

Governing Body (Public) Meeting

DATE: 21st February 2013

Title	Trust Special Administrator (TSA) Update	
Recommended action for the Governing Body	That the Governing Body: Note the update	
Executive Summary	<p>1/ The Secretary of State has made a decision which is available to all at: http://mediacentre.dh.gov.uk/2013/01/31/south-london-healthcare-nhs-trust-to-be-dissolved-by-1-october-2013/</p> <p>2/ The implications of this decision are being worked through by all involved in the TSA, including ourselves through, clinical groups, Queen Marys Hospital programme Board, Community Based Care Strategy groups</p> <p>3/ A letter that was sent to the TSA following a meeting with the membership and built on the Governing Body response to the TSA has received a response – Attached</p> <p>4/ There will be an appointment to the Post of “Independent Chair” We are awaiting news on this and will update the Governing Body as soon as this is announced</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks (corporate and/or clinical)	The potential Judicial Review may cause delays in the implementation of the health campus at QMS
	Equality and	The full impact on Bexley Patients will be

	Diversity	further considered as part of the implementation program	
	Patient impact	Quality must remain a priority in this time of change	
	Financial	None arising directly form this report	
	Legal Issues	We have received notice of an intention to refer the Secretary of State's decision to Judicial Review. This does not impact directly on BCCG	
	NHS constitution		
Consultation (Public, member or other)	Any further changes as a result of the implementation of the TSA plans will be consulted upon		
Audit (Considered / Approved by Other Committees / Groups)	The implications of the secretary of State's decision is being considered as part of QIPP, planning and financial groups		
Communications Plan	Is currently being developed		
Author	Sarah Blow		
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Date	21/02/13		

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Friday 25 January 2013

Dear Matthew

On Thursday 24 January we held one of our regular engagement events for Bexley GPs. More than 70 clinicians attended and the event included extensive discussion about the future of healthcare services in the area.

Specifically, the recommendations that the TSA has submitted to the Secretary of State were discussed and the view of the GP membership was that a letter should be sent to you highlighting the key points raised by attendees.

The benefits of the TSA's recommendations, in relation to Bexley were recognised, such as the development of services on the Queen Mary's Hospital site; roll-out of community-based care; improving efficiencies at South London Healthcare NHS Trust hospitals; providing additional funds to the local NHS to cover the excess costs of the PFI buildings at Queen Elizabeth Hospital and Princess Royal University Hospital; and that the accumulation of deficits at South London Healthcare NHS Trust are written-off.

However, there was widespread concern at the proposed reduction in A&E capacity in south-east London, specifically the closure of Lewisham A&E. There was also concern that the TSA process only gave a short time period for partners to consider proposals.

At the meeting, clinicians expressed their view that Lewisham Hospital provides emergency services that are of a high quality and highly valued by them and their patients. Our GPs are concerned about future service provision, based on their previous experience of the closure of the A&E and maternity departments at Queen Mary's Hospital, Sidcup. Bexley GPs feel that the impact of the closure of Lewisham emergency department could have major implications for capacity at the remaining four sites.

Specific points raised at yesterday's meeting were that:

- Modelling is carried out to assess capacity at Queen Elizabeth Hospital A&E and the impact this would have on quality of services provided to patients
- There is a clear understanding of the shifts in activity from Lewisham A&E and the effect this will have on the rest of the system such as Urgent Care Centres (UCCs) and London Ambulance Service

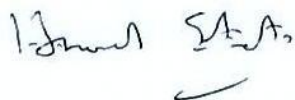
- Alternative proposals suggested by Lewisham are considered as part of the process
- Prioritising treatment based on clinical need rather than waiting times
- The future potential of 111 to encourage more appropriate use of healthcare services such as UCCs

Some of the above have been raised by us in our response to the consultation.

The CCG would also like to ensure that there is a focus on primary care capacity through the community-based care strategy, including adequate GP support.

