

CHPI One year on



2013-2014

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

“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.

Published by CHPI
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www.chpi.org.uk

What are we trying to achieve?

Our starting-point is that decisions about public health and the future of the NHS and social care in the UK have become distant and removed from the people who receive health and social care, and from those who work in the NHS and provide social care. Alongside this, transparency and integrity in health and social care policy have suffered. In addition, policy-makers now tend to see market-based solutions as the only way of addressing the challenges facing health and social care and tend to ignore other possible approaches, leading to a narrowing of the debate. Evidence collected by academic researchers often has too little influence on the policy-making process.

The purpose of the Centre for Health and the Public interest (CHPI) is to critically question this orthodoxy and to present alternatives. Our aim is to be an authoritative alternative voice, using academic research to educate policy makers and the public so that there is an informed and varied debate about the best way to provide and fund health and social care.

How are we aiming to do this?

The Centre 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 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. The website and all the research that we produce is available as a resource for anyone interested in health and social care policy.

People

The Executive Management Team and Advisory Board

The Executive Management Team which runs the Centre and oversees the production of the Centre's research consists of three academics with expertise in health policy and a finance expert. We also have staff responsible for the day to day functioning of the Centre, ensuring that the research we produce has an impact on the policy debate. An Advisory Board brings together experts from academic and NHS professional backgrounds.

Executive Management Team

Professor Marianna Fotaki

Professor Colin Leys

Dr Sally Ruane

Keir Wright-Whyte

Advisory Board

Professor James Curran, Professor David J Hunter, Professor John Mohan, Dr Alex Scott-Samuel, Dr Jonathon Tomlinson, Professor Gareth Williams

Our supporters

Sir John Arbuthnott, 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.

“CHPI plays an important role in producing independent and critically robust analyses of the NHS today. The Centre's reports in the past year have been interesting and impactful and I look forward to reading more of them in the future.”

Grahame Morris MP,
member of the
Parliamentary Health
Select Committee.

Influencing the policy debate over the past 12 months

In the past year the CHPI has published **3 major reports and 7 analyses** by high-profile NHS policy experts, addressing issues which have been high on the policy agenda over the past year. These publications have covered: the risk of healthcare fraud in the reformed NHS; the distribution of power in the new NHS; the relation between competition and collaboration under the Health and Social Care Act; the risks attending the effective implementation of policy after an outbreak of pandemic flu, following the reorganisation of the NHS; the role and conceptualisation of choice in healthcare; lessons for the NHS from the experience of markets in social care; and the impact of markets on mental healthcare.

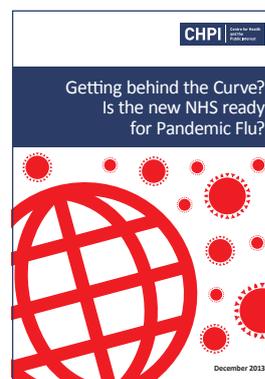
In addition, the Centre has published **17 blogs**. These blogs have focused on topical issues such as the limitations of the Care Bill currently passing through Parliament, whistleblowers in the NHS, private health interests and the lobbying bill and the introduction of NHS charging by the back door.

Our Contributor network

The Centre seeks to channel more expert research into the public domain. Over the past year the following experts have contributed to the research output of the Centre:

Professor Mark Button, Professor David Hunter, Professor Bob Hudson, Dr David Bell, Dr Catherine Needham, Professor Ian Greener, Professor Calum Paton, Dr Hilary Pickles, Dr Kat Smith, Dr Aseem Malhotra, Ms Tamasin Cave, Professor Scott Greer, Dr Holly Jarman, Professor Justine Schneider, Dr Jonathan Sleath, Dr Martin Blanchard.

CHPI's work is being tweeted about by high profile health organisations, as well as MPs on the Health Select Committee.



CHPI in the media

All our reports, analyses and blogs are shared by a growing and increasingly influential twitter following.

All of our reports have been covered in the national print and online media including the Independent, the Guardian, the British Medical Journal and the Health Service Journal. We have also utilised academic and activist blog sites to reach a wider policy audience, such as the LSE Policy and Politics Blog and Our NHS. Members of our contributor network have also written comment pieces for the Health Service Journal and the Guardian on the work that we have produced. This media coverage has prompted the Department of Health and experts at Public Health England to respond to our work.

the guardian
 News Sport Comment Culture Business Money Life & style Travel Environment
 Professional Healthcare Professionals Network Policy Practice Innovation Public
Healthcare Professionals Network
 Insight, advice and best practice from the sector
Who runs the NHS in England? That's a good question
 How has the architecture of power in the health service changed since the Health and Social Care Act came into effect in 2013?
 Scott Greer
 Guardian Professional, Friday 14 February 2014 08:30 GMT
 Jump to comments (6)
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 Workforce Leadership and management Work practices England
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 NHS Health
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 Employee engagement must be a priority for

A Guardian comment piece on 'power in the NHS' by a member of our contributor network was the most read on their healthcare network that week.

LSE THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE
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What the NHS can learn from the introduction of markets in social care
 The Health and Social Care Act was controversially enacted by the coalition government, introducing competition into the NHS. Looking at the market in state funded social care that was created over 20 years ago, Marianna Fotaki draws lessons for the NHS and about how markets in state funded care services operate when resources are constrained. She finds that the introduction of competition had a negative impact on the quality of care, the pressure of the competitive market has led to the de-professionalisation and casualisation of the social care workforce, and that the failure of care providers is an inevitable consequence of any care market with significant impacts for patients and service users.

