

CHPI

The first three years

2013-

2016



A high-impact low-cost think tank which seeks to advance the public interest in the debate about the future of health and social care in the UK

About CHPI

The Centre for Health and the Public Interest (CHPI) is a low-cost, high-impact think tank which seeks to advance the public interest in the debate about the future of health and social care in the UK. The Centre has a specific focus on accountability and transparency in health policy-making and aims to provide an authoritative voice which challenges market orthodoxy in health and social care.

No other health policy think tank has addressed the issues that CHPI has tackled over the past 3 years and no other health policy think tank has been able to speak with a truly independent voice.

How do we operate?

The Centre – a registered charity - produces regular reports, briefing notes and blog posts from a network of respected academics and expert practitioners.

This research is disseminated through the Centre’s website, via social media and newsletters and by promoting reports directly to the mainstream media and to politicians, so that it has maximum impact on the policy debate. The Centre’s web and social media presence also allows us to engage directly with members of the public. We employ a small research team but rely heavily on the voluntary contributions of a number of academics and practitioners.

We receive monthly and annual private donations from a small number of subscribers and charitable trusts to whom we are hugely grateful.

We do not receive any funding from government or any organisation or business which has a financial stake in the NHS or social care in England.

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What people have said about our work

“The NHS landscape is congested with think-tanks and thinkers that come with their own agendas, baggage and a lot more besides. CHPI have an independent and fresh pair of eyes and I am an admirer of their objectivity and clarity.”

Roy Lilley

independent health policy analyst, writer, broadcaster and commentator on health issues

“A leading Medical think-tank”

The Independent

“CHPI plays an important role in producing independent and critically robust analyses of the NHS today.”

Grahame Morris MP,

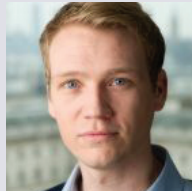
(Health Select Committee Member)

Our People

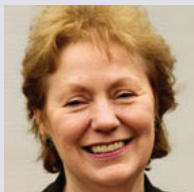
The Management Team



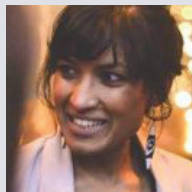
Professor Colin Leys
(co-chair)



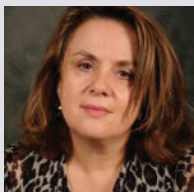
Dr John Owens



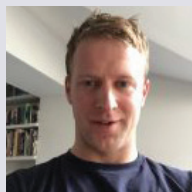
Professor Sue Richards
(co-chair)



Dr Guddi Singh



Professor Marianna Fotaki



Keir Wright-Whyte

Advisory Board

An Advisory Board brings together experts from academic and NHS professional backgrounds:

Professor James Curran, Professor Bob Hudson, Professor David J Hunter, Professor John Mohan, Dr Alex Scott-Samuel, Professor Gareth Williams.

Our supporters

Sir John Arbutnott, Professor John Ashton, 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, and Professor Alan Walker.

Our reports and publications – changing the debate about markets in health and social care

Over the past three years the CHPI has published a number of major reports by high profile experts on the state of the health service following the Health and Social Care Act 2012. All of these reports have been covered in the mainstream press and have impacted significantly on the debate about the use of market mechanisms to deliver health and social care. The fact that the NHS in England is now moving away from a market-based system to one based on integration and co-operation is due in no small part to the critique of market based healthcare produced by the Centre and other academics and commentators.

But the financial challenge facing the NHS now threatens to undermine a comprehensive health service available to all. We need to critically analyse the changes that are being planned and examine what they mean for patient access to care, for transparency and accountability, and for the founding principles of the NHS. For this we

CHPI has produced over 20 publications on a budget of less than £10,000 a year – this is less than 1% of the budget of other health think tanks.

need a stronger financial base. We will remain very low-cost compared with other think tanks, but we need to do more. Given what we have achieved with a minimal budget over the last three years we are confident that with a small team of researchers we can make an even bigger impact.

A summary of our major reports is set out below, but the full range of reports, blogs and analyses published by the Centre can be found on our website. In total the Centre has produced over 20 publications since it started work in June 2013, a significant level of output given our finances of less than £10,000 a year. To put this in context, our research budget is less than 1% of the budget available to the larger health policy think tanks.

