

Ask a silly question ...

After wading through 32 pages of turgid and duplicitous prose, would-be respondents to the NHS England consultation on Integrated Care Providers are, as usual with NHS consultations, channelled into answering a line of questions which make it difficult to encompass the objections many would have to the proposals.

We will offer some suggested answers and lines of argument for people wanting to respond to the official questions: but we also make clear that the NHS England approach is not the way to conduct a serious consultation on this issue.

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.

The starting point for this partial and dishonest approach to integration is the deliberate disintegration of the NHS brought about by the 2012 Health & Social Care Act, which nobody was allowed a chance to vote upon, and which clearly at no point enjoyed any popular support.

For most campaigners, health workers and informed members of the public the fundamental response is **“we wouldn’t have started from here”**.

Yet there is no question that allows a respondent press NHS England to support the call for legislation to sweep away the fragmentation, competition and contracting culture that are entrenched by the 2012 Act, or to argue in favour of 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 with public and NHS staff. Some of the questions that are raised appear to be simply missing the point, while others deter answers by asking for a level of detail that few members of the public, and indeed few campaigners will feel confident to offer.

Since past experience suggests NHS bodies only take serious note of responses to questions that say what they wanted to hear in the first place, there seems little reason for campaigners and activists to feel bound by the constraints of answering all or indeed any of the questions posed in the document.

Instead the best use of the consultation document and the foreshortened consultation period seems to be

- to use the shortcomings and double speak of the document to publicly question the real intentions of NHS England,
- to press for meetings to be called by local councils to explain to local people what role if any they have played 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.

- Local board meetings of trusts and CCGs should be pressed to hold public sessions answering questions on local proposals and in areas where vanguard schemes have received and spent a total of £389m in additional funding from NHS England to facilitate “new models of care” campaigners must demand a full account of how much has been received, where it has been spent and what there is to show for it.
- The link also needs to be made to the parallel NHS England consultation on restricting access to lists of elective treatment which began on July 4.

The reality is that just as ‘Sustainability & Transformation Plans’ have proved to be neither sustainable nor transforming – or even workable plans, and Accountable Care Organisations turned out to be neither accountable nor caring, “Integrated Care Providers” in an age of brutal austerity offer people neither integration nor any guarantee of provision.

The lingering threat of privatisation – of the provision of certain services, or the involvement of private finance to plug growing gaps as budgets lag behind demand for care – and the explicit threat raised by NHS England of reducing access to a growing range of elective services creating a new post-code lottery and even more gaps in care mean that we cannot afford to ignore any reduction in the limited level of accountability we have over NHS providers and commissioners.

Integrated Care in an NHS without capital or revenue to expand and improve services, and in the context of cash-strapped and restricted levels of social care delivered by near-bankrupt councils, does not by any means necessarily mean an American takeover: but it will certainly not live up to the surreal promises made in the consultation document.

As campaigners our best response is to reject this spurious offer of integration – and fight on for the real thing.