City of Westminster

Minutes

Minutes of the fourth informal meeting of the **NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (NWL JHOSC)** held at 9:30am on Friday 6th July 2012 at the City Management Suite, City Hall, Victoria Street, SW1E 6QP

Members Present: Cllr Dr Sheila D'Souza (Facilitative Chairman), Cllr Sandra Kabir, Cllr Abdullah Gulaid, Cllr Anita Kapoor, Cllr Mary Weale, Cllr Mel Collins, Cllr Pam Fisher, Cllr Lucy Ivimy, Cllr Sarah McDermott, Cllr Caroline Usher, Cllr Sue Jones, Maureen Chatterley, Cllr John Bryant

Also Present: Dr Mark Spencer (Medical Director, NHS North West London), Lisa Anderton (Service Reconfiguration Director, NHS North West London), Dr Tim Spicer, Chair, H&F CCG, David Clegg, Jonathan Wise, Kevin Atkin (NHS NWL Finance and Estates)

Also Present: Andrew Davies (Brent) Nahreen Matlib (Harrow) Sue Perrin (H&F), Kevin Unwin (Ealing), Mark Ewbank (Westminster), Deepa Patel (Hounslow), Ofordi Nabokei-Hazekamp (Richmond) Richard Wiles (Wandsworth) & Peter Molyneux and Mark Butler (JHOSC Support)

1. MEMBERSHIP

1.1 The meeting of the JHOSC was informal.

2. MINUTES

2.1 This meeting was the fourth informal meeting of the JHOSC. Members did not consider the minutes of a previous meeting.

3. NHS NORTH WEST LONDON: MAJOR HOSPITAL RECONFIGURATION

3.1 Dr Mark Spencer (Medical Director, NHS North West London) outlined the financial rationale for the NHS North West London acute hospital reconfiguration. It was reported that NHS NWL needed to save 5% each year for unplanned cuts to be avoided. Dr Spencer stated that some Trusts were already going into financial deficit. It was reported that Northwick Park would be bankrupt by next year. The reconfiguration was all about maintaining access to hospitals and changing the way that GPs work. It was reported that doctors understood the proposals of moving to a reduced number of sites. It was reported that no consultants would argue for fewer sites.

3.2 A councillor asked how much money would be needed to invest in the site at St Mary's Hospital, due to the condition of the estate. The councillor queried whether it would be less expensive to invest elsewhere. Dr Mark Spencer reported that there were space constraints at Hammersmith Hospital and there was no emergency general surgery. Dr Spencer also reported that there would need to be £100m invested at Charing Cross to put in the additional services, whereas it was less to put these services into St Mary's.

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3.3 David Clegg gave details to the Committee relating to the finance behind the reconfiguration. He reported that they had checked the affordability of the clinician's recommended reconfigurations. David reported that 'value for money' was essential. NHS NWL had no modelling capacity and as this was a one-off, they brought in the private sector to conduct this. The Finance and Business Planning Group met on a two-week basis to test and challenge any assumptions in the figures.

3.4 NHS North West London reported that in the commissioning strategy plan, from the £381m net QIPP savings, they planned to reinvest £138m in Out of Hospital (OOH) work. Only £228m of savings is coming from acute work, not the £381m in total. NHS NWL modelled the QIPP impact on the basis of 'no change at all' and discovered that doing nothing did not result in a viable landscape. On 1%, the result was also non-viable. The Cluster put in £24m to sustain services but this was not to be recurrent money.

3.5 A Richmond Member reported that 30% of her residents used one of the hospitals in the NWL Cluster and whether the financials took account of that. NHS NWL responded that the figures provided encompass all of those out-of-Cluster patients using NHS NWL sites. A Camden Member reported that the North Central JHOSC had been asking what the QIPP had been trying to achieve. The Member recommended to the NWL JHOSC that the sooner the JHOSC scrutinised the QIPP savings – the better. He also advised that Members should been shown the investment in the Out of Hospital (OOH) strategy and it should be a part of the work programme.

