**Newsletter Feb 2017**

Future of Solihull Hospital

Outright closure of our local Hospital seems highly unlikely. Indeed there is a statement to the effect that on current trends the Birmingham/Solihull area will needed 430 more beds.

However other changes have already started, e.g. the closure of our A&E. It seems the plan is to create fewer but more expert centres of excellence, where the latest high tech equipment and the most skilled professionals will be based. So the Quality will go up but the inconvenience of travel will have to be accepted.

Solihull is already earmarked for specialist facilities in Ophthalmology and Paediatrics.

Merging NHS and Local Authority Care Efforts

Much of the problem with the so called ‘bed blocking’ is said to be the shortage of Care facilities to permit discharge from hospital wards. In part this is because the Care costs (both fees at Residential homes and professional care/help in one’s own home is run by and funded by the Local Authority.

Since funding at both these organisation is very tight, neither party is keen to extend their commitment.

It seems that the Plan is to amalgamate these activities.

Care in Old Age

With the increasing life expectancy and the ability to treat chronic illnesses the demand on Care Homes will continue to increase. The problem seems to be that the privately run homes are fighting the Local Authorities over charges, saying that they cannot operate their homes at those rates – hence we hear of closures.

The plans to amalgamate the NHS and Local Authority operations will have to tackle this problem.

Corridor queuing and emergency waiting times

These are said to be a consequence of the shortage of Care in the Community, frustrating the ability of the NHS to discharge frail patients.

The plans to amalgamate the NHS and Local Authority operations will have to tackle this problem.

7 day GP opening

The Government seem set on driving the concept of a “Seven Day National Health”. Two things seem to thwart this effort; lack of funds and lack of suitably rained doctors (both at GP surgeries and in hospitals). Neither of these are quick or easy to solve.

Sustainability and Transformation Plan (STP for short)

The Government, under huge pressures to increase the service provided under our current ‘free at the point of access’ NHS scheme, feel they have to change the way things are managed. So they are looking to find improvements in the way the NHS is run and to find efficiency savings.

Their efforts have resulted in the creation of 43 “Footprints” to cover all of England ; these areas are each tasked with coming up with their preferred solution.

We in Solihull are grouped with two of The Birmingham CCG areas, to cover a total of 1.3 million people, 2 Local Authorities and seven hospitals.

Each “Footprint area” has to submit a Five year plan as to how it intends to deliver these improvements. Year one of this Plan has now been submitted, and is the subject to review by the NHS England Board. Mark Rogers, who is the CEO of Birmingham Council, (and formerly was CEO of Solihull Council) was the leader of the team directed to prepare and submit the Plan.

BSol

Separately the CCGs (Care Commissioning Groups) of Solihull and Birmingham have merged to form BSol. This body is charged with apportioning the funds delegated down from NHS England, to pay for all the GP and Pharmacy work for the NHS, in their area. The CCG is not responsible for the Hospitals which in our case are Governed by HEFT (Heart of England Foundation Trust).