CHPI | Centre for Health and the Public Interest

# CHPI
# The past five years

# 2017–2022

CHPI | Centre for Health and the Public Interest

**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**

# Introduction – A brief note from the Director

This overview sets out the work of the Centre for Health and the Public Interest over the past 5 years, focusing on our activities and our impact on the public policy debate.

As a small think-tank with less than 1% of the resources of the other major health think tanks and with no funding from government or the corporate sector, I am proud of what we have achieved and it has been a privilege to work with so many talented and committed people.

As we continue to face a very difficult period for the NHS, social care and public health, we hope that the Centre can contribute to the discussion about where we go next, and show how the founding principles of the NHS and the public interest should be at the heart of this debate.

To all our supporters, former board members and people who have donated to us over the years, as well as to our wider network of contributors we would like to say an enormous thank you. You have made it possible for us not just to continue to exist, but to grow and develop.

We hope that the summary of our work presented here will inspire others to support us too.

With very best wishes

David

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**CHPI** • Registered charity number 1157077 • Companies House registration number: 8047440

# Our objectives – promoting the public interest and the founding principles of the NHS

The Centre for Health and the Public Interest was established in 2013 by a group of academics and healthcare practitioners who were concerned that health and social care policy in the UK was moving away from the founding principles of the NHS.

We were also concerned that the public interest was not being placed at the heart of the decisions taken by government and those working in the health and social care sector and that this needed to change.

For us the public interest is best explained by what it isn't. The public interest is different to the interests of any private individual, business or organisation. Any decision by government which promotes these interests above the interests of patients, care users, citizens and taxpayers is contrary to the public interest.

Our overall aim is to promote the public interest in health and social care along with the founding principles of the NHS and to explain where these values are being challenged or undermined.

# Our methods – Robust research and evidence-based solutions explained in an accessible way

We take an academic approach to carrying out our research to ensure that it is robust and evidence based, but we also seek to communicate this research to members of the public and policy makers in ways which are accessible.

Although we often critique government policy we also present evidence-based solutions to the problems we identify – we consider that we have achieved something when one of our solutions is adopted by policy makers or supported by other organisations.

Because the role of private finance increasingly determines how health and social care services are delivered in the UK we work with accountancy and finance specialists to help us understand and explain this highly complex aspect of health policy.

Gaining access to data and information about government decisions is vital for our research and so we work with Freedom of Information specialists.

Our wider network includes specialists in whistleblowing, public law, fraud and financial crime, public health, mental health, regulation and patient safety.

We also collaborate with patients, people who use care services, and with health and social care workers, to ensure that we fully understand how the issues we research affect those who deliver or receive services.

# COVID 19 – concerns about preparations for a pandemic and the government's response

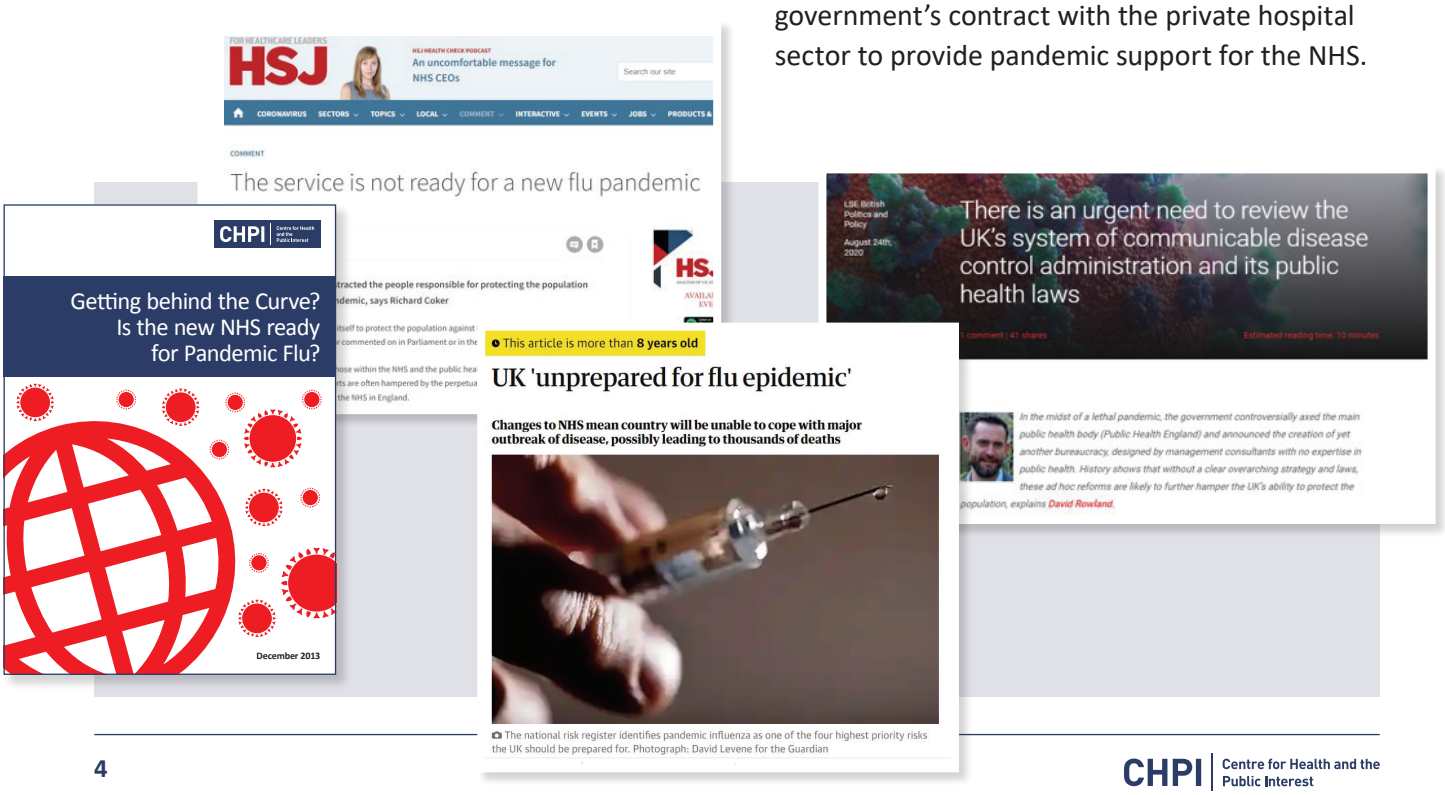
- **We warned in 2013 that the market based NHS and social care system was unprepared for a pandemic.**
- **In 2021 we showed how the government's £2 billion deal with the private hospital sector was not in the public interest.**
- **In 2022 we revealed that private hospital companies claimed millions of pounds in furlough despite making large profits.**
- **We are researching the new public health infrastructure and the ways in which the Health Security Agency can be held to account.**

