**Save Lewisham Hospital Campaign**

**Lambeth Keep Our NHS Public**

**Our response to**

**South East London:**

**Sustainability and Transformation Plan**

**Footprint:** South East London, No.30

**OHSEL’s Final draft submitted to NHS England October 21st 2016**

**20 November 2016**

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**South East London: Sustainability and Transformation Plan**

**Footprint:** South East London, No.30

**Final draft submitted October 21st 2016**

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| **Executive summary of Save Lewisham’s response to OHSEL’s Sustainability and Transformation Plan (STP)** |  |
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**1: Executive summary on OHSEL’s Sustainability and Transformation Plan (STP) [[1]](#footnote-1)**

**1.1: Our concerns about the SE London STP**

***The financial context: austerity***

* For our STP, OHSEL have taken nationally imposed pressures and translated them through the *Five Year Forward View* and the STPs into a local financial ‘challenge’ of £1billion savings from annual budgets by 2020/21
* To be specific: in the four years from 2016/17, the **NHS in SE London** is predicted to need £934m more funding to meet health needs annually than it will receive. SE London **will suffer an** **imposed deficit in *annual* health funding rising** **to** **£934m** by 2020/21.
* Add to this the **underfunding of adult social care *annual budget* by £242m** by the same year, 2020/21.
* The SE London STP has been published by the ***Our Healthier South East London***team (OHSEL)*.* This **title disguises the reality** that it is truly **impossible to build a healthier community under such austerity conditions**.
* ***We acknowledge OHSEL’s assurances that they intend to maintain the current full range of urgent and emergency services in the hospitals of SE London, including Lewisham Hospital.***
* **But:** OHSEL’s STP just **does not add up financially** – a financially driven plan cannot succeed in delivering as good or better health services, in partnership with social care and other agencies who are also facing greatly reduced funding.
* **Year on year worsening of budget deficit** results in annual budgets by 2020 that are nearly £1b less than needed to deliver health services and £242m less than needed for adult social care.
* **What will the consequences be if the financial plan fails?** NHS England and NHS Improvement threaten to impose special measures on those Footprint areas, CCGs and trusts who fail to ‘balance their books’ faced with such unreal expectations.
* **Explicit threats of sanctions** – **worst case scenario** could see our area placed under a ‘success regime’ **losing autonomy of decisions**, with previous reassurances swept away, financial sanctions such as the withholding of transformation funding and imposed financially driven service cuts.
* And that is why **our campaign is so concerned about the OHSEL STP**. It does not add up: the STP is based on the flawed premise that our NHS services can be better even after such massive cuts.

**1.2: What we positively want from Health and Social Care in SE London**

* The Save Lewisham Hospital Campaign believes strongly in the provision of **high quality community based health and social care** **where our local district general hospitals are part of the network of community provision**
* Some of us have been advocates professionally for **integrated delivery of health and social care**, along with other agencies (eg Education, Third Sector) to those that need it.
* Well-coordinated delivery of services by cooperative work – across teams and agencies, hospital and community – is **essential for people and families with complex and/or long-term needs**
* A **high-quality, easily accessed, district general hospital, close to the community** it serves, is an **essential part of *safe* community-based care** – where the teams can share skills and knowledge in *established local networks* with quick and safe access to hospital when needed.
* This **work is labour intensive, skilled,** personalised and sensitive **and does not come cheap.** The work was going forwards in Lewisham and SE London before **major financial austerity** first halted it and now **is sending it backwards**.
* Successful community services should include **real participation of** **the families, community and organisations** they serve

**1.3: NHS England and consultancy methodology is misleading and potentially dangerous**

* The **NHS is a complex, highly regarded nexus of services** within healthcare and reaching out to other services. Across the country there are **inevitable variations in practice**.
* **Professional and managerial mechanisms to share new ideas** clinically and in terms of efficiency were **dealt mortal blows** by the fragmentation of a previously national service **under the Health & Social Care Act 2012**.
* The consultancy **McKinsey has developed dangerous myths** relied upon by successive governments to provide a justification, in particular, for their plans to close NHS hospitals:
  1. **That one third of hospital beds could be replaced** **by community based care** (on request no evidence is produced – see our evidence shared with OHSEL Appendix B)]
  2. That **every trust** providing healthcare **should be able to achieve ‘upper quartile’** **performance** in all areas (a new form of maths where we can all be above average)
* When translated into such massive projects as the Footprint/STP programme, the health service is now expected to achieve upper quartile performance ***in*** ***all areas at once***. This is not only impossible, but to try to achieve it is **so disruptive as to be dangerous.**
* When Simon Stevens and NHS England demand **‘upper quartile’ transformation within 4 years,** they demand the impossible. The King’s Fund, Nuffield Trust and NHS Employers have all said that this is impossible.
* But this is the **smokescreen used as the justification for over 30% underfunding of the NHS 2010 to 2020** (underfunded by an average of 3% per year for 10 years). **The NHS is underfunded greatly in comparison with similar European countries** (see full document).
* **These myths underpin the South East London STP**

