



ISLINGTON



NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – SPECIAL MEETING

Contact: Robert Mack

Monday 14 November 2010 10:00 a.m.
The Council Chamber, Haringey Civic Centre,
High Road, London N22 8LE

Direct line: 020 8489 2921
E-mail: rob.mack@haringey.gov.uk

Councillors: Maureen Braun and Alison Cornelius (L.B.Barnet), Peter Brayshaw and John Bryant (Vice Chair) (L.B.Camden), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Gideon Bull (Chair) and Dave Winskill (L.B.Haringey), Martin Klute and Alice Perry (L.B.Islington),

Support Officers: Melissa James, Linda Leith, Robert Mack, Pete Moore and Shama Sutar-Smith

AGENDA

- 1. WELCOME AND APOLOGIES FOR ABSENCE**
- 2. URGENT BUSINESS**
- 3. DECLARATIONS OF INTEREST (PAGES 1 - 2)**

Members of the Committee are invited to identify any personal or prejudicial interests relevant to items on the agenda. A definition of personal and prejudicial interests is attached.

- 4. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - ORGANISATIONAL FEASIBILITY STUDY (PAGES 3 - 8)**

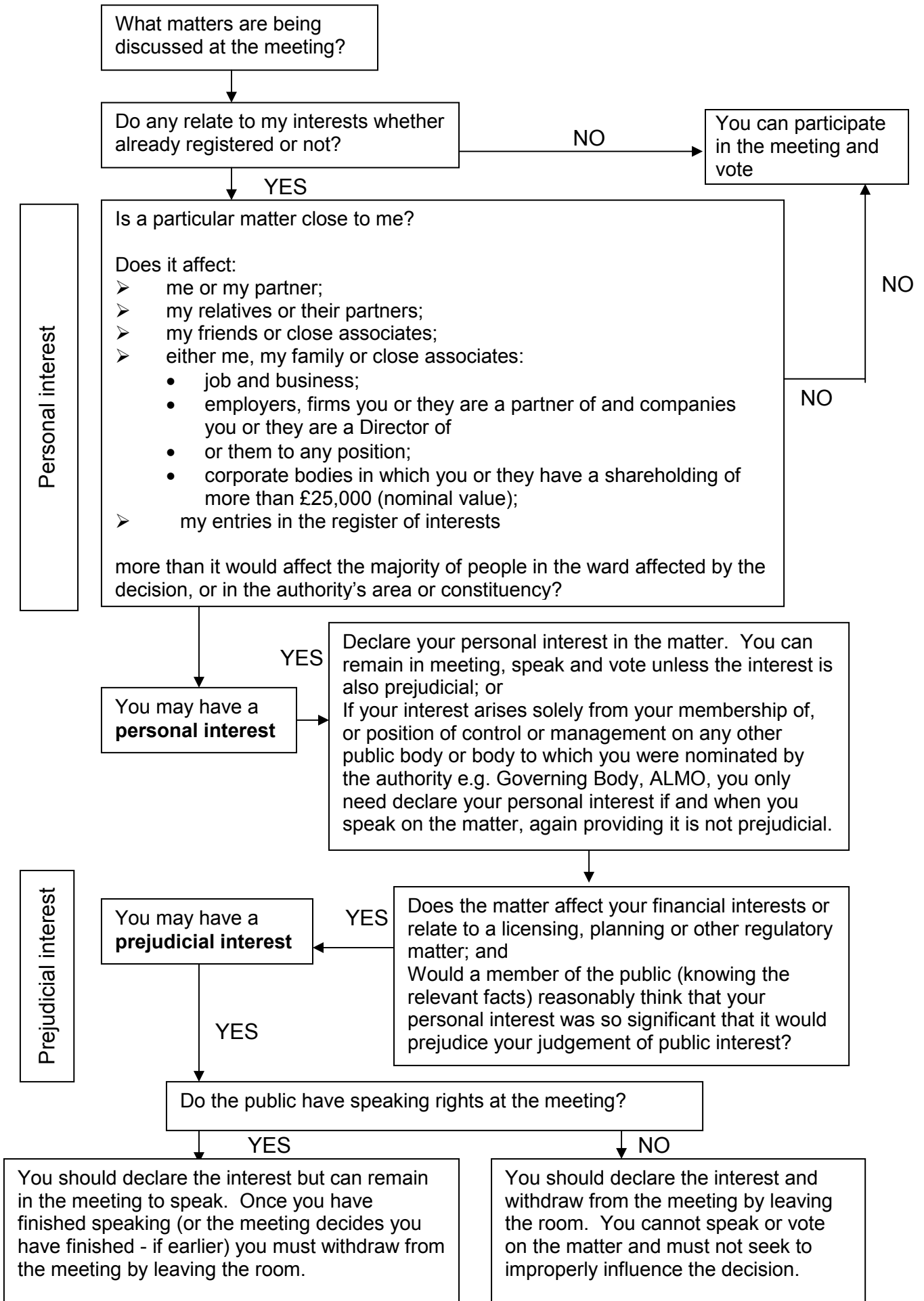
To consider the feasibility exercise that is currently being undertaken on the organisational structure of hospitals in Enfield.

**5. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY - IMPLEMENTATION
(PAGES 9 - 26)**

To consider the implementation of the Barnet, Enfield and Haringey Clinical Strategy and associated issues.

07 November 2011

DECLARING INTERESTS FLOWCHART - QUESTIONS TO ASK YOURSELF



Note: If in any doubt about a potential interest, members are asked to seek advice from Democratic Services in advance of the meeting.

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Enfield Hospitals - Organisational Feasibility Terms of Reference

Background

On 12 September 2011 the Secretary of State for Health, Andrew Lansley, announced that he had accepted the Independent Reconfiguration Panel's (IRP) assessment on the Barnet Enfield and Haringey (BEH) clinical strategy.

Representations made to the IRP suggested that the needs of Enfield residents might be better served by the separation of the Barnet and Chase Farm NHS Trust allowing for the creation of a new foundation trust comprising North Middlesex and Chase Farm hospitals.

The Secretary of State has directed NHS London to work with Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust to assess the feasibility of transferring Chase Farm to the North Middlesex University Hospital NHS Trust with a view to ensuring this happens if the assessment of the merits of doing so supports this.

NHS London is required to provide this feasibility report to the Secretary of State by 16 December 2011

Scope

The scope of the feasibility report is organisational considerations. The scope excludes service reconfiguration.

The IRP's report to the Secretary of State was clear that in considering organisational change, for reasons of clinical risk management, effective engagement of all relevant parties and financial viability, these issues should only be explored within the existing framework for implementation of the BEH clinical strategy. The report stated that "The ongoing safety and quality of these services must be the highest priority for all concerned".

In considering options for organisational change, NHS London will also need to take into account the needs of Barnet and Haringey residents.

Options to be Considered

The feasibility report will assess the status quo and the capability of the Barnet and Chase Farm NHS Trust and the North Middlesex University Trust to attain Foundation Trust status as the benchmark against which other options will be considered.

