

## Frequently Asked Questions

### Health and health services in North Central London: Now and into the future 2011/12 to 2014/15

#### 1 The Sector Organisational Review was halted in May 2010.

##### a. Does “halted” mean “stopped for good” or might it resurface in the future?

NHS North Central London has no plans for organisational changes. Any proposals that may be developed in the future will need to be developed by GP commissioners and comply with the four tests set in the revised NHS Operating Framework. So alongside being GP-led, any proposals for change will have to involve patients and public; be based on sound clinical evidence; and increase choice for all users of the NHS.

##### b. Does this mean that the Whittington is saved?

NHS North Central London has no plans for organisational changes at the Whittington Hospital. We expect the Whittington to have a continued key role into the future as a hospital and a provider of community services.

##### c. Does this mean that the A&E at the Whittington will always remain open?

There are no proposals to close A&E, nor are there any options being considered. The planned development of a walk-in service at the front of A&E run by GPs will proceed. This is in addition to existing services.

##### d. Does this mean that the case for change was flawed?

No. The case for change presents a powerful impetus for change that all 16 NHS organisations are signed up to. The health inequalities; variation in health outcomes and the projected financial gap within North Central London still need to be addressed.

##### e. If the review is no longer in progress, how will the NHS address the financial and quality deficits in the system? Has the problem gone away then?

The NHS across North Central London is committed to addressing the challenges we face, and will look to develop initiatives that will improve the quality and efficiency of existing services. We have just published ‘*NHS North Central London: Now and into the Future*,’ our refreshed Case for Change online at [www.ncl.nhs.uk](http://www.ncl.nhs.uk) (originally published in September 2009). We hope to gather views and opinions of stakeholders about how the NHS can address these issues best in North Central London. This will result in a revised plan that sets out how we intend, collectively, to achieve financial balance.

##### f. The PA Consulting Stocktake proposes a reconfiguration journey – what is your timescale for this?

NHS North Central London has no timetable for a service and organisational review. The PA Consulting report makes suggestions of good practice but we have chosen not to pursue an organisational review.

Instead, we will be working with GPs to make service changes which were proposed by our Clinical Advisory Group. This would include looking for service improvements in areas

such as mental health and cancer. Many of the stocktake's recommendations will be of help to us to shape how we engage more widely, and we are committed to facilitating consideration of these in a transparent and open manner in the usual way (i.e. through scrutiny committees and, for example, service users, LINKs, clinical groups and local authorities). A recent example was the bringing together on two small specialist pancreatic ('HPB') services to the Royal Free Hospital site in order to maintain clinical accreditation.

**g. Have polyclinics been halted too?**

There is no longer an obligation to deliver polysystems in every area; rather we are working closely with GPs to develop new services out of hospital. A good example of this is Finchley Hospital which has recently received treasury approval to go ahead.

**2 The role of NHS North central London is to gather the views and opinions of everyone in the sector about healthcare to best inform GP Commissioners in their future decision making role.**

**a. Is this organisation making secret decisions outside of the public eye?**

No. The NHS Operating Framework, the guidance on service reconfiguration from the Secretary of State for Health, and the QIPP guidance are all very clear that decisions in the future will be made by commissioning GPs. This doesn't mean that there won't be difficult decisions and choices to be made; the NHS like all other areas of the economy will feel increasingly financially challenged, but it does mean that decisions will only be made after wide engagement with patients, interest groups, the local authorities, and providers of services. NHS North Central London intends to be as transparent as possible in our work. All documents and information about the emerging case for change can be found at [www.ncl.nhs.uk](http://www.ncl.nhs.uk)

**b. Who are these GP Commissioners and what decisions are they making?**

GPs are currently considering what consortia they would like to see in North Central London. As these discussions progress and provide more clarity, NHS NCL will work with them during the transition period. In the intervening time there are already structures in place that we will use to ensure GP commissioners are at the heart of decision making. These include the PBC consortia, Professional Executive leads and the LMC. The GPs have set up a NCL GP Commissioning Forum to lead commissioning discussions.

No decisions are being made by any group on major service reconfiguration. The focus for the coming financial year will be on driving quality and efficiency improvements in existing services.

**3 We are committed to doing this transparently and openly.**

**a. Your track record has been of making decisions without consultation, why would it be any different now?**

We completely accept that there could and should have been more discussions and engagement during the period of the Sector and Organisational Review. The Sector and Organisational Review had not got as far as making decisions. However, we have listened to the concerns that people have and have stopped this work. Any proposals for service changes that emerge in the future will come from GP commissioners and there will be wider discussion and consideration of any proposals.

In the next months we will make sure that we will:

- provide briefings and information to our elected representatives through meetings, scrutiny functions and printed material;
- publish all our material on our website and invite any interested person or group to share their ideas;
- accept invitations to meet with any group who want to share their ideas for the future; and
- develop stronger relationships with our GP Commissioning Groups and keep all GPs fully involved in decision making if that is what they wish.

