

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO THE
DISTRIBUTION OF SERVICES BETWEEN BARNET,
CHASE FARM AND NORTH MIDDLESEX HOSPITALS AND
THE ASSOCIATED DEVELOPMENT OF COMMUNITY AND
PRIMARY CARE SERVICES*

Submitted to the Secretary of State for Health

31 JULY 2008

IRP

Independent Reconfiguration Panel

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RECOMMENDATIONS

- 1. The Panel accepts that the health care services reviewed in Barnet, Enfield and Haringey need to change.**
- 2. The Panel accepts the proposals to centralise Accident and Emergency services on two sites at Barnet Hospital and North Middlesex Hospital as the most appropriate way to deliver safe, sustainable and accessible Accident and Emergency Services across the review area.**
- 3. The commissioning primary care trusts (PCTs) should urgently establish an Accident and Emergency and Urgent Care Board reporting to the PCTs. This should develop clinical networks to ensure clarity for the public and the preparedness of the local NHS prior to any change. This Board will include staff, patient and public representatives.**
- 4. The Panel supports the proposals for inpatient Women's and Children's services. The Panel also notes the commitment to a midwife-led unit together with the full range of antenatal services and postnatal services at Chase Farm Hospital and recommends that this be clarified and formally approved by the PCTs as soon as possible.**
- 5. The Panel supports the proposal to undertake (elective) planned care on the Chase Farm Hospital site.**

RECOMMENDATIONS

- 6. The Panel supports the proposal to develop the provision of intermediate care beds on the Chase Farm Hospital site and wish to see this as part of an integrated strategy for rehabilitation.**
- 7. The Panel supports the proposal to create consultant-led paediatric and older people's assessment units at Chase Farm Hospital.**
- 8. The Paediatric Assessment Unit at Chase Farm Hospital should only proceed as part of a children and young people's framework for the review area including sufficient operational detail to allow further public engagement on paediatric services overall.**
- 9. The Panel endorses the current primary care plans and measures being implemented across Barnet and Haringey PCTs.**
- 10. The Panel supports Enfield PCT's intention to move to a public consultation exercise in respect of its primary care proposals as soon as possible.**
- 11. The Panel recommends that the terms of reference, membership and operation of the newly established Transport Group be urgently reviewed to ensure that complete involvement and engagement of all relevant bodies takes place.**
- 12. The Transport Group must focus as a priority on transport for those likely to be most affected by the changes. A greater sense of urgency is required.**

RECOMMENDATIONS

- 13. The Panel recommends an urgent review of public engagement strategy across the three PCTs and the two acute trusts – ensuring a whole health economy approach linked to the Barnet Enfield and Haringey (BEH) Clinical Strategy. This must ensure public representation with user and staff involvement in service design together with two-way communications and open and transparent decision making.**

- 14. The Panel endorses all of the “next steps” stipulated by the three PCTs on 11 December 2007.**

- 15. The Panel recommends that the lead PCT engages immediately with the Gateway Management process (from the Office of Government Commerce) to ensure that a Gateway Review is undertaken before any further steps are taken.**

- 16. NHS London should oversee and monitor the implementation of the proposals. In particular, NHS London should review the capacity of the organisations involved to implement the changes and continually assure all financial aspects of the process.**

OUR REMIT

What was asked of us

- 1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.
- 1.2 On 31 March 2008, Councillor Anne-Marie Pearce - Chair of the Barnet Enfield and Haringey Joint Health Scrutiny Committee - wrote to the Secretary of State for Health, the Rt Hon Alan Johnson MP, on behalf of the Barnet, Enfield and Haringey Councils exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (see Appendix Two). The referral concerned proposed changes to the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals and the associated development of primary and community services. These proposals had been set out in the consultation document "*Your health, Your future – Safer, Closer, Better*" published on 28 June 2007 by Barnet, Enfield and Haringey Primary Care Trusts (PCTs) and presented to the Joint Health Scrutiny Committee on 5 July 2007.
- 1.3 The Secretary of State for Health, the Rt Hon Alan Johnson wrote to the IRP asking for advice on the referral. The IRP undertook an initial assessment of the facts presented and replied on 25 April 2008 advising the Secretary of State that the IRP would undertake a full review if requested. Terms of reference for the review were set out in the Secretary of State's letter to Dr Peter Barrett, IRP Chair, on 13 May 2008. Copies of all correspondence are included at Appendix Three.
- 1.4 The Panel was asked to advise by 31 July 2008
 - a) *Whether it is of the opinion that the proposals for changes to the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals and the associated development of primary and community care services will ensure the provision of safe, sustainable and accessible services for local people, and if not why not;*

*b) on any other observations the Panel may wish to make in relation to the proposals;
and*

*c) on how to proceed in the interests of local people in light of a) and b) above and
taking into account the issues raised by the JOSC in its referral letter of 31 March.*

*It is understood that in formulating its advice the Panel will pay due regard to the
principles set out in the Independent Reconfiguration Panel general terms of reference.*

OUR PROCESS

How we approached the task

- 2.1 The NHS London Strategic Health Authority (SHA) and Barnet, Enfield and Haringey PCTs were asked to provide the Panel with relevant documentation and to help arrange site visits, meetings and interviews with interested parties. The SHA, together with the PCTs and the two relevant NHS Trusts, Barnet and Chase Farm Hospitals NHS Trust (BCFT) and North Middlesex University Hospital NHS Trust (NMUHT), completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).
- 2.2 The Barnet, Enfield and Haringey Joint Scrutiny Committee and the Borough Councils, including Broxbourne and Hertsmere, were also invited to submit documentation and suggest other parties to be included in meetings and interviews.
- 2.3 The IRP Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 13 May 2008 informing them of the Panel's involvement (see Appendix Four). The letter invited people who felt that they had new evidence to offer or who felt that their views had not been heard adequately during the formal consultation process to contact the Panel. In addition, press releases were issued to local media in May and June 2008 publicising the process and inviting people to contact the Panel (see Appendix Four).
- 2.4 A sub-group of the full IRP carried out the review. It consisted of four Panel members, Paul Roberts, who chaired the sub group, Sanjay Chadha, Ailsa Claire and Ray Powles. Sub-group members, and other Panel members Peter Barrett and Nicky Hayes, undertook initial visits to the healthcare facilities at Barnet, Chase Farm, North Middlesex, Edgware and Finchley Hospitals. The Panel then undertook seven days of oral evidence taking, supported by members of the IRP secretariat. A list of the people and organisations seen during these sessions is at Appendix Five.
- 2.5 Meetings and teleconferences were held with seven local MPs at Westminster on 12 June, 25 June, 2 July and 8 July. Individuals are listed at Appendix Five.

- 2.6 Review support staff spent a day, 4 June, travelling on public transport bus routes between the three major acute hospitals and some local centres of population including Potters Bar.
- 2.7 A list of all the written evidence received – from the SHA, PCTs, NHS Trusts, the Joint Scrutiny Committee, Members of Parliament and all other interested parties, individuals and groups is contained in Appendix Six. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.
- 2.8 Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and access as set out in our terms of reference.
- 2.9 The Panel wishes to record its thanks to all those who contributed to this process enabling the Panel to see and hear from so many people within the timescales. Special thanks are due to Enfield Borough Council for the use of the Civic Centre on three consecutive days. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.
- 2.10 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

- 3.1 The services under this review are provided by three acute hospitals (Barnet; Chase Farm; and North Middlesex) managed within two acute trusts (Barnet and Chase Farm Hospitals NHS Trust; and North Middlesex University Hospital NHS Trust). Their services are commissioned mainly by three primary care trusts, Barnet PCT, Enfield PCT and Haringey PCT which also manage the primary and community services included in this review. East and North Hertfordshire PCT also commission acute services from BCFT. Barnet Hospital is located in Barnet; Chase Farm Hospital is located in Enfield and North Middlesex Hospital is also located in Enfield, although also serving patients from Haringey. The combined catchment population of the three hospitals, including residents from Broxbourne and Hertsmere in South Hertfordshire, is around 950,000.
- 3.2 The London Boroughs of Barnet, Enfield and Haringey are outer London Boroughs located in the north of Greater London. Barnet is to the west of Enfield which is bordered to the north by Hertfordshire and to the south by Haringey. The Office of National Statistics population figures in 2006 indicate population levels of 334,900 in Barnet; 280,000 in Enfield and 225,700 in Haringey. All areas have increased their populations in the most recent two years and all project increases in the future.
- 3.3 The population of the three boroughs is extremely diverse as are the landscape and economy. In Enfield, for example, the official schools register has 87 different recorded ethnic groups, whilst the recorded deprivation levels vary substantially within each borough and even more so across all three. Haringey has the highest level of black and minority ethnic residents at 55 per cent.
- 3.4 The area under review is well served by road, rail and tube links although these links are primarily on a north/south axis (in and out of London) and not east/west (circular – linking the main population areas and hospitals). This has a significant effect on accessibility for all services including healthcare.

3.5 The services currently provided by the three acute hospitals under review are briefly summarised below.

Barnet and Chase Farm Hospitals NHS Trust (BCFT)

3.5.1 BCFT has 909 beds on two main hospital sites. The Trust came into being on 1 April 1999, with the merger of the two former NHS Trusts, Chase Farm Hospitals NHS Trust and Wellhouse NHS Trust. The Trust currently serves a catchment from Enfield, Barnet, East Harrow, South Hertfordshire, Essex, and Waltham Forest.

3.5.2 **Barnet Hospital** has 459 beds and has undergone a total redevelopment, built through a Private Finance Initiative (PFI) scheme. The redevelopment was carried out in two stages. The first stage involving surgical wards, ITU and Day Surgery, A&E, Theatres and Maternity was built at a cost of £33 million and opened during 1997. The second stage was officially opened in February 2003. All clinical services at Barnet are based in modern, purpose-designed buildings.

3.5.3 Patients at Barnet Hospital have access to intermediate care beds at Potters Bar Community Hospital to the north and Finchley Memorial Hospital to the south. Outpatient clinics are also held on both of these sites by various specialities.

3.5.4 The Trust also provides outpatients, day surgery and diagnostic services at Potters Bar and Cheshunt Community Hospital and has strong clinical links with the Royal Free Hospital.

3.5.5 **Chase Farm Hospital** is a district general hospital situated in north Enfield with 450 beds. Some of the buildings at Chase Farm Hospital were built in the 19th century, and have been added to and updated over the years. A clinical block (The Highlands Wing) opened in early 1995 (part of a major programme of building works costing in excess of £16 million). The medical wards are based in upgraded accommodation and Women's and Children's services are located, together with maternity services, in a purpose built building that dates from the 1970s. In addition, a new "SurgiCentre" was also established on site in 2005. The Chase Farm site is also the base for Barnet, Enfield and Haringey Mental Health NHS Trust that provides, for the three Boroughs, learning disabilities and mental health services. Enfield PCT also has services there.

- 3.5.6 A few miles west of Barnet Hospital, Barnet PCT provides a range of outpatient, day case (including consultant medical staff from the Royal Free Hospital) and maternity services at **Edgware Community Hospital** including a midwife-led birthing unit and an urgent care centre. Barnet PCT manages this site which has recently been completely rebuilt and refurbished.
- 3.5.7 **North Middlesex Hospital** has 450 beds, is one of London's largest providers of Accident and Emergency care with a high rate of emergency admissions and also provides a full range of general hospital services. The Hospital has existing clinical links with the Whittington Hospital and also contracts with Great Ormond Street Hospital for the clinical management and provision of its paediatric service. A major PFI development including the provision of 160 beds is underway and will be operational by January 2011.

