



"Accountable care", secretive consultation!

NHS England launched a 3-month' consultation on new contracts for "Integrated Care Providers" (ICPs) on August 3rd, right in the middle of the school holidays. They obviously wanted to minimise public awareness of the issues and participation in the debate.

NHSE says ICPs are "not new types of legal entity, but rather provider organisations which have been awarded ICP contracts". In fact ICPs are the latest incarnation of the many-times rebranded "Accountable Care Organisations", (ACOs) (first referred to in Simon Stevens' 2016 "5 Year Plan/Forward View", and which many campaigners have argued, represent a threat of 'Americanisation' of the NHS.

NHSE insists that ICPs are completely different from the US ACOs, which are bodies run by health care providers, who agree with private insurers to provide a range of services for a defined, local population, at a fixed, cash-limited fee, based on the size of population (a.k.a. capitation).

But we think the phrasing in NHS England's latest documentation shows that their concept of ICPs is even closer versions to the US ACO model.

They insist that an ICP is not a "legal entity"; at the same time they describe it as a 'provider organisation'. This leaves little doubt that ICPs would function outside of the control and accountability mechanisms of the NHS. ICPs would contract for "services which are within scope": pretty obviously in a cash-limited contract, designed to deliver a defined range of services to a restricted, defined, local population.

Just going through the motions of a public consultation

NHSE proposes to hold just FOUR consultation events, all in mid-September, in London, Leeds, Exeter and Birmingham. Anyone living any distance from these stage-managed events will simply be ignored.

The consultation document has been quietly lodged on the NHS England website; no paper copies are being distributed and there is no sign of any media campaign, to make sure the wider public is even aware that questions are being asked.

This is no way to conduct a serious consultation.

After wading through 32 pages of turgid and duplicitous prose, would-be respondents are channelled into answering a line of questions which make it difficult to encompass the objections many would have to the proposals.

There is no opening for any wider comments on the context in which ICPs are being proposed, or the misleading and inconsistent way in which "integration" is repeatedly used by various NHS bodies to imply various meanings, none of which is related to the everyday use of the word.

No question allows a respondent to press NHSE to support legislation to sweep away the fragmentation, competition and contracting culture that are entrenched by the 2012 Health & Social Care Act, or to argue for REAL integration in place of the version offered in the consultation.

No question asks if people are satisfied with the consultation document's evasions on future consultation and engagement. Some of the questions raised appear to be simply missing the point, while others deter answers by asking for a level of detail that few will feel confident to offer.

Health Campaigns Together has published suggested lines for summary answers to the questions, see <https://healthcampaignstogether.com/pdf/1%20Suggested%20lines%20for%20summary%20answers%20to%20consultation%20questions%20update.pdf> We urge campaigners to join us to:

- use the shortcomings and double speak of the document to publicly question the real intentions of NHS England,
- question local authorities over their role in drawing up and implementing plans for ICPs/ACOs, and to seek to prepare a largely unwitting public of the potential impact of a further loss of local accountability in health care.
- press board meetings of trusts and CCGs to hold public sessions answering questions on local proposals and to fully account for how much funding relating to the devo NHS scheme has been received, where it has been spent and what there is to show for it.
- link this so-called consultation with the parallel NHS England consultation on restricting access to lists of elective treatment which began on July 4.

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