In addition, the report will test the feasibility of:

- the merger of Chase Farm hospital and North Middlesex University NHS Trust; and
- Barnet hospital.

If any of these options are determined not to be feasible, high-level testing will be undertaken on the following possibilities:

- acquisition of any of the three hospitals by another organisation;
- the impact of including local community services and community assets; and
- merger of Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust.

This high-level testing would include a risk assessment of the complexities of these possibilities, including legal issues and the impact on staff.

Criteria

The following criteria will be used to assess the options:

- the organisational change supports the implementation of the BEH clinical strategy to ensure that sustainable improved and safer clinical services are delivered as quickly as possible for populations of Barnet, Enfield and Haringey;
- the organisational change ensures the financial viability of NHS trusts and their progress towards authorisation as foundation trusts and does not destabilise other NHS trusts' progress towards foundation trust status; and
- the organisational change is deliverable within the current legal and policy framework with no disruption to services and patients, minimum disruption to staff and to a reasonable timetable.

Engagement

In undertaking the work to determine the feasibility of a new organisational configuration, NHS London will work closely with North Central London Cluster, Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust. The work will be informed by the views of current and emerging commissioners (including those representing the population in Hertfordshire that will use the hospitals in the future), clinical and non-clinical staff employed by the affected trusts, local LINKs and elected representatives.

Contact name

John Goulston, Director of Provider Development, NHS London

John.Goulston@london.nhs.uk or 020-7932 2603

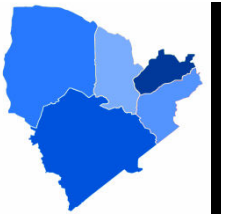
BEH – Organisational Feasibility Study – DRAFT FAQs

Question	Suggested Response
Why has the Secretary of State asked for this report?	Representations made to the Independent Reconfiguration Panel by Enfield MPs have suggested that changes to the existing organisational structures of local hospital trusts could facilitate better options for services serving Enfield residents.
Who is conducting the feasibility work?	It is being led by NHS London working with the two hospital trusts and NHS north central London, as directed by the Secretary of State for Health.
Who are being asked for their views?	The work has a technical component (e.g. what configuration is clinically sensible, how do the finances of the proposed organisations stack up?) but it also needs to be informed by the views of a wide range of stakeholders. Between now and December we will be looking to current and emerging commissioners, clinical and non-clinical staff employed by the affected trusts, local LINKs and elected representatives to make their views on organisational structure known.
Does this mean the Clinical Strategy has been halted or suspended?	No. The Secretary of State has accepted the IRP's latest recommendations on the clinical strategy and implementation will now go ahead. A condition of the feasibility work is that it supports the implementation of the BEH clinical strategy.
What will happen after the report has been submitted to the Secretary of State?	If the report to the Secretary of State supports the feasibility of transferring responsibility for managing services at Chase Farm to the North Middlesex University Hospital NHS Trust, and the Secretary of State supports the report's findings, the two Trusts will be asked to develop business cases for making the change happen. If, on the other hand, the change is not feasible, NHS London will continue to support the two Trusts in progressing towards Foundation Trust status by 2014.
What will any new organisations be called?	It is too early to say. This will only be considered if and when further work begins on developing business cases for making the change happen.
What are the benefits of having Chase Farm Hospital run by different management?	<p>Advocates for this idea argue that it would enable an acute foundation trust to be formed that would focus specifically on the needs of Enfield residents.</p> <p>The work over the next few weeks aims to demonstrate whether this is the case or not. Other criteria will also be taken into account, including whether organisational change supports the</p>

	implementation of the BEH clinical strategy, and; whether it is deliverable within the current legal and policy framework with no disruption to services and patients, minimum disruption to staff and to a reasonable timetable.
Will the outcome of the viability work (whether the new organisation <i>is</i> or <i>isn't</i> viable) affect the planned service change at Chase Farm and/or Barnet?	<p>No. The local NHS is clear that it has the mandate to implement the clinical strategy, which will deliver significant improvements in healthcare across the boroughs of Enfield, Barnet and Haringey.</p> <p>The scope of the feasibility work is to ascertain if the transfer of responsibility for managing services at Chase Farm to the North Middlesex University Hospital NHS Trust provides viable solutions for all three hospitals concerned.</p> <p>If the new organisations are viable, any organisational change as a result of the work under way must support the implementation of the clinical strategy.</p> <p>If either organisation is not viable, high-level testing will be undertaken on the following possibilities:</p> <ul style="list-style-type: none"> • acquisition of any of the three hospitals by another organisation; • the impact of including local community services and community assets; and • merger of Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust. <p>This high-level testing would include a risk assessment of the complexities of these possibilities, including legal issues and the impact on staff.</p>
I work at Chase Farm - how will it affect me?	Many staff at Chase Farm will see their roles change as the clinical strategy is implemented. If Chase Farm Hospital were to merge with the North Middlesex Hospital in to a new trust, staff contracts would be likely to transfer as well.
(If the new Trust goes ahead) Will this mean redundancies?	If a new Trust is created it will be because that is believed to be the best organisation for securing the clinical and financial viability of hospital services for Barnet, Enfield and Haringey. It is far too early to say whether any redundancies will arise out of the organisational change.

Won't it just be a distraction to what staff are supposed to be doing?	There should be little if any obvious impact on patient services as a result of the change in organisation.
Is this a takeover by North Middlesex Trust of Chase Farm Hospital?	No. If It proves to be viable, what we will see is a merger of North Middlesex Trust with part of the current Barnet and Chase Farm Trust, creating a new organisation for managing the two hospitals in Enfield.
If North Middlesex merges with Chase Farm, will there be enough doctors/nurses/staff across the two hospitals?	Yes. Staff at Chase Farm hospital would continue to provide services under the management of a new employer.
Will the feasibility work look at each service? Some BCF services are run at both sites and would be difficult to split?	The implementation of the clinical strategy will sort out which services are provided on each site. The feasibility work is only looking at organisational structures and will not include proposals for further service change.
Isn't Barnet & Chase Farm an integrated organisation with staff working across both sites? How would you disentangle clinical and support services?	It is true to say clinical and support services are integrated between the two hospitals. The work is looking at clinical interdependencies and how this issue might be addressed.
Will the new organisation inherit any historic debt?	Considering the financial sustainability of all affected organisations is an integral part of the work programme under way.