Report: *Healthcare fraud in the new NHS Market – a threat to patient care?* – June 2013

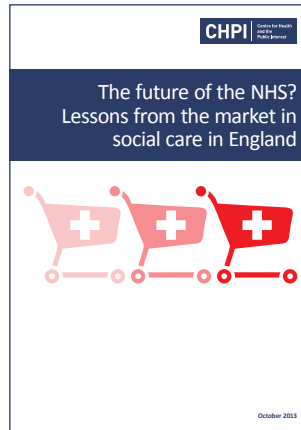
The Centre's first report, by Professor Mark Button, a specialist in analysing fraud, and Professor Colin Leys, looked at the growing risk of healthcare fraud in the NHS following the introduction of the new NHS market. The report found that the NHS was at risk of losing £3.35 billion a year from healthcare fraud. It identified US studies which showed that private providers were much more likely to engage in healthcare fraud than not-for-profit organisations and revealed that a significant number of healthcare companies which had been committed fraud in the United States were now providing services to the NHS. The report was covered in the British



Medical Journal and the Independent and led to a follow-up investigation by BBC's Panorama.

Report: *The future of the NHS? Lessons from the market in social care – October 2013*

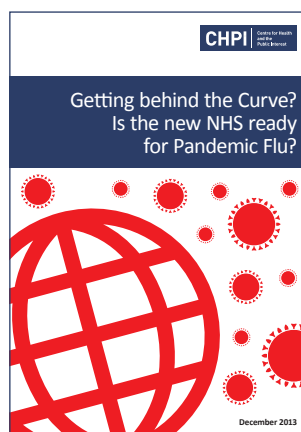
Markets in care services in England are not new. For over 3 decades social care services in England have been provided mainly by private providers operating in competition with each other. In October 2013 the CHPI research team examined the performance of the market in social care to identify lessons for the introduction of markets in the NHS. Their report found that the switch from public provision of social care to private provision was rapid, that the quality of care declined significantly when competition was used to keep the cost of care under control, and that care home providers exiting the market due to financial reasons was a common feature of the social care market. All of this had a negative impact on the quality of care for older people. The report looked at whether the market in the NHS would develop similar problems and found that there was



a risk that quality would decline and that market failure was likely to occur unless counter-measures were put in place. The report was the subject of an Early Day Motion in Parliament, and a blog on the report published on the LSE Policy and Politics Blog-site was read over 70,000 times in 2013 alone.

Report: *Getting behind the Curve: is the new NHS ready for Pandemic Flu? – January 2014*

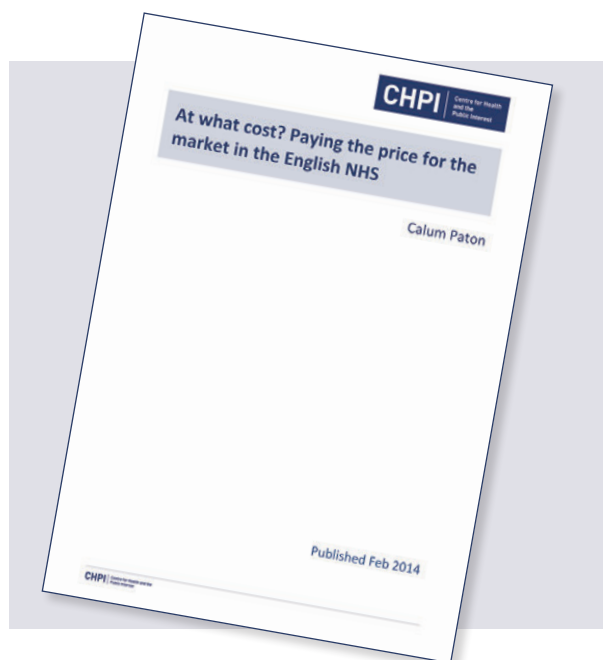
Pandemic Flu remains the highest risk on the government's risk register but the re-organisation of the NHS under the Health and Social Care Act did not consider the effects on the service's ability to respond to a major flu outbreak. In January 2014 the Centre commissioned Dr Hilary Pickles, a public health specialist, and David Rowland, a health policy analyst, to examine the new structures of the NHS and how it would deal with a major public health emergency. They found that significant re-organisation of the service undermined its ability to respond to an epidemic and that reliance on market mechanisms to deliver healthcare posed a significant impediment to achieving the command and control structures necessary to protect the public's health. The report was



covered in the Guardian and the Health Service Journal and was used by the Health Select Committee in its inquiry into the 2015 Ebola outbreak.

Report: *At what cost? Paying the Price for market in the English NHS* – February 2014

In February 2014 Professor Calum Paton at Keele University produced a report for us analysing the costs of the new market in the NHS. He conservatively estimated that running the market in the NHS costs £4.5 billion a year. This was the first time any health policy analyst had calculated the costs of running the new NHS market and the analysis has been cited widely by the British Medical Association, in the academic literature, and by campaign groups.



What market-based patient choice can't do for the NHS: the theory and evidence of how choice works in health care – March 2014

This analysis by Professor Marianna Fotaki at the Warwick Business School showed how the concept of choice which underlay so much health policy in the 1990s and early 2000s, fails to capture the real relationship-governed choices made by patients, and tends to exclude their most widely expressed preference which is for a good local healthcare system. The paper has been widely cited including in the BMJ and other professional journals.



