In each issue of the *Journal of Community Nursing* we investigate a hot topic currently affecting our readers. Here, Jason Beckford-Ball looks at increased NHS privatisation and asks the question...

## Will more private sector involvement affect NHS community services?

Some debates in life simply refuse to go away. Many great minds have struggled with the more important questions of the age such as: 'Tomato — fruit or vegetable?' Or even more pressing: 'Is Grumpy Cat an internet sensation or a feline freak show?'

When it comes to the health service, opinions diverge wildly and one issue causing endless debate is NHS privatisation — not only is there controversy over whether further private sector involvement is a good idea; there have even been questions as to whether the NHS is being privatised without our knowledge (‘Doctors cry foul at NHS “privatisation by stealth”’ — *www.theguardian.com*).

As usual with the NHS, the right answer depends who you listen to. Despite being the party credited with introducing increased privatisation to the NHS in the 90s (‘How PFI is crippling the NHS’ — *www.theguardian.com*), Labour’s Andy Burnham, the shadow health secretary, said recently that ‘privatisation is being forced through at pace and scale’ and that the NHS restructuring in 2013 has led to privatisation ‘by the back door’ (‘Halt NHS privatisation, says Labour’s Burnham’ — *www.bbc.co.uk/news*).

According to this argument, large swathes of the NHS are being opened up to tender from commercial companies seeking to run services such as community hospitals, community nursing services, out-of-hours GP surgeries, diabetes treatment and renal care (‘Virgin Care to run Surrey community health services’ — *www.bbc.co.uk/news*). The concern is that profit

### The problem with the ‘privatisation debate’

Privatisation requires profit. That means a core principle of the NHS — that taxpayers’ money goes directly to patients — is abused. In essence, private healthcare providers can organise services in a way that redirects taxpayers’ money for profit. For me, the real debate is around what the NHS becomes now? Its transition from socially cohesive health provider to commodity doesn’t just change the nature of public services; it changes us culturally. This is a radical departure and it will have profound long-term effects. It’s a shame — if we were going to radically alter the fabric of the UK, we could have come up with a better plan than turning our most precious national treasure into a car-boot sale.

Dr Mark Radcliffe
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There has been much debate in the media about commercial bodies providing NHS services. There are concerns that private companies focused on the generation of profit for shareholders may ‘cherry pick’ the most profitable contracts, leaving the more challenging services to be delivered by NHS organisations. In addition, having a range of employing organisations, along with varying terms and conditions — where there were previously only NHS providers — may be seen as divisive and challenging to the cohesiveness of the nursing profession. However, it could also be argued that competition for NHS commissioned services, regardless of the type of provider, will potentially drive up the quality of patient care.

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rather than clinical need will begin to guide decision-making, and that unfashionable services such as mental health or elderly care will get left behind.

On the other hand, many approve of the current government’s attempt to introduce more choice into what is often seen as a hugely bureaucratic and cumbersome organisation. Jeremy Hunt, the health secretary, has said that: ‘Competition has a very important role in the NHS in making sure we don’t have complacency, that there is innovation, that we have a system that is open to new ideas and the independent and voluntary sectors can help create that spur to innovation’ (Jeremy Hunt says competition remains an NHS priority’ — www.gponline.com).

Certainly, the changes to the NHS brought in by the coalition in 2013 have encouraged greater private involvement in the NHS, with the new clinical commissioning groups able to offer NHS services out to tender to NHS, private or voluntary organisations. And this is certainly changing the NHS landscape — many of the contracts awarded in England between April 2013 and August 2014 have already gone to the private sector (‘A third of NHS contracts awarded to private firms’ — www.bbc.co.uk/news). Companies such as Virgin Care and Bupa have won the right to provide all manner of services, from community and specialist nursing, right to provide all manner of services, such as virtual patient records where patients are tracked digitally to keep them out of hospital. They can also react much more quickly to local need without having to rely on cumbersome NHS bureaucracy.

On the other hand, there are fears that private firms will just cherry pick lucrative areas such as elective surgery, leaving the NHS to deal with elderly and poor patients. There is also the chaos that can ensue when private firms want to back out of contracts, as happened recently with Hinchingbrooke Hospital in Cambridgeshire (‘Hinchingbrooke Hospital: Circle to withdraw from contract’ — www.bbc.co.uk/news). Finally, what about the nurses themselves — many fear that increased private involvement will bring a more ruthless environment of performance management and increased monitoring of patient throughput (‘Healthcare staff struggle to adjust to privatisation of NHS jobs’ — www.theguardian.com).

But putting facts and figures aside, what actually happens ‘on the ground’ when a private company wins a tender to provide community services? Again, it depends who you speak to, but, for example, private firms might be more able to invest in expensive equipment such as ECG monitors or advanced wound care technology such as portable negative pressure machines. Similarly, they can bring in expertise from the private sector to improve services, such as virtual patient records where patients are tracked digitally to keep them out of hospital. They can also react much more quickly to local need without having to rely on cumbersome NHS bureaucracy.

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Just like the debate about the best actor ever to play James Bond (Sean Connery, surely?), arguments about private sector involvement in the NHS are set to run and run. But, as more and more contracts come up for tender, we asked our readers if they thought the NHS is being changed for better or worse... JCN

Company running only private NHS hospital pulls out of contract amid A&E crisis and complaints of abuse — The Telegraph reports that private company Circle says soaring patient numbers have made running Hinchingbrooke Hospital ‘no longer sustainable’ in further blow to the government over NHS privatisation...

A third of NHS contracts awarded to private firms — The BBC reports that a third of NHS contracts in England have been awarded to private sector providers since the service was reorganised in 2013...

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Privatisation has proved to be effective in other parts of our society and it offers a considerable amount of choice. However, the debate over whether the provision of healthcare services by private firms is a wise move, remains challenging. For example, some services across the country are finding it difficult to recruit due to unrealistic expectations about terms and conditions, such as the lack of an NHS pension. If the private sector cannot recruit the right staff with the right skills, then service provision may suffer. Similarly, the current NHS system gives service users a degree of ownership — reassurance that they will receive a standardised service irrespective of location. There is a risk that this equilibrium will disappear once service provision becomes more fragmented across the country. On the other hand, privatisation may lead to greater commercial efficiency. If the privatisation of the NHS is to go ahead, members of the public must be given a choice as to whether they wish to continue paying tax towards their health care, or take out a private policy that will pay for it instead.

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