

9.130 Stop poisoning patients with antidepressants, Health and Wellbeing councillors told.

By John Kapp, 22, Saxon Rd Hove BN3 4LE 01273 417997, johnkapp@btinternet.com. References thus (9.75) are to papers on www.reginaldkapp.org)

'Stop poisoning patients with antidepressants' was the message in an e mail (see appendix 1) that I sent on 11.7.18 to all councillors on the city's Health and Wellbeing Board (HWB) I felt angry at their meeting on 10.7.18 when I heard Rob Persey (director of Social Care) say that our Clinical Commissioning Group (CCG) is a **sovereign** body, implying autonomous, (as UK seeks to become again next March) setting its own rules and agendas, and beholden only to their citizens or shareholders. The truth is that is that the CCG is just the health departments of the council, having been created under the Health and Social Care Act (HSCA) 2012, to fill the local democratic deficit in health by delegating statutory responsibility for 2/3rds of the health budget (locally £427 mpa, and nationally totalling over £80 bnpa) to the Local Authority Councils (as Social Care has been since the welfare state was created in 1948) Since May 2014, the CCG has been specifically accountable to the Councils' HWBs under their terms of reference.

Rob's pronouncement was therefore disinformation (fake news) to councillors that the process of integration of health and social care requires the merging of two separate organisations, whereas it is really just the merging of 2 departments, who have been under one roof in Hove town hall since 2016. The officers keep promulgating this lie, as all the previous chairmen of the HWB were also told that that the CCG is a separate, autonomous body. I contested this view in a delegation to full council on 18.7.13 (9.75) which resulted in the CCG being made accountable to the HWB in their terms of reference. I had an exchange of correspondence with the head of legal services (Abraham GG) in 2015, who drafted them, so thought that it was generally agreed that the CCG is a department of the Council. For an officer to call it a 'sovereign' body therefore flies in the face of the obvious truth to the contrary.

Why should Rob and Andy Hodson (new executive director of the CCG) be promulgating such obvious fake news, reinforced by 2 separate logos appearing on every page of their power point slides: 'Caring Together. Update, Integration and New Models of Health and Social Care'? There is much evidence (9.129 'Who's killing the NHS? and appendix 2 'The £80 bnpa black hole in the health budget) that this fake news is part of a wider conspiracy by the drug companies and health unions to protect their markets and jobs. They do this by distracting councillors attention with endless reorganisations, (such as this new 'shadow year') and to obscure the fact that the **Clinical** Commissioning Group (CCG) has not done any **clinical** commissioning to date, and that 2/3rds of the health budget (£427 mpa locally and £80 bnpa nationally) has gone into a black hole, as it is invisible to taxpayers who finance it.

How has this subversion happened? Parliament realised that previous commissioning of NHS treatments was done by managers, who never saw a single patient, so did not know which worked, and which did not. To solve this problem, the HSCA 2012 created 'clinical' commissioning by GPs, who have an average of 40 patient contacts daily, so know that patients generally prefer talking therapies which work, rather than drugs which don't even claim to cure them, but just mask the symptoms of low moon (like alcohol). Under the new CCGs, GPs were supposed to improve health outcomes by commissioning more talking therapies, and less drugs. This would have been in the interests of everybody, except for drug company profits, and some psychiatrists' jobs, hence the subversion.

Everyone knows that street drugs are dangerous, but medication is not much better, and is given away like sweets at a children's party. Governments have been trying to end society's dependence on drugs (street and prescription) for decades, because they don't cure the patients, but are addictive, and create Long Term Patients, who keep coming back to primary care to adjust drug and dosage in a revolving door. In 2006, when 30 million monthly prescriptions of antidepressants were being written for 2.5 million depressed patients, the Labour government tried to 'end the Prozac nation' by introducing the Improving Access to Psychological Therapies, (IAPT). It has been successful, and

now treats 550,000 patients annually, half of whom recover. However, the CCGs have failed to commission enough providers, (despite the private sector being awash with therapists, who would love to get a licence to treat NHS patients) so the NHS waiting time is more than 6 months, even if you are suicidal. The result is that antidepressant prescribing has more than doubled, and now 6 million patients (1 in 10 of the population) are on them. The crisis in primary care is caused by these extra 3.5 million patients going round this revolving door, and their number is now increasing by half a million each year. This is why GPs are so frustrated that they retire early. (9.125)

