Better Services Better Value
Update for Merton OSC

17th September 2012

Mr Mike Bailey
Joint Medical Director
Better Services Better Value

Decision making and financial appraisal

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- Further financial modelling and analysis has been carried out to check that all the assumptions used in the models are sound (especially those relating to moving services from hospitals to the community) and that the activity and costing information is up to date.

- Directors of Finance from all Trusts have been involved in the discussions and analysis.

- The financial analysis ruled out Croydon as a viable option for hosting planned care.

- The **BSBV Programme Board held on 29th August** recommended that St Helier should cease providing A&E and maternity services and should become the site that hosts planned care. The Programme Board has recommended to the Joint Boards that a public consultation is held on the above option.

Recommendations and decision making

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The BSBV Programme Board held on 29th August 2012 agreed the following recommendations for the Joint Board of PCTs about the consultation options.

Programme Board recommend:

•Major, sustained improvements in GP and community services – many more services delivered in GP surgeries, community settings and people's homes, including specific support for people with long term conditions and people nearing the end of their lives.

•Centralising emergency care in three expanded emergency departments in south west London, to be located at Croydon, Kingston and St George's Hospitals, each with an integrated urgent care centre and children's A&E. St Helier Hospital to retain a stand-alone urgent care centre which could treat up to half of current A&E patients

• Centralising maternity care in three expanded, obstetric-led maternity units with one to one midwife care, to be located at Croydon, Kingston and St George's Hospitals, with co-located midwife-led units

Continued…

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•A state-of-the-art planned care centre at St Helier Hospital, for non-emergency surgery for patients across south west London, kept separate from emergency care, so that emergencies do not disrupt planned operations

•Dedicated children's assessment wards at Croydon, Kingston and St George's Hospitals, able to provide assessment and treatment to most children with urgent health problems. For the sickest children and those requiring a longer hospital stay, specialist paediatric staff will be centralised at St George's Hospital.

•If the Joint Boards accept the recommendation in October, the aim is to hold a three month public consultation from November 2012, ending in February 2013.

Financial appraisal

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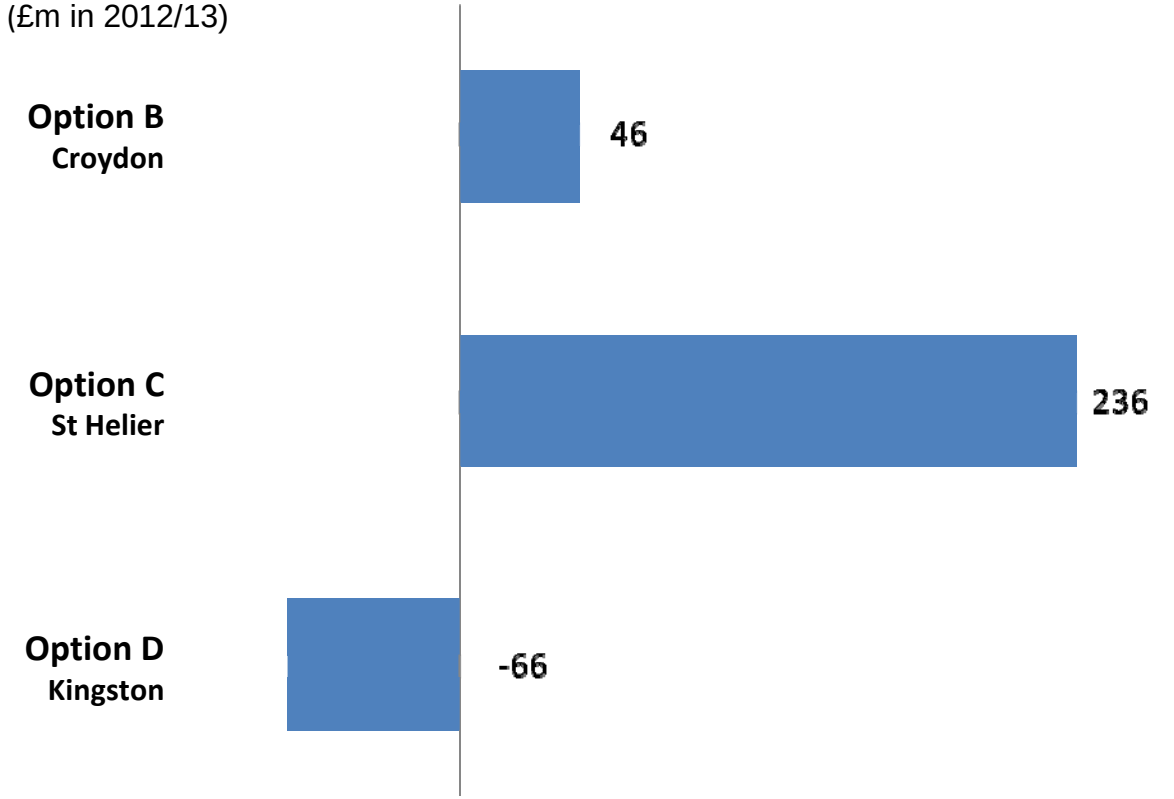
Net Present Value

