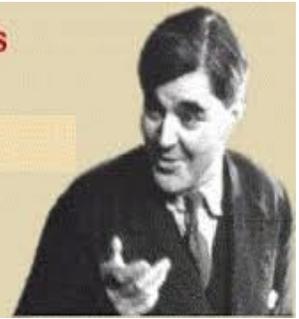




1

"It will last as long as
there are folk left
with the faith
to fight for it"

Aneurin Bevan MP
on the NHS



Wandsworth Health News

November 2016

No 34

Private patients at St George's –a big loss maker for tax payers

See email sent to all medical staff by the hospital's medical director on page 2

Private patients at St George's are a loss maker according to a directive issued to staff by the hospital's medical director. Last year the hospital trust made a loss of around £2m in delivering private patient services.

The patients of three insurance companies BUPA, AXA and Simply Health will no longer be accepted. Two of the insurance companies,

BUPA and AXA were responsible for 80% of the money owed.

Given that private patients seem to be a liability rather than an asset why is the Trust Board still intent on going ahead with its plan to develop a 40 bed private patients unit close to the Atkinson Morley wing. This plan hatched a few years ago has not started yet.

If it does it will lead to

queue jumping by the better off.

Those with the ability to pay will be able to jump the queue and receive treatment before their less fortunate neighbours.

The message coming out from the Trust Board is clear-if you are poor you can wait and be in pain. If you are wealthy you can go right to the top of the list.

Wandsworth Health News

What is happening to the NHS in Wandsworth.
Keep up to date with developments in your local
hospital and Wandsworth Clinical

Commissioning Group.

Comments, info etc to:

drmikesquires@gmail.com

**Wandsworth Group
Keep Our NHS Public
Meets second Monday in
the month at the PCS
building by Clapham
Junction Station (near the
car park) Room 4.3
7.30pm**

Changes to Private Patient Services at St George's from Monday 7 November 2016

At a meeting of the Trust Board in October, it was decided that the Trust should make changes to its private patient activity, as it is not generating the income it should and, in many cases, is losing the organisation money. As a result, from Monday 7 November, we will take a new approach to how we deliver this service, as follows:

We will continue to treat self-paying private patients, providing they pay for their treatment in full and in advance.

We will treat all private insurance patients who are already booked into St George's at Monday 7 November. You should continue to treat these patients as per usual. It is right and proper that we honour the commitments we have made to these patients.

We will no longer accept BUPA, AXA and Simply Health (whose private medical insurance business is now owned by AXA) commissioned private pa-

tients from Monday 7 November 2016.

We will continue to accept private insurance patients from AVIVA and other smaller private insurers.

Of course, we respect the right of individual consultants to carry out private work and as above you continue to be able to do so for self-funding patients and for specific insurers at St George's.

However, last year, the Trust made a loss (circa £2m) in delivering private patients services through some of our existing contracts. We cannot continue to support these elements of the service as they continue to be unprofitable.

This is impacting on our resources and is a financial liability to the hospital. It is not fair on our NHS patients, nor is it a good use of the limited resources at our disposal.

These contracts will now be re-negotiated.

This is not a decision we have taken lightly, but as you know, the challenges we face at St George's are very real. One of the ways we are tackling the problems is by getting back to

basics, and ensuring we focus on delivering core activity for our NHS patients to a high standard, and within budget.

Key facts

Income from private patients was £2.6m the year ended 31 March 2016

The amount owing as at 1 November 2016 was £2m of which 80% is from just two organisations - BUPA and AXA. In the words of Finance, we are overdue payment for more than 9 months activity.

Cardiology is 50% of this activity and Neurosurgery is 25%.

Next steps

We are communicating the same message to the relevant medical insurers. No further work will be undertaken other than that already booked from Monday 7 November for BUPA, AXA and Simply Health patients.

We appreciate some of you will disagree with this decision – however, we cannot continue to run a service for these private insurers which is creating a financial loss for the organisation.

St George's staff told to work harder

The November Trust Board meeting confirmed that recruitment at the hospital had now stopped, apart from some specialist medical staff, including doctors.

This is despite a vacancy rate of over 15% , and 78% of staff reporting to the last staff survey that they work over above their

allocated hours.

By failing to recruit the necessary staff the Trust Board are telling hospital workers that they must work harder still in order to fill the gaps.