Why has clinical commissioning failed? The HSCA made CCGs accountable to the Health and Wellbeing Boards (HWBs) of the Local Authority Councils. However, councillors can only do their job of getting best value for taxpayers money if they are supported by officers, who have been subverted by the above lie. Instead of helping councillors to take tough decisions on the wise spending of the budget for more talking therapies and less drugs, officers have been telling them that the CCG budget is nothing to do with them. Councillors have therefore been unable to direct the wiser spending of these vast sums that Parliament keeps voting, (the £20 bn Brexit dividend being the latest to be announced). I have attended every meeting of the CCG governing board, and HWB, and the issues of concern to patients are never meaningfully discussed, the meeting always rubber stamping every agenda item. They have never held a single vote on any motion, showing that the HWB has always been entirely officer-led (not member-led). I have asked questions, and always get fob-off answers, and my attempts at getting papers of mine (like this one) on to the agenda have always failed hitherto.

What is the result? These crazy CCG/HWB charades creak on, endlessly fiddling with reorganisations, while millions of patients are poisoned, and GPs leave in droves. Why? Only because officers (like Rob and Andy) have been subverted with lies. Patients go to the doctor for treatments prescribed by GPs, which are supposed to be **evidence** based, by being recommended by the National Institute for Clinical Excellence (NICE) which checks on the cost effectiveness of every treatment. For mild to moderate depression, (the vast majority of depression and anxiety cases presenting initially in primary care), NICE recommends **talking therapy**, not drugs. However, the failure of the CCGs to mass-commission the latest NICE recommended treatment, (Mindfulness Based Cognitive Therapy (MBCT 8 week course, which is 100 times more cost effective than 1 to 1 CBT) the waiting time for talking therapy is excessive, so less than 1 in 10 patients can access it. GPs therefore have no alternative but to prescribe antidepressants to 9 out of 10 patients **against** NICE guidelines and the **evidence** base. This 'treatment' is worse than the disease, as it does not cure them, but converts their symptoms of low mood into cravings for relief from side effects. It also makes them into Long Term Patients, condemned to keep coming back in a revolving door, overwhelming primary care. GPs know that they are breaking their Hippocratic oath, and doing more harm than good, so have no alternative but retire early, now at 55. (9.125)

What is the solution? I hope that I have shown above that councillors on the HWB have been mis-informed, and that the budget for which they are statutorily responsible is not just the £120 mpa for Social Care, but includes the £427 mpa presently in the black hole for health, totalling £547 mpa. This is nearly as much as the remainder of the council's budget (around £636 mpa) which is collectively overseen by the Policy and Resources committee. This near parity is why the HWB terms of reference in 2014 recommend that its chairman be the leader of the council.

The councillors on the HWB therefore do not have to wait for Rob Persey and Andy Hodson to integrate their respective departments of health and social care. They have the statutory power **right now** to do their statutory job of **clinical** commissioning in the interests of patients, doctors, and their electorate who pay for it all as taxpayers. They can transform mental health by supporting the chairman of the CCG, Dr David Supple, and more than 100 GPs under him, to mass commission NICE recommended talking therapies, (such as MBCT 8 week courses and psycho-education courses that teach patients self care) and decommission antidepressants. They should also spend the Better Care Fund (BCF) money (£28 mpa this year for the city, out of £5.8 bnpa nationally) to relieve pressure on primary care by creating Community Care Centres near every surgery (9.116, 9.117) open 24/7 as mental A&Es, and staffed by licenced providers running NICE recommended MBCT 8 week courses and supporting meditations, as described in many papers (9.91 etc) This would revive the profession of general practice, and retain GPs. They should also follow the example of Brighton Health and Wellbeing Centre, Western Rd, Hove, which provides complementary

therapy for patients and staff free at the point of use, subsidised by fundraising (bhwc@nhs.net) which is why it is the only practice in the city that does not have a recruitment and retention problem.