(£m in 2012/13)



Comments

- Croydon is very significantly less attractive than Option C
- St Helier NPV benefits from the highest financial improvement and lowest required incremental capital
- Kingston has a negative NPV

Source: Provider baseline and Reconfiguration models

Financial case for change for St Helier becoming the hospital that hosts the planned care centre

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Key Driver	Croydon as 4th site (Option B)	St Helier as 4th site (Option C)	Kingston as 4th site (Option D)	Comment
Flows retained within SWL	53%	82%	37%	St Helier option retains the greatest share of its reconfigured activity in SWL
Value of activity benefitting from reconfiguration efficiencies	£47m	£61m	£32m	St Helier option has the highest value of retained activity in SWL able to benefit from cost efficiencies when transferred to the other 3 SWL sites
Incremental capital required	£74m	£56m	£72m	St Helier has the lowest incremental capital requirement
Pre-reconfiguration financial position (2016/17)	+£0.8m	-£11.5m	+£4.0m	St Helier has the worst pre-reconfiguration financial position and therefore gains most when "transformed" into the 4th site

- ***Even if St Helier had a similar financial position to the other Trusts,* it would still be the preferred option due to the value of retained activity and lower capital required**

All figures as at 2016/17

Source: Provider baseline and Reconfiguration models

Independent analysis update

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- The Office of Government Commerce (**OGC**) has endorsed the pre-consultation engagement and we want to continue to build on this.

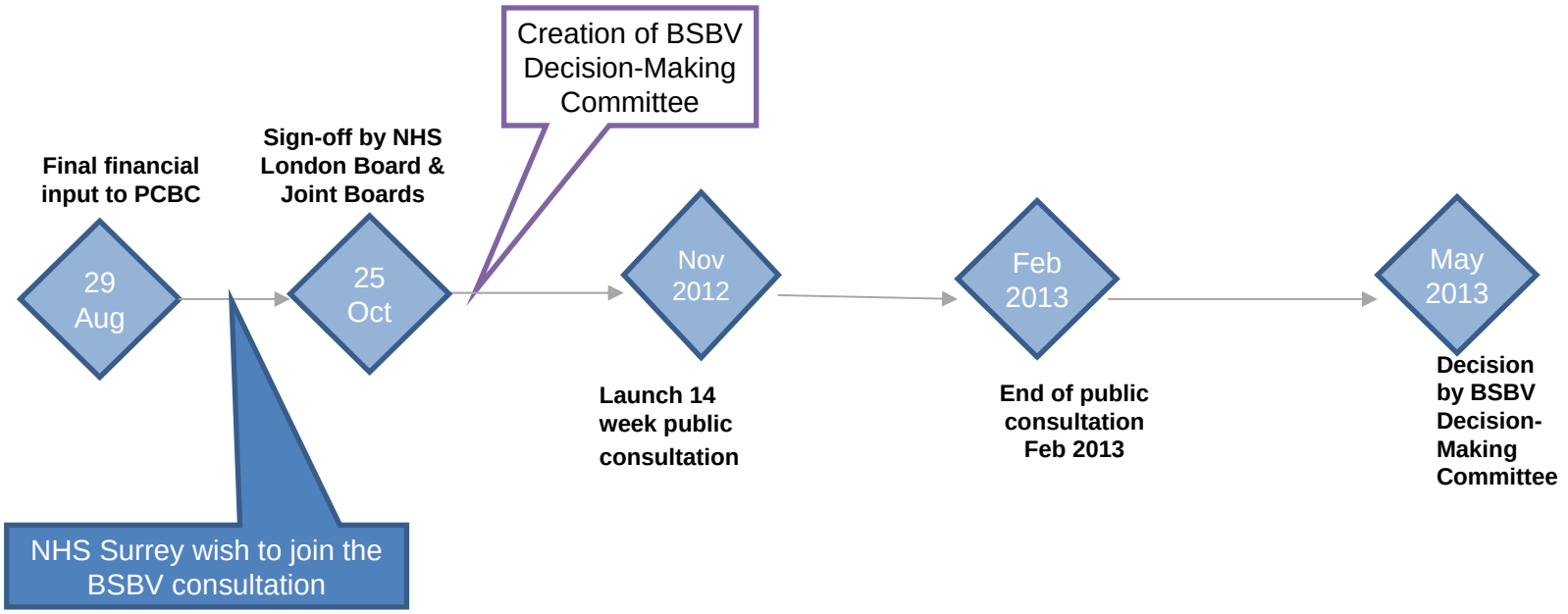
- Members from the **Consultation Institute** also attended the scoring panel event and have since provided us with a certificate confirming that the process met the best practice standards set out in their Consultation Charter.