And it won't stop there. Cuts in resources will mean that many hospitals will be forced to close and those that remain will be

staffed by a demoralised workforce working longer hours.

That is the aim of the secretive Sustainability and Transformations plans. Close hospitals and locate care in an underfunded community setting which has not yet even been created.

Operating theatres not up to scratch

Sixteen of the hospital's operating theatres require complete refurbishment- that was the bad news reported to the Trust Board at their November meeting. In addition there was a lack of capital investment in Lansborough, St James and

Paul Calvert Theatres. The refurbishment of the sixteen theatres is likely to take three and a half years to complete.

It will be dealt with two theatres at a time and both will take approximately five months to complete.

During this period both theatres will be out of use. What effect this decommissioning of theatres is likely to have on patient waiting time or income was not revealed

More bad news-bed occupancy up

There was more bad news for the Trust Board when it was announced that the bed occupancy rate was up again. The NHS target figure of 87% gives time for beds to be properly aired and less likely for hospital acquired infections to flourish. The hospital bed occupancy rate stands at 98.5%, up from 97.9% last month.



Ear, Nose and Throat patient at St George's ? Did you know that the service is being outsourced ?

Because the Ear, Nose and Throat Department has a number of patients who have breached the 18 week referral to treatment threshold the Trust Board has decided that the solution is to outsource the entire department. A contract has been drawn up to outsource the services to 'other providers.' Who these providers will be the Trust Board does not say. Patients have had no say in the matter and neither it appears have they been offered a choice.

Obstetric patients. Is the Board backing off ?

Following the public outcry against the idea of St George's running a pilot scheme in Obstetrics on behalf of the government, the hospital looks like it is now softening its approach. The pilot scheme would have entailed women attending the Obstetric Clinic producing a utility bill and photo ID before they could be treated. The scheme would not only be unpopular with patients, it has also found critics amongst GPs in Wandsworth who claim the added bureaucracy would slow down the treatment of patients at the clinic. In response, a slightly more subdued Trust Board declared: *'The Board re-stated the importance of making sure that women weren't disadvantaged as a result, and that more work needs to be done to assess the practical and logistical challenges of administrative staff carrying out checks of this kind, were a pilot project to be undertaken'* Public pressure must be kept up in order that the pilot scheme, which wants to turn health personnel into policemen and women, is dropped .

Director of Workforce Report Highlights Key Risks

Key risks identified:

Key workforce risks include:

- Failure to recruit and retain sufficient staff in relation to annual turnover rates and to safely support future increases in capacity'
- Failure to reduce the unacceptable levels of bullying and harassment reported by staff in the annual staff survey.
- Possible reductions in the overall number of junior doctors available with a possible impact on particular speciality areas.
- Failure to maintain required levels of attendance at core mandatory and statutory training (MAST)

St George's finances still on the dive

The new Chief Finance Officer has not had a particularly good start. She is now the third since David Henshaw began his reign as Chairman of the Hospital Trust in May. It is not her fault. All hospital trusts are in the same boat they just don't have enough money to maintain services-and unless there is a massive injection of funds things will only get worse.

According to the latest finance report

- the hospital's year to

- date deficit is £42.2m
- Total forecast borrowing for the year is £109.9m
- The borrowing requirement is £74.4m higher than the plan
- This includes an emergency request for £39m for capital expenditure on the hospital infrastructure.
- £38.3m is needed to finance the operating deficit
- The borrowing requirement does not include the £20m cash

headroom requested

- The Chief Finance Officer predicts an end of year deficit of £84.5m

It could be far worse and the hospital could end up around £130m in debt by the end of the financial year.

The Trust Board need to come clean and let patients and the public know just how serious the financial position is.

Where our money goes, and how it is wasted

Interesting little snippet from the Trust Board papers below.

"We are coming to the end of a hand over from KPMG who have been providing consultancy support and replacing with our own resources"

The above was in an 'Update from the Turnaround Board'

The Trust has been going deeper and deeper into debt. Yet all this time it has been paying the multi million pound operator KPMG for advice on how to get out of debt. The Trust Board finally seemed to have realised, after



transferring millions of public money into the pockets of KPMG shareholders, that the advice from KPMG has not been worth the paper it has been written on. At last the Board has

recognised that advice from its own NHS staff is every bit as good as that provided by a very expensive multi national corporation