

# STPs: DESTINED TO FAIL OR THE ROAD TO BETTER CARE?

The hospital doctors' view



A report by the Hospital Consultants  
and Specialists Association

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SUSTAINABILITY &  
TRANSFORMATION PLANS  
SURVEY OF CLINICIANS  
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# Foreword

by HCSA Chief Executive & General Secretary Eddie Saville

Sustainability and Transformation Partnerships have become one of the most controversial and politicised strands of health policy in decades.

They, and their successors Accountable Care Systems, are held up by some as a way to infuse our health and social care system with the best principles of collaboration – the most efficient way to meet the demographic and health challenges of tomorrow. To others they are seen purely as a vehicle for service cuts and privatisation. Certainly, to many Trust managers, they represent a liberating, bottom-up process.

But speak with hospital doctors on the front line and the perception is quite the opposite.

It is revealing that in its recent State of Care report, the Care Quality Commission notes that the most successful NHS cultures had a high level of clinical engagement and involvement in planning and delivery.<sup>1</sup>

By this benchmark, STPs have to date been an abject failure. Only a small percentage of hospital doctors have had any involvement in the process, which has led, perhaps naturally, to scepticism among medical

professionals that STPs will see any improvement in care. If the process could bring benefits, it is unclear to hospital doctors what these might be.

In fact among front-line clinicians, the overwhelming expectation is that STPs will fail to produce anything positive and will instead lead to greater bureaucracy, service rationing, increased workloads, and physical barriers to access.



However, while from some quarters there have been calls for the abolition of STPs, it is clear from our research that hospital doctors do not necessarily share this view. Interestingly, while a majority express fears around the likely impact of these plans, there is neither majority opposition nor majority support for the plans in principle. For around half, the jury is still out.

This reveals a potentially fertile middle ground for policy-makers, a sizeable cross-section of hospital doctors who could be won to the process. Equally, though, they could become an increasingly potent voice of opposition.

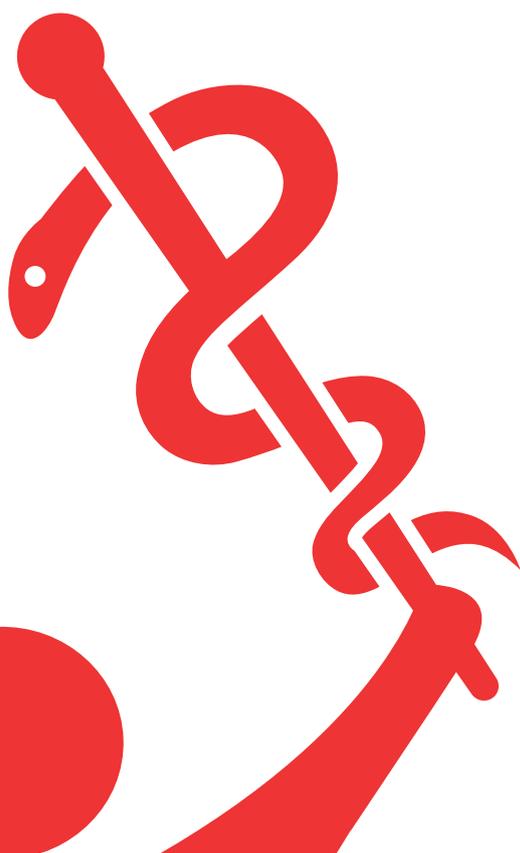
This perhaps reflects the fact that few in the medical world would oppose the logic around greater collaboration between the intrinsically linked parts of the health and social care system. Few, too, would deny the challenges around demographics.

Yet hospital doctors feel deep unease at the budgetary straitjacket around STPs, which means that in their current form they appear to be driven by financial rather than care priorities. Overarching all this is a lack of engagement with clinicians, whose main priority is the patients they treat. This failure to engage has encouraged suspicion, apprehension and detachment.

Policy-makers ignore these symptoms at their peril.

This report reflects the prospect that, in their current form, STPs appear increasingly destined to fail – losing the battle for support among professionals and public alike. But we also plot an alternative path, one where STPs could indeed begin to represent progress on the road to better care.

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# Contents



1. Executive Summary	p4
2. Introduction	
Methodology	p6
Structure of Report	p6
Background and Context	p7
3. Survey Results	
Knowledge of STPs	p8
Engagement with the STP Process	p8
Impact of STPs on Services	p10
Positive and Negative Consequences	p12
Level of Support for STPs	p14
4. Discussion	
The Problems so Far	
Lack of Consultation and Engagement	p15
Insufficient Funding	p15
Barriers to Collaboration	p16
Pace of the Process	p16
5. What is HCSA's View on STPs?	p17
6. Where Next?	
Recommendations	p18
Conclusion	p19

# 1. Executive Summary

- 1.1 This report contributes to existing debates, setting out HCSA members' experience and views of STPs. The key themes covered in this research were: hospital clinicians' knowledge of the STP process; clinicians' engagement in the STP process; and clinicians' views on the impact of STPs.