Summary and sequence of key events

- 3.6 The 1990s saw the closure of the Highlands General Hospital, St Michael's Geriatric Hospital, the Enfield War Memorial Hospital and the South Lodge Infectious Diseases Hospital - all in the Enfield area. The Panel heard from residents that promises of subsequent improvements in healthcare at Chase Farm Hospital had not materialised and had been compounded by what they saw as false assurances from previous health ministers.
- 3.7 Save Chase Farm (SCF), a campaigning group with two Enfield ward councillors elected in 2005, was "spontaneously" formed in 2004 following the announcement of a further review of services by the BCFT, called "*Healthy Hospitals*". The group exists to "*protect and ensure hospital services remain fully available to the people whom the Trust should be serving.*"
- 3.8 In the summer of 2006, Barnet, Enfield and Haringey PCTs, led by their Directors of Public Health, produced a report "*Future Direction for Health Services – factors affecting the future direction of health and health care services in Barnet, Enfield and Haringey*".
- 3.9 A Barnet, Enfield and Haringey Joint Clinical Strategy Project Board was established by the PCTs. This set up a Joint PCT Project Team which developed a number of

reconfiguration scenarios which became ten options agreed by the Joint PCT Clinical Strategy Project Board on 1 September 2006.

- 3.10 Following the establishment of specific Public and Clinical Boards, and the undertaking of public and clinical engagement events, the Project Board agreed on 29 September 2006 to proceed with further analysis of four options, referred to as A, B, C and D. (Note: These options were agreed by clinicians – the public group failed to agree any reduction in options). This was later increased to five on 24 November 2006, after discussion with the Enfield Health Overview and Scrutiny Panel and at the request of the Public Engagement Group in the form of option E. This option proposed no change to hospital services on the Chase Farm Site and was specifically added to enable an appropriate comparison of all the options.
- 3.11 In February 2007, Professor Sir George Alberti, the National Director for Emergency Access, was asked by NHS London to undertake a review of the clinical case for change in respect of the urgent and emergency care proposals arising from the Clinical Strategy Board. Professor Alberti reported in May 2007 that *“it is evident that high quality modern care cannot be provided for all specialties in all three acute hospitals in the area”* and the report, which made reference to all of the clinical specialties under the Clinical Strategy review, set out ten recommendations for adoption by the three PCTs.
- 3.12 The Clinical Strategy Project Board in May 2007 subsequently concluded that only options B and C should be put forward as viable options for consultation with options A and D being deleted. This was followed by a decision at the Clinical Strategy Project Board meeting on 11 May that option E was neither clinically safe nor financially viable and should be deleted.
- 3.13 The Clinical Strategy Project Board produced a pre-consultation business case setting out their proposed options together with financial details. This was scrutinised by NHS London.
- 3.14 The *“Your Health, Your Future – Safer Closer Better”* consultation started on June 28 2007 and continued until 31 October, including an extension for 12 days. (The

Consultation Document is available via www.behfuture.nhs.uk. The document outlined two options as follows:

Option 1 (PLANNED CARE CONCENTRATED ON CHASE FARM SITE)

- Planned care would be expanded on the Chase Farm site to incorporate planned inpatient surgery moving in from the Barnet site and some from North Middlesex Hospitals for treatment other than major surgery.
- Planned and Emergency Services would be separated with Barnet Hospital and North Middlesex Hospital providing major emergency services, Urgent Care Centres for non-life threatening conditions and day surgery.
- A local accident and emergency service (incorporating an Urgent Care Centre) would be based on the Chase Farm site and would be senior clinician led.
- Consultant-led paediatric and older people's assessment units at Chase Farm Hospital would be created.
- Inpatient services for women and children and obstetrician-led maternity services would be based at Barnet Hospital and North Middlesex Hospital.
- Intermediate care beds would be provided at Chase Farm Hospital to be used for admission avoidance and to allow some patients to move closer to home once they are past their acute inpatient phase.
- A midwife-led birth unit could be located at Chase Farm but this will be subject to further review following publication of Professor Darzi's report "*Healthcare for London*".
- There would be a strengthening of services available in a community setting building on changes already begun. Apart from the development of Urgent Care Centres, these will include extending GPs practice hours, expanding intermediate care and creating new Primary Care Centres for diagnostic and outpatient services.

Option 2 (CHASE FARM BECOMES A COMMUNITY HOSPITAL)

- All inpatient and major emergency services would be concentrated at Barnet and North Middlesex Hospitals.
- Planned inpatient services would be provided at Barnet and North Middlesex Hospitals but not at Chase Farm Hospital.
- Chase Farm Hospital would provide day surgery and intermediate care beds.

- A local accident and emergency service (incorporating an Urgent Care Centre) would be based on the Chase Farm site and would be senior clinician led.
- Consultant-led paediatric and older people's assessment units at Chase Farm Hospital would be created.
- Inpatient services for women and children and obstetrician-led maternity services would be based at Barnet Hospital and North Middlesex Hospital.
- Intermediate care beds would be provided at Chase Farm Hospital to be used for admission avoidance and to allow some patients to move closer to home once they are past their acute inpatient phase.
- A midwife-led birth unit could be located at Chase Farm Hospital but this will be subject to further review following publication of Professor Darzi's report "*Healthcare for London*".
- There would be a strengthening of services available in a community setting building on changes already begun. Apart from the development of Urgent Care Centres these will include extending GPs practice hours, expanding intermediate care and creating new Primary Care Centres for diagnostic and outpatient services.

3.15 Both options included the same outcome for accident and emergency and urgent care services as well as women's and children's and obstetric services together with the same commitment to the strengthening of primary care. Both contained the same position statement in relation to a midwife-led service at Chase Farm Hospital. The public consultation essentially required a choice in relation to planned inpatient services.

3.16 The consultation received 13,536 responses (including 10,274 on the questionnaire) and an analysis was produced by Centre for Health Management, Tanaka Business School, Imperial College London and presented at a public meeting on 21 November.

3.17 The three PCT Boards met separately on 11 December 2007 to consider a report from the Clinical Strategy Project Board. Each Board unanimously agreed the adoption of Option 1 together with the addition of a number of "next steps" as follows:

- The establishment of appropriate implementation management arrangements.

- An independent clinically-led review to determine the type and volume of inpatient elective surgery to be accommodated on the Chase Farm site. This would include stakeholder and public involvement.
- The transfer of women's and children's services would only take place when the PCTs were satisfied that there was adequate capacity at Barnet and North Middlesex Hospitals.
- The changes to accident and emergency services at Chase Farm would only take place when the PCTs were satisfied that there was sufficient capacity at Barnet and North Middlesex Hospitals and the community and primary care services would be able to accommodate patient flows.
- The establishment of a Transport Working Group to make recommendations for change to help address transport issues.
- That work continues on the Equalities Impact Assessment implementation plan that becomes an integral part of the implementation process.

3.18 The three PCTs' proposals (referred to as the BEH Clinical Strategy) were considered by the Hertfordshire Health Scrutiny Committee on 8 January 2008 (together with reconfiguration plans in Hertfordshire) and approved.

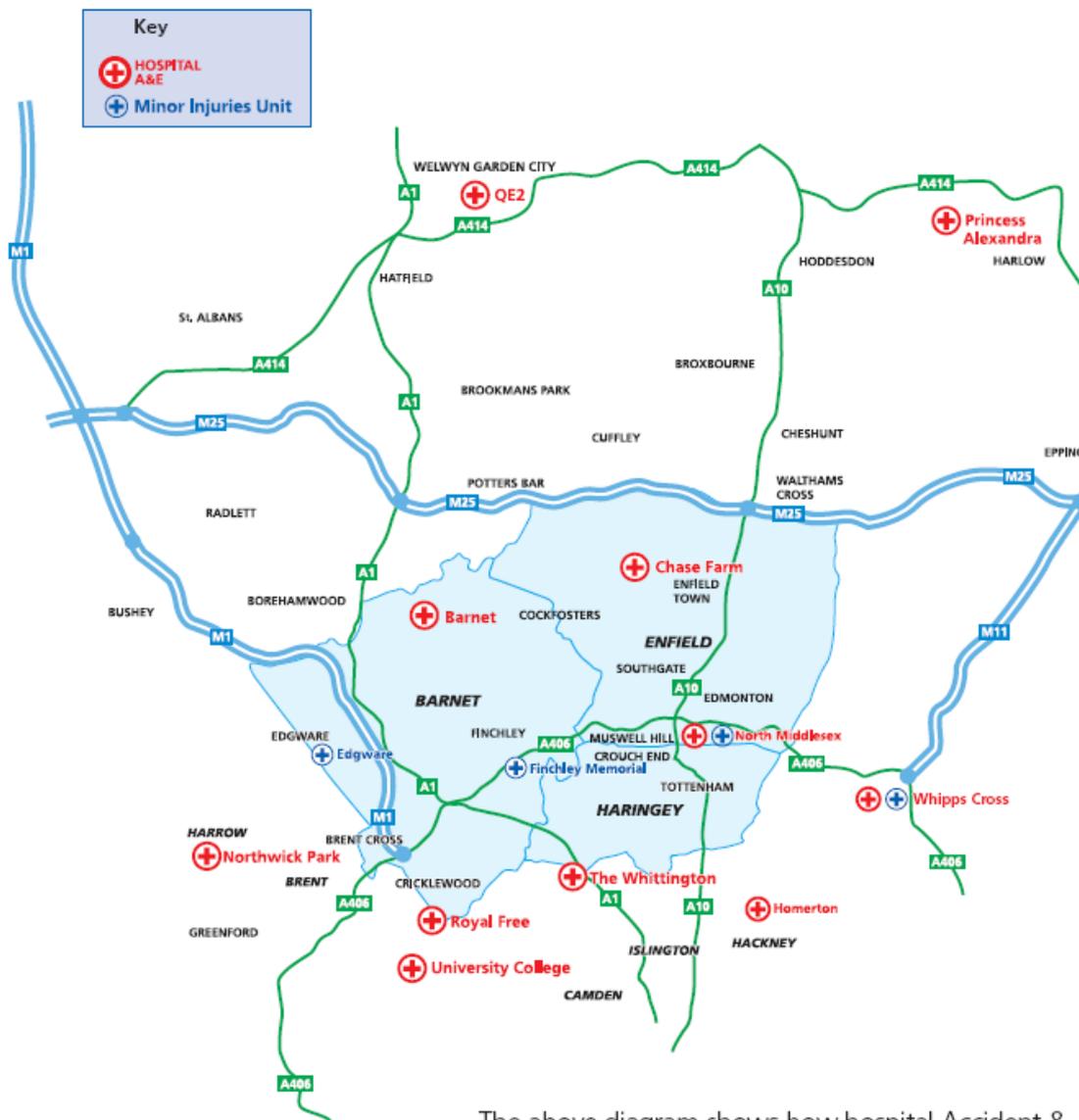
3.19 The Joint Scrutiny Committee on the Barnet, Enfield and Haringey Clinical Strategy established by the London Boroughs of Barnet, Enfield, Haringey and Hertfordshire County Council met on 21 January 2008 and agreed to refer the proposal to the Secretary of State for Health.

The reasons for referral are set out in the Joint Committee's referral letter of 31 March 2008 and include:

- The need to make improvements to primary care services before any services are removed from hospitals.
- Transport issues had been insufficiently addressed.
- That Chase Farm should become a local hospital.
- Concerns about the managerial and financial capacity to deliver change of such magnitude.
- Concerns about the public consultation process.

- Concerns about the Equalities Impact Assessment in that insufficient account had been taken of the increasing population.

Location of Barnet, Chase Farm and North Middlesex Hospitals



The above diagram shows how hospital Accident & Emergency departments and Minor Injury Units are distributed at present.
 Please note that this diagram is for representation purposes only.

