

To: London PCT chief executives
PCT CEs in SHAs bordering London SHA
CEs of SHAs bordering London

Copy to: CEs of London FTs, London NHS Trusts, London Ambulance Service,
Dr Simon Tanner, Regional Director of Public Health for London,
Health Adviser to the Greater London Authority
Mr Matt Tee, CE, NHS Direct
NHS London, chief executive and directors
Mr Boris Johnson, Mayor of London

2 October 2008

Dear PCT chief executive,

Healthcare for London: acute stroke and major trauma services in London

This letter is sent on behalf of the London Commissioning Group (LCG) to all London Primary Care Trusts (PCTs), and to PCTs in neighbouring SHA areas, and sets out a provisional framework for a formal public consultation on acute stroke and major trauma services in London.

The LCG is a stakeholder group that brings together representatives from London PCTs and NHS London and representatives from Unions, the Mayor's office, clinicians, patients and the public, to lead the implementation of Healthcare for London.

Enclosed with this letter is;

- a programme brief for PCT boards, which sets out plans to significantly improve the care delivered to stroke and trauma patients across London
- a template board report
- a powerpoint presentation for use by chairs and chief executives if appropriate
- two pro-formas for completion and return by 17/10/2008 and 28/11/2008

Our proposals follow the consultation *Healthcare for London: Consulting the Capital* which ran from 30 November 2007 to 7 March 2008. The resulting report which was agreed at the Joint Committee of PCTs (JCPCT) meeting on 12 June 2008 can be viewed or downloaded from www.healthcareforlondon.nhs.uk

Timelines

The proposal is for a formal 12-week public consultation period led by PCTs, running from 5 January through to 29 March 2009.

Page 14 in the enclosed programme brief sets out a provisional overview timetable should PCTs agree to the establishment of a Joint Committee. This deals only with key decision points for boards and the JCPCT.

1. For consideration by PCTs

1.1. PCTs need to ask themselves: *“Could the implementation of the proposals for acute stroke and major trauma services amount to a substantial variation or development for all or part of the population served by my PCT?”*

PCTs should take soundings from their OSC to ensure that they have a shared view. In doing so, PCTs will want to share with their OSC the extent to which their population uses services for which London providers are responsible.

Our current view is that whilst many PCTs in England will wish to be a consultee and will respond to the consultation, there will be very few outside London which will be part of a Joint Committee of PCTs consulting with others.

1.1.2. If the answer to the question in **1.1** is **yes**, PCTs need to consider establishing a Joint Committee (in line with Regulation 10 of NHS (Functions of Strategic Health Authorities and Primary Care Trusts and Administration Arrangements) (England) Regulation 2002) in order to:

- Approve the pre-consultation business case and consultation document.
- Relate formally to the Joint Overview and Scrutiny Committee which corresponding local authorities would be required to establish
- Receive the report on the outcome of consultation
- Consider the impact assessments and any other relevant information on the proposals for acute stroke and major trauma services
- Take decisions on the proposals taking into account the outcome of consultation and the impact assessments

OR

1.1.3. If the answer the question in **1.1** is **yes**, PCTs can, as an alternative, agree to delegate the exercise of those functions to another PCT. This may be a mechanism which PCTs bordering London wish to consider.

1.2. PCTs joining the JCPCT may wish to consider how the membership as a whole could reflect a mix of non-executive, executive and clinical membership. For London PCTs, we would suggest that this discussion is taken forward at a sector level under the co-ordination of your LCG PCT Chief Executive representatives.

1.3. Boards will want to have made internal arrangements to ensure that Professional Executive Committees (PECs) are fully involved in these discussions.

1.4. The attached proforma board resolution can be amended and adapted to suit the needs of each individual PCT. In considering the resolutions, boards will need to satisfy themselves that the resolution is permissible within their scheme of delegation. Where it is not, boards will need to amend their scheme of delegation first.

Board meetings to discuss the Healthcare for London proposals for acute stroke and major trauma services must take place by 28 November 2008.

