

16 November 2017

Dear West Yorkshire and Harrogate Joint Health Overview Scrutiny Committee Councillors,

On 22 September 2017 we delivered a letter to Leeds Council Scrutiny Support, asking you to meet as a matter of urgency, in order to scrutinise the activities of the West Yorkshire and Harrogate Sustainability and Transformation Partnership Joint Clinical Commissioning Committee.

We have not received acknowledgement of the receipt of that letter, or a reply.

Our letter pointed out the urgent need for democratic scrutiny of the massive cuts and changes being imposed on the NHS and social care services. The change to regulations that enabled the creation of STP-wide joint clinical commissioning was carried out by a statutory instrument, meaning it escaped Parliamentary scrutiny by MPs and peers. This makes the work of the West Yorkshire and Harrogate Joint Health Overview Scrutiny Committee even more vital.

We are glad to hear that the West Yorkshire and Harrogate Joint Health Overview Scrutiny Committee is to meet on Tuesday, 28 November 2017 at 2:00pm at Leeds Civic Hall.

We hope that you will decide to scrutinise the whole West Yorkshire and Harrogate STP, not bits and bats of it as you currently seem to be doing. It amounts to a massive systemic change and needs to be scrutinised on that level.

In the weeks since we delivered our letter, many more issues have emerged that urgently need democratic scrutiny. These include significant cuts and changes to acute and elective hospital care and primary and community services.

Scrutiny of individual locality Sustainability and Transformation Plans cannot be a replacement for scrutiny of system-wide changes which involve multiple service providers. The locality 'fragments' need system-wide oversight.

In Airedale, Craven and Wharfedale a GP superpractice has resulted from the merger of 1/3 of the area's GPs with Modality - one of England's largest superpractices which now operates in six Sustainability and Transformation Partnership areas.

<https://calderdaleandkirklees999callforthenhs.wordpress.com/2017/10/02/publics-questions-about-gp-services-ignored-by-self-congratulatory-airedale-wharfedale-and-craven-nhs-commissioners/> In Sandwell and Birmingham, Modality (which is in partnership with the US health services company, Optum) is in line for Multispeciality Community Provider contract where it would manage a pooled budget for core primary care services as well as extended primary and community services - essentially an Accountable Care Organisation.

Airedale, Craven and Wharfedale CCG, Calderdale CCG, Leeds CCGs Partnership and Kirklees CCGs are all setting up Accountable Care Systems, which have not been consulted on. Other CCGs will be too. We note with dismay that on 14th November, Leeds Health Scrutiny Committee raised no objections to the proposal for an Accountable Care System for Leeds, when this was outlined by Nigel Gray from the 3 Leeds CCGs Partnership. It was the same story at Kirklees Health Scrutiny Committee on the same day, when they were presented with a similar proposal under the title of a local integrated health and social care system.

NHS Improvement is working out how to licence private companies as ACOs, so the original claim that ACOs are a Good Thing because they take the market out of the NHS is untenable - the whole of an area's health and social care services could be run by a private company. Like Modality.

NHS Property Services Ltd is imposing commercial rents on GP practices that will force them to fold - or to accept employment by an Accountable Care Organisation under NHS England's Accountable Care Contract, which 999 Call for the NHS is bringing to court on the grounds that it's unlawful. In Kirklees, NHS Property Services is demanding a huge and unaffordable rent hike from the Slawit GP Practice.

Cuts and changes are being introduced that, if allowed to proceed, will change the NHS into a version of Medicare - a rump service for those who cannot get private health insurance. At its 7th November meeting, the WYH STP Joint Clinical Commissioning Committee agreed to a proposal to cut £50m/year by 2020 by restricting access to elective care and so-called Procedures of Limited Clinical Value. Decisions about which patients receive elective treatments are to be based on economic values derived from a business concept, Right Care. This provides spending benchmarks for Clinical Commissioning Groups by comparing their performance on a number of indicators to other allegedly comparable Clinical Commissioning Groups. However, a recent Journal of Public Health [article](#) (Right Care, Wrong Answer) has shown that the Right Care data for breast, colorectal, and lung cancer are full of errors, leading the author to conclude that,

“RightCare promises illusory savings based on an inappropriate fixed comparator group and faulty statistics...If RightCare is used to justify savings in NHS budgets, it is acting as a cover for cuts.”

The area's NHS and social care system is under sustained pressure. There is a need for scrutiny of Health System Recovery Plans for organisations that are in special measures because they cannot meet harsh financial controls introduced as part of the STP. The Calderdale and Greater Huddersfield CCGs and CHFT Recovery Plan, presented to the October 2017 CCCG Governing Body meeting, mentions a new Aligned Incentives Contract between the 3 organisations. The Calderdale CCG Chief Financial Officer told the meeting that since they couldn't see how to make all the spending cuts imposed as a result of being in special measures, they were going to introduce a new form of contract with CHFT. Not a single Governing Body member questioned this. We asked and were told it was a local variation to the standard contract - which we understand to mean less than the National Tariff.

Such new contracts urgently need scrutiny. If areas are paying less than the National Tariff they will end up with a second class health service - not a National Health Service. After the meeting, we searched online for Aligned Incentives Contract and found it was introduced in Bolton and removes payment by results. In Portsmouth, where it has been introduced, instead of being paid for every treatment for every patient, the hospital gets one payment for the year and that has to cover everything that comes through the door. Raising the question of what happens if more comes through the door than the one-off payment can cover.

Changes outside West Yorkshire and Harrogate will affect our area. Cuts and changes to stroke services in South Yorkshire Bassetlaw and Derbyshire are so complex that the joint CCCGs “Commissioners Working Together” across the Acute Hospital Vanguard in South Yorkshire, Bassetlaw, Derbyshire and Wakefield [<https://smybndccgs.nhs.uk/about-us>] have deferred a decision until they can work through the implications of the change.

South Yorkshire papers from the meeting of <http://www.smybndccgs.nhs.uk/> Wednesday 18 October 2017, report that “Significant further work has been undertaken...”, but without any meetings since last March, we can’t see how you can have considered the implications for Pinderfields.

There is a need to scrutinise anecdotal evidence that services in Dewsbury Hospital (assured in documents as ‘safe and effective’) are not working in a safe and effective way. If this proves to be the case it would belie the centralisation rationale used in 2013 to change the service structure, and spotlight the need to scrutinise the centralisation of hyper-acute stroke services.

Many members of the public are gravely concerned about this unauthorised and secret STP reorganisation of their services, as are we. Consequently we urge you most strongly to investigate these changes and hold the members of WYHSTP JCCC and WYAAT to account, as well as Council officials in public health and adult health and social care, who are working with the CCGs to advance the STP/ Accountable Care Systems.

Best wishes

Jenny Shepherd

Chair, Calderdale and Kirklees 999 Call for the NHS