Draft Paper for Conservative Group 17.1.17

Winning the 2019 election by curing the crisis in NHS primary care

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1 Summary conclusion– eliminate overprescribing and substitute mindfulness courses

Teresa May has rightly put the mental health crisis at the top of her domestic agenda, and called for a million more patients to be treated, and GP surgeries to open every day from 8am to 8pm. Her government has already agreed to increase the health budget from its present £110bnpa to £120 bnpa by 20/21, which is enough at £2,000pa for every man, woman and child. However, the medical profession is greedily calling for more. This paper sets out how we Conservatives can improve mental health locally within the budget, and win votes, and perhaps control in 2019, by enforcing the law, as enacted in the Health and Social Care Act 2012 (HSCA)

Since they were formed in 2012, I have attended every meeting of the Health and Wellbeing Board (HWB) and Clinical Commissioning Group (CCG), and studied what they have been doing. I have found that the will of Parliament has been ***subverted by a conspiracy*** of non-compliance to the detriment of everyone (except Big Pharma) namely doctors, patients and taxpayers, as described in papers published on above website. This has led to doctors to break their Hippocratic oath by overprescribing drugs, which do not even claim to cure, but have toxic side effects which cause patients to keep going round in a revolving door, as they are being slowly poisoned. Half the population are now taking over 1 bn monthly prescriptions, which is overwhelming surgeries and A&E, and no-one wants to be a GP in such a toxic NHS.

As the only treatment that doctors can give patients is drugs, more money will only make the crisis worse, so the PM is right to resist. All we need is better treatments, hence my slogan 'medication to meditation'. Brighton and Hove is now the worst CCG in the country, with our hospital in special measures, our CCG judged inadequate, 6 GP surgeries already closed, and many displaced patients unable to register. However, this gives us the greatest incentive to lead the way out of the crisis, if we show the political will to do so. I set out a plan for how we can meet our share of the PM's new target by treating 5,000 patients by 2019 in paragraph 7 below.

2 Summary recommendation – adopt a policy of medication to meditation.

I recommend that our two members on the Health and Wellbeing Board (HWB) ***Ken Norman*** (opposition spokesman) and ***Vanessa Brown*** lobbying the HWB to adopt a ***policy of medication to meditation*** . The members are: chairman, Labour's ***Daniel Yates***, deputy chairman, ***Karen Barford***, Green party member, ***Dick Page.*** Ideally I would invite all these 5 councillors to form an all party alliance to work together to cure the crisis. However, if other parties refuse to collaborate with us, we Conservatives should go it alone, prepared to fight a partisan battle, which we would win, making us popular with the electorate.

Nick Taylor is our spokesman on the Sustainable Transformation Plan (STP) working party, and he should use his position to lobby for adoption of this policy. ***Dee Simson*** should consider how the Health and Overview Scrutiny Committee (HOSC) which she chairs, should expose these

issues, and put pressure on the HWB to solve the crisis by following this policy. All councillors should join this campaign, and solicit the support of activists in their wards, and the media.

3 Fill the democratic deficit in health

The HSCA intended to fill the democratic deficit in health, which existed since 1948, when the NHS budget was put under the sole control of the then health secretary, (Aneurin Bevan) This was unlike social care and all other local services, whose budgets have always been under the control of local councillors. However, even now, 5 years on, our health budget (£370mpa) is still not under the HWB's control, but under the sole control of the ***non-elected*** officers of the Clinical Commissioning Group (CCG) who are mis-managing it, as the Primary Care Trust did previously.

On 18.7.13, on the recommendation of Ken Norman, I raised a deputation to full Council, (9.60) resulting in new Terms of Reference (ToR) for the HWB (adopted May 2014) These made the CCG accountable to the HWB as its superior body, as the HSCA intended, and made our CCG ***the executive arm of the HWB*** as Andy Burnham rightly said they should be in 2014. However, neither the chairman (Daniel Yates) nor the officers of the CCG (Owen Floodgate) have accepted this interpretation, claiming instead that the two committees work in parallel silos, at the same level, with the CCG being ***solely*** responsible for the health budget of £370 mpa, and the HWB being ***solely*** responsible for the social care budget of £180mpa.

This subverts the intention of the HSCA and Jeremy Hunt's direction since, to integrate health and social care by ***pooling their budgets into £550mpa***. This would put the HWB on a par with Policy and Resources committee, which is why the HWB ToR recommends it to be chaired by the leader. If the HWB did this, they could ***subsidise*** social care from the health budget, and ***end bed blocking overnight***, relieving the pressures on our hospital, and stopping social care providers from going out of business.

