

# Stop the STP!

## £1bn NHS cuts & privatisation plans for Cheshire & Merseyside

Dressed up as transforming health with new care models, the Cheshire & Merseyside Sustainability & Transformation Plan (STP) will impose nearly £1bn in cuts, hospital mergers, A&E closures... NHS planners didn't tell you or ask your opinion, and don't know if it will "work". Contracts are due to be signed before Xmas. More services could be privatised, and local NHS areas redesigned to suit US healthcare firms.



**Secret STP plans** covering Cheshire & Merseyside, from Macclesfield to the Wirral, Warrington, Liverpool and Southport, developed over the summer, gradually seeping out to the media and campaigners.

A first draft, dated 30 June, was leaked to Keep Our NHS Public in Oct. The Liverpool Echo had already published details of £167m cuts to the city's NHS Trusts. On 4 Nov the Echo published a new draft, without the key appendices. Liverpool Clinical Commissioning Group (CCG) finally published the STP on 16 Nov, without the appendices.

Most Councillors are still in the dark. **There has been no public consultation.**

*"...the problem is the size of financial hole that is now being created in 2021... Our members are spending quite a lot of time completing plans that, in their view, are not deliverable, and usually involve major structural service changes because that is the only way where they can create a balanced plan."*

**Chris Hopson, CEO NHS Providers, 11 Oct. 2016**

*"...there is a lot of blue sky thinking and then you have a lot of lies in the system about the financial position, benefits that will be delivered - it's just a construct, not a reality"*

**Julia Simon, NHS England former head of commissioning policy, 28 Sept. 2016**

### Health & Wellbeing Boards

These bodies, involving Councillors, are required for joint planning between CCGs and local authorities. They meet in public. Next meetings:

Knowsley 12 Jan, Sefton 14 Dec, Liverpool 1 Dec, Halton 18 Jan, St Helens 26 Nov, Cheshire East 29 Nov, Cheshire West and Chester 16 Nov, Warrington 15 Dec, Wirral 16 Nov

**Contracts** are due to be signed before Xmas. NHS England instructed all CCGs to sign contracts **by 23 Dec.** with providers (NHS Trusts and Foundation Trusts, social enterprises, voluntary or private sector) covering 2017-18 and 2018-19, with national Tariffs for medical procedures agreed before then. Contracts are to be signed **before any public consultation.**

The STP plan will take almost **£1bn / year** out of the NHS on Cheshire & Merseyside, one of 44 such "footprints" in England. It's driven by the government decision to cut **£22bn** from the NHS nationally – a dangerous and unnecessary cut, forcing health spending below levels in France, Germany, or Japan.

### Hospital Reconfigurations include:

- merger of Royal Liverpool & Broadgreen, Aintree, Liverpool Women's Hospital;
- possible move of the Women's Hospital from Toxteth to the Royal site, to be decided in 2017;
- Elective Care to be relocated from Chester to Clatterbridge;
- possible A&E downgrade in two of Southport, Whiston, Warrington; and in Crewe, Northwich, Macclesfield.
- Potential sales of NHS land and buildings

These reconfigurations will reduce services and cause major transport problems for patients and staff.

The STP aims to **reduce the demand for healthcare** through a shift from hospitals to community care, self care, case management, digital apps, lifestyle changes (alcohol, tobacco, exercise)... Experts do not agree that this will reduce the need for acute (hospital) care. The plan does not cite any research evidence but intends to “generate the evidence” for hospital reconfiguration. Lifestyle changes take years, while bad housing, pollution, work hazards, austerity and climate change are outside individual control but are not mentioned. Right now no-one knows if this massive gamble will work.

Meanwhile, the cuts will hit the NHS Trusts providing community care, including Liverpool Community Health (facing takeover) and Mersey Care. Public health has already been cut.

The STP refers to “Right Care”, which relies on **bogus comparisons**. Liverpool CCG were told they could avoid 100 cancer deaths / year by matching Brighton, Bristol, and Sheffield – cities with very different deprivation levels. It’s wishful thinking.