## Key Findings

- 1.2 **Hospital clinicians are unhappy with the lack of engagement and consultation.** We found:
- 85 per cent do not know their STP lead.
  - 86 per cent do not know how to engage with their local STP.
  - 93 per cent were not involved in producing their local STP.
  - 95 per cent felt they had not been consulted nor had sufficient involvement in the process.
  - 96 per cent felt that STPs are not being created in a transparent and open manner.
- 1.3 **Clinicians fear that STPs will have a negative impact.** We found:
- The overwhelming majority fear that the introduction of STPs will have a negative impact, rather than a positive impact.
  - 62 per cent believe that STPs will have a "negative impact" on the delivery of care to patients. Only 11 per cent believe there will be a "positive impact."
  - 56 per cent expect STPs to result in job cuts and further understaffing.
  - 77 per cent believe that STPs are a measure to introduce cuts to the NHS.
  - When asked about the potential opportunities regarding STPs, the highest ranked answer was the potential to integrate services across health and social care, and the possibility of improving clinical networks and service reconfiguration.
- 1.4 **Clinicians are undecided whether they support STPs.** We found:
- The foremost negative impacts expected were around funding implications, increased workload and understaffing, increased bureaucracy, and service reconfiguration failure.
  - Most respondents remain undecided on whether they support the introduction of STPs, with 51 per cent stating "not sure," 2 per cent expressing "strong support," 10 per cent expressing "support," 19 per cent responding "do not support," and 18 per cent "strongly do not support."
- 1.5 **In this report, we highlight that the introduction of STPs has not been smooth, due to:**
- Lack of Consultation and Engagement
  - Insufficient Funding
  - Barriers to Collaboration
  - Pace of the Process
- 1.6 **From our research, we present recommendations that we believe are useful and necessary to improve the development, introduction, and operation of STPs.**

## HCSA's View on STPs

- 1.7 Whilst we can see the principle of collaboration as desirable, the current development of STPs has caused great concern. HCSA is not against the principle behind STPs, but is concerned about the process by which STPs are being introduced. STPs present an opportunity to introduce major improvements to the quality and effectiveness of NHS services. However, HCSA believes that the current method of development is undermining a sound principle, and eliminating any chance of success.

## Recommendations

- 1.8 There needs to be greater financial investment to support sustainable reforms to health and social care.
- 1.9 More information needs to be distributed to clinicians.
- 1.10 There needs to be robust, proactive and systematic engagement with hospital doctors.
- 1.11 The views and expertise of hospital doctors need to be listened to and integrated into the content of the plans.
- 1.12 There needs to be a realistic timescale for implementation of the plans.
- 1.13 There needs to be effective and meaningful engagement and consultation with Trade Unions.
- 1.14 The priorities of STPs need to be clearly reaffirmed.
- 1.15 Clarity is needed over how organisations are to be held to account.
- 1.16 Stronger emphasis should be placed on the role of STP Leaders to achieve collaboration.
- 1.17 A clear evidence base for change should sought and then integrated into the transformation process, and communicated to clinicians and the public.
- 1.18 Current plans need to be “stress tested” to ensure that they are reliable, and that that service changes they propose are attainable.

## 2. Introduction

### Methodology

- 2.1 The survey consisted of 15 questions seeking hospital doctors' views of their local STP. The key themes covered in the survey were: clinicians' knowledge of the STP process; clinicians' engagement in the STP process; and clinicians' views on the impact of STPs. All questions included a structured set of options for response, with several of the questions including the opportunity for further comment. The survey was open between 7th August and the 1st September. The survey invitation was sent to all HCSA members via email. Two reminder emails were sent to non-responding invitees during the in-field period. The survey was completed by 454 HCSA members.
- 2.2 The data presented in this report is anonymous. From those who started the survey, there was a high completion rate of all questions. However, some questions received a lower response rate. Therefore, data for each question is expressed as a percentage of responses to that question. In places, the data has been rounded. Consequently, percentages may not add up to 100 per cent.

### Structure of the Report

- 2.3 The report comprises four parts. The first sets out the background of STPs. The second describes the findings of our research. The third explores the implications of our findings. The final part presents recommendations for the future of STPs.



## Background and Context

### What are STPs?

- 2.4 Sustainability and Transformation Plans (STPs), announced in NHS planning guidance published in December 2015, are five-year plans specifying how local areas will work together to implement the Five Year Forward View and achieve financial stability by 2021.
- 2.5 STPs represent a significant change in the way that the NHS in England will plan and run its services. England has been divided into 44 geographical “footprints” made up of NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services. These organisations are expected to collaborate to create “place-based plans” that responds to the challenges in each geographical footprint. The average population size of a footprint is 1.2 million people, with the smallest covering a population of 300,000, and the largest 2.8 million<sup>2</sup>. A STP lead was appointed for each footprint, the majority of STP leaders coming from CCGs and NHS Trusts or Foundation Trusts, with a small number coming from local government. The initial deadline for submitting plans to NHS England and other national NHS bodies was the end of June 2016. However, the deadline was extended, with completed plans to be submitted by the end of October 2016. Since 16th December 2016 all 44 plans have been publicly available.
- 2.6 The plans were required to cover all aspects of NHS spending and achieve financial balance for the NHS. They were expected to set out how the local area would implement national priorities, such as improving cancer care; introduce seven-day services; improving quality and developing new models of care; improving health and well-being; and improving efficiency of services. Each footprint was also tasked with identifying three to five decisions to prioritise.