Map taken from Clinical Strategy Board working papers

INFORMATION

What we found

- 4.1.1 A large amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence is summarised below – and is set out in key categories identified by the Panel as the review progressed. These categories and section headings are subsequently reflected in the recommendations within Chapter Five of the report.
- 4.1.2 Throughout the review, Panel members were constantly reminded of the history associated with previous plans and reported failed promises for changes and improvements in relation to healthcare specifically in Enfield and particularly in relation to Chase Farm Hospital. The Panel acknowledged the strength and passion of the response from local people, particularly in Enfield, throughout the most recent consultation process. The Panel recognised that the challenge to changes in local health services had been taken through the democratic process, with the election of local councillors and other means, and were impressed with the quality of evidence presented.
- 4.1.3 Also, during the course of the review, there have been two developments of particular relevance. First, the Joint Committee of London PCTs agreed the report “*Consulting the Capital*” following the Healthcare for London process and the response by the Joint Committee contains proposals and recommendations relevant to this review. Second “*High Quality Care for All*” was published by the Department of Health at the end of June which contained the final report of the NHS Next Stage Review for the NHS in England – again with proposals relevant to this review.
- 4.1.4 The Panel has considered the proposals on their merits but has been aware of these two processes as part of the context for considering the clinical models proposed.
- 4.2 **Primary Care**
- 4.2.1 The three PCT Boards have specifically agreed (11 December 2007) that the planned developments in primary care must be in place before any services are moved out of a hospital setting. It is evident that the current provision of primary care services across the

three boroughs varies with generally well established and provided services in Barnet, including services at Edgware and Finchley Hospitals. There are proposals to improve the less well provided services in Haringey and Enfield with Haringey PCT currently pursuing an agreed and well developed strategy. The plans in Enfield are less advanced and Enfield PCT intends to pursue a public engagement in the autumn followed by a consultation process early in 2009.

4.2.2 The clinical strategy proposals for redistributing hospital services are supported by the transfer of activity to primary and community care, particularly the proposed development of large health centres and urgent care centres. The PCTs recognise that there will be a necessary redistribution of financial resources to support the planned changes to hospital care under the clinical strategy when the primary care developments are introduced although the level beyond the £10m identified by Enfield PCT for two years is not clear.

4.3 **Emergency Care**

4.3.1 The proposal in Option 1 to concentrate Emergency Care from three general hospital sites - Barnet, Chase Farm and North Middlesex - onto two hospital sites, Barnet and North Middlesex, has significant clinical support. The Panel heard consistent messages about the need to provide safe and effective emergency care delivered by the most senior and experienced clinical staff operating from the frontline. The proposal creates a critical mass of patient care enabling the crucial maintenance of appropriate clinical skills and also takes account of the European Working Time Directive.

4.3.2 Whilst the proposal concentrates specialist services for some emergencies it seeks to secure local access for many needs through the provision of a number of urgent care centres (UCCs). Those already at Barnet and North Middlesex Hospitals and Edgware Community Hospital would be maintained with the creation of an additional facility at Chase Farm. There is the provision for “*a Local Accident and Emergency service (including the UCC)*” at Chase Farm Hospital. Specifically the BEH Clinical Strategy provides for “*an extended hours local A+E service that will be open for at least 12 hours per day*” and senior clinician-led. Urgent care during the night time hours will be provided by a co-located GP out-of-hours service.

- 4.3.3 The Panel understood and accepted the fundamental principles and rationale for this aspect of the proposals but like a number of the individuals presenting evidence had concerns over the lack of clarity in certain areas. There did not appear to be a clear description of the urgent or emergency services to be provided in each location, particularly at the unit described as a ‘*Local A&E*’ at Chase Farm Hospital and little detail of how they fitted into a comprehensive emergency service for patients. It also seemed that further work was required in respect of the management and clinical governance arrangements of the urgent care centres, particularly those to be based in the community, together with the projected patient flows. The term ‘*Local A&E*’ was coined after the visit by Sir George Alberti, which preceded the *Healthcare for London* review and as a result does not seem to be the same as the *Healthcare for London* definition, which includes management of some acute illnesses. This lack of consistency has caused some confusion.
- 4.3.4 London Ambulance Service (LAS) presented evidence to the Panel confirming that it has been closely involved throughout the development of the proposals and that it supports and can deliver an emergency ambulance service under the Option 1 proposal. Although accepting that the closure of a full accident and emergency facility on the Chase Farm site would lead to an increase in “blue light” journey times in some instances (estimated by LAS to be an average of a seven minute increase for those individuals currently being taken to the facility at Chase Farm), the Panel received evidence of the current skills available on each ambulance within LAS together with details of their call prioritisation system. LAS also presented a model of care dealing with major trauma, strokes and heart attacks leading to a different model of working with Accident and Emergency Departments. It is intended that, as now, patients will be transported to the hospital most appropriate to their condition. This is consistent with the information from the “*Healthcare for London*” and “*High Quality for all*” documents.
- 4.3.5 LAS indicated that it would require additional resources (staff and vehicles) to accommodate the change and this was estimated at two ambulances. The Panel understands that although the consultation document states that this is an issue for consideration the PCTs have now agreed to fund two additional ambulances and have made provision in the full business case being finalised for submission to NHS London.

4.3.6 The Panel understands that the great majority of Enfield residents currently attending the A&E at Chase Farm (that is, those to the eastern side of Enfield) will naturally look towards the North Middlesex Hospital for services. (Note - This applies for all the proposed changes). The PCTs maintain that up to 80 per cent of those people currently attending Chase Farm Hospital A&E will still be able to do so in the proposed urgent care service at Chase Farm Hospital. London Ambulance Service indicated that under the proposals they expect to transport 88 per cent of the patients currently going to Chase Farm Hospital under “blue lights” to North Middlesex.

4.3.7 The Panel heard opposition to the proposals in relation to emergency care from a number of individuals, including some Enfield GPs, Enfield and Broxbourne residents and the Save Chase Farm Group. The views submitted in documents and as oral evidence were extensive. There were concerns about the capacity of the Barnet and North Middlesex hospitals to cope; an assertion that as the population is increasing demand will increase; the possibility of increased risk to patients because of increased distances under a “blue light” and the inaccessibility of the two major hospitals using either public or private transport.

4.4 **Assessment Units**

4.4.1 The proposals provide for the creation of consultant-led paediatric and older people’s assessment units at Chase Farm Hospital.

4.4.2 The proposal for the assessment centre for older people appeared to be good practice and was welcomed by everyone the Panel met. As with much of the detail around the overall proposals, there was a lack of clarity in relation to the admission policy applying within the proposed unit - for example, whether there would there be beds on the Chase Farm site or not. There was also no evident detail on patient flows.

4.4.3 The Paediatric Assessment Centre is linked to the overall Paediatric proposals and is dealt with under section 4.5.

4.5 **Paediatric and Neonatal Services**

4.5.1 The proposals in relation to the paediatric service have the support of the senior paediatric clinicians at the three hospitals and are based on the wish to provide the best

possible clinical service for children across the review area. They maintain that the centralisation of paediatric inpatient work and the creation of dedicated paediatric accident and emergency units will ensure the greatest and most experienced level of senior clinical input for the greatest amount of time. Both options put forward concentrate paediatric services on two sites from three, agreed by the clinicians to be necessary to ensure the necessary maintenance and development of clinical skills and expertise in the future.

- 4.5.2 The paediatricians presented the clinical case for change to the Panel maintaining that to achieve high quality care and good outcomes for new born babies there was a need for skills and resources to be concentrated on fewer sites resulting in fewer neonatal units. This would enable appropriate occupancy for the application and maintenance of clinical skills as well as optimum use of nursing staff. It is proposed that the units work as a managed clinical network linking into the level three unit to the south. The Panel understands that this in line with the *Healthcare for London* strategy.
- 4.5.3 The current neonatal service in BCFT is considered unsatisfactory by the clinicians as cover is provided by the same staff working across two units, both with just over 3,000 births. The Panel was informed that if there is an emergency at Chase Farm Hospital the more intensive unit at Barnet Hospital is left without on site specialist consultant cover. The neonatologists expressed concern that cover will become increasingly difficult. Similar concerns were expressed about specialist nursing staff.
- 4.5.4 The Panel found little definitive information about the proposed Paediatric Assessment Unit but understand that this would be a specific service on the Chase Farm site to assess and treat urgent local paediatric cases on an ambulatory basis. As with the proposed unit for older people, the proposal appears to be good practice but further work is required on how it will fit with the rest of the paediatric service strategy.

4.6 **Maternity Services**

- 4.6.1 *The Future Direction for Health Care Services* document recorded that in 2004 the number of live births to Barnet residents was 4,482; to Enfield residents 4,222 and to Haringey residents 4,017. The numbers of deliveries in the three current consultant-led maternity units, together with the current co-located midwife-led units (at the three acute

hospitals) and the Edgware midwife-led birthing unit are detailed below. Whilst noting the current position the Panel was concerned with the lack of clarity around the anticipated workload (number of births) in each of the units under the proposals.

Hospital	Deliveries 2006/07	Deliveries 2007/08
Barnet	3308	3133
Chase Farm	3022	3111
North Middlesex	3456	3589
Edgware	371	386

- 4.6.2 The proposal to centralise consultant-led obstetric services at Barnet and North Middlesex Hospitals, again, has clear senior medical staff support, though not universal midwife support, and is based on a number of factors including the strong clinical case to co-locate the obstetric service with the paediatric and neonatal service. In line with current “*Healthcare for London*” recommendations there is a need to ensure increased dedicated consultant obstetric presence on each individual unit. “*Healthcare for London*” favours larger units requiring at least 98 hours of dedicated consultant presence. The information presented on current numbers of births and current staffing levels across the three units indicates that this would be increasingly difficult, if not impossible, without implementing option 1.
- 4.6.3 The BEH proposals need to be viewed in the context of healthcare in London overall. NHS London informed the Panel that in 2007 the Healthcare Commission conducted a detailed review of maternity services throughout England. This review demonstrated that London had the highest number of least well performing Trusts, in addition to increased birth rates, high rates of perinatal mortality and caesarean sections (higher than the national average) and an increasingly complex case mix as a result of the highly diverse nature of the population. Since the review, NHS London and London PCTs have begun the implementation of a maternity services improvement programme in London to address the quality of the services provided across the capital. The expected outcome is that London’s maternity services will have the capacity (both in terms of workforce and estates) to achieve the standards set out in the *National Service Framework (DH 2004)*, *Maternity Matters (DH 2006)* and *Safer Childbirth (RCOG 2007)* and meet the requirements of European Working Time Directives. The proposals for Barnet, Enfield and Haringey are consistent with this strategy.

