

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 19th September 2013

Agenda No: 8.3

Attachment: 11

Title of Document: <i>Better Services Better Value</i> – Programme Update	Purpose of Report: To Receive and Note
Report Author: Toby Hyde	Lead Director: Charlotte Joll
Executive Summary: An update on the BSBV programme, describing the reasons for delaying the final decision to go to public consultation and setting out what the anticipated impact will be on timelines for the programme.	
Key sections for particular note (paragraph/page), areas of concern etc: Whole Document	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to receive and note the attached report	
Committees which have previously discussed/agreed the report: None	
Financial Implications: N/A	
Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing) None	
Equality Analysis: Merton CCG has conducted a preliminary analysis of the BSBV programme in line with responsibilities under their Public Sector Equality Duty (Equality Act, 2010) N/A	
Information Privacy Issues: N/A	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) N/A	

BSBV Programme Update

Summary

The following paper provides an update on the BSBV programme, describing the reasons for delaying the final decision to go to public consultation and setting out what the anticipated impact will be on timelines for the programme.

Background

Clinicians in south west London and Surrey Downs are clear that local services need to change to give residents better care and to ensure that services are sustainable in the future. Members will already be familiar with the reconfiguration proposals put forward by the programme, further details of which are available on the website <http://www.bsbv.swlondon.nhs.uk/>. NHS England (NHSE) continues to support the case for change and clinical service proposals but asked us to look once more at the finances to give absolute assurance before the programme progresses to the next stage.

This additional assurance of the financial modelling has now been completed and NHSE have indicated that they are content with the quality of the work carried out thus far. Further details will be provided in the overall assurance report from NHSE which we will receive and publish in due course.

We understand from NHS England that the report will reflect their belief that the case for change, the clinical models and the financial assumptions are sound. The remaining outstanding issue is whether the programme passes all of the 'four tests' which all NHS service change programmes must pass before consultation. They have asked for further evidence regarding the support of GPs in Surrey Downs. Under all proposed BSBV options, Epsom Hospital would become a local hospital no longer providing A&E and consultant-led maternity services. NHS England wants to be certain the CCG's membership understand and support this position prior to consultation going ahead. NHS England is satisfied with the evidence of GP support provided by the 6 other CCGs.

We have agreed that Surrey Downs will carry out some more engagement with local GPs, to further test their support for public consultation on the options which have

emerged from the BSBV review. The Programme Board has asked for this engagement to be completed by the end of October. When it is complete, we will set a date for the CCGs to meet in common and agree a timetable for public consultation, provided this has the support of all seven CCGs and NHS England.

Next Steps

Due to the extended assurance period, and taking into account the views of local stakeholders on the difficulties of consulting during summer holidays, we have already announced that we are delaying the public consultation on the options put forward by the programme until later in the year. We will use this time to continue developing and improving our plans for consultation, meeting with local residents to discuss the case for change and the proposed clinical models, and to work with NHS England and the CCGs to ensure that our proposals ensure long-term sustainability of local health services.

Charlotte Joll
Programme Director