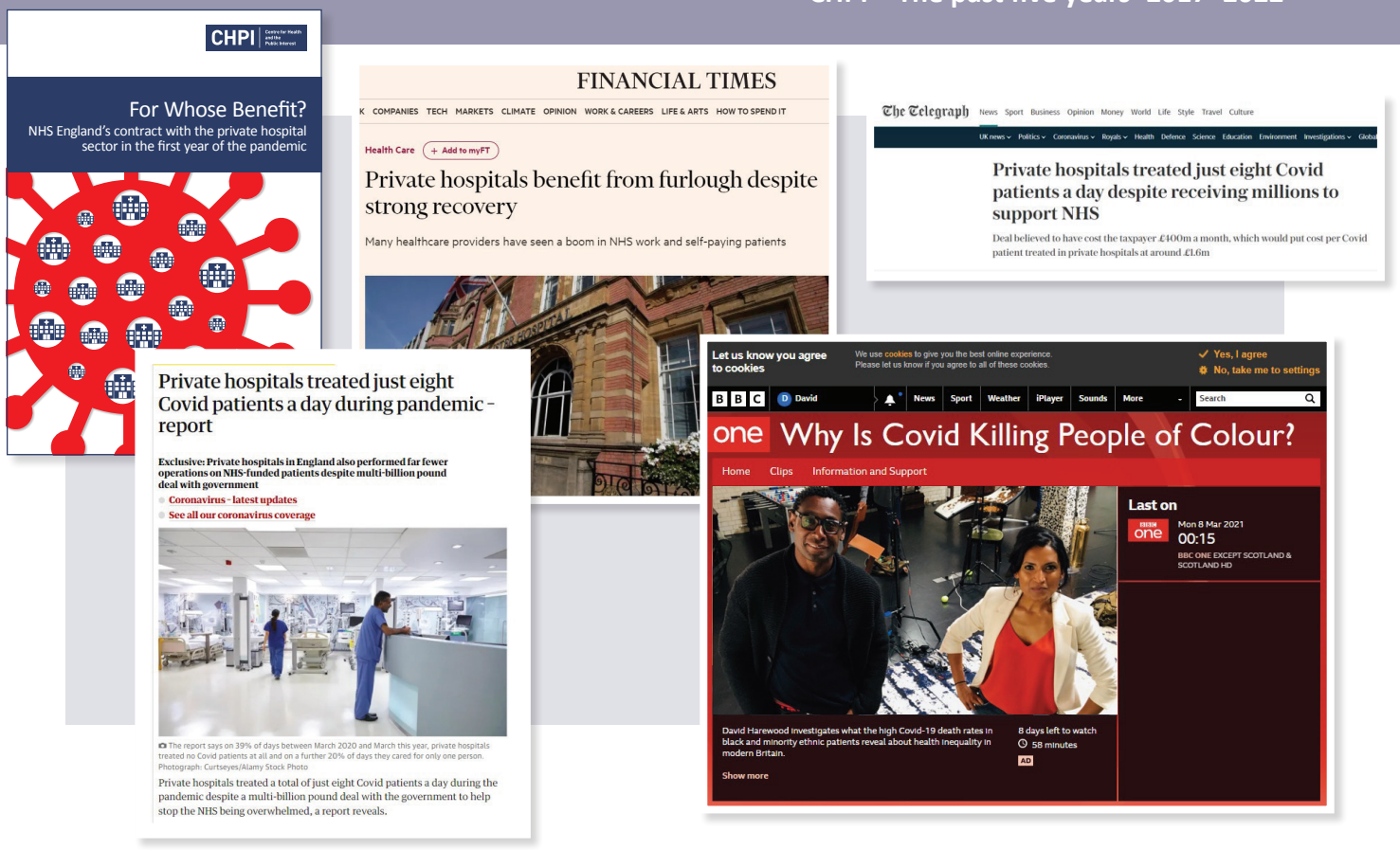
In 2013, 7 years before COVID 19 hit the UK, the CHPI was one of the few organisations to raise concerns about the capacity and ability of the NHS to meet the challenges of a pandemic.

Our report *Getting Behind the Curve – is the new NHS ready for pandemic flu?* raised questions about how far a market-based system could provide the necessary surge capacity to treat thousands of infected patients and raised concerns about co-ordination across a public health system which had become fragmented as a result of the 2012 Health and Social Care Act and the closure of the Health Protection Agency.

Sadly, the experience of the past two years has shown our analysis to be largely accurate. The market-based system in place since 2012, combined with a decade of austerity, the hollowing out of the public sector and a reliance on private companies has contributed to the UK's high excess mortality rates and a significant waste of public money.

Throughout the pandemic we have continued to raise public interest concerns about the government's strategy. In 2021 we published a major research report *For whose benefit?* which examined the costs and benefits of the government's contract with the private hospital sector to provide pandemic support for the NHS.






We found that even though the NHS spent over £2 billion the private hospital sector treated less than 0.1% of all COVID patients between March 2020 and March 2021, and provided 45% less elective care for the NHS than it had in the year before the pandemic, even though the NHS paid the full operating costs of these companies during the first year of the pandemic.

This research was reported across the news media and was featured as the main story on the *Guardian* website, and covered in the *Times*, the *Telegraph* and the *Daily Mail*. Our findings led to the Chair of the Public Accounts Committee raising serious questions about the government's approach and the contract's value for money.

We also provided research to the *Daily Mail* and the *Financial Times* showing how some private hospital companies which had had received a total of £1 billion from the taxpayer to cover their full operating costs had also claimed up to £73 million in furlough payments, despite many of them making a profit. This research led the campaigning MP Stella Creasy to call for these companies to repay the furlough money.

Our longstanding Board member Dr Guddi Singh appeared on and provided research for the BBC programme *Why is Covid killing People of Colour?"* a vitally important inquiry into how COVID has disproportionately affected people from Black and Minority Ethnic backgrounds and has exacerbated existing health inequalities.

We are currently working on a project funded by the *Joseph Rowntree Charitable Trust* to examine the accountability and functionality of the new public health infrastructure which is in the process of being developed following the abolition of Public Health England in the first year of the pandemic.

Through this study we hope to be able to explain to the public and the media how this vital aspect of the UK's health protection is designed to function, and how it can be held to account for delivering this fundamental service in a way that is both effective and open to public scrutiny.

# Conflicts of interest in healthcare – a risk to patient safety and the integrity of the NHS

- **Our research found that hundreds of NHS consultants had undeclared interests in for profit healthcare companies.**
- **The Competition and Markets Authority began a new study of the private hospital sector after we published this research.**
- **We studied conflicts of interest in the NHS structure and found that hundreds of millions of pounds were being paid by Clinical Commissioning Groups (CCGs) to their own board members.**
- **Our concerns about potential conflicts of interest in the new Integrated Care Systems have been discussed in Parliament.**

Financial incentives within UK medicine are a growing threat to both patient safety and the integrity of the healthcare system, with increasing numbers of cases of medical malpractice and patient harm being directly linked to doctors providing unnecessary and harmful treatment for financial gain.

