

# North Central London Service and Organisation Review

## 1. Introduction

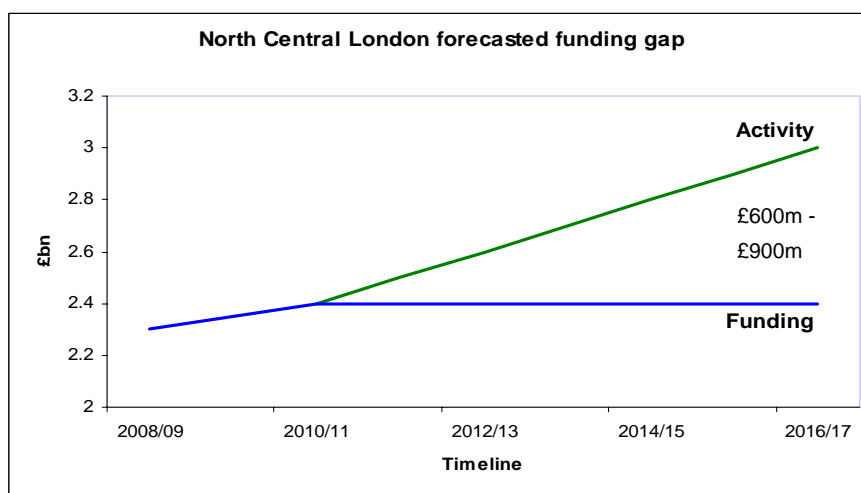
This document provides an update for Boards on the progress of the North Central London (NCL) service and organisation review currently underway.

### 1.1 Background

The NHS is facing an unprecedented challenge over the next 5 years, as it prepares for, and then manages its way through, an inevitable public sector recession. NHS services in London are preparing to face this challenge, while continuing to deliver the transformation of health and healthcare set out by Healthcare for London. It is clear that that wide scale change will be needed

NHS London have commissioned a study into the long term effects of the forecast funding gap. The study assumed a constant rate of growth in the demand for health services taking into account demographic trends and changes in the public's demand for healthcare.

Based on the latest information from the Department of Health, the total efficiency gains healthcare organisations will be asked to achieve over this period has also been forecast. Using the ten year time period of the Healthcare for London strategy, the funding gap has been forecast to 2016/17. The analysis shows that by 2016/17 the NHS in NCL is likely to be facing a funding gap of between £600m and £900m.



Furthermore, the NCL sector has specific local challenges it needs to understand and respond to. For example, not all organisations in the sector will be able to fulfil the criteria for achieving Foundation Trust status; the Department of Health (DH) has set this as a target for all organisations to reach by December 2010. There are also residual issues with building quality and bed capacity within the sector.

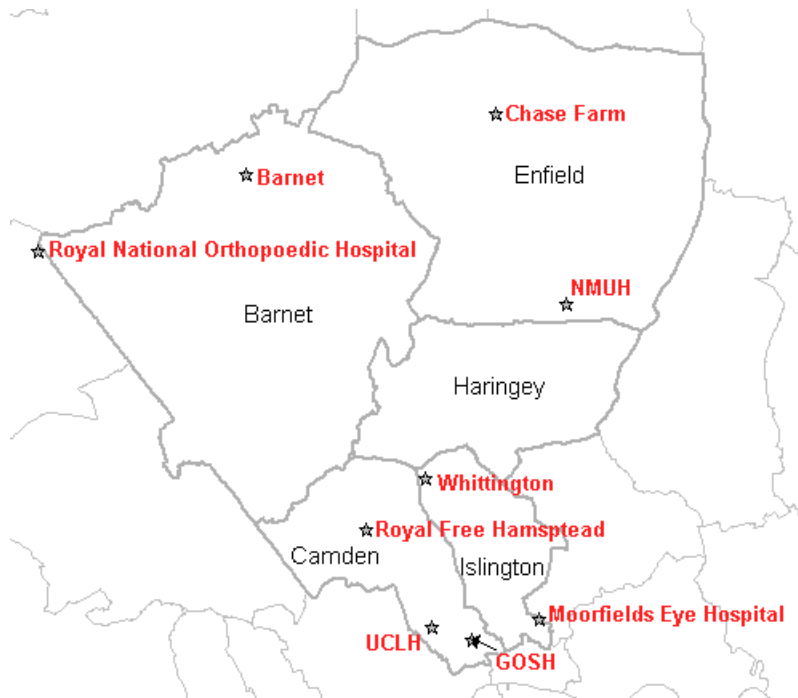
In summary, there are three core drivers for radical and sector wide change to the configuration of health services in the North Central London sector:

- Increasing quality and delivering the Healthcare for London strategy
- Funding gap

