



Defend Our NHS (Wirral)
Defend Our NHS (Cheshire)
Keep Our NHS Public Merseyside

c/o News for Nowhere

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FOR IMMEDIATE RELEASE

Campaigners demand NHS cuts plan be frozen

NHS campaigners in Merseyside, Wirral and Cheshire demanded an immediate halt to the £900m regional cuts and privatisation programme published in part by Liverpool CCG today.

“This plan should be frozen and contracts should not be signed,” said Liverpool Public Health academic Dr Alex Scott-Samuel, “until the public has seen all details, including financial plans, and there has been a full 3 month consultation. The CCG has offered no evidence that their plans will meet the needs of patients.”

Cheshire West and Chester Health and Wellbeing Board voted to demand full consultations with the Local Authority, patients and the public before endorsing the process, but Wirral Council leader Phil Davies blocked discussion at the Wirral HWB.

Two year contracts with hospitals and other health providers are due to be signed by 23 December. The STP was released without appendices on Technology, Estates, Workforce, Financial Model, Communications, and Clinical programmes. But the published plan includes:

- * “Business as Usual” efficiencies of £133m / yr in the Wirral & Cheshire, which requires cutting services
- * Liverpool Women's Hospital to be merged with the Royal and Aintree, and “reconfigured” near an acute hospital.

- * A&E: potential for reduced opening hours at two of Southport, Warrington, and Whiston hospitals; potential Urgent Care Centre to replace A&E in Eastern Cheshire.
- * Elective (planned) care to shift from the Countess of Chester to Clatterbridge
- * potential privatisation of Pathology and Pharmacy services regionally.
- * Setting up Accountable Care Organisations, the preferred model for the US healthcare industry, in North Mersey and the Wirral.

Campaigners and trade unionists welcomed the Cheshire decision. “Labour councillors are trying to make the best of a very bad job, and felt the STP would hinder rather than help,” said patient and Defend Our NHS activist Jean Hardiman Smith.

Later, Wirral HWB blocked any discussion of the plan, claiming it had not yet been published although it was already online. Kevin Donovan (DONHS) accused Wirral Council leader Phil Davies of “aiding and abetting the Tories' 'slash, trash and privatise' blitzkrieg” by postponing the item to the next HWB, set for 15 March.

(ends)

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Notes to editors

1) The Cheshire & Merseyside Sustainability and Transformation Plan is available at <http://www.liverpoolccg.nhs.uk/news/plan-provides-a-new-vision-for-long-term-sustainable-health-and-care-for-people-across-cheshire-and-merseyside/>

2) The contract deadline of 23 Dec is contained in NHS England Planning Guidance <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

3) There is a statutory requirement for CCGs to work in partnership with local authorities and to involve each relevant health and wellbeing board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf

However, Health Minister David Mowat denied yesterday that Councils can veto STP plans

<https://hansard.parliament.uk/commons/2016-11-15/debates/00DA34A3-BE9F-4CD5-BC8E-2FD16DEF778C/SustainabilityAndTransformationPlans>

Justin Madders (Ellesmere Port and Neston) (Lab)

<<https://hansard.parliament.uk/search/MemberContributions?house=Commons&memberId=4418>>

Following on from that point, the Minister has previously said that STPs will “not go ahead if councils believe they have been marginalised.” Given that seven councils in London and west Yorkshire have already rejected their STPs and, as we have heard, that council leaders from both main parties have expressed concerns about the Cheshire and Merseyside proposals, does the Minister have a plan B when it comes to rejected STPs?

David Mowat

In a previous answer, I made the point that every local authority should be engaging with its STP, and the NHS must ensure that that happens. That is not the same as saying that every local authority has a veto on the STP, which was the implication of the hon. Gentleman’s point.

4) The STP (pp15-16) acknowledges that planners do not yet have the evidence to justify hospital reconfiguration plans.

“There is a strong need for a service line- by-service line review of the current acute care model, in order to generate the evidence and data required to inform an explicit decision to be taken on the locations of acute provision based through analysis of future patient flows.

...

“Work is underway with AQuA to identify from an international and national evidence base the areas in which reduced variation would give the maximum potential in addressing the quadruple aims of the 5YFV across the whole of C&M. The output of this work is expected in late 2016.”