In 2019 we published a major study '*Pounds for Patients – how private hospitals use financial incentives to win the business of medical consultants*' which found that 637 NHS consultants had shares in the private hospitals in which they operate, with hundreds of doctors also owning medical equipment and receiving a fee each time the equipment is used. Almost none of these financial stakes were publicly declared by the clinicians concerned

Our research also showed that the regulatory system for protecting patients from the harm caused by such financial incentives is not fit for purpose, and substantially weaker than the regulatory regime in the US. In order to address these weaknesses, we set out a number of recommendations and policy proposals.

According to healthcare market analysts LaingBuisson, following the publication of our 2019 report the Competition and Markets Authority opened a new investigation into the private healthcare market.


## KEY FACTS

£380k – The average amount of revenue which a medical consultant generates each year for a private hospital in London.

637 – Total number of all medical consultants who own either shares or equipment in the private hospitals to which they refer patients.

546 – Total number of NHS medical consultants who own shares or equipment in private hospitals to which they refer patients.

371 – Total number of NHS medical consultants who own shares in private hospitals to which they refer patients.

177 – Total number of NHS medical consultants who own equipment in private hospitals to which they refer patients.

77 – Total number of medical consultants who receive a fee each time the equipment they own is used for treating or diagnosing patients.

£40m – The amount paid by NHS Trusts to 11 private hospitals in which employees of the NHS Trust own shares.

£1.5m – The estimated amount of corporate hospitality paid by 7 private hospital companies to medical consultants who refer patients to them in the years 2017 and 2018.

£1,068 – The cost of a ticket to England v the West Indies cricket match as part of a corporate hospitality package for a medical consultant.

In 2022 we followed up this work with an investigation into joint ventures between NHS consultants and overseas-owned healthcare multinationals – an opaque and often hidden way in which doctors are incentivised to grow the profits of private healthcare businesses. In our report ' *Mapping Joint Venture business in private healthcare'* we showed that over 6 year period 481 doctors received £31 million in profit payments due to their equity stakes in companies part owned by multi-national businesses.

In 2020 in collaboration with the anti-corruption charity *Transparency International* we published a major study of conflicts of interest within the English NHS *'Declare Interests. Manage Conflicts. Protect the NHS'.*

We examined the accounts of 150 Clinical Commissioning Groups (CCGs) and found that around £1.5 billion of NHS funds were being paid by CCGs to companies owned or operated by CCG board members. We pointed out that the current lax attitude towards conflicts of interest was asking for trouble and made recommendations to protect the integrity of the local NHS.

We also showed that there were no proper governance arrangements in place for the 44 Integrated Care Partnerships which have been in operation for several years in the English NHS, without any clear statutory basis. We raised concerns that the proposed new structure of the NHS was likely to create significant in-built conflicts of interest unless changes were introduced. These concerns have featured heavily in Parliamentary debates about the current Health and Social Care Bill.

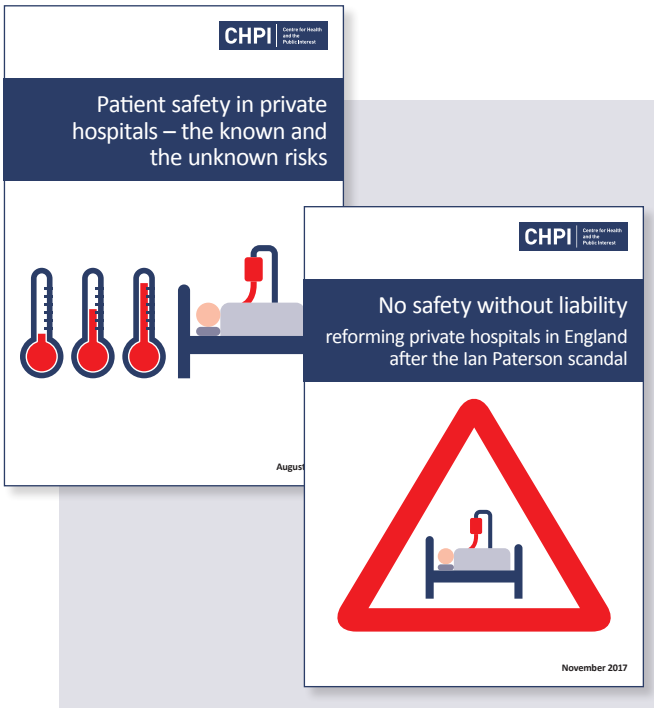
In 2021 we provided research to the *Financial Times* which identified potential conflicts of interest in NHS Digital, the organisation responsible for running the NHS's IT system. We found that three of NHS Digital's board members, including its Chair, held shares in a private company to which NHS Digital was paying over £40 million a year.

Our expertise in relation to probity and integrity within the NHS continues to be called upon by journalists, MPs, campaigners and policy makers.

# Reforming patient safety in private hospitals

- **We have been at the forefront raising concerns about patient safety in private hospitals.**
- **Our work has been used by regulators, public inquries and the Secretary of State for Health.**
- **We have worked closely with patients affected by systemic patient safety failings and supported those who have advocated for reform.**
- **The Royal College of Surgeons has supported our calls for greater transparency about surgery in private hospitals.**

The growth in for-profit healthcare in the UK raises significant risks for patient safety, primarily because of the business model operated by most of the large private hospital companies. Over the past 5 years the CHPI has been at the forefront of providing detailed research to explain these risks to policy makers, patients and the public, and has put forward recommendations to make for-profit healthcare safer. Our 2014 study '*Patient Safety in Private Hospitals - the known and the unknown risks'* identified the lack of patient safety data in private hospitals and was covered by the BBC News as well as being used by the healthcare regulator the Care Quality Commission.




Our 2018 study of patient safety risks in the private hospital sector '*No Safety without Liability – Reforming Private Hospitals after the Ian Paterson Scandal'* was used by the coroner investigating the tragic death of Peter O'Donnell, an NHS patient who died following treatment in a private hospital.

