“ANY QUALIFIED PROVIDER” Q&A

WHAT IS “ANY QUALIFIED PROVIDER”? 
“Any Qualified Provider” (AQP) is a way of commissioning NHS services in England where patients can choose who provides their care from a list of providers that meet the necessary quality standards and are willing to deliver the service for a locally or nationally set tariff. Providers can be from the NHS, private or voluntary sectors.

Providers do not receive any guarantees of volume of work as it will be up to patients to decide which provider they choose. Providers will therefore not know the number of patients they are likely to treat from month to month.

The policy was previously called Any Willing Provider, though the proposals remain the same. Guidance on AQP entitled Extending Patient Choice of Provider has been published by the Department of Health (DH) on its website.

WHAT SERVICES WILL BE AFFECTED? 
AQP is already used for pre-arranged, non-emergency care (elective care), but the government wants to roll it out to as many services as possible.

The DH has identified a list of eight services that they see as priority areas in which to implement AQP. These are:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continenence services (adults and children)
- Diagnostic tests closer to home such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms
- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults)

Commissioners are expected to select three or more services for their local areas in which to implement AQP for 2012/13. However, commissioners can choose other services “which are higher local priorities”.

WHEN WILL THIS TAKE PLACE? 
By 30 September 2011 – commissioners must have engaged patients, patient representatives, healthcare professionals and providers on local priority areas for AQP implementation

By 31 October 2011 – commissioners to have identified three or more community or mental health services for AQP implementation

By September 2012 – clusters should have implemented AQP for these services.
WHAT IS UNISON’S OPINION ON AQP?
UNISON believes that patients should be able to make real and informed choices about their treatment options for health care. UNISON believes that AQP does not provide this.

AQP encourages profit-driven companies into the health care sector which will have a damaging effect on the NHS and patient care in the longer term.

Even though the government says that price competition has been eliminated from the NHS and that competition will be based solely on quality, given the current financial climate commissioners may look to drive down local tariffs. Providers will be forced to cut costs and those providers focussed on providing quality patient care will struggle to survive.

AQP may even encourage large companies to operate some services as loss-leaders (operating at below cost price to gain a greater market share), to drive tariffs down further and put pressure on non profit-driven organisations, so the effects will be the same as under price competition.

AQP will mean that profits will become more important than patient care.

AQP will leave patients vulnerable to heavy marketing pressure from private companies keen to win their business.

IS UNISON ALONE IN ITS CONCERNS?
No. Many organisations and individuals are concerned about the plans, including the Chartered Society of Physiotherapists, which describes AQP as “hugely disappointing and potentially very serious for patient care in the future”; the British Academy of Audiology, which says that in audiology, one of the priority AQP areas, “patients could be subject to second class sausage factory care and exposed to hard sales tactics rather than quality assessed diagnostics and rehabilitation” and even the Telegraph, where writer Max Pemberton described the plans as “a road map for destroying the NHS”.

AQP ALREADY EXISTS FOR ELECTIVE CARE – AREN’T THE GOVERNMENT’S PROPOSALS JUST AN EXTENSION OF THAT?
Elective care is pre-arranged, non-emergency care that includes scheduled operations. Most of it takes place in a hospital setting, so the vast majority of patients will be treated in NHS hospitals.

The government wants to expand AQP to cover all services, except for where it would not be possible such as for emergency ambulance admissions to A&E. The extension of AQP into other areas of healthcare represents a huge increase in private sector provision and may lead to the dismantling of a publicly provided NHS.

WON’T MORE PROVIDERS MEAN A BETTER SERVICE FOR PATIENTS?
Under AQP, providers are paid a fixed price determined by a national or local tariff. However, there will be no guaranteed levels of income or guaranteed numbers of patients for these providers. This will make it very difficult for small organisations to be able to survive in a competitive environment as they will have no way of predicting the level of work coming their way.

The government accepts that in order to give patients a choice of service, organisations will have to operate with spare capacity – so they can meet increasing
demand when needed. At a time when cuts to budgets are being demanded across the public sector in the name of efficiency, it is perverse to roll out a model that promotes resources lying idle.