- **NCAT** has put forward a number of recommendations which they believe will improve our chances of carrying out these changes successfully. We have taken these on board and our plans going forward directly address all recommendations.

- **Ipsos MORI** will independently analyse the responses to the public consultation.

- **Mott MacDonald** will begin independent impact assessment in August

Next steps for the Pre-Consultation Business Case (PCBC) and Consultation Document before approval and consultation



- The PCBC was due to be submitted to the NHS London Board for public discussion on 27th September however new governance is required due to NHS Surrey now consulting with us a new BSBV Decision-Making Committee has to be set up to include NHS Surrey and have more CCG involvement.
- We now expect to launch the consultation in November until February, with decision making taking place in May.

Out of hospital care and its place within the PCBC

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- There are key elements of BSBV where implementation is on-going and in some cases there will be a need to **accelerate implementation regardless of decisions on major service change**. These include: long term conditions (LTC), including end-of-life care, urgent care (embedding of Urgent Care Centres alongside A&Es, pilot and roll-out of 111, out of hospital urgent care) and planned and primary care.

- An **Out of Hospital Programme** has been established to oversee the recommendations and ensure that changes to the way hospital and primary care services are provided are consistent with the recommended models of care.

- We are investing **significant resources (£5.4m) in programme management** support to drive these initiatives at a local level while Adam Wickings as Programme Director is working with CCGs to ensure that plans are reviewed, tested and collated to produce a sector-wide strategic out of hospital plan for the PCBC

Public consultation approach

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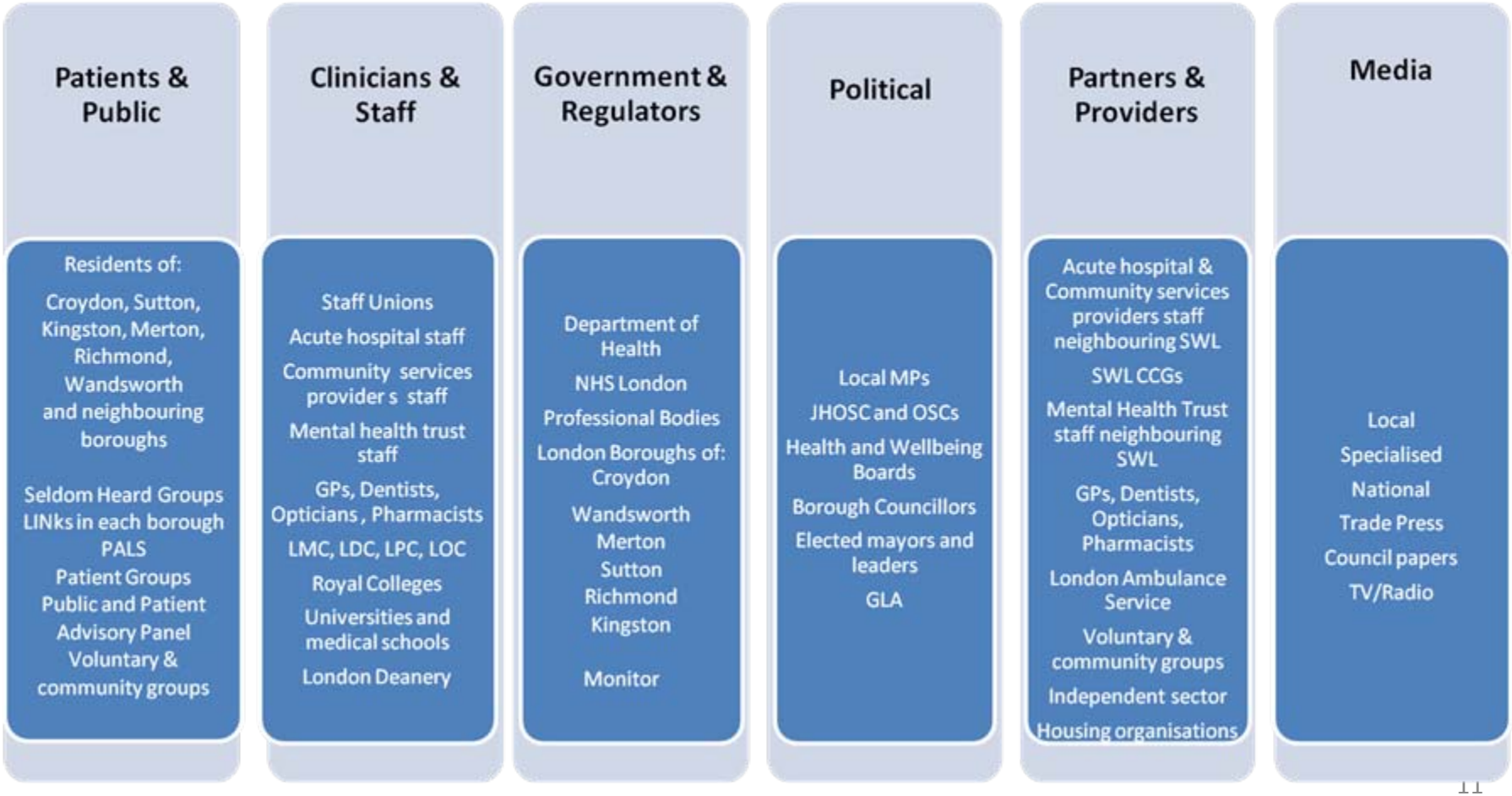
We aim to begin the **12 week** consultation period in **autumn 2012, expected launch date is November 2012.** In addition to a number of engagement events the consultation document will be made available at:

- Hospitals (A&E departments and Urgent Care Centres)
- GP surgeries
- Pharmacies
- Opticians
- Community based primary care services (walk-in centres, primary care centres)
- Local Authority Customer Service areas
- Libraries
- Citizens Advice Bureaus
- Job Centres
- Schools via Local Authorities
- Colleges/Universities
- Faith organisations and centres
- Sports centres/football and rugby clubs
- Voluntary organisations
- Local businesses

Who will be consulted?

BSBV aims to engage as many of people and groups as possible from south west London and beyond about the proposals.



How will we actively consult people?

The BSBV consultation team plans to actively consult with communities by the following methods:

- Build on previous engagement (revisit groups involved during pre-consultation period and liaise with local councils regarding distribution lists)
- Statutory engagement
- Community Outreach work using **focus groups** and **health guides**
- Meeting and events
- Engaging with the NHS and the NHS engaging with its staff and patients
- Stakeholders and their networks
- Digital communications (website, video, social media, online etc)
- Printed communications (summary doc. Full consultation doc etc)
- Distribution
- News media

Engaging with NHS staff

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We will target our activities as follows:

•**Specialist Staff**. Specific meetings with staff who are most likely to be impacted by the proposed changes including those working in A&E, Maternity and Paediatric from across all hospital sites to provide further information about proposed changes and the potential impact on their roles.

•**Existing Meetings** by providing speakers and materials to attend existing meetings

•**GP events** (6 events – 1 in each borough) which will focus on GPs, practice nurses and practice managers and receptionists, and the wider implications for primary care of the proposed changes.

•**Locality meetings within Clinical Commissioning Groups (CCGs)** – Many staff have already been involved in the Clinical Working Groups but for those who have not been specifically involved, these workshops will provide opportunities to better understand the implications of the proposals.

•**Educational meetings** – to target GPs less engaged with CCGs utilising regular existing educational events local to their surgeries.

•**Local Medical Council, (also LDC,LPC)**

•**Hospital Site Events –** Events at each of the hospitals repeated throughout a day to ensure maximum attendance from clinical nursing and AHP staff on shifts

•**Community staff provider events** - Events for each separate community provider repeated throughout a day to ensure maximum attendance from clinical nursing and AHP staff on shifts

•**Attendance at staff meetings** in hospitals, community and primary care settings, this will be supported throughout the three month period.

•**Staffside** We plan to seek further advice from staff side representatives at each organisation to plan engagement with them and their members.

Timeline

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- Joint Boards make a decision on recommendation for public consultation 25.10.2012
- Three month public consultation (November 2012)
- Integrated Impact Assessment to commence pre-consultation (August-December)
- Independent analysis of responses to consultation (February/ March 2013)
- Decision on service change (May 2013)
- Implementation (if proposals are approved) to take place 2016/17