

Board Overstretched

The CCG Board returned from semi-purdah in March to hold the whole of its two-and-a-half-hour meeting in public for the first time since last November. The Board had before it the product of its private discussions: plans to save NHS care in Stockport by turning it upside down, in line with NHS England's five-year plan.

There was plenty of other business too, since a backlog had been building up. An issue of great concern is the state of the ambulance service – not, this time, the privatised passenger transport service but the 999 service provided by the NHS's own North-West Ambulance Service.

The ambulance service is struggling with unexpected volumes of patients - a nationwide phenomenon. "If this was a business we would commission someone else," said Tim Ryley, the CCG's Director of Strategic Planning.

The idea of "devolved" Greater Manchester getting its own ambulance service, rather than sharing with the rest of the North-West, was mentioned by Board members.

Several NHS ambulance services make extensive (and expensive) use of private ambulances to achieve full cover. According to a FOI response from last October, NWAS does not do this.

The ambulance service's problems link, among other things, to the perennial bug-bear of A&E waiting times at Stepping Hill. When A&E is full, ambulances are left queuing outside to hand over patients.

On the subject of A&E, the target of treating 95% of patients at Stepping Hill within four hours remains elusive. The CCG, as the commissioner, has received yet another dressing down from NHS England. The CCG ingeniously intends to plant a not-the-A&E "hub" at the doors of Stepping Hill to divert less seriously ill patients, but this won't be ready for a while. Among other issues included in the Board's meeting were:

☒ The problem of weekday-only mini-stroke treatment at Stepping Hill got a mention perhaps for the last time. From April, Stepping Hill will be one of three Greater Manchester hospitals providing a seven-day-a-week service for both mini-strokes and full (hyper-acute) strokes.

☒ Good news also about the private One To One Midwives company. After months of infighting between NHS England and Monitor (the NHS's regulator) Greater Manchester CCGs have been cleared to tell One To One to get lost.

☒ Stepping Hill's District Nursing service was discussed again. The district nurses are essential to the Board's plans for integrated care in the community. Good leadership and experienced nurses are key. The service's management was said to be taking reported problems seriously. This makes privatisation a less imminent threat.

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☒ The Community Mental Health Service, too, is back on the agenda. Despite much opposition, a reorganisation and reduction was imposed last December. This has been revisited following union representations (and some early problems?). Separately the Board is affronted by an official complaint from Healthwatch that no formal consultation was held into the service changes.

☒ The CCG also seems a bit miffed about developments regarding the joint recommissioning by CCGs of the privatised Commissioning Support Unit for the region. Having been sidelined, Stockport CCG is now talking about taking commissioning support back in house.

At last we came to discussion of the Board's big plans. This was preceded by the customary "patient's story" video. This time the patient recounted misery at the hands of outpatient services at several hospitals. The Board is planning to curtail hospital-based outpatient services and shift much of the activity into GP surgeries and facilities in the community. The change is intended both to save money and improve patients' experiences.

The Board's plans - Stockport Together - to rebalance services away from hospital and into the community have won it "Vanguard" status from NHS England, along with a score of other CCGs. Questioned about the £400,000 spent on BDO Consultants to help devise the plans, the Board said it could not have done the work itself, and additionally it would recoup money by being a Vanguard CCG.

NHS England intends that the Vanguard CCGs will blaze a trail for all CCGs to go on to implement plans to reorganise services to save £20-plus billion by 2020. If the idea works the NHS may be saved from going belly-up and providing a feast for corporate vultures. But the start has been slow and the project wildly optimistic.

Several members of the Board said its plan for the coming year was so extensive as to be "undeliverable" (- the plan's presenter) and "patently ridiculous" (- chair Jane Crombleholme), to gain NHS England's sign-off. Concern was expressed that no clinicians were included among the CCG's staff given lead responsibilities in the plan. Some thought the CCG was being too ambitious in the first year: maybe it should declare to NHS England that some things will be delayed.

Financially, the coming year looks very tight. The CCG's external auditors have warned that failure to achieve a £250,000 surplus would cause them to file a report to the Secretary of State. The CCG is refusing to aim for the previously required £4.5 million surplus. Some services are being restricted and a few cut back.

Even though integration is now the buzz-word rather than competition (at least for the duration of the election), there is still plenty of scope for privatisation. NHS England has handed a £700 million contract to 11 private companies to provide mobile operations and diagnostic tests to relieve pressure on hospitals. This could be relevant to CCGs moving

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hospital work into the community . Stockport CCG's plans also include looking for cheaper providers for some existing services.

Finally, an obvious question about the CCG's plans arises: what happens when Devo Manc NHS takes over? The CCG's officers answer that their work will be unaffected, and nothing much will change in CCGs. Jane Crombleholme had earlier said she thought Devo Manc was the right thing to do: so far it's a memorandum of undertaking, not a done deal.