### Why do STPs matter?

- 2.7 The NHS is currently facing one of the most challenging periods in its history. Demand is growing, waiting times are rising, pressures on services is increasing, and strain on hospital doctors and other front-line health staff is soaring. In order to face these challenges and respond to 21st century demands, change and investment is required. How services are organised can affect what services are available, the quality of the service, patient experience – whether patients get a joined-up holistic service, or whether services are fragmented with breakdowns in communication – and the working environment of clinicians and other staff.
- 2.8 STPs are perceived as the mechanism to respond to the NHS Five Year Forward View<sup>3</sup>, which called for “decisive steps to break down the barriers in how care is provided.” STPs were seen as the way to bring about much-needed organisational change. They would create systems and structures that provided a more coherent and holistic approach to health and social care, with decisions taken to reflect the specific challenges faced by individual local areas.
- 2.9 However, the introduction of STPs has not been smooth. Lack of investment, the pace of change, insufficient consultation and engagement, confused governance and leadership, and a lack of transparency and accountability have cast a negative shadow. STPs represent major reorganisation to our health and social care services, therefore the formation and implementation of STPs is of great significance for the future of the NHS.

# 3. Detailed Findings

## Knowledge and Engagement

### Knowledge of STPs

#### Doctors say that they do not have enough information regarding STPs

- 3.1 An overwhelming majority of respondents did not know who their STP lead was. When asked: "Do you know who your Sustainability and Transformation Plan (STP) Footprint Lead is?", 84.6 per cent (384 respondents) reported that they did not know, with only 15.42 per cent (70 respondents) aware of this information.
- 3.2 Similarly, an overwhelming majority did not know how to engage with their local STP, with 85.7 per cent stating No, and only 14.3 per cent stating that they did know.

### Engagement with the STP Process

#### Doctors say that they have not been involved in the STP process

- 3.3 An overwhelming majority were not involved in producing their local STP, with only 6.6 per cent (30 respondents) reporting that they had been involved in the process.
- 3.4 When asked about the quality of the consultation process, an overwhelming majority of members (94.9 per cent) reported that they felt they not been consulted nor had sufficient involvement in the process.

#### Doctors say that they are not happy with the STP consultation process

- 3.5 When members were asked how satisfied they are that NHS medical staff had been able to contribute to STPs, the biggest group of members scored the process 0, "not at all" (see Figure 1 below). The average number was 1.4, demonstrating that members are not happy with the consultation process.
- 3.6 The overwhelming majority, 96.18 per cent, also felt that STPs had not been created in a transparent and open manner.



## Engagement: What Doctors Said

### Doctors say they are unaware of the STP process

- 3.7 Most comments in the “open question” section on engagement centred on two themes. First, that the respondents were unaware of what STPs are. This was expressed in comments such as:

*“I have not heard of STPs until this survey!”*

*“I have not the faintest idea what the STP is or what it wishes to achieve.”*

*“I have no idea what STP is.”*

### Doctors say engagement has been insufficient

- 3.8 The second theme saw respondents state that the degree of engagement had been insufficient. We received several comments such as:

*“No intention of genuine consultation with clinicians, just enough to count as window dressing.”*

*“Clinician involvement seems to be very superficial so that NHSE can say it is clinician led. Reality is this is driven by financial pressures and political agendas.”*

### Doctors are sceptical about the consultation process

- 3.9 Of those respondents who had engaged with the STP process, there was also a degree of scepticism regarding the consultation process. For example, one respondent who had been involved in the process stated:

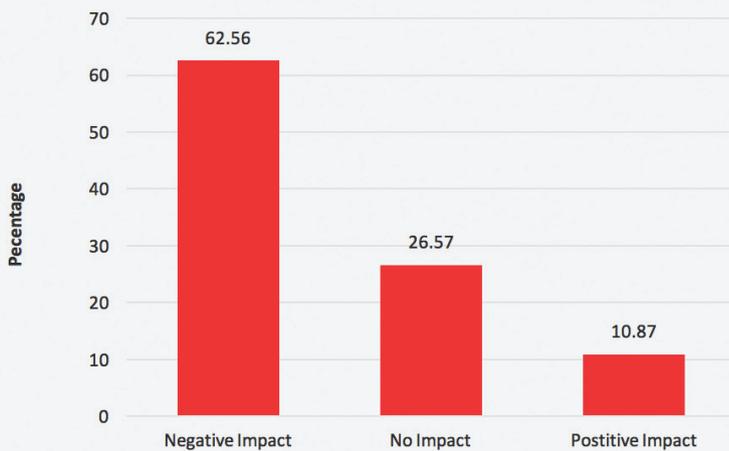
*“There has been the veneer of engagement with clinicians, however there is an overwhelming feeling amongst clinicians that they are being used to rubber stamp unpopular decisions which seem to have been watered down post-election.”*

