Opposition Day Debate on Sustainability and Transformation Plans (House of Commons – 14/09/2016)

Thank you Mr Deputy Speaker. I'm grateful for the opportunity to speak in this debate today.

It feels good to be making a speech about the NHS again.

I haven't made one for a good 12 weeks now and so this debate is timely for me and feels good for my withdrawal symptoms.

The subject of today's debate is sustainability and transformation plans – or STPs for short.

Most people listening to this debate won't have any idea what an STP is.

If we're honest, it sounds like a painful condition that you should get urgent treatment for.

So, what are STPs? Should the public be concerned? Are they good, bad or a mixture of both?

Over the last 8 months or so, sustainability and transformation plans have been drawn up for 44 areas in England by a range of people involved in the running of the NHS and local government.

These 44 areas cover every inch of England and vary enormously in size – some covering a population of 3 million, others as little as 300,000.

As far as I can work out, they came about because NHS England could see that in the chaos following the last Government's Health and Social Care Act, there was no obvious body responsible for thinking about how best to organise NHS services at a regional or sub-regional level.

So - NHS staff and local government officials were tasked with assessing the health and care needs of their local population, considering the quality and adequacy of current provision to meet those needs and then developing ideas as to how those needs might be better met within available resources.

So far, so good, you might say: get the people who run the services round the table, ask what do we need to provide? How are we doing it currently and how could we do it better?

There are three big problems though – all of which are interlinked.

First, the current financial pressures on the NHS means these plans are likely to be all about sustainability and not transformation; keeping the NHS afloat as opposed to moving it forward.

Second, this is a standardised process to define and drive change – running the risk of good proposals being lumped together with the bad and some plans simply focussing on the achievable as opposed to the necessary and most desirable.

And third, it is an inescapable fact that these plans are being developed when there is huge public cynicism about the motives of a Tory Government when it comes to change in the NHS.

If you want to deliver change, the debate with the public needs to start in the right place – not behind closed doors, not using jargon that no-one understands.

It needs to be focussed on patients and their families and not accountants and their spreadsheets.

The problem is that this is precisely where the public debate about these plans has started.

I think most people understand that the NHS can't be preserved in aspic. They understand that compared to the 1950s, people now use the NHS in a very different way.

But at the moment, they simply see an NHS under enormous pressure.

They are waiting longer – for an ambulance, to see a GP, to be treated in A&E, for operations.

And they see staff who are stressed out and who are on the streets in protest.

So, when Ministers and NHS leaders talk about sustainability and transformation, they are dubious.

For sustainability, they read cuts – and in some cases they will be right.

Cutting staff, closing services, restricting access to treatment.

No matter how good the plan, no matter how thorough the analysis, or how innovative the solution, you can't escape the basic problem of inadequate funding – for both the NHS and social care.

There is not profligate overspending on the part of hospital bosses or local authority leaders, it is chronic underfunding on the part of Government.

There was much fanfare associated with last year's comprehensive spending review and what it meant for the NHS but when you look at the financial settlement in the last parliament and put it together with this one, it's a flat-lining budget but with demand soaring.

As a country, we have a growing population, we have an ageing population and the reality is that in the last ten years, the number of people living beyond 80 has increased by half a million.

This increasingly significant part of our population is more likely to have multiple, long term conditions and many of them, by definition, will need some form of end of life care.

The NHS and social care services are buckling under the strain.

Whilst we should never give up on trying to organise the NHS in the most efficient and effective way possible, we have a choice as a country – do we want to cut services to match the funding available or do we want to pay more to ensure that our grandparents, our mums and dads get the sort of care that we would want for them?

If the NHS is going to provide decent care for older people, not only do we have to fund social care adequately, but we also need to find better ways of organising services to keep people out of hospital for as long as possible.

And that leads me to the second problem.

STPs are being used as a catch all process by which to bring about change in the NHS but many run the risk of focussing on the wrong things.

They are being used as a vehicle to do different things in different places and whilst some may lead to better treatment and better outcomes for patients, the danger is that there will be knee jerk, blanket opposition to everything.

Some proposals will inevitably be controversial – the closure or downgrading of an A&E or maternity department is never going to be easy.

But in other cases, these plans may end up with a lot of focus on something that isn't the burning issue - take my local area as an example.

The South East London STP proposes two orthopaedic elective care centres in South East London. The sites for these centres have yet to be decided and the STP plan has yet to be signed off by NHS England.

On the face of it, there is little wrong with this proposal.

Create centres of excellence so that all hip and knee replacements are done in one of two places.

The staff should become even more expert in this type of procedure than they already are because of the volume of work they are doing, outcomes should be better, processes should be more efficient, and the NHS could end up doing more of these operations, as opposed to outsourcing the waiting list problem to the private sector as we currently do.

The problem is when the front page of a national newspaper talks about the “secret” STP plans which will see A&Es close, my constituents fear the worst – “we’ve been here before” they say.

They smell a rat, even when one might not exist – what happens if Lewisham isn’t the site of the new centre, its elective work is shifted elsewhere and the hospital then struggles to staff the emergency department?

Is orthopaedic care really THE urgent priority for the NHS in our part of London at the moment?

What about the queues of ambulances outside the QE, they will say.

What about the homeless young man with serious mental health problems who ends up in A&E because there is no support in the community and he has nowhere to sleep?

What about the eighty year-old woman who gets stuck in hospital because of delays in getting her a support package which would enable her to return home?

And where does the money come from to physically redesign the NHS buildings that such a care centre would entail?

With £1bn worth of capital spending transferred to revenue last year to balance the books – essentially using the money set aside to buy new equipment and modernise buildings to pay staff instead – it seems fanciful to think that there will be cash lying around to do these sorts of projects.

The NHS is on its knees.

Everyone knows hospitals ended up £2.5bn in deficit last year.

We’ve all seen the reports of A&Es closing overnight because they haven’t got the staff.

We all know that GPs are run ragged, that ambulance crews are stressed out and nurses are demoralised – and that's without mentioning the junior doctors.

And this leads me to the third main problem:

If you don't fund the NHS adequately, if you don't staff it properly, don't be surprised when the public don't trust your so-called improvement plans.

There is a deep public cynicism when it comes to anything this Government wants to do with the NHS.

People believe Government Ministers are trying to privatise it.

They've seen decent, hard-working, intelligent young men and women out on strike about the Government's ill-defined 7-day service.

They believe services are contracted out to the private sector to save money and not improve quality - and in many cases they will be right.

They believe that **all** change is about the financial bottom line and not about improving care.

Having spent the last year of my life listening to the many brilliant men and women who work in and run the NHS, I don't believe this is the case. But I do know that if Government doesn't address the fundamentals – the money and the staffing – those good men and women can't do their jobs.

The problem isn't STPs as such, it's the context in which they are being developed – inadequate funding, an inability to make the case for change, a workforce crisis which is leading to overnight closure of services and as a result of all of these, a deep public mistrust of Government's intentions.

The NHS is too important to get these plans wrong. Involve the public, be honest about the challenges but don't take them for fools.

The risk is that **this** is precisely what **this** Government is doing.