NHS Sustainability and Transformation Plans

House of Commons, opposition day debate
Wednesday 14 September 2016

About the BMA
The British Medical Association (BMA) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow each year.

Key points

- Sustainability and Transformation Plans (STPs) potentially offer an opportunity to develop health policies more suited to local need. The BMA supports their aim to integrate services across health and social care and create a long term strategic plan for NHS services locally.

- However, these plans must not exacerbate the funding crisis in the NHS or be used as a way to reduce money available to the NHS. It is important that STPs do not result in health funding being used to prop up depleted social care budgets rather than focussing on the health needs of the local population.

- If NHS funding levels are insufficient, the government must look at developing a new funding settlement for health and social care services.

- For STPs to be successful it is crucial that there is sufficient public awareness and that they have the support of patients and doctors. The BMA is therefore calling for all plans to be made public and for local clinicians to be fully consulted and involved in any planned changes.

- There is currently no duty on STP leaders to consult with stakeholders, as exists for Clinical Commissioning Groups (CCGs). The BMA believes that a good governance structure must be developed to ensure proper accountability.

NHS Sustainability and Transformation Plans
Sustainability and Transformation Plans (STPs) are five year plans detailing how local areas will work together to implement the Five Year Forward View and achieve financial balance by 2020. In order for these plans to be developed England has been divided into 44 STP geographic ‘footprints’ made up of NHS providers, CCGs, local authorities and other health and care services. These organisations will work together to create a plan based on local health needs.
The long term nature of STPs has the potential to allow for more proactive, strategic decisions about local healthcare needs. They could also lead to better, evidence based, decision making – footprints have been encouraged to spend time producing good quality data on their geographic area. As part of the STP process local areas have also been asked to assess how successful their area is in the following three categories: 1) health and wellbeing; 2) care and quality; 3) finance and efficiency. This could lead to local areas having a better understanding of the challenges within their local health services.

**During the development phase of STPs the BMA has three priority areas:**

**Funding**
One of the key aims of STPs is to achieve financial balance by 2020. The BMA has concerns that this will be the priority for STPs rather than developing the best models for patients. Although the NHS has to be financially sustainable, it must not come at the expense of patient care and the provision of good quality services. It is essential to ensure that greater integration does not make the health funding crisis worse and greater coordination of policy across footprints does not result in health funding being diverted to plug depleted social care budgets.

The plans we have seen so far show that a number of footprints are focusing on hospital reconfigurations, yet there is little evidence that these either save money or improve quality. If hospital services are reconfigured they must go through a thorough impact assessment, including an examination of safety issues, and there must be supporting evidence to justify change.

**Accountability**
STPs are not statutory bodies and as such have no official accountability structure. There are no national guidelines for STP governance structures and, unlike CCGs, there is no onus on STPs to consult on changes. The accelerated timetable for STPs to be signed off increases the risk that important decisions are made without a clear governance structure in place.

It is also possible that STPs will complicate local decision making, particularly if the STP footprint does not match existing health and social care commissioning boundaries. STPs could result in decisions being made at different levels, making it unclear where ultimate accountability lies.

**Consultation**
It is essential that consultation and engagement with all sectors and patient groups takes place at the earliest possible stage. Doctors, patients and other stakeholders need to be involved in the development of plans and not just consulted once they are agreed.

This includes any planned changes to workforce, which need to be considered both locally and in the context of the impact it may have on any national workforce planning and training programmes.

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