Brighton & Hove City Council

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| Title: | **HOSC Working Group: Sustainability & Transformation Partnership (STP)** |
| Date: | **22 September 2017** |
| Time: | **11.00am** |
| Venue | **Council Chamber, Brighton Town Hall** |
| Members: | **Councillors:**<br>Allen (Chair) Louisa Greenbaum, Andrew Wealls<br>Co-opted Members: Caroline Ridley<br>Colin Vincent (Older People's Council), Fran McCabe (Healthwatch) |
| Contact: | **Giles Rossington**<br>Senior Policy, Partnerships & Scrutiny Officer<br>01273 295514<br>Giles.rossington@brighton-hove.gov.uk |

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AGENDA

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| **13** | Declarations of Interest | |
| **14** | Chair's Communications | |
| **15** | Minutes of the previous meeting | **1 - 8** |
| | To consider the minutes of the previous meeting held on 17 June 2017. | |
| **16** | Public Involvement | **9 - 10** |
| | Submissions have been received from Ms Madeleine Dickens and from Mr John Kapp (copy attached). | |
| **17** | Brighton & Hove GP Survey | **11 - 18** |
| | Judith Aston and Jane Roderic-Evans will present a recent survey of city GPs.<br><br>The survey was presented as a deputation to the June 2017 Health & Wellbeing Board (HWB) meeting, and the HWB deputation and HWB/CCG responses are included for information (copy attached). | |
| **18** | Brighton Citizens' Health Survey | **19 - 30** |
| | Carl Walker will present the Brighton Citizens' Health Survey (copy attached – PowerPoint slides) | |
| **19** | A.O.B | |

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For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514 – email giles.rossington@brighton-hove.gov.uk)

Date of Publication Monday 18 September 2017

**BRIGHTON & HOVE CITY COUNCIL**
**HOSC WORKING GROUP: SUSTAINABILITY & TRANSFORMATION PLAN (STP)**

**21 JUNE 2017, 12PM-2PM**

**COUNCIL CHAMBER, BIGHTON TOWN HALL**
**MINUTES**

## Members Present

Cllr Kevin Allen (Chair)
Cllr Louisa Greenbaum
Fran McCabe (Healthwatch)
Colin Vincent (Older People's Council)

## Others

Mike Jennings, Deputy Chief Executive & Director of Finance and Estates, Sussex Community NHS Foundation Trust
Evelyn Barker, Managing Director, Brighton & Sussex University Hospitals
Karen Amsden (BHCC)

## Apologies

Cllr Nick Taylor
Caroline Ridley

## 6 PUBLIC INVOLVEMENT:

Mr Ken Kirk was asked to come forward and read out his question

*"You may have seen this article in the Health Service Journal.*

*https://www.hsj.co.uk/home/daily-insight/daily-insight-nhs-managers-told-to-think-the-unthinkable/7018489.article*

*You will notice that it applies to our area, Surrey and Sussex. It seems that all our fears about government plans to inflict massive cuts on our health services are coming true. Up to now campaigners' insistence that massive cuts are planned have been denied but now the truth is out. Can you now confirm …*

1. *the fact that cuts are coming to our local health services, and*
2. *which health services are under consideration."*

The Chair of the Working Party read out the following response from the CCG:

*'A number of organisations across our STP have been financially challenged for some time and have, individually, been trying to find ways to address the situation, which they have found difficult. We also know that we have systems and processes*

*in place currently across the STP that are not as efficient as they could be for our patients and this is something we have to look at improving locally and across the STP area.*

*We now have an opportunity to collectively look closer at how we can get more value for money across Sussex and East Surrey by putting processes and systems in place that are more efficient and effective. This will help to ensure our patients are getting the best possible services with the funding that is available*

*The CCG will consult the public on any proposed significant changes to services. A comprehensive engagement plan is being developed and the next public engagement event is planned for 4 July.'*

Mr Kirk added that his research had found that community care was cheaper than hospital care. His concern was that these ideas were never evidence based and focussed on reducing spend on health care, even though we already spend far less than other EU country. He felt that the STP was about cutting costs for central government.

Cllr Louisa Greenbaum (LG) asked Ken Kirk which area he felt faced the greatest threat. He replied that it was not known due to the lack of public information. He was concerned that centralisation of services could increase travel times and patient inconvenience. Colin Vincent (CV) asked for the link given in the question be recirculated and Mr Kirk agreed to forward this alongside additional evidence.

