

## Notes on the NHS Wandsworth (PCT) Board Meeting held on 3rd June 2009

- 1. Delay on South Wandsworth Consultation.** Although the consultation document for the South Wandsworth primary care developments was approved at the May Board meeting, publication was delayed by NHS London. Their approval has now been secured and the consultation period will run from 27th May until 7th September with the Business Case coming to the December Board for approval.
- 2. Finance report.** Main issue identified here, at this stage of the financial year, is the budget pressure caused by a high number of expensive continuing care placements. Work is being undertaken to gain a better understanding of these placements.
- 3. Performance report for end 2008/09.** Main problem areas are still teenage conceptions, although there are no up-to-date data on these, ambulance response times to category B calls, and the availability of appointment slots on Choose and Book. Mixed sex bays at St George's continue to be a problem with some improvement over the past year and St George's now have an action plan to improve this problem further. Among the longer term issues, the gap between the best and worst wards in terms of low birth weight babies is still far greater than was hoped and, although the PCT hit its own target for smoking quitters, this was still below the joint target it has with the Council.
- 4. Single borough-wide programme for delivering improvements in healthcare.** The Board approved a proposal to create a single Implementation Board to bring together the programmes for healthcare improvements currently being planned or consulted on in the different parts of Wandsworth. As the LINK is currently represented on the individual Boards, I asked that it be given a seat on the combined Board. Nobody said no but, there again, no clear promise was made.
- 5. Putney Primary Care Centre Update.** The Board approved the decision to put the current planned development on the Putney Hospital site on hold. Reasons given were the fall in residential property values making the overall development too expensive for current NHS guidelines. Further consideration was to be given as to whether demolition should go ahead. This "temporary" pause in the plans here offers the LINK a chance to identify whether there are other options which are of better value to patients, particularly those from local GP practices.
- 6. Procurement of Health Visiting and School Nursing services.** It had been anticipated that contracts for the provision of these services would have been prepared for tender during the current year ready for a new provider to begin providing the service from next April. The Board approved delaying this process for a year, because of the lack of an obvious market in potential service providers. It is unclear at the moment whether this reflects the lack of a market or the unwillingness of the PCT to undertake such competitive tendering. One of the other reasons given for delay points to the latter as it was given as: the existing strong service alliances which are the basis of the delivery of the new service models.
- 7. Externalisation of Provider Services.** Further work had been carried out on this subject and the Board confirmed the continuing list of possible structures which are: a Community Foundation Trust; a hybrid of this and vertical integration with a secondary care provider; or a Social Enterprise Organisation. This list is still

problematic as it is not clear that the Department of Health will approve any Community Foundation Trusts and there is no staff interest in becoming a Social Enterprise Organisation, largely because of the threat to pension rights. The idea of a broader Community Healthcare Provider Organisation was being dropped as no local PCT was interested in taking the lead.

Roger Appleton

15 June 2009