

A Third Month In The Dark

February's meeting of the CCG's Board was the third in a row to be mainly held behind closed doors. The Board is still working confidentially on its master plan despite decisions being needed for the new financial year, a month away.

At the end of an hour of public session, everyone not a full Board member was ordered out peremptorily. Chair Jane Crombleholme declared there was no time for any questions from the public.

The CCG is working on an ambitious "new service model" in co-operation with Stepping Hill, SMBC and Pennine Care. Crucially they must plug a hole in health and social care funding of £100 million-plus by 2020. An expected first public announcement at the end of January did not materialise.

In the public part of February's Board meeting some references were made to a "Care Congress" of a hundred NHS clinical and social care professionals, which discussed the plan. The CCG's boss (accountable officer) Ranjit Gill said working together at the Congress had been "really good". The sub-text is that such co-operation is unusual.

To learn more, we have to turn to the video blog of Ann Barnes, chief exec at Stepping Hill. She says: "We have all committed to transforming services, to reduce duplication and provide more care closer to home. This approach will avoid cutting services and impacting on the quality of these services." Ms Barnes' claim that cuts can be avoided is unlikely.

The CCG Board did receive a financial report in open session, but only for the financial year ending this April. This year should be completed well in surplus as demanded by NHS England, but this success is courtesy of factors that won't apply next year.

The discussion touched on a couple of chances of achieving savings for the CCG. It was suggested that Stepping Hill over using its expensive critical care beds and that Central Manchester (the Royal Infirmary) could be overcharging by a factor of eight for drug treatments for macular degeneration (blindness), producing a £500k overspend. With resources so scarce, different parts of the NHS are scrapping over money to keep themselves afloat.

Much of the rest of the Board's public session chewed over the winter crisis of Stepping Hill's A&E. Members thought their recent initiatives in community and primary care had helped. Recovery from the depths of December and January was already under way by February and has continued.

The meeting was told the extra pressure on A&E had been caused by a much greater proportion of A&E patients needing to be admitted and found beds. The number of people visiting A&E had not increased. This was considered to be good news, because many patients had correctly chosen to go to their GPs instead. However, one GP thought that as a result older patients were perhaps poorer by the time they did get to hospital.

February 20th 2015

The problems at Stepping Hill A&E have been long running. The Board also spent some time on another chronic issue at the hospital: gaps in the service for people thought to have suffered a mini-stroke.

Stepping Hill has struggled to run its mini-stroke clinic at weekends despite patients needing to be seen urgently. But now comes some good news: this will all be sorted out in April when Stepping Hill becomes one of three centres of Greater Manchester's new stroke service.

Another bit of optimism in the meeting concerned continuing progress on "end of life care". The latest development is that a unified approach has been achieved across Stockport for "do not resuscitate" notices. Apparently, this means that ambulance paramedics will now know whether a patient should be revived or not. It's good to get it right.

Finally, two snippets about competitive tendering. The Board gave Dr Gill delegated authority to sign off the contract spec for the 111 helpline which is a joint recommission led by another CCG. The Commissioning Support Unit for the region also must be put out jointly to competitive tender, but no CCG has volunteered to take the lead. One of the Support Unit's main roles is assisting with competitive tenders. If only no one could be found to do any competitive tenders!