

Decision Maker: **Adult and Community PDS Committee**

Date: **27th September 2011**

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **ORPINGTON HEALTH SERVICES PROJECT**

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Chief Officer: Dr Angela Bhan, Chief Executive, Bromley Business Support Unit

Ward: All

1. Reason for report

To bring to the attention of the Policy and Scrutiny Board the necessity to consider the future of health services in Orpington and in particular the hospital due to recent changes. These include the reduced usage of the hospital estate, recommendations from the Independent Reconfiguration to A Picture of Health, having facilities that are not suitable for modern healthcare and also the costs of running underutilised facilities. The Policy and Scrutiny Committee in November will receive the outputs from the project work described here. The Committee is therefore invited to note and comment on the anticipated process and recommend any further or alternative actions.

2. **RECOMMENDATION(S)**

The Committee is requested to NOTE and feedback on the following

- The project approach
- Terms of Reference of the project
- Should, a substantial variation in service provision be recommended then this would be subject to Public Consultation
- That Public Consultation, if it were needed, would be expected to be undertaken for 3 months from November 2011 with a default to December 2011 if necessary
- There is a time imperative in that South London Healthcare NHS Trust has served notice on Orpington Hospital as it is currently providing services to Bromley PCT and NHS South East London. This has been done in the expectation that reasonable planning times are allowed and with expectation of no significant impacts to services to patients.

Corporate Policy

1. Policy Status: N/A.
 2. BBB Priority: N/A.
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Financial

1. Cost of proposal: N/A There have been no additional recurrent budgets identified to fund services specifically for this project. Any additional costs would need to fit with already planned QIPP efficiency programs identified or bring a new business case which demonstrates impact on health outcomes and/or financial benefit elsewhere
 2. Ongoing costs: N/A. see above
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £N/A
 5. Source of funding: NHS allocations
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Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory requirement. Section 242 of the Health and Social Care Act
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The catchment population for Orpington hospital is around 118,000.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: These views will be sought as part of the engagement process.

Background

A 'Picture of Health' led to important changes in the clinical services delivered from Orpington Hospital. There have been some significant improvements to hospital safety that have occurred as a direct result of these changes. However South London Healthcare NHS Trust (SLHT) has indicated to commissioners that the cost of supporting the current Orpington Hospital site is significant and not the best use of resources available to healthcare. This has clearly led to speculation and uncertainty around the future of Orpington Hospital. One of the key lessons learned from A picture of health is that services cannot begin to improve while there is uncertainty about the longer term future and a Project team has been established to help resolve the uncertainty which has gone on for many years about services in Orpington.

No decisions have yet been made about the future of the hospital but there is agreement that we want to revitalise health services for Orpington patients. Everyone involved is committed to ensuring that services meeting the needs of patients continue to be available for people locally in Orpington and that there will be no break in services as a result of any changes.

SLHT has now given formal notice to SEL Cluster and NHS Bromley of its intention to withdraw the current configuration of services delivered from Orpington Hospital with effect from 1st April 2012 and have indicated it wishes to collaborate in the planning the right mix of services to meet patients' needs. In the meantime, all services will continue until suitable alternatives have been identified and it is therefore likely that some services remain located at Orpington Hospital beyond April 2012.

The impact of these changes is of great significance both for delivery of services for Bromley and of course for people living in the Orpington area. The joint project group has been formed working with South London Healthcare Trust, Bromley Council, GP Commissioners and NHS Bromley to help understand the best use of resources to deliver healthcare to meet the needs for Orpington and those services which are provided for the whole of Bromley that are currently based at Orpington Hospital.

The group includes Orpington GPs, hospital clinicians, the Orpington League of Friends, Bromley LINK, Bromley Primary Care Trust and Orpington Hospital staff representatives. Dr Ruchira Paranjape will be the GP clinical lead on the project group along with Dr Stephanie Munn from SLHT. Recommendations from this group will need the approval of the relevant organisational Boards. The Draft Terms of Reference of the Group are attached as Appendix 1. The services delivered at Orpington hospital are listed at Appendix 2

Regular updates from the group's discussions will be given to the Bromley LCCC GP Commissioners in public and these will also be published on the SLHT and NHS SEL websites

The project must explore and make recommendation on Commissioning and Provider issues. The recommendations of the project will be driven by the needs assessment and commissioner priorities and strategic direction. South London Healthcare NHS Trust is the owner of Orpington

Hospital and its Trust Board will need to seek approval in parallel to Commissioners on any estates related issues.

