

10 November 2010

Response to issues raised by the London Borough of Barking and Dagenham Health and Adult Services Select Committee

At its meeting of 27 October 2010, the London Borough of Barking and Dagenham Health and Adult Services Select Committee requested commitment/assurances on five issues before it could give its agreement and support to implementation of the Health for north east London proposals. Whilst it is ultimately up to the JCPCTs to formally consider these issues, this paper addresses each issue in turn on behalf of the programme.

In summary – and in line with the assurances requested by the select committee, the Joint Committee of PCTs (which is ultimately responsible for making decisions) will require demonstrable improvements in performance, a clear implementation plan and robust monitoring arrangements before agreeing to any changes.

1. All CQC conditions imposed on BHRUT must be lifted

John Goulston explained at the committee meeting that the CQC Annual Health Check has been replaced by the system of registration under the Health and Social Care Act (2008). From April 2010, all health and adult social care providers which provide regulated activities are required by law to be registered with the CQC. To do so, providers must show (by April 2011) that they are meeting new essential standards of quality and safety across all of the regulated activities they provide. The new system is focused on outcomes, rather than systems and processes and places the views and experience of people who use services at its centre.

The Trust submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust's registration in relation to the following. An action plan was developed to address these areas. The following table illustrates the current position. The Trust has already provided substantial evidence to the CQC and will submit evidence for the two conditions with compliance deadlines by the end of December in time. **The programme expects these issues to be resolved before any substantial changes take place.**

Condition	Deadline for compliance	Evidence provided to CQC	CQC assessment
Treatment rooms	30 April 2010	Yes	Condition lifted
Pressure damage	30 June 2010	Yes	Awaiting assessment of evidence provided
Discharge planning	30 June 2010	Yes	Awaiting assessment of evidence provided
Child protection training	31 July 2010	Yes	Awaiting assessment of evidence provided
Nurse mandatory training	31 July 2010	Yes	Awaiting assessment of evidence provided
Staffing levels	30 Sept 2010	Yes	Awaiting assessment of

			evidence provided
Appraisals for eligible staff	31 Dec 2010	No	N/A
Resuscitation training	31 Dec 2010	No	N/A

Responsibility for delivery: Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT).

2. Sustained improvement in A&E services at Queen's hospital

BHRUT and its partners fully acknowledge that improvement in A&E performance should be demanded and expected. Staff are aware of the Trust's commitment to improvement and are working to ensure patients are treated quickly, effectively and efficiently.

At the last meeting of the committee John Goulston explained BHRUT's plans (in six workstreams) to tackle the issues surrounding four hour maximum waits and delayed discharges. Similarly PCTs have a range of improvement and action plans to address performance.

Due to the pressures being experienced at BHRUT, the PCTs have agreed to fund 60 beds for delayed transfer or care patients and the first 30 of these will be placed at King George Hospital to relieve pressure on patient flow. There is currently a review of the community rehabilitation resources with a view to opening additional rehabilitation capacity for Barking and Dagenham and Havering PCTs. This will have a further impact on reducing delayed transfers. **All partners accept that there needs to be significant improvement in performance at Queen's in order to implement the proposed models of care.**

Responsibility for delivery: BHRUT in partnership with NHS Barking and Dagenham, other PCTs, the London Borough of Barking and Dagenham and the Sector Acute Commissioning Unit.

3. Barking Birthing Centre to be open and delivering babies in 2011

Barking Hospital will be completed and occupied over the next six months. NHS Barking and Dagenham is working closely with BHRUT to facilitate ante-natal and post-natal care being provided from May/June 2011. The partners anticipate that births could take place from Autumn 2011, but there would need to be women who were both clinically suitable and willing to use this location so soon after the opening – it may take some time for the unit to become established as a birthplace of choice.

Responsibility for delivery: NHS Barking and Dagenham in partnership with BHRUT.

4. Travel concerns for Barking and Dagenham residents addressed

Travel was one of the top cross-cutting themes raised during the public consultation and is also an ongoing issue in the development of more care outside of hospital and in planning primary care services.

The proposals for the reconfiguration of hospital services include centralising specialist services to achieve better clinical outcomes. This will mean increased travel times for some people. The increase in travel times is considered to be relatively small and the integrated impact

assessment showed that the potential disadvantages of further travel would be outweighed by the potential improvements in clinical outcomes.

However, even though the increase in travel times that would result if the proposals were agreed is relatively small, we recognise the impact on those people affected – particularly on certain groups of people for example people with mobility problems, older people and those with young children. We also recognise that some people currently experience difficulties in travelling to existing services.