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Barnet, Enfield and Haringey Organisational Change Feasibility Study

Implementation of the Barnet, Enfield and Haringey Clinical Strategy



BEH Organisational Change Feasibility

John Goulston, NHS London



Background

- 8 July 2011 The IRP submitted its recommendations to the Secretary of State for Health:
- BEH Clinical Strategy should be implemented
 - Representations made to the IRP which suggested that the needs of Enfield residents may be better served by the separation of the Barnet and Chase Farm NHS Trust allowing for the creation of a new Foundation Trust comprising North Middlesex and Chase Farm hospitals
- 12 September 2011 Secretary of State for Health announced that he accepted the IRP recommendations
- 12 September 2011 Secretary of State for Health directed NHS London to work with Barnet and Chase Farm and North Middlesex NHS Trusts to assess the feasibility of transferring Chase Farm to the North Middlesex University Hospital NHS Trust
- 16 December 2011 NHS London report due to Secretary of State for Health

Scope and criteria

Scope:

- The feasibility work is considering organisational form only
- Service reconfiguration is not within scope
- The work consider the needs of residents of Barnet, Enfield and Haringey

Criteria:

- Based on the scope of feasibility assessment the following criteria will be used to assess if the proposed organisational change:
 - supports the implementation of the BEH clinical strategy to ensure that sustainable improved and safer clinical services are delivered as quickly as possible for the population of Barnet, Enfield and Haringey
 - ensures the financial viability of NHS trusts and their progress towards authorisation as Foundation Trusts and does not destabilise other NHS trusts' progress towards Foundation Trust status
 - is deliverable within the current legal and policy framework with no disruption to services and patients, minimum disruption to staff and to a reasonable timetable

Options to be considered

- A full **feasibility** assessment will be undertaken for:
 - The status quo, including the capability of Barnet and Chase Farm and North Middlesex to attain Foundation Trust status in their current forms
 - The merger of Chase Farm and North Middlesex as a single trust
 - Barnet hospital as a single trust
- If any of these options are determined not to be feasible, **high-level testing** will be undertaken for the following:
 - Acquisition of any of the three hospitals by another organisation
 - The impact of including local community services and community assets
 - The merger of Barnet and Chase Farm with North Middlesex

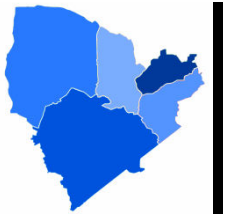
This high-level testing would include a risk assessment of the complexities of these possibilities, including legal issues and impact on staff

Engagement

- Engagement is a key part of the feasibility work
- NHS London is working closely with:
 - NHS North Central London
 - Barnet and Chase Farm Hospitals NHS Trust
 - North Middlesex University Hospital NHS Trust
- Additional stakeholder views will also be used to inform the work:
 - Commissioners (current and future)
 - Staff (clinical and non-clinical)
 - Local LINKs
 - Elected representatives

Questions

john.goulston@london.nhs.uk



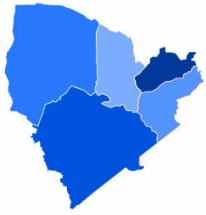
Implementation of the Barnet, Enfield and Haringey Clinical Strategy

Caroline Taylor
Chief Executive
NHS North Central London

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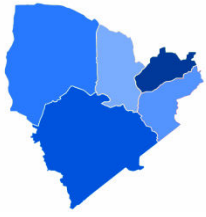


North Central London



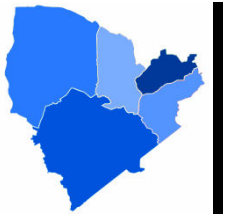
Implementing the clinical changes

- In October 2010 the Clinical Review Panel advised that the clinical case for change was still relevant, and if anything had increased in the past few years
- We need to improve health outcomes and reduce health inequalities by:
 - Improving primary and community care to deliver care closer to home and support people with long term conditions
 - Improving the quality and sustainability of hospital services



Implementing the clinical changes

- Key priorities are:
 - GPs and hospital clinicians working together to ensure services are focused on local needs
 - Working with local government and the public to ensure that service improvements are understood
 - Improvements in primary care services and premises
 - Improvements in services and buildings on the three hospital sites
 - Ensuring that the service improvements are coordinated and comprehensive
 - Ensuring that the recommendations of the Transport Working Group are taken forward
- As requested we will focus on the implementation of the strategy across primary and hospital care



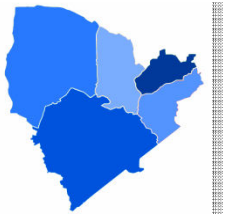
Improving primary and community care services

Dr Douglas Russell
Primary Care Medical Director
NHS North Central London

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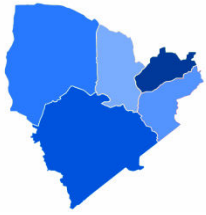


North Central London



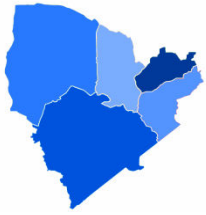
Improving primary & community services

- The development of primary and community care services underpins the Barnet, Enfield and Haringey Clinical Strategy
- We are committed to working with all partners to ensure that primary and community services are in place to support the service improvements



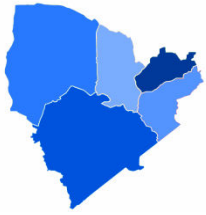
Improving care: Barnet

- Substantial investment in primary care in recent years, e.g. Vale Drive Centre (new LIFT scheme)
- The majority of GP practices offer extended opening hours (>90%)
- 68% of practices score above the England average for their Quality Outcome Framework (QOF) score
- 85% of residents are satisfied with the care they receive from their GP
- New GP led health centre opened in June 2010 in Cricklewood open from 8-8, 7 days a week
- There are ongoing improvements to rehabilitation services:
 - Developing local stroke rehab services
 - Working with Barnet Council to integrate services for the frail elderly



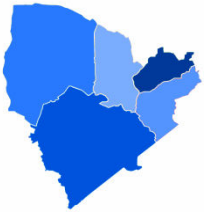
Improving care: Barnet

- Significant developments at Edgware Community Hospital
- Finchley Memorial Hospital will be fully redeveloped by late 2012
- Two fully functioning walk-in centres at Edgware and Finchley (collectively over 100,000 attendances a year)
- Services now provided within the community include:
 - Gynaecology
 - Cardiology
 - Urology
 - Diagnostics
 - EMT
 - Diabetes one-stop-shop
 - Dermatology
 - Ophthalmology
 - Minor oral surgery
 - COPD
 - Muscular skeletal
- In November 2011 a nurse navigation centre opened at Barnet A&E to redirect people back to GPs and pharmacies
- Continuous improvements in local services, e.g. new kidney centre at Edgware opened in October 2011



Improving care: Enfield

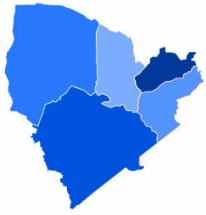
- 85% of residents are satisfied with the care they receive from their GP
- 83% of GP practices signed up to extended hours
- The GP Out Of Hours service has had positive patient feedback
- The primary care diabetes service means that the majority of patients with diabetes can be seen and treated at their GP practice
- There are more diagnostic tests delivered in GP services, including:
 - Additional ultrasounds in two practices,
 - Greater access to refer for Dexa scans, MRI and Echo tests
- Consolidation of the high number of single handed practices, including the recent consolidation of five GP practices into the Evergreen Surgery



