

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE WANDSWORTH PCT
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING WITH THE
PCT MANAGEMENT TEAM
17 JUNE 2008**

These headlines are for rapid briefing purposes about the lay/user issues arising in the meeting. It is not a full report from the meeting.

PEC and PCT Board papers are available on the WPCT website:
www.wandsworth-pct.nhs.uk

The contents of this briefing note are for information only and are solely the responsibility of Andrew Craig, PEC Lay Member, including errors and omissions. They do not necessarily represent the views of the PEC or Wandsworth PCT.

Declaration of Interest

It was agreed that my declaration of interest as a partner in MAC Partnership LLP working as an integral part of the Wandsworth LINK Host over the three year contract would be a standing declaration.

Matters Arising

Healthcare for London (HfL)

The joint committee of London PCTs and Councils plus Surrey agreed the outcome of the HfL consultation on 12th June (see press release www.healthcareforlondon.nhs.uk/pressRelease-080612-1.asp) Media interest and a propaganda campaign by the BMA focused mainly on "polyclinics" but in their bricks and mortar form this was not relevant in Wandsworth where a federated model of coordinating primary care was preferred. More important outcomes were the decisions about specialised services such as trauma and stroke and centralisation of children's services – on all of which there would now be local consultative activity between October 2008 and March 2009. The consultation did not support midwives providing clinics.

PEC would consider local implications of HfL at its July meeting. The autumn consultation focusing on future services in Tooting and Graveny would ask some of the "what next?" questions.

The PCT would adhere to Lord Darzi's 5 principles, especially "**You will see the difference first.** Existing services will not be withdrawn until new and better services are available to patients so they can see the difference." (see **Leading Local Change** May 2008

www.ournhs.nhs.uk/wp-content/uploads/2008/05/286501_nhs_next_stage_review_acc1.pdf)

Strengthening Commissioning

NHS London's concern to drive up performance across PCTs is the motivation for a very wide ranging exploration of approaches to strengthen both commissioning and providing across the capital.

The implications are well summarised in Ann Radmore's post-PEC email of 20-6 appended to this report. It seems inevitable that no matter what option is chosen, what is needed to deliver HfL, World Class Commissioning and provider autonomy means that PCTs across London will not be able to stay the organisations they are now. The implications for relationships with Local Authorities as well as public support for change of this magnitude are massive.

Items for Discussion

Urgent Care Review

Several patient groups were recruited to take part in this review about how best to stem the rising tide of demand for urgent care, usually meaning attendances at A&E at St George's. Their views were incorporated into the interim report and are available separately as well. Research on behalf of PCTs whose populations mainly use St George's showed that 1 in 3 attenders at A&E said they did not rate their reason for attending as an "emergency". There are well-known blockages in the diagnostics system which have perverse knock on effects on people going to A&E, such as GPs not having access to blood tests after 2pm and no 24hr Xray access. These could be remedied by commissioning these extended services which happens elsewhere in London.

The report was clear that the urgent care issue was not about beds, it was about better systems and processes all along the chain of urgent care, including cultural shifts required inside the acute Trust. Minor A&E demand and Walk In Centre usage must be part of the same process. Trying to change user behaviour first without doing this would be prohibitively costly and would never end given Wandsworth's 30% or more population annual population churn.

The interim report identified 10 priority areas for focused work:

- The top priority is that the A&E minors process and WIC process must be developed and work formally as one response. This needs to be organised over the summer months so the Hospital is prepared for next winter.
- GPs: Address the data issues – GPs get regular performance data on Urgent Care
- PbCs move away from focus on primary care provision to commissioning urgent care pathway.
- Intermediate Care/Community Services need to be simplified and demonstrate they address population needs.

- Primary Care: need to assess the out of hours impact on urgent care and next steps needed
- A&E Majors, Clinical Decision Unit & Medical Assessment Unit at St George's processes developed and actively operationally managed all the time
- A&E gets proper support from other departments
- Involve all wards in supporting A&E 4 hour target
- Improve diagnostics
- Input of geriatrics & Geriatric Rehabilitation unit.

An action plan would be available in July.

PCT Investment Principles and Funds

Because of its positive financial situation, the PCT had some £5.4m additional resources to invest through the commissioning team to support priorities in the Commissioning Strategy Plan (CSP) 2007-12

www.wandsworth-pct.nhs.uk/pdf/ourplans/Wandsworth%20Teaching%20PCT%20CSP%20Nov%202007.pdf .

These are priorities on which the PCT's performance will be monitored and judged, for instance in World Class Commissioning competency terms.

PEC noted that currently only social care was included in the move to personalised budgets for individuals. If the legal position changed "post Darzi", then the PCT would have to take that factor into account in respect of groups such as elderly people and those with long term conditions and disabilities. This would require rethinking of how investment worked.

Items for Information

Battersea & North Wandsworth

PEC supported the 6 recommendations in the business case arising from the consultation process:

- Approve the Battersea and north Wandsworth consultation process
- Implement a federated primary care model across Battersea and north Wandsworth. This can start to be implemented quickly.
- Invest in improving the current primary care infrastructure where necessary and affordable
- Invest in a new primary care centre on Grant Road (Clapham Jtn)
- Invest in redevelopments at the Doddington Clinic / Battersea Fields site and on the Bolingbroke site and in a redesign and refurbishment of Bridge Lane Health Centre
- Agree the proposals for the long term solution for services currently provided at the Bolingbroke.

