal form. That actually is what we proposed in the first place – and as part of drafting proposals it will have to be crystal clear precisely what form that takes."

So what exactly are the current ICSs doing? Precious little, to judge from their websites, few of which display any signs of life other than a succession of generic press releases about covid-19 or other general health messages.

It's not even clear what more they could be doing if they eventually take on a "legal form". Back in June, The Lowdown trawled through all 18 ICS websites to see if there was evidence of intelligent life, and found little of interest.

Nothing to see here...

Three months later, there is nothing new on the websites for Frimley Health and Care or Dorset, and little of significance from: Buckinghamshire, Oxford and Berkshire West, North East and North Cumbria, South East London (no meeting since January), South West London (still looking back to its 2016 STP), Suffolk and North East Essex, Sussex or Surrey Heartlands.

Hertfordshire and West Essex's 'news page' advertises a 'next event' as NHS Day on 5 July last year, and while there is a general newsletter for Hertfordshire, the West Essex newsletter has not appeared since May 2019.

South Yorkshire and Bassetlaw has by far the slowest responding website, which eventually confirms that its collaborative board still has not met since last October and – as of the last update back in June – there are no meetings or events planned.

Humber Coast and Vale features a one-page general statement on "Our commitment to engagement", but this is not linked to any evidence of engagement. "Upcoming events" simply lists "no events".

Gloucestershire's ICS website is still locked in a timewarp, featuring its best-forgotten 'sustainability and transformation plan' from 2016.

Lancashire and South Cumbria, covering five trusts, eight CCGs, four upper-tier local authorities and 12 district councils is honest enough to admit that it's all top secret: "The ICS Board does not meet in public and the papers are not publically available, at this time. However the ICS Board will review this again in 2020. Key messages from the meetings will, going forwards, be shared on this page and are available below."

Needless to say these "key messages" turn out to be vague and evasive descriptions of discussions (in secret) on documents and policies we are not allowed to see:

"The ICS Board noted finance reports which included the month four financial performance for the Lancashire and South Cumbria system in the context of the current finance regime and the response to covid-19. It covers the revenue and capital positions of all Lancashire and South Cumbria partners and the position on ICS central functions." No word, then, on whether these positions showed deficits or surpluses.

Ignoring the real issues

West Yorkshire and Harrogate's website appears superficially livelier, and carries video and documents from a partnership board meeting in September, but the discussions are at such a level of generality that there is little to indicate any new ground is really being broken by this ICS.

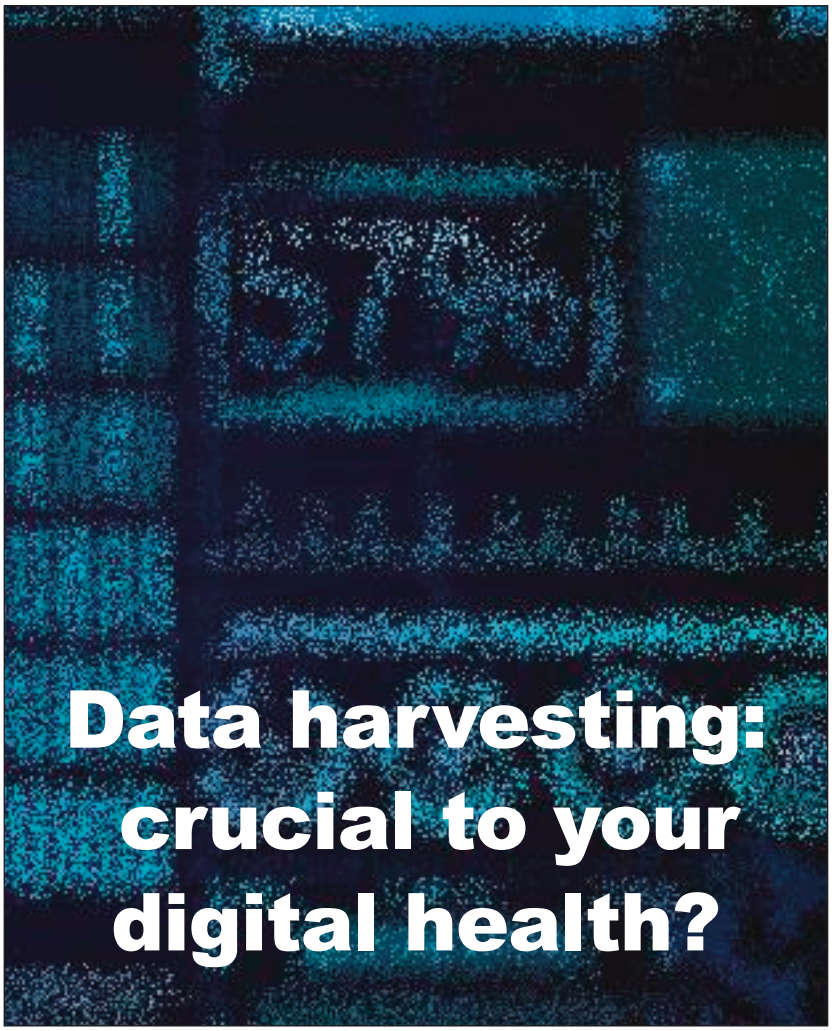
Greater Manchester has finally added an October meeting to its events page and a few details about its July meeting. It's a far cry from the ambitious pronouncement that, "We want to keep everyone up to date with Greater Manchester's devolution plans as they unfold. Here on our public meetings and events page, you can quickly find information on upcoming board meetings (which anyone can attend), as well as download papers from previous sessions. So you can see what's going on, where and when…".

