“ANY WILLING PROVIDER” Q&A

What is “Any Willing Provider”?  
Currently, the vast majority of community services are provided by your local primary care trust (PCT). However, the new government has ruled that PCTs can no longer directly provide services – they can only buy-in, or commission, those services. This is to encourage new providers – particularly private and independent providers – into the healthcare market.

“Any Willing Provider” (AWP) is a model for providing healthcare where patients can select who provides their care from a list of those willing to offer it and that meet certain standards. The model is already used for pre-arranged, non-emergency care, but the government wants to roll it out to as many services as possible, which represents a move away from the previous government’s ‘NHS as the preferred provider’ policy.

Why does UNISON object to it?  
UNISON is not against patients having real and informed choice in their treatment and health care, but we believe that, for most patients, knowing they have a good quality, locally provided health service is more important than having a list of providers to choose from.

We believe that by forcing commissioners of services to create a list of different providers and thus expand the market in health care, the private sector will be encouraged into the NHS which will ultimately have a detrimental effect of patient care, when profits become more important than care.

AWP 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 at present the vast majority of patients will be treated in an NHS hospital.

The government wants to expand the AWP model to cover all services, except for where it would not be possible such as for emergency ambulance admissions to A&E. The extension of this model into community care – care taking place outside of a hospital setting – will mean that commissioners will have to create a list of providers for a growing range of services. This is likely to mean a massive increase in the numbers of private and independent sector providers – including those that are driven by profits rather than providing the best care for patients.

But won’t more providers mean a better service for patients?  
Under AWP, providers will be paid either a locally agreed tariff or a price agreed in advance with the commissioner for the services they provide. However, there will be no guaranteed levels of income or guaranteed numbers of patients for those 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 their business.
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 seems perverse to roll out a model that promotes resources lying idle.

So, under the AWP model, patients may initially have more choice. However, there is a question mark over how long individual providers will be able to survive with no guaranteed income. It may also result in NHS providers being undermined or forced to close down. As more organisations go bust, AWP is likely to limit the very thing it sets out to achieve – a wider range of providers of community care services such as physiotherapy or home-based chemotherapy. This may even mean a reduction in the range of services available – to only those that are profitable, rather than beneficial to patients.

Patient care may also suffer if providers are encouraged to cut costs in order to win contracts in a competitive environment.

What does it mean for staff?
Staff will face long term instability and uncertainty in their job roles within a volatile market environment. If health care provider organisations do not know how much business they can expect, it will make workforce planning much more difficult. Staff may also suffer worse pay and terms and conditions if they are employed directly by private providers eager to cut costs and, if an employer goes bust, staff will lose their jobs.

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 long-term this could undermine the founding principles of our health service – a comprehensive, universal service that is free at the point of use.

What can I do?
• Press your local commissioner not to use the market or AWP where it would work against collaboration or undermine the NHS provision of services
• Keep up to date with the latest news at UNISON’s Our NHS, Our Future website
• Try to find out what commissioning decisions are being made about health care services in your area. Share this information with your regional office.
• 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 and networks, community campaign groups, other trade unions and professional organisations, voluntary sector organisations, trades councils, local councillors and MPs.
• Share the information in this briefing with activists and members. Identify new workplace contacts and ask them to help you develop networks to gather information.