Improving care: Enfield

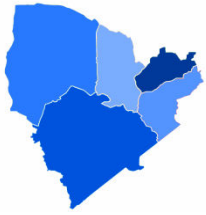
- There is a Parkinson's Disease Specialist Nurse
- The Villa at St Michael's offers a walk in Genito-Urinary Medicine clinic and a Gynaecological clinic
- There is a Sexual Health Outreach service for under-18s
- In 2011, three new services in the community:
 - Ophthalmology service at Chalfont Road Surgery – October 2011
 - Oral surgery service in two dentists in Winchmore Hill and Edmonton – October 2011
 - Gynaecology service at 808 Green Lanes – November 2011
- Improvements in screening programmes:
 - High level of coverage on cervical screening
 - In 2010 developed partnership working with Bowel Cancer UK and Tottenham Hotspur FC on awareness of bowel cancer risks and screening programmes





Improving care: Haringey

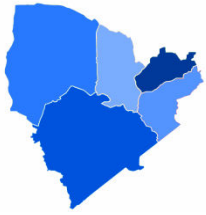
- Establishment of the Assessment and Urgent Care Centre in close collaboration with North Middlesex Hospital – GP front end
- Development of specialty-based Integrated Care Teams, including community respiratory and re-ablement
- Stroke rehabilitation provided by integrated teams of secondary, primary and social care teams delivering services that were ranked 5th nationally and top in London in a recent Care Quality Commission review of stroke services
- Anti-coagulation done by a network of community pharmacists
- Community heart failure nursing services are available at Lordship Lane and Hornsey Central
- Minor eye conditions – direct referral pathway run by local optometrists



Improving care: Haringey

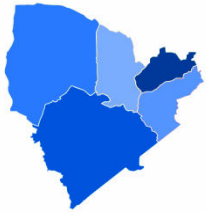
- Four large primary and community healthcare centres provide a range of care closer to home:
 - Lordship Lane (new build): community clinics for long term conditions and sexual health
 - Hornsey Central Neighbourhood Health Centre (new build):
 - Whittington provides services closer to home with weekly dermatology clinics between GPs and consultant dermatology
 - Whittington Health radiologists also do ultrasound, to which GPs can refer directly
 - Other services offered include urology and gynaecology
 - The Laurels Healthy Living Centre, St Ann’s Road (redevelopment) provides phlebotomy services
 - Tynemouth Road Health Centre (refurbishment) has a focus on women’s health providing obstetrics, gynaecology, midwifery, family nurse partnership





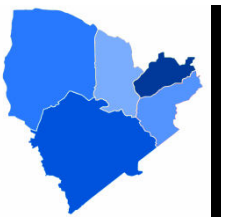
Primary care in the future

- Patient experience of primary and community care will be consistently better
- Increased hours of access and a broader range of services
- Practices working together and enhanced community support teams:
 - Care moved from the hospital setting to the community
 - Closer working with social care to provide more joined up services
 - Better support for people with long term conditions including diabetes, COPD, CHD, asthma, cancer survivorship, mental health



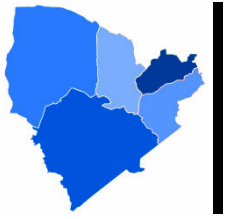
Primary care in the future

- Plans include recurrent and non-recurrent investment
- Commissioning intentions will be based on the use of robust public health data analysis on local populations
- Four major areas:
 - Clinical services and quality
 - I.T and information
 - Networks and integration
 - Premises, access and responsiveness
- Primary Care Strategy will be taken to the Joint Boards at the end of January 2012



Questions





Barnet and Chase Farm Hospitals NHS Trust

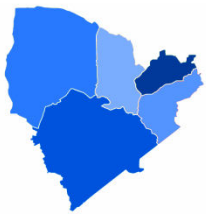
Mark Easton
Chief Executive

Barnet and Chase Farm Hospitals NHS Trust

www.ncl.nhs.uk



North Central London



BEH Clinical Strategy creates two sites with complementary emphases

Chase Farm

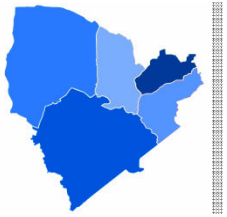
Planned Care

- Outpatients
- Elective surgery/Cancer services
- Day surgery
- Rehabilitation
- Urgent Care Centre
 - Paediatric Assessment Unit
 - Elderly Assessment Unit
- Enhanced recovery

Barnet

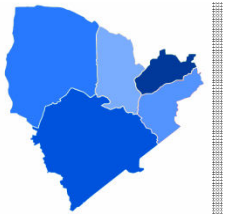
Emergency Care, Maternity & Paediatrics

- Accident and Emergency
- Emergency surgery
- Day surgery
- Maternity (inc. Midwife-led Unit)
- Paediatrics
- Outpatients
- ITU & HDU



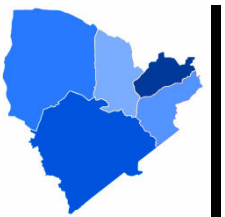
Capital works to support BEH Clinical Strategy

- Chase Farm Hospital:
 - Existing A&E conversion to Urgent Care Centre
 - Consolidate beds onto Highlands wards
 - Refurbishment of maternity building for outpatients
 - Create Elderly Assessment Unit within Highlands Wing
 - Convert ITU to overnight recovery area



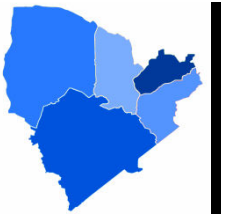
Capital works to support BEH Clinical Strategy

- **Barnet Hospital:**
 - Relocation of Genito Urinary Medicine to create ward space
 - Works to A&E to include sufficient resuscitation and paediatric facilities
 - Expansion of ITU/HDU capacity
 - Increase in single room accommodation
 - CT scanner
 - Changes to paediatric in- and out-patient areas
 - Remodelling of women's outpatients
 - New and remodelled maternity and neonatal facilities



Questions





North Middlesex University Hospital NHS Trust

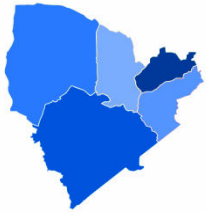
**Clare Panniker
Chief Executive**

North Middlesex University Hospital NHS Trust

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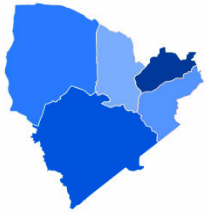


North Central London



Overview

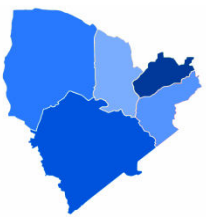
- Patients split roughly equal between Enfield and Haringey
- Nearly 140,000 visits to A&E and the Urgent Care Centre per year
- Range of specialist services provided, tailored to population needs
e.g. stroke
- Modern and efficient care delivery pathways e.g. Urgent Care Centre, Ambulatory Care Unit



