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NHS
Cheshire and Merseyside

23 February 2023 ICB Board Meeting - Questions received in advance

All questions raised to the Board will be answered in writing to the individual who raised them and published on the ICB website.

Question Received	Raised by
Why there are no psychiatrists available in Merseyside. Why are there over 2 year waiting lists?	Lynne Winstanley
ICB Response	
Access to mental health services are under pressure due to a surge in demand, which outstrips the current capacity to perform timely assessments and effectively reduce waiting times. There is a national shortage in consultant psychiatrists with 1 in 10 consultant psychiatrist posts unfilled nationally (*RCPsych Workforce census October 2021*). Vacancy rates vary significantly across England, with the highest rates in the Northwest and Northeast of England. The Royal College of Psychiatrists has called on the Government to increase the number of core training posts and medical school places to meet increasing demands in mental health and the workforce shortfall. Trusts across Cheshire and Merseyside are actively recruiting to Consultant roles have workforce plans which specifically focusses on the recruitment and retention of consultant psychiatrists, alongside the development of multi-professional roles to alternatively support traditional medical responsibilities. There is ongoing work across Cheshire and Merseyside to address waiting list and it is a key priority of the NHS.	

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Recent data on the speed of A&E handovers show the best performing trust is the Northumbria Hospital Trust. There are massive differences in performance throughout the country and there does not seem to be a national plan to deal with this major problem. Delays seem to relate to the efficiency of discharge processes and do not correlate in any way to geographic location or population demographics. The outstanding difference regarding the best performing Trust is that it is an integrated trust and as such has direct control over the community services and can effectively manage the requirements for care provision, therefore reducing the number of delayed discharges. **Shouldn't this be an example of true integration that could be followed by all ICB partners.**	Christopher Heywood
ICB Response	
NHS Cheshire & Merseyside ICB are closely involved in the national handover improvement programme, which is co-led locally by an Acute CEO and an ICB director. The cause of delays is multi-faceted and the evidence across Cheshire & Merseyside is that there is no significant correlation with organisational form – however it is accepted that effectiveness is driven by true collaboration and the programme supports that by inclusion of all health and social care partners.	

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Board Papers 23 February 2023 page 11 states Cancer testing … '*the conversion rate of 6% was holding true*' I find a 6% conversion rate to be pitiful, is it any wonder that we have a Mental Health and Waiting List crisis. What this means is that a significant portion of the 94% that get a non-cancer test result has been subjected to over testing leading to psychological damage and anxiety waiting for the test and the result; typical of the single issue professionals who neglect to understand that people have mental health which arguably is more important than their want to test. We are in an era of Evidence Based Medicine – I am not seeing ebm wrt to Cancer testing. I am aware of the effect of Lead Time Bias on the 1 and 5 year Cancer Targets. **What proposals are there to increase the conversion rate to circa 33%. I figure, I feel would be acceptable to me if I was offered a cancer test?**	Brian Finney

ICB Response

The current national guidance for GPs on 2 week wait cancer referrals are evidence based and come from the NICE Guidance on Suspected Cancer: recognition and referral (NG12) Overview | Suspected cancer: recognition and referral | Guidance | NICE
These guidelines are intended to increase the percentage of people with cancer who are diagnosed at an early stage of their cancer, improving their chances of survival.

The guidance was based on research that showed that patients with symptoms or groups of symptoms that had a 3% or more risk of being caused by cancer, should be referred for early investigations to give them the best outcomes. The research showed that this level of referrals would give the best outcomes without overwhelming the NHS or greatly increasing the harms to patients of over investigation. The full evidence base can be found here.

The guidance recommends the threshold for referral should be even lower for children and young people.

The consequence of these guidelines, which were published in 2015, has been an increase in the number of 2 week wait referrals and an average conversion rate of around 6-7% although this varies between different cancer types. It has also led to better cancer outcomes with more people being diagnosed at earlier stage of their cancer.

From a patient experience perspective, most patients are happy to have early and rapid referral to rule out cancer rather than waiting for longer to see what develops.

Our 2ww clinics are run very efficiently with most patients having a consultation and diagnostic tests at the same appointment and the majority being reassured that their symptoms are not caused by cancer, within 2 weeks rather than waiting much longer for tests that a GP can order routinely.

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Question Received	Raised by
1) Service reconfiguration and organisational change On 19 February, a spokesperson for NHS Cheshire and Merseyside was quoted in the Liverpool Echo regarding the Liverpool Clinical Services Review, conducted by Carnall Farrar. The quote concludes: *"There is nothing in the Clinical Services Review that recommends organisational change; its focus is solely to encourage greater collaboration for better patient outcomes."* However, the Board papers for 26 January contain the Review, whose recommendations are shown on p190 of the pdf. They begin: *"The current programme of work, the Future Generations Programme, led by Liverpool Women's Hospital NHS FT should be reset as a system priority. The opportunity to solve clinical sustainability challenges for women's health should be taken forward as an ICB-led service change programme, in line with best practice requirements for service reconfiguration."* **Question**: **How can recommendations for "an ICB-led service change programme, in line with best practice requirements for service reconfiguration" not constitute a recommendation for organisational change?**	Greg Dropkin
ICB Response	
The objective of the Liverpool Clinical Services Review is to achieve opportunities for greater collaboration between acute and specialised trusts to improve services for patients. The review does not make any recommendations for organisational change as service reconfigurations can take place by NHS organisations working collaboratively. There is already a track record of collaboration, evidenced by improvements like the introduction of a single hyper acute stroke service on the Aintree hospital site, which brought together services from the Walton Centre, Southport and Ormskirk and Liverpool University Hospitals. This did not require organisational change and is an example of how separate NHS trusts can collaborate to join up services across organisational boundaries in order to improve care for patients.	

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2) Monthly spending reports Monthly spending reports are shown on the ICB website at https://www.cheshireandmerseyside.nhs.uk/latest/reports/spending-reports/ They appear to contain no reference to PriceWaterhouseCoopers (PwC). However the ICB Board papers for 4 August 2022 state, in relation to Liverpool University Hospitals FT: *"The Trust is currently working with PWC and the ICB on an in-depth review of its financial plan for 2022/23, with a report expected towards the end of August. The Trust will use the outputs of this report, in conjunction with the ICB and relevant system partners to support the deliverability of a more sustainable financial position moving forward and achievement of its plan for the year."* **Question**: **Please detail spending by the ICB on PWC. If the ICB has not paid PWC, which organisation has commissioned PWC's work with LUHFT?**	Greg Dropkin
ICB Response	
Total payment of £150k (exc VAT) was paid by the ICB in January 2023 to PWC.	