Our blog on social care markets on the LSE policy and politics blog has been viewed over 70,000 times since December 2013, making it the 2nd most read blog on the LSE blog site in 2013.

the guardian
 News Sport Comment Culture Business Money
 News Society Flu
UK 'unprepared for flu epidemic'
 Changes to NHS mean country will be unable to cope with major outbreak of disease, possibly leading to thousands of deaths
 Denis Campbell, health correspondent
 The Guardian, Thursday 2 January 2014 20:51 GMT
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Professor COLIN LEYS
 Centre for Health and the Public Interest
 BBC NEWS

Colin Leys appeared on the BBC News Channel to discuss the Government's plans to increase transparency in the NHS.

GP
 HOME NEWS BLOGS CLINICAL CPD & LEARNING
NHS faces fraud risk as private provision rises, warns report
 By Neil Roberts, 12 June 2013
 Recent NHS reforms could open the door to increased fraud in the health service, a think tank has warned.
 Add to CPD Organiser Tell us your views
 fraud risk rises with private provision, says think tank
 The Centre for Health and the Public Interest (CHPI) argues that if for-profit providers is likely to substantially increase fraud, less money for patient care.

Roy Lilley's influential blog called the CHPI report on power in the NHS a 'must read'.

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HSJ
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The new NHS structure is unstable
 13 February, 2014 | By Holly Jarman
 Since the reorganisation of the health service, many people have been left wondering who can or should decide the future of healthcare provision, says Holly Jarman
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Political and wider stakeholder impact

The Centre aims to promote informed debate and greater transparency in health and social care policy. To achieve this, the Centre seeks to engage with a range of stakeholders.

In October 2013, we formally kicked off our political engagement strategy with a Parliamentary round table discussion of our report on the lessons for the new NHS from the experience of markets in social care. The event was hosted by Andrew George MP a member of the Health Select Committee and chaired by Polly Toynbee, and attended by Peers and MPs' staff with an interest in health and social care. As a result of the event:

- An Early Day Motion was tabled on the report on markets in social care.
- We held meetings with members of the Health Select Committee and engaged with the cross Parliamentary health group.

In January 2014, we circulated a briefing to MPs working on the 2013 Care Bill going through Parliament.

All reports were emailed to databases of key contacts within political, media, policy expert and NGO circles.

An email update was sent to key contacts in September 2013 and April 2014 highlighting all the articles and blogs which had been published to date.

We have also jointly produced a discussion on democratic involvement in the new NHS with the think-tank Democratic Audit.

The Department of Health responded formally to our report on pandemic flu, as did the flu lead at Public Health England.

Financial summary – “a high-impact low-cost think-tank”

We initially set out to create a high-impact, low-cost think tank which as far as possible drew on existing academic research and expertise and online technology. We have clearly achieved that. Our total expenditure for 2013 was £16,418. This is less than 1% of the expenditure of some other health think tanks operating in the UK.

At present CHPI is functioning without any permanent office space; our main expense is paying a part-time member of staff, with a small amount dedicated to design costs and website maintenance. Staffing costs will continue to be the CHPI's main expense. All expenses are closely monitored and pre-approved by the Executive Management team.

Our sources of funding

We accept funding only from independent organisations and individuals. We do not accept funding from any private organisation which has a financial interest in the provision of health and social care services. We will be seeking further funding from charitable bodies and will be working to create a base of individual donors, large and small. The major funding for our first year's work has come from the following organisations and individuals: The Lipman-Miliband Trust, the Scurrah Wainright Charitable Trust, Betterworld, and the Amiel and Melburn Trust. We are in the final stages of securing approval for charitable status from the Charity Commission.

A steady flow of small donations from individuals has also been received since the launch of the website and we are planning to raise further money from a number of sources in the coming year.

At present the Trusts which have donated to us are proud of the material that CHPI has been able to produce and the impact it has had in the context of the very limited financial constraints.

Donations	20,955
Amiel Melburn	12,000
Betterworld Ltd	7,500
Individuals	1,045
Paypal	410

Income and Expenditure	Total 2013	Total 2014
Incoming Resources		
Voluntary Income: Donations	7,715	8,955
Voluntary Income: Grants	5,485	12,000
Total Incoming Resources	13,200	20,955
Resources Expended		
Costs of generating funds	–	–
Costs of generating voluntary income	350	–
Charitable Activities	2,000	16,418
Fundraising Trading	–	–
Governance Costs	12	–
Total resources expended	2,362	16,418
Net incoming before transfers	10,838	4,537
Net movement in funds	10,838	4,537

Balance Sheet as at 31 March 2014	TOTAL FUNDS	
Fixed Assets		
Website	–	–
Total Fixed Assets	–	–
Current Assets		
Cash at bank and in hand	10,838	15,376
Total Current Assets	10,838	15,376
The funds of the charity	10,838	15,376

CHPI in 2014/2015 “towards having greater impact on the health policy debate to further the public interest”

The Centre has achieved a significant impact on a shoe-string budget. However, to be clearly heard in a policy debate dominated by far better resourced organisations we recognise the need to raise funds.

In 2015 extra funding and professionalisation will allow us to

- Expand our contributor network.
- Produce more original evidence-based research.
- Develop an online discussion space and network for debates to take place on the future of the NHS and Social Care amongst the wider health policy and academic community.
- Hold discussion seminars and meetings on the future of the NHS.
- Engage with politicians from across the political spectrum in the run-up to the election in 2015 and beyond.
- Expand our resource library so that it provides up to date evidence-based briefings for members of the public and policy-makers.
- Work with other health bodies to co-produce research and briefings.

Further publications planned for the rest of 2014 include reports on the funding of the NHS and its relation to tax policy; the role of competition authorities in relation to the NHS; the outsourcing of non-acute clinical work to private providers and the role of independent sector hospitals in treating NHS-funded patients.

CHPI

Centre for Health
and the
Public Interest