- 4.6.4 The Panel heard many views and comments that the proposals did not fully take account of the current increase in birth rates and in particular the anticipated increases in population in the more deprived areas of the review area. There were also significant concerns that both units, at Barnet and North Middlesex Hospitals, would not be able to cope with the increased workload - Barnet Hospital because there appeared to be no space for expansion and North Middlesex Hospital because of its overall high occupancy. A number of comments were made to the Panel about frequent “closures” of the maternity units at night time, particularly at Barnet. In 2007/8 Barnet Hospital was closed to admissions (for an average period of four to six hours) on 90 occasions due to being at full capacity; Chase Farm was closed on 10 occasions and North Middlesex did not close.
- 4.6.5 The proposal (Option 1) states that “A *midwife-led birth unit could be located at Chase Farm but this will be subject to further review following publication of Professor Darzi’s report Healthcare for London*”. The Panel found that virtually everyone, including clinicians, managers and the public, has assumed that should the proposals go ahead there will be a stand alone midwife-led unit on the Chase Farm site.
- 4.7 **Planned Care** (also referred to in various documents as **elective** care.)
- 4.7.1 Under the proposals, planned care would be expanded and concentrated on the Chase Farm site to incorporate planned inpatient surgery moving from the Barnet site together with some work from North Middlesex Hospital for treatments other than major surgery.
- 4.7.2 A number of reasons were given for this proposal. Movement of such clinical activity from the Barnet site would create space for the additional emergency activity being transferred there from Chase Farm Hospital and Enfield residents would not have to travel to Barnet or North Middlesex for planned treatments. Other stated benefits included the establishment of a centralised, high quality local elective care centre in the review area, separate from inpatient emergency care.
- 4.7.3 The Panel did, however, detect doubts as to whether patients would travel to Enfield from the Barnet area for their planned surgery with many choosing to go to the Royal Free Hospital due to the better travel links. Similarly, it was put to the Panel by both

stakeholders and staff that patients from North Middlesex would migrate to the Whittington Hospital.

4.7.4 Although the case for establishing some form of high dependency care on the Chase Farm Hospital site was clear the details of how it would fit in and operate were not. BCFT recognises they will need to compete on quality, and have planned the elective care unit on the 'worst case scenario' - that is, only the current Chase Farm catchment being treated there. Nevertheless, the Panel recognised that this could have a bearing on their future financial stability.

4.8 **Transport**

4.8.1 Transport was the largest single issue of concern amongst the public of Enfield and those living in Hertfordshire to the north. A significant amount of evidence was received on this subject, primarily on the issue of public transport (ambulance transport is considered under 4.3.4). Although the issue is recognised by the PCTs, including the commissioning of a report on transport by *Operational Research in Healthcare (ORH)*, January 2008), the Panel was presented with very little evidence that, either prior to or during the consultation period, any meaningful engagement or activity took place to develop a strategy to mitigate any detrimental impact on the public. The Panel was informed of further studies undertaken by ORH and also by Enfield Council both of which proved difficult to access. In any event, all such work appears to have taken place or have been published after the consultation. The Panel has noted that a Transport Working Group has now been set up.

4.8.2 The ORH report is quoted in the main consultation document, as follows:

“Under both options journey times for patients resident within the Chase Farm catchment area attending their resident hospital would increase on average by six and a half minutes for an ambulance or car journey and by just over eleven and a half minutes for a journey by public transport, on top of the time it would take them to travel to the Chase Farm site anyway.”

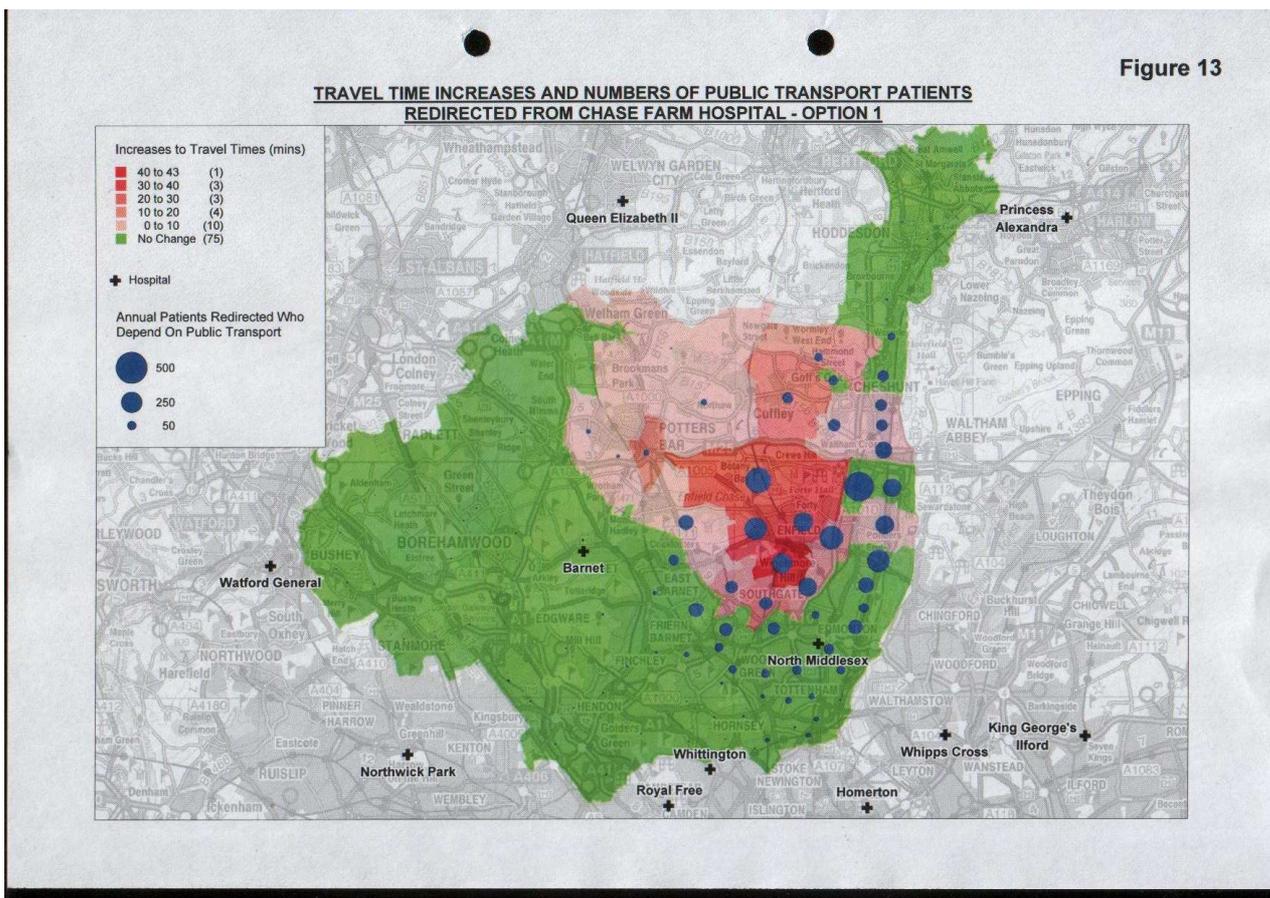
Significant scepticism and disbelief at this statement was expressed to the Panel by the public.

4.8.3 The PCTs maintain that under the proposed changes, 25 per cent of existing patients at Chase Farm will be treated closer to their homes and that 63 per cent will still attend Chase

Farm for their care. They estimated, therefore, that only 12 per cent of the existing patient workload (133 people per day) would have to travel to a hospital other than Chase Farm. (Source – BEH Activity Modelling Report – July 2007). It is clear that many people do not accept this information.

4.8.4 The map at the end of Section Three illustrates the location of the three main hospitals and the primary road and public transport routes between them. Although the actual distances between the hospitals are not large, Chase Farm to Barnet is seven miles; Chase Farm to North Middlesex is six miles and North Middlesex to Barnet eight miles; the radial nature of the travel system and the high level of vehicles using the road network means that east/west travel is difficult, particularly for public transport. The map below indicates the main centres of population and likely travel time increases together with the main indicators of potentially redirected patients relying on public transport if the proposals were to go ahead.

MAP taken from page 13 of ORH report



4.8.5 The Panel’s own experience of the public transport system (bus service) is that the network of buses as currently contracted by Transport for London is extensive with a plentiful supply of bus routes and with buses being reliable and on time. However, the current routes are not conducive to travel to, from or between the three hospitals or to these hospitals from the major population areas. The bus journey from Enfield town centre to Barnet Hospital takes 38 minutes and the journey from Enfield Town Centre to North Middlesex Hospital, involving two buses and a walk across or under a railway crossing, takes around one hour. The current bus route from Enfield Town (307) to Barnet Hospital stops at Wood Street, requiring a short walk to the hospital itself. The Panel heard that the PCT was currently attempting to resite the bus stop within Barnet Hospital grounds. Agreement has now been reached with Transport for London to submit a planning application to Barnet Borough Council to this effect.

4.8.6 The Panel heard from many groups and individuals on this subject including local user groups and London TravelWatch all of whom made salient points. TravelWatch stressed

the need for the NHS to work with Transport and Local Authorities when developing health plans and recommended the current plan being developed by Great Ormond Street NHS Trust as an example of good practice. Concerns were also expressed by car users that the Barnet and North Middlesex hospital sites were both currently full to capacity with cars and it would be difficult for either site to cope with any increase.

4.8.7 The Panel noted that very real travel difficulties already exist, and therefore the proposals are adding to an existing unresolved difficulty. It is the Panel's view that because of the nature of the proposals additional travel difficulties will be limited. The Panel did not underestimate however, the impact on those who rely on public transport.

4.9 **Management Capacity and Capability**

4.9.1 The Joint Scrutiny Committee identified management capacity as one of their reasons for the referral believing that the *"NHS organisation tasked with leading the reform does not have the capacity in house to deliver such a substantial programme of reform"*.

4.9.2 The Panel was made aware of the series of events immediately prior to the period of consultation including the Enfield PCTs Annual Audit Letter 2006/7 and the serious concerns expressed about financial management. Enfield PCT now has a new interim Chief Executive (working jointly across Enfield and Haringey) a new Director of Finance (also working across both), and a new Director of Strategy.

4.9.3 The BEH Clinical Strategy Programme Board informed the Panel that it believes it has recognised the scale and complexity of the proposed changes and the need for a fully resourced implementation structure. This includes a series of strategic planning groups and joint working groups. The Panel was informed that the programme of implementation would be fully funded and would include external specialist assistance.

4.9.4 Although the Panel detected clear signs of improvement in overall PCT management, also acknowledged by the Joint Scrutiny Committee when giving their evidence, there remains a lack of confidence from stakeholders in both the Acute Trust Management teams and the PCTs to deliver safe and sustainable change. The Panel noted that NHS London is committed to continuing to support the management teams in this process.

4.10 Finance

- 4.10.1 On the questions raised by the Joint Scrutiny Committee and others about the financial viability of the Option 1 proposal the Panel noted the specific information in the consultation document in this respect in relation to the capital and revenue consequences of option 1.
- 4.10.2 It is evident that Haringey and Enfield PCTs as well as BCFT have had financial difficulties but now seem to have matters under control with a remaining requirement to address historic deficit.
- 4.10.3 Nevertheless there are legitimate concerns about the financial implications of the inevitable “double running” of services and the timescale issues associated with the changes if the proposals go ahead. The commitment from the PCTs to move services only when there is an established capacity and all facilities are in place at the designated hospitals will have an impact on the costs, both in terms of service delivery and manpower. (Capital Implications are dealt with in 4.13.6)
- 4.10 The lack of detail about the projected implications of the primary care improvement programmes and the subsequent movement of resources remains a concern. Concerns were expressed to the Panel about the loss of income by BCFT when services move and the consequent impact on the financial viability of the Trust. The Panel was reassured that such issues were being actively discussed with the PCTs and NHS London.

4.11 The Consultation Process

- 4.11.1 The consultation was conducted from 28 June to 31 October 2007. A consultation document “*Your health, Your future; safer closer better*” was produced. The document set out the issues facing hospital care in Barnet Enfield and Haringey as well as Broxbourne and Hertsmere and asked for people’s views on two options. 350,000 summary documents and 8,000 full documents were produced, both being available on a dedicated website. The summary documents were distributed through free newspapers and to public libraries and GP surgeries. The summary document and questionnaire was available in eleven different languages and the full document was specifically printed in Turkish, the foreign language most spoken across the review area. 14 Public meetings were held during the consultation period together with numerous road shows and specific

meetings with stakeholders. 229 petitions were received prior to and during the consultation period and 13,536 responses were received by 4 November 2007 (it was agreed to allow a four day period for posted responses).