- Ensuring that we have clinically and financially stable organizations to deliver the change

## 1.2 Sector Context

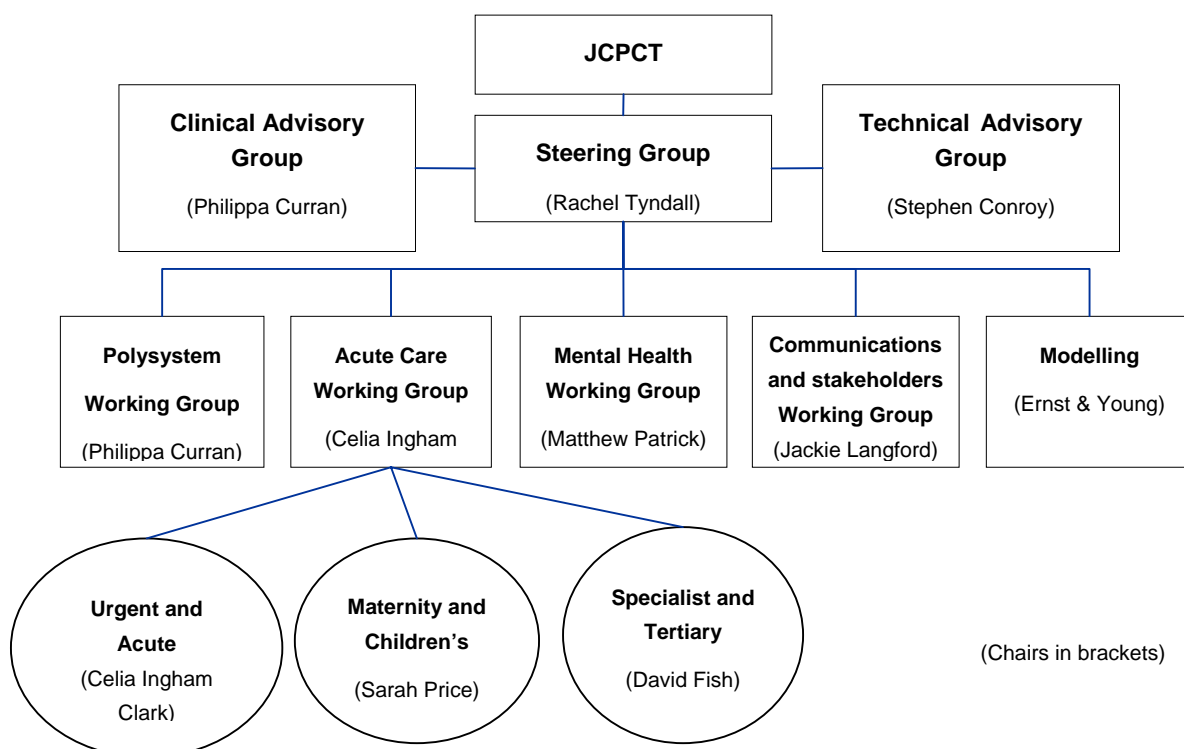
In North Central London Sector, there are five PCTs – Barnet, Camden, Enfield, Haringey and Islington, serving a combined population of 1.25 million. There are eight acute hospital providers delivering a wide range of secondary care (general hospital), as well as two specialist hospital providers (Moorfields Eye Hospital and Great Ormond Street Hospital):



## 2. Governance of the North Central London Sector Organisation Review

A Programme Structure has now been established under the auspices of the Joint Committee of PCTs to carry out the NCL sector organisation review.

### Governance of the NCL service & organisation review



The NHS team supporting the review programme are:

- Programme Director - Jackie Langford (handing over to David Law at the end of September)
- Programme Manager – Deirdre Crowley
- Polysystems Lead – Siobhan Harrington (on part-time secondment from her post as Director of Primary Care at the Whittington)
- Urgent and Acute Services Lead – Toby Lewis (on part-time secondment from his post as Director of Strategic Development, UCLH)
- Mental Health Lead – Kate O'Regan (seconded from her post as Assistant Director of Islington Mental Health services)
- Project Officer – Kristina Hugo

### **3. Progress to date:**

#### **3.1 Clinical Advisory Group (CAG)**

The CAG have developed an initial set of criteria for options appraisal.

- Ability to deliver the highest possible quality of clinical care as measured by clinical safety, clinical effectiveness and patient experience
- Reduces inequalities, in particular improving care for under-served communities
- Is consistent with the general principles of the Healthcare for London programme
- Focuses on or facilitates improved productivity
- Can be delivered within the financial envelope predicted for the next 5 – 10 years

These initial criteria will be further refined.