The STP can’t avoid the **social care funding crisis** caused by local authority cuts. Out of 11,030 people who requested social care, 5,195 did not get any from Wirral in 2015/16. Nationally 1,100,000 people received social care in 2009, down to 700,000 in 2014.

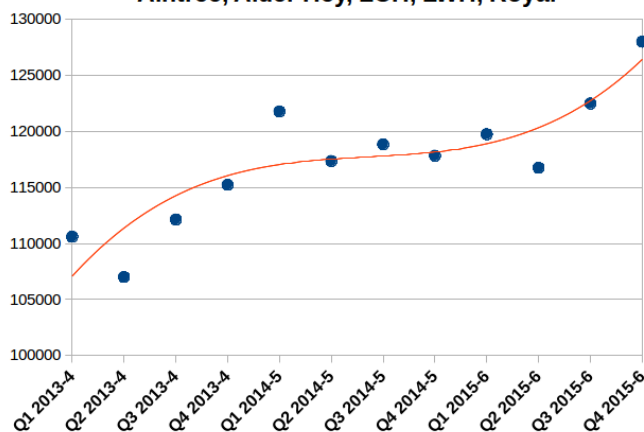
Some patients can’t be discharged from hospital without a social care plan, while people without adequate social care are more likely to need healthcare. Cutting the NHS won’t help.

The STP plans to centralise and possibly privatise so-called “**back office**” staff, who provide the admin support needed for doctors, nurses and other health professionals to function. In 2014, five Liverpool NHS Trusts pulled out of a Capita contract for payroll and recruitment, after repeated failures. The STP may repeat the mistake, with a privatised service for the whole of Cheshire & Merseyside as one option.

**Clinical support staff** also face privatisation. The Pharmacy plan for Medicines Information concludes “establish and transfer services”; Aseptic Services refers to a “potential transfer of services”; Community Pharmacy mentions “legal documentation to support the proposed commercial partnership”. For Pathology, the plan mentions “novation of contracts over time”.

This STP, like 43 others, brings privatisation closer. The plan will “Create a framework for the development and implementation for **Accountable Care** approaches (ACOs)”. This is the financial model now preferred by US healthcare / insurance firms. Four are planned in Cheshire and Wirral, while North Mersey has applied for its own budget as part of plans to set up an ACO,

Quarterly A&E Total Attendance incl WiCs & Minor Injuries Units  
Aintree, Alder Hey, LCH, LWH, Royal



dubbed “the radical step change required to manage demand and improve health outcomes”.

An ACO can use ‘capitated’ or ‘global’ payments, a fixed payment to providers for all or most of the care that their patients may require over a contract period, adjusted for severity of illness, and regardless of how many services are offered. That gives an incentive to reduce care once payments have been handed over.

Designed in the US to save money for Medicare, the ACOs actually increased costs. Earlier versions, known as HMOs, were famous for routine denial of patients’ access to medically necessary treatment, fighting claims, screening out the sick, paying exorbitant CEO salaries, and systemic fraud.

Once the NHS has set up ACOs, they are a step closer to partnerships with, or sell-off to, healthcare firms.

The STP footprint (Cheshire & Merseyside) has **no legal status. Local authorities have been bypassed**, and some Councillors are furious.

In July, Warrington Borough Council Chief Exec Steve Broomhead described the Cheshire & Merseyside plans as a “recipe for disaster”.

In August, Ealing and Hammersmith councils refused to back the North-West London STP plan amid fears two major London hospitals, Ealing and Charing Cross, are to be downgraded and will lose their A&E units and other acute services.

If Councillors have been bypassed, **the public has been ignored**. Consultation after contracts are signed is not meaningful or effective.

Management consultants PwC were paid £300,000 to help write the STP plan. **We call on Councillors to veto it pending full statutory public consultation – 3 months – which can only begin after the plans have been published, in full.**



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