Royal College of Anaesthetists

May 2017

Briefing: Sustainability and Transformation Partnerships (STPs)

This briefing provides an overview of Sustainability and Transformation Partnerships (STPs) which, prior to the publication of *Next Steps on the NHS Five Year Forward View*, were referred to as Sustainability and Transformation Plans.[1] The briefing outlines our position on STPs, provides analysis of their development and role, and offers key recommendations to shape the implementation of STPs.

About the Royal College of Anaesthetists

- 16% of all hospital consultants are anaesthetists making anaesthesia the single largest hospital specialty in the UK[2,3,4]
- Anaesthetists play a critical role in the care of two-thirds of all hospital patients[5] and 99 per cent of patients would recommend their hospital's anaesthesia service to family and friends[6]
- With a combined membership of 22,000 fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, we are the third largest Medical Royal College by UK membership.

Overview of STPs

Following the publication of NHS England's *Five Year Forward View*[7] in October 2014, the government's Spending Review[8] in November 2015 set a target of delivering £22 billion of efficiency savings in the NHS by 2020/21. The structure and proposed role of England's 44 STPs was first outlined in NHS planning guidance published in December 2015.[9] The King's Fund noted that the development of STPs and their underlying goals represented '…a decisive shift from the focus on competition as a means of improving health service performance in the Health and Social Care Act 2012'.[10]

The scope of STPs is to cover all areas of clinical commissioning group (CCG) activity as well as integration with services managed by local authorities, including social care and public health programmes (such as smoking cessation services). The *Five Year Forward View* proposed the 'triple integration' of primary and specialist hospital care, physical and mental health services, and health and social care.

Organisations which have come together in each England's 44 STPs include CCGs, local authorities and Trusts, as well as some independent (private) providers and charities. A named individual has been appointed to lead each of the 44 STPs, who come from a range of backgrounds, including Provider Chief Executives, CCG officers, local authority senior leaders and clinicians.

STP leaders were asked to draw up plans with central consideration of three themes:

1. Improving health and wellbeing (addressing the health gap)
2. Improving quality and developing new models of care (addressing the quality gap)
3. Improving efficiency of services (addressing the financial sustainability gap)

Following the publication of these plans in December 2016 the variation in the 44 STPs was highlighted as a concern by a cross-party group of MPs. A February 2017 Public Accounts Committee (PAC) report on the financial sustainability of the NHS noted:

> *NHS England and NHS Improvement accepted that the quality of plans is variable and NHS Improvement said it would need to give "serious help" to those organisations that are struggling.*[11]

In March 2017, NHS England published its delivery plan, *Next Steps on the NHS Five Year Forward View*[12] which laid-out a vision for the evolution of STPs. The document outlined that STPs will be encouraged to become Accountable Care Systems (ACS) which will exist within the geography of the STP (or an identified sub-area) once they have appropriately 'evolved' – aiming to end the purchaser-provider split.

The document notes that ACSs will be offered a single 'one stop shop' regulatory arrangement in the form of streamlined oversight arrangements with NHS England and NHS Improvement. In an interview with the *Health Service Journal*, NHS England Chief Executive, Simon Stevens, said that 'STPs will also now be expected to form a basic "governance and implementation 'support chassis'", which will include an STP board and CCG committees in common'.[13] ACSs will also be able to agree an Accountable Performance Contract (APC) with NHS England and NHS Improvement with new arrangements for managing defined population funding.

It is anticipated that, over a number of years ACSs may lead to the establishment of an Accountable Care Organisation (ACO) where the commissioners in the area have a contract with a single organisation for the majority of health and social care services. Timelines for this shift are unclear.

What is the RCoA's position on STPs?

We welcome any initiative that improves patient care and outcomes. Any decisions made around STPs must have the best interest for patient care and not financial savings as its primary focus. Clinicians must be fully involved in the development, governance and delivery of the STPs and there must be proper consultation with patients and patient groups to inform decision-making. Neighbouring STPs must also work in a coordinated way to ensure that decisions taken by one STP area do not negatively impact a neighbouring STP.