PEC noted that £1.5m a year was available for investment to support these objectives so they would be prioritised to ensure that all four sites received development funds. There were also commitments for Putney PCC and the developments which would come out of the autumn consultation about health services in Tooting and Graveny. The PCT also had some £12m lodged with NHS London which could be drawn up for years 3-5 of this process.

There would be continuing engagement with the local populations about progressing these objectives to agree, for example, what can be accommodated within the new location and commissioned within the additional space at Grant Road and the other sites, bearing in mind the local health needs. The report had some indications about what could be commissioned, but this was not set in stone as was up to the commissioners. This was really a strategic outline case for which the detail would now be devised.

The PCT was aware of the issue of health needs in the far northeast sector of the borough. The nearest sites to this area for development that could be identified were the Doddington Clinic and Battersea Fields sites. When the business case was tested there would be another effort to identify anything further east that could be used. The whole thrust of the B&NW exercise was to provide the capacity so that commissioning could do the job within new infrastructure to provide what was needed. Without the infrastructure, commissioning could achieve nothing. But this did not mean the PCT was tied to a buildings-led strategy. There might even be mobile units for some services as well as different procurement approaches for different aspects of the service.

Next Meeting of the PEC: Tuesday, 22nd July 2008, Rooms 2/3, Wimbledon Bridge House, Wimbledon, beginning at 09h30.

Text of update on “strengthening commissioning” from Ann Radmore 20-6-08 (by email)

Dear colleagues

I wanted to update you on where we are with the Strengthening Commissioning work we are doing in south west London alongside the other sectors in the capital. This work is moving forward at a very fast pace.

To remind you, our main drivers for this work are:

- The need to significantly improve performance across London
- Capacity and capability to implement Healthcare for London
- The World Class Commissioning Assurance process

As many of you know, I meet with the other four PCT chief executives in south west London every Monday morning to progress this project. David Smith,

Chief Executive of Kingston PCT, is the senior responsible officer and our lead representative for the sector on a London wide group.

We have a long list of options for the possible future configurations of commissioning services in south west London. We are working with PriceWaterhouseCoopers, PWC, on the development and analysis of the options. We have 12 options that represent points across the broad spectrum of possibilities that can be summarised as:

- Leave things as they are, the status quo
- Combine management teams
- Merge organisations
- Integrate with the borough
- Set up an Intelligent client PCT – a small strategic organisation that procures commissioning functions from other PCTs or private organisations

All of the options that we are looking at are in operation somewhere across the country. Over the coming week we are tasking a director from each PCT to gather intelligence from other areas of the country to find out how different PCT structures function. Both PWC and the south west London PCTs already have an understanding of some models, but we hope this further investigation into how different arrangements of PCTs across the country work in practice, will help us further analyse the options we have put forward.

We are considering all of these options against the 11 criteria that have been developed London wide to cut our long list down to a short list of no more than four. We have expanded the criteria to make them more applicable to south west London. Directors, PEC chairs and chief executives from all five PCTs began this work at a workshop last Tuesday evening. A series of workshops over the next two weeks will get us closer to deciding on our preferred option. Chief executives and nominated directors across the patch worked on updating the options and criteria and agreeing evaluation methodology yesterday. At our chief executives' meeting on Monday we will approve this. We will then have a similar workshop to agree a shortlist of up to four options on Wednesday 25 June 2008 to be approved on the following Monday. Our final planned workshop with chief executives and nominated directors to recommend a preferred option is scheduled for Wednesday 2 July 2008. In addition, south west London PCT chief executives, chairs and PEC chairs meet to discuss this at our regular joint committee meetings. We will share our thinking with you as it develops over the coming weeks.

We will submit our preferred option to NHS London on 11 July and present and discuss it with them the following week alongside the other sectors across London. NHS London is expecting options that will best suit individual sectors and so there may be a broad range of variation from the five proposals presented but they will need to be broadly compatible. This submission will need to emphasise the:

- benefits for patients and the public and the clinical evidence that supports this

- resources required to deliver proposed changes, and how they will be secured
- implementation plan addressing key risks and how they will be mitigated
- stakeholder engagement and communications approach

Final decision making will rest with PCT Boards and may be subject to staff and public consultation.

Alongside this sector work, Bill Gillespie, Chief Executive of Sutton & Merton PCT, is our representative on a London wide group that is looking into what commissioning functions might better be provided on a London wide basis. Additionally, the five directors of provider services across the sector and the director in Hounslow PCT are working together to look at strengthening provider services in light of strengthening commissioning and develop options to:

- Provide a focus to drive improvements
- Achieve clearer separation
- Strengthen accountability

As you can see there is a huge amount of work to do over the coming weeks. I hope this is a useful update, I will continue to keep you updated throughout the project. Please do let me know if you have any questions about this process or any comments on the work to date.

ENDS