# 3. Detailed Findings

## The Impact of STPs on Care

### The Impact of STPs

**Figure 2: What impact do you think that STPs will have on the delivery of care to patients?**



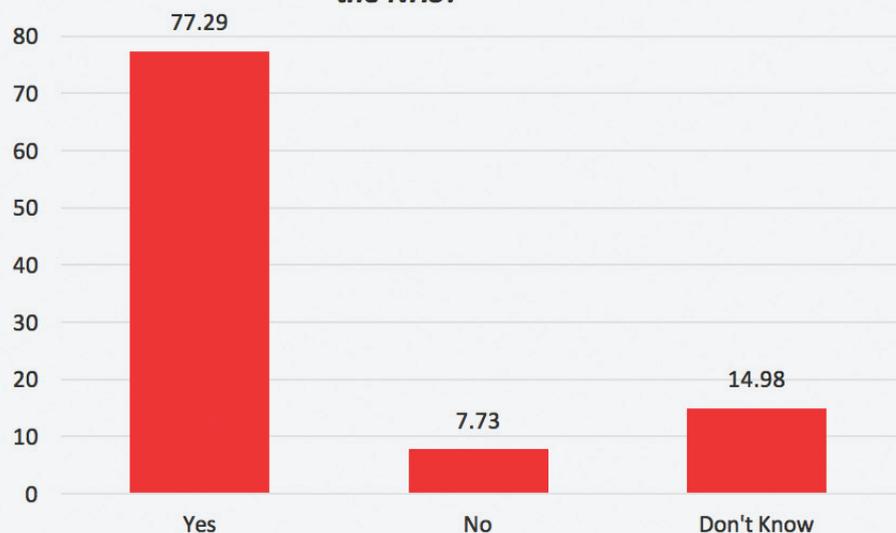
3.10 When asked about the potential impact of STPs, most respondents (62.6 per cent) held the view that STPs will have a negative impact on the delivery of care to patients (see figure 2 left).

3.11 Most respondents (77 per cent) believe that STPs are a measure to introduce cuts to the NHS (see figure 3 below).

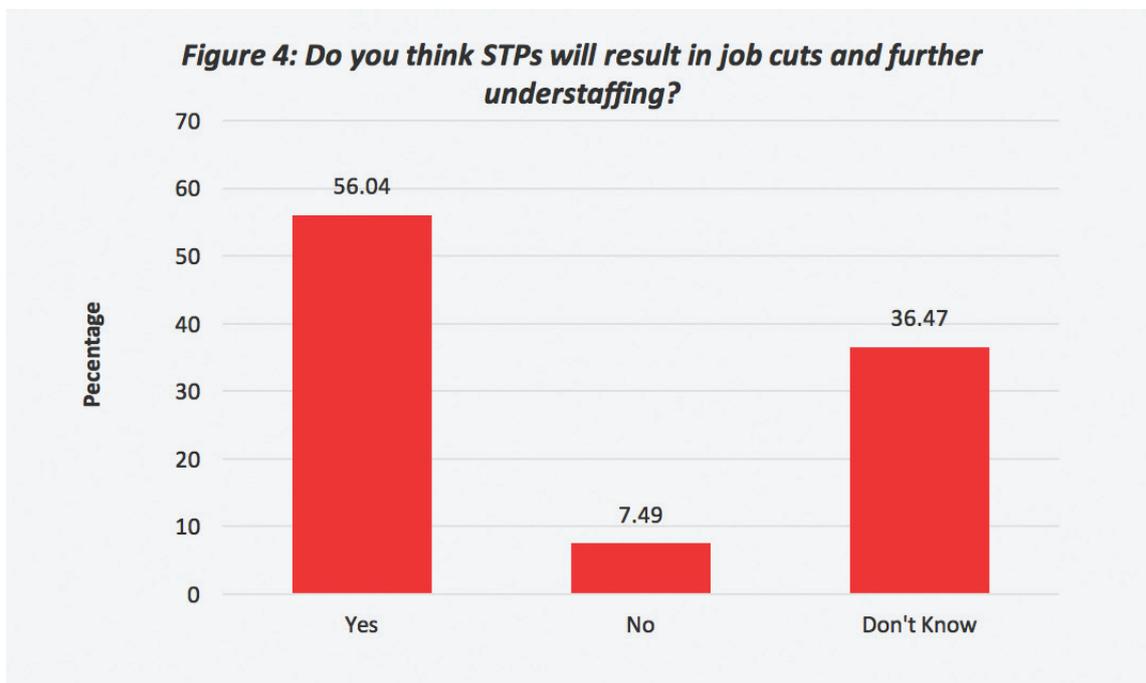
3.12 Most respondents (56 per cent) believe that STPs will result in job cuts and further understaffing (see figure 4 opposite).

### *Doctors say that STPs are a measure to introduce cuts*

**Figure 3: Do you think that STPs are a measure to introduce cuts to the NHS?**



3.13 Many members fear that STPs are a stealth measure to introduce cuts to the NHS. Many stated that the primary motivation behind the plans is financial rather than a drive to introduce improved and integrated systems.