So, under the AQP model, patients may initially have more choice of provider, but in the longer term only large organisations willing to drive down costs may survive, and NHS providers that pay their staff nationally agreed pay, terms and conditions may be undermined or forced to close down. As more organisations go bust, AQP is likely to limit the very thing it sets out to achieve – a wider range of providers. This may even mean a reduction in the range of services available – to only those that are profitable, rather than beneficial to patients.

**WHAT DOES IT MEAN FOR STAFF?**

Staff face long term instability and uncertainty as employers cannot predict future volumes of work. This will make workforce planning much more difficult. Training of staff is also likely to suffer as provider organisations will be unwilling to invest in staff when they are fighting for each bit of business in the market place and do not know how much work they will have from one month to the next.

Due to the government’s abolition of the Cabinet Office Code of Practice in Workforce Matters (the two-tier workforce code), there is no requirement on private companies or voluntary organisations to pay Agenda for Change equivalent rates when providing NHS work. Staff terms and conditions will suffer and wages will fall when private providers, eager to make profits, cut costs. Therefore private companies will be able to make more profit out of a tariff, while also driving down the local tariff rate for a particular type of work.

Ultimately if an employer cannot cope in the volatile environment, staff will lose their jobs.

The DH does not expect TUPE to apply to AQP. However, UNISON believes that this needs further investigation to ensure that staff terms and conditions are protected.

**WHAT DOES IT MEAN FOR THE NHS?**

Private providers will be encouraged into the NHS, using money that should be spent on patient care to make profits. The NHS may become little more than a brand as a multitude of companies seek to provide services under the NHS logo. Meanwhile, commissioners will no longer be able to benefit from selective contracting and obtaining discounts by offering providers a larger volume of patients, which will mean that overall the NHS will be spending more on less.

Health care provision will increasingly move out of the NHS and in the longer term this could undermine the founding principles of our health service – a comprehensive, universal service that is free at the point of use.

**WHAT IS UNISON DOING?**

UNISON has been heavily campaigning against government reforms to the NHS including AQP. As part of our ongoing campaign we will continue to highlight to MPs and peers how damaging this policy is.

UNISON, through the NHS Social Partnership Forum, is working on a set of Q&As, alongside the DH, NHS Employers and other NHS trade unions and staff.
organisations, to provide answers to some of the questions that staff may have about AQP and its likely impact on their employment, terms and conditions.

WHAT CAN I DO?

- Keep up to date with the latest news at UNISON’s Our NHS, Our Future web pages at unison.org.uk/ournhs
- Find out when your local commissioners are consulting patients about the implementation of AQP. Make sure your voice is heard.
- Find out what actions are taking place in your region to promote NHS services. Get involved in local activities, or plan your own.
- Identify allies that you can work with to champion NHS services. Make your voice even stronger by forging links with local patient/service user groups, community groups, other trade unions and professional organisations, voluntary sector organisations, local councillors and MPs.
UNISON HEALThCARE - BRANCH UPDATE
From: Christina McAnea, UNISON National Secretary - Health

BRIEFING HC-073-11
16 August 2011

UNISON warns of privatisation danger from AQP

Who needs to know?
• Health Branches England

Summary:
As the Government publishes guidance on the rollout of its Any Qualified Provider policy, UNISON's new briefing highlights the threats of privatisation that the policy contains.

In full:
UNISON’s latest Million Voices factsheet “Any Qualified Provider” Q&A provides an outline of the government’s policy that is due to be rolled out to as many NHS services as possible. The factsheet highlights UNISON’s concerns that this will lead to further privatisation in the NHS, poorer quality services for patients and worse terms and conditions for staff.

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Contact UNISON on 0845 355 0845 or visit www.unison.org.uk
'Appraisals and KSF made simple' - is it helping you?

Who needs to know?
- All Health Branches

Summary:
UNISON wants to hear how organisations are using the NHS Staff Council guidance ‘Appraisals and KSF made simple – a practical guide’. Branches are encouraged to get in touch.

In full:
Eight months on from the publication of the NHS Staff Council guidance ‘Appraisals and KSF made simple – a practical guide’ (www.nhsemployers.org/Aboutus/Publications/Documents/Appraisals%20and%20KSF%20made%20simple.pdf), UNISON wants to hear if organisations are using it. Are you seeing the benefits? Has it helped your organisation ensure that all staff can now benefit from an effective appraisal system and development reviews supported by the KSF?

