

## ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

<b>Name of Health &amp; Wellbeing Board</b>	Devon
<b>Name of Provider organisation</b>	Northern Devon Healthcare NHS trust
<b>Name of Provider CEO</b>	Alison Diamond
<b>Signature (electronic or typed)</b>	

For HWB to populate:

<b>Total number of non-elective FFCEs in general &amp; acute</b>	<b>2013/14 Outturn</b>	79,876 (adjusted)
	<b>2014/15 Plan</b>	78,170
	<b>2015/16 Plan</b>	76,096
	<b>14/15 Change compared to 13/14 outturn</b>	-931
	<b>15/16 Change compared to planned 14/15 outturn</b>	-2,763
	<b>How many non-elective admissions is the BCF planned to prevent in 14-15?</b>	687
	<b>How many non-elective admissions is the BCF planned to prevent in 15-16?</b>	2,074

### Impact by provider

The estimated total impact by provider of the reduction in non-elective admissions in the Devon BCF area from **Q4 2014/15 through to Q3 15/16** is shown in the table below. The impact has been calculated based upon historical trends.

	Devon BCF	
	Apportionment	Impact
Planned reduction		2,761
PHNT	11.9%	330
NDHT	22.9%	633
RDE	43.3%	1,197
Other (incl SDHT)	21.8%	601
Total	100.0%	

*Note: Other includes all other providers of non-elective activity in the Devon BCF area including South Devon Healthcare NHS Foundation Trust as well as any out of area providers*

**For Provider to populate:**

	<b>Question</b>	<b>Response</b>
1.	<b>Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?</b>	We agree with the Trust numbers. However, it should be noted we calculate the required reduction to be 694.
2.	<b>If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?</b>	Currently there is nothing suggested in the BCF that represents an incremental change from 2013/14, it is difficult to see how these will be achieved. We therefore currently have no confidence that schemes are in place to achieve the “planned” reductions.
3.	<b>Can you confirm that you have considered the resultant implications on services provided by your organisation?</b>	It is disappointing to note that until 9 <sup>th</sup> September NDHCT were unsighted on any plans to be included within the Better Care Fund. NDHCT fully supports the need to develop integrated services to improve patient pathways and their experience as well as delivering significant productivity gains across the health and social care interface.. The schemes currently in the plan demonstrate no incremental change from 2013/14, and their impact on Trusts activity is therefore expected to be minimal. It would be more appropriate to deliver changes at scale and pace based on the strategies of the Trust and CCG to deliver care closer to home supported by the positive evidence gained from the extant S256 schemes that are demonstrably successful. The real shift of activity is arguably from community hospitals to community in line with both strategies. This would make a significantly better submission.