

Mr Paul Clift

HIV i-Base

COMPETING INTEREST OF FINANCIAL VALUE \geq £1,000:	
Speaker Name	Statement
Paul Clift	None
Date	22 September 2012

HIV services for the 21st century: specialist care in a low-cost NHS

Paul Clift

UK-CAB

Bevan 1948

Elegant simplicity to addressing the nation's health:

1. Universal healthcare, free at the point of delivery
2. Paid for by taxation – individuals (who pay tax) pay according to their means
3. Secretary of State for Health is responsible for the nation's health

Lansley 2010-12

- No formal, explicit Thatcher-style privatisation
- Nevertheless, a sense that the NHS is being broken into parts, possible cherry-picking by private companies or 'providers' e.g. supermarkets taking pharmacy dispensing

PCTs are abolished from April 2013

- Commissioning going in two directions:
 1. Clinical Commissioning Groups (local)
 2. National Commissioning Boards for specialised conditions: each informed by its specialist National CRG

Lansley

- CCG (more or less replace PCTs) – voluntary sector; CNS; Social Care; General Practice
- NCB/CRG – national commissioning of clinical care, treatments for diagnosed HIV
- CRG chaired by Dr. Simon Barton. Comprised of consultants; commissioners; 2 community reps
- Community reps supported by small reference group drawn from UK-CAB members around the country (but still some gaps)

Lansley

HIV and Sexual Health split:

- HIV commissioned nationally (England & Wales)
- Sexual Health commissioned locally

HIV Prevention sits in Sexual Health

- Significant differences between localities/LAs
- Sexual Health might be PH (LA responsibility) or 'general' health (CCG responsibility)
- A lot remains to be worked out locally

Where might TasP sit – CCG or LA or NCB/HIV?

Hunt

New Sec. of State for Health: Jeremy Hunt

- Supporter of Murdoch & News International
- voted in favour of reducing the abortion time-limit from 24 to 12 weeks (*Liberal Conspiracy* 05/09/12)
- Allegedly opposed NHS tribute in Olympic Ceremony (*Guardian* 04/09/12)
- Signatory (along with D. Hannan et al) to Direct Democracy

<http://www.douglascarswell.com/upload/upload13.pdf>

“in effect denationalising the provision of health care in Britain” p. 78

Hunt

The stakes are potentially very high!

- As 'community' – a need to rise above identity politics and find a common position on NHS
- To focus exclusively on gay issues, on women's issues, on migrants' issues etc is not an option – we need to get the balance right

The bigger picture – the NHS and the way it commissions and provides services – is the challenge facing us now

BHIVA appear to understand this – do PWHIV?
Do patients?

Guardian 16/09/12

- There is a "significant opportunity for the private sector in primary and secondary care...the introduction of GP commissioning and interest in healthcare models offering alternatives to hospital care will require a higher proportion of services to be delivered by the private sector. The markets for these services are estimated to be worth around £20bn"

<http://www.guardian.co.uk/business/2012/sep/16/health-firms-nhs>

Privatisation

- 1980s – privatisation of services was explicit
- Currently - privatisation of components of healthcare played down *but taking place*
- The first time as tragedy, the second as farce.

Roles for Community

- National HIV CRG: 2 community reps
- Community website <http://www.hivcrg.net/>
- CCGs
- Local Authorities
- Local variation
- Talk with commissioners in order to:

Identify where and how to become involved, which boards, which committees make decisions and find how to get a community place in them

Roles for Community

- THT campaign:

<http://www.tht.org.uk/our-charity/Campaign/What-you-can-do/Take-action-locally>

- Find common ground across HIV, across the complex HIV demographic.
- Relearn how to work with people who are different from ourselves
- Relearn activism!

Paul Clift

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