

## London Borough of Bromley Committee

### Part 1 – Public

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**Decision maker:** Health Scrutiny Sub-Committee

**Date:** 16 February 2012

**Decision type:** Non-Urgent Non-Executive Non-Key

**Title:** Orpington Health Services Project

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#### 1. Reason for report

1.1 This report updates Members on progress with the Orpington Health Services project and plans for further public engagement on proposals.

#### 2. RECOMMENDATIONS / DECISIONS REQUIRED

2.1 The committee notes and endorses the review of health services in Orpington, based on the health needs assessment

2.2 The committee notes the ongoing work to reach recommendations and that potential options for engagement and consultation are being explored.

#### Corporate policy

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

#### Financial

1. Cost of proposal:  
There have been no additional NHS 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 positive impact on health outcomes and/or financial benefit elsewhere.
2. Ongoing costs: as above
3. Budget head / performance centre: n/a
4. Total current budget for this head: n/a

5. Source of funding: NHS Bromley and other income sources for SLHT

### **Staff**

1. Number of staff (current & additional): n/a
2. If from existing staff resources, number of staff hours: n/a

### **Legal**

1. Legal requirement: Legal advice has been sought by NHS Bromley to help inform the appropriate level of engagement and consultation.
2. Call in: N/A

### **Customer Impact**

1. Estimated number of users/beneficiaries (current & projected): all Bromley residents for dermatology and outpatients services. For the Orpington area a smaller catchment exists of around 100,000.

### **Ward Councillor Views**

1. **Have Ward Councillors been asked for comments:** **Yes**  
During the engagement phase of the project all Ward Councillors within Zones 1, 2 & 3 identified in the health needs analysis were contacted, sent a background information paper and offered a meeting. Meetings took place with Cllrs Chalsey, Evans, Ince, Fawthrop, Bennington, Scoates, Norrie,
2. **Summary of Ward Councillor comments:**  
Councillors were generally supportive of the review of services and agreed that the proposed services should be retained in Orpington. Discussion focussed on the local access to services rather than concern for relocation of services away from an existing Orpington Hospital. Key themes and areas of concern were:
  - Sufficient parking was needed at any health care site
  - Parking at the PRUH needs attention if services are to move there
  - General support for the dispersal of phlebotomy services
  - General support for increasing care in community settings
  - Dementia care is needed locally
  - Support for delivering some services in local settings in Biggin Hill & the Crays

## **SUMMARY:**

The project has developed the recommendations for the services required to meet the health needs of Orpington. The team has explored several scenarios over how to deliver these. A further public event was held on the 8<sup>th</sup> December in Crofton Halls, Orpington with more than 100 attendees who were updated on progress, daytime drop-in sessions also occurred in three locations. The style of events has ensured the process was inclusive and interactive. All questions were captured and have been displayed on the website with answers<sup>1</sup>.

There continues to be some detailed work underway in analysing the finances underpinning the proposals. Further information is needed to determine the appropriate recommendations for the future of the Dermatology hub and the Hydrotherapy pool. The EQIA<sup>2</sup> supporting this project has been developed and highlights considerations needed in making any future decisions around hydrotherapy.

Once recommendations emerge there is a need to ensure NHS London and the PCT Chief executive are content. The issue of the nature of consultation needs to be discussed with the Bromley Overview and Scrutiny Committee and plans made for consultation as appropriate.

### **Orpington Services Project**

The OSC received an update on 15 November 2011 on this project.

The OSC will recall Orpington Hospital and the necessary services to meet local needs for Orpington has been an unresolved issue since ‘A Picture of Health’ which left around half the building as unused once elective care moved off-site. Resolution for Orpington Hospital was one of the stipulations from the Independent Reconfiguration Panel feedback. SLHT has served notice to Commissioners that it will not provide services at Orpington Hospital in their current configuration after April 2012.

This short paper is intended to give the OSC an update on the progress of the Orpington Health Services project and outline the steps to get to consultation and then resolution.

#### **1. Progress**

Orpington Project Team has been established including the full range of Stakeholders (5 members of public drawn from voluntary sector LINK patient groups and League of Friends), GPs, Staff side, SLHT Clinicians and public health. The group covers both the Commissioner and Hospital ownership issues (SLHT) and have:

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<sup>1</sup> <http://www.selondon.nhs.uk/a/1458>

<sup>2</sup> This can be found at [http://www.selondon.nhs.uk/your\\_local\\_nhs/bromley/local\\_clinical\\_commissioning\\_committee](http://www.selondon.nhs.uk/your_local_nhs/bromley/local_clinical_commissioning_committee)

- Undertaken a needs assessment
- Identified the services required to meet needs
- Calculated the space requirement to deliver care
- Undertaken an option appraisal on the best site to deliver the new model of care and are currently completing the financials.

