

Shaping a healthier future?

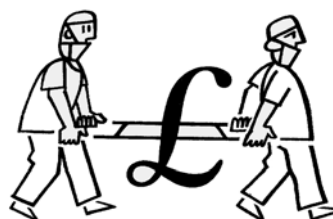
What the consultation document doesn't tell you

John Lister

London Health Emergency

Not about financial savings?

The 8 PCTs have committed themselves to deliver £1 billion of financial savings by 2014/15 – in their **2012-13 Operating Plan**.



- 4. Deliver £1bn of financial savings by 2014/15 to achieve financial balance, by;
 - ~~Delivering ongoing management cost savings~~ within the cluster
 - Delivery of proportion of QIPP commissioner savings through implementation of new models of care pilots
 - Enabling providers to deliver their efficiency savings

But it's not made clear in the Consultation document: instead they just discuss savings of 4 % per year.

Thousands of jobs to be axed

Consultation document says the plans would need [extra staff](#) (+ 750-900) to run new services

There will need to be between 750 and 900 extra staff to run these new services. Many of these staff are already working in NW London,

But their REAL Plan, **Commissioning Strategy Plan 2012-15 Part B** (page 163) outlines plans to CUT staff

– **1,754** in 2011/12

– **5,629** by 2015

– **3,994** of lost jobs to be clinical staff

Total provider workforce across NW cluster	Total staff in post FTE	Total FTE clinical staff	Proportion clinical staff
Baseline position in March 2011	40,791	31,700	77.7%
Planned % change in FTE by the end of 2011/2012	- 4.3%	-3.5%	-7.3%
Planned % change in FTE by the end of 2 14/2015	-13.8%	-12.6%	-17.9%

Less hospital treatment

The Preconsultation Business Case details the plans to cut hospital care

- **55,000** fewer urgent and emergency admissions
- **600,000** fewer outpatient appointments
- **100,000** fewer A&E attendances
- **10,000** fewer elective operations
- **391** fewer beds

(PBC Vol 8, Appendix C, p10)

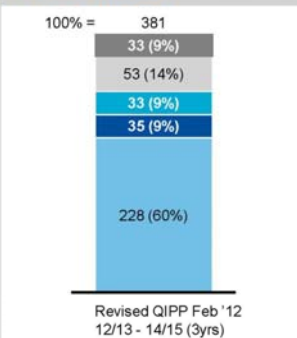
DDH activity increase and annual recurrent investment	Impact of initiatives	Acute activity reduction relative to pre-QIPP baseline
+ 200-300k appointments + 135-140 Community beds + £38-50m investment	• 30k spells (equates to 301 beds) equivalent reduction from rapid response teams • 20k from Integrated Care • 0k from contractual savings	Non-elective • 55k spells* • 301 acute beds*
+ 510-520k appointments + £38-50m investment	• 300k spells equivalent reduction from re-provision • 60k from GPs' access to specialists by phone • 140k from contract renegotiations • 100k from improved referral/urgent schemes	Outpatients • 600k app†
+ 60-70k appointments + £4-5m investment	• All existing A&Es remain as either A&E or UCC • 50k spells equivalent reduction from expanded UCC • 30k spells prevention via 111 • 15k spells from improved primary access	A&E • 100k spells*
+ 10k appointments + £1m investment	• 7k spells equivalent reduction through redirecting minor surgery to primary care • 7k from contractual and other savings	Elective • 10k spells*

It's not just hospitals facing cuts

We also know another **£154m** of cuts are planned:

- Primary Care **£53million**
- Community services **£33million**
- Mental health and Learning Disability **£35m**
- and “other” services **£33m**

Breakdown of total GROSS QIPP savings by service up to 2014/15



■ 'Other' savings² ■ Mental health & Learning disability
 ■ Primary care & prescribing¹ ■ Acute
 ■ Community

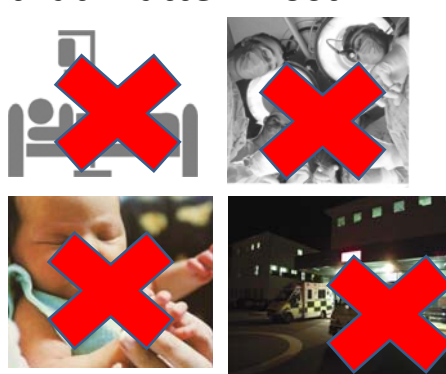
Preconsultation Business Case Vol 8, App C: p7

Turning a HOSPITAL into a CLINIC

Take a fully functioning, busy hospital, and **CLOSE** the bits that matter most ...



Ealing hospital would lose its beds, surgery, maternity or A&E services ... just “urgent care”, outpatients and diagnostic services



...Hey presto: all you have left is a clinic!

We all know where our hospitals are in NW London (at the moment)

...



But **WHERE** would the replacement services be?

Why no details or timeline?

Even NHS NW London has recognised the risks

“Strategy not accepted by patients, politicians and public” ... “primary care not robust enough and ready” ... “Poor patient experience” ... “Service gaps”

Strategic and Clinical Risk Register (August - mitigating actions)	PCTs Affected	Operating Plan Objective	Significant Risks to delivery	Controls in Place
NWL C&IB New Risk Register from Quality & Clinical Risk Register (August - mitigating actions)	All	Objective 1 Support the implementation of new models of care and best practice to deliver improvements in clinical quality and patient experience across the region	Risk: Implementation of Out of Hospital Strategy <ul style="list-style-type: none"> Strategy not accepted by patients, politicians and public Primary care not robust enough and ready to support acute shifts in activity Stakeholders across the system may not be able to facilitate implementation of new pathways of care and deliver the new models of care and associated savings Stakeholders may not be able to deliver service transformation Consequences: <ul style="list-style-type: none"> Poor Patient experience and outcomes Financial consequences - system becomes unaffordable and unsustainable Service gaps 	<ul style="list-style-type: none"> OOH Strategy Groups working with Practices to incentivise Robust contracts Network Plan GP engaged and supported by LMC Strengthened management arrangements within the Trust, to deal with the risk Robust performance management arrangements in place or commitment to action Engagement sessions with key stakeholders

Source of Assurance	Gaps	Mitigating Actions (Preventative and/or contingency actions to be taken and timeline)	Priority/Risk Risk Rating prior to Contingency Likelihood (current) Consequence (current) Risk level (current) Change in Direction (Contingency)	Risk Owner	Last review date
<ul style="list-style-type: none"> Network updates Provider performance reports OOH strategy implementation monthly report to CCG board 			16 4 4 TBC CCGs	TBC	CCGs

But is doing NOTHING about it!