Appendix 1 THE CCG IS NOT A SEPARATE SOVERIGN BODY BUT IS THE HEALTH DEPARTMENT OF THE COUNCIL.

My e mail dated 11.7.18 to Cllr Karen Barford, chairman Health and Wellbeing Board, (HWB) sent to all councillors on HWB and Clinical Commissioning Group (CCG)

Dear Karen and all

As promised yesterday when I gave you a paper copy of 'The £80 bnpa black hole I the health budget', (appendix 2 below) I attach a digital version. It is a shortened version of my April paper: 'Who's killing the NHS', published as 9.129 of www.reginaldkapp.org. In the item 'Moving towards integration – shadow form', Rob Persey said: 'the CCG (and the Council) are each **sovereign bodies**'. I had a light bulb moment, as I had previously assumed that they were **one body**, My basis for this assumption were as follows:

- a) My interpretation of the intention of the Health and Social Care Act (HSCA) 2012, which was to 'fill Bevan's democratic deficit in health' by delegating responsibility to local councillors, as Beveridge gave them for social care.
- b) The CCG and HWB each had a previous 'shadow year' in 2012/13, which meetings I attended in the public gallery.
- c) A statement by Andy Burnham in Health Service Journal Nov 2013 that the 'CCG is the executive arm of the HWB'.
- d) In May 2014, I was present in the public gallery when Abraham presented his newly drafted terms of reference for the HWB, stating that 'the CCG is accountable to the HWB'.
- e) The co-location of the CCG staff in Hove town hall since 2016.
- f) The democratic principle that public money may only be controlled by elected councillors, (as the HWB) not appointed officers (which the CCG staff are)

I therefore assumed that the CCG had been fully integrated into the Council since May 2014. I wrote nearly 100 papers for the HWB/CCG basically asking: 'why don't you councillors take responsibility for health by acting as if the CCG budget was yours, (as you have always done for social care) and why don't the GPs on the CCG do their statutory job of 'clinical' commissioning, by mass-commissioning talking therapies (such as the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course? I pointed out that MBCT is 100 times more cost effective than 1 to 1 CBT, and that the corporate world is doing mindfulness at a massive scale (eg The Mindful Nation UK report by the House of Lords, 2015) I also called for the decommissioning of antidepressants, which are doing more harm than good and have created the epidemic of depression which they are prescribed to 'cure'.

Have I jumped the gun, or is Rob Persey behind the times? We are where we are in our various belief systems, and I welcome this 'new' initiative to fully integrate health and social care. I suggest that those doing it use my 100 papers as a resource for the issues that need to be addressed, and a blue print for possible solutions. They are all published openly on section 9 of www.reginaldkapp.org I hope particularly that you councillors will take responsibility for health, and use them to solve the crisis in primary care, starting with halting the mass-exodus of GPs.

In conclusion, I do not agree with Rob Persey's statement that the CCG is a 'separate sovereign body', which is fake news. Please ask him to show constitutional evidence to support his view, which is mistaken. I had a similar disagreement with Abraham in 2015, who I still believe is also mistaken. All the evidence points to the fact that the CCG is constitutionally just the health department of the Council, in the same way as 'Social Care' has always been just a department of the Council.

However, the problem is that everybody has been taken in by this fake news, and nobody yet acknowledges the constitutional truth. This wrong attitude has condemned the CCG to be a 'headless chicken', running in circles getting nowhere, and just rolling over block contracts decades past their sell-by date, and oblivious to the new treatments that the private sector pay for, (like mindfulness) accounting for health inequalities. This has prevented GPs from healing patients with evidenced based treatments, and frustrated them to vote with their feet.

