

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

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