**7 DECLARATIONS OF INTEREST**

None

**8 CHAIRS COMMUNICATIONS**

Cllr Kevin Allen (KA) explained that this is the second meeting of the working party for the **SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (**STP) adding that for the next meeting a group of GPs will be invited.

He also gave details of the **"Big Health and Care Conversation"** being launched on 4 July 2017 at Brighton Dome. The event had been organised by Brighton and Hove NHS Clinical Commissioning Group (CCG) with the input of Brighton & Hove City Council (Health & Adult Social Care), Brighton & Hove Healthwatch and Community Works. The aim is to discuss the future of local health and care in Brighton and Hove with key partners, patients, carers and the public. It is also an opportunity to hear about latest STP developments and to discuss your views with us ; and will be the start of an ongoing dialogue with local people on the STP.
KA encourage people to join the conversation to ensure that people's views and experiences are heard, acted on, and help to shape the way health and care are planned and delivered now and in the future.

Spaces for the event are limited, and must be booked in advance using Eventbright on the link below.

https://www.eventbrite.co.uk/e/brighton-and-hove-big-health-conversation-general-public-tickets-35002241647

## 9. MINUTES OF THE PREVIOUS MEETING

The minutes were agreed.

Actions arising: Karen Amsden agreed to follow up the responses from the questions raised in the last meeting in March.

It was also agreed that Adam Doyle should be invited back as soon as possible to update members on, how the partnership is developing.

## 10 EVIDENCE FROM EVELYN BARKER, MANAGING DIRECTOR, BRIGHTON & SUSSEX UNIVERSITY HOSPITALS (BSUH)

Evelyn Barker (EB) began by saying that she had been part of the Executive Team of BSUH since January and explained about the current difficulties surrounding the Trust, since it had been placed in financial and quality Special Measures. The focus of her involvement in the STP was in a review of acute services, due to concerns of the impact of winter on these services.

This Acute Service Review ran from January to March 2017, and was undertaken by external company – Carnall Farrar - along East Sussex and East Surrey NHS Trusts. Its aim is to assess capacity across Sussex and East Surrey, with a particular focus on BSUH's capacity to deliver planned District and Specialist work. The report came out in April.

The headlines for BSUH are that there is an immediate capacity shortfall of 78 beds at the County site rising to 115 beds prior to the opening of the 3T's (assuming a 90% bed occupancy). There are a number of additional beds on the County site but these are sometimes deemed not satisfactory as they are not placed in suitable areas, ideally not be used for patient care. For example, beds in the Barry Building have been closed for safety and quality reasons.

There is potential for capacity gaps to emerge at all local hospitals over this period, and a range of different scenarios have been modelled to address this shortfall as there will be a pressure on bed capacity until the first phase of 3Ts is completed in 2019. The charts provided show 4 potential scenarios for the five years from 2017/18, but they are just about to receive £30m to improve the emergency floor, which will include 70 beds. The first beds will be available in 2018 and before that there will be an increase in ambulatory space.

The hospital will face pressure on this site for the next 3 years. As consequence, alternatives are being looked at and actions taken to address the shortfall. Hospital at Home is a system that allows patient to be cared for at home with support, and currently 16 patients are treated a day this way. In Newhaven an additional 30 beds have been created with effective pathways for patients as a stepdown (currently

housing 24 patients).A focus on streamlining care to acutely unwell patients, improving primary care and to ensuring that a flow through and out of the hospital is maintained.

The CCG 'place-based' plans seek to reduce demand for Acute capacity through improved prevention and community provision.
EB then went on to discuss the Major Trauma Centre (MTC) Review and explained that this is being undertaken by NHS England, in conjunction with the STP and the Trust. This is a comprehensive review of the Trust's Major Trauma Centre services, against the national standards. It is a huge national issue for NHS, however we are making good progress and good position. The review included input from all teams, not just the A&E team.

The report strongly supported the continuation of MTC services at Brighton but highlighted a number of areas requiring improvement. The Trust has already addressed a range of these and is putting in place an action plan to ensure that all issues are resolved. This includes improving infrastructure and trauma management, such as the new helipad area to improve the delivery of patients by this means.

**Questions:**

*Councillor Kevin Allen (KA) asked that given how challenging the conditions were in the hospital during the heatwave, what plans are in place to alleviate discomfort for patients and staff?*

EB explained that a Heatwave Policy had been implemented, staff were allowed to wear lightweight scrubs, both patients and staff were also being given plenty of fluids, air-conditioning systems and fans have also been installed.