The coroner's concerns about the systemic risks that we had identified were so significant that it led

## KEY FACTS ABOUT PRIVATE HOSPITALS IN ENGLAND

**500 +** – the number of women on whom Ian Paterson carried out unnecessary breast surgery in two private hospitals.

**£250m** – the estimated cost to the NHS of treating patients who have been transferred from private hospitals.

**45%** – the percentage of inpatients in private hospitals who are funded directly by the NHS.

**32%** - the percentage of outpatients in private hospitals who are funded directly by the NHS.

**82** – the number of private hospitals where more than 50% of patients are funded directly the NHS.

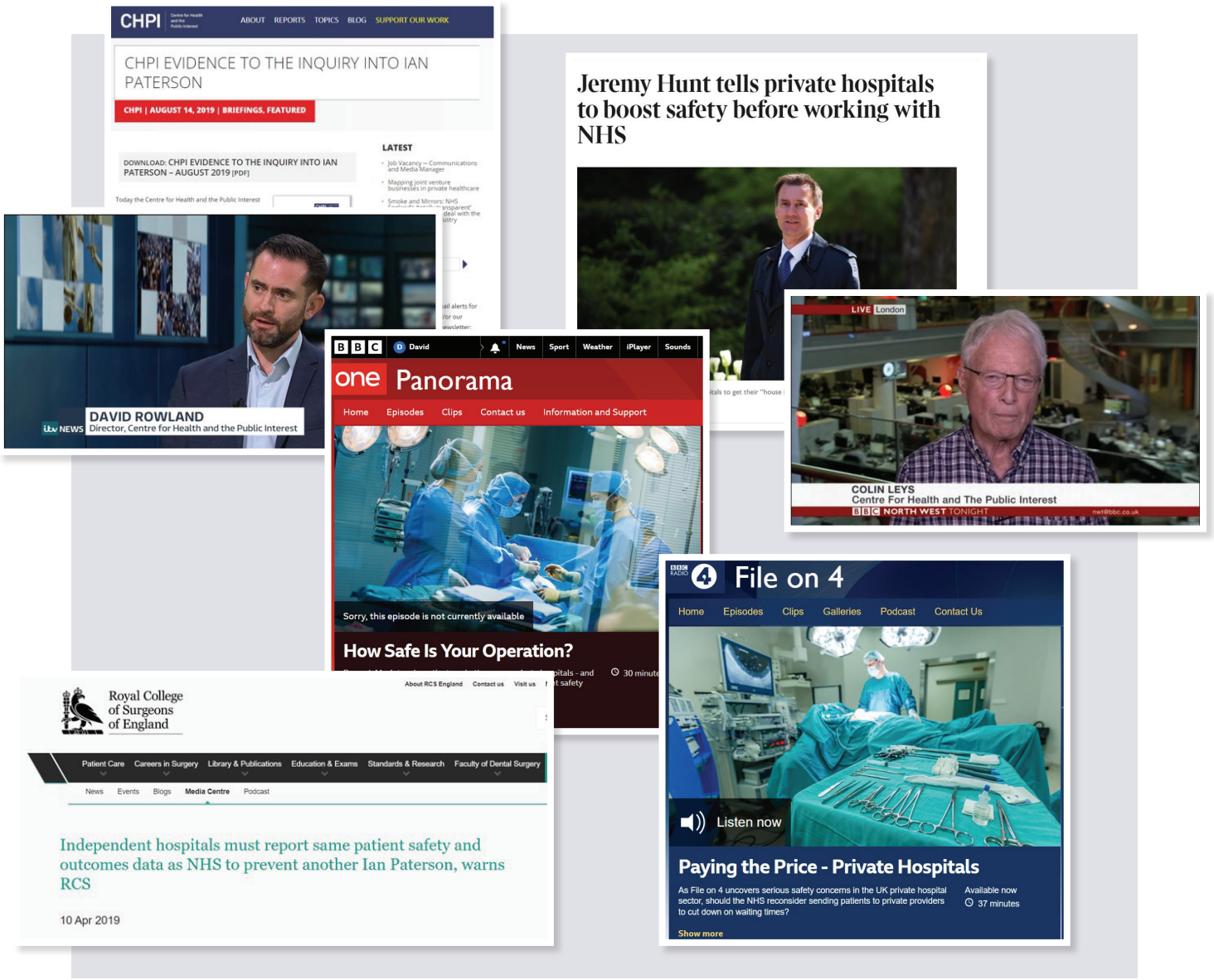
**104** – the number of patients who died following a transfer from a private hospital to an NHS hospital.

**168 hours** – the typical weekly shift of a junior doctor a Resident Medical Officer in a private hospital.

**32** – the average number of beds for which a single Resident Medical Officer is responsible in a private hospital.

**868** – the number of consultants who have the right to practise at the Harley Street Clinic, a hospital with 100 beds.

**45 minutes** – The duration, in travelling time, which a consultant is allowed to be away from a number of registered private hospitals in the event of their patient becoming unwell.




to him to write to the then Secretary of State for Health, Jeremy Hunt, asking him to address these issues in order to prevent future deaths. This in turn led Mr Hunt to write to the chief executives of the private hospital companies telling them to get their 'house in order' on patient safety, however, unfortunately no action was taken.

Our work was featured in BBC Panorama documentary and a Radio 4 *File on Four* investigation into patient safety in private hospitals.

In 2019 we were asked to give evidence to the inquiry into the activities of the jailed breast surgeon Ian Paterson, who falsely diagnosed cancer in hundreds of women and operated on them unnecessarily for financial gain. The Inquiry adopted number of our recommendations relating to the liability of private hospitals when patients are harmed. However, even though the Ian Paterson scandal has caused harm to thousands of women and their families, and the systemic safety risks in private hospitals continue to exist, no government action has been taken in response.

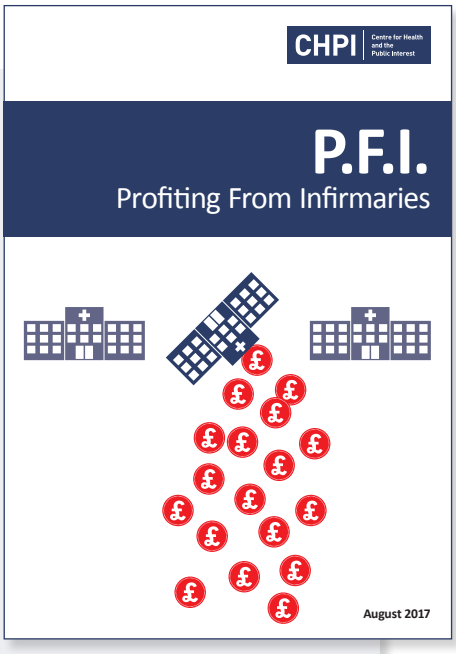
In identifying patient safety risks within the private hospital sector we have sought to support and involve patients in our work. We remain committed to working with patients in this way in the future and remain humbled by the bravery and determination of those who have sought to bring about change, often with little assistance from within Parliament, regulatory bodies or the medical profession.

# Our work on the Private Finance Initiative – exposing high levels of profits and providing solutions.

- **We published research showing that £831 million has leaked out of the NHS in the form of PFI profits over 6 years.**
- **This research was covered by the BBC and in the Financial Times and cited in Parliament.**
- **The Chancellor announced no new PFI schemes in the NHS in 2018.**
- **We produced options for policy makers to tackles the legacy of PFI, some of which were adopted by the Government.**

The CHPI has for many years raised concerns about the heavy burden which Private Finance Initiative (PFI) contracts have placed on local NHS hospitals who have to make payments for their capital infrastructure irrespective of the impact on their ability to deliver healthcare services.

