The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

Charities accuse the government of 'betrayal' on plan for mental health

Mental health charities say the government's broken promise to produce a new strategy focused on mental health "risks letting down the one in four people in the UK impacted by mental illness". Instead ministers plan to include mental health within a broader Major Conditions Strategy, along with chronic physical conditions, such as cancer and respiratory disease.

A coalition of charities in the mental health sector, including the Mental Health Foundation, Mind, Rethink Mental Illness, YoungMinds, and Samaritans, are now concerned that this move will mean there will be no long-term mental health strategy to tackle the root causes of mental health problems or provide people with the care they need and the one promised last year has been scrapped.

Chronic physical conditions predominantly affect older

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people, whereas mental health conditions are spread across age groups and need preventative action at a young age, as Mark Rowland, Chief Executive of the Mental Health Foundation noted:

"The merging of the mental health plan with a Major Conditions Strategy risks excluding our children and young people, who are less likely to experience chronic ill-health, yet are the most likely to benefit from early action to protect their mental health. Prevention should be at the heart of the new plan – for all the conditions it will cover – but the government's emphasis is on the other end of life: extending people's healthy life expectancy.

"We need sustained investment in high-quality person-centred support for mental health and social care services, but a percentage of NHS spend should be dedicated to preventative mental health interventions, working with and developing alongside people who are more likely to experience a mental health difficulty."

Worries over capacity

Mental health services have been waiting years to be funded appropriately and for a long-term strategy, with each year seeming to produce a new report about how many people, in particular children and adolescents, are being let down by mental health services and increasing waiting lists. Andy Bell, interim Chief Executive of the Centre for Mental Health, said:

"It is now twelve years since the last cross-government mental health strategy was published. A lot has changed since then, including rising rates of mental ill-health. We urgently need a plan across the whole of government to help to create a mentally healthier society, to tackle the inequalities and injustices that create mental ill-health and to support public service to meet people's needs more effectively."

Saffron Cordery, deputy chief executive NHS Providers, noted in a recent article in the HSJ that although there has been "significant growth in the overall number of children and young people being seen by mental health services", the services are "still coming up desperately short."

The NHS Providers latest survey, found that 88% of mental health and learning disability trust leaders, and 97% of combined mental health and community trust leaders, said they were worried or very worried about their capacity to meet demand over the next 12 months, with several highlighting challenges with children's services in particular.

The Parliamentary and health service ombudsman (PHSO) Rob Behrens has warned that people with eating disorders are being repeatedly failed by the system and radical changes need to be made to prevent further tragedies. Ombudsman Rob Behrens said:

"We raised concerns six years ago in our Ignoring the Alarms report, so it's extremely disappointing to see the same issues are still occurring. Small steps in improvements have been taken, but progress has been slow, and we need to see a much bigger shift in the way eating disorder services are delivered."

Gap between child and adult services

Children and adolescent eating disorder (ED) services were targeted around 2015 with extra money, which did save lives, but these children grew up and adult ED services did not receive the same attention or investment and are often now not available to provide continued support.

Lives continue to be lost because rather than creating parity between child and adult services and improving coordination between those involved in treating patients, the money was targeted at just one group of patients. This highlights strongly the need to take a long-term strategy in mental health.

Research by HSJ journalists has identified that since 2017 at least 19 women have died, whose death and care caused concerns from coroners. And at least 15 of these deaths were considered avoidable, and resulted in formal warnings being issued to mental health chiefs.

HSJ noted that they had been told by senior eating disorder clinicians that a "massive gap" remains between child and adult services, largely attributed to unequal investment.

Ashish Kumar, a consultant child and adolescent psychiatrist at Mersey Care, told HSJ: "They invested in children's eating disorders but missed adults completely – there is still no matching crossover service."

Need for better teaching

HSJ's research is the subject of an open letter to the health and social care secretary Steve Barclay by eating disorder charity Beat who warned the findings reveal a "national crisis".

Beat is calling for increased teaching in medical schools on eating disorders with its "Worth more than 2 hours" campaign, following research that shows on average, UK undergraduate medical students receive less than two hours of teaching on eating disorders, throughout their entire medical degree and 20% of medical schools do not include eating disorders at all in their teaching.

Victory for campaigners fighting GP transfer to private company

Staff and patients at Withnell Health Centre have won their campaign – followed recently in The Lowdown – against Lancashire and South Cumbria Integrated Care Board (ICB), which has now agreed to re-run a procurement process which awarded SSP Health, a large private primary care company the contract to run the health centre in Chorley, Lancashire.

A spokesperson from campaign group Save Withnell Health Centre said: 'The ICB informed us today that they have decided to abandon the current plans for Withnell Health Centre and they will instead re-run the procurement process.

'They will complete this process in 18 months time and until then the surgery will remain in the hands of the current management team under the leadership of our fantastic GP, Dr Ann Robinson, on an 18 month contract starting on the 1st of April 2023.

'We have been assured by the ICB that there will be a much greater emphasis on patient engagement.

