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UK campaigners mount legal challenge over US takeover of GP surgeries

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UK patients and doctors are backing a legal challenge to a takeover of NHS general practice services by a private US health company. They want a judicial review of a decision by North Central London Clinical Commissioning Group to allow eight general practices to be taken over by health insurance giant Centene to expand the firm's UK portfolio.

Campaigners, including the group Keep Our NHS Public, argue that the decision to allow change of control lacked transparency and should be declared unlawful. They said it posed risks to patients' care and could lead to unprofitable services being closed down and personal data leaving the UK.

A Crowdjustice fundraising appeal was launched on 20 May in support of the judicial review bid being brought by Anjna Khurana, a patient and Tollington ward councillor for the London Borough of Islington.¹ She said that 375 000 NHS patients were not told about the takeover.

"I am so afraid that our NHS is being dismantled bit by bit, with the private sector playing a bigger and bigger part," she said.

The concerns centre on Operose Health, a wholly owned subsidiary of the Centene corporation. Operose Health recently acquired AT Medics, which runs 37 general practices in London, mostly under alternative provider medical services (APMS) contracts.²

AT Medics Ltd directors had to ask the NHS to permit the transfer in control to Operose Health, which will now run more than 50 general practices in total in England.

North Central London Clinical Commissioning Group is one of 13 CCGs in London that authorised the transfer of their AT Medics practices to Operose Health. The group said in March 2021 that it approved the transfer "as there was no legal or contractual basis" to reject it and it would not alter the service provided under the contract. It said "no concerns" were raised during a due diligence process that was undertaken "independently by a solicitor" and collectively on behalf of the 13 London clinical commissioning groups affected.

But critics say that the CCG had not been open with patients and had not considered the possible effects of the decision or the track record and debt load of the US firm, which they believe could destabilise services.

Louise Irvine, a London GP and member of Keep Our NHS Public, said the UK parent company of Operose, MH Holdings International (UK), had a stated strategy of divesting itself of businesses or contracts that did not reach its profitability targets.

Irvine told *The BMJ*, "There's concern that, if the main motive is profitability, efforts will be made to drive up profits in the practices to get the maximum out of them. That could mean cutting back on skill mix and numbers of GPs and getting less skilled staff who are cheaper. People are really worried about that."

Irvine said patients had had no say over the transfer decision and were worried about what would happen to personal data.

Anna Dews, a London solicitor instructed by Khurana, said there was a legal basis for challenging the decision because opportunity for public scrutiny had been "extremely limited." She said, "The public have a right to be involved in decisions such as this, especially when it involves changing circumstances surrounding their highly sensitive health data."

A spokesperson for Operose Health said that the company "shares NHS values," adding, "Like other NHS providers, our care is free at the point of delivery, regulated and inspected by the Care Quality Commission."

A spokesperson for North Central London CCG said, "We are committed to offering residents high quality, safe, and accessible care. The same high quality services will continue to be delivered by the same staff at AT Medics practices to residents across North Central London."

- 1 Stop our GP practices being sold off to Centene USA. Crowdjustice. <https://www.crowdjustice.com/case/stop-our-gp-practices-being-sold-off-to-centene>.
- 2 Iacobucci G. Subsidiary of US healthcare firm will run more than 50 GP practices after takeover deal. *BMJ* 2021;372:n519. doi: 10.1136/bmj.n519 pmid: 33619035