

# *The Beechcroft Medical Centre*

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24/09/2009

Mr Andrew Davies  
Policy & Performance Officer  
Policy & Regeneration Unit  
London Borough of Brent

Dear Andrew,

**Brent LMC and local GP response to the North West London Hospitals Trust (NWLHT) acute services review for the Health Select Committee**

Thank you for requesting the Brent LMC's views on the NWLHT acute services review.

As you know, I was quite surprised when I realised the proposal had been sent to the Brent and Harrow Overview and Scrutiny Committees (OSC) before the LMC had been consulted. NHS Brent had given a commitment in early July at our liaison meeting with them to obtain stakeholder views, develop a corporate view via a Clinical Reference Group and then consult with the LMC. This should have been completed before the proposal was presented externally as an agreed policy. As we are under the umbrella of Londonwide LMCs, which also supports Harrow LMC, I can confirm that NHS Harrow also omitted to consult formally with the Harrow LMC over the proposals before they were discussed at the OSCs.

I have discussed the consultation process with NHS Brent and the proposal will now be discussed with the LMC in October. In the interim, I have discussed the proposal with LMC members and local GP constituents including PBC leads and their views are below.

*Consultation process*

I attended a PBC Federation meeting on 2 September and the PBC Cluster leads were also unhappy that they had not been consulted before the documents were sent to the OSCs.

For the consultation process to be effective, the proposals need to be developed and clarified with regards basic operational details, for example the hours of operation. The PBC Federation had found it impossible to engage paediatricians for the Federation meeting on 2 September or before in order to discuss the proposals. It was not clear who had been invited to the stakeholder event scheduled for 17 September 2009; GPs did not seem to be aware on 2 September. PBC leads were concerned that the potential impacts on the affected trusts, their patients and neighbouring trusts needed to be investigated further and possible countermeasures put in place.

*Potential impact on Trusts and patients*

GPs could understand the wish to consolidate and rationalise services across Central Middlesex Hospital (CMH) and Northwick Park Hospital (NPH) and were aware that historically CMH staff had felt challenged by the prospect. However, there were general concerns that NPH might be

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disadvantaged by the proposals. There were comments that NPH current services could be poor and that recent special measures had affected its reputation among patients. NPH had not been very responsive since the Paediatric Assessment Unit (PAU) had been set up and St Mary's and Hammersmith Hospitals already had effective integrated ambulatory care model units, therefore GPs were concerned that NWLHT paediatric services could be destabilised if patients moved to St Mary's and Hammersmith Hospitals. GPs also thought that the proposals could disadvantage patients in south Brent.

*Lack of link into Healthcare for London proposals*

The LMC and PBC were concerned that there did not seem to be a clear link to Healthcare for London proposals.

*Potential impact on primary and community care services*

LMC members did not think scenario 2 was achievable or safe without strengthening of primary and community care services. NHS Brent has been working hard to strengthen community nursing recruitment, retention and standards, but the current health visiting service is not achieving its targets.

The LMC was disappointed that, although the proposals will shift services from secondary to primary and community care, there does not appear to be a related plan to move supporting resources. The LMC requests that any proposals to move services from secondary to primary and community care are preceded by 'invest to save' plans for the development of the primary care infrastructure. The PCT appears to be targeting its resources in procurement and the development of APMS. The LMC requests investment in current primary medical services infrastructure to accommodate the shift in activity and recommends there is consultation with the PBC clusters over new care pathways and the resources needed. This could include investment in staff training (including the development of GPWSIs), an improvement grant process to support primary care practice premises development, local enhanced services and practice resources for patient education.

I hope this is helpful.

Kind regards



**Dr Helen Clark**  
**Chair**  
**Brent LMC**