To change this, there is no need to wait for primary legislation, as all that is needed is the political will of you councillors to change your attitude, and take responsibility for supporting GPs in their clinical commissioning role to procure contracts for healing treatments (not poisoning ones). You can count on my support. Good luck, on behalf of your electorate. Best wishes

Yours John

Appendix 2 The £80 bnpa black hole in the health budget. 26.6.18

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Health secretary Jeremy Hunt said (Andrew Marr show 25.6.18) that the £20 bnpa extra funding for the NHS by 2021/22 would be subject to NHS England coming up with a new 10 year plan to improve health outcomes, such as cancer. It should also include reducing the epidemic of depression, by increasing the Improving Access to Psychological Therapies (IAPT) programme. This was introduced 12 years ago (in 2006) by the Labour government to end the 'Prozac nation' when 30 million monthly prescriptions of antidepressants were written for 2.5 million patients. Now IAPT successfully treats 550,000 patients pa with CBT, and gets a 50% recovery rate, so 275,000 are cured annually. However, now GPs writes over 65 million monthly prescriptions for nearly 6 million patients, (1 in 10 of the population), which is 20 times the number being successfully treated with talking therapies. Furthermore, this 'treatment' is mostly against NICE guidelines, and new evidence shows they don't work.

A meta study of antidepressants published in Feb 2018 (Cipriani et al) showed that only Prozac was better than a placebo, but by only a tiny margin. This was graphically described by Dr Chris van Tulleken in a BBC documentary shown on 23.5.18 and 30.5.18 called 'The doctor who gave up drugs'. His point was to show that complementary therapies (such as mindfulness and community support) can work well for children. The new NHS England plan should therefore decommission these drugs, which are doing more harm than good. Angela Patmore showed (Spectator 24.3.18) that they can have horrible side effects, including suicide and homicide, and that many murderers were on them, including Thomas Mair, who killed Jo Cox MP a week before the Brexit referendum. Furthermore, a study from the University of Illinois (jama 2018: 319 2289) shows that 200 other common drugs (such as painkillers) can also cause depression.

Unlike talking therapies, antidepressants contribute to the crisis in primary care, as they can make people into Long Term Patients, coming back to primary care to adjust drug and dosage in a revolving door. As each year passes, half a million **more** patients are being prescribed these drugs, which could be why GP surgeries and A&E departments are being increasingly overwhelmed. The lack of contracts for talking therapies forces GPs to break their Hippocratic oath 'do no harm', which may be why 2 in 5 GPs are now taking early retirement, and no-one wants to replace them. Doctors were called to heal people, not poison them, so the new 10 year plan should detoxify the NHS.

To decommission drugs, NHS England will need the help of the Local Authority Council's Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards (HWBs) to whom 2/3rds of the budget (now over £80 bnpa out of £127 bnpa) is devolved. However, my council (Brighton and Hove) does not even acknowledge receipt of this money in the statements of their budget sent out every April to every household with our council tax demands, as shown on the picture below.

