*Supplement 1: The healthcare providers and stakeholders in The Crucible simulation. (Reproduced with permission from Loop2)*

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| **The Crucible: Healthcare organisations and stakeholders**  There are a number of healthcare facilities in the boroughs. A large teaching hospital, **Barnden Hospital NHS Foundation Trust**, sits on the border between the two boroughs. The hospital has a private finance initiate tower block, and was until recently performing well financially although it is now struggling to meet the efficiency savings targets. The trust leadership are concerned about competition and strategic advances made by private companies and the neighbouring **St Charles University Hospital Trust**, which sits in a neighbouring borough. Internally, there are ideological divisions between the directorates.  Mental Health and Community Health services are provided by the **Barnden and Hambridge Partnership Foundation Trust**. The trust is keen to promote a more integrated approach to community treatment, given the increasing life expectancy and complex long-term care needs of its patients, but is concerned that investment may not be forthcoming.  **Lucro Healthcare** is a private provider which is being increasingly utilised to provide diagnostic, day-case and ambulatory medical care to NHS patients.  **Primary care** is provided by a range of practices, from small, poorly funded single handed practices, to larger groups in modern centres. Performance is variable; some are innovative and provide high quality services, others less so.  **WeCare Limited** are the largest social care provider in the boroughs, supporting both self-paying and state-funded home help for over one-third of the market. Voluntary sector organisations are also represented in the boroughs.  **Barnden and Hambridge CCG** commissions the majority of NHS care in the boroughs. It is led by GPs and two-lay members. The CCG has detailed plans to achieve £12million in efficiency savings in the next two years using a six-point plan consisting of; reducing the range of CCG-funded procedures; encouraging primary care to provide certain invasive procedures; reducing A+E attendances; quality-checking of GP referrals; reducing outpatient follow-up appointments and delivering long-term care in the community or at home.  The local branch of the **NHS Commissioning Board** is responsible for commissioning specialist services not covered by the CCG. In addition, the board have expressed concerns as to the viability of the CCG plans summarised above.  In the boroughs of Barnden and Hambridge, the performance of healthcare providers is regulated during the simulation by the **Combined regulator**, which covers the roles of the Care Quality Commission and Monitor. The regulator is concerned that Barnden NHS Foundation Trust has not addressed the CCG commissioning plan and may become financially unviable within two years.  **The borough councils of Barnden and Hambridge** have established objectives to halve adult and childhood obesity within 5 years, utilising health, leisure and social care providers to achieve this. They councils have also commissioned a combined **Healthwatch** organisation to serve both boroughs; this contract was won by a voluntary organisation supporting minority groups with a focus on community support. |