4 Legal opinion

For years I sought a legal opinion on this question from the Council's legal team, and finally they gave it on 15.12.15. However it is useless, as it is in weasel words (9.101, and the appendix) which can be interpreted either way. I claim it validates ***my*** position, but Daniel Yates says it validates ***his***, and uses it to avoid taking his statutory responsibility to call the CCG to account to cure the crisis in primary care. This too is not surprising, as he works for the NHS in West Sussex as a physiotherapist, so is subject to the same conspiracy pressures. This shows that the legal team has been subverted.

It also shows that this is not a local problem, but affects all 200 HWB and CCGs. I go to many national conferences, and have yet to hear of ***any*** HWB which has taken proper control of its local health budget, even among the 16 vanguards (although they are all doing better than we are). Again, this is not surprising, as the HSCA was the most controversial legislation since Maastrict 25 years ago, with bitter ideological fighting, and many Liberal Democrat MPs voted against it. In 2011, as shadow health secretary, Andy Burnham was predicting the 'end of the NHS as we know it', and I saw many stickers on cars saying: 'kill Lansley's bill before it kills the NHS'. The trade unions, (such as Unison) are leading this conspiracy, funded by the drug companies, who have a £15 bnpa vested interest in maintaining the present drugs bill, which my campaign is threatening. They also control the press, as no media outlet has ever published my press releases about this.

As mentioned above, Brighton and Hove is now the worst CCG in the country, but this gives us the greatest incentive to lead the way out, if we show the political will to do so. I was at a conference on 1.12.16 at which the CEO of Waltham Forest CCG (Terry Huff) said that they used to be the second to worst CCG in the country, and are now recovering strongly as a result of adopting a policy of social prescribing and teaching patients self care. Swindon has been operating it since 1993, and have won awards for the best and cheapest primary mental health service in the country. (9.63). We should do the same.

5 Open up the market to Any (Willing) Qualified Provider

This was a key objective of the white paper on health dated July 2010***: 'Liberating the NHS'***, which became the HSCA. Parliament intended to end the NHS monopoly in treatments, (drugs) but it has been obscured and forgotten in the fray and frenzy since. The drug companies have managed to keep patients on Hobson's choice of drugs or drugs, which has led to the above mentioned overprescribing. However, a study in 2013 found that only 12% of these drugs are effective. The other 88% are useless, or make patients worse with side effects, causing the revolving door now overwhelming primary care.

Adverse drug reactions annually cause over 1 million hospitalisations, and thousands of premature deaths. Robert Francis QC said in 2014, 'if the NHS were an airline, its planes would be crashing every week'. The crisis in primary care is caused by doctors poisoning us at our expense. However, this is the elephant in the room, as I have never seen this fact reported in the media. The drug companies have so far managed to hide it from the public. It should be exposed, and councillors would be popular with their electorate it they did, as every family can tell you horror stories about drugs.

For decades successive governments have tried to liberate the NHS from the drug company monopoly on treatments. The Labour government created in 2006 the Improving Access to Psychological Therapies (IAPT) programme, with the explicit intention of ending the 'Prozac nation.' However, this conspiracy has subverted it, and antidepressant prescribing has since doubled to over 60 m monthly prescriptions pa. Now 5 million patients are put on them for life, against NICE guidelines, including children of 5. (Argus)

PROCESS OF COMMISSIONING NEW TREATMENTS

1 RE-DESIGNING AND SPECIFYING NEW CARE PATHWAYS

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2 COMMISSIONING SUFFICIENT TREATMENTS

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3 PROCURING CONTRACTS TO PROVIDE THEM

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4 INFORMING GP TO PRESCRIBE THEM

The HSCA 2012 created the CCGs and 'clinical' commissioning (rather than managerial) with GPs in majority control, because they have 40 patient contacts each day, so know which treatments work and which don't. They were supposed to commission more of the former, and decommission the latter (drugs). However, GPs are overloaded, and need the support of councillors to take on the conspirators and pursue the 4 steps (set out in the diagram beside) that the CCG has to take to convert the budget money into treatments received by patients, as follows.

