

The Centre for Health and the Public Interest – a different point of view on the future of the NHS: an appeal.

The debate about the future of the NHS in England has reached a critical juncture. NHS care is now being contracted out to be delivered by private providers in one of the largest outsourcing operations of the past decade. In addition, due to the limits placed on the budget of the NHS at a time of rising demand, questions are being raised about the affordability of the service and whether it should continue to be funded through central taxation.

Yet the NHS, as a direct provider of care services that are free at the point of need, has huge public support. Despite this, the health policy community which is relied upon to find solutions to the challenges facing the NHS is increasingly promoting user charges and further outsourcing of services.¹

This policy community is an extremely tight network, consisting of a few big think tanks and management consultancies (McKinsey, KPMG, PriceWaterhouseCoopers), with close links to the Department of Health and the bodies responsible for regulating the health service.² It is also financially very well endowed. As a result, it is able to frame the debate in the media as well as providing staff and resources to shape the policy proposals of all the major parties.³

The Centre for Health and the Public Interest (chpi.org.uk) was established last year, with endorsement from 20 eminent figures in the fields of medicine and health and social policy,⁴ to be a think tank dedicated to providing an alternative to this market-based orthodoxy. While markets in other areas of the economy and public services may have significant benefits, the academic evidence shows that markets in health care have deleterious consequences for patients and lead to excessive costs for government and the taxpayer. The CHPI seeks to ensure that this evidence is attended to by policy-makers and that the debate is more open and accessible to citizens.

At the moment the CHPI has less than 1% of the resources available to any of the established think tanks and relies mainly on the pro bono commitment of a small network of people in demanding jobs. Despite this we have started to have an impact on the policy debate. In the past year we have published three major reports and seven analyses covering issues which have been high the policy agenda: healthcare fraud; who has power in the new NHS; competition vs. collaboration; the NHS's capacity to respond to pandemic flu; choice in healthcare; the lessons for the NHS from the introduction of markets in social care; personalisation and mental health. These reports and papers have been commented on in the *Guardian*, the *Independent*, the *Health Service Journal* and elsewhere, as well as in Parliament. An overview of our work and its impact, with details of the people involved, can be seen at <http://chpi.org.uk/wp-content/uploads/2014/05/CHPI-1-Year-on-Apr14.pdf>

To make the CHPI sustainable we need a minimum of professional staff (a director and a media expert), and for this we need generous financial support from everyone who is concerned to see the NHS's founding principles sustained. Some of the major charitable trusts which are committed to social change and to ensuring that democratic debate in the UK is open, varied and informed, do not fund organisations which look at healthcare, because (we assume) they consider that the larger think tanks and foundations already cover this issue. This has significantly limited our ability to raise funds to place the Centre on a sustainable footing.

The resulting preponderance of resources available to those who promote only one point of view is detrimental to the debate about the future of the NHS. The core aim of the CHPI is to provide an evidence-based alternative voice in this debate. We are therefore appealing to every member of the NHSCA to help us. We would be grateful for help in any form, including suggestions of individuals or organisations we might possibly approach for major donations, but also, of course, for individual donations or, ideally, commitments to give money on an ongoing basis.

To give some idea of the relative resources involved, the think tanks that dominate the policy community spend between £1m and £14m a year each. The CHPI could be sustainable and effective on £100,000. If 500 people each gave £200 a year, or 200 gave £500, we could do it.

We are a registered charity (Number 1157077), which allows donations to be offset against income tax.

You can make a donation:

1. By credit/debit card or paypal - visit www.chpi.org.uk and click on the "Donate" button on the right hand side. To make a recurring monthly donation, please tick the relevant box.
2. Via your bank to CHPI, Sort Code 08-60-01, Account 20285326.
3. By writing a cheque payable to CHPI, and sending it to our Finance Officer, Keir Wright-Whyte, at 59 Graces Road, London, SE5 8PF.

And to suggest other possible sources of funds, please write to us at info@chpi.org.uk.

All forms of support will be very gratefully received and acknowledged.

We wish to thank the NHSCA Executive very warmly for the opportunity to make this appeal.

¹For example the Kings Fund has recently (April 2014) published the interim report of the Barker Commission which advocated increased user charges in health.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/commission-interim-new-settlement-health-social-care-apr2014.pdf. This was preceded by a report by Lord Warner for Reform which also advocated user charges for NHS care (March 2014):

http://reform.co.uk/resources/0000/1247/Solving_the_NHS_care_and_cash_crisis.pdf.

During the passage of the Health and Social Care Act 2012 the Nuffield Trust actively promoted greater marketisation of NHS services: http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/the-health-and-social-care-bill-where-next-may11_0.pdf

² As a CHPI report by Scott Greer and Holly Jarman from the University of Michigan shows, the board of the NHS regulator Monitor is made up of staff from management consultants: <http://chpi.org.uk/wp-content/uploads/2014/01/The-architecture-of-power-in-the-NHS-Scott-Greer-Jan-2014.pdf>

³ For McKinsey's influence on the future of the NHS see this report to the Department of Health http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520. KPMG and PriceWaterhouse Coopers also provided staff to write the Labour Party's recent health policy report:

http://www.yourbritain.org.uk/uploads/editor/files/One_Person_One_Team_One_System.pdf

⁴ Sir John Arbutnott, Professor Sir Mansel Aylward, Sir Kenneth Calman, Professor Simon Capewell, Professor David Colquhoun, Professor Colin Crouch, Professor Danny Dorling, Dame Karen Dunnell, Dr Clare Gerada, Dr Julian Tudor Hart, Professor Walter Holland, Dr Richard Horton, Lord Frank Judd, Baroness Helena Kennedy, Professor Baroness Ruth Lister, Professor David Marquand, Professor Martin McKee, Lord Nic Rea, Professor Dai Smith, Professor Alan Walker.