**b. Where can I find information that I want about this?**

All available information can be found at [www.ncl.nhs.uk](http://www.ncl.nhs.uk)

**c. What are the key dates over the next few months at which decisions will be taken?**

Throughout October we will develop, in conjunction with GPs and other clinicians, a list of possible initiatives to improve efficiency and quality in **existing** services. There will be no initiatives that involve major reconfiguration.

Through November and December these will be widely shared for comment and all views will be collated and shared with GP Commissioners to inform their decision making.

In December NHS North Central London will produce a refreshed CSP based on the outcome of the autumn's activity.

At the same time we will have shared and developed the refreshed case for change that will inform decision making by GP Commissioners over the medium term.

**4 There is a projected deficit in the system that needs to be addressed in order for GP commissioners to begin their role in a position of financial balance.**

**a. What is the scale of the financial problem?**

At current rates of growth and inflation it is calculated that the NHS in North Central London will have a financial gap of over £500million by 2014/15.

**b. We wouldn't have this deficit if it wasn't for the bureaucracy, why don't we just get rid of the managers?**

The size of the projected financial shortfall is much greater than the overall management cost of the NHS in North Central London. The cost of management will be reduced over the next 2 ½ years by over 50%. This is a significant reduction but only a small fraction of the potential gap. The savings that will be made by cutting management costs will only provide 5% of the overall savings we have to make.

**c. Where have your figures come from to say this is the financial problem?**

The financial projections have been made using current and previous financial activity within the 5 boroughs. There are already huge financial pressures in the system particularly in the north of the sector. With current rates of growth in demand and costs we know that by 2014/15 that the projected gap is a reasonable estimate.

## **5 Over this autumn we are currently refreshing our Commissioning Strategic Plan and as part of this we will develop a list of options to address the deficit.**

### **a. What is the timeline for decision-making?**

End October – menu of current service initiatives

November/December – discussion about the menu of initiatives and the emerging case for change

December – finalised draft of the sector Commissioning Strategy Plan

### **b. What is the difference between the options developed here and the proposals last year?**

These initiatives are focusing on improvements and efficiency of existing services. There will be no proposals for major service reconfiguration. Last year the focus was on the Sector Organisational Review which has now been stopped.

### **c. Is this a Trojan horse for cuts to services and beds?**

No. All decisions will be led by GP commissioners with our commitment to be transparent.

## **6 These will be shared widely to gather views and opinions from all before any decision is taken.**

### **a. No one will listen to my opinion, haven't you made your mind up already?**

No. Your views are absolutely crucial to the future developments of the Health Service in North Central London. This doesn't mean that difficult decisions about priorities for the local NHS will not have to be made but you will be able to inform decisions that GP commissioners take.

### **b. Why do we need to change at all?**

There is a compelling need to change with growing health inequalities, service variations and a growing financial deficit that disproportionately affects the poorest in society. There are wide variations in health outcomes and still a wide variation in the quality of services that people receive. This is unacceptable and in itself is a reason for change. The projected financial gap underscores the pressing demand for this change. All 16 NHS organisations in North Central London recognise the need to change.

### **c. Why do you need all these different views? Did the campaign not make it clear what we wanted?**

The campaign in support of the Whittington Hospital has made it very clear that people value local services and want us to do everything to protect them. However there is still a compelling need to address the many health challenges we have in North Central London and we would really like to hear as many views about how to tackle these.

## **7 These options will not include any option for acute sector service reconfiguration**

### **a. You say that but how do we know you are telling the truth?**

We have laid out a clear timetable for the CSP work this autumn and we will publish our work as it is produced. We understand there is scepticism but we hope that by being transparent, we will go some way towards addressing people's concerns.

b. What will the menu of options look at if it doesn't look at acute sector reconfiguration?

It will look at opportunities that may exist for improving current services either in terms of quality or efficiency. For example, there is clinical evidence that indicates that by investing in pulmonary rehabilitation for people with chronic obstructive airway disease, we can expect to reduce the number of times that they need to be admitted to hospital in the future for emergency treatment.

c. Aren't you proposing changes in Mental Health Services already?

Health services are constantly evolving, as more services are provided out of hospitals and in community settings. Our local mental health provider trusts are about to commence a series of consultations about possible service changes which are intended to improve the quality of services and ensure services re provided within the funding that is available.

d. What are your future plans for reconfigurations to get better services and lower costs?

It is vital that the NHS does not stand still and that it continues to modernise and improve, to meet the challenges of being innovative, enhancing preventative medicine and improving quality and productivity. But this must go hand-in-hand with an NHS where improvements are driven by local clinicians, patients and their representatives, and are in other words bottom up, not top-down.

The NHS has always changed and adapted to new technologies, medicines and treatments and must continue to do so. The goal of any change to services must be to ensure patients get the best care possible, delivered to the highest standards in the most effective, efficient, equitable and personalised way.

The Secretary of State has identified four key tests for service change, which are designed to build confidence within the service, with patients and communities.

The tests require existing and future reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

The Secretary of State has also made it very clear that GP commissioners would lead local change in the future. With that in mind, I have asked local GP commissioners, in conjunction with PCTs, to lead this process locally and assure themselves, and their SHAs, that proposals pass each of the tests.