6 How the CCG has failed to perform the 4 steps from budget to treatments

First the care pathways need to be ***redesigned*** in the light of new science, such as the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course. This teaches patients self care so they don't need so much public services downstream. This course can save £7 for every £1 invested, so it is a no brainer that it should be mass commissioned and provided. (9.99) However, it isn't, because this conspiracy prevents it. The CCG have not redesigned the care pathway, and are still offering too few effective treatments, although the Wellbeing Service contract is out to tender for £4.3 mpa, and we won't know for sure until it starts on 1.6.17.

Second, those pathways have to be commissioned, which means ***specifying*** how many treatment interventions are to be provided annually, pricing them in budget terms at tariff prices. Again the CCG are not doing this, as confirmed in answers to my public questions (summer 2016) The CCG said that they are deliberately not specifying the number of MBCT courses in the new Wellbeing Service contract 2017/22. This omission is like calling for a new Independent Treatment Centre (like the one at Haywards Heath, built 2008) but not specifying how many hip replacements they have to perform annually. It looks as if this contract will just recycle the previous performance based block contract which failed most patients from 2012/17. (9.96) It only treated 6,000 patients pa, and achieved a 37% recovery rate (cf the government target of 50%)

'Third, contracts with providers have to be ***procured*** to provide these treatment interventions. The CCG procurement system is archaic and secretive as 'old Spanish customs'. The Pre Qualification Questionnaire (PQQ) still reigns supreme, blocking access to even the tender documents to all but those in the 'old boy' network (to which I am excluded). David Cameron promised to end this in 2011, and give 25% of contracts to Small and Medium Enterprises (SMEs) but the conspiracy determined otherwise. The procurement system has not been reformed, and performance based block contract are still the only ones commissioned. The Labour government tried to end these in 2006, but failed, and the Conservatives have been urging that they be replaced with ***outcome based*** contracts, which incentivise providers to heal and cure patients (which is why they go to the doctor) However, the CCG takes no notice of the government's directives, and have got away with it hitherto.

Fourth, GPs must be ***informed*** that they can prescribe these new treatments for their patients. I have been banging on about mindfulness courses since 2010, and 3 courses pa for 12 patients per course (36 patient places pa) were specified to be run by the Wellbeing service contract 2012/17. However, these courses were undersubscribed, as the CCG did not tell the GPs, although there are 31,000 patients on antidepressants, who have the statutory right to this course under the NHS constitution.

In short, none of these 4 steps have been taken by our CCG, or probably anywhere else, although the vanguards (eg Waltham Forest etc) are trying harder, and doing better than we are. This insubordination has got to stop, but the only people who have the statutory power to call the CCG to account are our 5 councillors, who should ensure a level playing field, as described below.

7 The vision of a healed primary care system

The first requirement is to acknowledge the root cause of the crisis, which is the ***overprescribing*** of drugs. Doctors and appointed commissioners have been so brainwashed by

the drug companies that they cannot admit this, but elected councillors have not, and should. They should assert the statutory rights given them by Parliament to call the CCG officers to account, and set a policy of 'medication to meditation', with which the officers of the CCG would have to comply, on an equal footing with all the other officers of the council. Now that the CCG officers are located together with other officers in Hove town hall, (rather than their ivory tower in Lanchester house) this is now easier to enforce.

New care pathways for depressed and anxious patients (nearly half in primary care) should be redesigned, so that GPs could offer them all a MBCT 8 week course. This should be provided in a Community Care Centre, as called for in the Better Card Fund legislation, for vulnerable patients, personalised as Rachel (65, depressed and in sheltered housing) and Dave, (40, alcoholic and homeless) There should be one for every GP cluster (at least 6 in the city) They should be open 24/7, as mental health A&Es, as described in 9.95) The procurement rules should be simplified to allow new providers to bid on a level playing field. Since 2010, my company, SECTCo, has run 39 such courses with supporting meditations for over 300 vulnerable people, who have had over 80% recovery rates, compared with 37% from the Wellbeing Service. We have offered to provide this service from the Locally Commissioned Services budget of £2 mpa, at 187b Portland Rd Hove, for cluster 4, and at 86, Church Rd Hove for cluster 6, and are awaiting a response.