'This is a huge win for each and every one of the staff working at the practice and for each and every one of you, our truly wonderful patients.'

Inadequate consultation

In a statement, Kevin Lavery chief executive of Lancashire and South Cumbria Integrated Care Board (ICB) admitted that the ICB, and previously the CCG, had not consulted adequately with the patients, staff and local residents and following a "full and robust review of the commissioning process" the ICB now intends to undertake further engagement with patients and the community in Withnell and launch a new procurement process to award the long-term contract for the service.

Mr Lavery also apologised for the lack of communication with the public.

"I would like to take this opportunity to apologise to the community of Withnell as we recognise we could have done more to keep patients informed. Going forward we are committed to doing better with our public engagement and would like to reassure our local population that securing high-quality services remains a priority for the ICB."

The decision by Lancashire and South Cumbria ICB to award a contract to run the well-loved and successful GP practice in Chorley, to SSP Health, a large private primary care company, was first uncovered by patients and staff in January.

The whole process of choosing the new contract holder by the ICB had been conducted with virtually zero input from the public despite the ICB's constitution proudly boasting that it will "put the voices of people and communities at the centre of decision-making and governance."

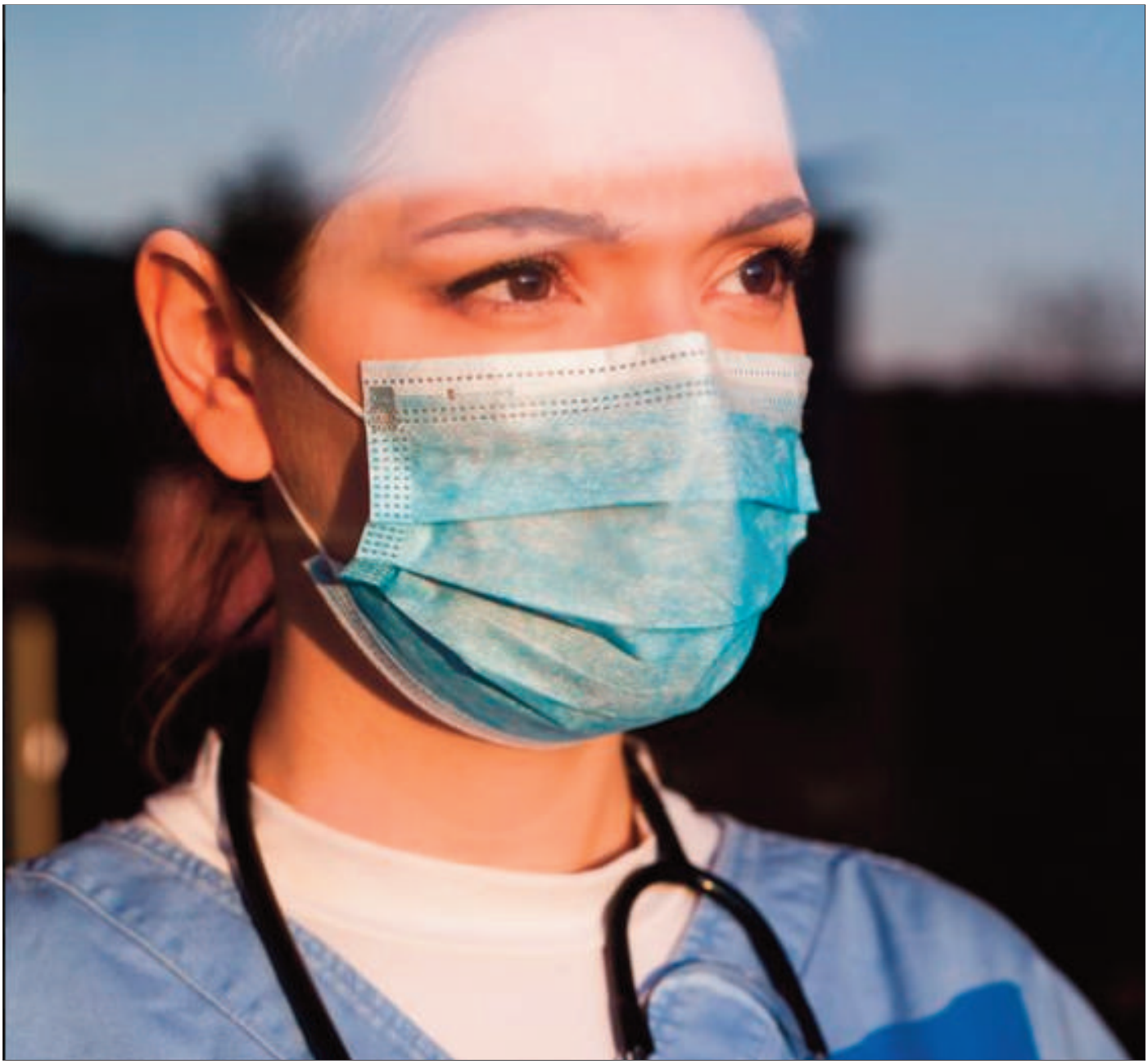
The only information received by the patients about the process was a single letter sent out in February 2022, saying the CCG has awarded a temporary contract to Dr Robinson for 12 months as "the least disruptive option for all parties" and there should be "very little to no impact on patients as a result of this change."