We know from the staff survey in England that still over one-fifth (23%) of the healthcare workforce has no appraisal or development review. This is reflected in the rest of the UK where a substantial section of the NHS workforce is still not able to access the development opportunities that appraisal and the KSF is designed to deliver. We are working in partnership with NHS Employers to develop resources to help organisations embed an effective KSF and appraisal process for all staff. Case studies explaining successful approaches to implementation will help us to spread the word, so please get in touch if you are happy to share your good practice.

Get in touch:  Simply send a brief outline highlighting what you have done, how you did it and the outcome to j.chandler@unison.co.uk. Please provide contact details and we will be in touch with you to decide how best to share your case study.

Contact UNISON on 0845 355 0845 or visit www.unison.org.uk
In partnership with NHS Employers, we are also looking to set up a mailing group to share latest news and good practice examples around the use of the simplified KSF.

If you would like to be added to the mailing list, please send your, name job title / trade union role, organisation and email address to agendaforchange@nhsemployers.org

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UNISON HEALTHCARE - BRANCH UPDATE  
From: Christina McAnea, UNISON National Secretary - Health  

BRIEFING HC-075-11  
16 August 2011

Branches invited to NHS Employers Conference

Who needs to know?
- Health Branches England

Summary:
UNISON branches are encouraged to send TU representatives to the forthcoming NHS Employers Conference taking place in November 2011.

In full:
UNISON branch officers / local trade union side leaders are invited to participate in the forthcoming NHS Employers Conference to be held on 15 & 16 November 2011 at the ACC, Liverpool.

The NHS Employers annual conference and exhibition provides an opportunity for HR and workforce leaders to come together and discuss solutions to the current challenges facing the NHS. It will comprise two full days of learning, meeting, sharing and discussing. In the spirit of partnership working, it is important to have a good trade union presence at this event. We would expect all employers who are committed to partnership working, to ensure there are funded places for their TU side leads to attend and participate.

On 16 November there will be a conference session entitled ‘Partnership under pressure’ which will look at models of good practice and hear accounts of effective partnership working which has delivered for both employers and staff in times of difficulty. NHS trade unions and employers at both local and national level will be participating in the session. Branches are urged to discuss this event with their employer at local level and seek to ensure that there is partnership representation - both employer and union – at this key annual event. For further details see the NHSE website: [www.nhsemployers.org](http://www.nhsemployers.org)

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Contact UNISON on 0845 355 0845 or visit [www.unison.org.uk](http://www.unison.org.uk)
UNISON HEALTHCARE - BRANCH UPDATE
From: Christina McAnea, UNISON National Secretary - Health

BRIEFING HC-076-11
16 August 2011

Unsocial hours payments during annual leave - advice

Who needs to know?

- All Health Branches (in organisations using Electronic Staff Records (ESR))

Summary:
Technical advice to resolve ESR annual leave unsocial hours miscalculations has been issued. Branches are advised to take note of the actions set out in this branch briefing.

In full:

Further to previous circulars on this subject, UNISON has continued to pursue the issue of inaccurate calculation of full annual leave pay reflecting ‘average’ unsocial hours payments. Following investigation of this problem, it has been identified that the miscalculations occurred as a result of the Electronic Staff Record (ESR) system not correctly calculating average unsocial hours payments in certain circumstances.

McKessons, the provider of the ESR system, has issued a technical advice note on this subject to ESR users, explaining the nature of the problem and identifying how organisations can rectify this for the future. The action described in the note is:

"It is strongly recommended that those organisations that currently pay AfC Average and do not collect the days worked/ hours contracted for part period absences arrange to do so in order to ensure correct payment”

The note states that is not possible for the ESR system to generate back pay which may be owing to individuals. The Staff Council Executive has requested further technical advice from the ESR provider on what steps HR/Payroll need to take to correctly identify individuals who may have had their pay miscalculated prior to this note being issued.

Contact UNISON on 0845 355 0845 or visit www.unison.org.uk
Action for branches:

- If your employer uses ESR, check with your HR and payroll teams that they have a copy of the technical note from McKessons
- Ensure your ESR payroll has taken the action advised and has started collecting days worked/hours contracted for part period absences
- In relation to previous miscalculation and potential back payments, please advise your HR team that the Staff Council Executive is seeking information on how affected ESR records may be identified

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