- 4.11.2 The Joint Scrutiny Committee's concerns about the consultation process centred on two issues. First, that the distribution of literature had been "patchy" and that "whole areas had been missed out". Secondly, that the publication of only two alternatives had been "unpalatable" to the public. The phrase "*Hobson's choice*" was used a number of times during the review.
- 4.11.3 The Save Chase Farm campaign and other individuals identified a number of potential flaws in the process to the Panel including the failure to present option E as a choice in the final document and poor and confusing questionnaire design. In particular, it was felt by many people presenting evidence that individuals without a medical qualification would be unable to tell the difference between the two options. A number of groups and individuals argued that the case for change had not been made, with the rationale for change being made on national policies rather than the presentation of local evidence.
- 4.11.4 A number of similar comments in relation to the wording of the document and the narrowness of choice, particularly in relation to the questionnaire, were received from Members of Parliament (both Conservative and Labour) and other public bodies.
- 4.11.5 Concern was also expressed by a number of stakeholders about the process adopted and assessment criteria used by the Clinical Strategy Board in reducing the options from ten to five and then five to two.
- 4.11.6 The Panel has considered all of the issues set out above and has taken into account the evaluation report prepared by the Centre for Health Management, Tanaka Business School, Imperial College London, who it is noted, were also responsible for designing the forms in the questionnaire.
- 4.11.7 The Panel understands the difficulties of consulting over such a large and diverse area and would not necessarily expect all 950,000 hospital catchment residents to receive an individual copy of any document and notes that by definition there was a one in three

opportunity of this taking place. The requirement is to ensure that each individual has reasonable access to the documentation and that all reasonable steps were taken by the consulting body to ensure that this happens. The Panel notes that the ultimate response rate of over 13,000 compares favourably with other similar consultations and can be taken as an appropriate indicator of adequate coverage.

4.11.8 The Panel is satisfied that the PCTs have conformed to acceptable practice in producing only two options. There is no requirement to produce an option of no change if there is evidence to support appropriate analysis and non-feasibility.

4.11.9 However, the Panel believes that the consultation document itself and the questionnaire could have been worded with greater clarity and agrees with the widely held view that the majority of people would be unable to tell the difference between the options. This has led to a prevailing feeling amongst many that a decision had already been taken.

4.12 Demography

4.12.1 The PCTs undertook an Equalities Impact Assessment between February and May 2007 and gave evidence demonstrating how predicted increases in population have been taken into account as the Strategy has been developed.

4.12.2 As referred to in paragraph 3.3 the population is extremely diverse with the most significant deprivation in the south and east of Enfield together with parts of Haringey.

4.12.3 Although aware of the attempts to engage black and minority ethnic communities and the correspondence and meetings with the Enfield Racial Equality Council the Panel believes that significant additional work is required in this area.

4.13 Estate and Capital Projects

4.13.2 Barnet Hospital has been recently redeveloped (through a PFI scheme) and was officially opened in 2003. Available space to develop further appears to be at a premium and the Panel heard varying accounts of how this would be achieved including the use of current courtyard space.

4.13.3 Chase Farm Hospital has some buildings dating back to the 19th century together with more modern units such as the Highland Wing, the surgical block, which opened in 1995. There is a backlog maintenance programme of £48 million on the Chase Farm Site. Save Chase Farm campaigners and others maintain that this has been a result of broken promises and deliberate inaction.

4.13.4 North Middlesex Hospital is currently undergoing a major redevelopment (PFI scheme) which will replace around half the buildings on the site. It is planned to be completed by early 2111.

4.13.5 The safe and sustainable implementation of the proposals under Option 1 is dependent on the creation of additional capacity in the form of wards and departments on the existing Barnet and North Middlesex Hospital sites. This in turn requires accurate analysis of expected patient flows to establish accommodation requirements. The lack of current information available on these two areas of activity, particularly on the Barnet site, is of concern to the Panel.

4.13.6 It is also clear that the capital plans contained in the pre-consultation case business plan do not have a clear source of funding. This is also a matter of concern to the Panel.

4.14 Proposed Implementation and Timescales

4.14.1 The Panel notes the “next steps” conditions agreed by each of the PCTs on 11 December 2007 – see Para 3.16. The Panel is also aware that an independent elective surgery review in respect of Chase Farm has been recently undertaken and is to be shared with the Joint Scrutiny Committee following the Secretary of State’s announcement - if the proposal is to go ahead.

4.14.2 The timescales in relation to the links with primary care developments are less clear.

OUR ADVICE

Adding value

5.1 Introduction

5.1.1 The Secretary of State for Health asked the Panel to consider whether it is of the opinion that the proposals for changes to the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals and the associated development of primary and community care services will ensure the provision of safe, sustainable and accessible services for local people, and if not why not.

5.1.2 Barnet, Enfield and Haringey PCTs decided on 11 December 2007 to centralise inpatient acute facilities and services in accident and emergency, paediatrics, neonates and maternity services on two sites, Barnet Hospital and North Middlesex Hospital, and to develop planned inpatient services on the Chase Farm Hospital site. Older people's and paediatric assessment centres would also be established at Chase Farm Hospital together with urgent care facilities as well as the continued provision of outpatient, antenatal and associated services. In addition, there could be a midwife-led unit on the Chase Farm Hospital site.

5.1.3 These complex proposals have been scrutinised by a Joint Scrutiny Committee covering three London boroughs, Barnet, Enfield and Haringey as well as Hertsmere and Broxbourne and the Committee is praised for the detailed and balanced way it has fulfilled its duties.

5.1.4 Whilst the Panel heard debate about whether the selected option was the most appropriate there appeared to be universal agreement about the need to change. The way in which health care is delivered is changing together with proposed developments in primary and community care. There was a recognition that the services commissioned by Barnet, Enfield and Haringey PCTs needed to respond to these and other health challenges.

5.1.5 Recommendation One

The Panel accepts that the health care services reviewed in Barnet, Enfield and Haringey need to change.

5.2 **Accident and Emergency Services**

5.2.1 The issues of safety, sustainability and accessibility have been at the forefront of the Panel's considerations throughout this review. Accident and emergency services are currently provided to 950,000 people from three sites located six, seven and eight miles apart from each other. The Panel heard a unity of evidence from A&E and other senior clinicians and managers that the continuation of an accident and emergency service across three hospital sites was not sustainable. The Panel accepts this view.

5.2.2 The Panel was reassured by evidence from the London Ambulance Service and notes the PCTs' commitment to fund additional staffed ambulances. The proposal is also in accord with the wider London and national strategy of establishing a limited number of specialist centres for heart disease, stroke and trauma which will inevitably change the nature of local acute services.

5.2.3 **Recommendation Two**

The Panel accepts the proposals to centralise Accident and Emergency services on two sites at Barnet Hospital and North Middlesex Hospital as the most appropriate way to deliver safe, sustainable and accessible accident and emergency services across the review area.

5.2.4 The Panel, in supporting the accident and emergency proposals, believes there are still some important issues to be resolved. A clear description is needed of the exact services to be provided within each centre of emergency or urgent care, particularly at Chase Farm Hospital, together with a clear understanding of the types of patients to be treated there. This should include clarity around the issue of staffing, including the 'senior clinician'; the hours of opening, and the title of the unit. The Panel considers that the term "Local A&E" is misleading and should be discarded in favour of a more widely understood and accepted term such as Urgent Care Centre or whatever terminology is adopted following the Healthcare for London review.

5.2.5 Recommendation Three

The Commissioning PCTs should urgently establish an Accident and Emergency and Urgent Care Board reporting to the PCTs. This should develop clinical networks to ensure clarity for the public and the preparedness of the local NHS prior to any change. This Board will include staff, patient and public representatives.

5.3 Inpatient Services for Women and Children (including Obstetrician-led Services)

- 5.3.1 The proposal to consolidate inpatient general paediatrics on two sites has solid clinical support, is in line with developments elsewhere and accords with the “*Healthcare for London*” proposals.
- 5.3.2 With specific regard to women’s services the Panel considered the issue of clinical safety and notes that the other proposals in Option 1 would result in the absence on the Chase Farm site of necessary back up of facilities such as full intensive care and other general hospital 24-hour support services. Continuation of a consultant-led obstetric or paediatric service would therefore, require dedicated anaesthetic support on the Chase Farm site.
- 5.3.3 The Panel accepts that the continued provision of a neonatal service across two sites within the Barnet and Chase Farm Trust is unsustainable.
- 5.3.4 The Panel considers that a combination of the raising of standards of hours of consultant presence (98 hours) and the application of the European Working Time Directive in both maternity and neonatal services will make it increasingly difficult to maintain safe staffing levels across three sites. This is compounded with a background of difficult recruitment throughout London.
- 5.3.5. The Panel believes that the maternity service proposals will lead to a safer and improved quality of service for women throughout Barnet, Enfield and Haringey. By building on the existing home birth and midwife-led services available they should increase the choice available to women whilst ensuring the best available quality care for those that need it.

- 5.3.6 As referred to throughout the report, the Panel is aware of the access difficulties across the review area. Paragraph 5.8.1 sets out our position in this respect. The Panel believes that any adverse impacts of access of the changes in maternity care will be minimised with the continued full provision of antenatal and postnatal services on all three sites together with the creation of a standalone midwife-led unit on the Chase Farm site. Clinical staff maintain that any increased travel for most mothers would only be for the occasion of the birth itself.
- 5.3.7 Therefore, whilst there are some small but real impacts on accessibility, these do not outweigh the changes proposed for London more widely and the local concerns about clinical safety and sustainability. Some of these issues are unique to London, because of the urgent requirement to improve poor outcomes across the whole of the area. Other issues reflect the situations being successfully tackled in other major urban conurbations previously reviewed by the IRP.
- 5.3.8 The wording of the consultation document in relation to the status of the midwife-led unit at Chase Farm Hospital requires a further decision from the PCTs following consideration of the outcome of the “*Healthcare for London*” review.

5.3.9

Recommendation Four

The Panel supports the proposals for inpatient Women’s and Children’s services. The Panel also notes the commitment to a midwife-led unit together with the full range of antenatal and postnatal services at Chase Farm Hospital and recommends that this be clarified and formally approved by the PCTs as soon as possible.

5.4 Planned Care at Chase Farm Hospital

- 5.4.1 The Panel identified a number of sound reasons for this proposal including a strong case from the clinicians for separating planned and emergency care to give greater certainty for patients requiring planned treatment. The proposal would also lead to significantly fewer people from the Enfield area travelling to hospitals other than Chase Farm as well as creating much needed space at Barnet Hospital. The planned care unit, together with existing outpatient services and the urgent care centre will ensure the local provision of hospital based services for the vast majority of those Enfield residents requiring appropriate healthcare at any given time. It is recognised that the success of a planned care

centre at Chase Farm Hospital will depend on the choices exercised by patients. Patients for whom Chase Farm Hospital is not convenient could choose to seek care elsewhere.

5.4.2 **Recommendation Five**

The Panel supports the proposal to undertake (elective) planned care on the Chase Farm Hospital site.

5.5 **Intermediate Care**

5.5.1 This was an area of common agreement throughout the review although the Panel noted that greater clarity was required in relation to how these beds linked in with community rehabilitation services and the assessment centre for older people.

5.5.2 The Panel viewed this as an excellent opportunity for the development of a strategy for integrated rehabilitation involving both the NHS and the local authority(ies) incorporating all aspects of such care including mental health.