*“They are another word for cuts in service. They are a means to trim the service to the budgetary dictates from government, all hidden behind a smokescreen of ‘locality’ .”*

*“It is a money-saving scheme dressed up. The public know this. Hence they will not support it.”*

*“They are simply stealth funding cuts and there is no interest in healthcare.”*

*“They mean top-down cuts with no consultation.”*

# 3. Detailed Findings

## Positive and Negative Consequences of STPs

### Prospect of Positive or Negative Impact of STPs

3.14 When asked about the positive impact STPs will introduce, the opportunity to integrate services across health and social care was recognised. However, the number of hospital doctors predicting such a positive outcome from the STP process was low – around 10 per cent of total respondents. By contrast the number predicting negative impacts was high.

Rank	Expected impact	Score
1.	Increased bureaucracy	308
2.	Service reconfiguration failure	269
3.	Increased under-funding	263
4.	Increased workload due to further understaffing	259
5.	Introduction of new unsuccessful care models	259
6.	Unsuccessful redesign of emergency care	236
7.	Failure to create an integrated health and social care system	231
8.	Care inappropriately moving to the community	206
9.	Improved clinical networks and service reconfiguration	57
10.	An integrated health and social care system	52
11.	Care appropriately moving to the community	42
12.	More opportunities to work with colleagues across disciplines	42
13.	Successful redesign of emergency care	27
14.	Introduction of new successful care models	26
15.	Improved public health and prevention plan	20
16.	Improved mental health services	19
17.	Reduced workload pressures from improved technology and more self-care	14
18.	Improved involvement of the public in changes to local models	13
19.	Improved funding system	5



**Negative impact**

**Positive impact**

3.15 *Table 1 (opposite)* reflects participants' predictions of the impact of STPs across various areas. When asked to select multiple choices from a range of options, the number foreseeing significant negative impact such as "Service reconfiguration failure" was nearly 60 per cent (269 out of 454 respondents).

**Doctors say that STPs are unlikely to deliver any positive outcomes**

3.16 Given the option of multiple possible opportunities that STPs offer, many respondents opted instead to express a comment in the open-ended section, where the overwhelming view was scepticism that any positive outcomes would be achieved. Responses included:

*"None of the above, only further reorganisation and a failure to address the key issue of demand exceeding the funded service."*

*"None of the above. No advantages. Just cost savings."*

*"The introduction of STPs will simply satisfy the whims of the current group of politicians and their senior healthcare managers, whilst leaving the clinicians to pick up the pieces. Again."*

*"I do not think STPs will be able to achieve any of its targets. It will be another major redesign exercise which will contribute to little or no improvement in patient care."*

*"These were promised and I believed it – I'm not sure now."*

*"No evidence has been provided at any meeting which substantiates the massive changes proposed."*

**Doctors say more funding is needed if STPs are to have any chance of succeeding**

3.17 Other members highlight that positive impact is possible, however funding is required to achieve these benefits. Comments include:

*"All of the above are possibilities but can only be realised with massive investment."*

*"It could be all of these if done properly. Sadly without funding it will just be the latest round of cuts, redundancies and increasing pressure in hospitals that already cannot cope."*

*"I think there is potential for STPs to achieve many of the above objectives but am sceptical about how much can actually be achieved without funds to first invest in order to gain efficiencies."*

**Doctors say that STPs may lead to hospital closures, a reduction in services, and a drop in service quality**

3.18 Among the negative consequences of STPs expected among respondents there were a number of trends:

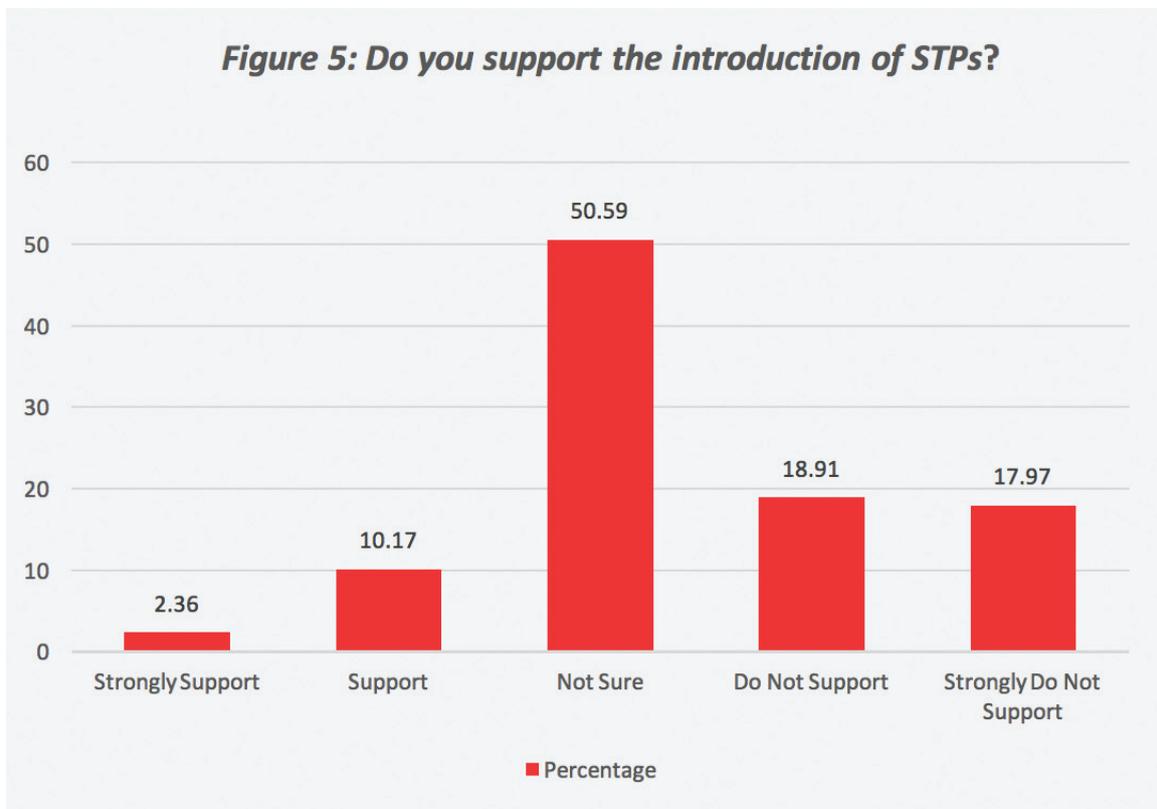
- Removal of departments from hospitals, closure of hospitals, reduced funding for certain areas
- Loss of patient beds
- Cuts to services despite rising demand
- Longer waits
- Drop in quality
- Rationing of services
- Patients having to travel further for non-specialised care
- Worse services in rural areas

