

STPs (sustainability and transformation plans)

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Manchester – more than an Olympic city



New models of care - Vanguard

As a first step five new care models are being piloted by 50 vanguards under the 5YFV (Oct 2014):

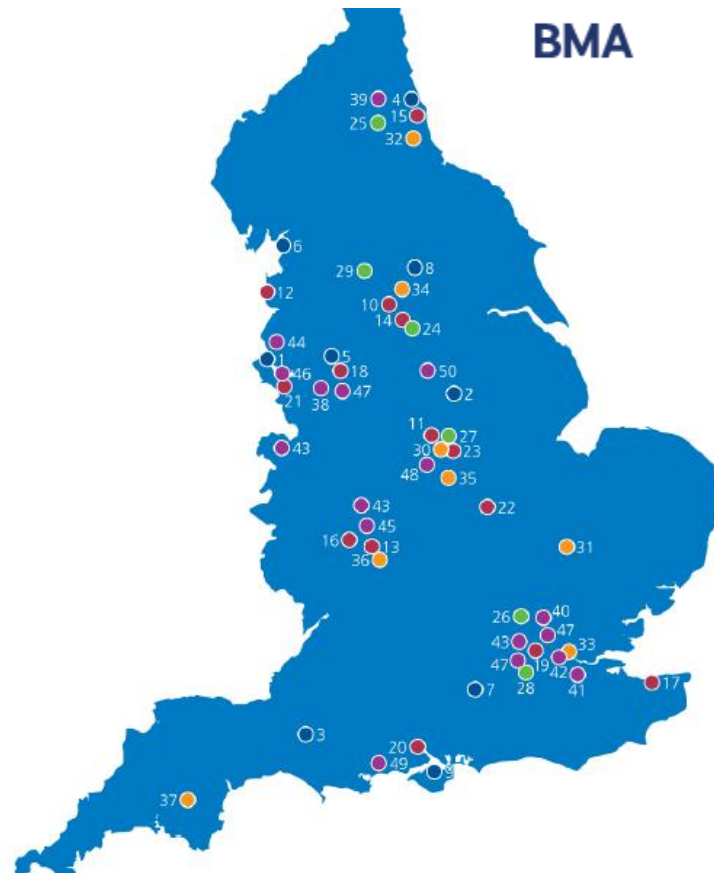
9 Integrated primary and acute care systems (PACS)-joining up GP, hospital, community and mental health services

14 Multispecialty community providers (MCP)-moving specialist care into the community and joining up GP, community and mental health services

8 Urgent and emergency care -new approaches to improve the coordination of services and reduce pressure on A&E departments

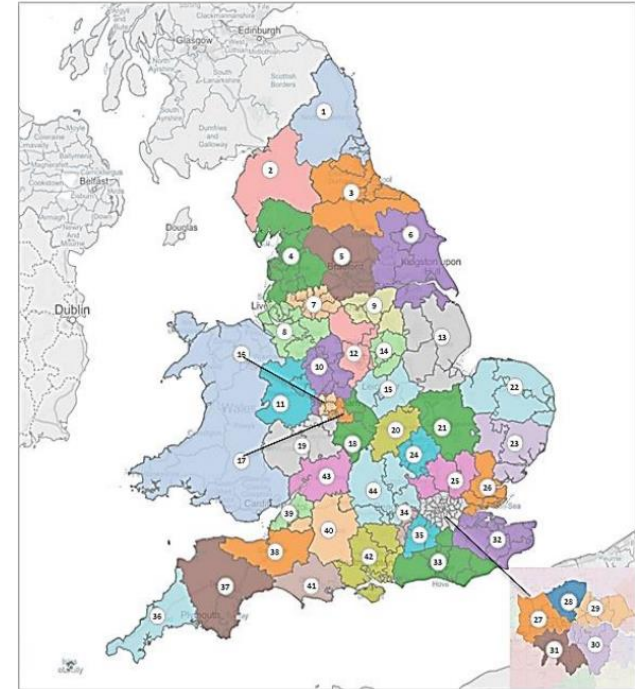
6 Enhanced health in care homes (EHCH)-offering older people better, joined up health, care and rehabilitation services

13 Acute care collaborations -linking hospitals together to improve their clinical and financial viability



So what are STPs?

- 44 Footprint areas – not statutory bodies but ‘collective discussion forums’ comprising CCGs, service providers and local authorities
- 5 years plans for implementing 5YFV and new care models
- Umbrella plans



What STPs are not....

