

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY
PANEL

17 SEPTEMBER 2012

7.15PM- 9.20PM

PRESENT: Councillors; Suzanne Evans (Chair), Peter McCabe, Margaret Brierly, Brenda Fraser, Maurice Groves, Logie Lohendran,
Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Barbara Price, Saleem Sheikh

ALSO PRESENT: Mike Bailey, Dr Paul Alford and Rachel Tyndall, NHS South West London

1 DECLARATIONS OF INTEREST

There were no declarations of interest

RESOLUTION

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Greg Udeh and Saleem Sheikh
Co-opted member

3 UPDATE ON THE BETTER SERVICES BETTER VALUE REVIEW OF
HEALTH SERVICES IN SOUTH WEST LONDON

Mike Bailey gave an update of the current position with the Better Services Better Value Review.

The Chair announced that the floor would be opened for members of the public to ask questions for the first 30 minutes of the meeting.

A member of the public commented: Current health services are already over stretched the closure of the A&E and Maternity wards at St Helier will only make things worse

The Better Services Better Value team responded: A safe A&E requires 27 different professionals to be present including a consultant. There needs to be 12 consultants employed in each of the four SW London hospitals only St Georges meets this criteria currently and we cannot have this many consultants at all sites, not least because there are not enough consultants in the workforce. Services are being re-located not closed and there will be investment in the remaining services. We need to separate emergency and planned care as the outcomes show that this is more efficient.

A member of the public asked: Why is Surrey holding up the consultation? This

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process is having a detrimental effect upon the staff at St Helier, Also the Royal College of Midwives are against the closure of maternity services at St Helier

BSBV team responded: Surrey residents are affected by the proposals and need to be included in the consultation. The Royal College of Midwives want specialist care at all of the sites and we cannot deliver this.

A member of the public commented: St Georges had to close it's Maternity ward for 30 hours recently due to capacity issues. There is not enough capacity to cope with hospital closures.

BSBV team responded: It is important not to look at services as they are now as this will change, when this programme is implemented all hospitals have plans for extra capacity.

A member of the public commented: How will you consult and engage with staff about these proposals

BSBV team responded: All hospitals are represented in this process and have been speaking to staff and will continue to do that. The process of engaging with staff will accelerate when the consultation begins.

A member of the public asked: There is a need to make savings of £370 million across South West London, A&E and Maternity is closing and possibly renal services as well, BSBV is all cost led.

BSBV team responded: BSBV is not designed to correct the financial deficit, the primary concern is that services are not good enough. It is estimated that there are 500 deaths per year across south west London because hospitals are not run like seven day a week organisations. We need to increase staff at weekends and this will save lives.

A member of the public asked: How will you recruit more consultants? It takes longer for people to get to St Georges and the ambulance services are already over-stretched.

BSBV team responded: In terms of travel times what is important is the treatment that people receive when they arrive at hospital. For example St Georges is a centre of excellence for stroke and evidence shows that if they are treated at St Georges the effects of stroke are reduced, centralising specialist services saves lives. It is important to note that many people who come to St Helier will stay here

A member of the public commented: Maternity services at St Helier have received significant investment recently. If this unit closes this will have been an incredible

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waste of money and may counteract the savings that you are trying to make.

BSBV team responded: The decision to invest in services was made before Better Services Better Value began.

A senior member of staff at St Helier clarified that BSBV does not have the support of all the clinicians, and maternity at St Helier meets the standards of the Royal College of Midwives; things will not get better because the standards are already good. Also, BSBV started by looking at quality but was driven by finances.

BSBV team responded: St Helier is making the biggest finance loss of all the four south west London hospitals. The majority of clinicians agree with the principals but may disagree on the site. Services at St Helier are very good; we need to make sure all the hospitals are good all the time.

A member of the public commented: This review is focussed on the clinical arguments, the cuts and privatisation has caused the reduction in consultants.

BSBV team responded: The current government settlement for the NHS is broadly flat and has not been cut. However, demand has increased and there is an ageing population. To meet the expectations of the public we must spend money better, this does not represent a real term reduction. Difficult decisions need to be made and some services will receive less funding than others.

The Chair ended this session and gave panel members the opportunity to ask questions.

A panel member asked: There is concern about the length of time that this process is taking. Staff moral at St Helier must have been affected, some will want to leave and people will not apply for jobs at St Helier. Are you closing St Helier by Stealth?