# 3. Detailed Findings

## Overall Level of Support for STPs

### Is There Support for STPs among Hospital Doctors?

3.19 The largest proportion of HCSA members remain unsure about the introduction of STPs. The majority (50.59 per cent) “don’t know” whether they support the process, compared to 12.53 per cent expressing some level of support and 36.88 per cent opposed (see figure 5 below).



# 4. Discussion

## The Problems So Far

### The Problems So Far

#### There has been a lack of consultation and engagement

- 4.1 The successful integration of health and social care provision depends on full engagement and effective collaboration between healthcare planners, clinicians, professional organisations and local communities.
- 4.2 To date the level of consultation and engagement with clinicians regarding STPs (and their successor Accountable Care Systems) has been extremely poor. Several factors have hampered the ability of STP leads to ensure engagement. First, introduction of the process has been hasty. This has limited the opportunities for consultation with clinicians, with inadequate time for consideration, discussion, and for their opinions to be sought. Therefore, many now feel disengaged.
- 4.4 Second, workload pressure on clinicians in many parts of the country makes consultation difficult even in areas where opinions are sought. Since STP Leads are limited by external pressures, change therefore needs to come from national policy-makers in order to address the problem of insufficient engagement and consultation. Official guidance from NHS England has been produced to assist local Leads – eg *Engaging Local People: A guide for local areas developing Sustainability and Transformation Plans*<sup>4</sup> – but the guidance became available after the process started and therefore has not been fully integrated.
- 4.5 Our research confirms that, as a result of poor engagement, many clinicians have not been properly informed why these plans are being introduced, the perceived problem(s) that they are setting out to solve, what they may involve, or how their views and expertise can be threaded into the process.
- 4.6 Lessons from all previous large-scale transformations show that clinicians' support or opposition is a vital factor in the success or failure of change programmes in the NHS. Our research has highlighted deeply held anxieties which have contributed to the present feeling of clinical disengagement with STPs.
- 4.7 **A key priority for STP Leads must now be to recognise these deeply held concerns, and seek to comprehend and fully address them with the involvement of all stakeholders, including professional bodies and unions.**
- 4.8 There has also been a conspicuous lack of engagement with Trade Unions around the workforce implications of STP plans. The introduction of STPs is likely to impact on the terms and conditions of many NHS staff. STPs may alter the mix of services, the way services are delivered, where staff are based, and training requirements. Most participants in our research stated that there had either been no engagement with local Trade Unions and/or the Local Negotiating Committee, or they didn't know whether there had been engagement.
- 4.9 The workplace changes that will be brought about because of STPs require full engagement with unions. **STP Leads therefore need to address this area and engage fully with local unions.**

#### There is insufficient funding

- 4.10 STPs represent an opportunity to effectively integrate health and social care in the community. However, to develop new models of health and social care, appropriate investment is required. Currently there are two major problems regarding the financial aspects of STPs.
- 4.11 First, there is insufficient funding. The process seems to be taking place in a zero-cost envelope despite the capital and infrastructure changes that are required for successful implementation. Second, the positive opportunities that STPs present are overshadowed by the target to reduce the NHS deficit.
- 4.12 Each STP has been tasked with indicating how it will achieve financial sustainability by 2021. This desire

## 4. Discussion

# The Problems So Far

to reduce the NHS deficit appears to have overshadowed the aim of transforming and improving services. When additional funds have been introduced, through the Sustainability and Transformation Fund, they have been allocated towards reducing the deficit within a Trust, not investment in services.

4.13 There appears to be a contradiction between rhetoric and practice. Two of the STP programme's stated priorities are to improve care in the community in order to reduce demands on hospitals, and to prioritise prevention. These are both desirable aims. However, there is a lack of funding for care in the community, and cuts are being introduced to social care and public health budgets.