1.2 The group have explored the services needed to deliver the needs assessment and considered

- No change,
- Delivering these through a dispersed model and
- Creating a health and well being facility to co-locate services

The emerging preferences are to retain a local set of services.

The proposed new services bring together Practices and the essential community and diagnostic services to support Primary Care in a preventative model supporting the out of hospital care agenda.

Other outpatient services currently delivered in Orpington Hospital are proposed to be transferred to Princess Royal University Hospital – 2.6 miles away or for some specialist dental to go to Queen Marys

A health and well being facility is recommended to be developed and the option appraisal is considering if this should be delivered;

- In the current hospital.
- Rebuilt in a smaller footprint on a portion of the site.
- Located on the Orpington High Street or other off-site local location.

1.3 The subject of engagement and consultations would be on the services being provided, rather than the facility in which they will eventually be provided. So the focus of discussion around changes will be;

- Premises improvements and relocation for several GP Practices
- Increased preventative and health improvement activity with diagnostic support
- Transfer of outpatients from Orpington hospital to the PRUH
- Future locations and access for Hydrotherapy
- Dental services in Bromley and at Queen Marys
- Dispersal of some services such as phlebotomy and warfarin over time to increase very local access for patients
- Potential to bring alongside community physiotherapy, mammography, mental health support and other enabling services
- Location for the hub of SLHT dermatology service
- It is to be noted there is a parallel engagement run jointly with the local Authority, who are joint commissioners of the

intermediate care services, affecting the only inpatient beds on site (the intermediate care beds)

1.3 Looking at the proposed changes and latest legal advice from Capsticks, it maybe that the nature of the change to services is not substantial<sup>3</sup> in the terms of section 242 (1B) of the National Health Service Act 2006, and so is not subject to a formal public consultation. However, we believe that any proposals will be enhanced, improved and more responsive to patients if we undertake some consultation/engagement process and we intend to do this and wish to consult with the Overview and Scrutiny committee about its' nature.

As we resolve some of the outstanding issues on finance and are able to make recommendations for the dermatology hub and hydrotherapy then NHS Bromley and SLHT will be able to assess how these proposals fit with the NHS Act and advise and discuss approaches with the Overview and Scrutiny committee accordingly.

1.5 An appraisal sought to explore how we could deliver any recommended co-located services and provide further information for consultation and inform any future business case. All location options require investment of capital to offer the modern healing environment. The business case will need to address how capital could be obtained to fund any redevelopment off or on site.

1.4 More work is continuing on financially assessing all scenarios and ensuring there is a viable solution which gives the right environment, offers all the services necessary to meet need and is affordable to all. Once this has concluded and there have been further conversations with the PCT Chief Executive and NHS London to ensure there would be support for the business case around capital which would underpin our proposals then the appropriate consultation as agreed with the OSC can be undertaken.

This financial analysis will seek to give a greater understanding of the impact of having the dermatology hub in the scenarios. We are also looking to understand the capital and revenue consequences if a hydrotherapy pool were to be provided in the rebuild scenario (it is understood it could not be re-provided in the offsite scenario). These two services are identified because the conclusion of the needs assessment did not determine that either the dermatology hub or the hydrotherapy pool were essential to be located in Orpington to meet patient need. The engagement process has clearly identified that their retention would however be a users preference. To give the most meaningful consultation we need to make recommendations on these services.

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<sup>3</sup> Regulation 4 of the OSC Regulations provides that where a "local NHS body...has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service, it shall consult the overview and scrutiny committee of that authority".

Due to the timelines involved in the project and the timing of SLHT board there has been a request for delegation of powers to the Chair and Chief Executive of SLHT to agree the content and scope of the consultation. The LCCC have previously indicated they will convene a special meeting of the LCCC if necessary for approval.

## **2. Engagement**

- 2.1 There has been an extensive engagement approach to date involving two public meetings (>100 attendees each time), local drop in sessions, staff meetings, attendance at groups, published information on the website and stakeholders fully participating throughout. Individual meetings with all affected Councillors have been offered with many taking these up and valuing the opportunity. Meetings have been held with all key portfolio Councillors, the Bromley Council Leader and MP twice during the engagement phase.

## **3. Key issues raised**

- 3.1 Our engagement work and ongoing project meetings have brought a number of issues to the forefront that we hope to address in the next stage of the project. These include:

- Transport/parking
- Hydrotherapy pool (funded 50% from local fundraising)
- Wanting to see the return of Operating theatres, increased maternity and other hospital services to fill the vacant space
- Patient experience
- Proceeds of any sale
- Intermediate care
- Nursery facility

## **4. Next steps**

- 6.1 Completion of option appraisal with recommendations
- 6.2 Decision on the nature and length of consultation and consultation plan  
Launch of consultation with support of Local Clinical Commissioning Committee and SLHT Board