The letter also reassured patients that they "should not be concerned about the future of the practice" and "the 12-month period will now be used to undertake all of the necessary due diligence steps required before a longer-term contract can be awarded."

A campaign for the ICB to revisit the procurement process led by local councillors, GPs and local people began in January as soon as it came to light that the GP, Dr Ann Robinson, would lose the contract.

Over 1,500 written objections to the SSP Health takeover were delivered to the ICB and as part of the campaign, Margaret France, a retired GP and now a local Labour councillor and Chorley Council's lead member on shared services, joint working and community wellbeing, met with Chorley MP Sir Lindsay Hoyle. Sir Lindsay has "made contact with the Integrated Care Board to ask for this decision to be reviewed and for all concerns raised by local residents to be addressed before any further action is taken."

Downing St stance on the NHS pay struggle: credible or cynical?



Ministerial messaging on the inflationary threat of 'unaffordable' wage demands by low-paid NHS staff doesn't ring true, according to expert opinion, and reflects a political expediency that prevents the health service being equitably supported by higher taxes on the private sector.

Meanwhile the government continues to push through new legislation severely restricting industrial action by those same staff seeking better remuneration.

The missing link

Last week, Essex University professor Paul Whiteley wrote a blog pointing up the shortcomings of the government's PR strategy on this politically sensitive subject, stressing that it is private – not public – sector pay that drives inflation.

He asserted that public healthcare is free at the 'point of use' and so does not affect inflation statistics at all, and gave as evidence the fact that last year inflation and private sector pay both

rose around 6 per cent, while public sector pay increased by just 1.7 per cent.

Whiteley concluded his blog by saying, "Public sector workers are striking in response to inflation, but there is no evidence that their [proposed] wage increases are producing inflation. In effect, the wage-price spiral does not exist for public sector pay. A key reason for this is that the public sector makes up only 17 per cent of the total workforce, so it has much less of an impact on the economy than the private sector.

The upshot… is that public sector workers are being penalised by reductions in their pay for reasons that do not bear up to scrutiny. Public sector pay increases do not translate into high inflation."

This assessment is backed up by an earlier analysis from the Left Foot Forward (LFF) thinktank, which suggested that talk of an NHS-driven 'wage-price spiral' was nonsensical because, unlike the private sector, the health service can't raise prices to pay for higher wages.

LFF quoted an Institute for Fiscal Studies spokesperson, who explained it thus, "Higher pay for midwives [would not] increase the 'price' of giving birth in an NHS hospital." The thinktank followed up by questioning the logic of current government messaging, noting that inflation was at a 40-year high, despite wage stagnation.

The dubious 'causative' link between public sector pay and inflation was also put under the spotlight last year by data from the HR services company XpertHR. This showed that, of more than 1,000 pay deals covering 5.5m British jobs, the average pay rise over the previous 12 months was 1.8 per cent, while inflation over the same period was 7.1 per cent.

LFF has since estimated that a 9 per cent pay rise across the public sector would cost £21bn, but argued that up to 40 per cent of that (ie £8bn) could be returned to the Treasury's coffers through the extra income tax and national insurance – along with extra VAT, fuel duty and other indirect taxes – subsequently paid by public sector workers.

Political choices

More pertinently, the pressure group noted that 'affordability' was never an issue when bailing out banks or energy companies, or awarding tax cuts to the super-rich. LFF suggests that more than £25bn could be collected by taxing capital gains at the same rate as earned income.

Another £8bn could be collected by taxing dividends in the same way, and billions more could be raised by a wealth and financial transaction tax. And tellingly, it pointed out that, since 2010, HMRC has failed to collect more than £400bn due to tax evasion, avoidance and fraud.

These historic failures to boost the public purse and better support the NHS stem from political choices, just as using inflation caused by a war in Ukraine and the covid pandemic to impoverish NHS staff now is a deliberate move.

As, of course, was the decision last autumn to drop the proposed Health and Social Care Levy, which was predicted to raise £12bn a year for the NHS and the social care sector, and would undoubtedly have eased the budgetary pressures regularly cited by ministers whenever they are challenged on public sector pay.

And now the strategy of stalling on meaningful pay talks with unions (except for the RCN, following that body's decision to defer strike action last week) comes against a background of a public spending windfall for chancellor Jeremy Hunt (recipient of a modest ministerial income of £67,505 which is roughly double the average wage of a nurse, and which presumably is in addition to his MP's entitlement of £84,144).

New data from the ONS last week, uncovering a dramatic reduction in public borrowing, offers a potential £30bn windfall to Hunt, in the process undermining Treasury claims that there's no spare cash available.