BSBV team responded: The uncertainty around St Helier has been going on for years because of the de-merger and financial situation. The Olympics, London elections and Surrey's increased involvement has all had an impact on the process.

A panel member asked: What are the plans to increase paediatricians, are you working with universities to increase staff?

BSBV is not a magical solution and increasing staff will happen over time. Reliance on junior doctors has to stop. Plans are being developed by St Georges to increase recruitment in areas of need.

A panel member commented: There are a number of building blocks that are being put in place to support BSBV including encouraging people to use 111 numbers.

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Health centres still need to be built and five years is not a long time away

BSBV team responded: Six programmes have been put in place, one per clinical commissioning group. Richmond are developing an end of life programme. Croydon looking at the use of the 111 number, Wandsworth are looking at care in the community. They need to come to fruition and rolled out across south west London. Pressure on A&E is the big issue and it is thought that this can be reduced by 17%.

A panel member asked: Has your modelling accounted for the fact that Epsom may close it's A&E?

BSBV team responded: No this has not been taken into consideration as it is a recent discussion by Surrey PCT. The BSBV team understand that there are no immediate plans to change services at Epsom

The same panel member followed up: 20% of people currently using A&E at St Helier are expected to transfer to Epsom, if the BSBV proposals go ahead. If Epsom closes the whole process has been a waste of time and money.

BSBV team responded: It is Surrey's responsibility to develop plans and consult with the community. BSBV expects the resources to stay the same and is planning for this

A panel member asked: Is this process is a stitch up driven by finances? There were so many fixed points and the outcome was inevitable. Local residents do not see the closure of services as better services. As there is a high turnover of staff in the health sector no will be held accountable for this. How many voices of opposition in the local community would it take for you to abandon these proposals? The panel member predicted that it will lead to worse services in a remote location.

BSBV team responded: This consultation is not a referendum, it is to seek views on the proposals, If people do not agree with them they will need to put forward better options for meeting the needs of people in south west London. We must recognise that services need to change.

PANEL Members QUESTION ON 'NET PRESENT VALUE' AWAITING A RESPONSE FROM BSBV

A panel member asked: It is predicted that the population in London will rise to 8.7 million by 2022. Has your modelling taken into account population growth projections?

BSBV team responded: The current model is based on pre-census data however it includes sensitivities to ensure that the outcome is reasonably robust. The modelling will be done again at the end of the consultation.

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A panel member stated that this is a national plan, taking place across the country, hospitals are reducing from four to three without full consideration given to the needs of the local area. They asked: Why is St Helier closing when the CQC report on the Croydon University Hospital Mayday was damning while St Helier's report was good? This is an enormous waste of money.

BSBV team responded: The BSBV review is about improving service across all hospitals and Croydon will have to come up to standard.

A panel member asked: Did the original scoring panel bring in their own personal views about choosing St Helier over Croydon?

BSBV team responded: The non-financial appraisal was weighted across a range of criteria. In some areas the scoring should have been the same but it wasn't which highlighted that people were bringing their own views into the process. Therefore adjustments were made and St Helier still scored the highest for the planned care centre and overall travel time was less with St Helier as the option

A panel member asked: What support has been given to staff at St Helier and where will the extra capital come from to pay for expansion at the other SW London hospitals?

BSBV team responded: The Chief Executive has been leading on the support for staff at all levels. We want this to come to a conclusion as soon as possible.

Extra capacity for the three acute hospitals will come from borrowing. As they will have extra patients, income will increase and they can borrow against this. Hospitals are limited by how much they can borrow. For example St Georges need £60 million, they are confident that they can borrow this money.

A panel member asked: The public do not know enough about the consultation process. Also, if there has to be an obstetrician present in the maternity unit, are we moving to system where there is interference from consultants and midwives cannot do their job?

BSBV team responded: There are major plans to engage with the public during the consultation process, so far there have been over 100 meetings held in public. Midwives will still be able to fulfil their role, it is recognised that giving birth is a natural physiological process.

What will the £60 million that St Georges borrow be spent on:

AWAITING INFO FROM BSBV Team

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A panel member asked: What would it cost to increase the number of consultants
BSBV team responded: We need at least 12 consultants at St Helier at a cost of
£120,000 per annum , therefore overall cost is £1.2 million

4 UPDATE ON MERTON LINK

This item was deferred until the next meeting