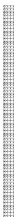
Outcomes

- Increased medical staff numbers
- Key player in clinical networks e.g. UCL Partners
- Recent Care Quality Commission inspection – fully compliant with quality standards for privacy, dignity and nutrition
- 92% of mothers receiving one-to-one care in labour
- Stroke scanning within 24 hours of admission: best record in the country
- 100% single sex accommodation



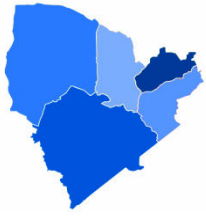


One hundred years of healthcare



Marked by the opening of £123 million development

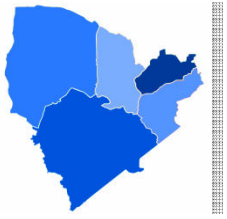




Hospital development facts

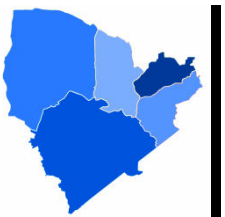
- Much larger 24/7 adult and children's A&E
- Eight new operating theatres
- Five state-of-the-art inpatient wards
- Diagnostic centre including a £1.2m MRI scanner, two CT scanners, mammography unit and four ultrasound machines
- Outpatient and day surgery facilities
- All facilities interlinked on site to enhance patient safety and experience





Further improvements to hospital healthcare

- At Outline Business Case stage
- Extra adult inpatient beds
- Extra women's and children's beds
- Paediatric Assessment Unit
- A new building to provide consultant-led maternity care at all levels, larger special care baby unit, two operating theatres, women's outpatients and additional inpatient ward



Questions

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Special Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London Sector

14 November 2011

Barnet, Enfield and Haringey Clinical Strategy

1. Report

1.1 The following background information to this issue is attached:

- Letter from the Secretary of State for Health to the Chair of Enfield Health Scrutiny Panel outlining the outcome of their referral of the issue;
- The Independent Reconfiguration Panel's (IRP) advice to the Secretary of State
- A letter from the Chair of NHS North Central London to the Chair of the JHOSC outlining the current position and next steps.

1.2 Officers from NHS North Central will present on the implementation process and associated issues. The JHOSC have requested that the following issues be addressed as part of this:

- At what stage is the implementation process?
- Have the four tests for service change been met?
- How has the transition process been affected by reductions in management capacity and the current financial challenges and what measures have been taken to mitigate these?
- Does the commitment from the PCTs to move services only when there is an established capacity and all facilities are in place at the designated hospitals still stand?
- What progress has been made in addressing the transport issues?
- What safeguards are in place to ensure that there is sufficient capacity to cope with demand for:
 - Maternity services so that hospitals are not forced to turn women away:
and
 - A&E services
- What progress has been made in implementing the planned developments in primary and community care necessary to support the changes in the

strategy and, in particular, the provision of additional health centres and urgent care facilities?

- How will all local NHS trusts remain financially sustainable and, in particular, able to fulfil the demands of being foundation trusts and meeting PFI payments?
- How will commissioners seek to engage with patients and the public in order to ensure that their views are considered and to build confidence in the new arrangements?

*From the Rt Hon Andrew Lansley CBE MP
Secretary of State for Health*



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Councillor Alev Cazimoglu
Chair, Health and Wellbeing Scrutiny Panel
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12 SEP 2011

Dear Councillor Cazimoglu,

**BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY
ALTERNATIVE PROPOSALS REPORT AND REFERRAL FROM
ENFIELD COUNCIL AND INITIAL INDEPENDENT
RECONFIGURATION PANEL ASSESSMENT**

Further to your Scrutiny Panel's referral letter of 20 February 2011 and your Council's report and supporting documents of 14 April 2011 concerning the Barnet, Enfield and Haringey Clinical Strategy, I asked the Independent Reconfiguration Panel (IRP) for its advice on this matter.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of the Panel's initial assessment is appended to this letter.

The Panel will publish its advice on 12 September 2011 at www.irpanel.org.uk

In order to make a decision on this matter, I have considered the concerns raised by your Scrutiny Panel, the contents of your Council's report to me and have taken into account the IRP's advice.

Grounds for referral by Enfield Council's Health Scrutiny Panel

Essentially, your referral to me was made on the grounds that:

- the four key tests designed to build confidence within the service, with patients and communities have not been met; and
- the variation to the provision of local services is not in the best interests of the residents of Barnet, Enfield and Haringey.

I will now take each of the points you have raised in turn and set down under cover of this letter my response to your Council's report to me of 14 April 2011 in the context of the Panel's advice to me.

The four tests for service change

I know we all share a commitment to improving health and healthcare.

Where this requires change in the configuration of services, I believe the local NHS in conjunction with its partners needs to lead these processes to build confidence within the service and with the patients and communities we all serve.

As an integral part of its assessment, the Panel considered the documentation provided by NHS London regarding its application of the four tests to the BEH clinical strategy.

This consideration was taken in the context of the relevant guidance to the NHS and that the four tests are being applied retrospectively in this case.

In the Panel's opinion, the process appears to have been robust and the consideration of the evidence compiled thorough and well balanced.

The Panel acknowledges that sections of the clinical and wider community in Enfield are unhappy with aspects of the proposals that will see some services consolidated away from Chase Farm.

The Panel goes on further to say that was always the case and remains so. Nevertheless, the Clinical Strategy is designed to best meet the needs of the wider population across the whole of Barnet, Enfield and Haringey.

Representations seen by the IRP from Haringey GP commissioners and councillors in Barnet and in Haringey have stressed this point.

Proposals not in the best interests of the local NHS

As part of its initial assessment, the Panel also looked closely at the impact of the proposed changes under the BEH clinical strategy, and how these might affect local patients.

The Panel is clear that the case for change is the right one. No viable alternative clinical proposals have been put forward since NHS London undertook its own assurances against the four tests for service change, taking into account current and prospective patient choice (a key component of those four tests).

I understand the local NHS believes the drivers for change under the BEH clinical strategy are centred on getting the best outcomes for patients across both primary and secondary care with the development of primary care services already having been introduced in each of the boroughs of Barnet, Enfield and Haringey.

Future of Enfield hospital (report from Enfield Council)

At our meeting on 10 March 2010, I offered the Local Authority, GP commissioners and the local NHS the opportunity to work up alternative proposals against the current BEH clinical strategy.

Your report to me of 14 April 2011 sets down ten recommendations, which are not as I am sure you will agree alternative clinical options for service change.

Your report says, "at this time, the Council states Enfield GP Consortium is unable to offer any guide to what is their preferred option.

Instead, the Council believes Enfield GPs will simply support any decision I as Secretary of State for Health might take and do not want to support any particular options in advance of that decision".

Further, your report goes on to say, "we [Enfield Council] believe there is no single alternative option to the BEH clinical strategy that will deliver

viability, but that I as Secretary of State for Health, following the Council's ten recommendations, can achieve clinical safety, meet local taxpayers' demands and secure long term viability.