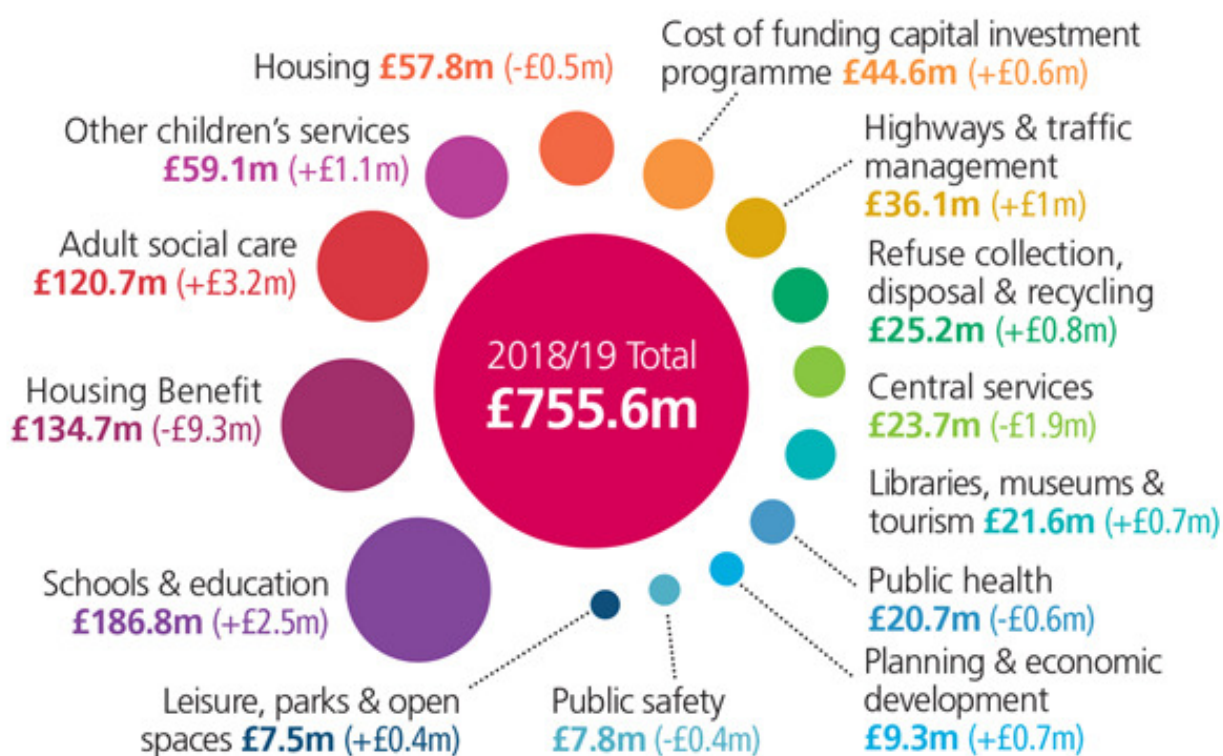
The total budget shown is £755.6 mpa, but health is **not** shown, yet my CCG's budget is £427 mpa, more than twice as big as the biggest shown 'schools and education' at £186.8 mpa. The total that my council receives from the

treasury is thus £1,183 mpa, yet my council declares that they spend **nothing** on health? Is this omission just a local mistake? I have asked people in other local authorities, and health is not shown on theirs either, so this anomaly seems to be England wide.

This omission raises a host of questions. Who is responsible for getting best value for this £80 bnpa public money? Not NHS England, as they delegated it to the local authorities. Has it fallen into an accounting black hole? Is this a cock up or a conspiracy? What are the consequences for patients, doctors, and taxpayers? I am a former Conservative councillor, so I followed the progress of the HSCA through Parliament, and attended nearly every meeting of my CCG and HWB, asking public questions, and writing papers for those in charge. They are published on section 9 of my website www.reginadkapp.org referenced below thus (9.129). My conclusions and recommendations are given below.

Services provided

(figures in brackets show the change from 2017-18)



The Health and Social Care Act 2012 (HSCA) gave GPs the power over clinical commissioning because they have an average of 40 patient contacts daily, so know from their patients which treatments work (talking therapies) and which don't (antidepressants). Parliament intended that GPs should mass commission talking therapies, and decommission drugs. This hasn't yet happened because GPs in CCGs need the political support of elected politicians on the Health and Wellbeing Boards to take on the vested interests of the status quo (drug companies, and health trade unions). However, this political support seems to have been systematically denied to GPs, which may be why so many are voting with their feet. (9.125)

Everyone (patients, doctors and taxpayers) are now worse off than we were before 2012, because before then, someone (DoH, Strategic Health Authorities, Primary Care Trusts) was nominally **responsible** to get best value from the 2/3rds of the health budget, (now £80 bnpa). However, now **no one** even acknowledges responsibility for this huge sum (4 times the Brexit dividend), as it has gone into a black hole. If you don't believe me, check your Council's budget statement on their website.

What is the solution? The good news is that we don't need to wait for the new 10 year plan to be published, or for primary legislation, as your councillors on your HWB now have the power and the budget to work together with GPs to do the job given them by Parliament 6 years ago, namely proper clinical mass commissioning of talking therapies, and decommissioning harmful drugs. This would rescue general practice from being hijacked as pill pushers for the drug companies, and restore it to an honourable profession, stemming their mass exodus. It would also rapidly restore mental health to the good state it used to be before these drugs were invented.