

Joint Health Overview and Scrutiny Committee (JHOSC)

Update on Strategic Outline Case Part 1 (SOC 1) and North West London compliance with NHS England reconfiguration tests

Summary	<p>This document is in two sections:</p> <ul style="list-style-type: none"> - Section A provides an update on the current status of the SOC 1 bid. - Section B sets out an overview of the ways in which North West London CCGs is fully compliant with the NHS England tests against which reconfigurations must be assessed.
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Owner	Kevin Nicholson (Director of Acute Care Transformation) Mark Easton (Accountable Officer)

Section A: Update on Strategic Outline Case Part 1 (SOC 1)

Background to SOC 1

The proposed reconfiguration of acute hospitals is part of the North West London strategic programme Shaping a Healthier Future (SaHF). SaHF is an evolving programme which sets out to improve patient care and outcomes across North West London.

The strategy underwent full public consultation in 2012. The preferred option was published in a Decision Making Business Case in February 2013 which was approved by the Joint Committee of PCTs (JCPCT) and subsequently by the Secretary of State for Health in October 2013 with the caveat that: "Ealing and Charing Cross hospitals should continue to offer an A&E service, even if it is a different shape or size from that currently offered."

The first of the business cases for the capital required to implement this strategy was produced in 2016. This is referred to as the Strategic Outline Case Part1 (SOC 1). SOC 1 focused on the capital needed for investment in:

- primary care estate across NW London
- community hubs across NW London

- acute changes across outer NW London, including the development of a local hospital at Ealing.

Status of SOC 1 bid

In July 2018, a request for capital funding for the majority of the transformation programmes underpinning SOC 1 was submitted in a new Department of Health and Social Care process for providing capital funding. A decision is expected later this year.

The elements of this funding proposal are:

Organisation	SOC 1 July 18 Capital submission (£000s)
Primary Care (GP Practices)	£7,100
Hubs (Community facilities providing space for more care primary, community and social care)	£60,801
London North West University Hospital NHS Trust (additional capacity)	£106,887
The Hillingdon Hospital NHS Trust (additional capacity)	£43,825
West Middlesex University Hospital (additional capacity)	£41,300
Total	£259,913

Section B: North West London compliance with NHS reconfiguration tests

What are NHS reconfiguration tests?

In May 2010, the then Secretary of State for Health set out four tests against which substantial NHS reconfigurations are to be assessed:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners.

NHS England introduced a further reconfiguration test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

North West London compliance with NHS Reconfigurations Tests

Compliance with the four tests set out by the Secretary of State in 2010

Compliance with the four tests set out by the Secretary of State in 2010 was addressed in detail within the Decision Making Business Case (DMBC) document, published in 2012. The DMBC (chapter 11, pages 427 – 458) covers all aspects of assurance and compliance. Although the DMBC was published some time ago, the strategic approach that it outlines is still current.

The process of providing assurance against these tests is ongoing. Since publication of SOC 1, NHS England and NHS Improvement as NHS regulators have been assuring SOC 1 (and therefore SaHF) compliance with these four tests. The process will continue with the development of the Outline Business Cases (OBCs) and Full Business Cases (FBCs).

The following is a summary of the compliance to date with these four tests.

1) Strong public and patient engagement

a) Pre-consultation activities involving the public and patients

Public and patient engagement has been a core part of the programme structure. This has been achieved through our governance structures and the following forums:

- The Patient and Public Advisory Group (PPAG)
- Travel Advisory Group (TAG)
- Health Overview and Scrutiny Committee (HOSC) and JHOSC engagement
- Health and Wellbeing Boards (HWBs).

Senior members of the programme participated in a range of engagement activities including:

- British Medical Association meeting
- Clinical Commissioning Group meetings
- Other Council meetings
- Health and Wellbeing Boards
- Local Medical Committees
- Mayor's Question Time
- Meetings with local MPs
- West London Citizens meetings
- West London Health Conference.

b) Consultation activities involving the public and patients

The consultation period ran from 2 July to 8 October 2012. The following activities were undertaken:

- Over half a million summary leaflets setting out the SaHF proposals were distributed. These leaflets were sent to all GP surgeries, libraries, hospital sites, town halls, local LINks offices and pharmacies
- The dedicated website www.healthiernorthwestlondon.nhs.uk received over 18,500 visits during the consultation period.
- The website served as a one-stop shop for programme information, roadshow and event details, interactive consultation responses, feedback forums and news. It was regularly updated with the latest news, information and documents to download. The site continues to be active beyond the consultation period in order to provide regular updates on the programme's progress and status.

- Digital and social media channels played a role in public engagement and served a similar role as the website, with a more direct level of engagement with the audience developed before and during consultation
- Advertisements were placed in 13 local papers across NW London and neighbouring boroughs. Letters and responses were also printed in local newspapers.
- Over 70,000 full consultation documents and response forms were sent out.

