



# Health Select Committee

## Sustainability and Transformation Partnerships inquiry

### Introduction

1. The Royal College of Physicians (RCP) welcomes this opportunity to respond to the Health Select Committee's inquiry into Sustainability and Transformation Plans. This submission is based on the experience of the RCP's 34,000 members and fellows who are predominately hospital doctors.

### Summary

- The need for wide-scale system change across health and social care is supported by the vast majority of clinicians who believe and want to engage in change that benefits patients.
- The 'at pace' and 'at scale' elements of individual STPs and across the whole system need to be kept under review, to ensure that change is being delivered at a pace the system is able to support.
- Planning for change needs to consider the current pressures NHS and Social care are facing. Consideration needs to be given to how to implement change when the system is already overstretched. Including how to support leaders and managers who are struggling to manage both the current crisis and large scale change at the same time.
- Almost all STPs have aspects that are to be commended and are best practice. Some of these are novel and should be replicated in other STPs if successful.
- The financial efficiency savings planned are substantial. To be successful STPs and ACOs require upfront investment and acceptance of the 'invest to save' principle. Without adequate financial and workforce resources the NHS will remain underdoctored, underfunded and overstretched<sup>1</sup> which will likely result in STPs failing to deliver on expectations.
- Evidence of secondary clinician engagement with STPs is limited. STPs should ensure they are embedding secondary care clinician engagement and involving them in the planning, design and deliver of change.
- Assumptions in STP plans relating to reductions in Accident and Emergency (A&E) admissions and hospital bed reductions should be routinely reviewed to ensure they meet patient need.

### Evidence

#### Joining up health and social care

How effective have STPs been in joining up health and social care across their footprints, and in engaging parts of the system outside the acute healthcare sector, for example primary care, local authorities, public health, mental health and voluntary sector partners? How effectively are they engaging local communities and their representatives?

2. STPs and ACS seek to significantly change the health and social care landscape. It is vital that both primary and secondary care clinicians are embedded in the leadership, design and implementation teams to ensure that clinicians have sufficient buy in to support the change process.
3. As part of collating our evidence for this inquiry we asked our members and fellows to share their experiences of engagement with STPs. The clear message that came across was that while some

STPs have a good record of engagement with secondary care clinicians, most don't feel that they have been engaged. Our members and fellows tell us that where they have engaged they are often left frustrated by a lack of feedback about how their contributions are being taken forward. One element of good practice is the recruitment and inclusion of secondary care clinicians on committees and boards that have oversight of the speciality service aspects of their local STP. The good practice being undertaken in some STPs is shared and implemented across all 44 STPs.

4. Where integration between health and social care is being implemented, we would encourage STPs to consider the model laid out in the RCP Future Hospital Commission<sup>ii</sup> which recommended a new model for clinical care that operated hospital services across the health economy with 'Integrated working, shared outcomes and real-time communication of information with health and social care partners across traditional hospital and community boundaries will be the norm.' STPs could prioritise aspects of plans such as reduction in delayed transfers of care which would help ease the pressures clinicians are facing and have an immediate impact on joining up services.
5. Frequent changes in STP leadership are the final area our members and fellows highlighted as a concern. Clinical leaders often feel that they are constantly building and rebuilding relationships rather working towards the transformation of services. This is an aspect that should be kept under close review.

### STP progress dashboards

How reliable are the ratings in the Sustainability and Transformation Partnerships Progress Dashboard, and what do they tell us about the state of the plans and the relationships that underpin them?

6. Our members and fellows tell us that they are unaware of the STP progress dashboards, and they are unsure about how the ratings in the dashboards relate to the reality of individual partnerships.
7. STP progress dashboards provide a snapshot of the progress of individual STPs. The metrics used are heavily process biased, and do not capture the quality of care and the quality gap with the exception of stage 1 and 2 cancer. When considering the accuracy of the dashboard it's important to consider how seasonal variation may impact on the data captured.
8. If the dashboards are to be used as a platform for sharing the progress of STPs, consideration should be given to introducing commentary on the progress of individual STPs along with analysis of the themes that the dashboards highlight. The rationale for the subjective indicators 'system-wide leadership rating' and 'overall progress' and the changing nature of the transformation landscape could also be explained. STPs should also be encouraged to share year round information on their progress with clinicians and the public in addition to the dashboard snapshots; progress should highlight the complexity of the transformation being undertaken and any challenges to meeting the objectives set in STP plans.
9. Consideration could be given to developing a communication and engagement indicator as a standalone item on the dashboard to ensure that these elements of change management are measured and best practice highlighted and celebrated at the individual STP level.

