Where's the evidence for STPs?

Nuffield Trust Chief Executive Nigel Edwards has published a 2-part blog on the implementation of STPs, available at:
http://www.nuffieldtrust.org.uk/blog/how-are-sustainability-and-transformation-plans-coming-together
and
http://www.nuffieldtrust.org.uk/blog/so-much-do-so-little-time-turning-stps-action

On primary care, Edwards notes:

> "Primary care and community services are important parts of plans but the community components of these perhaps need more development. Big changes in the models of general practice are also being planned but a more urgent approach to the crisis in general practice is needed. However, as our research shows, the evidence that scaled up models can deliver extended services is limited."

On the key Simon Stevens big ticket plan for US-style Accountable Care Organisations (ACOs) or Accountable Care Partnerships (ACPs) to take over the commissioning and delivery of services to a specified group of patients for a flat fee based on size of population covered, Edwards says:

> "Accountable Care Organisation (ACO) type models – which bring together a number of providers to provide integrated care for a defined population – are a key part of STP thinking, but the time these take to develop is an issue. These are part of wider strategies for demand management in both urgent and planned care.
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> "The principal driver for this is to ensure patients get to the right place first time to reduce duplication and prevent deterioration. There is a lot of interest in increasing standardisation across and within providers, rethinking outpatient models and looking at the thresholds for referring and treating patients."

And on the semi-religious belief that preventive campaigns can somehow swiftly reduce numbers of patients requiring services, Edwards comments:

> "Prevention receives a lot of attention although there is concern in some areas about the level of disinvestment from public health by local authorities. Making the case for a return on investment is proving difficult but there are a lot of ideas building on previous work with a strong focus on obesity, exercise, alcohol and early years."

In short, he concludes that many of the ideas lack any credible evidence that they can work:

"Some of the ideas being proposed are best described as 'plausible hypotheses' and there are some areas where the level of optimism about what can be achieved and the scale of effect is dubious.

> "For example, many STP leads we spoke to thought that hospital reconfiguration did not save very much and could actually increase costs, while others have put down significant savings. Similarly the assumption that integrated care, ACOs and demand management can

deliver savings is simply not supported by the evidence; and more caution is needed about both scale and timing than some plans allow for."

This is underlined by the recent publication of the NW London Draft STP (see http://www.healthcampaignstogether.com/pdf/August%20stp_june_submission_draft.pdf) which contains not a single reference to a working example of the new models and systems the STP authors hope to establish.

In practice the NW London STP aims to generate over 70% of its projected £326m/year savings from 'reconfiguration' – i.e. closing Ealing & Charing Cross Hospitals – and productivity schemes designed to increase exploitation in the acute hospital trusts.