Key transport issues raised by Barking and Dagenham respondents to the consultation included ensuring that ambulances carrying non blue-light patients can use bus lanes. We understand that the council has also written to Boris Johnson. However the London Ambulance Service has confirmed that their policy states “*All London Ambulance Service A&E and Patient Transfer Service liveried vehicles are entitled to drive in bus lanes within the London area during their hours of operation when undertaking service duties.*” I hope that this clarifies the matter but please let me know if you believe there is still a problem that needs to be addressed. Other issues related to:

- Improving bus routes to Queen’s – in particular extending the route of the number five bus;
- Parking costs and availability at The Royal London and Queen’s; and
- Accessibility issues at Whitechapel tube (for The Royal London).

Health for north east London has established a travel project and travel advisory group (TAG) under the leadership of Maureen Worby, Chair, NHS Barking and Dagenham. The group includes representation from:

- Transport for London;
- London TravelWatch;
- Overview and Scrutiny Officers for all the outer north east London boroughs;
- Redbridge Borough Council and Barking and Dagenham Borough Council (transport leads);
- Essex (West Essex Link member and County Councillor);
- LINK members from Barking and Dagenham, Hackney and Waltham Forest;
- We have also invited members from hospital trusts, the Gateway regional planning group and the National Childbirth Trusts

The group aims to improve people’s experience of travelling to health services in north east London by focusing on stimulating action on a small number of agreed priorities. The concerns of Barking and Dagenham residents have been supplied to the group and are the key priorities to be addressed.

NHS partners and key stakeholders are committed to seeing improvements in public transport and facilitation of private transport journeys. It is intended that this work is taken forward in the longer term through improved travel planning by NHS organisations in the area and improved partnership working with local authorities and transport providers.

Decision-makers will be informed as to the progress of the group when discussing the proposals for change.

Responsibility for delivery: Health for north east London to support the Travel Advisory Group but it will be for local NHS bodies to progress actions along with their local partners and key stakeholders.

5. Both local community hospitals open (Barking and East Dagenham)

NHS Barking and Dagenham is committed to improving health services for residents through the development of two local hospitals.

For maternity services in at Barking Community Hospital, please see above. Other services are expected to become operational in the next six to twelve months. The Urgent Care centre at the hospital is anticipated to open in March/April 2011. It will be medically led and therefore able to manage a wide range of conditions.

The Dagenham Community Hospital is at a much earlier planning stage. It is anticipated it will be a LIFT project. The site is firmed up, and the local LIFTCo (BDHCV) is negotiating with the planners (the local authority has shown support) and the owner (Sanofi Aventis – which is a willing partner) of the site. However ultimately it will be for GP commissioners to consider whether the project is supported by the clinical and local community and is a viable service.

The clinical leaders in Barking and Dagenham have agreed that it should be a clinically led development and have asked for six people to form the leadership group for it. All the local GP practices are being visited to understand their levels of ambition, aspiration and anxiety, and to encourage greater engagement in developing the facility.

NHS Barking and Dagenham anticipates that, once the leadership group is established, a business case will be one of their first tasks. The outline business case could be complete in summer 2011. This would mean a build start around January 2012 with occupation 18 months later (July 2013).

The PCT has worked with clinicians to make an initial assessment of the likely services that might be incorporated, and these have been broadly supported by stakeholders (see below). Early quantification of space requirements have been made on the basis of those assessments although it should be noted that these are still for discussion.

Potential services	Dagenham Community Hospital
Primary, community and urgent care	GP practices Urgent care centre open 8am – 10pm including children Community Health Service clinical staff base and treatment facilities
Diagnostics	X-ray, ultrasound, blood tests, echocardiography, ECG and spirometry, diabetic retinopathy screening
Planned care Out-patients or equivalent.	Gynaecology, dermatology, ENT, urology, trauma and orthopaedics, rheumatology, ophthalmology, general surgery, gastroenterology, paediatrics (outreach from Children and Family Centre), minor surgery
Long term conditions	Integrated multi-disciplinary one-stop services (comparable with Porters Avenue)
Pharmacy	

Dental services	General dental services, private dental service (new practice) and 20 chair spoke of Barts and the London Dental School. This is a practical training environment which enables students to undertake free short term dental care interventions on suitable patients – generally stabilising their dental health before passing then on to the dentists (it would also generate some jobs).
Community mental health services	North East London Foundation Trust: Dagenham Community Mental Health Team and Early Intervention in Psychosis Team
Other partner services	London Borough of Barking and Dagenham information point and sensory team

Responsibility for delivery: NHS Barking and Dagenham in partnership with key stakeholders.