We recognise that this submission is outside of the consultation period but sincerely hope that these points can be taken into consideration moving forwards.

Yours sincerely,



Dr Howard Stoate
Chair



Sarah Blow
Chief Officer (designate)



Office of the Trust Special Administrator

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20 February 2013

Dear Howard and Sarah,

Thank you for your letter of 25 January 2013 regarding a number of points raised at an engagement event with Bexley GPs. I am pleased that your membership recognised some of the benefits of my recommendations but appreciate that you have outlined some further questions in your letter to me, which I would like to respond to even though the letter was after the end of the consultation period. The CCG did respond during this formal element of the process and your comments were fully incorporated into the analysis and review that was undertaken to support the completion of the final report for the Secretary of State.

In regard to the concern around the future A&E capacity in south east London, I would like to reassure you that the proposals that have been made are not recommending a reduction in the capacity of emergency care across south east London, but that the required capacity is consolidated onto a reduced number of sites to support the delivery of the London clinical standards for emergency care. The future capacity requirements for the system have taken into consideration expected growth of the local population and commissioner QIPP plans over the next three years. A central part of this will be the implementation of the South East London Community Based Care Strategy that will help manage demand across the system and minimise the pressure on emergency services within the hospitals.

To ensure that capacity is available in the right place across the system a capital investment of £37m has been identified across the four hospitals that will be providing emergency care in the future. This will be supported by the transfer of some staff to ensure there will not be a negative impact on the quality of services or waiting times in A&E departments. The end result of this will be greater resilience in A&E provision through increased consultant presence across the week. It is also important to reiterate that no transfer of activity should take place without the transition work to increase capacity having taken place across all four sites.

Your letter also raises a number of points that are relevant for the next stage of work and should be considered throughout the ongoing work to implement the Secretary of State's decision. An approach to implementation was outlined in the final report and is now being further developed. Implementation will take place over a three year period, which will give time to do more work on the modelling of capacity requirements and activity shifts that will be required to deliver the changes. The final report outlined the TSA modelling on the capacity requirements across the system, including at Queen Elizabeth Hospital, and how activity will shift as the recommendations are implemented. However,

more detailed work should now be completed. This work will need to include the hospitals that will be impacted, the London Ambulance Service and other local urgent care providers and will be overseen by the Independent Chair, who will be accountable to the Chief Executives of the NHS Commissioning Board and the NHS Trust Development Authority. This work should also take place alongside other work in south east London, such as the implementation of 111 and the delivery of the South East London Community Based Care Strategy.

With regard to alternative proposals suggested by Lewisham Healthcare NHS Trust (LHNT), I can assure you that these proposals were given full and due consideration. LHNT proposed an option to come together with Queen Elizabeth Hospital, and then to create cost savings as a new organisation, determining its own future service plans. However, this was not considered a viable alternative solution, particularly as the TSA's role was to provide specific recommendations for the creation of safe, high quality, affordable and clinically and financially sustainable services, rather than just a plan to address issues at a later date. This particular proposal would replace one deficit trust with another one and would not have an agreed strategy for meeting acute clinical standards. This would merely postpone difficult decisions for another day. Under the LHNT proposal the new trust would also be reliant on external financial support, with no specific plan to bring this to an end. This was not considered an acceptable or viable solution.

As you have highlighted in your letter, the timeframe allotted for the TSA process is tight. This timetable is defined in the legislation surrounding the Regime for Unsustainable NHS Providers in order to find a sustainable solution, and therefore must be adhered to. However, my team and I worked hard and successfully to ensure that there was significant engagement with south east London stakeholders and the public throughout the time that was available and I have used the feedback received through this process to inform and modify my recommendations. We will also continue to take account of feedback received in planning implementation and hope that you will continue to engage through the governance arrangements that are now being established to support implementation.

I hope this information is helpful to your members and thank you for sharing these concerns with me.

Yours sincerely,



Matthew Kershaw
Trust Special Administrator