SOME FACTS AND EVIDENCE REGARDING THE SUSTAINABILITY AND TRANSFORMATION PLAN FOR CORNWALL – by Dr. Jan Macfarlane

The Sustainability and Transformation Plan for Cornwall contains many laudable aspirations particularly with regard to tackling the root causes of ill health within our area and the much needed integration of health and social care. The challenges our region faces in achieving good health for all are minutely analysed and the aspiration to tackle root causes such as poverty, affordable housing and fuel poverty, areas not previously considered to be within the remit of health care is expressed. The plan purports to be able to deliver substantial health improvements and at the same time make savings of exactly £264 million needed to balance the books. My first concern is whether these laudable aims are **deliverable** within the time frame required i.e. before 2020/21 and within the budgetary restrictions which are being imposed.

Cuts and Closures

The main new policy is to move away from "an expensive model of bed based care" towards care within the community. This will mean the closure and sell off of community hospitals and reduction of the remaining community beds. Which hospitals? How many beds? Minor Injury Units will close. (How many? Where?) There will be redundancies. (Again - how many? Where?) In all of its 83 beautifully presented pages the document does not say. The public need cast iron assurances that beds will not be closed unless and until adequate community provision is in place.

This shift in community care is to take place against a backdrop of the following facts:

Hospitals Are Already Overstretched

- The Organisation for Economic Co-operation and Development statistics show that among 23 European countries, **the UK now has the second lowest number of hospital beds per capita.**
- **In the last decade, more than one quarter of hospital beds have been closed**, with 37,000 fewer general and acute beds now than in 2006/7.
- The UK had 2.7 hospital beds per 1,000 people in 2014, compared to 8.2 in Germany, 6.2 in France, 3.0 in Spain, 2.8 in New Zealand and 2.7 in Denmark.

Community Care Services Are Already Overstretched

- Since 2009/10 local authority **spending on social care for older people fell in real terms by 17 per cent**; over the same period, the number of older **people aged 85 and over rose by almost 9 per cent.**
- It has become much more difficult for people to get **publicly funded social care; numbers have fallen by 25 per cent since 2009** (from 1.7 million to 1.3 million) and in 90 per cent of local authorities only those with ‘substantial’ or ‘critical’ needs will get publicly funded services.
- There has been a 28 per cent reduction in district nurses since 2009.
- 31% of practice nurses and 20% of Cornish GPs plan to retire within 5 years. There is a high turnover of care workers- 37%.per annum.
- There have been 9 care home closures since October 2015 with a net loss of 106 beds.

All this will undermine the government’s aim of supporting people to remain at home and reducing hospital admissions.

Selling Off Estates

Inevitably there will be a sell off of some of the NHS owned estate. Much NHS property is in a state of poor repair as the capital budgets have been raided to make up for shortfalls in budgets due to underfunding. The sale of publicly owned property needs to be conducted under close council and public scrutiny. The document cites the need for 12,000 places in sheltered housing, housing with care, care homes etc and provision of this will be key to enabling more patients to stay at home. There is no mention in the plan of how this increased capacity can be provided but perhaps some of the capital from the sell off of estates will be directed to this. The experience from previous disastrous NHS PFI projects must be remembered when new capital initiatives are being planned.

General Practice

The new model will centralise GPs services in to "clusters" and a larger tier "Multi-Speciality Community Providers". GPs will be encouraged to merge into larger practices and new funding mechanisms will make this attractive or perhaps the alternative unattractive. It is likely that this will ultimately meaning closure of many of the 40 smaller practices in Cornwall who have less than 9000 patients, although some may survive as branch surgeries. This policy is at direct odds with "services closer to home".

The plan is to "moderate demand" and key to this will be the use of "triage, telephone consultations, online tools and apps". "A change in skills mix" implies that much of GP workload will be done by cheaper less highly trained staff. Will this mean the restriction of access to GPs?

It is precisely the people who need the NHS most who have the least access/ skills to use technology. While the centralisation will allow economies of scale, an increase of out of hours and weekend provision and specialisation of GPs, in my own opinion I would very much regret the loss of continuity of care, making it much less likely that the patient will see a person whom they know and in their own village.

GPs are currently independent contractors and retain a high degree of autonomy and control. Most Cornish GPs own their premises. How will this be brought about given the independent contractor status of GPs? As most GPs own their premises their "strategy will provide options for practices wishing to divest from their estate and move to co-located points of delivery". As buying the premises of 40 practices will cost millions where is funding to be found? Are they ready for a huge transfer of work from secondary care falling on a very reduced workforce of GPs and nurses? In many parts of the country struggling practices are being referred to Virgin Care or other tax haven based private health companies.

A survey of BMA members reported in the Guardian (November 2016) regarding STPs found that around two-thirds said they had not been consulted and a third had never heard of the STPs. Only 14% firmly supported their introduction with 64% undecided and the rest against.

Prevention

A focus on prevention is to be welcomed. The prevention of disease is vital to the well being of the public. But can the health service save much money or workload this way? How long before improved lifestyle choices feed through to savings? In the case of childhood obesity, the answer is probably decades.

What's The Alternative?

Finally I believe that it it is important not to concede that drastic cuts to our health services are the only option. As we get older our health care needs increase – that's as it should be.

Prior to 2012 there was NO deficit. The current deficit has been caused by a deliberate political choice to underfund the NHS. Britain's spending on its health service is falling by international standards and, by 2020, will be £43bn less a year than the average spent by its European neighbours, according to research by the King's Fund.

Alternatively the NHS Reinstatement Bill would tackle the disgraceful waste of money by reversing NHS marketisation and abolishing Monitor. The NHS deficit of £2.45 billion is dwarfed by the cost of maintaining market mechanisms in the NHS which is, at a conservative estimate, a jaw-dropping £4.5 billion a year.

Statistics and Sources of Information

http://www.nhsconfed.org/resources/key-statistics-on-the-nhs
https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/spending-social-care-older-people
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