

Appendix 2

Health Select Committee

Acute Services Review Meeting – 29th June 2009

Present – Cllrs George Crane and Derek Jackson, Mark Easton, Chief Executive, NHS Brent, Fiona Wise, Chief Executive, NWL NHS Hospitals Trust, Sarah Rollinson, Acute Services Review Project Director and Andrew Davies, Policy and Performance Officer

Opening comments

Mark Easton updated members on the latest position on the acute services review project. The main points made were:

- Option 2 (reduction in duplicate service configuration) is currently the emerging preferred option, but this is still to be formally agreed by the boards of NHS Brent and NWL Hospitals.
- Under option 2, there would be no paediatric inpatient services or emergency surgery carried out at CMH. CMH would still retain an A&E department.
- Option 2 provides £1.5m to NWL Hospitals Cost Improvement Programme and makes best use of scarce clinical resources. Clinicians have been calling for the centralisation of services on to one site, at CMH or NWP.
- Support from local GPs and hospital medical staff will be important if the plans for services are to be properly implemented.
- The proposals also have to fit with the changes in the wider NWL provider environment, including plans for Ealing and West Middlesex Hospitals.

Information required by councillors

The group discussed what information would be required by councillors for them to be able to give the proposals full and proper consideration. Members asked for the following information:

(i). Details of inpatient flows to CMH for services that may be transferred to NWP. Members felt that questions would be asked on the affect that the proposals would have on existing patients. Mapping of patient flows will go some way to addressing issues that could be raised and provide clarity on the impact for affected patients (including the areas in which they live, helping to fully assess the impact on service relocation). This was seen as particularly important for paediatric services.

(ii). Full detail on services moving from acute to primary care settings.

(iii). The views of the GPs and hospital medical staff on the proposals and the emerging preferred option.

(iv). The focus of the documentation published in relation to the review should be on quality and not on money. Members want to know how the impact that the different options have on the quality of services to patients and this is where they think attention should be focused. Although funding is an issue, and is a consideration, in terms of getting support for the proposal the quality arguments have to be robust.

(v). Case studies, on how the proposed service changes will affect patients would be useful, so that a “before and after” comparison can be made.

(vi). The documentation should include an analysis of all the options, so that members can weigh up the merits of each for themselves. Although focus will be on the preferred option, it is still important that information on the other options is available, even if it is to demonstrate why they are not as advantageous as the preferred option. Again, the focus should be on quality.

(vii). Details of the proposed models of care would be useful, to demonstrate the benefits they will have for patients. The current location of all inpatient paediatrics at CMH was considered a good example, which could be used as a case study.

(viii). Details on the impact of travel times and carbon footprint of the proposals would be of use.

(ix). The public consultation should follow NHS guidelines and be run over 12 weeks. This is likely to begin in October 2009, once a Gateway Review and independent clinical check on the proposals has been completed, pre consultation.

Next steps

NHS Brent and NWL Hospitals have asked that Brent and Harrow health scrutiny committee’s consider meeting together to discuss the outcome of the acute services review. The review documentation will be in a fuller state by the 28th July (the date of the Harrow meeting) then the 15th July, the next Brent Health Select Committee meeting date. The members at the meeting were in favour of this proposal. Andrew Davies agreed to organise this with colleagues in Harrow and speak to the members of the Health Select Committee about a joint meeting.

In the meantime, an update will be brought to the next Health Select Committee meeting on the 15th July.