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## **SOUTH WEST LONDON 'BETTER HEALTHCARE CLOSER TO HOME'**

### **PROGRAMME REVIEW**

**Report to the Chief Executive of NHS London  
28 February 2007**

#### **1. INTRODUCTION**

This is a report to NHS London from the Better Healthcare Closer to Home (BHCH) Programme Board. It outlines the results of the BHCH programme review commissioned by NHS London at the request of the Secretary of State for Health.

The review assessed the service change proposals made by NHS organisations in South West London following formal consultation in September-December 2004. The review paid particular regard to:

- the financial positions of local NHS organisations and the overall affordability of the original BHCH proposals;
- the relevance of the proposed model of care to national policy (specifically, the White Paper '*Our Health, Our Care, Our Say*');
- health inequalities and the needs of disadvantaged communities; and,
- planning and legal restrictions on the Metropolitan Open Land opposite the St Helier Hospital site.

The review aimed to answer four key questions:

1. What are the commissioners' assessed healthcare needs for the next decade within the catchment area of South West London (i.e. what is the activity and required setting of care)?
2. What are the main options to best meet the healthcare needs within the BHCH Programme (i.e. site specific options with associated activity and setting of care)?
3. How do these options perform against the criteria of clinical and financial sustainability, policy compliance and risk?
4. What is the recommended way forward?

The review has been commissioner-led. The BHCH proposals are predominantly linked to improving services for the populations of Sutton,

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Merton and Surrey. Two PCTs are responsible for commissioning services for these populations: Sutton and Merton PCT and Surrey PCT.

Surrey PCT is currently developing a strategy for service configuration across the county ('Surrey Fit for the Future'). This is likely to be subject to consultation in the late spring/early summer. The BHCH programme, Epsom & St Helier Trust and Sutton and Merton PCT will continue to work closely with Surrey PCT to ensure co-ordination between the processes, and that the overall outcome appropriately takes into account the needs of communities across the London-Surrey border.

This report focuses on the services proposed for the Sutton and Merton area and makes only provisional assumptions about future requirements at Epsom and in the other proposed Local Care Hospitals in Surrey. These assumptions will need to be revisited in the context of the Surrey Fit for the Future strategy.

## 2. MAIN FINDINGS

The guiding principle of BHCH – that services should be provided as far as possible in primary and community care settings, with specialist hospital services concentrated on fewer sites – is still valid. However, the review has established that the critical care elements of the original BHCH proposals are neither sustainable, nor appropriate as a model to meet local healthcare needs. The following are the reasons for this:

- The population to be served is significantly less than assumed in the original programme. This is due to a change in the assumed numbers of patients from Surrey who would travel into London.
- The acute capacity created by the proposed critical care hospital would be more than required because of reduced patient flows, PCTs' demand management initiatives and efficiency improvements that can be made in the acute sector.
- The capital costs of a major critical care hospital and five newly built local care hospitals in Sutton and Merton are unaffordable.
- Emerging clinical evidence means that the 'critical care' hospital model has been superseded by a model where services are located to ensure a large enough catchment population to guarantee clinical viability. Hospitals work in networks and partnerships where services cannot be supported on every site. This is consistent with the emerging London healthcare strategy.
- Details of services to be provided in Surrey will be determined by the Surrey PCT Fit for the Future strategy.

However,

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- The development of a reduced number of local care hospitals is supported. Four of the five proposed for Sutton and Merton will be developed within an affordable programme.
- The development of services in primary care should proceed.
- There is a need for general acute services to serve a population of approximately 350,000, which should be located in the London Borough of Sutton.

The report sets out the evidence for reaching this conclusion and makes a number of recommendations as to the way forward.

### 3. ORIGINAL PROPOSALS

BHCH originally proposed a whole system reconfiguration covering the acute, mental health and community services provided to the populations of Sutton and Merton PCT (now part of NHS London) and East Elmbridge and Mid-Surrey PCT (now part of Surrey PCT and of NHS South East Coast).

