

An alternative to the DWP tender for a “medical records broker”

Medical decisions are human decisions

The Atos processes exist because DWP does not trust the data it could get from the NHS. As has become evident, there are processes where NHS doctors offer ‘fit notes’ the DWP requires them to provide, but pressures them not to. This is DWP gaming the very system that it set up in an attempt to make it not be gameable by anyone else. And this remains the context in which the tender has been issued.

Patients must believe that the information they give to their doctor will not be used against them. No data protection law, old or new, allows the DWP to rifle through GP records without an explicit legal case. However the Atos process is replaced, whatever replaces it is going to require new legislation – informed by all of the stakeholders, in a public debate.

DWP brings ‘business logic’ to a political problem

Any data access or data sharing cannot be done under Data Protection law alone. It is not part of the NHS’ or GP’s public task to assess benefits for DWP, and DWP [cannot ‘ask’ for consent](#) when that ‘consent’ is a condition of the social safety net that makes it possible for a person to buy food. (DWP may try; it will fail.) So any replacement is going to require primary legislation – and that legislation cannot be initiated by DWP alone, and certainly not by issuing a tender.

The tender document¹ is quite clear on the policy intent, and how DWP sees the world. But DWP cannot fix this alone. It may try because it believes it has no other levers to pull, given wider distractions. So this current approach – trying to fix a complex political issue with more technology – will likely go no better than the Home Office’s roll out of the Settled Status digital process,² and could go a lot worse...

Going further: Widening the scope of the Department of Health and Social Care

The established approach to the proposition “no-one should die or live in poverty” is to split dying and poverty into separate Departments of State. Why?

The Department of Health and Social Care was renamed because the Department of Health was the biggest purchaser of social care in the country, despite social care being a local government responsibility. Renaming the Department helped change the political landscape, to a degree – sometimes moving deckchairs is useful, if only to get a better view of the iceberg.

¹ <https://www.digitalmarketplace.service.gov.uk/digital-outcomes-and-specialists/opportunities/8859>

² <http://www.infiniteideasmachine.com/2019/01/settled-status/>

Brexit – and the ensuing “nervous breakdown across Whitehall”,³ endangering not only national integrity but the authority of the state itself – is forcing a re-evaluation of many of our institutions, just as the spending round forces all government Departments to justify their work and their projects.

The current Secretary of State for Health has stated that ‘prevention’ is one of his key aims. But prevention is terribly resourced and has no political priority – much as the causes of harm and “shit life syndrome”⁴ is a DWP problem that DWP has no means to address, besides making more people more miserable for longer.

Breaking up DWP – moving the ‘social safety net’ parts of DWP into DHSC – would give DHSC the remit and resources it needs to resolve fundamental and systemic issues,⁵ as the new approach in Greater Manchester is beginning to show anecdotes of delivering. In effect, the Jobcentre loses the “Plus” and returns to a mission of helping those who can work, and the health service helps those who cannot – under a Government that knows the difference between the two. (For completeness, the rest of DWP would go to HMRC or elsewhere.)

Over decades, the US has taken the political decision to focus most of its spending on the military, and everything else gets scraps. The UK made the decision to ring fence and improve the NHS – this move is a logical consequence of that decision. Are we going to continue to patch over population health inequalities and deprivation, or is there a wish to do something about it in the Spending Round?

(A Machinery of Government change moving the entire discretionary welfare budget into DHSC will not be much of a cultural shift for those civil servants – DHSC doesn’t believe doctors either.)

No matter the intractable problems it solves,⁶ splitting up DWP is unlikely to be politically palatable of course – but, as things are currently configured, there is no real solution to the problem. There will instead be another bodge, which likely ends up trying to use ‘remote assessors’⁷ to ‘assess’⁸ the medical conditions of citizens because the DWP institutionally cannot believe what the NHS tells it.

³ <https://www.bbc.co.uk/news/uk-42515637>

⁴ <https://www.theguardian.com/commentisfree/2018/aug/19/bad-news-is-were-dying-earlier-in-britain-down-to-shit-life-syndrome>

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<https://www.theguardian.com/society/2019/mar/25/strip-dwp-work-pensions-responsibility-ill-disabled-people>

⁶ <https://demos.co.uk/wp-content/uploads/2019/01/Pathways-from-Poverty-a-case-for-institutional-reform.pdf>

⁷ e.g. Matt Hancock’s favourite, <https://babylonhealth.com/>

⁸ <https://www.dailymail.co.uk/health/article-5974137/Doctor-left-baffled-chatbot-diagnosed-erectile-dysfunction-bloody-nose.html>