

POSITION AS AT 28.11.07.

WHHT in last 7/7

- Asking for more money, otherwise they won't engage on delivering 18 weeks
- WHHT points:
 1. Currently they estimate they are spending in excess of 1 million above what they think they are funded, for high cost drugs in the block element of the contract.
 2. Not hitting upper quartile new to follow-up ratios for OP activity (not staying within the cap) therefore losing income on activity delivered. They feel this is due to services being unavailable in 1^o care, with revised pathways not in place and have several specific issues e.g. pacemaker follow-up. In some specialities the Trust may well be in the lower quartile nationally (PCT will re-work figures by speciality and rank all against national dataset.)
 3. Delayed transfers of care due to health & social care reasons. Affecting ability to deliver 18 weeks at WGH site. They want to open intermediate care beds at HHGH and for PBC to pay for this. Positive aspect – this is being considered as part of ASR. Negative aspect – WHHT ICT project lead has stated that average L.O.S at WGH is low – this is not accepted by the PCT management who wish to consider the position excluding zero length of stay.
 4. Currently WHHT do not think they will achieve 18 week RTT for orthopaedics, and significant risk in E.N.T, ophthalmology General surgery and gynaecology. (DA in the Trust to bottom out actual risk numbers by speciality & DC/IP split.)

WHHT currently are paying above than tariff in private sector to have activity done, Trust currently stating a premium of £2.5 m (Inc in house premium to Trust staff) has been paid over 5 months to get to the current position. (Detailed evidence awaited.). They are clear that unless PCT/PBC agree to give them more money they won't move forward to meet 18 weeks.

WHHT 'plan' to return patients they cannot do in 18 weeks back to PBC groups to sort out, current estimate 700-800 in orthopaedics. (other figures awaited see DA mention above)

Issues for PBC – limited capacity in private sector, if patients offered alternative but decide to stick with WHHT and miss 18 weeks will count against PBC/PCT. (Rules do allow for suspension of patients if they have been offered and refused 2 reasonable choices.)

BF has team working with WHHT to identify problems and issues, has already found additional ophthalmology capacity at PBCH and willingness to operate on WHHT sites if theatre capacity made available. Have also identified

contact for Trust with IS provider who may be willing to provide on site surgical teams. WHHT currently UNDERPERFORMING on SLA activity (c.£1.2m projected for year end)

Background:

- New CEO WHHT, problems and challenge since arrival. Only interim appointment.
- WHHT need to achieve financial balance and at 'fair' assessment to continue in final wave of F.T. applications. Future of Trusts not in final wave uncertain, ?will be franchised.
- PCT/PBC and wider health economy 'cleared' WHHT debt in 06/07 and reduced community services to balance.
- Clinicians in Trust being informed that PBC/PCT has 'loadsamoney' so potential for Clinician conflict. ?Threat to joint working in Conclave.
- PCT forecasting underspend, £1-2 million (nationally forecast NHS underspend £1.8 billion). PBC have made clear in past do not want to bail out WHHT for no activity. Money underspent not carried forward.
- PCT absolutely committed to commissioning in partnership with PBC, so need to jointly agree way forward.
- PCT CEO to have conversation with SHA CEO to confirm SHA stance, previously he has assured primary care leads that acute bail outs would not be supported.
- 18 weeks national target, number 2 priority after HCAI. Significant risks PBC/PCT fail.

Possible actions (to be handled jointly with PBC):

- Agree to work with WHHT on achieving 18 weeks, but don't commit to additional resources stick to SLA.
- Consider funding element of high cost drugs.
- Consider funding some ICT beds at HHGH.
- Fund additional costs of activity above tariff to achieve 18 weeks.
- Fund disputed OP FU activity. (where clinically agreed)
- Offer loan of under spend.
- Offer them some staff/time to push agenda forward

Dr Mike Edwards
PEC Chair
West Herts PCT
29.11.07.