Project establishment

The project will have six phases

1. Gathering information
2. Service review and recommendations
3. Public consultation – if necessary
4. Feedback from any consultation
5. Final agreement on service changes
6. Implementation

Work began in August to gather information to review services and look at future models of care with the intention of making recommendations in October to the Local Clinical Commissioning Committee.

Gathering information – needs assessment

A full understanding of the needs of the area is being prepared by Public Health (needs assessment) and this will inform our final recommendations. The linkages with the Bromley joint strategic needs assessment will be made and, as the emerging priorities of the Health and Well being board are shaped, these can be taken into account. A separate piece of work is being undertaken on hydrotherapy as this service delivery mode has specific estates needs which are not easily replicated in an alternative setting and so we need greater understanding of efficacy, usage and options. Alternative hydrotherapy pools are being identified and colleagues being contacted about how the service is used. The two elements of needs assessment are expected to be complete by mid September. The engagement plan and processes will seek to raise awareness of the work that is underway and seek feedback to use throughout the project.

Service review and recommendations

The priorities from the Clinical Commissioners should steer any new service developments and ensure services meet current commissioning priorities. There is a key role here for Clinical commissioners to determine the shape of future services in the Orpington area. The GPs are directly involved in the project group, are forming Commissioning strategies which will apply to Bromley and therefore Orpington and then the broader GP group are being consulted in mid October as we prepare to make recommendations.

Additionally each service delivered in Orpington Hospital is to be considered using feedback from those clinicians who are currently delivering the service. These specialists will be offering their opinion of how the service should be developed to best effect. The Project team will consider all views, take into account the Commissioner direction and make speciality specific recommendations over whether it is essential the service remain in the Orpington area.

One key element of known strategy is a desire to support primary care in the delivery of out of hospital care. This means more integration of services between the community, GPs and secondary care. The project will wish to explore how this can be achieved. Also the PCT has identified the need to improve the infrastructure of primary care and this project will look to see if there would be a benefit of bringing GP Practices in lower quality premises alongside services. The PCT is looking at means to determine the most necessary investment in primary care across the patch. Controls will be put in place to ensure there are no conflicts of interest in decision making.

For some considerable period there has been the need to review Intermediate care¹, contracts are reaching their expiry date and need to be renewed. There are currently beds in Orpington Hospital which are part of a Bromley wide intermediate care support network. There is a separate paper exploring how intermediate care needs to be developed for the future. This work is jointly done between the London Borough of Bromley and Bromley PCT. Any proposals that could affect the overall Orpington picture will be presented at the same time to ensure everything can be understood clearly and commented on easily by the general public. There will be a parallel process agreed with the Local Authority resulting in a public consultation paper if this is required.

Having looked carefully at the health needs and the effectiveness of services currently available this will be brought together to consider the premises currently being used and options for alternative provision. A recommendation on the way in which we will want to continue deliver services will be made in October.

Development of Options

The project team will need to establish the range of options that exist for future services and work through these looking at the strengths and implications of each one to reach recommendations. The options which offer the best health outcomes within the resources will be selected through a transparent and robust process. An initial list of options has been compiled for feedback during this engagement phase.

Consideration will need to be given to each service, subsequently collating this to look at the overall set of options for all services in anticipation of business case processes. This will need to cover Strategic fit, Options appraisal, Commercial aspects, Affordability and Achievability

Emerging Options for Discussion

1. Do Nothing
2. Rebuild of services in a portion of Orpington hospital site,
3. Utilisation of a portion of the current building

¹ Intermediate care is defined as 'a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living'

4. Renting somewhere else in the Orpington area
5. Buying/building somewhere else in the Orpington area,
6. Move services in Orpington to other NHS sites.

These above options could apply to all services or some of them.

In reviewing the options we will need to evaluate these against a series of criteria. The following considerations have been suggested in addition to the core business case areas identified above and we seek feedback on others

- Walking distance to services, nearest public transport and car parking
- Bus routes
- Car Parking

A Health Inequalities and Equality Impact Assessment will be undertaken as the project reaches recommendations and used to ensure that any service changes have a positive impact on reducing inequalities.