1.5. There may be overlap between this process and other service reconfigurations already underway. In relation to each of these, local NHS bodies must ensure that their programmes do not, and are seen not to, predetermine the outcome of the pan-London consultation in any way. To that end, NHS bodies involved in local consultations should satisfy themselves:

- There is a local need to carry on with the local consultation without waiting for the outcome of the pan-London consultation. Issues to consider, amongst others, in such circumstances will include impact on the quality of patient care, staff, financial impact and other potential consequences of not carrying on with local consultation, balanced against any potential effect of going ahead such as risking uncertainty or confusion.
- Local consultations do not rely on the outcomes of the proposals for acute stroke and major trauma services for decision making, although reliance on a common evidence base is appropriate where relevant.
- All decisions are consistent with the open mind that consulting bodies must have, and be seen to have, on the outcome of pan-London consultation.
- All reasonable steps are taken to ensure that consultees understand the points addressed in this section.

1.6 In the event that a JCPCT is established, the LCG will assume operational responsibility for preparing a consultation document and developing a draft pre-consultation business case for consideration by the JCPCT.

1.7 The person you nominate to join the JCPCT needs to be a voting member of your board. The JCPCT member can send a deputy in his/her place, but again he/she should be a voting member of the board.

2. Shadow JCPCT

We advise that any PCT intending, or considering, joining the JCPCT should attend the shadow JCPCT scheduled for **Wednesday 29 October 2008** from 10.30am – 1pm (lunch will be provided). The venue is to be confirmed; it will be in a Central London location, and we will advise as soon as possible.

The intention of the shadow JCPCT meeting would be to ensure that organisations represented on the committee share a common understanding of its function, its decision-making processes, its relationship to PCT boards, the prospective JOSOC, the LCG and the consultation process as a whole.

Healthcare for London
Southside
105 Victoria Street
London SW1E 6QT

www.healthcareforlondon.nhs.uk

3. Actions and decisions

We ask PCTs to respond to the LCG on the questions below. In order to facilitate this we have created two electronic pro-formas for completion and return to:

Claire Lynch, Consultation Delivery Manager at claire.lynch@london.nhs.uk

Pro-forma A asks the following questions, and needs to be returned by 17/10/2008:

3a) Please confirm the date when your board will consider the proposal to join a JCPCT or delegate the function to another PCT. Please note that this needs to happen no later than 28 November 2008

3b) (For those PCTs joining, or considering joining, a JCPCT) Please ensure the date for the shadow JCPCT scheduled for Wednesday 29 October is in the diary of a board member.

3c) Please confirm to Claire Lynch the name of the person attending the above meeting.

Pro-forma B asks the following questions, and needs to be returned by 28/11/2008:

3d) Does your board wish to be part of a JCPCT?

3e) Does your board not wish to be part of a JCPCT?

3f) Does your board propose that the exercise of your PCT's functions in this regard is delegated to another PCT (you will need to indicate which PCT)?

3g) Please send a copy of the relevant extract from your scheme of delegation which permits your board to pass the resolution it is being asked to consider.

3h) Please note the draft timetable, and make provision for your board to consider the outcome of consultation and the impact assessments in the first half of June 2009 in advance of the JCPCT decision-making meeting. While this can only be a provisional timetable, we ask PCTs that are likely to agree to the establishment of a JCPCT to plan for the possibility of a board (and PEC if appropriate) meeting during this period.

3i) Please confirm the name and contact details of the person we should be liaising with on future communications on the consultation process, as well as contact details for the nominated JCPCT member.

3j) Send a copy of your board paper and minutes agreeing to your joining the JCPCT and to the matters addressed in the template board report

Please note: PCTs considering being part of a JCPCT will need to incorporate the attached board template in their board papers.

If we do not hear from you by 28 November 2008, we will assume you do not want to join the JCPCT.

We would be grateful if you could share this letter with your Local Involvement Network (LINK). In parallel with this workstream on governance and decision-making, there are ongoing discussions underway to establish a public and patient advisory group for the consultation.

We have written today to chief executives of London Boroughs, the Common Council for the City of London and chief executives of Social Services Authorities in SHAs neighbouring London in relation to the role of scrutiny in the proposed consultation and will copy you into this letter.

We would be grateful if SHAs bordering London could share this letter with local providers who may have an interest in the consultation.

If you have any queries on the contents of this letter, please e-mail claire.lynch@london.nhs.uk

Yours sincerely,



Tom Easterling of the London Commissioning Group