*KA said that while this sounds very positive in context of the STP, how will this get rid of the deficit, an issue raised by as Adam Doyle at the last meeting.. If that's the frame work how are you going to do more for a lot less?*

EB explained that the Trust was in special financial measures and had submitted a detailed financial plan, which would provide them more time to address the situation. There was an agreed £13m deficit at the end of month 2 and they were on course to meet their £80million trajectory. They checked all 12 directorates to check that they are fully funded for posts and can now work with framework agreed with NHSI.

*Frances McCabe (FMcB) commented that this specifically sounds like an investment programme and how does this stack up if the aim is to reduce the deficit gap? How will the deficit be reduced, even with efficiencies? Will there be additional pots of money coming in?*

EB replied that the cost improvement plan was to achieve 3% efficiency savings this year, which was on track. The additional beds will not fall into this financial year. She also explained that right now there are vacancies across the NHS, so are in the midst of a huge recruitment campaign, encouraging flexible work patterns, and avoiding using agency staff – it is important to get the quality right, patients first.

*FMcB asked whether there were plans to reduce services in some areas? If local services are to provide tertiary and trauma services, where is the cost going to fall – is there capacity in other places?*

EB confirmed that they are not closing networked arrangements with other hospital trusts. Instead there will be sharing of expertise, realigning services and swopping general medical beds. For example the centralisation of Stroke services onto a single site was to ensure the right infrastructure. They were now working with SASH to carry out programmes such as amalgamating pathology, to a single site at the Princess Royal. But there were no plans to close any services.

*FMcB said that while she could understand the sharing of expertise like stroke services and back office operations but, queried whether it saves money or improved the service for patients? E.g. can it mean a longer wait for test results?*

EB explained that the amalgamation of Pathology services for example is about efficiencies and consolidations, as well as achieving savings. Using a purpose built lab and better technology (e.g. greater digitalisation) would provide a better service.

*KA sought reassurance that our local hospital would remain open. Then Colin Vincent (CV) asked about the effect of STP on older people, was interested in the Hospital at Home service and whether it was able to tackle delayed discharges?*

EB agreed that delayed discharge was a big issue in B&H, and across the county. The figure for the city was 10% early in the year which was not good enough, as patients become more compromised and more likely to get infections. Additional work has been carried out, including Hospital at Home and buying spot packages of care. This had led to a significant reduction in delayed discharges to 4% (although the goal was 3.5%).

*CV asked for confirmation if funding is still available to improve delayed discharges?*

EB agreed that funding was still a challenge, but imminently there would be a plan going to the A&E delivery board on this issues and it was expected that there would be more money into social care.

*CV referred to the CQC inspection where some of the key concerns about A&E situation had included examples such as people lying in makeshift beds in corridors or lying in own urine. The Chief Inspector of Hospitals identified it as being an issue of space. Is this difficulty likely to be addressed soon?*

EB explained that as a result of people being found in corridors in 2016, four additional assessment cubicles have been introduced which has improved things, and helped ambulance crews. While the issue has not gone away completely, robust processes are in place to maintain patient dignity and privacy. There has been 3% month on month improvements, as well as a 40-50% reduction in those waiting over 12 hours.

*CV asked if the RACK UP Service (a multi-purpose assessment place for older people) would be maintained in the 3Ts programme?*

EB confirmed that frailty assessment clinics were in the place based plans and it was essential to have consultants who were expert in the care of the frail elderly in the hospital.

*Councillor Louisa Greenbaum (LG) asked whether the ICT system would see streamlining and efficiencies? Will there be a unified ICT system for whole SPT area?*

EB agreed that an ICT strategy was needed. The patient administration system would be retendered next year and might include linking this to GPs. There was not good connectivity currently, especially sharing results with GPs. LG would like to find out more about the Digital Working Group

*FMcB asked for clarification on the other partners in the STP and how engaged are they with Caring Better Together? What were the governance arrangements for the hospital Board, and was anyone on the Board specifically involved in Caring Together and the whole STP?*

EB confirmed that all healthcare providers were taking part in the STP process, which was attracting genuine support and engagement. Questions about the STP were better directed to Adam Doyle as the Chief Accountable Officer for the CCG. She then explained that 3 original Executive Directors of BSUH remained on the Board alongside 3 non-Executive Directors and Chair from the Western Board.

**11 EVIDENCE FROM MIKE JENNINGS, DEPUTY CHIEF EXECUTIVE & DIRECTOR OF FINANCE AND ESTATES, SUSSEX COMMUNITY NHS FOUNDATION TRUST (SCFT)**

Mike Jennings (MJ) began by explaining that he was the Deputy CE at SCFT which runs community services across 3 of the 4 (except East Sussex) place based plans of the SPT. Community Services sit beyond primary care, working between GP Services and the hospitals. They also include children's services, such as the Healthy Child Programme. SCFT were the biggest community provider within the STP and were involved in Caring Together within Brighton and Hove, which has the aim of making care more resilient. The Trust was developing services that can work with Primary and Acute Services and acknowledge that sometimes there can be better and cheaper care in people's homes.

Examples include Hospital at Home, and responsive services, where GPs can refer patients who are becoming less well, to be visited by community nurses to help them avoid going into hospital whilst also offering help when patients are discharged from hospital to provide support at home. The Trust also runs community beds, such as rehabilitation beds, but this is not within the city. A significant focus of work in the STP is to increase the amount of care being offered to people in their home. SCFT were working with the CCG and BSUH to look at how to ensure safe and patient-focussed care within financial resources.

**Questions:**

*FMcB asked when will there be information about how the model for community care will work? Would it be revolutionary and have sufficient funds to enable people with a high level of need to avoid hospitals? (Giving the example in New Zealand of a model of palliative end of life care). Did you have sufficient staff of the calibre to deliver such services and leadership stability? Were there sufficient financial resources to take on such staff?*

MJ replied that whilst no final model has been produced yet, options are being generated for appraisal. The key issues to be addressed were quality of care, the availability of workforce and affordability. The evidence for change was being generated by the Carnell Farrar review. After the generating options stage is completed in July this year, this would then be followed by a feasibility study and if necessary public consultation, with an aim to be choosing options by the end of the financial year.

He agreed that work force is a challenge – there were capacity issues in some services due to vacancy rates not related to restriction on funding. This does lead to the use of agency staff to cover these vacancies although this can be expensive and delivers less effective results. SCFT were launching a recruitment campaign which aimed to highlight the offer of training, support and mentoring, along with rotation of roles to gain experience. They will also aim to bring in more newly qualified staff.

The Trust ended the last financial year with a surplus of £103K. However they are expected to achieve a surplus of over £2.9m by the end of this financial year, to enable them to invest sufficiently in buildings and equipment.

*KA praised the valuable and sometimes unglamorous work of the Trust then asked how the Trust fitted into the STP process?*

MJ replied that within the city, GP practices were combining to work collaboratively to plan delivery on a wider scale. This worked in an area with a population of circa 50,000. This joined up working would help keep GP practices sustainable and keep decision making about patient care, which suits the best needs of the people, within that particular area. SCFT were working with this strategy, described as Communities of Practice within SCFTs Clinical Care Strategy.

*KA asked about the level of staff engagement and awareness of these changes?*
MJ thought that a high percentage of staff had heard about the STP, there was low awareness of MCP and other contractual forms but a high awareness of Communities of Practice.

*CV expressed his concern that although the STP featured in both presentations general public know very little about the process, and raised concerns that it appears to be so far advanced without more information disseminated. He felt that the Working Group was also behind the game and was surprised that the plan had been approved.*

MJ explained that some plans within the STP had existed prior to the STP process such as the Communities of Practice and the Pathology Hub mentioned in the

previous presentation. The STP makes it easier to work together, but it is not well advanced and much is in the planning stage. However, it is acknowledged that there is a need for further engagement,

*CV asked whether the funding was to come directly from NHS, or the Better Care Fund?*

MJ explained that it is a complicated funding process, including the CCG contracting for some services, some directly commissioned by the NHS England, and some commissioned by local authority Children's services and Better Care.. For example the West Sussex proactive care teams, which identifies people who are vulnerable to greater health needs, which does get funds from Better Care.

*FMcB asked whether the STP process will make these services more sustainable, or will some parts of services be siphoned off to other organisations?*

MJ said that the NHS will always look at where services should sit, but the STP will be focussed on solutions. One of the goals will be to increase community solutions, which will give SCFT a stronger voice. However, if a good quality patient outcome could be delivered by another organisation, this work could go to another organisation. The aim is to reduce barriers to deliver the right type of care.

*KA expressed concern that the Trust would be fishing in same pool for recruiting nurses, and asked if the cost of housing affected the Trust's ability to recruit?*

MJ agreed that in Brighton & Hove rental costs and the cost of housing across the STP impacted the number of trained nurses across area, as did wages. They are working together across the STP to establish joint solutions,

**12 AOB**

FMcB asked that in the minutes we try not to use jargon, be more user friendly.

LG asked about the Terms of Reference – some issues are regional level. Karen Amsden gave a response on the TOR.

# Item 16

## Public Involvement

## Submission from Madeleine Dickens

## STP - Current situation

No successor has been found to the former chair of the STP board. It is now likely a new chair will be imposed from on high to bring the STP into compliance.

**Acute Care services**

Footprint 33 is one of possibly 3 out of the 44 with no announcement of the fate of acute services. So far there has been a merger of BSUHT and Coastal West Sussex trusts with most members of the BSUHT board being replaced (for supposed 3 year period).

There are rumours about possible moves (eg the Eye hospital to move to Worthing), possible closures and mergers of services. The fear is that arrangements are being determined behind closed doors and that faits accomplis will be presented, on which there will be cursory if any public consultation.

**GBEB and the Naylor report (re sale of NHS estate)**

In extract from the minutes of the GBEB of 18th July below a direct link is made between estate sales and the implementation of the STP. So far only the Brighton General news has been made public. Perhaps the STP group could find out what other properties are under consideration:

"the Terms of Reference of the Property Group will be expanded to support the delivery of the Health and Social Care agenda with property (ie the sale of) as an enabler to Brighton and Hove's Caring Together Strategy and the Sustainability and Transformation Plans. *Due to commercial sensitivities, all meetings of the Property Board and the Property Group are held in private.*" (Agenda Item 8)

**Primary and Social Care**

STP Plans have been incorporated into CCG operating plans round the region. These include the establishment of MCPs (multi speciality community providers). We have heard of possible Care UK involvement in these centres. This is not confirmed.

Madeleine Dickens (Sussex Defend the NHS)

## Submission from John Kapp

1 The **HWB** should be in charge of the budget for social care (about £200mpa) and health (about £400mpa) **total £600 mpa**, but contrary to my public questions and many papers objecting (published on section 9 of www.reginaldkapp.org) they have not taken their statutory responsibility for this, and leave it entirely to the CCG board (all of whom are appointed officers, not elected councillors) Indeed, I took this complaint to Cllr Dee Simson in 2016, which is one reason why she set up the STP working party. I hope that the STP working party report will make the point strongly that only **elected councillors** can legally take statutory responsibility for the spending of public money, particularly the £400mpa CCG budget, breaking the law since 2012. That **nobody is in charge** accounts for the deterioration of NHS services, that no one wants to be a GP, and the increasing lack of public confidence, (akin to the negative mood around Grenfell tower)

This point was confirmed by Rob Persey at today's meeting, apologising for the lack of progress on the integration of health and social care: 'The CCG is responsible to NHS England' implying not the Council. Although funded by them, NHSE is no longer **in charge of the spending of the health budget**, and although represented on the HWB by Pennie Ford, she never attends, so Rob's statement is institutionally not true. The Health and Social Care Act 2012 'filled the democratic deficit in health' by devolving its budget to the Local Authorities, as social care has always been devolved. The CCG is supposed to be the executive arm of the HWB, but this has not happened to date, and should.

**2 Why does nobody want to be a GP?** This should be the best job in the world, as it attracts the brightest students, and the salary is 7 times the minimum wage. This should be the main focus of the HWB and the CCG governing board, but although I have attended every meeting of both committees for 5 years, I have never heard any constructive conversation about this. I believe that the reason is that the **NHS is toxic** with overprescribing of drugs (such as antidepressants) which do not even claim to heal or cure, but have side effects which make patients keep coming back in a revolving door, which is soul destroying, and makes GPs take early retirement. I have written this countless times, and nobody has ever responded, so it is not politically correct, taboo, and there is a conspiracy of silence in the press. Please will the STP working party consider this seriously, in their report.

My proposal to remedy this is stated in my papers, and is to apply for the city to become a 51st Vanguard, trialling a Multi-specialty Community Provider (MCP) model for a new mental health service (a mental A&E) by piloting a Community Care Centre (as called for and funded under the Better Care Fund, to treat Rachel (65, depressed and in sheltered accommodation) and ~Dave (40, alcoholic and homeless) See paper 9.116 of www.reginaldkapp.org) I hope that the working party will support this proposal in its report, which could give GPs an effective talking therapy, and give them back their job as teachers (doctor comes from 'doctare' to teach)

# HOSC STP WORKING GROUP ITEM 17

## HEALTH & WELLBEING BOARD PUBLIC INVOLVEMENT: JUNE 2017

### (A) DEPUTATIONS FROM MEMBERS OF THE PUBLIC

The following deputation has been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

Judith Aston (Spokesperson):

**Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.**

'**Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view'**?

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.
STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.
At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.
It is difficult to see how General Practice can be sustained.
Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.
We wondered what Brighton and Hove GPs thought about this footprint's STP and its effects.
We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

| Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans? | | | |
|---|---|---|---|
| Not at all 51.79% | Somewhat 35.71% | Considerably 8.93% | A great deal 3.57% |
| | | | |
| Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 | | | |

| | | | |
|---|---|---|---|
| million per year (taken from the Sussex and East Surry STP). | | | |
| Not at all 51.14% | Somewhat 32.14% | Considerably 5.36% | A great deal 5.36% |
| | | | |
| Q3 How do you think STPs will affect patient safety? | | | |
| Adversely 55.36% | Not affect at all 1.79% | Improve 3.57% | Don't know 39.29% |
| | | | |
| Q4 How do you imagine the STP will affect the service you will be able to offer patients? | | | |
| It will be improved 7.27% | It will be unchanged-5.45 | It will be worse-50.91% | Don't know-36.36% |
| | | | |
| Q5 What effect will the STP have on GPs ability to have their list? | | | |
| It will be improved-0.0% | It will be unchanged-5.45 | It will be worse-43.64% | Don't know-50.91% |
| | | | |
| Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years? | | | |
| It will be improved-7.14% | It will be unchanged-10.71% | It will be worse-42.86% | Don't know-39.29% |
| | | | |
| Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload? | | | |
| It will be improved 12.50% | It will be unchanged 21.43% | It will be worse 33.93% | Don't know 32.14% |
| | | | |

Signed by:
Jane Roderic-Evans
Stephen Garside
Felicity Beckett
Chris Tredgold
Elizabeth Williamson

6 June 2017
Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017

**Deputation 5 (C) (i) – Supporting information:**

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. "If you were not guided or restricted by CCG advice based on NHS England's priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?"

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS
19 ask for more recruitment of GPs - several for roving GPs to do home visits
14 ask for more recruitment of other health workers - pharmacists and nurses
14 ask for improvement in community social care services - with adequate funding and better collaborative working
14 ask for the maintenance of the partnership model by:
- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – "that is what patients want"
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy
- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital
- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working
- longer appointments
- allow primary care to cap its activity with no financial penalty "there is a limit"; allow restrictions to list size.
- drop 7 day working – "concentrate on adequate resource for current opening hours"

7 ask for patients to be better educated/more self-reliant
3 ask for a change in the model of managing medical litigation

Then individual suggestions:
- Scrap EPIC; More EPIC shifts
- Raise public awareness – nee for National debate about health care
- Tools to address to psychosocial factors in patients' presentations
- Debate role of GP – "can't do everything"
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year …that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to 'be more public with our views to patients'

Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
- I would like District Nurses back in surgeries
- In our local area, millions of pounds have been wasted on the 'marketisation of the NHS' with private companies running services (poorly).
- Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
- Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGPetc keep moaning about how bad it is?
- Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn't exist we will soon be a salaried service as when the current partners retire the businesses will close and there won't be a job for those new doctors unless a corporation takes over
- We need to accept our working practices need to change
- Stop trying to push us into meaningless clusters or random groups of practices
- Let's hope this survey helps prevent the destruction of family general practice.
- Stop micromanaging the profession and trusting its integrity more.
- All political parties appear to share the same ignorance.

- Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
- Primary Care is underrepresented in the development of the STP but that isn't the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
  All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017

**Response**

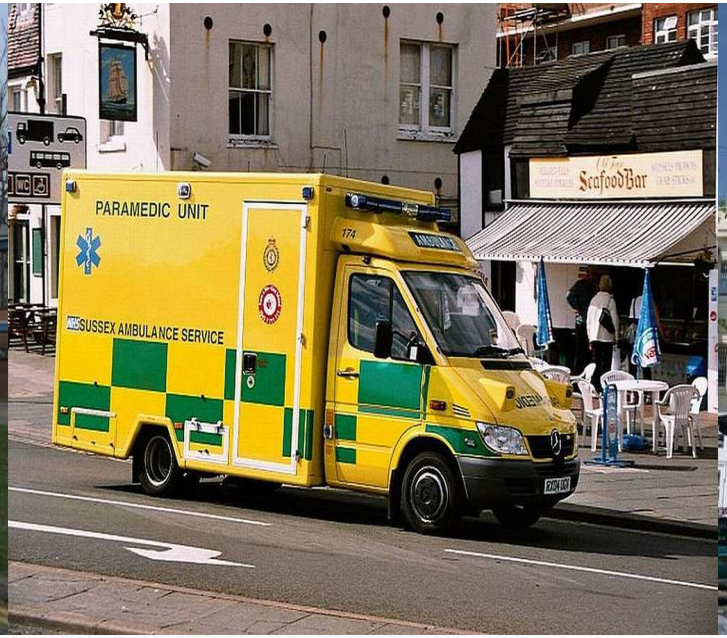
We are fully aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

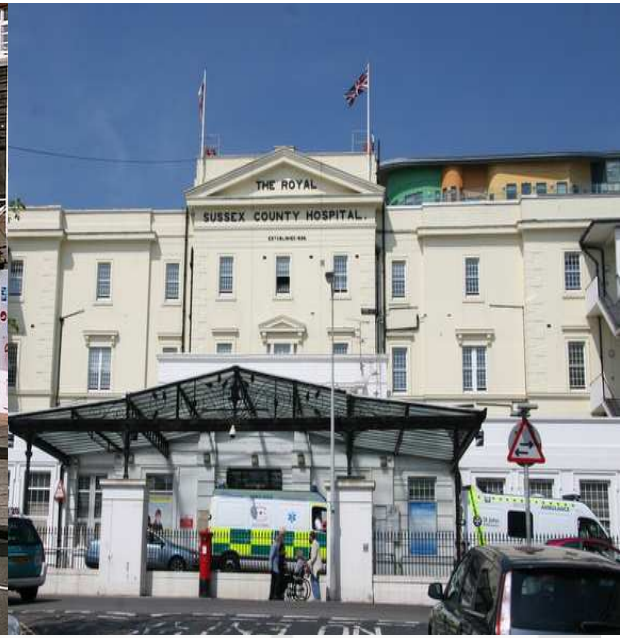
Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists

| | | | | |
|---|---|---|---|---|
| Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans? | | | | Comments from CCG |
| Not at all 51.79% | Somewhat 35.71% | Considerably 8.93% | A great deal 3.57% | We recognise that we have not done enough to fully engage GPs in the STP and we are taking steps to address this. Our next city-wide meeting of our members will be dedicated to Caring Together and the wider STP and we will continue to inform, engage and involve them in the implications of the STP going forward. |
| | | | | |
| Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP). | | | | The current financial challenge within the NHS nationally and locally is well known and it is clear that doing nothing is not an option. We have to ensure we are getting value for every penny we spend, we have processes and systems in place that are efficient and effective and that patients are getting the best possible services for the money that is available. We know that we have systems and processes in place currently that are not as efficient as they could be and this is something we have to look at improving locally and across the STP footprint. |
| Not at all 51.14% | Somewhat 32.14% | Considerably 5.36% | A great deal 5.36% | |
| | | | | |
| Q3 How do you think STPs will affect patient safety? | | | | As a clinically-led organisation, we always put patient safety at the heart of everything we do. This includes all the work we are doing as part of Caring Together and the wider STP. Caring Together as a programme focuses on six different areas that we want to improve and these are led by a clinical lead who will |
| Adversely 55.36% | Not affect at all 1.79% | Improve 3.57% | Don't know 39.29% | |

| | | | | |
|---|---|---|---|---|
| | | | | ensure that anything we do to transform and shape services is done with quality and patient safety at the forefront. |
| | | | | |
| Q4 How do you imagine the STP will affect the service you will be able to offer patients? | | | | One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients. |
| It will be improved 7.27% | It will be unchanged-5.45% | It will be worse-50.91% | Don't know-36.36% | |
| | | | | |
| Q5 What effect will the STP have on GPs ability to have their list? | | | | Continuity of care is very important and at the core of Caring Together |
| It will be improved- 0.0% | It will be unchanged-5.45% | It will be worse-43.64% | Don't know-50.91% | |
| | | | | |
| Q6 How do you think the STP will affect the recruitment of GPs in the next 2 3 years? | | | | We are aware of the challenges we have around recruitment.<br>One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs |
| It will be improved-7.14% | It will be unchanged-10.71% | It will be worse-42.86% | Don't know-39.29% | |

| | | | | |
|---|---|---|---|---|
| | | | | working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients. |
| | | | | |
| Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload? | | | | Given the challenges, the CCG has to look closely at all options, although it should be stressed that this is not part of our plans at the moment. |




# STP AND THE BRIGHTON CITIZENS' HEALTH SERVICES SURVEY

# THE BROADER CONTEXT

- Second year in row health care professionals say they do not feel CCG policies reflect their own views
- Have very little chance to impact CCG's policy decisions (Murphy, 2015)
- True for GPs too (Murphy, 2015)
- Reports from clinicians across England describing dysfunctional commissioning
- Cost-efficiency seems to be the overriding quality (BMJ 2015; 350:h149)
- In the arms race between commercial providers, secrecy about how these contracts are awarded and performing (Dieth, BMJ, 2013)
- STPs

# THE SURVEY

- S1- 1,300 residents
- S2- 700 residents
- Sampling frame-
  - Convenience sampling in the city
  - Residents associations, church groups
  - All political parties
  - Students at both Universities
  - Social media
- Questions
  - Core values on health commissioning
  - Current commissioning issues
  - Future commissioning plans

- Public engagement tool

# STP QUANTITATIVE FINDINGS

- In relation to the local Sustainability and Transformation Plan, 90% of people believe that large scale cuts to the NHS should be subject to *wide* public consultation before they are made.

- 97% of residents disagree with STP cuts in principle.

- 93.5% of residents support their local councillors actively campaigning against impending STP cuts.

# QUALITATIVE FINDINGS

- “It's a great shame that the NHS reorganisation is so secretive and so 'smoke and mirrors'”.
- “I have seen many times over the years how hard shop floor staff work only to be let down and betrayed by "managers" most of whom do not have a clue what goes on at "shop floor" level-I am seriously dissatisfied with the situation and am watching and noting issues accordingly”.
- “It appears that a lot of changes are going on without adequate public knowledge or consultation. We only get to hear of them when there is a crisis, e.g. ambulance service”.
- “I love my job but it has become impossible to do properly and with more cuts coming will soon be impossible to do much more than just turn up. It breaks my heart to see years of good, well applied teamwork with our clients dribble away as they deteriorate due to cuts in their level of support and access to day services. Those taking these decisions should hang their heads in shame”.

# STP QUALITATIVE FINDINGS: WHY 1: GOVERNANCE?

- Kieran Walshe, Manchester Business School, in an article in the Health Services Journal
- "a shadowy era of extra-legislative reform where it is getting difficult to work out where accountability lies, who's in charge, and whether organisations are doing their job properly….For NHS boards, there is a potential conflict between their statutory duties as a board and an organisation, and some of these changes which require them to cede autonomy and authority to new organisational forms (like STPs) which have no formal existence."

# WHY 2: FINANCE?

- Cut £22bn from the NHS budget by 2021
- £900m do nothing deficit
- "The government should recognise the need for additional resources for the NHS and social care if the STPs are to deliver the proposed transformations in care. (Kings Fund, 2017)"
- (Guardian, 14th June 2017) https://www.theguardian.com/politics/2017/jul/14/revealed-nhs-cuts-could-target-heart-attack-patients-in-surrey-and-sussex
  - Ration knee arthroscopy operations, cataract removals and tonsillectomies
  - Introduce "lifestyle rationing" so that patients who are obese and smoke will have to lose weight and stop smoking before they can have, for example, a knee replacement to treat their arthritis
  - Shut beds or even whole wards in community hospitals
  - Restrict patients' access to hearing aids and IVF treatment
  - "We have been told to leave no stone unturned and think the unthinkable [in the quest to save the £55m]," one local senior NHS figure said, speaking anonymously.

# WHY 3: PUBLIC EXCLUSION

- STPs secret during development
- Explaining the decision to publish, Islington Council leader Richard Watts said: *"These are not transformation plans – they are not going to put prevention at the heart of health service. They feel much more like a way of making short term budgetary savings rather than any meaningful way of transforming services."*
- GP leaders, who will be directly affected by the plans, have reported that they are being excluded from discussions. (Pulse, 2016)

# WHY 4: THE BIG CONVERSATION?

- The Big Conversation-
- 1. Told there needs to be changes
- 2. Not what they are in detail or the scale of embedded cuts will look like
- 3. Told benefit from preventative health work and community support
- 4. Asked a group of generic questions on how they use services

- "Self-management and self care".

# CONCLUSION

- Independent professional and public consultation
- Independent examination of finances
- Examination of governance implications
- Health & Social Care impact assessment

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