Public consultation – to be undertaken as necessary

The process described above will then determine if there needs to be public consultation because of a substantial change in the way services are delivered.

The four Department of Health 'reconfiguration' tests will be applied to ensure that change is led by clinicians (the GP support test), that patients and the public have influenced decisions (strengthened public engagement test), that there is strong clinical evidence for any proposals for change (clinical evidence review test) and that any changes are reviewed in terms of their impact on patient choice (patient choice test). If the recommendations indicate there will be any substantial changes then we will need to consult with the public and the Bromley Health Overview and Scrutiny Committee for three months and will mean any significant service changes will not be enacted before March 2012.

Feedback from any consultation, Final agreement on service changes and Implementation

If the project and then the Trust Boards determine that a public consultation is appropriate then this will be used to gather full feedback on any offered options. The approaches to ensure full participation will be co-designed with our public representatives and the Scrutiny committee. We will want our engagement process to have helped consider and frame the questions and tests we need to be applying for any future service design.

Starting points for the public consultation would be

- A series of Public meetings
- London Borough of Bromley - Policy and Scrutiny Committee
- Health & Social Care Partnership Board and relevant sub groups

The feedback from public consultation will be used to review the options and make final recommendations to the PCT and Trust Boards. It is anticipated this would happen after January 2012. Implementation would only take place after the successful culmination of these approaches.

Engagement

Engagement plans have been developed to apply during the information gathering and service review phases and seek to ensure there are opportunities for feedback and input from staff and the community in developing proposals.

Public and user involvement

Patient and public engagement is integral to the project and the public engagement plan has been developed and jointly agreed with the members of the project team representing the public and the Chair of the Friends of Orpington hospital. This will also be discussed at the Bexley, Bromley and Greenwich Stakeholder Reference Group (BBG SRG) which is independently chaired by Peter Gluckman on the 14th September. The BBG SRG is responsible for informing stakeholders of major strategic changes to the local NHS across the six boroughs and discussing the implications with them. It also co-ordinates the testing of these service changes against criteria (b) and (d) (Engagement and Patient Choice) of the '4 Tests', making sure that there is effective communication with GPs and clinical commissioners on the testing process. The group accounts for its work and reports its findings to the CSG and the Joint Boards of NHS SE London.

There are two aims to our public engagement processes at this stage

Raising awareness of the Orpington health project and ensuring patients and the public are aware of the opportunities for input. This will be achieved through

- o presentations to patients groups, partner agencies and the Health Overview and Scrutiny Committee. (Suggestions are most welcome of interested groups).
- o leaflets with contact details of how patients and the public can in put their comments disseminated to health centres, GP practices, libraries, community centres and local businesses and stakeholders
- o Dedicated email address for members of the public to post comments (bro-pct.orpingtonquestions@nhs.net)
- o NHS South East London and partner agencies website regularly updated with relevant information about the project
- o Adverts in the media and information in newsletters of voluntary organisations such as LINKs.

Listening to the views of patients and the public

Public meeting organised jointly with Bromley Links and focus group discussions to seek feedback on the outcome of the needs assessment and input to the development of options and criteria for assessing options

Staff engagement

The process of Staff engagement is underway. As highlighted earlier the opinion of clinicians currently delivering services will also inform the services review. Other means of engagement are described below

- Meetings with staff have already taken place to inform them of the launch of this project
- Orpington staff are directly represented on the Project Team by a representative of the Trust's Staff side union forum.
- There are the usual channels of SLHT's communication processes including SLHT newsletters, CEO bulletins, staff meetings and team briefing cascade.
- In addition to this, a series of special Orpington engagement meetings have been scheduled
- A leaflet is being prepared for all Orpington staff with further details of the process and likely options, this leaflet will include a feedback mechanism so that staff can feed into the engagement process.

Orpington Project Team

TERMS OF REFERENCE

1. Purpose

The purpose of the project is to design a sustainable set of services to serve Orpington residents whilst ensuring Bromley residents' needs are being appropriately met within the available resources.

The Project team will make recommendations to the Bromley PCT Board (meeting as the Joint Boards of PCTs in SE London and Bexley Care Trust) and the South London Healthcare Trust Board. The Bromley PCT Board will delegate levels of decision making to the Bromley Local Clinical Commissioning Committee as appropriate.

This work is to inform and be informed by needs assessment, general public representation, local stakeholders and Bromley Healthcare.

