

Stockport Health Emergency

The winter crisis overwhelming A&E and other parts of the health system dominated the public part of January's Board meeting of Stockport's Clinical Commissioning Group. For the second month running the open session was truncated to make time for closed discussion of plans to run health and social care in Stockport for £100 million less than forecast by 2020.

This winter Stepping Hill has been languishing around the bottom of the list of English hospitals who are unable to treat anything like the target of 95% of emergency patients within four hours. The press has highlighted an 85-year-old woman's 10-hour wait at the hospital. But it sometimes takes a crisis to bring people together and the usual bickering between NHS Stockport (the CCG) and Stockport NHS (the hospital) has been set aside. Mark Chidgey, head of provider management, said the hospital was "clearly very very focused" on quality and safety. Extra staff were being brought in to deal with increased numbers of acutely ill patients. Several CCG staff were hands-on at Stepping Hill the previous weekend improving processes to increase hospital discharge rates and throughput, and planned to be there again the following weekend.

Tony Stokes of Healthwatch reported that his organisation had recently questioned patients at A&E and found that they were positive about their experience despite long waits. Often A&E patients are criticised for turning up at hospital unnecessarily but on this occasion the CCG's accountable officer (boss) Dr Ranjit Gill said "people have made appropriate choices".

It was further reported that emergency ambulance, out-of-hours services, social care and GPs are impacted by the epidemic of ill health. Many patients are very elderly and suffering breathing difficulties. Marple's GP rep blamed a respiratory virus – "the worst I've seen".

Filling the hole

Regarding the CCG's financial sickness, the news was mixed, but there is still hope of hitting this year's target set by NHS England. For obscure reasons, NHS England has handed back £800,000 out of the blue. This would be very handy to cover the costs of treating large numbers of extra patients at A&E. But NHS England is trying to insist that the money should instead be held in reserve. Meanwhile doubts have resurfaced about whether the CCG will be allowed to keep money it was given last autumn to cover the cost of cutting waiting lists from GP referrals – part of a failed national attempt to put the NHS in good shape for the Government's re-election campaign.

Financial reality has rapidly struck down the CCG's decision last month to obtain some commissioning powers for local GP services, delegated from NHS England. The move would not have been fully funded by NHS England, thereby adding to the financial mess. Instead there will be less burdensome "co-commissioning" of some GP work.

The board moved on to a brief public airing of financial planning, to be examined in more detail once the two members of the public/SNHSW had been ushered out.

A small piece of good news is that the CCG's lobbying has produced an extra £6 million next year to reduce NHS England's underfunding of Stockport (compared with other areas). This still leaves a horrendous financial situation, on top of which Stockport CCG is required to jump back and forth through hoops thrown up by NHS England. The CCG's Better Care Fund submission to share NHS money with even more cash-strapped SMBC has just been approved. Now by January 23 a business case has to be presented to get at the CCG's cash surplus achieved in 2013-14. After that, operational plans for 2015-16 have to be drawn up in double-quick time to go to NHS England. These have to reflect "the direction of travel" of

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NHS England's recently published Forward View. The CCG's one-year operational plan is related to, but not the same as, the so-called "piece of work" which the CCG is carrying out with SMBC, Stepping Hill and Pennine Care to find a way out of their financial hole over the longer term.

New models

NHS England's Forward View and the Stockport "piece of work" both have at their heart a "new model of care" or "new service model". In NHS England's view the model can be different for each locality in England but should involve disassembling the existing parts of the local health system and putting them together in a new, more integrated way. One danger of the "new model" is that it may require recontracting which offers yet more openings for the private sector. In Stockport there will also be cuts in services.

As we reported last month, BDO consultants are being paid £400,000 for their part in devising the new model. Apparently one reason for BDO's involvement is that the four Stockport partners would be unable to trust each others' versions of their finances without an independent intermediary. For example, have Stepping Hill and SMBC spent all their reserves, or not?

Despite appearances to the contrary, SNHSW has been told that there is no secrecy about the "piece of work", and we can be taken through it in advance of its publication. The CCG's intention is that the conclusions will begin to be made public at the end of January.

In the two-minute question time at the end of the board's public session, members were asked what had happened to Healthier Together (the much trumpeted rationalisation of life-critical surgery in Greater Manchester's hospitals), in the light of it being dependent on a new Primary Care Model needing to be in place first and the fact that the dates for this Model have slipped several months. The answer was that HT is no longer dependent on the Model being in place first, but despite this nothing more will be done for several months (ie until after the general election). Meanwhile on the positive side, Ranjit Gill said hospitals are talking to each other for the first time in years rather than competing.