In 2017 we published a major study '*PFI – Profiting from Infirmaries'* which showed the very large profits made by the companies which have signed PFI deals with the NHS. In total we found that in the over 6 years £831 million was taken out of the NHS in the form of PFI profits and we estimated that it was likely that £1 billion would leak out in this way between 2017 and 2022. The report was covered by the *BBC* and in the *Financial Times,* the *Daily Mail* and *the Guardian.*




## KEY FACTS

**£12.4bn** – the estimated capital value of the hospitals and other healthcare facilities which have been built using PFI.

**8** – the number of companies which have equity stakes in **92%** of all the PFI deals in the NHS.

**£80.8bn** – the amount the NHS will pay to PFI companies over the course of the life of these contracts.

**£10.7bn** – the amount of taxpayers' money which has been spent in the last six years for which data are available (2010 to 2015) on hospitals and other healthcare facilities built under the Private Finance Initiative.

**£831m** – the amount in pre-tax profit which the PFI companies have made over the past 6 years and which has not been available for patient care.

**£973m** – the estimated additional amount which would be available for patient care over the next 5 years if the NHS did not pay profits to PFI companies

**One quarter** – the amount by which the total NHS hospital deficit would have been reduced over the past 6 years if these profits had not been paid by the NHS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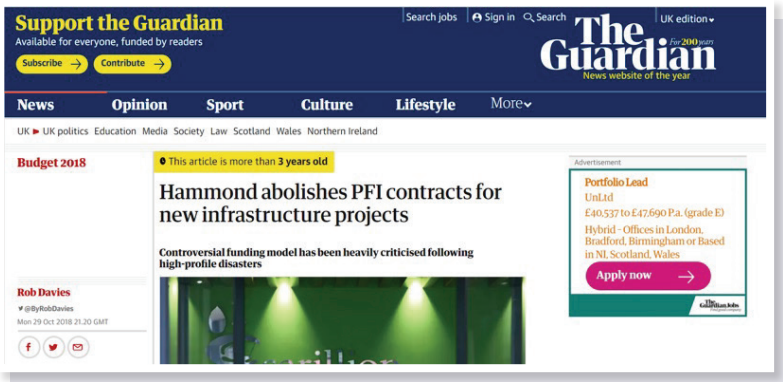
Health

NHS 'leaking millions' in PFI contracts

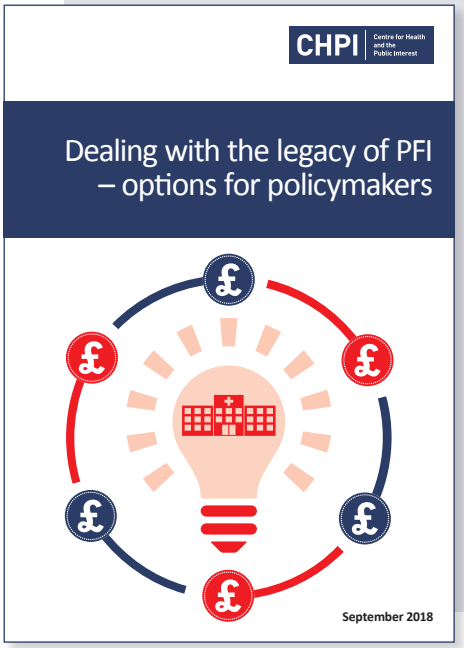
30 August 2017

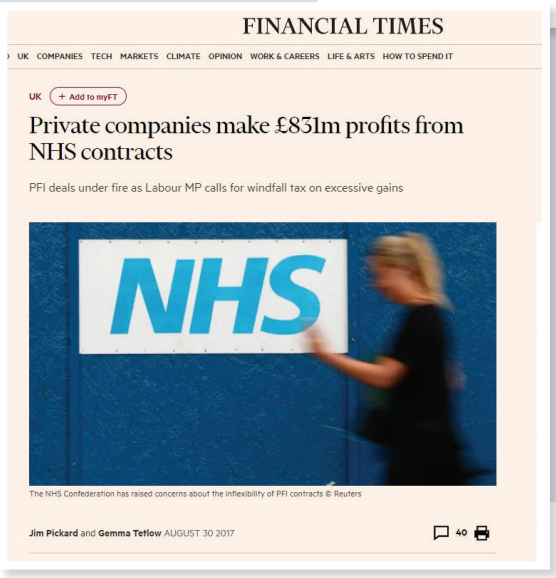
GETTY IMAGES

The NHS is "leaking" money to private companies in contracts to build and run hospitals, a report says.








After the government announced in 2018 that it would not sign any more PFI deals we have sought to assist policy makers in how to address the complex legacy left by existing PFI contracts.

In 2018 we published a study looking at a range of policy options, '*Dealing with PFI – Options for Policy makers'* including nationalising the existing contracts, introducing a windfall tax on PFI profits, sharing the cost burden of PFI across the whole NHS, or enhancing the monitoring of PFI contracts.

Soon after the report was published the then Chancellor Philip Hammond announced that the Department of Health and Social Care would set up a special unit to monitor PFI contracts in the NHS.

# Profit extraction in the UK care home sector

- **We have highlighted how competition in the social care market has been used to drive down costs and quality and has contributed to the high mortality rates in care homes during the pandemic.**
- **Our research has shown how £1.5 billion leaks out of the UK care home sector and away from the frontline in the form of debt, rental payments, management fees, and profits.**
- **Our recommendations on greater financial transparency in the care home sector were first covered by BBC Newsnight and has been adopted by the Public Accounts Committee.**
- **We are currently examining the Financial Impact of Covid on the Care Home Sector as part of an ESRC funded project with Warwick University Business School.**


Since its inception, the CHPI has carried out research and analysis on the public interest issues at stake in the operation of the UK's market in social care.

Our report '*The future of the NHS? Lessons from the Market in Social Care in England*' showed how competition within the social care system has been used by successive governments to drive down the costs of care, resulting in a reduction in quality for those who depend on social care and poorer terms and conditions for those who work in the sector.

We drew on this research during the pandemic to show that high occupancy rates in large care homes – which were strongly associated with high rates of COVID 19 infection – were the product of a market in care home services which generates returns for investors through building large care homes to achieve economies of scale.

In 2019 we also conducted a highly influential study of the finances of the care home sector '*Plugging the Leaks – strategies for resolving the financial crisis in the residential and nursing home sector*' which examined where the £15 billion pounds which goes to care home companies each year ends up.

## KEY FACTS

**£1.5bn** – Out of a total annual income of £15bn, an estimated £1.5bn (10%) leaks out of the care home industry annually in the form of rent, dividend payments, net interest payments out, directors' fees, and profits before tax, money not going to front line care. This is equivalent to the £1.5bn of additional funding for social care promised by the government in the September 2019 Spending Review.

**£7** – Out of every £100 put into small to medium-sized care home companies goes to profit before tax, rent payments, directors' remuneration, and net interest paid out.

**£15** –Out of every £100 put into the 18 largest for-profit care home providers goes to profit before tax, rent payments, directors' remuneration, and net interest paid out.