2. Membership

The members of the Orpington Project Team comprise a mix of voting and nonvoting members. The project seeks to offer an inclusive approach that will also be able to make clear recommendations and deal with any differences of opinion. It is intended that the voices and views of all attendees will inform the debate. Service user feedback will be fed into the debate via the engagement leads.

Membership is as follows

Commissioning - voting Governance role²

- Managing Director
- Project Director BSU
- Public Health Consultant BSU
- 1 GP Clinical Commissioning lead for Orpington
- Joint Commissioner (LBB and LCCC): Older People and Long term conditions
- Project Consultant clinical lead SLHT
- Head of Finance BSU

² conflict of interest exclusions to apply as necessary

For primary care estates decisions there will be independent Governance processes (in addition to above) to include

- GPs Out of Orpington area
- LMC
- Primary care commissioner SEL cluster

For SLHT estates related items - voting Governance role

- Project Director SLHT
- Director of Estates SLHT

Engagement

- GP from Orpington area
- Bromley LINKs (to identify 4 participants)
- Friends of Orpington Hospital chair
- SLHT trade union representative
- Communications lead (SEL cluster)
- Engagement lead Bromley BSU
- Director of Communications SLHT
- Operations Director/Quality BHC

Project delivery

- PMO manager lead SLHT
- Orpington commissioning manager BSU

For instances where Bexley patients or West Kent maybe affected then representatives may be offered observer status.

A quorum shall comprise 3 representatives from Commissioning Governance, at least one of which must be a clinician, and one representative of SLHT.

5. Frequency

Meetings shall normally be held as required whilst allowing subgroups to hold such meetings as it considers appropriate to discharge relevant roles and responsibilities.

6. Authority

The Team is authorised by the SLHT Board and Bromley PCT Board (meeting as the Joint Boards of PCTs in SE London and Bexley Care Trust) including any delegation to the Bromley Local Clinical Commissioning Committee to undertake all actions to fulfil their Purpose above whilst

respecting due governance of the two Trust Boards. In particular the Boards will need to sign off any recommendations for services, proposals for engagement and/or consultation and then hearing and agreeing final recommendations for the future services in Orpington area after any necessary engagement or consultation.

The team will link to other SLHT, Bromley BSU and other sector working groups to inform discussions. An example being the Intermediate care joint commissioning project group in regard to any interdependencies.

The Team may establish time limited task and finish groups to underpin the project as necessary – example primary care

7. Duties

The duties of the Project shall be:

To agree a model of service provision to meet the needs of Orpington residents including:

- Commission and receive a needs assessment for the Orpington area
- To link this to the Commissioning priorities for the Bromley Clinical commissioning group and consider the appropriate blend of services to meet the needs of the area
- To understand and consider Board priorities from the Bromley Health and Well being Board and Health and Social Care Partnership Boards.
- Taking into account the best use of resources to meet the overall needs of Bromley and Orpington to recommend a preferred service model for the Orpington area
- To develop financial models which demonstrate affordability and evidence value for money and service outcome in a business case model
- To assess and manage the risks within the project, or refer those which are not containable to the relevant Boards
- Determine in conjunction with the Policy and Scrutiny Committee of the London Borough of Bromley if Public Consultation is indicated from above
- If Public consultation is indicated then to prepare the consultation documents, recommend these to Board and undertake the consultation exercise
- To consider all feedback from any consultation and recommend further responses to the two Boards.
- Following agreement of the appropriate balance of services and locations to oversee a safe implementation

