

North Central London



*Barnet - Camden - Enfield
Haringey - Islington*

Barnet, Enfield and Haringey Clinical Strategy

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SUMMARY

This paper provides an update on Barnet, Enfield and Haringey Clinical Strategy and its review against the four tests laid down by the Secretary of State for Health

RECOMMENDATION

The JOSC is asked to **NOTE** the report.

Barnet, Enfield and Haringey Clinical Strategy Review against the four tests laid down by the Secretary of State for Health

Since 2006, Barnet, Enfield and Haringey PCTs, together with the hospitals at Barnet, Chase Farm and North Middlesex, have been working together with local and acute clinicians to deliver safer healthcare services across Barnet, Enfield and Haringey.

The BEH Clinical Strategy was drawn together by local GPs and hospital consultants following extensive public engagement, culminating in a formal public consultation from July to October 2007, and was agreed by the three PCT Boards in their statutory role in December 2007

The consultation was supported by a case for change, pre-consultation business cases, an equality impact assessment and a travel analysis. Subsequently, following a referral from the local Joint Overview and Scrutiny Committee, a review by the Independent Reconfiguration Panel supported the proposals, subject to 13 recommendations, concluding that "*The Panel accepts that the health care services reviewed in Barnet, Enfield and Haringey need to change*". A challenge for a Judicial Review by Enfield Council was also dismissed

The Barnet, Enfield and Haringey Clinical Strategy began implementation in July 2009 of its two phased-programme, separating out the business cases according to site and service. (Appendix B)

This implementation was halted by the Health Secretary, Andrew Lansley in May 2010, when he introduced a moratorium on all significant service changes pending the outcome of a review of the planned changes against four tests.

The *Revision to the Operating Framework for the NHS in England 2010-11* and the letter of 29 July from NHS Chief Executive David Nicholson on service reconfiguration provided guidance of how this would be approached. This paper reflects that guidance and details the approach for the BEH Clinical Strategy.

Review against four tests

Since then, the Barnet, Enfield and Haringey Clinical Strategy has been going through a process to review it against the four tests which state that NHS service changes must have:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base, and
- Consistency with current and prospective patient choice.

Following discussions and engagement with the local authorities, LINKs, GPs, hospital clinicians and other stakeholders, a process was agreed by a Strategic Coordination Group, whose membership (Appendix A) includes representatives from local authorities and LINKs in Barnet, Enfield, Haringey and Hertfordshire, as well as local GPs and acute

trust clinicians, together with the PCTs, for the local NHS to take account of the four tests and take forward these challenges.

This process is progressing the review of the Clinical Strategy against these four tests in line with government policy, and is in four stages:

1. Review: Clinical Evidence Review and Economic Business Case Review (Published Oct)
2. Engagement: The evidence from the Reviews will be provided for GP Commissioner decision making and public and patient engagement (Oct-Nov)
3. Consolidation: The Strategic Review Groups of each of the PCTs will provide reports on:
 - GP responses
 - Public and patient engagement

It was agreed by the Strategic Coordination Group that an independent organisation, UCL Partners, be used to analyse these reports, including responses from GPs and the Public, then assess how the four tests have been met. This analysis will be provided to the Strategic Coordination Group for its meeting on 30 November 2010.

4. Recommendations:

The role of the BEH Strategic Coordination Group is:

- Oversight of the review of the BEH Clinical Strategy against the four criteria and consideration of any interdependencies
- Coordinate the process and review the returns to make sure that stakeholders have been involved.
- Summarise the review and any proposals for submission to the formal review process being established by the SHA.

The Group will receive the analysis from the independent organisation as to whether the four tests set by the Secretary of State have been met or not. The role of the Group is to draw conclusions and recommendations.

This will then be submitted to NHS London following the BEH Coordination Group meeting on 30 November 2010.

This process is being led locally by the Chief Executive of NHS Enfield, governed by the Strategic Coordination Group (Appendix A).

