

# Manchester Alliance for Community Care



## A Response to the NHS White Paper:

## Equity & Excellence: Liberating the NHS

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## 1. Introduction

MACC would support the principles and aspirations of the NHS white paper: to reduce central control, to trust professionals to get on with their job, to strengthen the voice of patients and to shift investment upstream.

We would also support the adoption of a health outcomes approach but doubt that it is well enough understood. We are concerned that the paper does not link to the wider health determinants particularly in the light of recent evidence that there is a strong association between economic inequality and poor health outcomes (Wilkinson and Pickett, 2010). In our view this suggests that any government that is serious about tackling health should focus on narrowing the gap between the rich and the poor.

## 2. Commissioning

Crucially MACC would question the scale and pace of the proposed reforms to commissioning in the White Paper. More time would be needed to draw GPs into the commissioning process. The readiness and willingness of GPs in Manchester to take on a commissioning function varies markedly. The experience of previous attempts to pilot GP fund holding and practice based commissioning suggests that GPs from some parts of the city will have a strong interest but many will be unenthusiastic at best. Further, even where GPs have been involved in piloting practice based commissioning they have focused on conditions such as diabetes or hip replacements, where the care pathway is relatively straightforward.

We are particularly concerned about health care for those with complex needs. In our view there is insufficient understanding amongst Manchester's GPs of commissioning care for people with complex needs, including mental illness, drug and alcohol dependency and the homeless. It will be important for GP commissioners to engage with third sector organisations, who have an expertise in this area, and this should be encouraged by the government.

We have no experience of private sector commissioning in Manchester. We would acknowledge that the private sector can deliver better health care to those who can afford to pay. There is no evidence, however, that the private sector can deliver better quality and efficiency than the public sector; indeed their requirement to pay a dividend to shareholders would suggest that they will always be obliged to prioritise economies over clinical effectiveness.

It often tends to be in the areas of greatest deprivation where GPs are least

prepared to take on this responsibility and so it is likely that health inequalities will be worsened and the most vulnerable will be most at risk. These views are reflected in a variety of commentaries since the publication of the white paper - a sample of which are set out below.

### 3. Research and Observations

Only 19% of GPs believe that changes set out in the recent White Paper will improve patients' experience of the NHS, a *GP* newspaper poll shows. 41% of GPs say the changes will create a postcode lottery, with patients' experience of NHS services becoming 'more varied', according to the survey by *GP* newspaper in conjunction with the Family Doctor Association. More than two thirds (71%) of over 300 GPs who took part say the White Paper will increase private sector involvement in GP commissioning. One GP commented, *"I think patient experience in the NHS is going to worsen with or without the White Paper changes, as money will be cut back whatever happens. However this way the consortia/GPs will be making the cuts."*

The Social Market Foundation makes the following observation:

*"Giving control of NHS funds to GPs is like asking your waiter to manage a restaurant. They might know what you want to eat but they won't necessarily be any good at ordering stock, designing a menu or controlling the chef. Commissioning healthcare is very difficult and needs a specialised organisation to do it. And the evidence suggests that small commissioners find it difficult to take on powerful providers and reform services. GP commissioning risks handing real control of the NHS to vested interests on the provider side, as GPs simply won't have the muscle to drive through change."*

*"And GP consortia will need organisational support to work effectively. Who else could do this but current PCT staff? This new NHS reorganisations will mean wasted years reinventing the system we have now. And with the prospect of a funding squeeze that will certainly have an impact on patients, this is no time to introduce an ideologically driven policy that forces GPs to become NHS managers. Instead the government should be focusing on what it can do to strengthen existing commissioners - PCTs."*

Kieran Walshe, Professor of Health Policy at Manchester Business School, recently told the Financial Times: *"This has to be the biggest reorganisation of the NHS since 1974. Apart from the existing NHS foundation trusts, there is very little of the existing architecture that will be left unchanged. This is a*

*massive structural upheaval, and it looks to be very expensive, and very risky to do it so quickly.*" He also noted in the BMJ 16 July 2010 that the government should learn three things from the history of NHS reorganisation:

- Firstly, structural reorganisations don't work
- Secondly, the transitional costs of large scale NHS reorganisations are huge,
- Thirdly, and most importantly, reorganisation adversely affects service performance.

Even those who favour the proposed reforms note that clarity about accountability, transparency and public involvement will be key.