Nottingham and Nottinghamshire ICS, however, gives a clue as to what some of these ICSs are doing behind the scenes: its most recent papers include a 'Data, Analytics, Information and Technology Strategy 2020-2024'.

It is notable for ignoring any issues of digital exclusion for a significant section of the population, including some of the most deprived and vulnerable, and for its misleading use of statistics – such as citing a "178 per cent increase in NHS App login from February to May 2020" without pointing out that the increase is from a very small base (14,200) compared with the catchment population of 1 million-plus.

It throws in claims from "Connected Nottinghamshire public engagement and research" – in 2018 – that "73 per cent of people in Nottingham or Nottinghamshire would like access to digital service to manage their health," and "59 per cent… would like to access health and care appointments via video consultation". But it makes no attempt to explore why the other 27 per cent and 41 per cent have decided the other way, or how they might be reached.

John Lister



Data harvesting: crucial to your digital health?

EVERY CRISIS represents an opportunity for someone, and covid-19 is no different, with proponents of digital tech enjoying ever-greater success in opening up the NHS to commercial interests keen to extract maximum value from patient data. Author Naomi Klein's take on the disaster capitalism blueprint has surely never been more relevant.

So as the second wave of the pandemic hits the UK, it's perhaps no surprise that last week's online Tory conference included a virtual presentation of a 'white paper' on technology in the NHS which outlined how the health service has gradually been adopting a remote access model – even before the virus emerged – and with just a little help from the private sector.

The paper features case studies highlighting the positive impact the private sector has had in digital health, and discusses how NHS assets might be monetised, noting for example that the data sets (ie all the patient records) held by the health service could generate £5bn a year.

"NHS Digital says take up of the various digital health initiatives is constrained because more than 11 million people lack the basic skills to use the internet effectively"

US multinationals like Google have already sewn themselves into the fabric of the NHS just to get their hands on exactly this sort of information. And exploitation of data, remember, is very much at the forefront of current government health policy, largely thanks to the influence of prime ministerial aide Dominic Cummings.

Process of alignment

Online news site openDemocracy recently revealed details of an "unprecedented" transfer of personal health information of millions of patients to private tech firms as part of the NHS' datastore project. NHS Digital and the Private Healthcare Information Network, meanwhile, are involved in a joint programme to align private healthcare data with NHS recorded activity.

But in spite of its data mining background, is take up of the digital tech promoted at the Tory conference actually increasing? Well, yes it is.

During March – the month leading up the national lockdown – NHS Digital commissioned a survey which showed almost 40 per cent of respondents had upped their use of NHS websites and apps following the outbreak. A month later more than a million people had registered with the NHS login system, and 520,000 people had registered to use the NHS App.

Early adopters

Research by the King's Fund found that within weeks of the pandemic taking hold, more than 75 per cent of GP surgeries were conducting some patient consultations by video, nearly half of all consultations in May were conducted over the phone, and remote hospital appointments surged.

It also discovered that more than 60 per cent of patients were happy to take part in video consultations, although the Royal College of GPs suggested surgeries offering mostly remote appointments would not be meeting those patients' needs adequately.

In sectors such as mental health, where you might expect the inability to assess body language and eye contact during face-to-face consultations to negatively impact on assessments of patients' wellbeing, the picture isn't totally clear.

A BMJ feature in June noted that, while some patients found video consultations intrusive, one consultant said mental health "aligns itself very well with telehealth". But that opinion may just reflect the already poor provision of face-to-face psychiatric care in the UK, compared to other European countries.

Regardless of the wisdom or effectiveness of remote access to healthcare, health secretary Matt Hancock told a meeting of the Royal College of Physicians in late July, "From now on, all consultations should be tele-consultations unless there's a compelling reason not to."

"The health service has gradually been adopting a remote access model – even before the virus emerged"

Rights... and wrongs?

That statement picks up on the NHS England's (NHSE) Long Term Plan, published in early 2019, which envisioned that the NHS will eventually offer a 'digital first' option for most services. It also promised that patients would have the "right" to online consultations by early 2020 – and to video consultations too, by April next year.

In the context of primary care, the phrase 'digital first' suggests a near future when GPs are no longer employed by, or work out of, local surgeries, and patient demand can be managed 'at scale'. NHSE says there will be "opportunities to manage online consultations at a larger scale, for example across primary care networks or via a hub model".

