

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](http://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**