- Save The Pound
- Save The Pope
- Shock The Public
- Stuff The Politician
- Soften The Punch
- Sneaky Tory Plans
- Sticky Toffee Pudding

STPs - Recent developments

- All 44 plans published
 - Appendices
 - Summary and FAQs
- Consultation
- Clinical engagement
- Contracting round
- ACOs / 5YFV delivery plan
- Naylor review

What do STP mean for the NHS?

- Move towards collaboration rather than competition
- Place-based planning – care moving to the community
- Population health & prevention
- Clinical networks
- Urgent care reconfiguration
- Address both demand and financial challenges facing local services.

What are the challenges facing STPs?

- Each STP has to deal with its own funding gap
- Very tight time scale with changing expectations
- Footprints vary in size (300,000 to 2.8 million)
- Lack of collaborative working
- Lack of incentives for NHS providers to work together
- Concerns about the STP process: transparency, consultation, focus on savings rather improving patient care and governance

Dealing with the funding gap

1. Reducing the growth in hospital bed numbers, or even reducing beds;
2. Increasing the number of staff working in non-hospital or community settings;
3. Changing the numbers and skill sets of NHS staff;
4. Changing the way non-emergency care is accessed; and,
5. Relying on prevention and self-care to reduce the need for hospital beds

The Naylor Review*

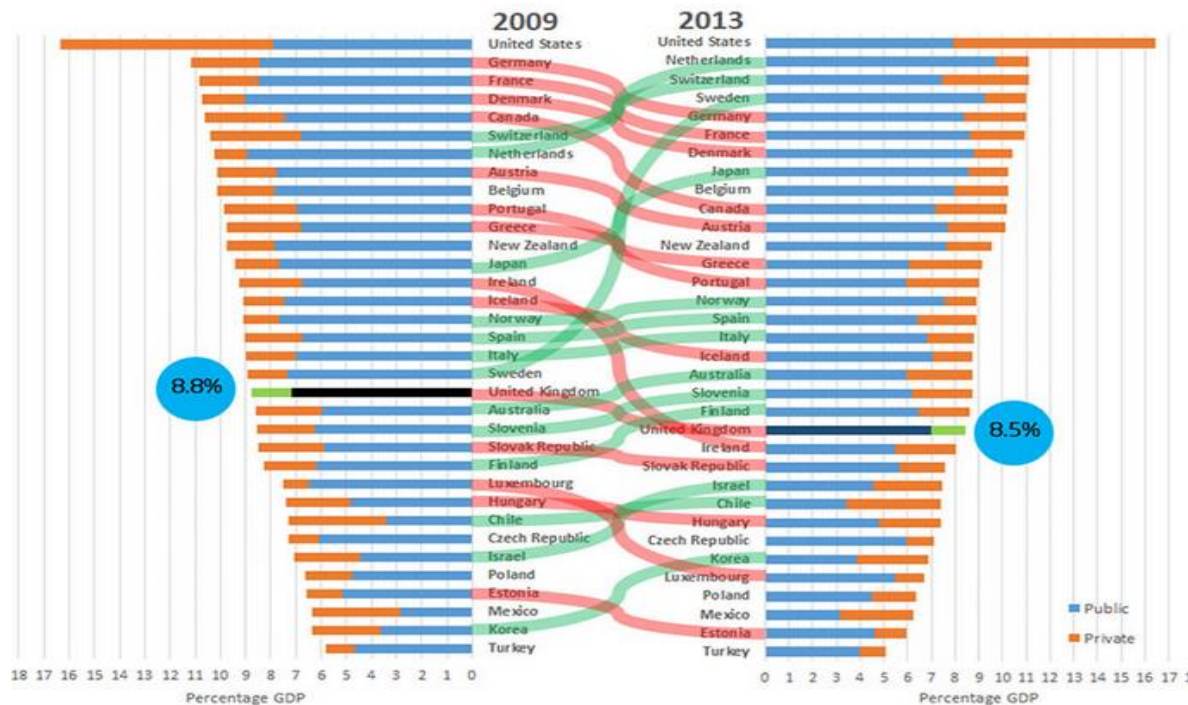
- **STP capital requirements might total around £10bn**, with a conservative estimate of backlog maintenance at £5bn and a similar sum likely to be required to deliver the 5YFV
- **STPs should develop affordable estates and infrastructure plans**, with an associated capital strategy, to deliver the 5YFV and address backlog maintenance.
- **Substantial capital investment is needed to deliver service transformation in well evidenced STP plans.**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605290/Naylor_review.pdf 31st March 2017