3.6 Dr Tim Spicer (CCG Chair, H&F) reported that all CCGs had been developing their OOH strategies for a three to five year horizon. All plans have been looked at by Health and Wellbeing Boards and talking to patient groups. The OOHs look at multiple service needs of patients and the 'not-so-coordinated' care. In H&F, there are six 'Health and Social Care Co-ordinators,' who are not all clinical or social workers – but they phone up unscheduled admissions and ask how they are and ensure that they are OK. The reason behind this is due to the 1 in 10 rate of 30 day acute readmission. H&F had reportedly set OOH standards for the first time (as had CCGs in other areas). It was reported that the easiest telemedicine is from the GP practice but GPs were not always responsive enough and there needs to be 'high-tech' telemedicine. Dr Tim Spicer reported that he was surprised at the sheer rapidity of the roll-out of OOH work. He considered that this was due to the plasticity that building-based services do not have. Dr Spicer reported that it was essential to have a "Goldilocks-time," where there was the right balance in place for appropriate care.

3.7 David Clegg reported that NHS NWL had looked at capital costs, transition costs, viable provider landscapes and the net present values of the sites involved in the reconfiguration.

3.9 A Member from RBKC asked about the 30k spells, listed on the presentation provided by NHS NWL (page 14) and asked about the activities affected by the numbers provided. NHS NWL reported that there were initiatives in place to reduce the need for "spells" in acute hospitals. The topline was £35-38m and more people would be treated in the community – which would drop acute admissions by 20%.

3.10 A Member from Hounslow asked about the bed losses at the hospitals. NHS NWL responded that the Out of Hospital strategies (OOHs) would mean that acute hospitals would be more efficient with beds and there would be less need for beds. There was an aim for 84% bed occupancy. The Member probed about the possibility

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of an epidemic – and NHS NWL responded that should an epidemic take place, then planned work would be cancelled to free beds.

3.11 A Member from Brent asked about cash flow and the availability before the reconfiguration. NHS NWL responded that there will be cash flow and the investment will be in place first (i.e. before the reconfiguration).

3.12 A Member from Ealing asked about community services coming under the remit of the council. Dr Tim Spicer reported that the social care services and the Health service needed to work closer together. H&F had experimented with hybrid workers and these are appointed between CCG and the Council (co-appointed). Dr Mark Spencer reported that Integrated Care Pilot was still underway and the link between the two services was a key concern but demand had reduced. Dr Mark Spencer reported that NHS NWL hoped to make Councils a saving. Dr Spicer reported that one of the aims of the programme was to reduce rehospitalisations. In Hammersmith & Fulham, there had been a reduction in unscheduled readmissions but not as much as they had wanted.

3.13 Dr Spencer continued the presentation by saying that local hospitals will vary by site. The CCGs will work with the community to work out what to have. Facilities will vary according to requirements. There are early estate questions such as the amount of space available, the amount of capital needed. Dr Spencer raised the example of Ealing Hospital – where it was possible to build something behind the hospital for £20m, provide education for GPs and support for long-term conditions – but sell-off the front part of the site for £15m.

3.14 A Member from Ealing questioned NHS NWL about whether they could see a time when populations would not require health centres. NHS NWL reported that health centres were more cheap and local than hospitals.

3.15 NHS NWL reported that the financial analysis had been looking at each of the eight reconfiguration options and assessing them by five financial criteria – 1) Capital cost to the system – 2) Transition costs – 3) Site viability – 4) Surplus / deficit and 5) Net present value (relative to "do nothing"). A Member from Camden asked whether this related to PFI and the next twenty years. NHS NWL reported that the modelling related to traditional sites only. The Camden Member asked how trustworthy the model would be, given the limitations. NHS NWL reported that they had tested all the upside downs of each scenario.

3.16 A Member from the London Borough of Hammersmith and Fulham (H&F) questioned whether the key components of the financial analysis had looked at moving obstetrics and paediatrics from Chelsea and Westminster. An example was shared by the Member – about splitting a major hospital site across ChelWest and Charing Cross, leaving Charing Cross with the dominant adult A&E. NHS NWL responded that the clinical group had modelled variations but on co-location, it was considered unsafe to have paediatrics without A&E. The Member from H&F followed up by asking how much it would cost to move the Stroke Unit from Charing Cross to St Mary's Hospital. NHS NWL responded that the move was, at least, within Imperial College Healthcare NHS Trust. The Member from H&F asked about property values of the sites of Imperial. Dr Mark Spencer responded that the JHOSC would have to speak with Imperial about their Estate Strategy. The same Member highlighted that Chelsea and Westminster was constrained, as a site, and would there be enough beds. The Member asked whether ChelWest could be expanded in the future. Dr Mark Spencer replied that ChelWest would need 100 beds and they had draft plans to put this in place.