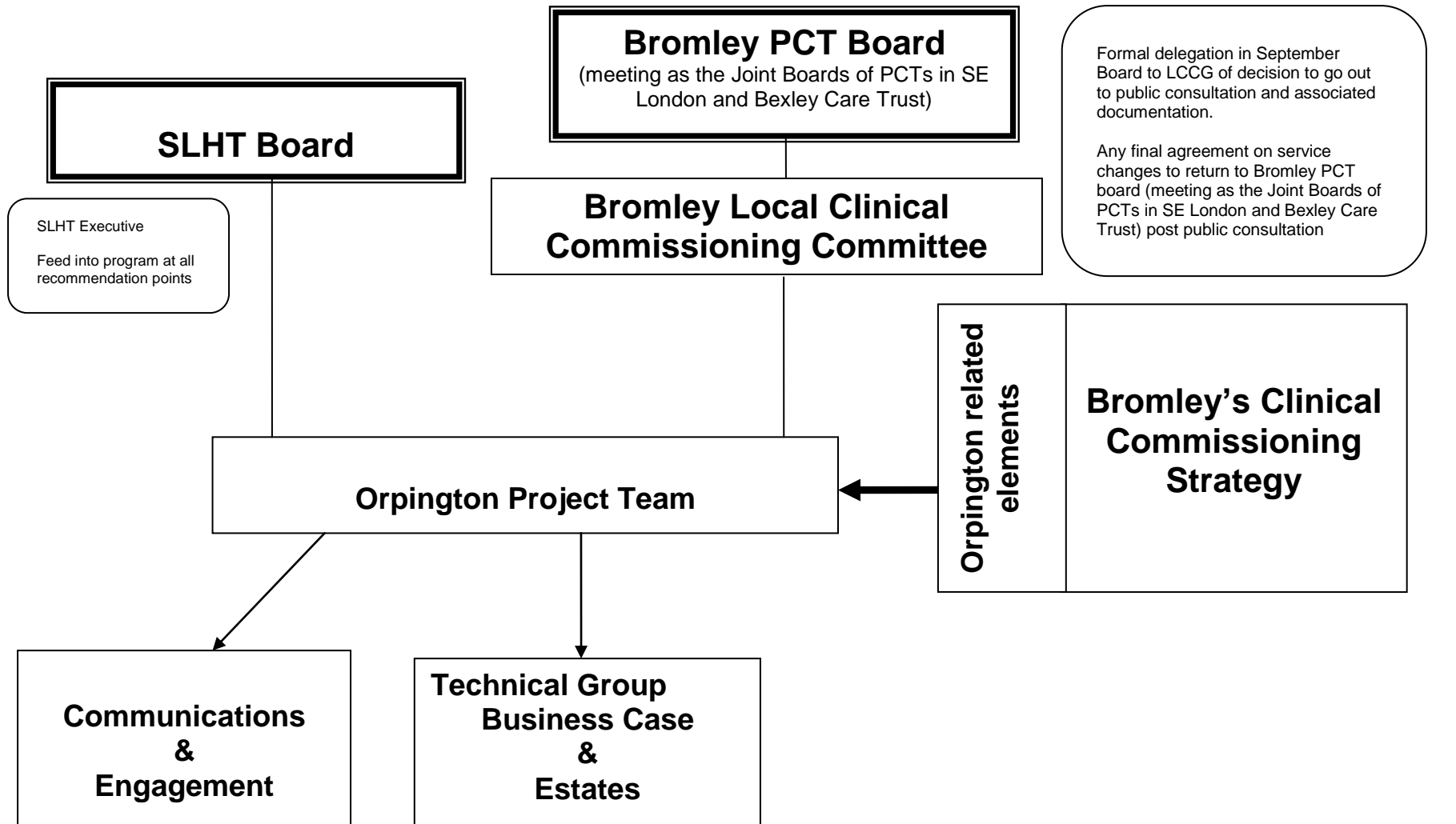
8. Circulation of papers

Papers to be circulated 2 days in advance of the meeting.

9. Review

These terms of reference shall be reviewed at the official start up of the project and at the point that the recommended service configuration has been identified

PROGRAMME STRUCTURE FOR ORPINGTON HEALTH SERVICES PROJECT



Formal delegation in September Board to LCCG of decision to go out to public consultation and associated documentation.

Any final agreement on service changes to return to Bromley PCT board (meeting as the Joint Boards of PCTs in SE London and Bexley Care Trust) post public consultation

————— Denotes formal decision making forum

Health Services delivered in Orpington Hospital

Dental

Radiology

Phlebotomy

Outpatients Department

- Rheumatology
- Orthopaedic
- Gynaecology
- Urology
- Surgery
- ENT
- Pain Clinic
- Cardiology
- Endocrinology
- Plastic Surgery
- Elderly Clinics
- Gastroenterology
- Neurology
- Acupuncture
- King Hospital renal service

Dental

Healthcare of the Elderly

Occupational Health

Colposcopy

Speech and language therapy

Hydrotherapy Pool

Biologic Infusion suite

League of Friends

Intermediate care beds

Dermatology

Diabetic Outpatient Service

Physiotherapy

Sexual Health

Podiatry