4.14 These contradictions undermine the positive opportunities presented within STPs, and raise serious questions about the integrity of the programme's stated priorities. The proposals set out in several footprints show that short-term cost-cutting is being prioritised over the introduction of longer-term strategies for improvement. This is due to insufficient investment and unrealistic financial targets. **In order to achieve financial stability and an improvement in services, STPs need to be fully supported with sufficient funding.**

### Collaboration within the current culture is difficult

4.15 STP footprints incorporate Trusts, local authorities and other organisations, each with their own culture and priorities. The ability to create an integrated and co-operative approach is highly dependent on both local context and the history of collaboration between organisations. Several of our members highlighted how the local culture and environment within the NHS presents a challenge to the success of STPs.

4.16 The current NHS environment does not facilitate or promote collaboration between organisations, and Trusts. One respondent highlighted that the culture within the organisation was "individualistic," "competitive," and "disconnected." Therefore, STP Leads are tasked with creating a co-operative system in an environment that was only relatively recently created to foster competition. Other members indicated that there are practical difficulties hampering communication with one another, such as incompatible IT systems.

4.17 As The King's Fund and Nuffield Trust highlighted in their joint report *Sustainability and Transformation Plans in London*, the Health and Social Care Act 2012 created an environment that is fragmented, complex, and competitive by its very design.<sup>5</sup> Whilst STPs might offer a chance to remedy this culture, they are also being formed within this environment. Therefore, the culture in which STPs are being formed is one of self-preservation, acting to ensure their interests. The previous system has embedded a culture that is resilient to co-operation.

### The process has been rushed

4.18 The development of STPs has been rushed. The tight timeframes associated with STPs have prevented "good policy-making" processes. As mentioned above, this has left insufficient time for meaningful consultation and engagement, and inadequate evidence-gathering and testing.<sup>6</sup>

4.19 Under these unrealistic timescales, STP Leads are forced into producing programmes of action. This is a cause of great concern. The NHS is plagued with examples of sound policies failing due to rushed delivery and poor planning. The timeframe imposed upon STPs undermines their ability to achieve their objectives.

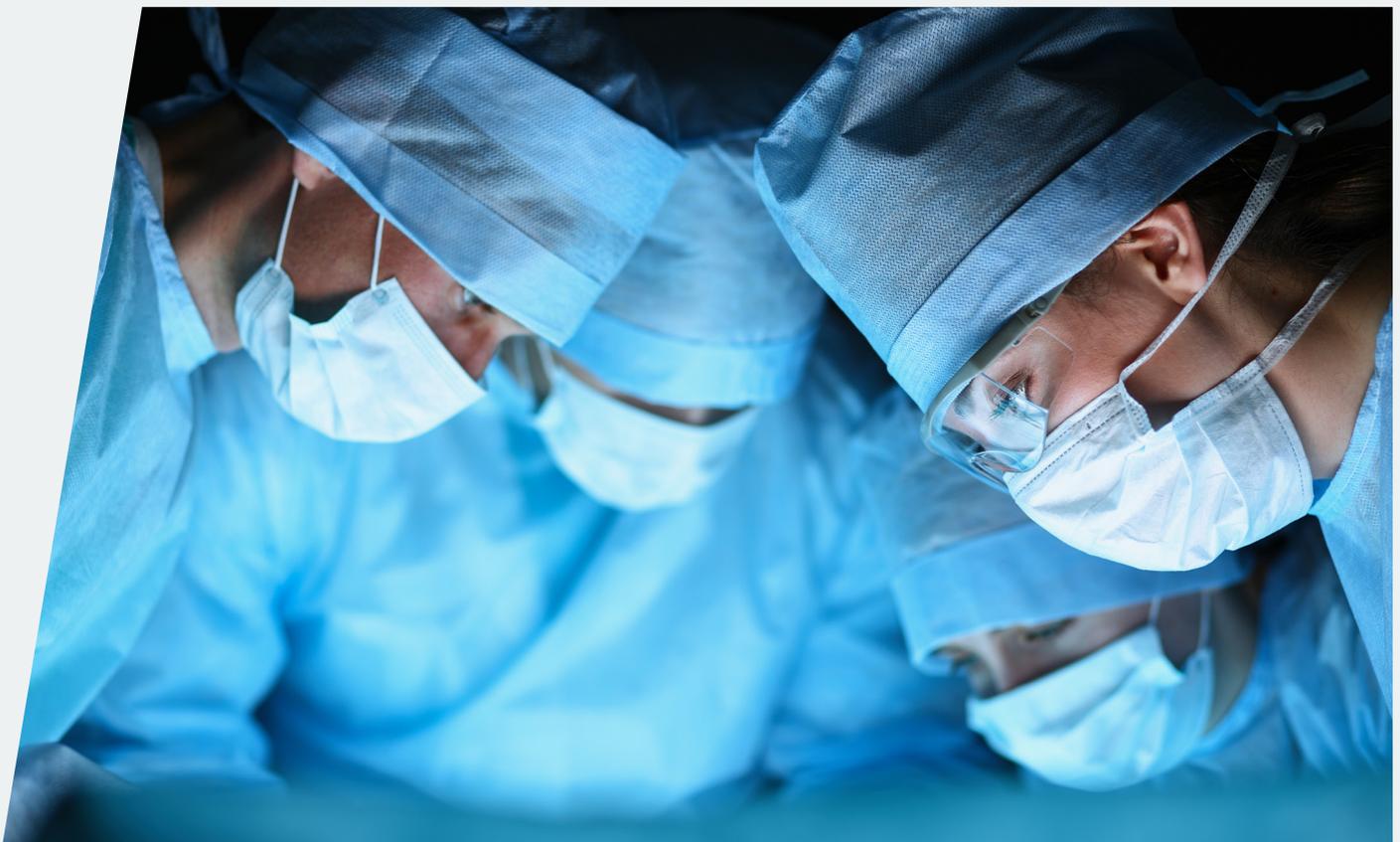
4.20 The timeframe appears not to take into account the degree of change that will be introduced and the amount of work that is required to ensure such changes are successful. For example, in order to develop and embed the relationships required for an integrated health and social care service time is required.