Along with the latest boost in tax revenues – a handy by-product of high inflation – this could easily enable the current (maximum 3.5 per cent, or £1,400 per person) pay offer to NHS staff to be increased.

Sadly, there has been some speculation that the windfall could also offer ample scope for pre-local and -general election giveaways in upcoming Budgets.

Last week, Observer columnist William Keegan considered this possibility, describing a cynical "connection between this government's policy of being as parsimonious as it can get away with on public sector pay awards and its desire to attempt tax cuts on the eve of the next general election."

Union bashing?

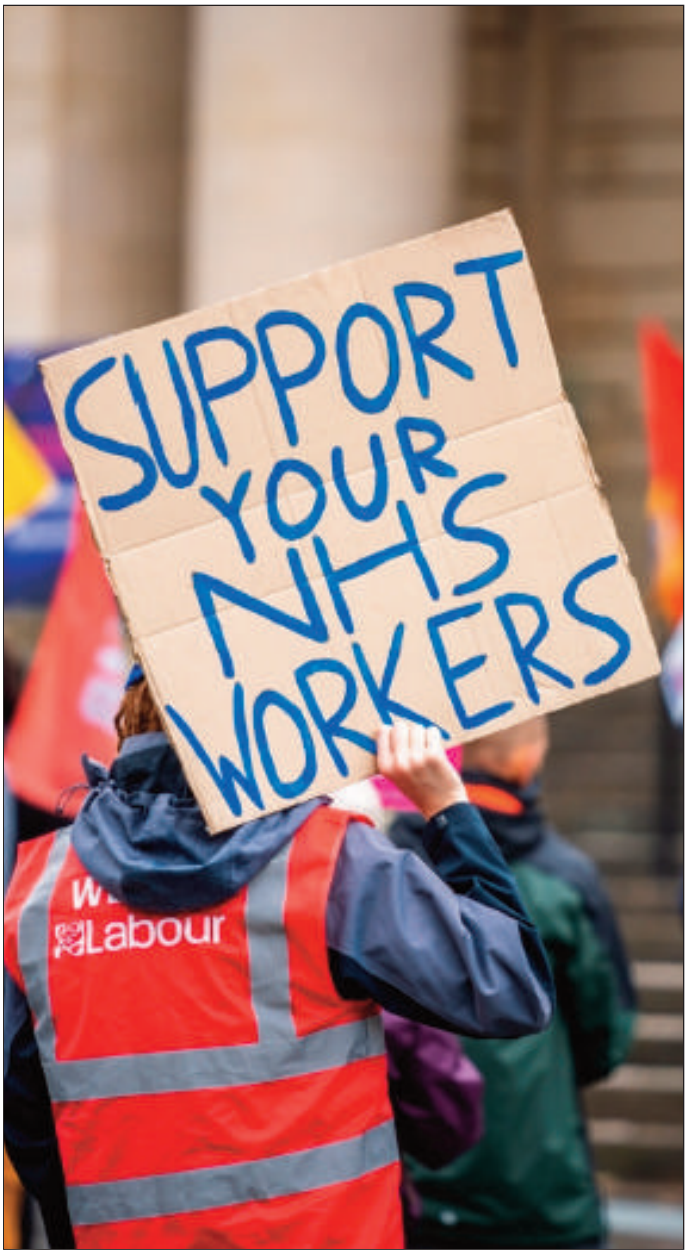
More cynically still, while it stalls on pay talks, the government continues to push through the Houses of Parliament an anti-strike bill which will enforce minimum service levels – a move which will effectively silence those seeking better pay in the NHS.

Last week the TUC, alongside four other campaign groups (the Fawcett Society, Pregnant Then Screwed, the Equality Trust and the Women's Budget Group), wrote to the equalities minister Kemi Badenoch asserting that,

"This draconian legislation will mean that when workers democratically and lawfully vote to strike… they can be forced to work [or face] the sack… [simply] for trying to defend their pay and working conditions.".

Martin Shelley

NHS strikes called off for talks



The surprise announcement that the Royal College of Nursing was calling off its planned escalation of strike action having been promised talks on pay with the government appears to indicate some shift in attitude by ministers, including Prime Minister Rishi Sunak.

The announcement – first seen by the other major unions taking strike action over NHS pay when they read press reports – came hard on the heels of a massive vote for strike action by junior doctors in the BMA and an equally strong vote by the smaller Hospital Consultants and Specialists Association.

However there are obvious fears that the government may be trying to 'divide and rule' by talking to the RCN (with no prior offer, but with references to "productivity enhancing reforms"), while refusing to negotiate with UNISON, Unite and GMB or with the doctors' unions.

These concerns were intensified with the publication of the government's tight-fisted proposal of a maximum 3.5% increase for 2023/24 in its evidence to the discredited Pay Review Body. Far from any possibility of the PRB retrospectively taking account of the massive hike in the cost of living since January 2022, the government is making clear it wants NHS staff to face yet another year of real terms pay cuts.