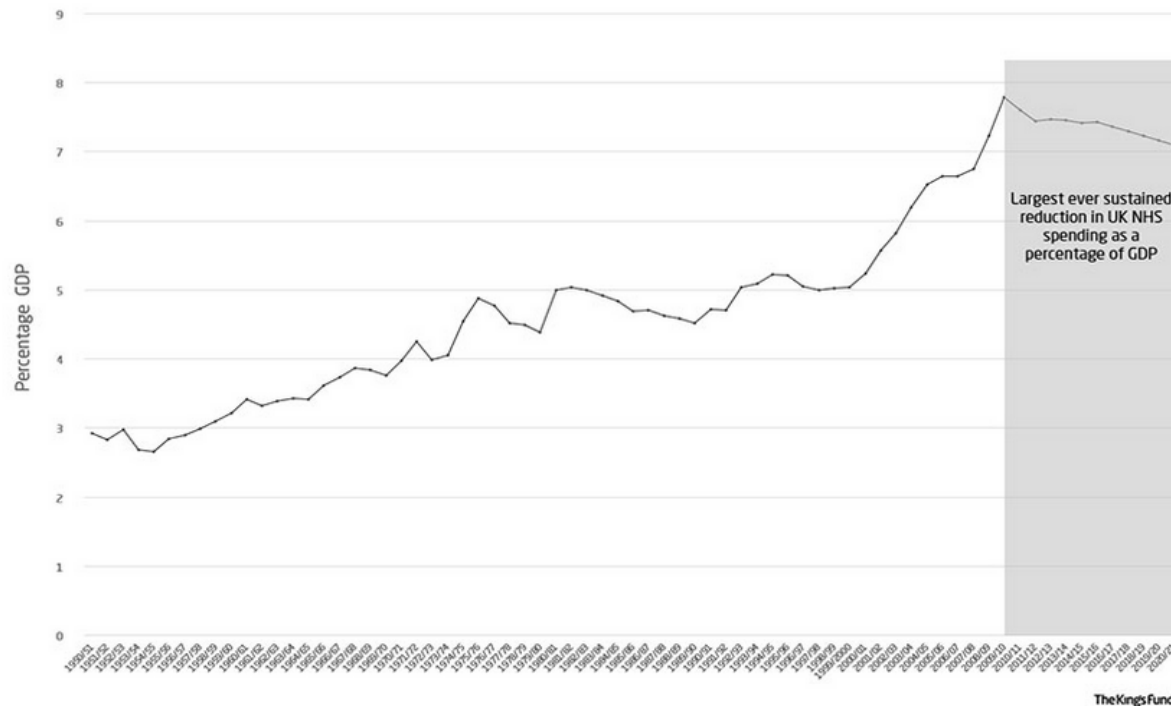
The pressure on the medical workforce

- Approx. 13,500 consultants and GPs will retire by 2019, and this is expected to create a shortage in GPs.
- In 2012 the government reduced medical training places by 2% a year for fear of an oversupply of doctors.
- Only 52% of last year's medical graduates chose to stay in the health service - the lowest recorded.
- Physician associate/assistant roles will be expanded with 200 being recruited from the US for London trusts and others being trained by UK universities.