5.5.3 **Recommendation Six**

The Panel supports the proposal to develop the provision of intermediate care beds on the Chase Farm Hospital site and wish to see this as part of an integrated strategy for rehabilitation.

5.6 **Assessment Centres**

5.6.1 The Panel accepts the establishment of consultant-led assessment centres for paediatrics and older people as good practice and they were welcomed by all parties.

5.6.2 **Recommendation Seven**

The Panel supports the proposal to create consultant-led paediatric and older people's assessment units at Chase Farm Hospital.

5.6.3 As with much of the proposals, however, the Panel was concerned with the lack of clarity of planning and the absence of detail stating how the units would operate. In particular, there was a concern about the lack of engagement with the public about the relationship of the paediatric unit within the totality of children's services available.

5.6.4 **Recommendation Eight**

The Paediatric Assessment Unit at Chase Farm Hospital should only proceed as part of a children and young people's framework for the review area including sufficient operational detail to allow further public engagement on paediatric services overall.

5.7 **Primary and Community Services**

5.7.1 The Panel heard about the proposals being pursued by each of the PCTs to improve primary and community services. Barnet and Haringey are currently more advanced in this process than Enfield PCT.

5.7.2 **Recommendation Nine**

The Panel endorses the current primary care plans and measures being implemented across Barnet and Haringey PCTs.

5.7.3 Enfield PCT presented draft proposals for primary and urgent care services which would be situated to respond to the current inequity of provision and transport 'hotspots'. The PCT also proposed further moves to bring services such as phlebotomy and warfarin clinics to community settings, which would have a significant beneficial effect on access. These proposed changes will be part of a public engagement programme in the autumn followed by a consultation in 2009.

5.7.4 **Recommendation Ten**

The Panel supports Enfield PCT's intention to move to a public consultation exercise in respect of its primary care proposals as soon as possible.

5.8 **Access and Transport**

5.8.1 The Panel received many submissions from the Save Chase Farm campaign and others about travel and access difficulties, particularly from those living in the Enfield area. The Panel acknowledges that these are genuine, existing difficulties but considers that they are not significantly worsened by the specific proposals - particularly when considering the actual patient episodes requiring additional travel. They must not, however, be

underestimated and can be addressed over the timescales of the BEH implementation. It is the Panel's view that they do not outweigh the significant clinical benefits of the proposals.

5.8.2 Access was one of the most frequent concerns expressed by the public. Therefore, it is essential that the PCTs work with and draw on the expertise of Transport for London, and user groups such as London TravelWatch to produce a strategy for addressing these issues.

5.8.3 **Recommendation Eleven**

The Panel recommends that the terms of reference, membership and operation of the newly established Transport Group be urgently reviewed to ensure that complete involvement and engagement of all relevant bodies takes place.

5.8.4 Urgent work is necessary to improve transport to the areas of greatest need - to the east and south of Enfield, and in particular, Winchmore Hill. It must also include the relevant areas of Hertfordshire. The Panel believes that it is not sufficient just to undertake studies to assess the problem; workable solutions must also be achieved.

5.8.5 **Recommendation Twelve**

The Transport Group must focus as a priority on transport for those likely to be most affected by the changes. A greater sense of urgency is required.

5.9 **Public Engagement**

5.9.1 There was a frequent mismatch between what the Panel heard from the NHS and the apparent knowledge of many of the community groups and members of the public, and some of the evidence and documents presented to the Panel were not easily accessible to the public. Inevitably, after such a long drawn out situation, there is mistrust and the PCTs will need to rebuild relationships and restore the confidence of its community. The Panel heard from the PCTs and the Joint Scrutiny Committee that this process had begun.

5.9.2 The Panel requests the PCTs and the Acute Trusts to reconsider the benefits of meaningful two-way engagement with both staff and the public as opposed to what was perceived to be a one-way information giving process.

5.9.3 The Panel believes that excellent external and internal communications together with a strong and effective human resource function will be essential to achieve success.

5.9.4 The Panel, in response to the numerous comments received, strongly recommends that the PCTs reconsider the design and wording used in their consultation questionnaire before undertaking any similar piece of work.

5.9.5 **Recommendation Thirteen**

The Panel recommends an urgent review of public engagement strategy across the three PCTs and the two acute trusts – ensuring a whole health economy approach linked to the Barnet Enfield and Haringey (BEH) Clinical Strategy. This must ensure public representation with user and staff involvement in service design together with two-way communications and open and transparent decision making.

5.10 **Timing**

5.10.1 This is a complex set of proposals linked to developments in primary and community care across three boroughs as well as current capital developments at North Middlesex Hospital and additional developments to increase capacity at both Barnet and North Middlesex Hospitals. The PCTs must establish a realistic timetable and involve and share all information with the public.

5.10.2 The PCTs in their decision-making on 11 December 2007 identified a series of “next steps” as safeguard conditions for implementing the proposals (see paragraph 3.17).

5.10.3 **Recommendation Fourteen**

The Panel endorses all of the “next steps” stipulated by the three PCTs on 11 December 2007.

5.11 **Management Capacity and Capability**

5.11.1 The Panel recognises the scale and complexity of the proposed changes and the concerns expressed from a number of sources about the capacity and capability of the BEH health economy to implement them effectively. Although the Panel has also noted recent

improvements in performance, particularly amongst the PCTs, it believes specific operational safeguards must be put in place.

5.11.2 **Recommendation Fifteen**

The Panel recommends that the lead PCT engages immediately with the Gateway Management process (from the Office of Government Commerce) to ensure that a Gateway Review is undertaken before any further steps are taken.

Recommendation Sixteen

NHS London should oversee and monitor the implementation of the proposals. In particular, NHS London should review the capacity of the organisations involved to implement the changes and continually assure all financial aspects of the process.

Appendix One

Independent Reconfiguration Panel general terms of reference

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

A1. To provide expert advice on:

- Proposed NHS reconfigurations or significant service change;
- Options for NHS reconfigurations or significant service change;

referred to the Panel by Ministers.

A2. In providing advice, the Panel will take account of:

- i. patient safety, clinical and service quality
- ii. accessibility, service capacity and waiting times
- iii. other national policies, for example, national service frameworks
- iv. the rigour of consultation processes
- v. the wider configuration of the NHS and other services locally, including likely future plans
- vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change – including advice and support on methods for public engagement and formal public consultation.

C1. The effectiveness and operation of the Panel will be reviewed annually.

Appendix Two

Letter to the Rt Hon Alan Johnson MP, the Secretary of State for Health from Cllr Anne-Marie Pearce 31 March 2008



Rt Hon Alan Johnson MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
LONDON
SW1A 2NS

31st March 2008

Councillor Anne-Marie Pearce
Chairman of the Joint Scrutiny
Committee on the Barnet Enfield and
Haringey Clinical Strategy
Please reply to: Mike Ahuja, Head of
Corporate Scrutiny Services
PO Box 50, Civic Centre
Silver Street, Enfield, Middx,
EN1 3XA

Dear Secretary of State

Referral of Your Health, Your Future – Safer Closer Better Barnet, Enfield and Haringey Clinical Strategy NHS Consultation

I am writing on behalf of the Joint Scrutiny Committee that was established by the London Boroughs of Barnet, Enfield and Haringey and Hertfordshire County Council to consider the Your health, Your future NHS consultation on the Barnet, Enfield and Haringey Clinical Strategy.

At its meeting on 21 January 2008, the Joint Scrutiny Committee agreed, in exercise of its powers under Section 7 of the Health and Social Care Act 2001, that it would refer the issue to the Secretary of State for Health. The decision was made after due consideration of the response by the Barnet, Enfield and Haringey Clinical Strategy Project Board to the Joint Scrutiny Committee's response to its consultation.

Whilst the grounds for referral are outlined in the attached document Your health, Your future – Safer, Closer, Better – Barnet, Enfield and Haringey Clinical Strategy Consultation: Referral to the Secretary of State for Health, the Joint Committee wish to draw a number of points to the attention of the Secretary of State.

1. The alternatives, to which response was invited, were both very unpalatable for residents and it is not surprising that so few people responded as compared with the vast numbers who signed petitions. The distribution of the information was very patchy with whole areas missed out.
2. Transport issues have not been addressed. Whilst Chase Farm Hospital is geographically close to Barnet General and North Middlesex, local people simply know that transport to and from the various areas will take an unacceptable time. Ambulances, buses and cars will just join the traffic jams that make up North London's transport system. No one will be able to re-assure the public. This alone in the view of the people we represent makes cuts to A&E and Maternity Services unsafe.
3. The committee remains unconvinced of the resources to deliver changes of this magnitude both in terms of finance and management.
4. Little account has been taken of the increasing population.



5. Units closed and land once re-developed are a permanent loss to the Health Economy.

The decision predicates the whole pattern of healthcare throughout the area in advance of the pan-London plan of Lord Darzi, and the proposed changes will affect over 11% of the London population.

The committee urges the Secretary of State to get the three PCTs to think again about the two big problems. The committee wants 24 hour senior doctor led A&E and obstetric units as well as birthing units at all three locations.

The Committee considers, that the impact and effect of the proposals on the residents of North London, are not in the interests of the local health service and will have a detrimental effect on the health and experience of local patients.

Yours sincerely

Councillor Anne-Marie Pearce
Chairman Barnet Enfield & Haringey Clinical Strategy Joint Scrutiny
Committee

Appendix Three

Letter to Peter Barrett, Chair, Independent Reconfiguration Panel, from the Rt Hon Alan Johnson MP, Secretary of State for Health, 13 May 2008

*From the Rt Hon Alan Johnson MP
Secretary of State for Health*



SofS48695

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London
WC2N 5HR

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

13 MAY 2008

Dear Peter

Referral of the decision by Barnet, Enfield and Haringey PCTs to redistribute services between Barnet, Chase Farm and North Middlesex Hospitals.

Thank you for completing an initial assessment of the documentation relating to the referral from the Joint Scrutiny Committee on the Barnet Enfield and Haringey Clinical Strategy concerning the decision of Barnet Enfield and Haringey PCTs and Hertfordshire County Council to redistribute services between Barnet, Chase Farm and North Middlesex Hospitals. Your letter of 25 April states that the IRP would be willing to undertake a full review of the proposals as set out in the referral and I would be grateful if this could commence with immediate effect.

Annex A sets out Terms of Reference for the review.

The panel's advice to me on this case should be provided in accordance with these Terms of Reference. I look forward to receiving your advice.

*Yours sincerely
Alan*

ALAN JOHNSON

Cc:
Ruth Carnall, CE, NHS London
Chas Hollwey, CE, Barnet PCT
Tracey Baldwin, CE, Enfield PCT and Haringey PCT



Annex A

Referral of the decision by Barnet, Enfield and Haringey PCTs to redistribute services between Barnet, Chase Farm and North Middlesex Hospitals.

Terms of reference

The panel is asked to advise the Secretary of State by 31 July 2008:

- a) whether it is of the opinion that the proposals for changes to the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals, and the associated development of primary and community services, will ensure the provision of safe, sustainable and accessible services for local people, and if not, why not;
- b) on any other observations the Panel may wish to make in relation to the proposals; and
- c) on how to proceed in the interests of local people, in light of (a) and (b) above and taking into account the issues raised by the JOSC in its referral letter of 31 March 2008.

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the IRP's general terms of reference.

Appendix Four

Letter to Editors from Peter Barrett, Chair of the Independent Reconfiguration Panel plus copy of associated press release

Kierran Cross

*First Floor
11 Strand
London
WC2N 5HR*

13 May 2008

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health to carry out a review relating to contested proposals for changes to health services in Barnet, Enfield and Haringey.

As part of our review, we would like to hear from local people who feel that they have new information that was not submitted during the formal consultation process or believe that their voice has not been heard. Please contact us by email at: info@irpanel.org.uk or by calling **020 7389 8055**.