In its advice to me, the Panel states that the report submitted by your Council understandably highlights local concerns and calls for a retention of the status quo with a similar level of clinical services at North Middlesex and Chase Farm as at present.

However, it does not, in the Panel's view, provide any credible alternative to the current proposals or address the increasing and real concerns about the safety and sustainability of current services that underpin the clinical case for change.

I am sure you will agree with me that the safety of patients is paramount.

This is one of the reasons why I believe that in supporting the Panel's advice, the case for change should proceed.

I believe that any further delay to implementing change may be detrimental to patients and the services they access.

Initial IRP advice

Essentially, the Panel believes your Scrutiny Panel's referral is not suitable for full review.

I support the Panel's advice to me in full.

I am satisfied the IRP's advice on this important issue is in the interests of the local health service and I do hope your Committee will continue to work with local NHS partners in the best interest of patients.

Next steps

Having covered off issues concerning the IRP, I will now turn to the important themes of organisational change and the future commissioning of acute hospital services for the Barnet, Enfield and Haringey geography.

Organisational change

In accepting the Panel's advice, I am today writing separately to NHS London to issue a direction using the powers in section 8 of the NHS Act 2006.

I am directing NHS London to work with Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust to assess the feasibility of transferring Chase Farm Hospital to the North Middlesex University Hospital NHS Trust with a view to ensuring this happens if the assessment of the merits of doing so supports this.

I have asked NHS London to report back to me with the findings of its feasibility study no later than 16 December 2011.

Future commissioning arrangements

I have discussed issues of organisational change and future commissioning arrangements with NHS London.

It is clear to me the most effective way to deliver services will change over time.

For example, as new models of service delivery for urgent and emergency care networks are brought forward, clinical techniques and new approaches to clinical staffing and IT are developed and the needs of the local population change.

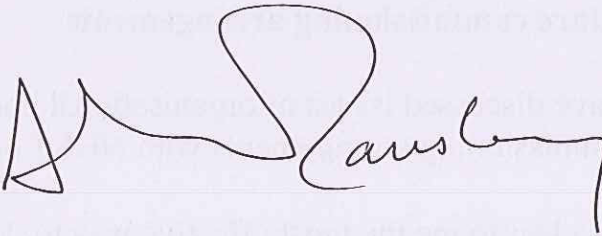
I believe it is right that if in future, local Clinical Commissioning Groups assess that a need for services at Chase Farm is unmet, then it will be within their gift to commission new services on that basis.

As part of any new local management structure following future organisational change, I would in any case expect that organisation to review its future clinical service provision to ensure it meets the needs of its local population.

I am copying this letter to:

Dame Ruth Carnall, Chief Executive, NHS London

Dr Peter Barrett, Chair, Independent Reconfiguration Panel
Councillor Doug Taylor, Leader, Enfield Council
Baroness Wall, Chair, Barnet and Chase Farm Hospitals NHS Trust
Mark Easton, Chief Executive, Barnet and Chase Farm Hospitals NHS
Trust
David Hooper, Chair, North Middlesex Hospitals NHS Trust
Clare Panniker, Chief Executive, North Middlesex Hospitals NHS Trust
Councillor Gideon Bull, Chair, North Central London Joint Health
Overview and Scrutiny Committee
Councillor Dilek Dogus, Cabinet Member for Health and Adult Services,
Haringey Council
Councillor Helena Hart, Public Health, Barnet Council
John Lynch, Chair, Enfield LINK
Paula Khan, Cluster Chair, NHS North Central London
Caroline Taylor, Cluster Chief Executive, NHS North Central London

Yours etc,


ANDREW LANSLEY CBE

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The Rt Hon Andrew Lansley CBE MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

8 July 2011

Dear Secretary of State

**REFERRAL TO SECRETARY OF STATE FOR HEALTH
Enfield Council Health Scrutiny Panel
Barnet Enfield Haringey Clinical Strategy**

Thank you for forwarding copies of the referral letter and supporting documentation from Cllrs Mike Rye and Christine Hamilton, Chair and Vice Chairman, Enfield Health Scrutiny Panel (HSP). NHS London provided initial assessment information. Letters were also received from Nick de Bois MP and David Burrowes MP and from Mr Kierran McGregor, Secretary, *Save Chase Farm*. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background

Between June and October 2007, Barnet, Enfield and Haringey PCTs undertook public consultation on proposals for changes to local healthcare services, in particular the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals. The proposals related to a wide range of existing hospital-based services including accident and emergency services, inpatient and day surgery, maternity and paediatric services. The proposals would also allow for the strengthening of local primary and community services, including the creation of new primary care centres for diagnostic and outpatient services.

The public consultation document, *Your health, Your future, Safer Closer Better*, set out two options for a future model of services:

- *Planned Care is concentrated on the Chase Farm site*
- *Chase Farm becomes a community hospital*

The Joint Scrutiny Committee of the London Boroughs of Barnet, Enfield and Haringey and the Hertfordshire County Council responded to the consultation in October 2007 expressing

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major concerns about the deliverability of the proposed changes and stating that it was unable to support either option.

The Barnet Enfield and Haringey Clinical Strategy Project Board responded to the Joint Scrutiny Committee's concerns in November 2007. In the same month, the Project Board advised the Boards of the Barnet, Enfield and Haringey PCTs that Option 1 was its recommended option. The three PCT Boards met on 11 December 2007 and accepted the recommendation.

At its meeting in January 2008, the Joint Scrutiny Committee considered the PCTs' decision and referred the matter to the Secretary of State for Health on 31 March 2008. Following an initial assessment, the IRP undertook a full review of the proposals - known as the Barnet Enfield Haringey (BEH) Clinical Strategy - and submitted its report to the Secretary of State on 31 July 2008. The Panel concluded that change was essential to ensure high quality health services for local people. It supported the proposals but made sixteen recommendations, that must be adhered to, to ensure safe, sustainable and accessible services. The Panel supported proposals for the centralisation of A&E services and consultant-led maternity care at Barnet and North Middlesex Hospitals, an urgent care unit and planned care based at Chase Farm Hospital and endorsed the intention to improve primary care services throughout the locality. The Secretary of State for Health accepted the IRP's advice in full on 4 September 2008.

Since the Secretary of State's decision in 2008, work has continued to implement the BEH Clinical Strategy. Developments to primary care services have been introduced in each of the boroughs of Barnet, Enfield and Haringey. Urgent Care Centres have opened at Chase Farm and North Middlesex Hospitals and walk-in centres in Finchley and Edmonton (though the latter is due to reduce its opening hours from 1 October 2011). Some clinical services have been consolidated within Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust.

Implementation of the BEH Clinical Strategy was halted in the summer of 2010 when a moratorium on all significant service changes was introduced pending review against four tests for service change identified by the Secretary of State. *The Revision to the Operating Framework for the NHS in England 2010-11* and a letter to the NHS dated 29 July 2010 from the NHS Chief Executive on service reconfiguration provided guidance on how this should be approached.