**1.4: Clinical engagement**

* **Responsible clinicians** when asked to **attend OHSEL workstreams to plan better services willingly** give up their time to do so, at some cost to their Trusts and their clinical time
* **Dozens of clinicians have attended numerous meetings** within six workstreams in SE London – Urgent & Emergency Care, Planned Care, Cancer, Maternity, Children, Community Based Care. They have shared their experience – of course they have. But there is little evidence that their views have been taken into account!
* When you read or hear that clinicians have been fully engaged, **just remember** that this was **the message used by Jeremy Hunt**, Sir Bruce Keogh (Medical Director of NHSE) and the ‘Trust Special Administrator’ regime (Matthew Kershaw) as added justification for deciding **to close Lewisham Hospital’s A&E, acute and maternity services in 2013** – a decision which, were it to have been allowed to happen, would mean that our local SE London health service, on the edge permanently these last two years, would be 400 beds the poorer – and the more dangerous.
* When the **financial driver for systemic change** has so obviously **replaced the clinical driver** **for better services**, please know that **NHS services are in mortal danger.**

**1.5: The importance of the national environment, ‘Footprints’ and STPs**

* **The national context** is one of **severe de-funding**[[2]](#footnote-2) of the **NHS *and* the Public Health *and* social care budgets**. (See King’s Fund et al 2016, *The Autumn Statement [[3]](#footnote-3)* The NHS is tasked by 2020/21 to have absorbed an *annual equivalent of* £22b of health service cost pressures.
* The **NHS is not ‘in debt’:** – it has been **de-funded** and **it cannot provide safe care without ‘overspending’.**
* Nationally, **Sustainability & Transformation Plans** (STPs) have been **created to implement these cuts**, and to impose new cheaper models of practice in a fractured, weakened health service.
* **England has been divided into 44 Footprint areas** – an STP for each. Under great pressure and secrecy, each area has been ordered **to create an** **STP** **with the financial driver centre stage to ‘balance the books’ by 2020**.
* **Simon Stevens** put forward the *Five Year Forward View* as the template for realising this impossible ask. But he **highlighted specific caveats** which if ignored would prevent his deliverance of *FYFV* and £22b savings.**Most important was the requirement that adequate funding of social care be maintained**.
* However, **severe cuts in local authority funding** have resulted in o**ver 30% reduction in adult social care** budgets with more to come. There is a national crisis. **One million elderly people** **nationally[[4]](#footnote-4)** **no longer receive** the **personal care** they need from social services.

**1.6: C*oncerns over OHSEL’s proposals***

***Proposal for centralised elective (planned) orthopaedic care centres***

* **OHSEL’s flagship proposal is** to centralise all elective orthopaedic surgery on to **two elective orthopaedic centre**s (EOC), with their **preference being Guys (Guys & St Thomas’) and Orpington (King’s)**. **Lewisham & Greenwich NHS Trust would no longer do elective orthopaedic surgery in their hospitals**;
* Specialist centres for stroke, major trauma, heart attack and vascular emergencies have evidence for regional centres providing better outcomes
* There is also evidence that protected elective operating systems provide better outcomes when linked to good joined-up pre- and post-operative multi-disciplinary teams.
* There is **no evidence** that says **standalone specialist centres** would be **better than** for example, **three centres one each in the three main trusts**, with investment to provide better more ring-fenced elective pathways (protected from disruption by emergency work). **This is the ‘enhanced status quo’ option. OHSEL has refused to work up this proposal** and it has **NOT been evaluated,** and was **not part of the option appraisal**
* **Planned care** (including orthopaedic surgery) has **£36m savings** badged against it. The elective centres are the only proposal worked up, and savings are clearly prioritised here – a worry when pre- and post-operative care involve staff-intensive input.
* The Government has placed an embargo on central capital funding for NHS projects for three years 2015/16-2018/19. **The capital funding required to provide the EOCs will be at least £10.2m and will have to be raised from the private finance market.**
* Lewisham and Greenwich residents will lose their local provision linked to local community networks directly.
* **We insist on seeing the ‘enhanced status quo’ option and that it is appraised fairly.**

