

Myth: There is no scope for any further efficiency savings in the NHS

Fact: NHS spending is planned to increase, but not at the same rate that costs and demand on services are rising. So we want to take action now before this becomes a problem in the coming years.

Meeting the growing need for NHS services is a huge challenge – but equally, there is still much we can do to improve productivity and reduce bureaucracy across the health and care system, and to reduce the pressure on the NHS by helping people to stay healthier for longer.

As we shared with people who attended our public information events, much of this can be achieved through local plans which we have been discussing with the public and partners across Buckinghamshire for some time. For example, by working together across health and care organisations to provide more joined up care in the local community, and support people to manage their own health better, fewer people will end up needing emergency care in hospital, or to stay in hospital for lengthy periods when we have been told they would be happier and cared for just as well closer to home. These types of service changes will help us deliver savings.

Myth: Doctors have not been involved in these plans.

Fact: Doctors (and other health and care professionals) have been, and will continue to be, involved at all levels of the plans. At a local level for example, GPs with expert knowledge of the health needs of their local populations lead on planning and decision-making about services for their local communities. At a county-wide level, we work with NHS providers, particularly the consultants and nurses of Buckinghamshire Healthcare NHS Trust and Wexham Park. We have also benefited from the clinical expertise of the Thames Valley Clinical Senate, the Oxford Academic Health Sciences Network and the Thames Valley Urgent and Emergency Care Network.

70% of the plans in Buckinghamshire are not new: these are existing plans from our primary care strategy, frail older person strategy and health and wellbeing strategy – plans we've been talking about to staff, doctors, the public and stakeholders for some time.

The STP is simply an “umbrella” plan which brings together these existing local plans and a number of ideas for working together on a wider regional scale, such as planning very specialised services, or ensuring our computer systems share information to avoid duplication and repetition.

However, we do want to do more to engage and communicate with the wider NHS and social care workforce about how all this fits together, particularly as we develop these initial proposals into firm project plans over the coming months. This will be a key focus for the next phase of our engagement work.

Myth: Consultants have been employed at every stage to help spin these changes to the public.

Fact: Communications and engagement work has been, and will continue to be, delivered by in-house staff across the Buckinghamshire NHS organisations and the council, within our existing budgets.

Myth: More services will be taken away from Wycombe hospital as a result of these plans.

Fact: Buckinghamshire Healthcare NHS Trust and the Buckinghamshire Clinical Commissioning Groups have repeatedly stated that we see a vibrant future for the Wycombe Hospital site – it's a vital part of healthcare provision in Buckinghamshire.

Services at Wycombe are expanding, and we expect to continue to develop the Wycombe site: for example, the next few months will see provision of stroke services for a greater number of patients and the construction of a second cath lab in Wycombe (a "cath", or cardiac catheter lab, is where tests and procedures such as angiograms, angioplasty and implantation of pacemakers are carried out).

Myth: 'Pathology consolidation' / 'pathology efficiencies' means downgrades to pathology at Wycombe.

Fact: Pathology consolidation/efficiencies is actually about improving services, through hospital trusts working better together. For example, hospitals could operate one joint on call rota instead of separate. That would not only be more efficient to administer, it would also be better for patients, because it enables us to ensure there are always enough of the right, skilled staff available to run safe, high quality out of hours services.

Follow up question: What is the future of the tower block at Wycombe Hospital?

Answer: *Buckinghamshire Healthcare NHS Trust* said: The assessment of the condition and development of our estates and buildings, including the tower block at Wycombe Hospital, is part of the work being undertaken to inform the development of our estates strategy. We want to use our most modern estate for high quality patient care and our clinical strategy will determine our future estates requirements. This is currently still under development.

Myth: The plans will mean £34m cuts in staffing.

Fact: All aspects of what goes into delivering healthcare have been examined and as part of the wider plan, some ideas about how to be more efficient in recruiting, utilising and developing our workforce have been put forward.

These ideas seek to address long-standing difficulties in recruiting and retaining staff by making improvements to training and to terms and conditions and by taking a shared approach to recruitment from overseas. They suggest introducing a 'bank' of staff available to work across the whole patch and save money on expensive agency staff and outline ambitions to enhance leadership capability and upskill the workforce, enabling them to deliver better care. A shared workforce plan will increase opportunities for staff, including specialist doctors, to rotate across organisations and in doing so gain greater experience and deliver better care.

If all these ideas were put into place, they would produce savings of some £34m across the Buckinghamshire, Oxfordshire and Berkshire West area over the five year lifespan of the plan and would result in **workforce numbers increasing by a predicted 978 posts.**

Myth: There will be cuts in the numbers of registered nurses.

Fact: We expect to increase nursing numbers as we move towards 2020/21. We are exploring skill mix opportunities to ensure people are working to the top of their licence and we are optimising nursing time spent on direct patient care.

We anticipate that current challenges around recruitment and retention of nursing staff generally, but particularly within some specialist areas, will continue in the short to medium term. Therefore, our aim is to ensure that our future nursing workforce, which is highly valued, is better equipped and supported to work flexibly across our various healthcare settings.

Myth: There has been no proper discussion about community hubs and people still don't understand how they will work.

Fact: Our engagement with local communities, health and care staff and the voluntary sector has provided a range of feedback about how community hubs could be developed across the county. From what we've heard, it's clear that a community hub could look and work differently from locality to locality and we are now working with each locality to continue those discussions and to develop more detailed proposals.

For example, some services provided through the hubs will need a face-to-face appointment and a physical location, for provision such as blood tests, x-rays or physio; for these, we will be exploring suitable location(s) in the locality that can be used or adapted. But for many other services, it could equally be a 'virtual' service, signposting someone to an online or telephone service that offers what they need.

There will be further engagement with the public as we develop this detail, and we may run pilots in some areas to make sure that the approaches are thoroughly tested before they are finalised and rolled out more widely.

Myth: Councillors need to reject the plans and call for proper consultation.

Fact: The STP is work in progress and outlines our aims, ambitions and what we would like to achieve together over time across the STP patch and within each local area. The next phase will be to turn these proposals into more detailed plans in conjunction with our staff, patients and the public, communities and local stakeholders.

NHS organisations have statutory responsibilities to engage with the public and stakeholders about service provision and to formally consult about service changes of significance - and the STPs do not change those legal duties. Public engagement is critical and no changes to current services will occur without local engagement and, where required, full public consultation.

We will continue to develop specific engagement and, if required, formal consultation plans for each of the proposed service changes as they develop, because we want and need to talk to the people who would be affected (both current and potential users) - and for different services, those can be very different groups.

Similarly, the Health and Adult Social Care committee will continue to play a vital role in scrutinising the development and implementation of the proposals.