**£261m** – Of the annual income received by the largest 26 care home providers goes towards paying off their debts. Of this £117m (45%) are payments to related, and often offshore, companies.

**£102** – The aggregate amount paid per bed per week in interest costs by the 5 largest private equity owned or backed care home providers. This is equivalent to 16% of the weighted average weekly fee (£622) paid for a residential care bed in the UK.

**59%** – The proportion of the £2.5bn of long-term debt owed by the largest 13 for-profit care home providers to related companies.

**15 – 32%** – The proportion of annual income spent by 7 of the 18 largest for-profit providers on rent payments, totaling £264m a year. In comparison, the 8 largest not-for-profit providers spent 2% of their income on rent payments, totaling £25m a year.

**6** – Of the largest 26 providers have owners based in a tax haven. This includes 4 out of the 5 largest private equity owned or backed providers and 2 of the 13 largest non-private equity for-profit care home providers.

Based on an analysis of 830 companies we identified that around 10% or £1.5 billion a year goes to rent, debt repayments, management fees and profits for investors. Some of these costs are the legitimate costs of running a business but in some instances, particularly for large private companies who are registered outside the UK for tax purposes, we found illegitimate levels of profit extraction.

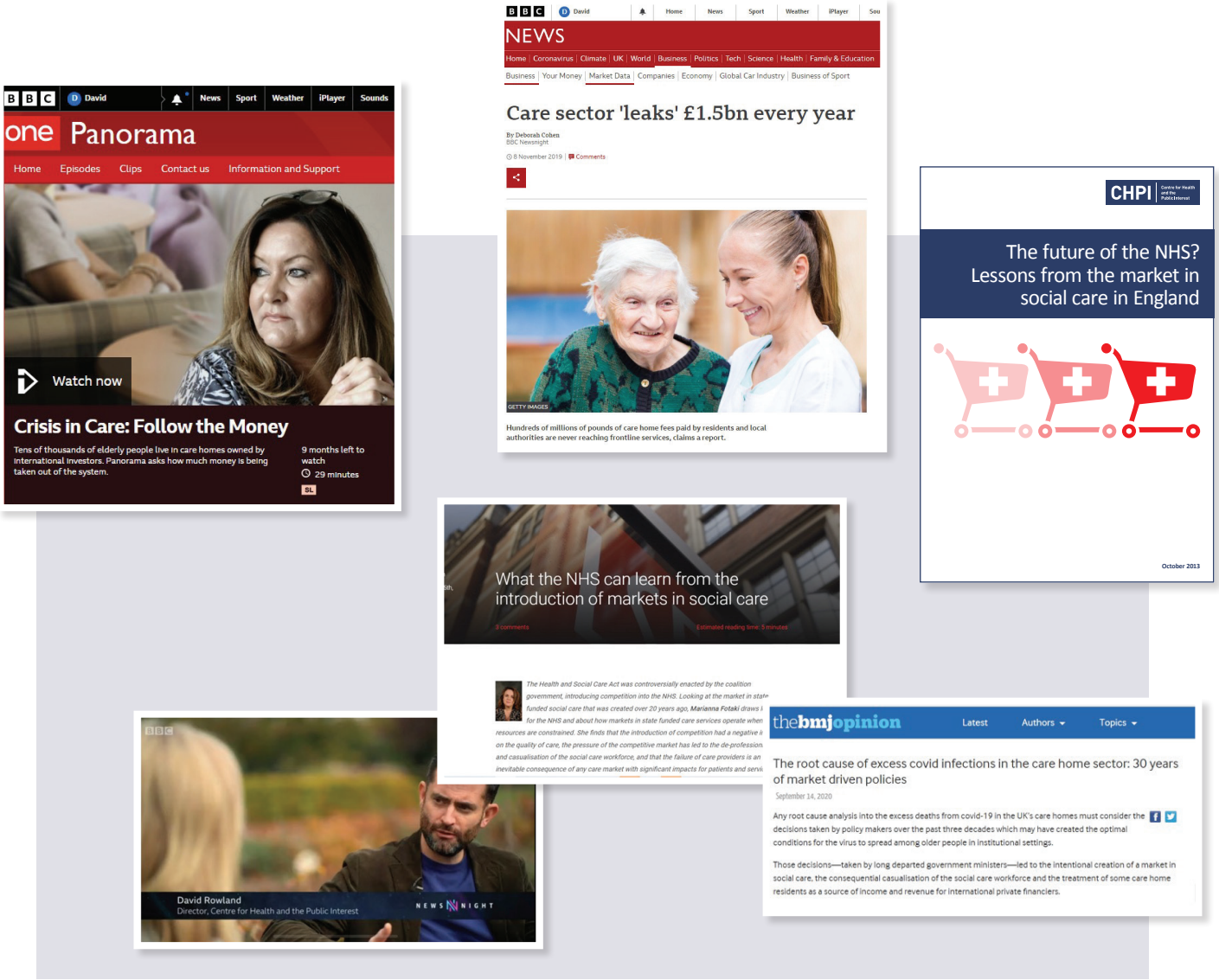
Given the poor quality of some of the UK's care homes we have argued that the "leakage" of funds from front-line care is a major public interest issue which policy makers need to address.

This research was featured exclusively on *Newsnight* during the 2019 General Election campaign and led to a follow up BBC *Panorama* documentary in 2021 called "Care Homes in Crisis". Our recommendations that there should be greater transparency of where money in the care home system goes was supported by the Public Accounts Committee in their 2021 report into the Adult Social Care Market and we have assisted the *National Audit Office* with their work in this area.

We are currently engaged in a further study of the finances of the UK care home sector, examining the impact of COVID 19 on care home businesses.

This is a joint study with Warwick University Business School and University College London, funded by the Economic and Social Research Council.

We hope that this study will help inform policy makers about the overall financial sustainability of the sector and as well as feed into the debate about the future funding of adult social care.



# Reforming the NHS – from a market to a democratically accountable healthcare system?

- **Since 2013 we have argued that the NHS should be not be based on competition but collaboration – a proposal which lies at the heart of the new Health and Social Care Bill.**
- **Our research has shown that the market based NHS has high administrative costs and requires commissioners to monitor tens of thousands of outsourced contracts.**
- **We have warned that the NHS in England is moving away from being a democratically accountable system because it lacks basic governance arrangements and has a weak statutory basis.**

The CHPI considers that the public interest in healthcare is served best by a democratically accountable health and social care system.

In the years following the passing of the 2012 Health and Social Care Act we publicly raised the problems caused by the attempts to introduce competition and market-based principles into the English NHS. Our report '*The Contracting NHS – Can the NHS handle the outsourcing of clinical services*' examined the outsourcing of NHS services and found that the NHS was now expected to manage thousands of contracts with non-NHS providers, while having few resources for monitoring the contracts.