We believe that our initiatives in perioperative medicine, providing a clearer pathway of care from the moment the patient is considered for surgery until they have fully recovered, could provide improved patient care, shortened hospital admissions, and improved efficiency in the provision of elective surgery.[14] Perioperative medicine closely aligns with the goal of enabling better integration across the health and social care system.

All STPs must have proper assessment regarding their impact on staffing requirements in anaesthesia, critical care and pain medicine services. This includes, but is not limited to, trauma, resuscitation, retrieval, invasive radiology, inpatient services requiring sedation or advanced pain relief, or the availability of intensive care. Many STP documents indicate plans for the reconfiguration of some services. In this context it is vital that all clinical services continue to support education and training to ensure that anaesthetic, intensive care medicine and chronic pain doctors in training are able to access appropriate supervised and accountable learning opportunities to fulfil the requirements of the Certificate of Completion of Training (CCT) curriculum.

STPs may include the further development of medical associate professions including Physicians' Assistants (Anaesthesia) (PA(A))s. We support plans to increase the training and employment of PA(A)s in order to augment clinical service delivery, however this workforce must be adequately resourced, supported by a well-defined training structure, and underpinned by statutory regulation.[15]

Analysis and supporting evidence

Further to our concerns regarding a lack of clinical engagement, we also believe that there has been a lack of public and patient engagement with STPs. Ipsos MORI polling carried out in December 2016 found that only 14 per cent of the public has heard of their area's STP but that more than three times this number (44 per cent) would like to have a say in the STP for their area.[16]

Research from The Nuffield Trust found that some STPs are targeting up to 30 per cent reductions in selected areas of hospital activity, including outpatient care, A&E attendances and emergency inpatient care.[17] These reductions are being planned in the face of steady growth in all areas of hospital activity, including the doubling of elective care over the past 30 years.[18] The authors also argue that NHS bodies frequently overstate the economic benefits of initiatives intended to shift the balance of care. NHS bodies may use prices to calculate savings rather than actual costs, which can result in the wrongful assumption that overhead or fixed costs can be fully taken out.[19]

Over the period 1990/91 to 2015/16 the number of general and acute hospital beds has fallen from around 160,000 to 103,000. While the reasons for this reduction may in part reflect developments in the treatment of medical patients, including improvements in anaesthesia,[20] a number of Trusts have experienced sustained bed occupancy of over 99 per cent.[21] In response to a question at the NHS Confederation conference in June 2016, the Secretary of State for Health, Rt Hon Jeremy Hunt MP, stated that "The STPs are very simply about reducing hospital bed days per thousand population and reducing emergency admissions" noting that £4 billion of the NHS's £22 billion efficiency savings will be found in demand reduction.[22] The Mandate to NHS England (2017/18) set a target to reduce delayed transfers of care to 3.5 per cent by September 2017.[23] There is uncertainty regarding the arrangements which will be put in place to ensure a fair payment system where patient care requires the crossing of STP boundaries.

Capital budgets which were intended for the maintenance of facilities and roll-out of new technologies and equipment have been used to fund shortfalls in revenue budgets and reduce provider deficits in 2014/15, 2015/16 and 2016/17.[24] It is not likely that out-of-hospital care will be cheaper for the NHS in the short to medium term and certainly not within the tight timescales under which the STPs are expected to deliver change. Therefore the wider problem remains: more patient-centred, efficient and appropriate models of care require more investment.[25]

Issues concerning adequate workforce provision will be central to the success of STPs and sustainability of the wider health and social care system. A 2015 report by the Centre for Workforce Intelligence found that the number of anaesthetists and intensivist CCT holders needed to meet demand by the year 2033 would be 11,800 full-time equivalents which is nearly double the current level of around 6,100. This represents a 33 per cent shortfall based on the projected 8,000 professionals set to be trained by this date.[26] While financial targets are being set to 2020/21, workforce projections highlight the need for training to begin now, and planning to be taken beyond 2020/21.

There is already emerging evidence of a national shortage of specialists which is leading to the reorganisation of some services in order to maintain high-quality patient care. In one example South Yorkshire and Bassetlaw STP has recently consulted on changes to its children's surgery and anaesthesia services as part of the early implementation of its STP.[27] A report from the former Chair of the Health and Social Care Information Centre (now NHS Digital), Kingsley Manning, also found that none of the 44 STPs provided an analysis of current workforce productivity[28].