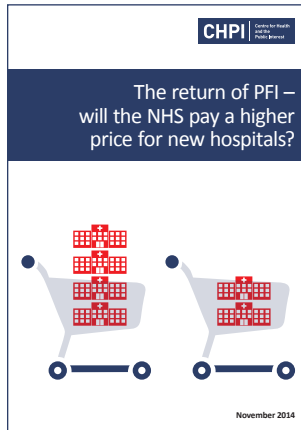
Report: *Patient Safety in Private Hospitals – August 2014*

Our major report *Patient Safety in Private Hospitals – the known and the unknown risks*, by Professor Colin Leys and patient safety expert Professor Brian Toft, for the first time put together an account of the distinctive patient safety challenges faced by the private hospital sector – which now treats 400,000 NHS patients a year – and the differences in accountability and transparency between the private sector and the NHS. We identified that over 800 people have **died** unexpectedly in **private hospitals** in England during the last four years. The report was covered extensively by the BBC over a period of 4 months (The Today Programme, BBC TV News, BBC Inside Out, and BBC Radio 4's Inside Health), and also by the Guardian, the Telegraph, the Independent, the Health Service Journal, the Lancet and the British Medical Journal. The report's recommendations on data transparency were supported by data experts Dr Fosters, and the Association of Victims against Medical Accidents. The Care Quality Commission also referenced the findings of the report in their annual review 'The State of Health Care and Adult Social Care in England'. The report was also referenced in parliamentary debates.



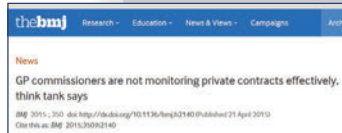
Report: *The return of PFI: will the NHS pay a higher price for new hospitals?* – November 2014

In November 2014 we published a report by one of the country’s leading experts on the Private Finance Initiative, Dr Mark Hellowell at the University of Edinburgh. *The return of PFI – will the NHS pay a higher price for new hospitals?* examined the reforms to the private finance initiative introduced by the coalition government and found that the changes would make new PFI hospitals even more costly than before. The report was covered in the Independent and The Guardian Healthcare Network, and on the LSE’s widely-read Policy and Politics blog.



Report: *The contracting NHS – April 2015*

During the 2015 election campaign we published *The contracting NHS – can the NHS handle the outsourcing of clinical services?* looking at the extent of outsourcing in the NHS and how effectively local NHS bodies monitor and enforce the contracts they hold with the private sector. In producing the report we made use of our excellent team of volunteers to undertake an in-depth survey of all 211 clinical commissioning groups in England. We identified for the first time that the NHS now holds over 53,000 contracts with the private sector, worth around £20bn a year, yet the arrangements for monitoring these contracts are weak. This report was covered in the Independent, the BMJ, the National Health Executive, Private Eye and the LSE policy and Politics blog, and extensively on social media, contributing to the debate during the election campaign about the future role of the private sector in the NHS.



CHPI | CHPI@thinktank - Apr 25
DH accounts show £22.6bn spent in private sector in 2013-14 including primary care

Service	Value
General practices	£7.5bn
Dental services	£2.7bn
Pharmacies	£2bn
Ophthalmic services	£0.5bn
NHS Trusts contracts with the private sector	£9.8bn
Clinical Commissioning Group contracts with the private sector	£9.3bn
Total	£22.8bn

Report: How safe are NHS patients in Private Hospitals – Learning from the Care Quality Commission – November 2015

This report by Professor Colin Leys and Professor Brian Toft looked at how the CQC inspects private hospitals and at the findings from the first 15 inspections under the CQC's new inspection regime. The report identified how 7 of the private hospitals inspected did not follow up the results of surgery properly and six lacked proper assessments of patients prior to admission. Two hospitals were found to be employing surgeons who could not demonstrate they had the necessary indemnity cover. The report also found that the CQC's reporting of data following their inspections was inconsistent, raising concerns about the robustness of the regulation and inspection of private hospitals in England. The report was covered extensively by



BBC Radio 5 live during which Colin Leys took part in a live broadcast. It was featured on page 2 of The Times and the Royal College of Surgeons of England published an article on the report in their Bulletin in December 2015.

Dealing with the Financial Crisis in the NHS – Sustainability and Transformation Plans – Summer 2016

In the Summer of 2016, as the NHS in England began to develop proposals for dealing with the severe financial crisis facing the service, the CHPI turned its attention to analysing the new “Sustainability and Transformation Plans” and published two reports. The first looked at how far the new Sustainability and Transformation Plans being drawn up by local health economies can be expected to overcome the impending financial crisis of the NHS. It also drew attention to the lack of a legislative basis for the plans and a corresponding lack of transparency and accountability. A second analysis piece examined whether the new Sustainability and Transformation fund would be sufficient to address the deficits in the health service and what the fund would mean



for local health economies which gained access to the funding.