SHAs have been charged by the Secretary of State to revisit planned, ongoing and completed consultations, and respond to external requests for the same to ensure they are consistent with these tests for service change. This does not necessarily mean that formal consultation and implementation plans should be unpicked. (*Revision to the Operating Framework for the NHS in England, June 21, 2010*).

In line with this guidance, NHS London will review these outputs for its assurance that the four tests are met.

Process

There is an urgency to progress the local process due to the work already undertaken in implementing changes to Women's and Children's services as part of the Clinical

Strategy. Prolonged uncertainty will be detrimental to staff and is likely to affect retention and recruitment, which, in turn, has the potential to impact on the delivery of highest quality patient services. On the other hand, it is important to ensure that there is sufficient time to engage with the GPs as future commissioners and local stakeholders. The local process began in September and will be complete by November 2010. (Appendix C – Timeline)

The fundamental drivers for change that led to the development of the BEH Clinical Strategy remain and in 2010 are even more compelling. These are:

- **Reducing health inequalities** - life expectancy for Enfield men living in the least deprived areas of the borough is 8.8 years higher than for men living in the most deprived areas. The difference is nearly 10 years for women (Enfield JSNA 2010-12)
- **Improving the health of the population** - the rate of early deaths for men in Haringey from heart disease and stroke are both worse than the England average
- **Improving primary care to provide accessible, quality and affordable care** – there is a variable quality of primary care and the range and access to services locally in Barnet
- **Improving the quality and sustainability of local hospital care** - performance and quality needs to be improved in local health services to ensure they have a long term, robust future.

This review is an opportunity for the local NHS to facilitate a local resolution, and a number of principles have been identified that must underpin the process:

- **The outcome is not predetermined** - a variety of outcomes from the review are possible.
- **Local ownership and transparency** - the review must be locally owned by GP commissioners and the wider GP body, local authorities and LINKs, and patients and the public have the opportunity to engage in the process, mindful of the fact that this is not a formal pre-consultation or consultation. Therefore, it is important that representatives participating in the review process have a clear mandate from those that they represent and that the process is transparent and inclusive.
- **Independent challenge** – strong local ownership must be balanced with a confidence that the process has sufficient external challenge and independence so as not to be perceived as biased or in any way predetermined. External independent organisations have been approached to facilitate local engagement and the Local Medical Committees are also taking an active role in engaging GPs.
- **Locally appropriate** - the process of engagement is being co-created with the input of local authorities, GPs and LINKs. How the engagement runs may be specific to each area, and each will determine how best to use existing local arrangements and decide who is most appropriate to represent local views.

Local Engagement

The local process of the review has been running from August 2010 to November 2010, when the Strategic Coordination Group will send its conclusions to NHS London which has been asked by the Secretary of State for its assurance that the tests have been met.

PCTs in their boroughs have agreed their local processes, with their local authority and LINK representatives, to implement the review against the four tests. This also ensures wide engagement where local GPs can assess the clinical and economic evidence and make recommendations to their Strategic Review Group about the outcome of the assessment against the four tests.

To facilitate this, a Clinical Evidence Review Panel (Membership – Appendix A) was convened to review the clinical evidence for the service changes envisaged in the Clinical Strategy - assessing women's services, children's services, urgent care, planned care and primary care.

The Panel's findings were published in mid-October and was made available to all audiences and posted on the PCTs' websites. Londonwide LMC provided input and advice into the process and recommended that GPs support the review process in whatever way they can.

The review concluded that the evidence still supports the Clinical Strategy and in fact is more compelling than when the Strategy was first consulted upon.

The Panel identified five cross-cutting themes that would impact on the implementation of the Clinical Strategy:

- Importance of viewing the effects of change on the whole health economy
- Changing demographics of the local population
- Significant pressures on medical staff since the introduction of the European Working Time Directive
- Improved pre-hospital care for the critically-ill – the number of paramedics greatly increased since 2007
- Flat or no financial growth in the NHS.