No let up in the fight to save the NHS

The TUC unions have hit back at these latest developments: UNISON's General Secretary Christina McAnea has announced additional strikes, and on Twitter refused to call off action until UNISON sees "the colour of the government's money". She added: "Choosing to speak to one union and not others won't stop the strikes and could make a bad situation much worse.

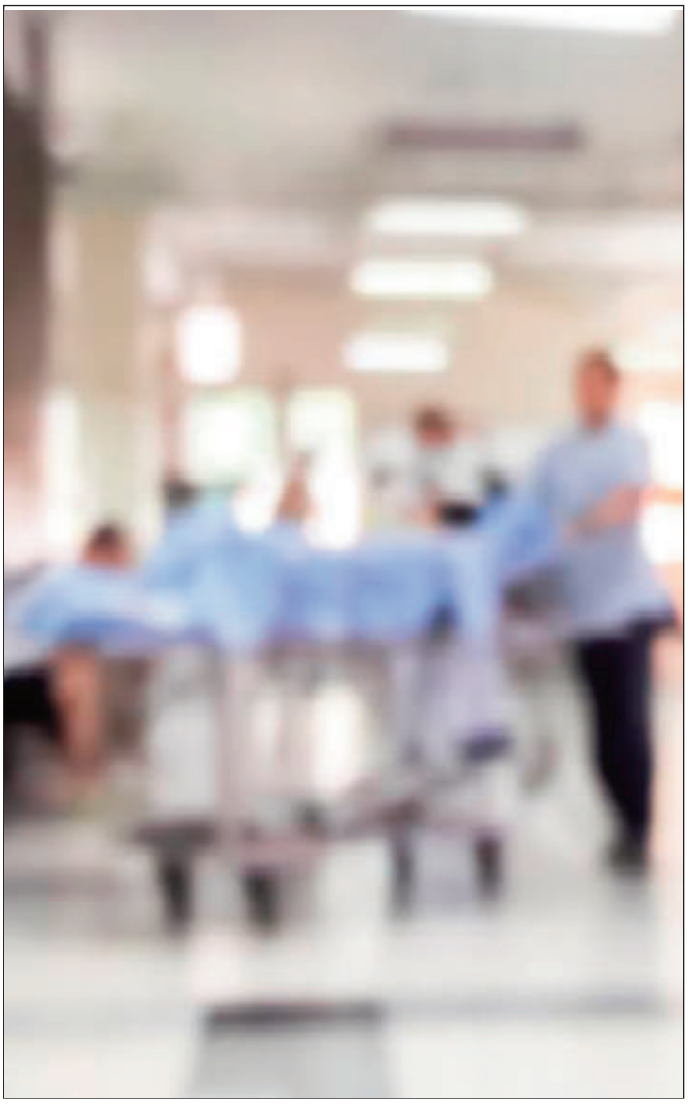
"The entire NHS team is absolutely determined to stand firm for better patient care. They'll be furious at the government's failure to invite their union in for talks. Not least because a deal just for nurses cannot possibly work, and nurses belong to other unions too."

Unite General Secretary Sharon Graham said "This has to be some sort of sick joke. On the day when figures show that the country can well afford to meet NHS workers' pay expectations, the government is trying to force another year of wage cuts onto the NHS.

"This will only accelerate a Spring of NHS strikes. This government either does not care about our NHS, its staff and patients, or has a more sinister future in mind for the service."

GMB National Secretary Rachel Harrison said: "Todays submission to the PRB shows this Government's true colours. The back room deal with some sections of the workforce is a tawdry example of ministers playing divide and rule politics with people's lives."

With performance levels still plunging since long before any strikes, 133,000 vacant posts, NHS England still dragging its heels on the belated publication of a workforce plan, and record numbers of nursing and other staff leaving the NHS – whether to find more pay elsewhere or as Sky News reports seeking less stress and a better work-life balance – it's clear that the battle to halt the erosion of NHS pay is the battle for patient safety and to save the NHS.



Scandal of the SubCos revealed

A January HSJ article has confirmed what trade union representatives and Labour MPs have repeatedly argued: that the creation of 'wholly owned' sub companies by NHS Trusts (and FTs) was in almost every case, a scam.

For over 5 years the trade unions aided by campaign groups have tried to stop these subcos being set up. Pressure led to some being stopped, to debates in parliament and to changes in the rules.

Ironically it is NHS England, which has long been suspected of forcing trusts down this route, that is supposed to approve the legitimacy of proposals for approval – a bizarre conflict of interest.

The other disgraceful action was to block access to information. Time and again Trusts and NHS England refused to release information about why these proposals were going ahead – and refuse to consult on anything other than how the transfers of staff would take place.

When the real documents finally emerged, and business cases revealed, the true picture was obvious; information was suppressed to prevent examination which would have shown the schemes were deeply flawed.

The HSJ investigation has now revealed that as suspected: "Some trusts are paying subco staff less than the lowest Agenda for Change rate. They are also reducing uplift payments for unsocial hours as well as lower maternity and sick pay rates. Staff are being denied access to the NHS pension and instead being offered schemes with significantly less generous."