These mooted "opportunities" reflect the current government's push to centralise seen elsewhere in the health service – check out the last issue of The Lowdown for an update on the pressures faced by Clinical Commissioning Groups (which are themselves essentially merged GP practices) to further coalesce as Integrated Care Systems.

The 'eHub' model is fleshed out in NHSE's 'Using Online Consultations In Primary Care' implementation toolkit, published in January this year. This document refers to 'standalone online consultation services' which "offer additional clinical capacity to practices, primarily through online consulting by clinicians who operate separately from the established GP team, though they may be working in a business partnership with them".

But facilitating remote consultations is just one application of digital technology in the NHS. 'Wearable' tech is another, and again presents data opportunities to suppliers, as well as health benefits to patients.

In June this year NHS England published a press release promoting the roll-out of At Home, a programme of trials involving patients recovering from various conditions, who are given devices to enable medical staff to monitor those patients' progress remotely after hospital discharge.

A wonderful step forward, undoubtedly, permitting earlier discharge, the freeing up of hospital beds and the opportunity to cut down on follow-up outpatient visits. But anecdotal evidence from one patient, who was briefly admitted via A&E to a major hospital in East Sussex two months ago to have a pacemaker fitted, confirms that data mining is very much a part of this digital deal.

Shortly before discharge, Beryl (not her real name) was offered a Merlin@home transmitter so the hospital's cardiac team could keep a discreet eye on how she was getting on, without the need for face-to-face follow-ups. Signing away her rights to any information transmitted to a third party – in this instance an arm of Abbott Laboratories in California – was part of the deal though. No signature, no transmitter.

Access denied

The world of digital tech clearly isn't completely altruistic – or inclusive. The conference paper mentioned earlier suggests digital access is still unavailable to many – because 12 per cent of people lack access to a decent broadband service, a similar number lack the skills or resources to access such a service, and others are excluded because of a mental or physical disability.

NHS Digital backs this up, saying take up of its various digital health initiatives is constrained because 11,300,000 people lack the basic digital skills to use the internet effectively, and 4,800,000 never go online at all.

And don't forget the tech isn't always that efficient or successful either. Just think of the much-delayed covid-19 app that cost £11m, the thousands of contacts lost last month by the tech-led NHS Test and Trace project, and the £10bn wasted on the NHS' failed 2002-2011 National Programme for IT.

Martin Shelley

To help secure the future of our NHS through campaigning journalism, please support us

Dear Reader

Thank you for your support, we really appreciate it at such a difficult time. Before covid-19 the NHS was already under huge pressure, and after it's all over there will be a backlog of patients, queues of people affected by the crisis, and a hugely tired workforce.

From that moment we will need a much more credible plan to fund, support and protect our brilliant NHS. Our goal is to help make this happen and we need your help. We are researchers, journalists and campaigners and we launched The Lowdown to investigate policy decisions, challenge politicians and alert the public to what's happening to their NHS.

It is clear from the failures of recent years that we can't always rely on our leaders to take the right action or to be honest with us, so it is crucial to get to the truth and to get the public involved. If you can, please help us to investigate, publicise and campaign around the crucial issues that will decide the future of our NHS, by making a donation today. Our supporters have already helped us to research and expose:

- unsafe staffing levels across the country, the closure of NHS units and cuts in beds
- shocking disrepair in many hospitals and a social care system that needs urgent action, not yet more delays
- privatisation – we track contracts and collect evidence about failures of private companies running NHS services

First we must escape the covid-19 crisis and help our incredible NHS staff. We are helping by reporting the facts around the lack of protective equipment for hospital staff but also for thousands of carers. We are publishing evidence about more community testing and the shortcomings in our strategy to beat the virus. Even though they have a tough job, there have been crucial failings: on testing, PPE and strategy, and we must hold our politicians to account and challenge them to do better. We rely on your support to carry out our investigations and get to the evidence.

If you can, please make a regular donation, just a few pounds a month will help us keep working on behalf of the public and NHS staff - thank you. We all feel such huge gratitude and respect for the commitment of NHS staff and it's so impressive to see such strong public support. Let's hope that we can give the NHS the thanks it deserves and crucially, secure its future.

With thanks and best wishes from the team at The Lowdown

EVERY DONATION COUNTS!

We know many readers are willing to make a contribution, but have not yet done so. With many of the committees and meetings that might have voted us a donation now suspended because of the virus, we are now asking those who can to give as much as you can afford.

We suggest £5 per month or £50 per year for individuals, and hopefully at least £20 per month or £200 per year for organisations. If you can give us more, please do.

Supporters can choose how, and how often to receive information, and are welcome to share it far and wide.

Please send your donation by BACS (54006610 / 60-83-01), or by cheque made out to NHS Support Federation and posted to us at Community Base, 113 Queens Road, Brighton BN1 3XG

If you have any other queries, or suggestions for stories we should be covering, please email us at contactus@lowdownnhs.info