The referral to the IRP relates to Barnet, Enfield and Haringey PCTs' proposals to redistribute services between Barnet, Chase Farm and North Middlesex Hospitals and the associated development of primary and community services in the area.

Our review will look at whether the proposals will ensure the provision of safe, sustainable and accessible services for local people.

Over the coming months, we will be undertaking a number of visits to the area to talk to patients, clinicians, local authority representatives, interest groups and people living and working in the area who believe they have new evidence that the IRP should take into account.

It is important that our reviews are open and accountable to local communities. We will therefore publish our conclusions on our website - www.irpanel.org.uk - once they have been considered by the Secretary of State for Health.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

IRP

www.irpanel.org.uk

Press release

13 May 2008

IRP to undertake review in Barnet, Enfield and Haringey

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health, Rt Hon Alan Johnson MP, to provide advice to him relating to contested proposals for changes to health services in Barnet, Enfield and Haringey.

The request follows a referral to the Health Secretary from the Barnet, Enfield and Haringey Clinical Strategy Joint Scrutiny Committee.

The referral relates to Barnet, Enfield and Haringey PCTs' proposals to redistribute services between Barnet, Chase Farm and North Middlesex hospitals and the associated development of primary and community services in the area.

The IRP will undertake an independent review and consider whether the proposed changes to services will ensure the provision of safe, sustainable and accessible health services for local people.

Dr Peter Barrett, Chair of the IRP, said: "The focus of our reviews is always the patient and the quality of care. During the course of the review the IRP will be listening to all sides of the debate and gathering evidence locally to ensure that our recommendations are in the best interests of local people."

On completion of the review the IRP will make recommendations to the Health Secretary in relation to the proposed changes and, if appropriate, any implications for other clinical services.

Over the course of the review the IRP will make a number of visits to the area to see the facilities first hand and meet with patients, clinicians and other staff. The visits will also provide an opportunity for the IRP to meet with a range of other interested parties, including local authority representatives and interest groups.

Those who wish to contact the IRP can do so by calling 020 7389 8055 or by e-mailing - info@irpanel.org.uk

The IRP's final report with its recommendations will be forwarded to the Health Secretary by the 31 July 2008. The final decision on changes to services in the area will be made by the Secretary of State for Health.

ENDS

For further information, contact the IRP press office on 020 7025 7530 or email IRPpressoffice@trimediauk.com

Notes to editors:

1. The full name of the IRP is the Independent Reconfiguration Panel
2. The IRP was set up in 2003 to provide advice to the Secretary of State for Health on contested proposals for health service change in England
3. Under the NHS Health and Social Care Act 2001, NHS organisations must consult their local authority Overview and Scrutiny Committees (OSCs) on any proposals for substantial changes to local health services. If the OSC is not satisfied it may refer the issue to the Health Secretary
4. IRP panel members have wide ranging expertise in clinical healthcare, NHS management, public and patient involvement and handling and delivering successful changes in the NHS
5. Further information, including details of all panel members, is available from www.irpanel.org.uk

Appendix Five

Site visits, interviews, meetings and conversations

13 and 14 May 2008

**IRP Peter Barrett, Paul Roberts, Ailsa Claire (13th only), Sanjay Chadha, Ray Powles
Nicky Hayes (14th only), Pat Troop, John Williams**

Site visits

Barnet Hospital, Chase Farm Hospital, North Middlesex Hospital and Edgware Hospital.

5 June 2008

IRP Ailsa Claire, Sanjay Chadha, John Williams

Site visits

Edgware Hospital, Finchley Hospital and North Middlesex Hospital

11 June 2008

IRP Paul Roberts, Ailsa Claire, Sanjay Chadha, Ray Powles, Pat Troop, Richard Jeavons

Evidence gathering sessions - Enfield PCT Headquarters

Tracey Baldwin: Chief Executive Haringey PCT and interim CE Haringey PCT

Carolyn Berkeley: Chair Enfield PCT

Dr Andrew Burnett: Director of Health Improvement and Medical Director Barnet PCT

Dr Ugo Okoli: Director of Public Health Enfield PCT

Dr Peter Barnes: Medical Director Enfield PCT and PEC Chair

Dr Stanley Okolo: Medical Director NMUHT

Mr Richard Harrison: Medical Director BCFT

Dr Philippa Curran: Barnet PEC Chair

Dr Maiyur Gor: GP and Haringey PEC Chair

Stephen Conroy: Deputy Chief Executive Enfield PCT

Jackie Langford: Project Director BEH Clinical Strategy

John Marsh: Programme Manager BEH Clinical Strategy

Anita Grabarz: Director of Stakeholder Engagement BEH Clinical Strategy

Averil Dongworth: Chief Executive BCFT

Alison Blair: Deputy Chief Executive Barnet PCT

Clare Panniker: Chief Executive NMUHT

12 June 2008

IRP Paul Roberts, Pat Troop, John Williams

Westminster

Andy Love MP, Member of Parliament for Edmonton

Joan Ryan MP, Member of Parliament for Enfield North

Charles Walker MP, Member of Parliament for Broxbourne

David Burrowes MP, Member of Parliament for Enfield, Southgate

Nick de Bois, prospective parliamentary candidate for Enfield North

16 June 2008

IRP Paul Roberts, Ailsa Claire, Sanjay Chadha, Ray Powles, Pat Troop, Richard Jeavons, John Williams

Evidence gathering sessions - North Middlesex University Hospital

Clare Panniker

Averil Dongworth

Eddie Lamuren: A&E Consultant NMUHT

Brijendra Shrivat: A&E Consultant BCFT

Richard Harrison

Dr Stanley Okolo

Lisa Donegan: Head of Nursing Emergency Division BCFT

Lorraine Chowdhury: Matron A&E BCFT

Ann Brizan: Matron A&E BCFT

Ashis Bannerjee: A&E Consultant

Joe Harrison: Deputy Chief Executive NMUHT

Simon Weldon: Director of Operations BCFT

Ian Mitchell: Clinical Director of Surgery BCFT

Mary Joseet: Director of Performance BCFT

Wendy Beddoes: Patient Representative Forum NMUHT

Joyce Aslan: Patient Representative and formerly member BEH Clinical Strategy Project Board

David Carter: Director of Finance BCFT

Andrew Grimshaw: Director of Finance NMUHT

Liz Webber: Director of HR BCFT

Kevin Croft: Director of HR NMUH

Richard Webber: Assistant Director of Operations London Ambulance Service

Carl Denton: East of England Ambulance Service

Paul Ward: Enfield Locality Manager LAS

Stephen Conroy: Deputy Chief Executive Enfield PCT

Stephen O'Connor: Stakeholder Engagement Transport for London

Susan Sorenson: Director of Performance Whittington Hospital

Kim Fleming: Director of Service Development Royal Free Hospital

17 June 2008

IRP Paul Roberts, Ailsa Claire, Sanjay Chadha, Ray Powles, Pat Troop, Richard Jeavons, John Williams

Evidence gathering sessions - Chase Farm Hospital

Sir George Alberti: National Director for Emergency Access and Clinical Director for Service Redesign

Pratik Shah: Clinical Director for Women's Services BCFT

Frances Evans: Consultant Obstetrician and Deputy Medical Director NMUHT

Carol Littlehales: Head of Midwifery BCFT

Kanta Patel: Head of Midwifery NMUHT

Louise Ashley: Director of Nursing BCFT

Ann Jackson: Consultant Obstetrician BCFT

Simon Weldon

Richard Harrison

Dr Stanley Okolo

Flo Panel-Coates: Director of Nursing NMUHT

Dr Simon Roth: Clinical Director Children's Services BCFT

Dr Lesley Alford: Clinical lead for Paediatrics NMUHT

Nicky Evans: Head of Children's Nursing NMUHT

Beatrice Norman: Senior Nurse NMUHT

Louise Ashleigh: Director of Nursing BCFT

Michael Essex-Lopresti: Secretary BCFT PPI Forum

Peter Cragg: Former Chair Barnet PCT PPI Forum

Noleen Behan: RCN and Chair of Staff side

Alison Blair

Stephen Conroy

Harry Turner: Director of Finance Enfield and Haringey PCTs

Dr Philippa Curran

Dr Mayur Gor: GP PEC Chair Haringey PCT

Averil Dongworth

Clare Panniker

Tracey Baldwin

23 June 2008

IRP Paul Roberts, Ailsa Claire, Ray Powles, Pat Troop, Richard Jeavons, John Williams

Evidence gathering sessions - Enfield Civic Centre

Cllr Anne-Marie Pearce: Chair of BEH Joint Scrutiny Committee

Cllr Vivian Giladi

Cllr Martin Newton

Cllr Richard Cornelius

Cllr Sachin Rajput

Cllr Andrew McNeil

Cllr Maureen Brown

Mike Ahuja

Rob Mack
Bathsheba Mall
Sue Cripps
Cllr Jeremy Pierce: Broxbourne Borough Council
Gail McConnell: Former Chair BEH maternity services liaison committee
Ray James: Director of Health and Adult Social Care - Enfield Council
Sally Malin: Chair of Barnet PCT

24 June 2008

IRP **Paul Roberts, Ailsa Claire, Sanjay Chadha, Ray Powles, Pat Troop, Richard Jeavons, John Williams**

Evidence gathering sessions - Enfield Civic Centre

Mike Freestone: Director of Environment and Transport Barnet Council
Kate Wilkinson: Cllr Enfield
Kieran McGregor: Cllr Enfield
Donald Smith
John Jewson
Sue Fitzgerald
Ivy Beard
Mr Beard
Dr Tim Ridge GP
Steve Armstrong
Henry Plumb
Anna Athow: Consultant Surgeon NMUHT
Elizabeth Chaston
Tony Kingsnorth: Bush Hill Park Residents Association
Glyn Jones: Transport Consultant

IRP **Paul Roberts, Pat Troop, Richard Jeavons, John Williams**

Staff Drop in session – Chase Farm Hospital

Ben Djazeeri
Julian Oliver
Mandi Empson
Ann Briza
Lorraine Chowdrey
Florence McGowan
Nick McCartney
Kay Laurie
Marian Keys
Dr Moneli Golar
Dr Nitu Bajekal
Dr Robert Darwen

25 June 2008

**IRP Paul Roberts, Sanjay Chadha, Ray Powles, Pat Troop, Richard Jeavons
John Williams**

Evidence gathering sessions - Enfield Civic Centre

Karen Davies: nurse and Enfield resident
Sarah North: Enfield resident
Vivian Dalling
Mohamed Youssuf
Alison Beard: Chair Cheshunt and Broxbourne NCT
Pat Curtis
Armenia Argenza
Kate Wilkinson (plus SCF colleagues incl Donald Smith)
Irene Wilson and Joan Chandler: Willow Residents Association
Elizabeth Henthorn: Enfield Resident
Vincent Stops: London TravelWatch
Sarah Pond: London TravelWatch
Tim Bellenger: London TravelWatch
Barry Fineburg: Resident and Management Consultant
Susan Secher: Better Local Healthcare Campaign - Haringey
Janet Shapiro: Better Local Healthcare Campaign - Haringey
Tony Morgan: Better Local Healthcare Campaign - Haringey
Imogen Panel: Better Local Healthcare Campaign – Haringey
Stan Davison: Barnet 55+ Forum
Albert Manning: Barnet 55+ Forum