This is exactly what the trade unions said all along. Talk of flexibility and being able to offer more pay to deal with recruitment problems was simply untrue.

Failure to consult or analyse

The trusts just wanted to cut terms and conditions for new staff, so they usually failed to talk to staff representatives about flexibilities and failed to examine what could already be done within Agenda for Change. The HSJ now confirms that is what happened.

Almost all the schemes were in fact set up for tax avoidance, using a "loophole" in the rules around VAT. But time and again trade union negotiators were told that moves to set up these subcos was not about tax at all, it was about staff flexibility and about 'generating income' by selling services to other organisation. Totally untrue.

Sadly many low-paid and predominantly female staff, mostly in facilities management roles like catering, got moved out of NHS employment against their wishes into subcos. There were many threats that if these subcos did not go ahead then the work would be 'outsourced': but the unions warned moving staff into a subco WAS outsourcing!

The appetite to form subcos waned after a series of victories by trade unions in major disputes such as at Bradford and Frimley Park. Yet in the face of evidence both of tax evasion and staff exploitation it is being rumoured that the pressure is again being put on Trusts to form more tax dodging subcos.

The active role played by NHS England just adds to the growing feeling that this vast top down body is not fit for purpose. It acts as a mouthpiece for government, and goes along with the pretence of recovery or the building of mythical hospitals, and tells staff to be more enthusiastic.

We need a management team in NHS England that will speak up for the NHS and its staff, not connive in forcing them out of the NHS into worse terms and conditions.

Richard Bourne

Why the NHS needs sustained funding

10 evidence-based reasons for sustained rises in NHS funding:

1 – More than expected, but half the sum needed, the Autumn rise in NHS funding (£3.3bn) was well short of the £7bn sum that NHS England said was necessary to cope with inflation, energy and other costs for the period up and until 2024/25.

2 – In real terms, core day-to-day spending on the NHS will rise by 2% a year by 2024/25, while capital spending will grow by just 0.2%. This figure falls well short of the 3.6% average annual rises given to the NHS since its launch in 1948 according to a recent Health Foundation analysis.

3 – How much sustained funding is needed? Compelling evidence supports funding rises of 3-4% over the next decade. Back in 2018 the Institute of Financial Studies calculated that the NHS will need an extra 3.3% in funding a year for the next 15 years just to keep pace with cost pressures such as the rising numbers of older people and those living with chronic disease, but this figure takes no account extra costs from the pandemic or the impact of higher than expected prices.

4 – Funding to solve the workforce crisis is still missing from the NHS budget. The cost of the long awaited workforce strategy, which is expected in March 2023, but has been promised since 2017, will need to make realistic estimates of future staffing needs, and be backed by substantial extra funding. The NHS can't move forward without it.

5 – Also missing from NHS leaders' current budgets is the money to resolve the current pay crisis, which will be crucial to tackling waiting lists and influential in retaining existing staff.

6 – Strong signs of financial pressure are already evident across the NHS, affecting decisions about what services can be afforded and raising the likelihood of cuts. Two thirds of the Integrated Care Services (local NHS commissioners) are already facing a £1.3bn deficits. Whilst hospital trusts are on course for a combined deficit of £2bn.

7 – The cost of delayed maintenance and repairs to England's hospitals has rocketed from under £6bn in 2019 to £10.2bn in 2022, Half a dozen hospitals were built in the 1970s with defective concrete planks that are now a structural threat. Over the last decade capital cash strapped hospitals consistently reallocated capital funding to meet the day to day running costs in the NHS, the recent increase of 0.2% in real terms is therefore insufficient to meet the size of the backlog.

8 – How does NHS funding compare internationally? Average health spending in the UK between 2010 and 2019 was £3,005 per person – 18% below the EU14 average of £3,655. Matching the spending per head of France or Germany would have meant an extra £40bn and £73bn (21% to 39% increase respectively) available to spend on UK healthcare.

9 – New investment in prevention will help to control future health costs, however public health budgets have been cut by 24% on a real-terms per person basis since 2015/16. The NHS spends around 10% of its budget on treating diabetes - and 80% of that goes on the complications from the disease, In a Diabetes UK survey of 10,000 people with diabetes, "1 in 3 respondents had no contact with their diabetes healthcare team in 2021. Workforce shortages are a major driver of this disruption."

10 – A long-term plan to consistently to increase NHS funding over the next decade is crucial to raise NHS capacity and provide more care. This is a key (but not the only) driver to improving access and standards. Only 10% of the public think the government has the right policies on the NHS - 82% believe funding should be increased and roughly the same percentage think the NHS should be funded primarily through taxation.

Call for a review of prescription charges

With growing numbers of hard-pressed people in England failing to collect prescribed medicine because of the £9.35 per item cost, or asking pharmacists which items they can do without to save money, the Royal Pharmaceutical Society in mid February called on the government to review the exemptions to ensure that all patients with long term conditions to get their drugs free of charge.

