

Consultation on fair and transparent pricing for NHS services: The Lesbian & Gay Foundation's response

Introduction

The Lesbian & Gay Foundation (www.lgf.org.uk) will respond to the consultation incorporating any likely impact upon itself and its lesbian, gay and bisexual, and trans (LGB&T) service users. The Lesbian & Gay Foundation is a vibrant charity committed to achieving more positive outcomes for LGB&T people, with a wide portfolio of well-established services and new initiatives. The LGF is also the lead organisation of the Department of Health funded National LGB&T Partnership.

The Lesbian and Gay Foundation is based in Manchester, and supports over 40,000 lesbian, gay, bisexual and trans (LGB&T) people each year. In addition to a wide range of health and advocacy services, it also undertakes research, information provision and policy campaigning on a national scale. As a result, the Lesbian & Gay Foundation provides more direct services and resources to more LGB&T people than any other organisation of its kind in the UK. The LGF is reported by service users to be one of the first points of contact for them when they have been at a crisis point in their lives. We campaign for a fair and equal society where all lesbian, gay and bisexual people can achieve their full potential, and our mission is: 'Ending Homophobia, Empowering People'.

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 Lesbian & Gay Foundation 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 Lesbian & Gay Foundation 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 Lesbian & Gay Foundation 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 Lesbian & Gay Foundation 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.