It examined the evidence in four areas, paediatrics, maternity, urgent care and planned care and concluded overall that *“the clinical case for change has in fact increased over the past few years. The evidence still points in the direction of the BEH Clinical Strategy, and the publication of the NHS White Paper has strengthened the levers.”*

There is also a report from a review of the economic business case which is being reassessed in the current financial context. It acknowledged that the Clinical Strategy was not about addressing financial issues but about providing better clinical services for patients in the acute hospitals and in community settings, and concluded that implementing the BEH Clinical Strategy is a step in the right direction and will help both the acute trusts and the PCTs address their future challenges in both primary and secondary care for patients

Following the publication of the two reports, an extensive engagement programme has taken place in the four boroughs (see appendix A attached), with the PCTs in Barnet, Enfield, Haringey and Hertfordshire each undertaking their local engagement plans to seek comments from a range of stakeholders, including GPs, patients and the public.

The next steps

PCTs in their boroughs have agreed the local engagement process, with their local authority and LINK representatives, while local commissioners and GPs have also been asked to review the evidence. This is to ensure wide engagement where local GPs can

consider the clinical and economic evidence and make recommendations to the Strategic Coordination Group on its assessment. It is important to stress that each local stakeholder engagement process is designed to suit the needs of the borough.

The Strategic Coordination Group is currently aiming to submit its report and supporting evidence to NHS London by 1 December 2010. NHS London will consider its assurance on the basis of this report and aims to conclude its findings in January 2011.

NHS London will continue its embedded assurance approach and anticipates considering a report and any other evidence as the basis of its final assurance in December, taking account of any further guidance from the Department.

Appendix A – Membersip

Clinical Review Panel

Dr John Riordan - (Panel Chairman) (External)	Former Acute Trust Medical Director
Ms Alison Arnfield	Director Level Nurse Representative (External)
Dr Peter Barnes	NHS Enfield Commissioning Lead. Retired GP
Dr Jean Beney	Barnet GP
Dr John Bentley	NHS Barnet Commissioning Lead
Dr Simon Caplan/Dr Julian Chadwick	Haringey GP
Dr Jatin Pandya	NHS Haringey Commissioning Lead
Prof Hilary Pickles	Freelance Director of Public Health (External)
Dr Pavan Sardana	Enfield GP
Dr Eleanor Scott	Londonwide LMCs representative
Dr Clare Stephens/Dr John Bentley	NHS Barnet Commissioning Lead

Support to the Panel:

Dr Helen Barratt	UCL Partners
Mr Michael Wilson	Commissioning Support for London

Observers:

Mr Ian Kaye	Barnet LINK
Mrs Shirley Legate	Hertfordshire LINK
Mr John Lynch	Enfield LINK

Strategic Coordination Group

Cabinet Leads from four Local Authorities:

Enfield – Cllr Don McGowan (delegated to Ray James)
Barnet – Cllr Helena Hart
Haringey – Cllr Dilek Dogus
Broxbourne – Cllr Jermy Pearce
Hertsmere – Cllr Pat Strack

Representative GPs from each of the four PCTs:

Enfield Dr Sanjay Patel, Peter Barnes
Barnet – Philippa Curran, Clare Stephens
Haringey – Mayur Gor, Dr Jatin Pandya
Herts – Andrew Parker (delegated to Jacqui Bunce)

Chairs & Chief Executives from each of four PCTs:

Enfield – Karen Trew & Nigel Beverley
Barnet – David Riddle, Cameron Ward & Alison Blair
Haringey – Richard Sumray & Tracey Baldwin
Herts – Delegated to Jacqui Bunce

Two Acute Trusts Medical Directors:

NMUH – Stanley Okolo
B&CF – Ian Mitchell

LINKs representatives from each of the four areas:

Enfield – John Lynch

Barnet – Ian Kaye

Haringey – Helena Kania

Hertsmere & Broxbourne – Shirley Legate

Appendix B - Summary of the Hospital Changes

In July 2009, the decision was taken to implement the Programme in phases, separating out the business cases according to site and service. Women's and Children's services are being implemented first and will be complete by summer 2011, while work on urgent care, emergency inpatients and planned care developments, are already underway and will be completed by 2013.