However prescription charges have long been abolished altogether in Wales, followed by Scotland and Northern Ireland, leaving only English patients paying the hefty charge for the 10% of prescriptions that are not exempt.

The charges raised just £652 million in 2021-22, just 0.4% of the £150 billion DHSC budget: but their real cost in deterring more and more seriously ill patients on low incomes from accessing the treatment they need has not been calculated.

Labour in 2019 promised to scrap prescription charges in England if elected, although there has been no recent repetition of that commitment. Recent evidence shows that ensuring prescribed drugs are available free of charge significantly increases their compliance with treatment – and saves money.

By contrast in 2021 Ministers marked the 73rd anniversary of their party voting against establishing the NHS by launching a surreptitious consultation on the imposition of prescription charges on people aged 60 to 66, who currently get them free … to raise an estimated £226m per year.

In other words levying charges on just 2.5 million people aged 60-66 was expected to increase the total raised by charges by a third.

As the RPS points out: "Prescription charges are an unfair tax on health, which disadvantages working people on lower incomes who are already struggling with food and energy bills."

John Lister

Community pharmacy closures

Lloyds Pharmacy, the second largest community pharmacy chain, now owned by the Aurelius UK investment house, has announced it will close all of its branches located within Sainsbury's supermarkets, affecting 230 locations across the UK where the public currently access NHS services, and will be closed with just 3-6 months' notice.

Around 2,000 employees, including 400 pharmacists, face potential redundancy as a result and impacted patients will have to find an alternative pharmacy to receive medicines, advice and other services.

Nigel Swift, the deputy managing director of Phoenix UK, which owns the Numark and Rowlands pharmacy groups, commented to the Guardian : "This announcement is the clearest possible sign of the dire situation facing community pharmacy in England as a result of insufficient government funding. Since the start of the pharmacy contract there has been a massive cut in real-term funding, resulting in hundreds of closures."

The closure plans follow a series of policy statements from NHS leaders and the government emphasing the key role that community pharmacies have to play in picking up pressure on GP services and improving access to healthcare.

According to a Kings Fund analysis in 2019 there are 11,500 community pharmacies in England delivering services under contract for the NHS. "About 40 per cent were run by pharmacy contractors that operate five or fewer pharmacies (eg, standalone independent pharmacies or small chains) and about 60 per cent were run by contractors operating six or more pharmacies (for example, large corporate pharmacy chains)."

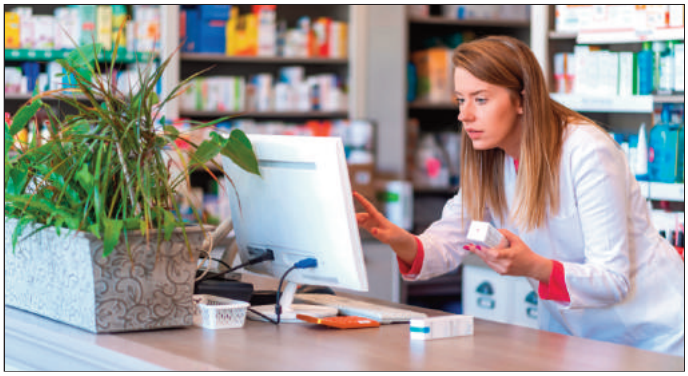
In 2019, Lloyds Pharmacy also became the first private firm to control the pharmacy service to prisons in Scotland.

A letter from NHS National Services Scotland highlights serious concerns at the end of last year after a new computer system was introduced by the company, which negatively impacted working practices. It says: "The ongoing impact of this poor service is being experienced in several ways, by both NHS Boards & SPS, including:

– disruption to patient care.
– additional staff costs due to an increase in hours worked to accommodate processing of late deliveries.
– impact on [SPS] staff's physical and mental wellbeing.
– complaints from patients resulting in additional workload.
– postponing of scheduled work to process late deliveries.
– inability of staff to change work patterns/shifts affecting issuing of medicines.
– inability to receive deliveries of late supplies to prison health centres or needing to alter prison regimes to accommodate.

In addition, we are concerned that the pressures being placed on Lloyds Pharmacy staff working in the hub to provide the contracted service may impact upon their mental and physical health…

"Our concern is that any further deterioration of the service could lead to the situation where a large number of people in prison do not receive their medicines on the due date, causing a break in treatment. Such an event could have consequences for individual patient's wellbeing and is likely to cause unrest in the prison population."



Report struggles to find 'tangible benefits' of NHS reorganisation

A new report by the Commons Public Accounts Committee raises serious questions over the reorganisation of England's NHS into 42 new "Integrated Care Boards" (ICBs) last July.

Campaigners argued that the reorganisation, embodied in the controversial Health and Care Act 2022, would lead to a loss of local accountability, and that the new bodies would be mired in deficits and the quest for massive "efficiency savings" from the outset. Early surveys of the financial plight of ICBs tend to confirm that.

It now appears from the analysis there are few if any compensating benefits. The first of the report's conclusions begins: "It is not clear what tangible benefits for patients will arise from the move to ICSs [or] by how much or by when things will improve."