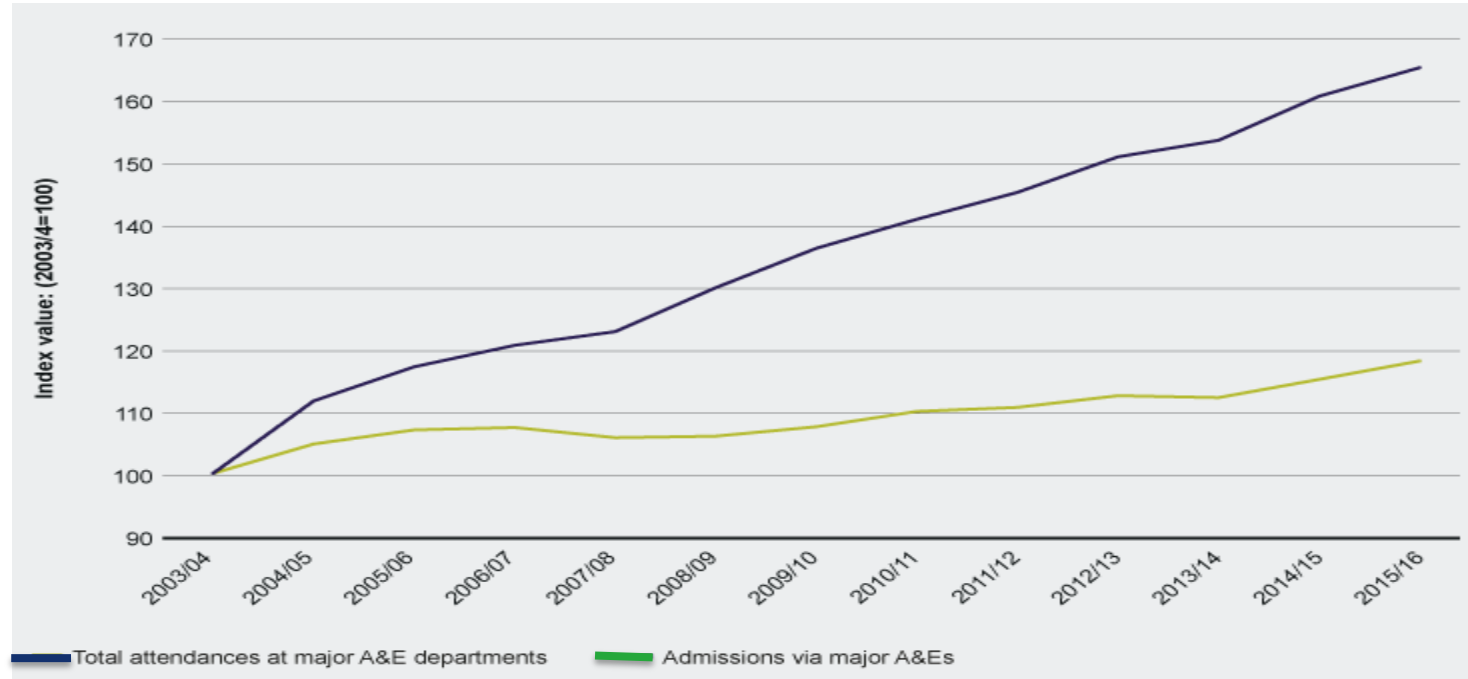
Change in total health spend as proportion of GDP: OECD countries, 2009-2013



UK NHS spending as a percentage of GDP, 1951-2021



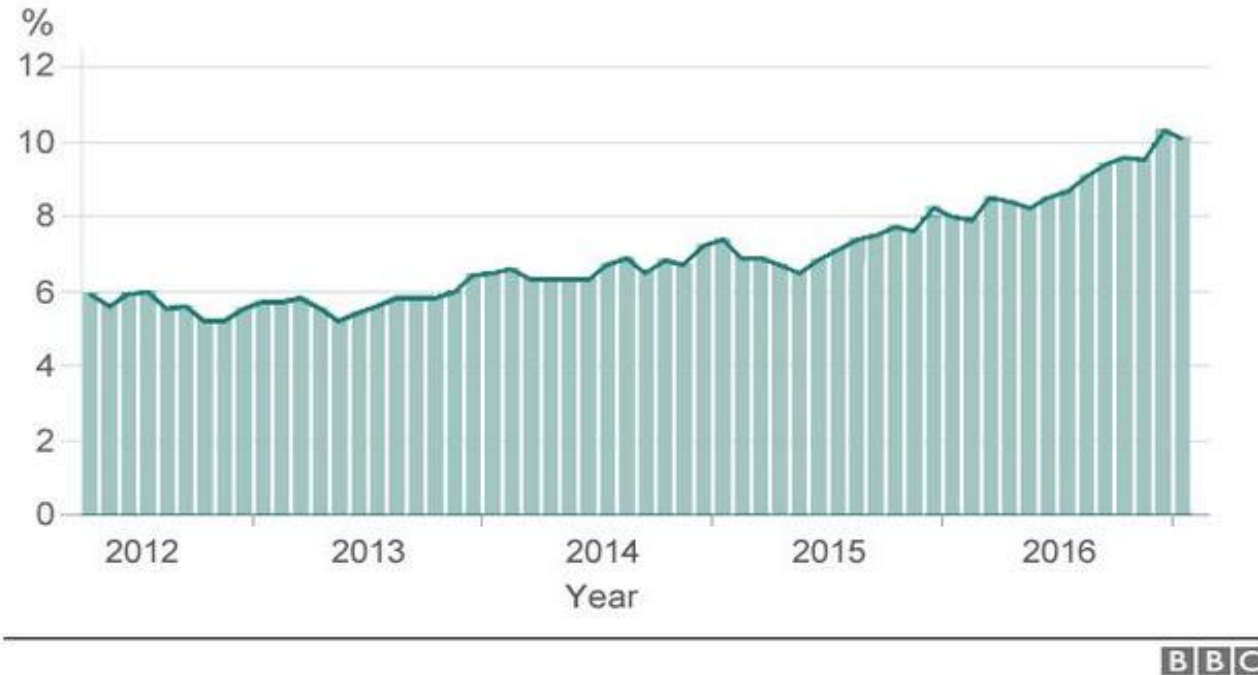
Attendances at, and emergency admissions from, major A&E departments