The *Next Steps on the Five Year Forward View* document outlined that STPs are non-statutory bodies which will 'supplement' rather than replace the accountability of local healthcare bodies, after a number of organisations have questioned the legal basis for STPs' decision-making powers.[i] The House of Lords Select Committee on the Long-term Sustainability of the NHS published a report in April 2017 which addressed many of the issues surrounding STPs, including their legal framework. The report noted the following:

Currently, STPs have no statutory basis. However, several individual statutory organisations, such as clinical commissioning groups, will be involved in each Plan. There is, therefore, considerable ambiguity around the governance of STPs which threatens to undermine the ability of STP areas to drive changes to services.[29]

[i] For example the report from think-tank, Reform, highlights that 'Some STPs have created MoUs to establish shared objectives. Although these have no legal status,' (pp.17-18). The report notes the 'perception' that competition law is a barrier to integration (p.18). **Report reference**: Laycock, K et al. *Saving STPs: Achieving meaningful health and social care reform*. February 2017

RCoA recommendations

- NHS England and NHS Improvement must increase efforts to ensure clinical engagement in the development, governance and delivery of the STPs, which must be coupled with proper consultation with patients and patient groups. There should be a clear outline for how continued clinical engagement will extend beyond the existing Clinical Senates[30] which are not geographically aligned with the 44 STP areas
- All STPs must have proper assessment regarding their impact on staffing requirements in anaesthesia, critical care and pain medicine services. This includes - but is not limited to - trauma, resuscitation, retrieval, invasive radiology, in-patient services requiring sedation or advanced pain relief, or the availability of intensive care
- With the development of STPs, NHS England and NHS Improvement must ensure that there is equity in the way transfers of care and retrievals are paid for when they cross STP boundaries. This must incorporate payment systems which develop under the auspices of the new care models programme[31]
- Each STP team must be empowered with adequate transformation funding including capital budgets where they are identified as being fundamental to achieving the goals of the respective STP
- The introduction of a ring-fenced capital spending fund for the NHS to ensure that modern infrastructure supports the long-term sustainability of the NHS and provides assurance of the availability of care for patients within an appropriate geographic distance[ii]

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[12] NHS England. *Next Steps on the NHS Five Year Forward View*. March 2017 [Online version]
[13] Brennan, S and Williams, D. *First nine 'accountable care systems' revealed*. Health Service Journal. 31 March 2017
[14] Royal College of Anaesthetists. *Perioperative medicine: The pathway to better surgical care*. 2014
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[16] Duxbury, K. *Engaging the public in STPs: lessons from the past*. Ipsos MORI. 1 February 2017
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[18] *Ibid*
[19] *Ibid*
[20] Ham, C et al. *Delivering sustainability and transformation plans: From ambitious proposals to credible plans*. February 2017
[21] Baker, C. House of Commons Library. *NHS Winter Pressures 2016/17: weekly update*. (7057) 3 March 2017
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[23] Department of Health. *The Government's Mandate to NHS England 2017-18*. March 2017.
[24] House of Commons Public Accounts Committee. *Financial sustainability of the NHS*. Risks to future performance. February 2017
[25] Imison, et al. *'Shifting the balance of care: Great expectations'*. Nuffield Trust. March 2017
[26] Centre for Workforce Intelligence. *In-depth review of the anaesthetics and intensive care medicine workforce*. February 2015
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[29] House of Lords Select Committee on the Long-term Sustainability of the NHS. *The Long-term Sustainability of the NHS and Adult Social Care*. Report of Session 2016-17. April 2017
[30] NHS England. *Clinical Senates update*. January 2013
[31] NHS England. *Five Year Forward View*. Chapter three - What will the future look like? New models of care. October 2014

[ii] The House of Commons Committee of Public Accounts noted in its February 2017 report, that 'NHS England admitted that capital investment has fallen short of what it had considered was needed to deliver the NHS Five Year Forward View'. The Chief Executive of NHS England stated in his evidence to the Committee that the movement of allocated capital funding to revenue spending '[W]ill have taken about £4 billion out of capital expenditure over the course of five years,' The report can be accessed here: https://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/887/887.pdf