We also pointed out the high administrative costs of running a market for healthcare, and through our widely cited blog on the amount of expenditure spent by the NHS in the private sector we have helped policy makers, the media and other think tanks understand how around 20% of the current NHS budget flows out of the current system to non-nhs providers.

We consider that much of this evidence base played a role in the shift by policy makers from 2017 onwards to remove competition as a guiding feature of the NHS and to make collaboration and integration the central aims of a reformed healthcare system.

Whilst this shift is to be welcomed, we have


## THE CONTRACTING NHS: KEY FACTS

**53,000** – estimated number of contracts held between the NHS and the private sector for healthcare in England, including for primary care services.

**£22.6bn** – total value of NHS contracts with the private sector, including primary care services.

**24%** – percentage of NHS England's total budget of £95bn which is spent in the private sector, including for primary care services.

**£9.3bn** – amount spent by CCGs on contracts with the private sector for NHS services in 2013-4.

**16%** – percentage of the total Clinical Commissioning Group budget of £65bn which is now spent on the private sector.

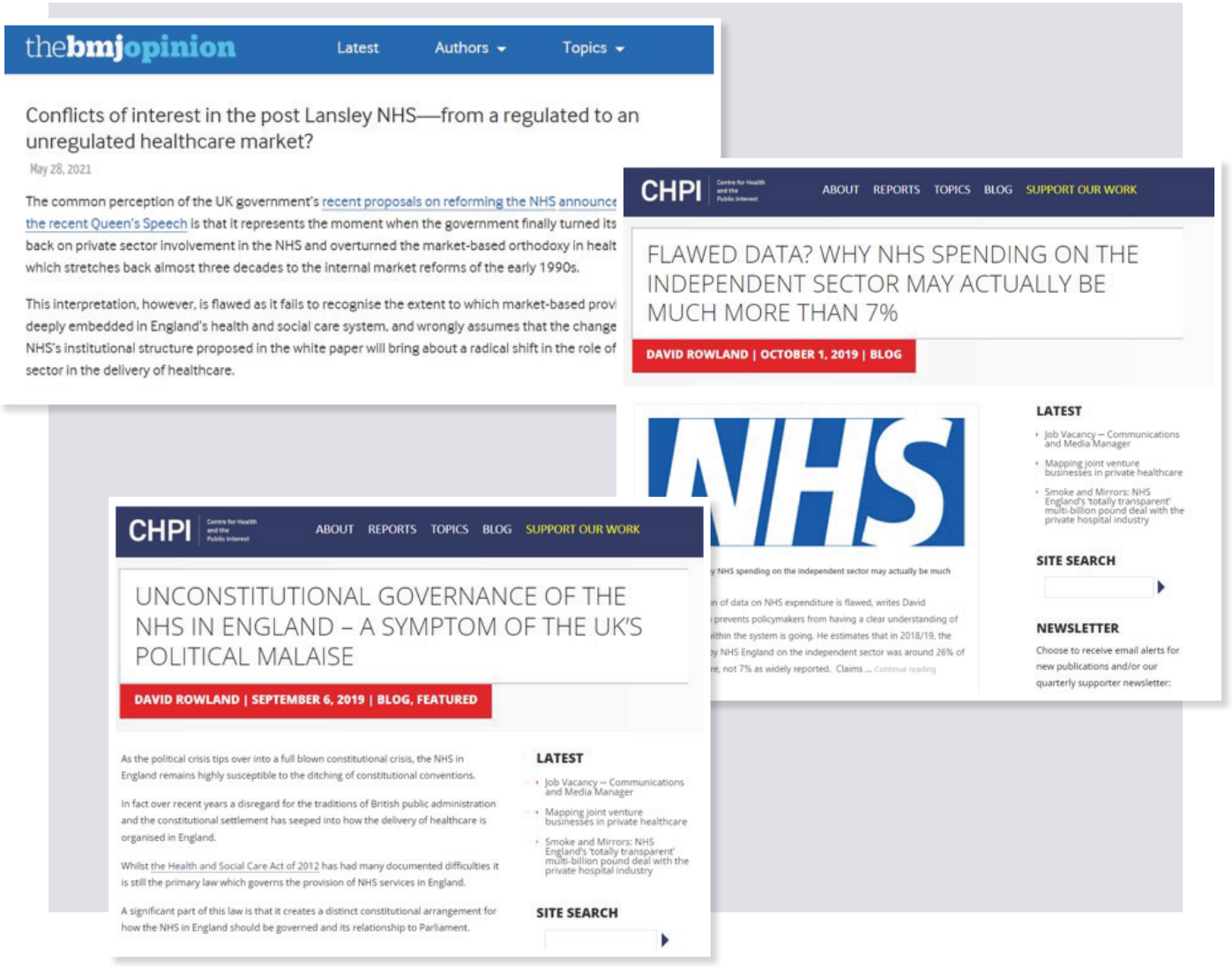
**15,000** – estimated number of contracts between CCGs and the private sector.

**90** – average number of contracts with the private sector held by each CCG.

**25,000** – number of staff employed in CCGs, CSUs, and NHS Local Area Teams to commission, administer and enforce NHS contracts.

**£1.3bn** – combined budget of CCGs and NHS England Local Area Teams for commissioning, administering and enforcing NHS contracts.

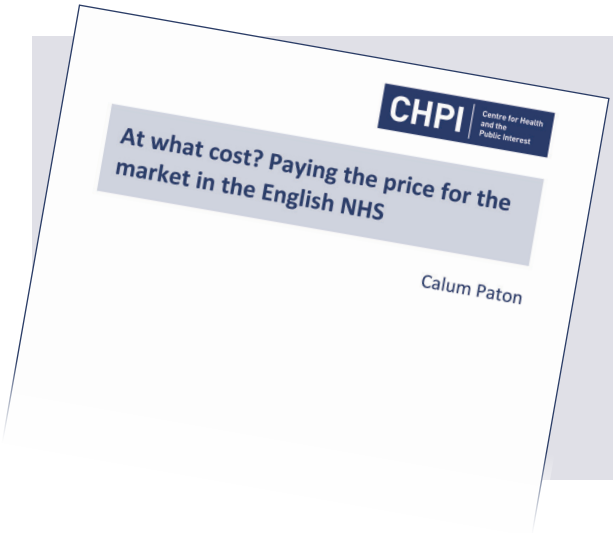
**£700m** amount spent by CCGS on CSUs to administer, monitor and enforce their contracts with NHS and private sector providers.




documented the fact that the current institutional architecture for the NHS is without many of the basic requirements of a democratically accountable public institution.

There is no statutory basis for the current Integrated Care Partnerships which have played a major role in running NHS services for the past 3 years; there has been no open competitive process for appointments to senior positions in these bodies; and very few of them have adequate governance arrangements in place.

This drift towards the 'unconstitutional governance' of the NHS, particularly during a pandemic, is a significant public interest concern which we have continued to raise with members of both Houses of Parliament.