2003/4 = 100

Percentage of patients in England waiting over 18 weeks for non-emergency treatment

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Impact of STPs on health inequalities

1. Some STPs will manage better especially where health inequalities are currently not great.
2. Most however will struggle under the financial burden, so:
 - i) performance targets will be regularly breached
 - ii) the gap between health and disease will widen

Similar direction of travel across the UK

Scotland

- Integration authorities

Wales

- Local implementation

Northern Ireland

- Integrated structure since 1973

Key themes for BHIV

- Funding
- Moving care to the community
- Prevention / self care
- New models of care
- Clinical networks
- Urgent care reconfiguration
- Locality plans and one-team based care

That this meeting deplores the projected future reorganisation of the NHS into 44 Sustainability and Transformation areas (Transformation Footprints) linked to Local Authorities which:-

- i. will require each area to have a Five Year Plan in place by September 2016;
- ii. will develop new models of health care policy without reliable supporting evidence and; iii) must achieve financial balance with the threat of large penalties for failure and calls on the BMA to condemn this massive “top-down” reorganisation.

Four asks

1. All proposals within the plans need to be realistic, equitable and evidence based.
2. Commitment to full consultation with clinicians, patients and the public.
3. The plans need to be funded properly.
4. Patient care, not savings, needs to be the priority of each and every plan.

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What is happening in your area?



British Medical Association
bma.org.uk

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Models for delivering care

- 1 Contractual models for integrated care
- 2 Integrated provider models
- 3 Primary care provider models
- 4 Secondary care provider models

Introduction

This series of briefings has been designed to help members understand the different provider models that are being considered as part of the future structure of the NHS, particularly in England.

Providers of acute, community and primary care tend to operate separately at present. But increasing emphasis on new, integrated models of care across the sectors, and greater networking within sectors, has the potential to change the provider landscape over time. Be informed.



British Medical Association
bma.org.uk

Reconfiguration and integration by region The countdown to change continues

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Do you know what is happening in your area?

Health and social care in the UK is going through a period of significant change. A range of programmes are changing the way services are delivered. While there is national direction and oversight of these programmes, how they work in practice will be determined locally. Doctors and other key stakeholders need to engage in and influence these programmes as they develop.

Which programmes will affect my workplace?

We have created a resource to find out what national programmes are being implemented locally, and how they may affect hospitals or GP surgeries near you. For example in England, a single trust or CCG might be involved in several different national programmes at any one time, which may or may not be aligned.

England workplace example



To learn more about how your workplace is affected visit our website: bma.org.uk/regionalreconfiguration



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bma.org.uk

- Raise awareness among members
- Equip members and BMA regional structures with tools to engage
- Lobby and influence proactively
- Engage with members and regional colleagues to pick out themes to raise nationally

NHS plans may be cover for cuts, BMA warns

Doctors' union claims lack of consultation on plans

A&Es, maternity units and thousands of beds at risk

Haroon Siddique

Controversial plans to improve the health service in England and ensure its sustainability risk being used as a cover for cuts and “starving the NHS of resources”, the head of the British Medical Association has said.

The doctors' union has said that the 44 regional sustainability and transformation plans (STPs) add up to £22bn of cuts by 2020/21 to balance the books, which

heard of them. On their introduction and the rest again

Porter said: “S to generate more longer-term plan on local need but plans about the f be drawn up in a way, and have th ment of clinicians

Doctors not being consulted on £22bn NHS cuts plan

◆ Two in three doctors have not been consulted on NHS plans that could result in fewer beds, and closures of Accident & Emergency departments, a survey by the British Medical Association has found.

It comes as research shows the proposals, being drawn up across England, will mean cuts of at least £22 billion.

Dr Mark Porter, the doctors' union's head, said

services of resources and patients of vital care”.

Health managers in 44 areas of NHS England have been told to draw up the strategies, setting out how they will reduce costs, change services and improve care in the wake of a record £2.45 billion deficit for the past financial year.

The sustainability and transformation plans, some of which have been published or leaked, could

**SECRET PLAN
FOR £22BN
OF NHS CUTS**
» Hospitals & emergency units to shut » Doctors snubbed in closure talks

Acknowledgement

Grateful thanks to Holly Higgs: Senior Policy Advisor
Health Policy