It goes on to raised concerns over the lack of any workforce plan: "We remain very concerned about the critical shortages across the NHS workforce and the Department's repeated delays in publishing a strategy to address them. …The NHS Long Term Plan committed to producing a Workforce Implementation plan by late 2019, and in September 2020 the Department told us that it expected to publish it following the 2020 Spending Review. It still has not done so. … It is unclear how ICSs are supposed to plan for workforce shortages when the Department has not published a national plan, or the analysis underpinning it."

It also notes the striking lack of any actual integration of NHS and social care, which are run and financed separately: "These reforms do nothing to address the longstanding tension caused by differences in funding and accountability arrangements between the NHS and social care. The Department, which has policy responsibility for both health and social care, is showing a worrying lack of leadership, and it is not clear who will intervene if relationships between local partners break down."

And it points to the increasing problems of the growing backlog of maintenance (now £10.2bn) has left the NHS estate "in an increasingly decrepit condition". The PAC calls on the Department and NHS England to "ensure the capital strategy is published in early 2023" along with "an annual progress update," which "should also include details of when the Department and NHS England expect to make decisions that affect current and potential capital projects, to enable ICSs to plan with more certainty."

It also concludes by demanding government action to address the crisis in NHS funded dental care in some parts of the country, "and NHS England's failure to ensure people can access routine dental care."

John Lister

Controversial primary care mergers in Yorkshire

This month has seen approval for major changes in GP provision in South Yorkshire with the South Yorkshire ICB giving the go ahead to a project in Sheffield to merge seven local GP surgeries into three large hub complexes and plans to merge four GP surgeries into new health hubs in Doncaster going out for consultation.

The projects will both be funded by the £57.5m allocated to primary care bids across South Yorkshire. The Sheffield project has been awarded £37m to 'transform GP practices across the city' and the Doncaster scheme will need almost £13m of the funding.

Primary care in the area is badly in need of investment, but the plans to merge GP surgeries has been controversial. Public consultation and criticism from councillors has meant that the initial scheme in Sheffield for the closure of 15 GP surgeries and building of five hubs, has been scaled back to seven GP surgeries closing and the building of three hubs.

The ICB hopes that new buildings will mean more services located together and entice more staff to the area as recruitment is a major difficulty at the moment.

Dr Ben Allen, GP and NHS South Yorkshire clinical director for primary care in Sheffield told local media that the primary care hubs will help attract and train more staff, create more space to increase services on one site, and improve access, however he acknowledged that " new buildings alone won't solve all the problems facing GPs."

Back in March when councillors first scrutinised the original proposal to close 15 GP practices and build five hubs, Coun

Abtisam Mohamed on the City Council was critical of the plans:

"It goes against everything we stand for in the council in terms of localising provision and making sure that communities are a central part of every decision that we make in terms of that care and our support. This is about people who are vulnerable, who will be ill, who need localised support within their community. It doesn't put patients at the heart of delivering care….All I see is a service that's going to be reduced for people with mobility issues that have less access."

Impact on patients

The new plans, despite the reduction in closures of local GP surgeries, will still result in many patients being much further away from their GP.

Professor Andrew Lee, a GP and professor of public health at the University of Sheffield, told Pulse that there is a concern that with consolidating those practices into health centres it may make it more inconvenient for patients to access the clinics, especially for those in deprived neighbourhoods.

However, due to the lack of major investment and improvements to the physical buildings for decades, this is a "rare opportunity for these practices to modernise their infrastructure." Adding that economies of scale will also be important due to lack of money.

The issue of more difficult access for patients, he suggested, could be addressed to a degree by using video and phone consultations.

The proposals for Doncaster include the move of patients and staff from the Don Valley Healthcare Centre and the Ransome Practice to new premises on the site of a former community library on Chapel Street, in Bentley and the Rossington Practice and West End Clinic to be relocated to a new building on the site of a former colliery. The investment required for the Bentley hub is £5.62m and the Rossington hub is estimated at £7m.

Once again many patients will find themselves much further away from their GP surgery. A consultation process is now underway until early April for the public to make known their views.

Criticism, however, has already been voiced by local GP leaders, saying it could cause 'financial hardship' for the practices involved.

Dr Dean Eggitt, Doncaster LMC's chief executive officer, told Pulse that these types of plans have been around for years as a national strategy, but they aren't good for patients as they often have to travel further to the new hubs and they boost costs in the long-term for GPs. He noted that "some may argue that this will bring integration of care, but integrated and localised care are not the same.'

He added: 'The new premises are very well known for causing financial difficulties and hardship for GPs….By moving the practices somewhere else, you add time and financial costs for the patients too and you are more likely to worsen patient outcomes.'

ICBs and their use of public consultation has come under close scrutiny recently with the awarding of a contract in Lancashire to SSP Health, with virtually no public consultation. The ICB in this case has just backed down in the face of public opposition to its decision and willnow rerun the procurement.

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