## Deliverability of STP plans

What do the available evidence and experience so far, tell us about the deliverability of STP plans given the financial and workforce pressures across the NHS and local government? Are the demands being made of STP plans through the NHS Mandate and the NHS Shared Planning Guidance deliverable, and can STPs ensure the fulfilment of the requirements of the NHS Constitution?

10. The transformation of services and the need for wide-scale system change across health and social care is a vast undertaking. Happening across a relatively short time frame when the scale of the change and the current pressures the system is under and considered. Currently STPs risk only tackling the financial element of the vast wide scale change that is needed to meet the future needs of patients.
11. Current pressures particularly the workforce crises and shortages across all areas of the health and social care need to be addressed in order for success transformation to be delivered.
12. Most plans rely on expansion of GP-led services to reduce acute sector demand and manage care closer to home. Engagement with GP's and improvement of GP workforce issues are therefore critical to STP success, and there is variable evidence in the plans for this.
13. The challenges go beyond primary care with significant shortages across physician specialties. The RCP 'Focus on Physician' census highlights that during 2016/17, 45% of advertised consultant posts were not appointed to, of which 65% of failed appointments were due to no suitable applicants.<sup>iii</sup> These posts are remaining vacant because of a lack of suitably trained applicants which highlights the link between workforce planning and service design. STPs should give consideration to assumptions previously made, that now require review given the number of currently vacant posts.
14. Our members and fellows report that current financial pressures are having a considerable impact on the effectiveness of STPs. They report that limited resources reduce the ability to apply the 'invest to save' principle. It is concerning that according to the National Audit Office; £1.8 billion (86%) of the £2.1 billion available in the Sustainability and Transformation Fund (STF) for 2016-17 has been used to meet provider deficits<sup>iv</sup>. While there is a need for funding to meet provider deficits, there is a question of whether the STF should be used for this purpose. Properly resourcing the STF is crucial for the successful implementation of STPs as it provides a fund to support transformation beyond currently available funds (successful transformations require upfront investment).
15. The RCP Future Hospital Commission and the follow up Future Hospital Programme demonstrates that, service redesign can bring considerable benefits to patient and lead to joined up services. The Worthing Hospital development site project<sup>v</sup> is a prime example of how upfront investment, considerable stakeholder management and engagement along with a cultural shift has successfully transformed a service and improved patients safety and experience.

Looking across all STPs, are there any major areas where the content of the plans needs to be tested for credibility and realism? Are there any major gaps? For example, are proposals in some plans to reduce bed capacity credible?; are the NHS efficiency estimates in STPs robust?; is the workforce available to enable the implementation of STPs?; or is the timescale for the changes proposed in STPs realistic?



16. The need for wide-scale system change across health and social care is widely accepted. However it is vital that system change considers more than just the need for a sustainable financial settlement. All aspects should be considered including the development and growth of the workforce and how reviews such as ‘Shape of Training’<sup>vi</sup> are integrated into the design of services. Other aspects that should be included are the integration of public health, a considered analysis of population trends and anticipated future needs, the role of health research, the use of innovation and training opportunities that large scale change offers. These are all aspects that STP plans don’t currently show detailed consideration off.
17. Assumptions made relating to reductions in A&E attendances and reductions to reduce bed usage and demand should be rigorously tested. Data on growing patient need and the realities experienced this winter should be modelled and should inform assumptions. Consideration could be given to commissioning independent testing of any modelling.
18. It’s vital that the integration of social care into STPs and the ability to meet growing need (and ACSs) should be stress tested. Health and Social care are utterly dependent upon each other when it comes to planning of acute and community services.
19. The complexity of the health and social care system provides ongoing challenges for STP leaders when considering how to successfully undertake service redesign. The RCP along with the Royal Academy of Engineering and the Academy of Medical Sciences have partnered to test a new model to apply a holistic systems approach to the joining up of health and social care provision. The model supports healthcare professionals and system engineers to work through the proposed ‘Engineering better care’ framework<sup>vii</sup>. STPs could consider how a system engineering approach to redesign may be able to assist them achieve their performance indicators.
20. Almost all of the STPs have aspects that are to be commended and are best practice. Some of these are novel and should be replicated in other STPs if successful. The STPs should therefore be seen as iterative, and it is crucial that learning is shared between STPs. Some STPs clearly state that they will work with neighbouring STPs to ensure success. However, some view themselves in isolation and will rely on patients and healthcare systems respecting boundaries that may only exist on the footprint map.

