



Health Partnerships Overview and Scrutiny Committee 7th February 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Proposed merger of Ealing Hospital and North West London Hospitals NHS Trusts

1.0 Summary

1.1 Members will be aware that Ealing Hospital and North West London Hospitals NHS Trusts are working towards a merger. The chair and vice chair of the Health Partnerships Overview and Scrutiny Committee met with their counterparts from Ealing and Harrow Councils in November 2011 to discuss the proposed merger and the implications for each borough. Following that meeting the councillors wrote to the two hospital trusts outlining a number of concerns. They were –

- Patients could be required to travel longer distances to access services once service changes have taken place after the merger is complete. This could be compounded by poor public transport connections between areas such as Ealing and Harrow.
- Northwick Park Hospital's ability to cope with the additional patients it is likely to receive, especially in the Accident and Emergency Unit. On occasion it struggles to meet demand and it is not unknown for it to be closed to ambulances because of a lack of beds to admit people.
- Will GPs and Community Services receive the necessary support and investment to take on the additional responsibilities needed to deliver services closer to peoples' homes, in the community?
- How will changes be communicated to residents and is there a Communications Plan in place for the merger and also subsequent service changes?
- Why is formal consultation not taking place on the merger but only on service changes? Can you explain how people have been able to let you know what they think about the merger proposal, and how these views have been taken into account?

1.2 A follow up meeting with Harrow and Ealing chairs and vice chairs was held on the 24th January 2012. Representatives from Ealing Hospital Trust and North West London Hospitals NHS Trust were at this meeting to respond to the concerns set out above and discuss specific aspects of the merger. The slides attached as an appendix to this report were presented to members at the meeting and address the points set out above.

1.3 The main issues to emerge at the second meeting were –

- Increased investment in community services is crucial for the success of the merged organisation. The new organisation will deliver integration between community and acute care to help achieve the vision for the new trust of fewer visits to hospital for patients, and shorter visits when they are necessary. The investment in community services will be funded by commissioners from savings made in hospital services.
- The new trust will look to expand the services delivered from Central Middlesex Hospital in order to relieve pressure on Northwick Park. It was noted that planned care should not have to compete for resources with emergency care and that CMH could become a planned care centre, with emergency care provided at Northwick Park. The new trust will look to deliver this split in the delivery of services.
- Feedback from the LINK deliberative events on the merger has varied, but the LINKs responses will be included in the Full Business Case when it is published in March 2012. Brent LINK is yet to respond; Ealing LINKs event was attended by over 100 people, many of whom were opposed to the merger; Harrow LINK accepts the clinical argument for the merger, but has some concerns for the future of the new trust – will it be less personal and more remote as a result of its increase in size?
- Back office functions will be merged once the merger goes through, but no decisions have been taken on where the new organisation will be based. Back office services are expected to deliver a 15% saving once the new organisation is up and running.
- The work on the merger is taking place independently of NHS North West London's work on service change. The trusts had to model four service change scenarios in the Outline Business Case to demonstrate that the merged organisation would be clinically and financially sustainable if service changes take place and it loses income. This was the reason behind the scenario planning. NHS North West London will be leading consultation on service change intentions later this year.
- NHS trusts need to be of sufficient scale to employ specialist teams and consultants to deliver services – by working in specialist teams services improve as practitioners carry out more procedures than non-specialists. The stand alone trusts would struggle to achieve the necessary scale and as a result services would be commissioned elsewhere – probably in central London trusts. The benefits of local integration between acute and community services would be lost if this happened.
- There are no guarantees that NHS North West London will want to continue commissioning the range of services it does from a merged trust. But, commissioners have endorsed the Outline Business Case and the trusts are confident that the Full Business Case will be endorsed when it's published. The trusts will be working with commissioners to sell the benefits of integrated community and acute services.

1.4 The chair and vice chair of the Health Partnerships Overview and Scrutiny Committee are keen that the views of the committee on the merger are sent to the

two hospital trust boards. Although a formal consultation on the merger isn't taking place, the councillors believe that it is important that the views of the local health overview and scrutiny committee are known by the trust boards and made public. It is proposed that the committee writes to the trust boards following a discussion of the merger plans at the meeting on the 7th February. Officers from North West London Hospitals and Ealing Hospital Trust will be at the committee to answer members questions on this issue.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to discuss the proposed merger between Ealing Hospital and North West London Hospitals NHS Trusts and agree that the chair of the committee writes to the Hospital Trust board's setting out members views on the proposal.

Background Papers – Slides from the informal meeting on 24th January 2012

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