

# Sustainability and transformation plans: light a candle rather than cursing the dark?

**S**ustainability and transformation plans for the English NHS are shrouded in mystery. Many clinicians are either unaware of their existence or view them with suspicion. With no additional funding available for an over-stretched health system tasked with the challenge of maintaining world-class standards, will we welcome this as much-needed reform or see it as yet another plan destined for failure?

Sustainability and transformation plans aim to bring together providers, commissioners, local government and key local stakeholders to take a population-based approach in planning health-care delivery and demonstrate a route to sustainability over the next 5 years (The King's Fund, 2016). Understandable apprehension exists at the prospect of another potential reorganization. However, at a time of financial constraint, the implications of service redesign on care provision make it necessary for clinicians to take a prominent role in the formation of these plans to ensure the best possible outcome for patients.

## Imaging is a microcosm of wider NHS pressures

Change is needed, and quickly. Reports from the frontline suggest a system under greater stress than ever before. Within radiology for example, the most recent Royal College of Radiologists (2015) workforce census does not make easy reading. In

2015 99% of departments failed to meet their reporting requirements, and imaging demand continues to outstrip supply with only a 5% increase in consultant numbers to meet an increase in demand for computed tomography and magnetic resonance imaging scans by 29% and 26% respectively (Royal College of Radiologists, 2015). Alarming, there has been a 51% increase in spend on outsourcing since 2014. The Royal College of Radiologists (2015) states that over 1000 consultant posts could be funded using the money spent on outsourcing annually.

Radiology services are a useful barometer of wider pressures on the NHS. Imaging is crucial in the timely diagnosis and management of patients both in the acute and chronic settings, including cancer diagnosis. Fixing access to imaging would go some way to alleviating some of the pressures currently faced by the health system. However, even if training additional consultant radiologists will likely be part of the strategic solution, this would need time to come into effect, beyond the 5-year horizon. The rapid expansion in imaging studies calls into question the viability of traditional consultant job plans – the NHS needs proportionately more reporting time.

Topically, the uncertainty of Brexit may also mean that European colleagues will think twice about moving to the UK, thus further affecting recruitment potential. Around three in ten radiology consultants are international medical graduates, 31% of these are European (Royal College of Radiologists, 2016a).

## Scaling possible solutions

Following the Five Year Forward View, the NHS East Midlands Radiology Consortium (www.emrad.org), a NHS vanguard site, looks like an exciting prospect in adopting a population approach to imaging services, enabling some of these challenges to be met. The NHS East Midlands Radiology Consortium seeks to connect imaging capabilities at seven NHS trusts, serving a population of 6.5 million. The project has

already been a trailblazer in collaboration, by harnessing these trusts' collective purchasing power to establish a unified regional imaging system in partnership with GE Healthcare.

The Royal College of Radiologists (2016b), with support from industry experts, produced a report entitled 'Who shares wins', detailing the technical specifications required to enable sharing images between providers in a 'vendor neutral' way. Potential 'winners' would be NHS hospitals currently struggling to meet imaging demand. Strengthening imaging systems in line with this report would pave the way for NHS 'in-sourcing' and networked imaging allowing for flexible working, sharing specialist radiological expertise across regions and improved out-of-hours capabilities.

At present, NHS imaging contracts appear to be straightforward outsourcing to an alternative provider. Clinical stratification of patients according to the indication for imaging and profit share arrangements with NHS hospitals may represent a mutually beneficial relationship for providers, also increasing capacity and freeing up NHS radiologists to focus on complex patients. A focus on standardizing diagnostic pathways could also reduce the variation in service provision that currently exists. The Atlas of Variation (Public Health England and NHS, 2013) maps the unwanted variation that currently exists both in underuse of imaging capability in some areas and suboptimal use of imaging in others.

Innovative imaging support solutions such as machine learning, artificial intelligence and increasing skills-mix will take time to develop and deploy. Descriptions of draft sustainability and transformation plans as being 'vanilla' by health-care commentators (Dunhill, 2016) are worrying, as those devising sustainability and transformation plans need to be bold in redesigning clinical pathways and not constrained by institutions to enable the NHS to meet the most immediate requirements. It is apparent that there are solutions within the NHS that need wider implementation.

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Overcoming apathy towards creating another plan will be difficult. The chance of succeeding is greater if clinical leaders, societies, medical colleges and patients are enabled and engaged to share their expertise and support the scaling of some of the existing innovative approaches that have been described. Transformation of stroke services in London demonstrates that clinically-led transformation and effective engagement can lead to a positive outcome for providers and patients (Davie et al, 2013).

### Conclusions

The Health and Social Care Act 2012 is a very recent reminder of the dangers of reorganization that lacks buy-in from the wider clinical community and the public. A nationally coordinated approach should be combined with sustained engagement of local opinion. The sustainability and transformation plans are no silver bullet but they may be an opportunity to move away from our current health system archipelago, with many adversarial relationships among providers, to an integrated and collaborative system where patients get the best treatment within the most appropriate setting. **BJHM**

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### KEY POINTS

- Clinicians should be aware of the development of sustainability and transformation plans. These aim to bring together various stakeholders to take a population-based approach in planning health-care delivery and demonstrate a route to sustainability over the next 5 years.
- Imaging is a useful barometer of pressures on the health service and is also at the centre of important pathways such as those to treat cancer. It should be at the forefront when developing sustainability and transformation plans.
- There are existing potentially scalable solutions in the NHS. Networked imaging and guidance on improving in-sourcing are just some of the ways in which clinicians are trying to meet demand.
- Sustainability and transformation plans are not a silver bullet but clinician and patient input to these plans is imperative to ensure the best possible outcome for the NHS.

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