

# CCG's Financial Hole

November's CCG board had a downbeat mood. The Board now lives with the fear of financial thrombosis. Two GP locality chairs have resigned (including one who was a rebel on expanded surgery hours), and Mark Chidgey (head of procurement) was absent at an all-Manchester meeting about the private midwife service One-to-One. Mary Kelly, who represents the hospital-doctor viewpoint, is leaving the board shortly for career reasons.

## Stepping Hill

Difficult relations with Stepping Hill had seemed to be easing a little recently, with A&E hitting its targets. But there are still plenty of gripes.

1. The CCG has issued a contractual complaint about backlogs in dealing with non-A&E patients. This is despite much activity at Stepping Hill on reducing waiting times. Some national funding has been received to help cover the extra cost, though there is a risk it may be snatched back.
2. The vexed issue of mini-stroke cases had previously seemed to have reached a solution with Stepping Hill agreeing to hold weekend clinics so that patients can be seen within the 24-hour target. However, Stepping Hill now says it cannot mobilise staff for weekend work. The CCG may now take contractual action on this, and possibly transfer the work to Wythenshawe.
3. Most seriously, a bad situation was reported in district nursing with low morale among overworked staff, and some quitting their jobs. Stepping Hill holds the community services contract and had already been given a six-month deadline to improve. The intention had been to extend this contract for a year. But it is now conceivable that a competitive tender will be staged sooner rather than later. A serious development!

## Money

At the previous meeting we were warned of financial shortfalls culminating in a £100 million black hole across health and social care in Stockport five years hence. This time, there seemed to be increased confidence that the CCG would be on target this year; the threat of an emergency audit by NHS England has been lifted. Next year is the looming problem, with a £20 million gap. Tim Ryley and other trouble-shooters are looking at decommissioning, reducing or not reprocurring some services, raising treatment thresholds and squeezing running costs. Already this year some elements of a new "planned care" initiative have been cut and, for now, the NICE recommendation to prescribe Statins to people with more than 10% risk of heart attack (rather than 20% currently) is not being actioned.

This year's financial problems have been triggered by increased hospital work (remember, this is meant to be going down rather than up with primary and community care doing more). One factor is Jeremy Hunt's drive to cut waiting times for the general election. Stockport already relies too much on hospitals, relative to other localities. It also gets an unfairly low financial settlement.

For this year an overrun of £1.5 million on private sector clinical work is forecast. Patients are being sent private to hit waiting time targets.

An ironic aspect to the financial crisis is that it now becomes good for contractors not to hit their targets which trigger reward payments.

## Legislative Reform Order

There is much messing around with NHS organisation in Greater Manchester including devolution of power and joint bodies. From January the CCG is to become a co-commissioner of primary care with NHS England (previously the only commissioner). Critics would say this puts the GPs of the CCG in charge of commissioning GPs.

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The recently implemented national Legislative Reform Order tidies up the rules for CCGs' participation in joint bodies (which are multiplying). Ranjit Gill represents Stockport on such bodies. He was diplomatically asked whether in exercising such voting rights he "has a sense" of the views of other members of the CCG board.