Many commentators see the proposed NHS white paper reforms and government support of "Big Society", as two barely disguised indicators of a wider governmental strategy to promote private sector interests, whilst renegeing on its responsibility to promote the welfare of its citizens.

In this context, the global financial crisis presents the clearest opportunity to push through this strategy under the flag of responsible financial governance. It is also noted that when ministers are pressed for detail about the proposed alternatives – GP fund holding and increased marketisation, an expansion of the third sector's role in public service delivery and the promotion of social enterprise - nothing is forthcoming. Indeed it has been shown that more Foundation Trusts are failing to balance their books and that most third sector organisations are at risk from the cuts to public sector spending.

MACC believes that the key question is "will they get away with it?" Or to what extent will they get away with it? Unison is calling for a judicial review on the grounds that the DOH has failed in their legal duty to consult with staff and the general public, the outcome of which we await.

Other commentators also point to evidence that the Lib-Con coalition is out of touch with public opinion about the direction of public health policy - much of which is dismissed as nannyism by Lansley and co., leading to several public relations disasters and reversals of policy, or toning down of rhetoric. (UK Faculty of Public Health report, quoted by Denis Campbell in the Guardian 18.08.10). Also the extent of the proposed cuts may be scaled back as evidence of their economic impact emerges.

## **4. HealthWatch**

Of most interest to Independent Advocacy organisations will be the establishment of a new consumer champion, HealthWatch England, to "strengthen the voice of patients and the public, under the remit of the Care

Quality Commission, but led by local authorities.”

The White Paper says “Local Involvement Networks (LINKs) will become the local HealthWatch, creating a strong local infrastructure, and will enhance the role of local authorities in promoting choice and complaints advocacy, through the HealthWatch arrangements they commission. Local authorities will be able to commission local HealthWatch or HealthWatch England to provide advocacy and support, helping people access and make choices about services, and supporting individuals who want to make a complaint. In particular, they will support people who lack the means or capacity to make choices; for example, helping them to choose which General Practice to register with. HealthWatch England will provide leadership, advice and support to local HealthWatch, and will be able to provide advocacy services on their behalf if the local authority wishes.”

It would be unfortunate if plans for local authorities to commission complaints advocacy and support for people who lack capacity to make decisions from HealthWatch were to destabilize existing advocacy provision. We would therefore support the recommendation made by the Gateshead Advocacy and Information Network that any such plans “be considered in light of the Independent Advocacy services already available, in the interests of directing resources appropriately and capitalising on current expertise. Independent Advocacy projects are well placed to provide this support”.

## **5. Implications for the Voluntary and Community Sector**

Should these reforms become law, there will be opportunities for the voluntary and community sector but, there will also be increased pressure on funding and a loss of services and organisations at a time when the most vulnerable will be at greater risk. To maximise the opportunities GP commissioning consortia will need support in understanding the third sector ‘offer’; identifying potential deliverers of service and; in understanding commissioning for social value.

VCS organisations themselves will need to:

- Respond quickly to provide a voice for those who are seldom heard and ensure there is choice for many, not the few; helping both the sector and individuals ‘navigate’ the NHS - including addressing the potential for digital exclusion;
- Be ready to forge alliances and collaborate across new boundaries OR accept that we may see competition and the survival of the fittest amongst organisations who have until now been happy partners sat

either side of boundary fences. It is not clear as yet how these new “geographies” will affect Manchester, as the population size may justify retaining a purely Manchester focus.

It is difficult for Infrastructure organisations such as MACC to give a clear steer to the voluntary and community sector as at this stage, as this is just a white paper, albeit a very green white paper which still leaves much unexplained.

## 6. About MACC

Manchester Alliance for Community Care (MACC) is a voluntary sector development agency which, for over 20 years, has been working to reduce inequalities in health and social care and wellbeing across Manchester. Broadly our work includes

- challenging both statutory and voluntary sectors to design and deliver services which address the rights, needs and wishes of individuals rather than the ability of organisations to deliver them
- the development of the capacity of local voluntary and community groups to identify unmet needs and to work to meet this need, through building up the skills base of the individuals inside these organisations.
- supporting networks of local voluntary and community groups to enable them to be a mechanism for developing collaborative work across the sector
- encouraging and enabling participation by the voluntary and community sectors in the planning and decision making structures which shape the health and social care economy in Manchester and to provide a conduit for this participation.
- promoting understanding of inequalities in health, social care and wellbeing and the role of the voluntary and community sectors in addressing them

Further details about our work can be found on our website, [www.macc.org.uk](http://www.macc.org.uk)