During the consultation period, the SaHF team attended or arranged over 200 events which included:

- Two road shows in each of the eight NW London boroughs
- An additional road show in the neighbouring boroughs of Camden, Richmond and Wandsworth;
- Public meetings and debates;
- GP events and other events for staff.

Hospital site events were also run, in the main for staff members but on occasions, members of the public were invited to attend.

Over 17,022 responses were received during the consultation period.

c) The future

Going forward, the programme will continue to inform and engage with its stakeholders so that they can understand the proposals as they develop and hold the NHS to account.

Recently, the NW London Collaboration of CCGs has re-confirmed its commitment to engage in the next stages of the project as we move towards developing the outline and full business cases and refreshing the activity modelling.

2) Consistency with current and prospective need for patient choice

To ensure the SaHF programme embedded patient choice, the proposals for reconfiguration were independently reviewed (by Mott MacDonald) pre-consultation (pre-July, 2012).

In its conclusion, the report stated: "Overall, it can be shown that the proposals drawn up for the proposed changes in the provision of healthcare services across NW London have adequately addressed the Department of Health's guidance on how the service reconfiguration affects current and prospective patient choice:

- Patient choice has informed the reconfiguration so that providers are able to tailor their services to what people want;
- Proposals have been developed to ensure that services are locally accessible wherever possible and centralised where necessary;
- Proposals have been developed which are supported by evidence based best practice in improving health outcomes and improvements in patient experience.

The SaHF programme remains confident it continues to embed patient choice within their proposals in line with policy for the following reasons:

- For the majority of patients using acute services their nearest hospital will continue to offer the majority of services they currently use.
- The benefits of consolidating services so that the quality of care in all remaining units is raised to a consistent and higher standard giving patient's choice of several highest quality providers, outweighs the impact of the reduction in the number of units
- Implementation of many of the Programme's recommendations would improve aspects of patient choice. An example of this is development of out of hospital care, where more services will be offered in the community nearer to patients home

- Little feedback was received in regard to patient choice from the consultation. That which was received has been considered and the proposals refined accordingly.

3) Clear, clinical evidence base

The programme was designed from the outset to be clinically led. The programme structure includes medical representation in its groups, and medical leadership was provided by four programme Medical Directors. In addition, all clinical proposals were developed through discussion at the Clinical Board which had senior representatives for each provider and CCG.

The Clinical Board considered detailed evidence at each stage before making recommendations to the Programme Board. Local clinicians also met to discuss maternity and paediatrics proposals in more detail and a separate workstream developed out of hospital proposals. Through this participation and leadership, the programme has ensured that the clinical vision and standards lead the reconfiguration proposals.

The feedback received on the SaHF consultation included the following from the JHOSC: “We recognise that the development of the proposals have been “clinically-led” and approved by a Board comprising the Medical Directors of the Acute Providers and Chairs of Clinical Commissioning Groups (CCGs) in North West London”.

“Despite its inherent differences, the committee has been able to reach a broad consensus on many of the important issues before it. Importantly it has reached a broad agreement on the strength of the clinical case for reconfiguration of the accident and emergency provision. It has, though, not found it appropriate to endorse any one of the particular options put forward”.

4) Support for proposals from clinical commissioners

CCGs led by CCG Chairs have been involved and engaged in each stage of the SaHF Future programme and their feedback has been used to inform the proposals being taken forward by the programme.

Just before consultation was due to start all CCG Chairs wrote letters to the programme supporting the rationale for changes to healthcare services and hence, the need to consult the public.

All CCGs submitted a formal written response to the consultation. In general they all supported the Case for Change and outlined where they had a preference for a particular Option.

In 2016 all CCGs approved SOC1 via their governing bodies.

In 2018 individual CCGs gave approval to each of the provider components of the capital submissions to DH.

Compliance with NHS England’s test for proposed bed closures (where appropriate)

SOC 1 originally called for a net bed reduction of 364 beds. This would require that the case satisfied at least one of the criteria set out by NHS England. In February 2018, the SaHF programme submitted a response to an NHS England and NHS Improvement assurance query, setting out how North West London could manage if the demand on beds was such that the SOC 1 planned reduction could not be achieved. The SaHF assurance response concluded that going forward it would be expected that provider Outline Business Cases

(OBCs) would reflect an activity and bed requirement in line with this alternative scenario (ie no reduction in beds). This would mean that this additional test for bed closures would not apply.

However, all providers are expected to achieve productivity improvements to reduce length of stay. This efficiency expectation will in itself reduce the number of beds. This and other factors may mean that the current need for beds does reduce over time so compliance with this test will need to be kept under review as outline business cases are developed.

The SaHF programme will need to hold an overview of bed capacity and ensure alignment between the overall activity modelling and individual business cases. We will need to demonstrate to regulators and stakeholders that sufficient capacity will be in place to meet future demand.

Summary

To date the SaHF programme has satisfied NHS regulators of compliance with the four tests outlined by the Secretary of State in 2010 and the additional test introduced by NHS England from April 2017.

It is recognised that this will be an ongoing process.