UNISON: the Health and Social Care Bill – rebutting the rebuttals

The Tory-led government claims their Health and Social Care Bill is a necessary and evolutionary piece of legislation to right the wrongs of the NHS. Conservative and Liberal Democrat MPs have been reciting verbatim a “myth buster” document produced by the government. Prime Minister David Cameron has even had to resort to writing his own article defending the Bill from an unprecedented wave of criticism from patient organisations, charities, think tanks, academics, campaigners, unions, professional bodies and even Conservative MPs. But what are the facts, what does the evidence say, and is it actually the government that is peddling the myths about our NHS?

Government myth number 1: the NHS isn’t working
Wrong. David Cameron may have let slip that he thinks the NHS is “second rate”, but the evidence does not back him up. International comparisons produced recently by the US-based Commonwealth Fund, found that the NHS is the most efficient health system and the most equitable. The most recent British Social Attitudes survey revealed that satisfaction with the NHS hit an all-time high in 2009. The government compares the NHS record on heart disease unfavourably to France, but Professor John Appleby of the King’s Fund points out that in recent times the UK had the largest fall in death rates from heart disease of any European country and that on current trends, the NHS will have a lower death rate than France as soon as next year. The government is also twisting the facts in its desire to paint NHS performance on cancer as a reason for its plans: death rates for lung cancer in men are now lower than in France, and the improvement in death rates for breast cancer means the NHS can expect have lower rates than France in just a few years. Of course the NHS always needs to improve, but all the evidence shows that it has improved dramatically since 2000: for example, statistics collected by the Office for National Statistics last year demonstrate improvements in five-year survival rates for nearly all cancers for the NHS.

Government myth number 2: “no decision about me without me”
The government has made much of its mantra of “no decision about me without me” for patients. There is virtually nothing in the Bill to back up this claim. The new commissioning consortia do not need to include patient or staff representatives on their boards; there is similarly no role for patients or staff on the NHS Commissioning Board. The new Health and Wellbeing Boards established at local authorities will lack sufficient democracy – with councils only required to have one elected member on the Boards – and lack power, restricted as they are to “encouraging” integration of services and joint working. Plans for the new HealthWatch watchdog also lack the necessary teeth to give patients and the public any real scrutiny of healthcare services. All appointments to key bodies such as the NHS Commissioning Board will be made by Andrew Lansley himself.

Government myth number 3: the changes were in the Conservative and Liberal Democrat manifestos.
Not true. Key aspects of the plans did not feature anywhere in the manifestos of either party. For example: the abolition of primary care trusts, the removal of the limit on how much money hospitals can make from private patients, and the introduction of price competition to the NHS.

Government myth number 4: the reforms did not come “out of the blue”
Wrong. The reforms came from “out of the blue” in both senses of the word. The coalition Programme for Government published in May 2010 included the Liberal Democrat plan for an elected element on the boards of primary care trusts. Less than two months later, this had been scrapped by Tory health secretary Andrew Lansley when the government’s white paper, Liberating the NHS, decided that primary care trusts would be abolished. The new NHS Commissioning Board is to be established despite Liberal Democrats describing it as “crazy” and “a nonsense” as recently as April 2010.

Government myth number 5: “our plans are an evolution” rather than a revolution
Not true. The Bill attempts a massive structural reorganisation that will abolish two whole layers of the NHS. Nicholas Timmins of the Financial Times describes it as “the biggest structural upheaval in the
60-year history of the NHS”. Even NHS chief executive David Nicholson described the reorganisation as something “you can actually see from space”. And all of this is to take place at a time when the NHS is required to make unprecedented “efficiency savings” of £20bn by 2015. Suggestions that setting up “pathfinder” schemes for the new commissioning consortia are evidence of the government’s desire to pilot reform are similarly wide of the mark: these are early implementers designed in the words of the Department of Health “to empower pioneering groups of GP practices that want to press ahead”, with no data collected on how they perform and no suggestion that if they fail plans will change.

**Government myth number 6: the plans build on what has gone before**

Not true. The government’s plans represent a clean break from the current NHS system in which the delivery of services have proper local and regional oversight as part of an integrated system based on collaboration not wholesale competition. At present, a failing hospital can be brought back into the NHS to ensure that services are not lost to patients – this will no longer always be the case with only services “designated” as essential preserved and hospitals potentially sold off to private companies. Foundation trusts currently have to limit the amount they can make from private patients as a means of ensuring NHS patients do not get pushed to the back of the queue – this will no longer be the case. The Bill permits providers to compete for patients on price: commentators from across the political spectrum have condemned this move as something that will “potentially endanger patients’ lives” and NHS chief executive David Nicholson agreed that these plans were potentially “extremely dangerous”.

**Government myth number 7: “we will not rig the market in favour of the private sector”**

Not true. The Bill permits Monitor, as the new promoter of competition, to allow private providers to be paid more as a way of generating extra incentives to bring new operators into a market. The Bill’s impact assessment complains of a 14% market “distortion” against the private sector and Monitor will be able to use price setting as means of closing this gap.

**Government myth number 8: the public support our plans – it’s only the unions complaining**

Wrong. Criticism of the government’s plans has been unprecedented in its breadth, scale and persistence. There is major concern from independent think tanks such as the King’s Fund, the Nuffield Trust and Civitas; charities have expressed severe anxiety about the loss of clinical networks and the ability of the new system to look after mental health patients; and there have been damning attacks from the Royal College of General Practitioners, who represent the very GPs that are supposed to be driving the changes. In an editorial entitled “the end of our National Health Service”, medical journal *The Lancet* describes the changes as “the catastrophic break up of the NHS”. A YouGov poll for UNISON found that less than a third of the public supported moves to create a larger role for the private sector or to introduce price competition.

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4. Then Liberal Democrat health spokesman Norman Lamb MP, quoted in *Financial Times*, “Lib Dems reject Tory plans for NHS board”, 30 April 2010
5. *Financial Times*, “How power and accountability will transfer”, 13 July 2010
7. Department of Health, Letter from Dame Barbara Hakin to SHA Chief Executives, 26 October 2010