

## **Consultation on fair and transparent pricing for NHS services– National LGB&T Partnership**

### **Introduction**

This document provides feedback from the National LGB&T (lesbian, gay, bisexual and trans) Partnership, a member of the Department of Health Strategic Partner Programme. The National LGB&T Partnership is an England-wide group of LGB&T voluntary and community service delivery organisations (see below for members of the Partnership) that are committed to reducing health inequalities and challenging homophobia, biphobia and transphobia within public services

The National LGB&T Partnership members intend to positively influence the policy, practice and actions of Government and statutory bodies, in particular the Department of Health, for the benefit of all LGB&T people and communities across England. The member organisations of the National LGB&T Partnership are:

- The Lesbian & Gay Foundation (LGF)
- East London Out Project (ELOP)
- Gay Advice Darlington and Durham (GADD)
- Gender Identity Research and Education Society (GIRES)
- Health Equality and Rights Organisation (formerly GMFA)
- Consortium of LGB&T Voluntary and Community Organisations
- London Friend
- PACE
- Stonewall Housing
- Trans Resource and Empowerment Centre (TREC)
- Yorkshire MESMAC

The National LGB&T Partnership will ensure that health inequalities experienced by LGB&T people are kept high on the Government's agenda and that best use is made of the experience and expertise found within the LGB&T voluntary and community sector. The National LGB&T Partnership is also establishing a National LGB&T Stakeholder Group which is open to interested groups, organisations, service providers and individuals, giving a direct voice to the LGB&T sector. See <http://www.lgf.org.uk/Your-rights/The-National-LGB-T-Partnership> for more information.

## Consultation questions

Question 1: Do you agree that providers of services in the tariff in operation at the time at which Monitor consults on the next tariff should count towards the thresholds?

Yes.

Question 2: If yes, do you agree that this should include any such providers who are exempt from the requirement to hold a licence?

Yes. The National LGB&T Partnership believes that any providers that are delivering services and would be affected by the tariff should be included in the consultation, as a point of equity.

Questions 3: Do you agree that the data used to calculate an objection threshold should be based on total tariff income, as reported in financial accounts? If no, please suggest an alternative source.

There should be no threshold for objections. All providers that are delivering services and would be affected by the tariff should be included in the consultation, as a point of equity.

Question 4: Are there any other providers who should count towards the threshold?

The National LGB&T Partnership believes that any providers that are delivering services and would be affected by the tariff should be included in the consultation, as a point of equity.

Question 5: Do you agree that the objection percentage threshold should be set at 51% for commissioners?

Yes.

Question 6: Do you agree that the objection percentage threshold should be set at 51% for providers?

Yes.

Question 7: Do you agree that a provider's share of supply should be calculated across all tariff?

The National LGB&T Partnership understands the provider's share of supply to be its share of the overall supply, rather than the organisational supply. If providers are

weighted based on share of supply of tariff services, there could be an issue of large providers having an unfair say in consultations; for example, the top 12 NHS trusts have a huge combined income, and there is a risk that a group like this could then set the price and control the market. Responses from providers shouldn't be weighted, but should be treated equally.

Question 8: Do you agree that providers should be weighted based on income from tariff services delivered, as stated in the previous year's financial accounts and minus any local area adjustments?

No. If providers are weighted based on income from tariff services, there could be an issue of large providers having an unfair say in consultations; for example, the top 12 NHS trusts have a huge combined income, and there is a risk that a group like this could then set the price and control the market. Responses from providers shouldn't be weighted, but should be treated equally.

Question 9: Do you agree that the share of supply percentage threshold should be set at the same figure as for the objection percentage thresholds, ie 51% of the total supply?

No. The National LGB&T Partnership believes that responses from providers shouldn't be weighted, but should be treated equally.

Question 10: Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups?

The proposals as laid out in this document are likely to have an adverse effect on lesbian, gay, bisexual and trans (LGB&T) groups. Organisations in the LGB&T sector are often small and charitable or voluntary groups; for this reason, many LGB&T specific service providers will fall below the threshold to be licenced by Monitor. Many LGB&T organisations will be delivering tariff services to this specific community, but if thresholds are set for inclusion in the consultations on tariff-setting in relation to share of supply and income, the majority of LGB&T specific service providers would be excluded from this process. This could lead to a situation whereby LGB&T specific service providers were an important part of the supply chain for delivery of tariff services, but had no input to the pricing of these services. The adverse effect on such providers of being excluded from setting the tariff would be even greater because LGB&T service providers are usually small organisations which are reliant on income from those services. If such services were forced to close, there would then be a consequential negative impact on LGB&T individuals,

as they would no longer be able to access targeted health services specific to their needs.

The role of the wider voluntary and community sector (including the LGB&T sector) needs to be better considered in these proposals. The VCS has a wealth of specialist knowledge and experience and can support the NHS by providing prevention, early intervention and primary care services that are targeted to a particular community's needs. The VCS can deliver these services cheaper than the NHS or many private providers (as overhead costs are often not included in private providers' calculations). Early intervention and preventions work carried out by the sector should be prioritised by the NHS to deliver better outcomes for patients at reduced cost to the NHS.