The CAG has also agreed a set of “cornerstone” services which are fundamental to the review. Subgroups of the Acute Care Working Group will consider the cornerstone services, as follows:

Urgent and Acute subgroup:

- 24 hour acute surgery
- Acute general medicine (including geriatrics)
- A&E
- Trauma

Specialist and tertiary subgroup

- Neurosurgery
- Hepatology / pancreatic and hepatobiliary services
- Orthopaedics (specialist)
- Bariatric surgery
- ENT
- Maxillo-facial
- Cardiothoracic surgery
- Vascular surgery
- Cardiology

Women and Children's subgroup

- Obstetrics
- Paediatrics (including inpatient, ambulatory and A&E)
- Neonatal services
- Gynaecology

#### **3.2 Acute Working Group**

The acute care working group has established three subgroups as set out above. The subgroups are initially focusing on what services are required across the sector, to identify the number of sites where key services should be provided to maximise quality and efficiency. The Women's and Children's subgroup are considering maternity and NICU services together and looking at paediatric services in the sector separately, with the support of Healthcare for London. The specialist and tertiary services subgroup are considering hub and spoke models, which would see complex tertiary work being undertaken on a single site in the sector.

### **3.3 Mental Health Working Group**

North Central London is the only sector including mental health services in its service organisation review. The group have had four meetings so far and are considering the implications of Healthcare for London for mental health services, with a particular focus on the links with the development of polysystems. The group is also considering the number of sites across the sector at which specialist mental health services should be provided, as well as a more systematic consideration of CAMHS. Two workshops on mental health services in polysystems are taking place during September to inform the review. Representatives from NHS London's polysystems team are attending these workshops.

### **3.4 Polysystems Working Group**

A series of briefing meetings with GPs around the sector has been underway since late August and there is increasing interest in the work of the group. They are considering good practice models from other locations and working to identify the core services which must be in all polysystems to ensure a consistent level of care for patients outside of secondary / tertiary services. The working group are drawing up a map of the current and planned polysystems in the sector to ensure any gaps are identified and addressed. Visits to good practice sites (such as Redbridge) are planned.

### **3.5 Technical Advisory Group (TAG)**

The TAG are working on the modelling assumptions being used for the sector organisation review and are due to sign off on these by mid September.

### **3.6 Communications and Stakeholders Working Group:**

The communications leads from each of the NHS organisations in the sector are collaborating to develop a communications strategy and action plan to support the work of the review. This will be brought to the Steering Group for sign off. The communication leads have a key role in ensuring that staff and patients are kept informed.

Healthcare for London has been informed by an extensive London-wide public consultation and we are working with the various LINKS organisations in the North Central Sector to ensure that the views of the public continue to be reflected in this current review.

A dedicated email for queries from any source has been established. The address is [ncl.queries@islingtonpct.nhs.uk](mailto:ncl.queries@islingtonpct.nhs.uk)

A series of Board briefings have been taking place, with two evening sessions offered each month, one in the north of the sector and one in the south.

An initial briefing note has been sent through to all NCL organisations for cascading to staff. Further staff briefing will be developed through the Communications and Stakeholders Working Group.

A series of briefing meetings is underway with GPs throughout the sector (via Local Medical Committee Standing Joint Liaison Committee meetings, practice based commissioning meetings or wider education sessions).

The Local Authorities have been formally asked to input in the review and to nominate representation to the Steering Group. Face-to-face briefing meetings with the Local

Authority Leaders and Chief Executives are starting in September and will continue throughout the process.

MPs have also been sent the general briefing material and offered face-to-face meetings, either individually or in groups

#### **4. Key Deliverables:**

NHS London has issued its strategic planning guidance for 2009/10. This sets out a number of requirements and associated milestones.

On the 30th September 2009, each sector is required to produce:

- a publishable, localised version of the Healthcare for London case for change (draft already available)
- a presentation pack setting out how the sector is responding to the case for change
- progress to date on activity and affordability modelling at both sector and PCT level

PCTs are required to submit a presentation pack setting out the Healthcare for London case for change applied to the local context together with the local response including emerging polysystem plans

On the 18<sup>th</sup> December, each sector is required to produce:

- Strategic plans (including PCT sections) and all other World Class Commissioning (WCC) documents
- Activity and financial analysis consistent with the “front-ended” aggressive scenario from the affordability analysis

PCTs are required to submit the national finance template and all other WCC documents

#### **5. Conclusion:**

The challenges set out in the Healthcare for London programme are about vastly improving quality of care. The North Central London sector must now agree how this can be achieved while at the same time ensuring that the sector can withstand the economic downturn. The timeframe for developing the required plans is very tight, reflecting the urgency of the pressures we face.

The next Board briefings about the review work have been scheduled for 14<sup>th</sup> and 15<sup>th</sup> September. Further updates will be provided as the work progresses.