These moves will allow the consolidation of emergency and consultant-led obstetric and neonatal specialist services on the Barnet and North Middlesex University Hospital sites and the development of Chase Farm Hospital as an elective and ambulatory care site with a day-time Urgent Care Centre, a 24-hour GP-led service and a Stand Alone Midwifery-led Unit (SAMLU).

Phase 1 - Women's and Children's Services

- Obstetric, neonatal, inpatient emergency paediatric, emergency gynaecology services are moving from Chase Farm Hospital to be provided at Barnet Hospital and North Middlesex Hospital
- A stand-alone Midwife-Led Unit and Paediatric Assessment Unit is going to be provided at Chase Farm Hospital.

Phase 2 - Urgent Care, emergency inpatients and planned care developments.

Urgent Care:

- Centralising A&E services and the associated emergency inpatient beds at Barnet and North Middlesex Hospitals
- Urgent Care Centres at the front end of A&E
- Chase Farm Hospital will have a day-time Urgent Care Centre (including paediatric and older people's assessment units).

Planned Care at Chase Farm Site:

- An elective inpatient centre will be provided on the Chase Farm site
- Outpatients, diagnostics, rehabilitation, intermediate care etc. will be maintained or developed.

To support these changes and to provide care closer to home, Barnet, Enfield and Haringey PCTs have developed strategies to transform primary and community care and are implementing new services in the community.

These strategies entered the implementation phase in June 2009 since when workstreams have been working to deliver the changes.

Appendix C – Timeline

BEH Clinical Strategy Review Against the 4 Tests Timetable July – November 2010

Date	Timetable
May	SoS Andrew Lansley announces a moratorium on current reconfigurations
29 July	Guidance from Sir David Nicholson on how to apply of the 4 tests
July/Aug 20 August	Development of the GP Commissioner and Public Engagement Process Process agreed by BEH Strategic Coordination Group
August	Establishment of Clinical Review Panel and identification of evidence givers
13 Aug – 7 Sept	UCL Partners review of Clinical Evidence from 2007-2010 in preparation for Clinical Review Panel
13-17 September	Clinical Review Panel held
17 Sept – 13 Oct	Clinical Review Panel Report approval process
13 Oct	Clinical Review Panel Report Published
14 Oct-11 Nov	GP Engagement Undertaken
14 Oct-11 Nov	Public & Patient Engagement Undertaken
11 Nov – 22 Nov	Analysis of 4 tests undertaken by UCLP
30 Nov	BEH Coordination Group compiles final report for NHS London

APPENDIX D - REVIEW – BEHCS ENGAGEMENT DIARY

SEPTEMBER 2010

	w/c 30 August	w/c 6 Sept	w/c 13 Sept	w/c 20 Sept	27 Sept
Sometime in week					
Monday		6pm – Haringey Health Scrutiny Panel	BEH CS Clinical Review Panel sits	Herts - Teleconference with Charles Walker MP	10.30 NHS Enfield staff meeting Haringey OSC - Meeting with D Tyrrell/D Stroud with Haringey OSC representatives (Review of BEH) Informal meeting with Enfield Scrutiny Chair and officers
Tuesday			BEH CS Clinical Review Panel sits Barnet PEC meeting	Economic Business Case Review meeting	BEH Programme Board BEH Strategic Coordination Group
Wednesday	Economic Business Case Review meeting	Pan-BEH Communications meeting	BEH CS Clinical Review Panel sits Enfield CEO meeting local MP - M Offord 7pm: Barnet Health OSC meeting	Enfield GP-led event ref consortia 10.30 - NHS Enfield AGM 14.00 - NHS Enfield Public Board Pan-BEH Communications meeting Haringey LINK meeting	
Thursday	Enfield Locality Directors meeting – discuss BEH	7.30 - Enfield Health Scrutiny Panel – Special White Paper Meeting – Nigel Beverley	BEH CS Clinical Review Panel sits 7pm: Public meeting on review of NHS services called by Jeremy Corbyn MP	2-4 NHS Haringey Public Board meeting	2.30 – NHS Barnet Public Board meeting Enfield BEH Strategic Review Group
Friday		3 – White Paper presentation to Enfield Equality & Diversity Stakeholders meeting Enfield CEO meeting local MPs T Villiers, Mike Freer	BEH CS Clinical Review Panel sits		
Sat / Sun					

