March 10th 2015

CCG's Plans Made Public

The CCG's secretively drawn-up plans to remodel services and survive austerity have finally seen the light of day, and include some startling elements.
We have already heard about the CCG's number one idea of improving care for the chronic sick and thereby keeping them out of hospital. Now come two further ideas to cut hospital bills: steering patients away from the very doors of A&E to more appropriate care elsewhere, and putting a bomb under GP referrals to outpatients and surgery. The CCG's fourth big idea is to tackle people over unhealthy lifestyles.
Improved joined-up care for the chronic sick is moving ahead now in partnership with SMBC, but changes to A&E and hospital referrals will not be ready in the coming financial year, 2015-16. We are therefore faced with two separate documents – first an Operational Plan to get the CCG through the next year and then a Strategic Vision up to 2019 for "Stockport Together". Parts of the documents are unclear, leaving us to guess what is intended.
The plan for 2015-16 hangs tough by refusing to budget for a £4.2 million surplus as demanded by NHS England. The CCG says it will only be able to manage £250,000. Let's hope it stands firm.
Even the £250,000 surplus could be a problem, since it is based on a small reduction in emergency hospital care and a standstill on hospital referrals, neither of which has been achieved in the past year.
The 2015-16 plan must achieve substantial savings, which it says can be done without service cuts. However, it adds that "there are a number of threshold and effective-use-of-resource policies". Those listed (and there may be more) are:

- Not implementing recommendations from NICE (which vets new drugs and treatments)
- Limiting ear suction treatments.
- Smokers and the overweight possibly held back from some surgery (details unclear)
- Treatment for macular degeneration is mentioned vaguely

In addition GPs who refer above-average numbers of patients to hospital will be leant on. Work will continue on smoothing access to psychological therapies but £400,000 of increased investment has been shelved.

Opponents of privatisation will be concerned about some recontracting of services with the aim of saving money. While some ear suction treatments will be vetoed, the remainder are

to be done more cheaply by finding a new provider. The CCG says it will also identify other areas where current arrangements are not providing value for money.
The plan portrays 2015-16 as the year of preparation for implementing the Strategic Vision. The objective is "fundamental change", moving to a community-based system of care led by GPs and supported by hospital clinicians, rather than a hospital-based system.

A comment in the 2015-16 plan, that GPs' "engagement and ownership" need to increase, could be relevant to the Strategic Vision. This outlines how GPs' referral of patients to hospital will be curtailed – with GPs instead providing specialist consultations themselves. GPs will take advice from hospital doctors about individual patients and agree a care plan. Prescribed treatments may take place in the community and clinics, with hospital consultants continuing to advise and direct remotely. Hospital-based consultations and surgery will be available when necessary.

Cancer as well as back pain and other conditions will be covered by the new GP-based arrangements. The CCG is well aware of NHS England's serious targets for cancer treatment, so the policy's impact on cancer will have been considered.
The second major innovation in the Strategic Vision is to filter would-be A&E patients through an Urgent Care Hub, located at Stepping Hill but run separately. Patients could be redirected to non-urgent care, also provided in the Hub. How the Hub will be procured is not made clear.

Another emphasis of the Strategic Vision is on patients "seeking safe and appropriate advice independently" and "self-managing" rather than going straight to GPs. This could be intended to take some pressure off GPs who will have multiple new burdens.
In another GP-saving change, patients will be able to refer themselves to physiotherapy. This will be quicker but, surely, will cause the service to become more overloaded?
Stockport Together's big success so far is in uniting the CCG, Stepping Hill, Stockport Council and Pennine Care. Joint boards will be set up. The Strategic Vision leaves much still to do. It has made inroads into a predicted budget gap of £118 million in 2018-19 (about 25% of total spending) but admits a further £37 million of savings must be found. Watch out.
The Vision further acknowledges its incompleteness with a reference to "Manchester devolution" under which CCGs' budgets will be pooled. The workings of budget pooling are unknown.

The CCG admits both the Plan and Vision carry risks. It cannot afford enough CCG staff to run such a big change. Meanwhile, patients may wonder about the risks from "self-managing" themselves and from GPs delivering specialist consultations.
The CCG Board will discuss the documents in public for the first time at its meeting on Wednesday March 11, at which further details may be revealed.