# Who we are

## Research team

### *David Rowland*
Director

David Rowland was appointed as CHPI's first Director in 2019 after over a decade of working in senior policy positions within the healthcare regulatory sector.

He has played a key role within healthcare professional regulation as the Head of Policy at 3 national regulators (The General Social Care Council, The General Dental Council and The General Optical Council) and has developed significant expertise in regulatory policy, NHS workforce issues, social care policy, and whistleblowing law.

Prior to working in healthcare regulation David was a research fellow at the School of Public Policy, University College London where he undertook research on the Private Finance Initiative and social care markets with Professor Allyson Pollock and Professor Colin Leys. He also worked with Professor Scott Greer on a series of Nuffield Trust funded projects which examined EU health policy, the management of the NHS and Communicable Disease Control administration.

He studied at the LSE and has an undergraduate degree in Government and a Masters degree in Political Theory.

### *Sid Ryan*
Researcher

Sid Ryan is a health policy researcher and journalist with a specialism in information law.

Sid holds a degree in biochemistry and pharmacology from Bristol University, and an MA in investigative journalism from City University. He has worked for journalism and research organisations such as Request Initiative, the Centre for Investigative Journalism and the local news group The Bristol Cable.

Part of his investigative journalism has focused on the Private Finance Initiative, and how that impacts the finances, capacity and public accountability of the NHS.

He is also a specialist in information law. In addition to working in information governance teams within local authorities and the NHS he has also made over a dozen successful appeals under the Freedom of Information Act to the to the Information Commissioner and represented himself at four cases before the Information Rights Tribunal. He has put this specialist knowledge and experience to good use by teaching information law and has worked on a number of NHS campaigns.

# Who we are

## Board members and advisors

### *Professor Colin Leys*
Trustee

Colin is an emeritus professor at Queen's University, Canada, and an honorary research professor at Goldsmiths, University of London. He is the author or co-author of twenty books and since 2000 has written extensively on health policy, including 'Market Driven Politics – Neo-liberal Democracy and the Public Interest' and 'Confuse and Conceal: the NHS and Independent Sector Treatment Centres' with Stewart Player.

### *Dr David McCoy*
Advisor

David works for the International Institute for Global Health as part of the United Nations University. He is formerly Professor of Global Public Health at Queen Mary University London and previously spent ten years working in South Africa. He is a fellow of the Faculty of Public Health and a former Director of Public Health within London.

### *Dr Guddi Singh*
Trustee

Guddi is a Consultant Paediatrician and television broadcaster. She has a Masters degree in Public Health from Harvard University and has worked for the World Health Organization.

### *Dr Jonathon Tomlinson*
Trustee

Jonathon Tomlinson is a full-time GP in Hackney, East London. He is a GP trainer and undergraduate tutor with special interests in 'Poverty Medicine', shame, trauma and education. He writes a blog about the relationships between doctors, patients and health policy at abetternhs.net

### *Sue Charteris*
Trustee

Sue Charteris is a leadership coach to charity leaders and social entrepreneurs. An experienced public service leader and charity non- executive, Sue is also a Trustee of the Syrian Refugee Relief Fund . Formerly Vice- Chair of UnLtd, the Foundation for Social Entrepreneurs and co- founding director of the Shared Intelligence consultancy, Sue has particular interests in addressing health inequalities in primary care and giving voice to people with learning disabilities.

### *Lois Rogers*
Trustee

Lois is an award-winning international journalist and communications advisor specialising in healthcare, life sciences and public policy. She was previously health and social affairs editor of The Sunday Times in London and has been a freelance contributor to newspapers, magazines, scientific journals, think tanks and public sector bodies in Britain and abroad. Her specialism is the art of translating complex scientific or policy information into attention-grabbing messaging that are readily understood and adapted with specific audiences in mind.

# How we are funded

In order to maintain our independence the CHPI does not receive any funding from government or from corporate bodies who have any financial interest in the NHS or social care. Whilst this makes the financial sustainability of the organisation challenging and limits the amount of resources at our disposal we consider that this is an important principle which we will continue to adhere to.

We also have a strong commitment to full transparency regarding our income and have been given a 5 star transparency rating by Transparify. As part of that commitment, we have adopted a policy of publishing the details of any donations by private individuals which are greater than £2.5k.

In addition to donations from private individuals we have received the total following amounts of funding over the past 5 years from the following organisations and charitable bodies:

- Joseph Rowntree Charitable Trust £100,000
- Betterworld / Tinsley Foundation £72,500
- Warwick University Business School £64,000
- Transparency International £43,295
- Social Care Institute for Excellence £24,300
- UNISON £15,000
- Doctors for the NHS £5,000
- Amiel Melburn £5,000
- Lipman Milliband £5,000

# Our income and expenditure over the past 5 years

| Income and Expenditure | Current Year to Feb 2022 | FY20–21 | FY19–20 | FY18–19 | FY17–18 |
|---|---|---|---|---|---|
| **Income** | | | | | |
| Individual donations | £38,848 | £58,444 | £56,372 | £49,632 | £25,148 |
| Grants & contracts | £104,000 | £59,673 | £45,000 | £ - | £5,000 |
| **Total income** | **£142,848** | **£118,116** | **£101,372** | **£49,632** | **£30,148** |
| **Expenditure** | | | | | |
| Staffing | £91,423 | £78,444 | £89,353 | £56,066 | £40,787 |
| Office overheads | £4,972 | £5,493 | £5,060 | £3,418 | £2,846 |
| Other misc expenditure | £1,662 | £1,500 | £847 | £3,332 | £4,941 |
| **Total Operating Expenses** | **£98,056** | **£85,437** | **£95,259** | **£62,817** | **£48,573** |

**"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

**"It was only thanks to the work of the CHPI that the needless death of my brother Peter, an NHS patient, in a private hospital, was brought to public notice. I hope that by supporting the CHPI we can finally win the fight to prevent more such deaths occurring in the future"**

**Dr Mary Greaves** – the sister of Peter O'Donnell, who died at the Royal Boulton Hospital in January 2017 following routine surgery at the BMI Beaumont Hospital.

**"Good evidence should be as important for health policy-making as it is in medicine. The CHPI is playing an exemplary role in showing why."**

**Professor Sir Ian Chalmers** – founder of the James Lind Library

**"An invaluable tool for campaigners, policymakers, and researchers to help defend one of Britain's brightest inventions."**

**Naomi Klein**

**"The NHS is one of the great achievements of post-war British society. Defending the NHS and the public interest generally with solid evidence has never been more important. The CHPI has been making invaluable contributions to this urgent need."**

**Noam Chomsky**

**"While some thinktanks are highly opaque, others, such as @CHPIthinktank, earn 5 stars from @transparify, and provide a model of how they all should operate."**

**George Monbiot (Twitter)**

**"Rigorous independent scrutiny of how the NHS is run has never been more needed than right now"**

**Dr Jess Potter, Junior Doctor**

# 2017–2022

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