OCTOBER 2010

	w/c 4 October	w/c 11 October	w/c 18 October	w/c 25 October
Sometime in week			4-page wraparound for Times-Series in Barnet, Enfield, Haringey and Broxbourne – 255,000 readership + 5,000 run-ons	Poster advertising Enfield public meetings circulated to GP surgeries, dentists, opticians, pharmacists libraries, supermarkets
Monday	Economic Business Case Review meeting 6pm – Haringey Health Scrutiny Panel Enfield LINK bimonthly meeting			9.30 NHS Enfield staff meeting Press release ref public meetings sent to Enfield press
Tuesday		12 - BEH Strategic Coordination Group Barnet – GP cluster North meeting	7pm – Enfield Health Scrutiny Panel – BEH CS Review update Barnet OSC Hertsmere PBC group	
Wednesday	NHS Barnet Staff Engagement /Management Meeting Pan-BEH Communications meeting	13 – Publication of Clinical Review and Economic Review reports – mass engagement Enfield Council Leader & Health Lead meeting Enfield Council HSP Chair meeting Barnet CEO attended Barnet Carers Centre meeting Barnet CEO met Irene Findlay & Cllr Helena Hart to discuss the process. Haringey – Clinical Exec Committee	6pm – Haringey Overview Scrutiny Panel (Special) Pan-BEH Communications meeting Haringey Association of Voluntary and Community Organisations Broxbourne Council Health Forum	
Thursday	NHS Barnet Trust Board Meeting – BEH Update NHS Enfield Trust Board Meeting – BEH Update Enfield LMC Meeting	Enfield BEH Strategic Review Group Barnet Older People's Assembly meeting Enfield PBC Meeting Haringey patient panels	Enfield GPs meeting ref Review of BEHCS Barnet GPs meeting ref review of BHECS Herts South Locality PBC Group Enfield Trust Board Seminar - discuss BEH	Enfield Strategic Review Group BEH Strategic Coordination Group
Friday	NHS Enfield – quarterly meeting with MPs		Barnet +55s meeeting	
Sat / Sun				

NOVEMBER 2010

	w/c 1 November	w/c 8 November	w/c 15 November	w/c 22 November	w/c 29 November
Sometime in week					
Monday	Haringey Health Scrutiny Panel (Child Protection)	7pm – Public meeting - Southgate		NHS Enfield staff meeting	Haringey Health Scrutiny Panel (Budget)
Tuesday	2pm – Public Meeting, Edmonton Green Haringey Council meeting Barnet SJLC	Haringey – GP consortia – Central/North East/South East Enfield Health Scrutiny Panel – update	Enfield Strategic Review Group	Six-weekly meeting – CEO and Lead, LBE	30 –Strategic Coordination Group meets to develop conclusions
Wednesday	Enfield LBE CEO Barnet Health OSC Meeting Pan-BEH Communications meeting Hertsmere PBC	Haringey – GP consortia – West Enfield LINK – drop-in session	Pan-BEH Communications meeting	NHS Haringey Public Board meeting UCL Partners analysis of feedback against 4 tests sent SCG Enfield Health Scrutiny Panel Public meeting	
Thursday	2pm – Public Meeting – Enfield Town Barnet Strategic Review Group		18 – Informal meeting between Enfield GPs and Health Scrutiny Panel BEH Implementation Board	NHS Barnet Public Board meeting NHS Enfield Public Board meeting	
Friday		UCL Partners receives data and local report to analyse feedback against 4 tests	19 – Briefing to Enfield MPs by local GPs 19 – Joint BEH OSC - Haringey	LB of Enfield hostst a meeting with David Kerr, representative of the SoS	
Sat / Sun					