STP summary paper

Sustainability and transformation plans are five year plans detailing how local areas will work together to modernise health and care and achieve financial balance by 2020. In March 2016, England was divided into 44 geographic ‘footprints’ to create plans based on the local health needs. These plans were submitted to NHS England and NHS Improvement in October 2016 and have since all been published. The plans are still in development and areas will simultaneously start to implement the sections of the plan furthest ahead whilst continuing to work on other sections.

NHS England’s ‘Next steps for the Five Year Forward View’, published in April 2017, changes the language around STPs—referring to them as Sustainability and Transformation Partnerships.

This summary gives an overview of the key points in your STP based on the plans submitted in October 2016. It is not exhaustive and there will have been developments since this point. The level of detail in the summary is reflective of the level of detail within the plan. It does not reflect the BMA position in any way.

To stay up to date with what is going on and to read the BMA’s analysis of the plans, please see our website: www.bma.org.uk/stp

If you would like to send comments on the STP process nationally then please email Holly Higgs (hhiggs@bma.org.uk).

Gloucestershire
43. Gloucestershire

Population: 600,000
[Link to plan](http://www.gloucestershireccg.nhs.uk/gloucestershire-stp/)
Lead: Mary Hutton, Gloucestershire CCG
Contact your regional coordinator about your STP: scusack@bma.org.uk

Priorities are:
1. Enabling active communities
   a. Radical self-care and prevention plan
2. One place, One Budget, One System
   a. Place based commissioning
   b. Reset urgent care and 30,000 community model
3. Clinical Programme Approach
   a. Reset pathways for dementia and respiratory
   b. Deliver the mental health 5YFV
4. Reducing clinical variation
   a. Choosing wisely medicines optimisation
   b. Diagnostics review
5. System enablers are:
   a. Primary care
   b. Joint IT strategy
   c. Joint estates strategy
   d. Workforce

Key points:
- Plan to have 16 health and social care communities based around clusters of existing GPs and the county’s market towns. These would have a minimum of 30,000 population. These are being piloted at the moment. There is likely to be a consultation on the urgent care system model in June 2017.
- Priority to redesign the urgent care system. In year one this will mean developing pilots for an urgent primary care service in key locations throughout the county, which will have GP services but also other highly trained staff.
- Developing place based commissioning approach for responsive and urgent care.
- New locality led ‘models of care’ pilots will be carried out during 2016/17 to test and learn from their implementation – the focus will be on redesigning responsive community based care. Design of the pilots will be devolved to locality levels.
- Year one will focus on delivery of new pathways for respiratory disorders and dementia
- Closing the gaps “may require redesign of services”.
- If ‘upper decile’ performance is achieved, there will be an approximate reduction of 3,900 emergency admissions, 3,900 elective admissions, 125,000 fewer outpatient appointments and 6,700 fewer A&E attendances by 2021.
- By 2021, the plan will have developed new ‘urgent care centres’ across localities to allow the majority of patients to access them within a maximum of 30 minutes driving; delivered easier and more convenient access to GP practice services including additional slots for urgent appointments; ensured urgent care offer is fully integrated; delivered a countywide bed model making best use of sites and resources.
- ‘Locality Urgent Care Hubs’ established in each area, meeting the particular needs of these local communities — these will provide a focus for urgent care within geographical localities and will include GP, community hospital and other community services working together.
Engagement:
- Contact: GLCCG.enquiries@nhs.net
- There is a survey available on the website and details on public drop in sessions where you can find out more information.
- A number of meetings were scheduled for January; the details of further meetings will be published here.

Finances:
Financial gap by 2020/21
- Healthcare: £190 million
- Social care: £36 million
- Combined: £226 million

Opportunities to address 2020/21 residual gap:
- Enabling active communities: £20 million
- Clinical Programme Approach: £20 million
- Reducing clinical variation: £20 million
- One Place, One Budget, One System: £9.5 million
- Joint IM&T Strategy: £5 million
- Local authority schemes: £36 million
- Other: £52 million (Carter Review, reconfiguration of acute services, and reducing variation in community and mental health providers)

Capital funding required: £130.8 million