8 How can we treat 5,000 new patients by 2020?

The prime minister has set her intention that 1 million new patients should be treated by 2020. (speech to the Charity Commission on 9.1.17) We have a population of 1/200 of England, so our local target is to treat 5,000 new patients by 2020. As required by the HSCA, these treatments should be procured from Any Willing Provider, under outcome based contracts, which are let under a newly designed procurement system which is free from the restrictive practices mentioned above. I have already designed such a system (9.93) Open tenders should be called for to provide and run Community Care Centres in each of the 6 clusters. Each CCC would offer an MBCT course and supporting mediations every day of the week, (7 courses per week) repeated on a cycle 5 times pa, (35 courses pa) Each course would start with 15 students, and end with 10 finishers (allowing 5 to drop out) so each CCC would treat 350 finishers pa. They would cost £350kpa. at our tariff price of £1,000 per patient satisfactorily treated for 1 whole day per week for 10 weeks (75 hours tuition) 6 CCC, would treat 6X350=2,100 patients pa. They would take 2.5 years to treat 5,000 patients, which could be achieved by 2019, a year ahead of the PM's target, which should be our aim.

There is enough money already budgeted for this proposal in the £2 mpa Locally Commissioned Services (LCS) fund, for which I have already been bidding unsuccessfully, as it started a year ago, and only about £300k has been drawn down to date. Procurement just needs a business plan to be approved by the Primary Care Commissioning commitee, chaired by nurse, Jenny Oates. It meets every 2 months after the CCG board meetings (next one 24.1.17) I am willing to write such a business plan to go before the March meeting. If it is accepted, tenders could be issued in April, and treatments could start in June.

9 Conclusion – let's work together to solve the crisis in primary care Please consider this paper, and discuss in your meetings of the group, and give me your comments. I hope that you will act on my recommendations, and am willing to meet with you anytime, and collaborate in any way I can.

APPENDIX Answer to my public question to HWB 20.11.16 reproduced from the draft minutes 17.1.17

39F Public Question: Mr John Kapp

39F.1 Mr Kapp asked the following question:

"When are you going to do your duty under your terms of reference and call the CCG to account to improve the procurement system following the Coperforma debacle?"

Notes to this question. 1 The HWB terms of reference were adopted by the Council in May 2014 (reproduced in appendix 1 of paper 9.97 of www.reginaldkapp.org) and say 3 times that the HWB's duty is 'to call the CCG to account.'

2 The written answer to my public question at the last HWB meeting on 20.9.16 was in denial of your above mentioned duty, as it said; 'The HWB is in no way responsible for the CCG.'

3 I have written many papers (reproduced on the above website) pointing out that Parliament intended that the HWB and CCG should work together as a hierarchical team, with the CCG being the executive arm of the HWB.

39F.2 The Chair responded:

"There are a number of bodies in the city that have responsibility for ensuring the smooth running of the health and care system. In this instance, the issue of Patient Transport Services (PTS) is being dealt with by the Health Overview & Scrutiny Committee (HOSC), since the HOSC is the body principally responsible for overseeing the quality of NHS provision and commissioning.

The HOSC has been tracking PTS problems for a number of months, meeting regularly with commissioners and with the Sussex PTS provider, Coperforma. The HOSC will continue to monitor the process of temporarily passing the contract over to the South Central Ambulance service and of procuring a new permanent provider. Working in conjunction with other Sussex HOSCs and with local Healthwatch, the HOSC will seek to ensure that the appropriate lessons are learnt from the failures in PTS.

Should the HOSC identify systemic issues with commissioning as part of this work, it may wish to make recommendations to the HWB, as the HWB is the local system leader for health and care commissioning. However, the HOSC will take up specific issues relating to the letting of the PTS contract directly with the CCGs involved rather than with the HWB. The HWB is not responsible for overseeing CCG commissioning, other than for jointly commissioned services, which does not include PTS."

39F.3 The Chair added that he had written to the Chair of the HOSC and to the relevant CCGs raising a number of learning points that we wanted to see addressed. The HOSC will consider these and other points at its 01 February 2017 meeting.

39F.4 Mr Kapp asked a supplementary question, asking whether it was acceptable for public service funding decisions to be taken by unelected CCG officials rather than elected Councillors.

39F.5 Natasha Watson (BHCC legal representative) responded by saying that Mr Kapp had previously raised a very similar question at the Board (in September 2015), and had received a written response from the council's Executive Lead for Strategy, Governance & Law. In brief, ***the strict hierarchical relationship assumed in Mr Kapp's question does not accurately reflect either the terms of the Health& Social Care Act (2012) or the Terms of Reference of the HWB. These Terms of Reference require the HWB to hold the CCG to account in terms of its strategic commissioning plans, not for specific commissioning decisions or outcomes. The Terms of Reference commit the HWB to the oversight of joint funds, but not to CCG funding for non-joint work.*** **NITPICKING WEASEL WORDS**