A Strategic Co-ordination Group (SCG) – comprising representatives from relevant local authorities, LINKs, local GPs, acute trust clinicians and PCTs - was formed to assess the BEH Clinical Strategy against the four tests and to report to a London-wide review panel (that included external input and membership) established by NHS London. The SCG commissioned UCL Partners to provide an independent analysis of whether the four tests had been met. It also convened a Clinical Review Panel to review the clinical evidence for the service changes envisaged in the BEH Clinical Strategy and to ascertain whether any change in circumstance or evidence had taken place in the three years since the original consultation.

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The SCG met on 30 November 2010 to consider the evidence provided by UCL Partners and others. It agreed with the Clinical Review Panel's conclusion that the case for change had increased since 2007. The SCG submitted its report to NHS London on 6 December 2010 concluding "*that the balance of evidence and stakeholder views is in favour of the Strategy. We have reached a consensus and would wish to recommend to you [NHS London] that, from the evidence provided to us, the four tests laid down by the Secretary of State...have been met.*"

The NHS London review panel affirmed that the materials submitted by the SCG reflected a true assessment and that on balance the tests had been met. On 26 January 2011, a Board meeting of NHS London confirmed that the BEH Clinical Strategy had met the four tests and noted the implication of its decision that implementation of the Strategy would recommence.

Prior to this, Enfield HSP met on 24 November 2010 to consider its own view of the application of the four tests and on 26 November 2010 wrote to the Chair of the BEH Co-ordination Group to advise that in the HSP's view the tests had not been met. HSP members met representatives of UCL Partners on 19 January 2011 to discuss its findings and requested further information, which was provided on 28 January 2011. At a meeting on 1 February 2011, Enfield HSP resolved to refer the BEH Clinical Strategy to the Secretary of State.

On 10 March 2011, the Secretary of State met a cross-party delegation of local MPs and Enfield councillors to discuss the BEH Clinical Strategy. At the meeting, the Secretary of State invited local stakeholders to submit to him alternative options to the Strategy. Enfield Council submitted a report, *Future of Enfield Hospitals: Report to the Secretary of State for Health*, on 14 April 2011.

The Secretary of State sought initial assessment advice from the IRP on 11 May 2011 requesting that the Panel's advice should incorporate the IRP's views about NHS London's application of the four tests in this case and the contents of the report submitted by Enfield Council. The Secretary of State also requested that, in considering options for service change, the Panel's advice should not be restricted by current organisational boundaries.

Basis for referral

The HSP's letter of referral of 20 February 2011 states that:

"On Tuesday 1 February 2011 Enfield Health Scrutiny Panel agreed to exercise its power of referral to the Secretary of State for Health pursuant to Section 7 of the Health and Social Care Act 2001.

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The Health Scrutiny Panel noted the decision of NHS London at their Board meeting on 26 January 2011 to recommend that the Barnet Enfield and Haringey Clinical Strategy had met the four new tests for reconfiguration based on the BEH Strategic Co-ordination Group's assessment and that the BEH strategy should recommence.

The Health Scrutiny Panel considers that the four key tests designed to build confidence within the service, with patients and communities have not been met and is referring the matter as the proposed variation to the provision of services is not in the best interests of the residents of Barnet, Enfield and Haringey."

IRP view

The Panel notes:

- Guidance on the application of the four tests for service reconfiguration was issued to the NHS on 29 July 2010 (letter from Chief Executive of the NHS in England, Gateway ref 14543)
- Following the issue of that guidance, NHS London, together with the local NHS, has put in place a robust process for the assessment of relevant reconfiguration schemes and conducted a thorough retrospective assessment of the BEH Clinical Strategy against the four tests that incorporated external input
- Enfield HSP, at its meeting on 24 November 2010, concluded that the four tests had not been met – this conclusion was reached without reference to the detailed analysis conducted by UCL Partners which was not available until 1 December 2010 (after the deadline by which stakeholders had been asked to respond)
- Further to a meeting with UCL Partners, on 19 January 2011, Enfield HSP remained unconvinced that the tests had been met
- Since the Secretary of State's invitation to local stakeholders to submit alternative strategies (at the meeting of 10 March 2011), no new evidence has been presented that constitutes a substantive alternative to the BEH Clinical Strategy
- The Clinical Review Panel, in offering its advice to NHS London, concluded that *"the clinical case for change has in fact increased over the past few years"*
- A Strategic Options Appraisal prepared by Barnet and Chase Farm Hospitals NHS Trust (dated 14 January 2011) set out a contingency plan should the BEH Clinical Strategy not be approved for continued implementation – the options considered by the Trust in the paper are not in preference to the original strategy, nor has their impact been assessed against the needs of the overall population in Barnet, Enfield and Haringey
- Representations made to the IRP by Enfield MPs have suggested that changes to the existing organisational structures of local hospital trusts could facilitate better options for services serving Enfield residents
- Because of the locations of the hospitals, the services they provide and the populations they serve, collaboration across PCT and local authority boundaries is essential to deliver any major change
- Enfield HSP, in its letter of referral of 20 February 2011, states *"It is our view that primary care must be in place and seen to be working before withdrawal or changes occur at the [Chase Farm] hospital"*

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral.

In requesting initial assessment advice from the IRP, you asked that the Panel incorporate views about NHS London's application of the four tests in this case and the contents of the report submitted by Enfield Council. You also requested that, in considering options for service change, the Panel's advice should not be restricted by current organisational boundaries.

The Panel has considered the documentation provided by NHS London regarding its application of the four tests to the BEH Clinical Strategy. This consideration is in the context of the relevant guidance to the NHS and that the four tests are being applied retrospectively in this case. In the Panel's opinion, the process appears to have been robust and the consideration of the evidence compiled thorough and well-balanced. It is true that sections of the clinical and wider community in Enfield are unhappy with aspects of the proposals that will see some services consolidated away from Chase Farm Hospital. That was always the case and remains so. Nevertheless, the Clinical Strategy is designed to best meet the needs of the wider population across the whole of Barnet, Enfield and Haringey. Representations seen by the IRP - from Haringey GP commissioners and councillors in Barnet and in Haringey - have stressed this point.

Serious concerns have also been raised about the implications of not completing the implementation of the strategy for services at the North Middlesex Hospital following its refurbishment under a PFI scheme. Indeed, Enfield Council itself agreed a motion in November 2010 that no decisions should undermine the quality and viability of the North Middlesex Hospital. The adverse service and financial consequences of a change in direction at this stage are a legitimate concern that would be felt by residents of Enfield and Haringey. The report submitted by Enfield Council understandably highlights local concerns and calls for a retention of the status-quo with a similar level of clinical services at North Middlesex and Chase Farm Hospitals as at present. However, it does not, in the IRP's view, provide any credible alternative to the current proposals or address the increasing and real concerns about the safety and sustainability of current services that underpin the clinical case for change.