***Models of care based on de-skilling and de-professionalising the workforce***

* The UK does not have enough doctors or nurses or therapists, nor sufficient in-house expertise to manage the NHS
* Instead of training sufficient people with the right clinical and service management skills, it relies on overstretching staff, using a lower banded skill-mix in staff teams, using agencies for gaps, outsourcing cherry-picked services and paying consultancies huge amounts.
* **Example: Physicians associates –** Our STP outlines a projected shortfall of 134 GPs and 82 practice nurses by 2021. **To fill these gaps *not with GPs or nurses* but with less skilled physician associates or nurse/care assistants is to paper over the dangers of these vacancies**. Such posts should aid GPs, hospital doctors and nurses to deliver better care not to replace the need for them.

***NHS England has demonstrated a commitment to widen privatisation***

* This is no idle threat: from hiring consultancies to subcontracting commissioning to full takeover of NHS services
* Contracts or specialised services worth £billions have just been put into the category of services that are open to competitive tender releasing £billions for potential cherry picking by private companies [[5]](#footnote-5)
* Virgin Care has just been awarded a £700m contract over 7 years for over 200 types of NHS and social care services including diabetes, stroke and dementia to over 200,000 people in Bath and NE Somerset.[[6]](#footnote-6)
* Local examples:
  + OHSEL has spent £5.3m on consultancies since December 2013 – mainly PwC
  + Greenwich CCG has decided to appoint Circle Health as Prime Contractor holding the £73m 5-year MSK services contract

**1.7: Save Lewisham Hospital Campaign’s recommendations**

**1: That individual CCGs and Local Authorities in SE London do not give their approval to the OHSEL STP**

**2: That the six CCGs and six LAs inform NHS England that good and safe care cannot continue without adequate funding – failure to provide this is seriously undermining health and social care**

**3: That elected representatives, councillors, the Mayor and MPs, write to the Local Government Association, the Prime Minister and explain why the NHS and social care must be funded properly urgently**

**4: That the cooperative work to improve health systems in the community continue but in the realistic context explained above.**

**5: That the proposal to centralise care in two Elective Orthopaedic Centres in SE London is abandoned because:**

**(a) it is expensive and too risky to the overall health economy;**

**(b) care can be improved by each of the three main elective surgery providers retaining a centre in each trust, but with additional funding to ensure a streamlined elective surgery service available to the residents of each of the six OHSEL boroughs.**

**6: That workforce plans should prioritise the training and recruitment of more nurses in community and hospital, more GPs to fill the existing vacancies and to meet the predicted shortfall, and more hospital doctors.**

**(a) These measures would ensure vacancies are reduced and reliance on agency cover is minimised;**

**(b) OHSEL, the six CCGS and six LAs need to make clear to national bodies and government that workforce plans need to be overhauled rapidly.**

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| **The role of scrutiny** *now***is of critical importance** |

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And material from Carol Ackroyd [www.hackneykeepournhspublic.org](http://www.hackneykeepournhspublic.org/)

***Page by page annotated comments are also available***

***Fuller narrative report to follow***

1. <http://moderngov.southwark.gov.uk/documents/s61328/OHSEL%20-%20Sustainability%20and%20Transformation%20Plan.pdf> [↑](#footnote-ref-1)
2. De-funding: prolonged underfunding in the knowledge that the quality of NHS services will start to fail [↑](#footnote-ref-2)
3. <https://www.kingsfund.org.uk/publications/autumn-statement-2016> [↑](#footnote-ref-3)
4. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/communities-and-local-government-committee/social-care/written/36776.html> [↑](#footnote-ref-4)
5. Example: Specialised prescribing <https://www.contractsfinder.service.gov.uk/Notice/449190bf-e5fc-474d-b99d-ea26f5ec41d9> [↑](#footnote-ref-5)
6. https://www.theguardian.com/society/2016/nov/11/virgin-care-700m-contract-200-nhs-social-care-services-bath-somerset [↑](#footnote-ref-6)