3.17 A Member from Richmond asked whether PFI had been factored into the equations. NHS NWL reported that they had. A Member from Ealing asked whether the private sector specialists commissioned to undertake the modelling analysis worked in private hospitals beforehand. NHS NWL could not confirm.

3.18 A Member from H&F asked about the costs involved and commented that the presentation was all about the conclusions and not the data. Lisa Anderton (AD, Service Reconfiguration) reported that NHS NWL would be happy to provide the data. The Member from H&F reported that some financial assessment was wrong and restated a second request for NHS NWL to consider the split site suggestion and asked NHS NWL to provide a response.

3.19 NHS NWL reported that slide twenty-seven in the presentation showed the sensitivity analyses. These slides showed that NHS NWL were modelling 5 years forward, testing core assumptions and stress-testing the plans. A Member from Camden asked if there was a risk assessment with mitigating actions posited. The Member considered that the highest risk was not achieving the QIPP Savings, capital spend and these were quite important risks.

3.20 A Member from the Royal Borough of Kensington and Chelsea asked why Option 5 was so 'rock solid' across all measurements. NHS NWL reported that this was due to thresholds (as they were ranked) and the reconfiguration was robust enough to not move to another band. It was reported to be a "band evaluation" and not a 'score'.

3.21 It was noted that if building costs rose by 30% - the difference between Option 5 and Option 6 would not shift. A Member from Hounslow reported that at H&F, some Members had argued that there should be no preferences expressed in the consultation. A Member from Camden queried the end column of the slide on page 31. NHS NWL reported that this column showed sites operating at less than a 1% surplus. The Member from Camden restated the risks around achieving QIPP savings.

3.22 The Member from H&F asked NHS NWL to explain each of the columns on the slide on page 31 of the presentation. NHS NWL reported that:

- Column A was a value for money evaluation. Overall taking all five measures using **thresholds** (i.e. -/+ 5)
- Column B was the value for money evaluation **rank**.
- Column C was net present value relative to doing nothing (the higher the number, the better)
- Column D was the sites below 1% surplus after reconfiguration (the lower the number, the better).

3.23 Dr Mark Spencer reported that they had tracked changes when testing sensitivities. He rhetorically asked 'does it work financially' and answered that it did. Dr Tim Spicer reported that the Clinical Commissioning Groups, mostly clinicians, considered that the reconfiguration option gave a better deal for patients. The motivation was purely clinical. It was an opportunity to coordinate things better. They had confidence in the clinical aims of the programme.

3.24 A Member of the Royal Borough of Kensington and Chelsea asked whether having 5 (specifically) A&E departments was purely clinically driven. The Member asked whether the financial assessments took place before or after the suggestion of 5 A&E

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departments / major hospitals. Dr Mark Spencer reported that the financial assessment was run on 5 to 3 major hospital sites.

3.25 A Member from Ealing asked about patients who were facing both the closure of major services at Ealing and Hammersmith Hospitals. A Member from Camden asked NHS NWL whether they had calculated the growth in population over time. A Member from Westminster concurred with the question posed by Member from Camden, specifically in relation to the maternity figures. Dr Mark Spencer reported that the answer was definitely in the pre-consultation business case. The Member from Westminster asked if these considerations were presented within the CCG strategic intentions. Dr Spicer reported that they would be so.

3.26 A Member from Ealing asked about the mention of Community Pharmacists as part of the reconfiguration. Dr Mark Spencer reported that these are being considered as part of the programme. A Member of Westminster reported that these should be within the Out of Hospital (OOH) strategies.

3.27 The Acting Chairman from Westminster summarised the key themes of the discussions and closed the meeting.

4. CLOSE OF MEETING

Signature of the Chairman: n/a

The host Elected Member, Cllr Dr Sheila D'Souza facilitated discussions amongst Members.

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