

## Appendix 1

Report to: Health Select Committee

Report from: NHS Brent

Report date: 3 July 2009

### **SUBJECT: BRENT, HARROW AND NORTH WEST LONDON ACUTE SERVICES REVIEW**

#### **Background**

In November 2008 NHS Brent, together with NHS Harrow and North West London Hospitals NHS Trust (NWLHT) commenced a strategic review of the acute services commissioned by the primary care trusts and provided by NWLHT, which aims to:

- Develop a shared understanding of the nature and scale of both challenges and opportunities
- Develop proposals for service reconfiguration that will deliver high quality, safe patient services, which are clinically viable and financially sustainable and are consistent with the implementation of Healthcare for London and local PCT commissioning plans.

The project will present proposals that:

- Reflect the shift of services from secondary to primary and community care;
- Enable hospital services to be delivered in a way that is clinically and financially sustainable;
- Are supported by clinicians;
- Are consistent with Healthcare for London;
- Are capable of demonstrating to the public and their representatives that they will receive safe, accessible and high quality services; and
- Are within the resources available to the local NHS.

The review is overseen by a Project Board, which is led by the Chief Executive of NHS Brent and comprises the three NHS Chief Executives, local authority representation, clinical and managerial representatives from the three sponsoring organisations and LINKs representatives from Brent and Harrow. The Project Board has been advised by a Clinical Reference Group, chaired by the Co-Chairs of NHS Brent Professional Executive Committee and involving clinicians and managers from all three NHS organisations. Tribal were appointed to provide consultancy support to the review.

#### **Progress to date**

The review has included the following main phases:

- **Strategic Positioning** – SWOT analysis workshops were held with Brent and Harrow PCTs, Brent and Harrow councils and NWLHT between January and March 2009 to explore strategic positioning and perceptions around the current strengths, weaknesses, opportunities and threats.
- **Drivers for Change** – workshops were held between February and March to explore the key issues driving change, including the local population needs derived from the Joint Strategic Needs Assessment, the potential to expand the range of services currently provided in primary care, workforce issues, technological advances in care and changes in clinical practice and the need to bring together highly specialised services.
- **Modelling the impact of Commissioning Intentions** – the potential shift in activity from the hospital to primary and community care settings as outlined in PCT plans has been modelled to begin to understand the shape of future service provision.
- **Scenario Planning** – a series of workshops were held in March and April involving clinicians, managers and members of the public focussing on:

- Planned care
- Emergency care
- Rehabilitation and intermediate care
- Children's services
- Women services (including maternity and gynaecology)

Each scenario workshop recognised the same 'fixed and semi fixed points' across the local health economy. From these new patient pathways were defined covering hospital and primary / community care provision as well as potential configurations of services across the two hospital sites.

The Clinical Reference Group, guided by the outputs from each of the scenario planning workshops, has consolidated this information and used it to inform the development of four scenarios:

1. Scenario 1 - Do Minimum: services configured as now but reflecting the implementation of Healthcare for London stroke and trauma proposals (subject to the outcome of consultation) and maximising the use of CMH as the main elective surgical centre.
2. Scenario 2 – Reduction in duplicate service configuration. As scenario 1, with a particular focus on improving emergency surgery and paediatric services in line with best practice.
3. Scenario 3 – Full replication of services at CMH. As scenario 1, plus extending the current emergency surgical cover at CMH.
4. Scenario 4 – Further centralisation of services at NWP. CMH becomes an elective only centre – no emergency medical or surgical activity would take place at CMH and the only non-elective activity would be in an urgent care centre.

Detailed activity and financial modelling is currently being undertaken to support each scenario to enable it to be assessed against the objectives established for the overall acute services review. This work is planned to complete in mid-July. Scenario 2 is emerging as the potentially preferred scenario as it offers the most clinical benefits and early indications are that it is the most affordable. However, this is still to be formally considered by the clinical advisory structure and Boards of NHS Brent and NWLHT.

### **Key Dependencies**

- The case for change and proposed clinical model rests on securing clinical support from both hospital and primary care clinicians. A further workshop will take place in July to engage with clinicians.
- NHS London will require a pre-consultation business case (PCBC), Gateway Review and Independent Clinical Review prior to consultation.
- The changes outlined above would need to be confirmed as consistent with the wider sector review of acute reconfiguration work currently underway and not pre-empt it.
- Changes to clinical services are not permissible in a pre-election period.

### **Next steps**

Health Select have received regular reports from NWLHT outlining their current financial deficit and the need to take urgent steps to address this deficit in 2009/10, together with the need to ensure a sustainable solution moving forwards. Following consideration of the pre-consultation work undertaken to date, the Acute Services Review Project Board, in consultation with NHS London, will consider whether further engagement work needs to be undertaken to explore the scenarios further or whether it is more appropriate to recommend to the Health Select Committee that consultation should commence on the scenarios derived from the scenarios identified. It would not be planned to consult on scenarios which are not clinically or financially sustainable.

The recommendation concerning the way forward will be available by the end of July. NHS Brent and NWLHT have asked that Brent and Harrow health scrutiny committee's consider meeting

together to discuss the outcome of the acute services review. Health Select is therefore asked to consider a joint meeting with Harrow on 28 July (Harrow OSC meeting).