## Conclusion

21. It is widely accepted that there is a need for wide-scale system change across health and social care is required to place the NHS and Social care on a sustainable footing and to ensure we are meeting the population needs of today, and planning for the needs of the future. The RCP supports systems changes which are patient centred and have been developed in partnership with clinicians including secondary care clinicians.
22. There is a risk that the wide-scale change that is urgently needed cannot be effectively implemented at a time when the current pressures on the system placed undue strain on the professionals who need time to plan and implement transformation. Consideration of the ‘at pace’ elements of STPs



needs to be reconsidered with a recognition of the strain professionals are current facing.

23. The financial efficiency savings planned are extremely challenging. To be successful STPs and ACS require upfront investment and the acceptance of the 'invest to save' principle. Without adequate financial and workforce resources the NHS will remain underdoctored, underfunded and overstretched which will likely result in STPs failing to deliver on expectations.
24. The focus of STPs to deliver efficiency savings risks missing opportunities to properly integrate all aspects of health and social care. Particularly the opportunity to ensure that the public health agenda is firmly embedded in STP plans alongside ensuring strategic workforce planning meets the needs of service redesign laid out in STPs.
25. It is vital that secondary clinician engagement with STPs is increased, STPs should further develop their engagement activity to ensure that clinicians are engaged in the development of implementation plans and progress monitoring.
26. Urgent attention and testing should be applied to assumptions in STP plans that suggest reduction in A&E admissions and hospital bed reductions. It is vital that the methodologies used in plans are open to clinician and public scrutiny. Trends which suggest these assumptions may not be met are should be considered fully at the individual STP leadership level and nationally by NHS England.

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## About the RCP:

The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing 34,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

<sup>i</sup> Royal College of Physicians, 'Underfunded, underdoctored, overstretched: The NHS in 2016', 2016. Available online at: [www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016](http://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016) [Accessed 18 January 2018]

<sup>ii</sup> Royal College of Physicians, 'Future Hospital Commission' 2013. Available online at: [www.rcplondon.ac.uk/projects/outputs/future-hospital-commission](http://www.rcplondon.ac.uk/projects/outputs/future-hospital-commission) [Accessed 18 January 2018]

<sup>iii</sup> Royal College of Physicians, Focus on physicians, 2017. Available online at: [www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-trainees](http://www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-trainees) [Accessed 18 January 2018]

<sup>iv</sup> National Audit Office, 'Health and social care integration' 2017 Available online at: [www.nao.org.uk/wp-content/uploads/2017/02/Health-and-social-care-integration-Summary.pdf](http://www.nao.org.uk/wp-content/uploads/2017/02/Health-and-social-care-integration-Summary.pdf) [Accessed 18 January 2018]

<sup>v</sup> Royal College of Physicians, 'Future Hospital development sites' Available online at: <https://www.rcplondon.ac.uk/projects/future-hospital-development-sites> [Accessed 18 January 2018]



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<sup>vi</sup> General Medical Council, 'Shape of Training' 2013. Available online at: [www.shapeoftraining.co.uk/reviewsofar/1788.asp](http://www.shapeoftraining.co.uk/reviewsofar/1788.asp) [Accessed 18 January 2018]

<sup>vii</sup> Royal College of Physicians, 'Engineering better care' 2017. Available online at: [www.raeng.org.uk/publications/reports/engineering-better-care](http://www.raeng.org.uk/publications/reports/engineering-better-care) [Accessed 18 January 2018]