



STP Bulletin

Updates from the Buckinghamshire, Oxfordshire and Berkshire West
Sustainability and Transformation Partnership

27 March 2019

STP Focuses on Cancer

Making sure patients receive excellent and timely cancer care is a top priority for the STP. Waiting for a specialist assessment, for diagnostic tests and for treatment can be a major cause of anxiety for patients who suspect they may have cancer and for their families. Recently, Chief Executives from across the partnership took an in-depth look at how cancer services were performing against national targets set for access to appointments, diagnosis and treatment.

They found that more could be done to ensure the delivery of high quality patient care across all parts of the STP, and specifically for gynaecological, lung and urological (bladder, kidney and prostate) cancers - so that at least 85 per cent of patients had a maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment. It was agreed at the September meeting of the Chief Executives Strategy Group that work should in the short term focus on;

- Ensuring there is one, consistent pathway for prostate cancer, based on established best practice and national guidelines to confirm or rule out a diagnosis of cancer within 28 days
- Urological and gynaecological cancers to ensure services and teams across the BOB STP area are working together to meet patient need
- Reviewing the capacity across all cancer services to meet the demand for diagnosis and treatment

A significant step forward for prostate cancer services has been action to reduce the number of visits for investigations and consultant outpatient appointments by introducing a single visit or “one stop shop” approach – to avoid patients having multiple appointments for different tests, causing delays and anxiety while waiting for a diagnosis. Better co-ordination and streamlining of the number of appointments will mean that patients receive all their tests prior to first consultant appointment, also making better use of NHS resources.

A report to this month’s group has shown good progress by the three acute hospitals working with the Thames Valley Cancer Alliance. It was agreed that there needed to be further work to understand how best to meet the challenge of diagnostic capacity (equipment and staffing) and the necessary actions to be taken.

STP Independent Chair to be Appointed

The STP is seeking an Independent Chair to support and enable the next phase of the partnership’s development and the delivery of the ambitions set out in the NHS Long Term Plan.

A recruitment process is underway to find someone with the necessary leadership skills and experience to be a key ambassador for the STP, supporting and promoting partnership working, while making sure there is the appropriate level of independent oversight and assurance of STP decisions and delivery of the partnership’s strategic priorities.

The appointment of an STP Independent Chair is the first step in the development of a revised STP governance structure, in line with expectations set out in the Long Term Plan. The details will be developed over the coming months and will involve the input of the new Chair, which is why the recruitment process is a priority. The structure will not replace the current arrangements within each health and care system but will be designed to ensure the STP can fulfil its responsibilities effectively and with the right level of assurance and oversight.

STP Website Updated

Changes have been made to the BOB STP website to bring the content up-to-date and ensure visitors to the site can easily access latest news and information. Details of current workstreams are available, along with case studies highlighting particular progress or projects www.bobstp.org.uk

STP to be set Budget Control Total

The NHS Operating Planning Guidance has introduced a Control Total for each STP. Essentially, this is the sum of the individual organisations' control totals across BOB. For 19/20 the decision has been taken not to make any variations to these control totals.

The establishment of a STP control total will mean that any transformation funding allocated to health and care systems will be routed through the STP. Any commitments that each system already has will be continued. Having one STP "pot" (control total), will enable collective decisions to be made by members of the STP about any transformation projects and about funding transformation priorities.

STP Resets Principles for Decision Making

Chief Executives within BOB STP have agreed a set of principles to help improve decision making. The principles set out a framework which focus on keeping activities and decision making as locally focussed as possible, as this where the most difference can be made to transforming services, care and patient outcomes.

The framework also ensures the STP is working effectively as a partnership to avoid duplication, wasted effort and unnecessary differences in the quality of cares or patient outcomes (unwarranted variation).

1. Activities and decisions will occur as locally as they can, keeping close to patients and services.

2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes.

3. Reduce **unwarranted variation** in outcomes and value.

4. Avoid wasted effort by **reducing duplication** within the system.

5. Drive **consistency** of intent, approach and outcome.

6. Align decisions with our long term **population health outcome goals** and our long term **plans and strategy**.

7. Deliver services in a way that is **well understood by our populations and those who deliver care**.