The status quo has real downside risk in terms of the current safety and sustainability of local services. The ongoing safety and quality of these services must be the highest priority for all concerned. The implementation of the BEH Clinical Strategy requires close co-ordination of effort across two providers. Representations made to the IRP have suggested that the needs of Enfield residents might be better served by the separation of the Barnet and Chase Farm NHS Trust allowing for the creation of a new foundation trust comprising North Middlesex and Chase Farm hospitals. The IRP was not presented with evidence to assess the possible benefits of this organisational change on service configuration. It is for local commissioners and providers of the services to explore this matter further, under the guidance of NHS London, to establish how it might help deliver the safe and sustainable services that local residents need. For reasons of clinical risk management, effective

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engagement of all relevant parties and financial viability, these issues should only be explored within the existing framework for implementation of the BEH Clinical Strategy.

The IRP does not consider that a full review would add any value in this instance. There are no new substantive proposals or decisions to be reviewed. Concerns raised by Enfield HSP, such as its wish to see appropriate primary care services in place and working before changes are made to services at Chase Farm Hospital, were covered in the IRP's recommendations in 2008 along with other actions that were required. They remain as relevant now as then.

Yours sincerely

A handwritten signature in blue ink that reads "Peter Barrett". The signature is written in a cursive style.

Dr Peter Barrett CBE DL
Chair, IRP

APPENDIX ONE**LIST OF DOCUMENTS****Enfield Council Health Scrutiny Panel**

- 1 Letter of referral and attachments from Cllr Mike Rye, Enfield HSP Chair, to Secretary of State for Health, 20 February 2011
Attachments:
- 2 Letter to Chair of Co-ordination Group, NHS Enfield, from Enfield HSP Chair, 26 November 2011
- 3 Extract from UCL Partners Barnet, Enfield and Haringey Clinical Strategy Report assessing the level of support for the Strategy amongst General Practitioners
- 4 Letter to HSP Chair from BEH Clinical Strategy Senior Responsible Officer, 1 December 2010
- 5 Letter to Chief Executive, NHS London, from BEH Clinical Strategy Senior Responsible Officer, 6 December 2010
- 6 Letter to Chair and Vice Chairman, Enfield HSP, Chief executive, NHS London, 13 December 2010
- 7 Response to questions from Enfield HSP following presentation by Dr Helen Barratt, UCL partners and Prof Hilary Pickes, member of Clinical Review Team, 28 January 2011
- 8 Enfield LINK response to Barnet, Enfield and Haringey Clinical Strategy Clinical Review Panel Report, November 2010
- 9 Letters to IRP Chair from Cllr Alev Cazimoglu, Chair, Enfield Health and Wellbeing Scrutiny Panel, 19 May and 16 June 2011
- 10 Letter to IRP Chair from Cllr Doug Taylor, Leader of the Council, Enfield Council, 6 July 2011

NHS London

- 1 NHS London Board paper *NHS London's assurance review of Barnet, Enfield and Haringey Clinical Strategy against the four new tests for reconfiguration*
- 2 Strategic Co-ordination Group submissions
- 3 BEH Strategic Co-ordination Group meeting papers, 30 November 2010
- 4 NHS London Board paper *Quality Assurance Framework for reconfiguration Schemes*, 19 October 2010
- 5 *Future of Enfield Hospitals: Report to the Secretary of State for Health submitted on 14 April 2011*
- 6 *Future of Enfield Hospitals: Report to the Secretary of State for Health submitted on 14 April 2011 – Record of Submissions*
- 7 BEH Clinical Strategy Update for IRP, 24 February 2011
- 8 NHS Comments on Enfield Council's report to the Secretary of State for Health on the Barnet, Enfield and Haringey Clinical Strategy, 23 June 2011

Other information received

- 1 Letter to Joint Director of Commissioning, NHS Enfield and London Borough of Enfield, from Haringey GP Commissioning Consortium, 13 April 2011
- 2 Letter to Secretary of State for Health from Chair, Haringey Council shadow Health and Wellbeing Board, undated
- 3 Letter to IRP Chair from Nick de Bois MP and David Burrowes MP, 14 June 2011
- 4 Letter to IRP Chair from Mr Kierran McGregor, Secretary, Save Chase Farm, 10 June 2011
- 5 Letter to IRP from Mr John Sturman, 9 June 2011
- 6 Emails and attachments from Mr Donald Smith, 27 June and 7 July 2011
- 7 Letter to Secretary of State for Health from Cabinet Member for Public Health, London Borough of Barnet, 22 June 2011



From the office of: Paula Kahn, Chair
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29 September 2011

Councillor Gideon Bull
Chair, Joint Overview and Scrutiny Committee
Via email

Dear Councillor Bull

Re: Barnet, Enfield and Haringey Clinical Strategy

As you are aware, the Secretary of State for Health has supported in full the advice given to him by the Independent Reconfiguration Panel and has said that the case for change should proceed.

The Chief Executives and their teams at Barnet and Chase Farm NHS Trust and North Middlesex University NHS Trust are therefore working to implement the changes set out in the Clinical Strategy to deliver safe and sustainable services for patients in the three Boroughs.

This decision means a new future for Chase Farm Hospital which will continue to treat the majority of patients currently using it.

Patients needing accident and emergency treatment will be seen at Barnet Hospital and North Middlesex University Hospital, while Chase Farm Hospital will keep its urgent care centre. At present, 30 per cent of all patients that attend A&E are treated in the hospital's urgent care centre.

Consultant-led maternity services will be delivered at Barnet and North Middlesex hospitals, where extra capacity is planned to accommodate mothers and babies.

Elective surgery, outpatients and diagnostics will continue on the Chase Farm site. Those patients with an appointment or treatment booked at Chase Farm will continue to be seen there.

More information on the changes to local hospital services will be made available over the coming months.

Chair: Paula Kahn
Chief Executive: Caroline Taylor

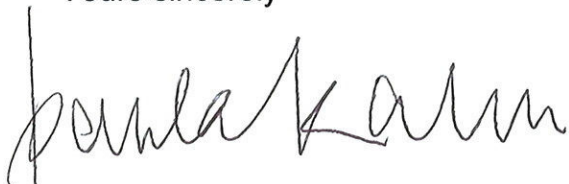
NHS North Central London is a collaborative working arrangement between Barnet, Camden, Enfield, Haringey and Islington Primary Care Trusts

Work is also continuing to refresh our primary care commissioning strategies across the boroughs to ensure that we deliver an integrated primary care service that meets the needs of our population effectively.

In addition, the Secretary of State has directed NHS London to work with Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University NHS Trust to assess the feasibility of transferring Chase Farm Hospital to the North Middlesex University Hospital NHS Trust and to report back to him by 16 December 2011. This feasibility study will consider the impact of such a transfer and will want to make sure that each organisation is sustainable and able to achieve Foundation Trust status.

As further details emerge we will keep you updated. In the meantime, if you have any questions, please do not hesitate to contact me or Christina Craig, Programme Director, at christina.craig@nclondon.nhs.uk.

Yours sincerely



Paula Kahn
Chair