4.21 **For STPs to be successful, the timeframes associated with STPs need to be re-examined, and realistic timeframes that allow for informed policy-making introduced.**

## 5. HCSA's View on STPs

### What is the HCSA View on STPs?

- 5.1 STPs are based on the notion that collaboration is needed to combat the issues that face health and social care services in England. STPs offer an opportunity for organisations across the health and social care system to effectively work together to develop health policies that are suited to local needs. STPs provide an important opportunity to create an integrated health and social care service that is better for patients and local needs.
- 5.2 However, the challenge is to translate the principle into effective practice. Whether these ambitions can be delivered is dependent on the process of formation and implementation. For STPs to be successful, STPs need to be devised and implemented in an open and transparent manner. They also require that the expertise and views of hospital consultants and specialists are listened to, and then integrated into planning. The whole process requires the appropriate level of funding and investment.
- 5.3 Whilst we can see the principle of collaboration as desirable, the current development of STPs has caused great concern. HCSA is not against the principle behind STPs, but is concerned by the process through which STPs are being introduced. STPs present an opportunity to introduce major improvements to quality and effectiveness of NHS services.
- 5.4 However, HCSA believes that the current method of development is undermining a sound principle, and eliminating any chance of success.



# 6. Recommendations Where Next?

## Financial Investment

- 6.1 If this process is to stand any chance of success, **there needs to be greater financial investment to support sustainable reforms to health and social care.** Underfunding will prevent STPs from having a positive impact as the majority of funding will be used to fill deficits, resulting in limited, if any, funds to introduce an effective reform agenda.

## Engagement and Consultation with Clinicians

- 6.2 **More information needs to be distributed to hospital clinicians.**
- 6.3 **There needs to be robust, proactive and systematic engagement with doctors.**
- 6.4 **The views and expertise of hospital doctors need to be listened to and integrated into the content of the plans.**
- 6.5 **There needs to be a realistic timescale for implementation of the plans.** A timeframe that recognises the complexity of the task, and appreciates how long it takes for innovations in care to become established and deliver results.

## Engagement and Consultation with Trade Unions

- 6.6 **There needs to be effective and meaningful engagement and consultation with Trade Unions.** STPs will bring about significant changes for clinicians as well as all their medical, nursing and paramedical colleagues. Therefore, trade unions should be involved in the process. Trade union involvement is needed to ensure that employment status, terms and conditions of employment, pay and pension arrangements are protected. Trade unions should also be engaged with the process in order to ensure that issues such as transfer and protection arrangements, staffing levels, and staff well-being are taken into consideration during this large-scale reconfiguration.

## Governance and Leadership

- 6.7 **The priorities need to be clearly reaffirmed.** For STPs to work, it must be emphasised that they are concerned with positive transformation and improvement of services, not just meeting financial targets within a reducing budgetary envelope.
- 6.8 **Clarity is needed over how organisations are to be held to account.**
- 6.9 **Stronger emphasis should be placed on the role of STP Leads to achieve successful collaboration.** It is important that STP Leads demonstrate a commitment within the local area to build relationships and gain the trust required to drive effective change.

## Evidence-informed Policy-making

- 6.10 **A clear evidence base for change** should be sought and then integrated into the transformation process, and communicated to clinicians and the public.
- 6.11 **Current plans need to be “stress tested”** to ensure that they are reliable, and that that service changes they propose are attainable.

# 6. Recommendations Conclusion



## Conclusion

- 6.12 HCSA is not against all the intended principles behind STPs. We recognise that they offer potential for organisations across the health and social care systems to work together to develop health policies suited to local needs. However, without adequate funding, a realistic time-frame, or an accompanying process of consultation and engagement with NHS staff and the public, they are likely to miss their key objectives.

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## List of Figures

- Figure 1: How satisfied are you that NHS medical staff have been able to contribute to STPs? *Page 8*
- Figure 2: What impact do you think that STPs will have on the delivery of care to patients? *Page 10*
- Figure 3: Do you think that STPs are a measure to introduce cuts to the NHS? *Page 10*
- Figure 4: Do you think STPs will result in job cuts and further understaffing? *Page 11*
- Figure 5: Do you support the introduction of STPs? *Page 14*

## List of Tables

- Table 1: The Impact of STPs *Page 12*



## About Us

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