The analysis has been used in the British Medical Journal and by campaigners and activists seeking to understand this new radical re-organisation of the NHS. CHPI will continue to analyse these developments with the intention of informing the public of how the financial crisis in the NHS will affect care in their local areas.

‘Transforming Services Together’: what does East London’s plan for health services imply for East Londoners? – November 2016

Unlike other Sustainability and Transformation Plans, from early 2016 full details were available for the plans for a large part of North East London’s STP area or ‘footprint’. A plan called ‘Transforming Services Together’, produced at a cost of over £3.5m, was published in February 2016. It covered the boroughs of Tower Hamlets, Newham and Waltham Forest, and was subsequently included in the North East London STP. An analysis of the plan by Vivek Kotecha and Colin Leys showed how the financial squeeze was set to result in a radical reconfiguration of services, based on a number of questionable assumptions and appearing to threaten a reduction in the comprehensiveness and quality of health services for East Londoners.



The failure of privatised adult social care in England: what is to be done? – November 2016

This report by University of Durham Professor Bob Hudson examines the implications of the privatisation of most care home and home-care services for adults in England. It finds that the combination of profit-based provision and financial cuts to local authority budgets has led to a severe decline in the quality of services and to precarious business models which threaten the security of tens of thousands of care home residents. The report makes eight concrete recommendations for beginning to rectify a situation that casts a shadow over the lives of a million vulnerable people in England.



Taking our research to Parliament

In October 2013, we formally kicked off our parliamentary engagement strategy with a round table discussion in the House of Commons on our report on the lessons for the NHS from markets in social care. The event was hosted by Andrew George MP (then a member of the Health Select Committee) and chaired by Polly Toynbee, and attended by Peers and MPs' staff. Over the past three years we have held meetings with members of the Health Select Committee and engaged with the cross-parliamentary health group.

In January 2014 we provided a briefing to MPs and Peers working on the Care Bill going through Parliament, and in November 2014 the Health Select Committee on Public Expenditure on Health and Social Care published our evidence on the impact of the new market in the NHS on the cost and quality of care services.

In the summer of 2015 we contributed to the Health Select Committee's inquiry into the handling of the Ebola outbreak. In September 2016 the House of



Lords Inquiry into the long term sustainability of the NHS published our evidence which set out our views on the future funding of the NHS. We meet regularly with Parliamentarians from across the political spectrum who use our research to inform parliamentary debates and to pose questions to government. We see parliamentary engagement as a key way of influencing the policy debate, and we are able to comment on a wide range of subjects thanks to our extensive expert network.

Our priorities for the future

We need to raise funds to deliver research which will highlight the existential challenge facing the NHS.

The CHPI will continue to develop critiques of the use of markets to deliver NHS and social care. However, as the financial challenge facing the NHS looks set to undermine the idea of a comprehensive health service available to all we intend to focus our attention on the service re-organisations which will be taking place as a result of government under-funding of the NHS. We will critically analyse these changes and will examine what they mean for patient access to care, the transparency and accountability of the new

structures, and the impact of funding cuts on the founding principles of the NHS.

We are now seeking to raise funds to equip us with the resources to deliver research which will highlight this existential challenge facing the NHS. Given what we have achieved with a shoe-string budget over the last three years we believe that we can make an even bigger impact if we can bring in funding to allow us to employ more research staff. Only a very small percentage of our income goes on administration.

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Our sources of funding

We accept funding only from independent organisations and individuals, and we do not accept funding from any private organisation which has a financial interest in the provision of health or social care. The main funding for our work has come from the Lipman-Miliband Trust, the Scurrah Wainwright Charitable Trust, Betterworld, the Amiel and Melburn Trust, the Marmot Charitable Trust, and some generous individual donations. We have a subscriber base which we are hoping to expand substantially in 2017. We are a registered charity.

Our Accounts

Income and Expenditure	Period to 31st March 2013	12 Months to 31st March 2014	12 Months to 31st March 2015	12 Months to 31st March 2016
Income				
Amiel & Melburn Trust	-	12,000	-	-
Betterworld Ltd	7,500	7,500	10,000	-
The Scurrah Wainwright Charity	4,500	-	-	4,000
Lipman-Miliband Trust	985	-	-	-
Marmot Trust	-	-	-	5,000
Individuals	215	1,455	11,247	6,886
Total income	13,200	20,955	21,247	15,886
Expenses				
Staffing	1,500	15,063	8500	1,500
Website Costs	2,350	350	480	255
Rent & Rates	12	-	-	-
Report Design & Printing	-	1,005	791	1,309
Total Expenditure	3,862	16,418	9,771	3,064
Net Incoming Resources	9,338	4,538	11,476	12,821

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