IRP Paul Roberts, John Williams

Westminster

Andrew Dismore MP, Member of Parliament for Hendon

26 June 2008

IRP Paul Roberts, Ailsa Claire, Pat Troop, Richard Jeavons, John Williams

Evidence gathering sessions - Chipping Barnet Library

Dr Christopher Jephcott: Retired GP
Elaine Graham: Resident Palmers Green
Helen Brown: Deputy Chief Executive Haringey PCT
Stephen Conroy
Charles Hollwey: Chief Executive Barnet PCT
Averil Dongwoth
Clare Panniker

2 July 2008

Westminster

IRP **Paul Roberts, Pat Troop**

James Clappison MP, Member of Parliament for Hertsmere

8 July 2008

IRP **Paul Roberts, Pat Troop**

Telephone conversation

Theresa Villiers MP, Member of Parliament for Chipping Barnet

Appendix Six**Information made available to the Panel****Supporting papers**

1	Response to BEH Consultation from Enfield Disability Action – two documents
2	ppt presentation on Finchley Memorial Hospital
3	BEH Clinical Strategy decision making document Sept 2006
4	Workforce Implementation document undated
5	Maternity service transfer data June 2008
6	Chase Farm Hospital development control plans and diagrams
7	Enfield PCT Budget and 5 year plan
8	McKinsey report for NHS London – BEH Reconfiguration Feb 2007
9	ppt presentation children’s services – NHS
10	ppt presentation women’s services – NHS
11	ppt presentation primary care - NHS
12	ppt presentation accident and emergency and urgent care - NHS
13	ppt presentation planned care - NHS
14	ppt presentation transport - NHS
15	Ppt presentation business case - NHS
16	ppt presentation ambulance service implications - LAS
17	ppt presentation consultation process - NHS
18	ppt presentation case for change - NHS
19	ppt presentation patient flows - NHS
20	Delivering high quality healthcare for Hertfordshire – Gareth Jones
21	Profile of St Ann’s site
22	Profile of St Michael’s site
23	Terms of Reference Transport Working Group – Jan 2008
24	Radial relationship of Hospitals and Transport document – Donald Smith
25	Submission(ppt) to IRP from Royal Free Hospital – Kim Fleming
26	BEH Cancer strategy document – June 2008
27	Submission re Paediatric Assessment Unit – Dr Roth/Mr Harrison June 2008
28	BEH clinical strategy brief – Feb 2008
29	Booklet of documents and letters – Mrs Irene Wilson
30	Place shaping and spatial ordering – Barry Fineberg
31	Submission to IRP – Elizabeth Chaston
32	Three documents and submission to IRP – Tony Kingsnorth
33	Document and various papers and letters – Mrs Ivy Beard
34	Initial response to consultation and response to IRP June 2008 – London TravelWatch
35	Document and letters submitted by Joan Ryan MP prior to and in response to consultation
36	Document – Developing and implementing travel plans – A good practice guide for the NHS in London – London TravelWatch
37	Document prepared for IRP by Joint Scrutiny Committee June 2008
38	Joint submission to IRP – Joan Ryan MP and Andy Love MP – June 2008
39	Kings Fund review for Enfield Council, review of impact assessment - March 2007
40	JSC evidence to BEH joint clinical strategy committee Sept 2007
41	JSC questions on BEH business case
42	Annual Audit letter, Enfield PCT, Oct 2007
43	Taxi fares and Public Transport times of services to Barnet Hospital – July 2006
44	2001 census data on car ownership – Barnet Enfield and Haringey
45	2001 census car ownership by ward in Enfield
46	Enfield Council report on Chase Farm Hospital Transport accessibility – Oct 2007
47	Additional population information document – Enfield Borough Council
48	Primary document submitted to IRP by Joint Scrutiny Committee June 2008
49	Joint Response to the referral by the JSC – Tracey Baldwin and Charles Hollwey
50	Submission to IRP by Alison Beard (Cheshunt , Broxbourne and District branch of NCT)
51	Various maps, diagrams and pictures of land developments in areas around the hospitals

52	Submission to IRP – Mrs A Henthorn
53	Document outlining NHS London’s view on referral to Secretary of State for Health - undated
54	Report to NHS London - Review of clinical case for change – Sir George Alberti - undated
55	BEH NHS Reconfiguration – a response from Barnet 55+ Forum – August 2007
56	Submission to IRP – Dr CJA Jephcott
57	Submission to IRP – Better Healthcare Campaign June 2008
58	ORH report – Impact for patients and visitors dependent on Public Transport
59	BEH Consultation document - Your health Your Future- safer closer better
60	BEH Clinical Strategy Project Board – minutes 21.07.06
61	BEH Clinical Strategy Project Board – minutes 01.09.06
62	BEH Clinical Strategy Project Board – minutes 29.09.06
63	BEH Clinical Strategy Project Board – minutes 24.11.06
64	Consultation programme June 2007
65	Report to NHS London Board Meeting – June 2007
66	Minutes of NHS London Board Meeting – June 2007
67	BEH – Economic Impact Summary – June 2007
68	Activity Modelling Summary Report – July 2006
69	Pre Consultation Business Case – July 2006
70	JSC letter to NHS London 27.07.07
71	NHS London response to JSC 10.08.07
72	BEH Clinical Strategy Project Board – minutes 26.10.07
73	BEH response to Enfield Racial Equality Council – November 2007
74	BEH Clinical Strategy Project Board – minutes 23.11.07
75	Final Consultation Report Nov 07
76	Barnet PCT Board minutes 11.12.07
77	Enfield PCT Board minutes 11.12.07
78	Haringey Board minutes 11.12.07
79	Hertfordshire Scrutiny Committee minutes 08.01.08
81	BEH JSC Minutes 21.01.08
82	BEH Clinical Strategy Project Board – minutes 22.02.08
83	BEH Letter to editors 14 .05. 08
84	Towards better births: a review of maternity services in England – Healthcare Commission
85	Children’s and maternity services in 2009: working time solutions: RCOG/RCPCH – July 2008
86	Submission from Councillor M. Rye – Enfield Council
87	Ppt presentation from Save Chase Farm Group – including the following documents: (88 to 98)
88	Submission from Sue Fitzgerald - Midwife
89	Document on merger of Chase Farm NHS Trust and Wellhouse NHS Trust 1999
90	Barnet and Chase Farm Hospitals NHS Trust Board minutes 13 May 2004
91	Presentation on Transport and Accessibility
92	Submission from Mr John Jewson
93	Further submission from Donald Smith
94	Letter from Joan Ryan MP to Patricia Hewitt 12.01.07
95	Copy of consultation questionnaire
96	Presentation on the consultation process
97	Specific submission from Councillors Kate Wilkinson and Kieran McGregor
98	23 appendices to document listed at 97
99	Letter and submission from Doreen Parsonage on behalf of the Wormley Society
100	Letter and submission from Mrs Alison Beard, National Childbirth Trust
101	Document and photographs – Herts. Lea Valley Association of Women’s clubs
102	Ppt from Gail McConnell Maternity Services Liaison Committee
103	RCN response to consultation from Jeni Watts
104	Submission from BCFT PPI Forum
105	Independent Review of Elective work at Chase farm Hospital Site
106	Document from Charles Walker MP
107	Document Dr Jephcott

Responses to the IRP enquiry line (emails, letters and phone calls)

Dr B Garland, email	Mr Bewsall, letter
Dr B Garland, phone call	B Altman, phone call
B Litchfield, email	M Gaukroger, email
A Bishop-Leggett, email	B Fineberg, letter
Dr Chowdra, phone call	A Bishop, phone call
K Geddes, email	J Jewson, phone call
Dr I Krass, email	P Jackson, phone call
Dr I Krass phone call	H Stannard, letter
C Vial, email	I Beard, letter
T Archer, email	R Reece, phone call
B Pugh, email	M Hulme, phone call
T Howard-Baker email	B Rothberg, email
Mrs Palmer, email	L Tuck, email
M Briggs, email	K Righelato, letter
T Thake, email	D Keane, phone call
R Ben-Ami, email	M Cullimore, phone call
V Kimmins, email	A Roding, letter
Dr C Chung, phone call	S Spratt, letter
Dr C Chung email	M Wink, phone call
K Wilkinson, email	R Murgatroyd, phone call
K McGregor, email	B Bonvan, phone call
Dr A Rodin, letter	Mrs O'Dale, phone call
Cllr Rye, letter	D Darwin, letter
M Carmi, email	P Norris, letter
S North, email,	S Paulus, letter
S Armstrong, email	A Nicholson, phone call
S Davison, phone call	S Shannon, phone call
V Dalling, phone call	C Clark, email
G Bird, phone call	R Martin, email
M Wright, phone call	G Kuncharalingam, email
K Player, phone call	D Smith, email
D. Searle, phone call	G Gross, email
P Cullingham, letter	J Beard, email
L Hunt, letter	J Halpin, email
JD Charter, letter	L Lacey, email
B Smith, letter	F Clark, email
Mr Quaseem, phone call	M Smith, email
M Lee, letter	I Leonard, email
R Blows, email	M Hook, email
E Hewson, email	S Prime, email
D Warren, letter	
JD Williams, email	
CF Williams, email	
WK House, letter	
B Collins, phone call	

3,414 petition slips received in relation to North East London Council of Action Demonstration on Saturday 26th July 2008

Appendix Seven

Abbreviations used in this report

A&E	Accident and Emergency Service
BCFT	Barnet and Chase Farm Hospital NHS Trust
BEH	Barnet, Enfield and Haringey
GP	General Practitioner
IRP	Independent Reconfiguration Panel
JSC	Joint Scrutiny Committee
NMUHT	North Middlesex University Hospital Trust
PCT	Primary Care Trust
PPI	Patient and Public Involvement
SCF	Save Chase Farm
SHA	Strategic Health Authority
UCC	Urgent Care Centre

Appendix Eight

Panel membership

- * Subgroup members that took the lead in this review
 ** Declared an interest in and took no part in the consideration or production of this report

Chair

Peter Barrett Chair, Nottingham University Hospitals NHS Trust
 Former General Practitioner, Nottingham

Members

Cath Broderick Independent advisor on involvement and consultation

Fiona Campbell Independent consultant specialising in health and social policy

*Sanjay Chadha Justice of the peace
 Committee member, Multiple Sclerosis (MS) Society

*Ailsa Claire Chief Executive, Barnsley Primary Care Trust
 Chair/Manager, Yorkshire & Humber Specialist Service Consortia

Nick Coleman Consultant in Anaesthesia and Intensive Care Medicine,
 University Hospitals of North Staffordshire

Jane Hawdon** Consultant Neonatologist, University College Hospital and
 Clinical Lead for the North Central London Perinatal Network

Nicky Hayes Consultant Nurse for Older People
 King's College Hospital NHS trust
 Clinical Director, Care Homes Support Team

Brenda Howard Director of Strategy
 Nottinghamshire County Teaching PCT

Nick Naftalin Emeritus Consultant in Obstetrics and Gynaecology
 University Hospitals of Leicester NHS Trust
 Former member, National Clinical Governance Support Team

John Parkes Chief Executive, Northamptonshire Teaching Primary Care Trust

Linda Pepper Independent advisor on involvement and consultation

*Ray Powles Head of Haemato-Oncology, Parkside Cancer Clinic, London
 Former head of Haemato-Oncology, Royal Marsden Hospital

*Paul Roberts Chief Executive Plymouth Hospitals NHS Trust

Gina Tiller Part-time tutor in industrial relations
 Chair Newcastle Primary Care Trust

Paul Watson Director of Commissioning
 East of England Strategic Health Authority

Secretariat

Chris Howgrave-Graham Acting Chief Executive

Martin Houghton Secretary to the Panel

Pat Troop Review Manager

John Williams Review Manager

Richard Jeavons took up post as Chief Executive of the IRP with effect from 1 June 2008.

Appendix Nine

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk