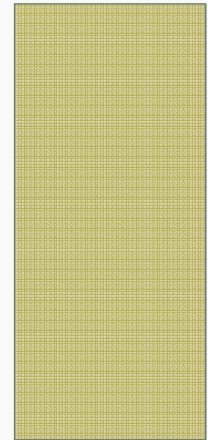




# STP AND THE BRIGHTON CITIZENS' HEALTH SERVICES SURVEY



# 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, 14<sup>th</sup> 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

# REFERENCES

- Barker, KL. (2015). How can qualitative research be utilised in the NHS when re-designing and commissioning services? *The British Journal of Pain*, 9(11), 70-72.
- Checkland, K, Allen, P, Coleman, A, Segar, J, McDermott, I, Harrison, S, Petsoulas, C, Peckham, S. (2013). Accountable to whom, for what? An exploration of the early development of CCGs in the English NHS. *BMJ Open*, 3, doi: 10.1136/BMJ Open-2013-003769
- Deith, J. (2013) A Healthy market? Lack of transparency raises doubts about NHS commissioning *BMJ* 2013; 347
- Hudson, B. (2015). Public and patient engagement in commissioning in the English NHS. *Public management Review*, 17(1), 1-16.
- Martin, GP. (2008). Representativeness, legitimacy and power in public involvement in health care management. *Social Science and Medicine*, 67, 11, 1757-1765
- Murphy, E. (2015). Primary concerns 2015. Cogora. Com
- Petsoulas, C, Allen, P, Checkland, K, Coleman, A, Segar, J, Peckham, S, Mcdermott, I. (2014). *BMJ Open*, 4, 1-8.