The proposals aimed to improve and modernise local health services by:

- providing better access to primary care;
- moving services from hospital to community settings; and,
- developing a modern and sustainable critical care service in a single hospital, replacing acute services at Epsom General Hospital and St Helier Hospital.

BHCH also addressed the compelling need to reprovide and upgrade sub-standard hospital and community buildings enabling the delivery of 21<sup>st</sup> century healthcare.

The programme had the following core components:

- a network of primary care facilities – GP surgeries and health centres – as the initial point of contact for most patients;
- ten local care hospitals – two of which would be on the sites of the current Epsom general and St Helier hospitals; and,
- a critical care hospital on the Sutton Hospital site, co-located with services provided by the Royal Marsden Hospital.

At the Strategic Outline Case (SOC) stage in May 2005, the programme was assessed as revenue neutral for the local health economy. This assumed long-term growth in income to Epsom and St Helier Trust of inflation plus 1%, and assistance from the NHS Bank with transitional

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funding. The BHCH proposals were ratified in January 2005 by the three Boards (Sutton and Merton PCT, East Elmbridge and Mid Surrey PCT, and Epsom and St Helier NHS Trust).

### **A network of primary care facilities**

It was proposed that more services would be provided in primary care, by redeveloping GP surgeries and investing in community services. This would reduce the need for hospital treatment for example, for people with long-term conditions and those with minor injuries. Primary care professionals would work closely with local care hospitals to provide a network of community based services.

### **Ten local care hospitals**

A total of 10 local care hospitals in Merton, Sutton and Surrey were proposed. The range of services in each local care hospital would be dependent on local need and the practicalities of providing the services. In Sutton and Merton the proposal was to build five new local care hospitals with core services supplemented by a range of further services depending on the local needs. Two were to be in Merton (possibly on the Wilson and Nelson hospital sites) and three in Sutton (St Helier, Shotfield and one further site).

In addition, 90 intermediate care beds were proposed: 60 at Carshalton War Memorial Hospital in Sutton; and, 30 in Merton at the Wilson Hospital or an alternative site. These services were to be jointly commissioned with the local authorities.

In Surrey the existing network of community hospitals was proposed (Epsom, Leatherhead Cobham, Dorking and Molesey Hospitals). The mix of services varied on each site, all would provide a range of primary and community care services, plus some additional services to include diagnostics, day surgery and some secondary care services.

The facilities at St Helier and Epsom were to be larger with a wider range of services than the other local care hospitals in order to meet the needs of larger catchment populations. The two sites were proposed as 'pathfinder' facilities, i.e. with accelerated development to reflect the urgent need for the development of local and primary care services for these populations.

### **A critical care hospital**

A critical care hospital was proposed to treat patients whose needs could not be met in one of the local care hospital. The service was intended for those who were seriously ill and required 24 hour specialist care. The main service proposals were:

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- full emergency services, including 24-hour access to emergency surgery, ITU, HDU, coronary care and stroke care;
- inpatient emergency and complex medical care;
- inpatient emergency and complex surgery;
- maternity services including delivery and inpatient antenatal and postnatal care;
- special care and intensive care for newborn babies;
- specialist and inpatient services for children and adolescents; and,
- specialist outpatient services.

The arguments as to where this facility should be located were finely balanced between the St Helier and Sutton Hospital. Sutton was the proposed site due to its central location to the assumed catchment population; perceived planning difficulties related to the Metropolitan Open Land proposed for the new-build at the St Helier site; and, because of the advantages of co-locating services with the specialist cancer services at the Royal Marsden Hospital.

The proposed co-location of the critical care hospital with the Royal Marsden would address the need to develop integrated services between the Royal Marsden's specialist cancer services and other specialties provided at the critical care hospital. It would ensure the long-term sustainability of specialist cancer services, and enable the capital investment required in the poor estate at the Royal Marsden's Sutton site to guarantee viability in the medium to long-term. The proposed critical care hospital would also benefit from the link to world-class cancer services and the associated research and teaching benefits.

### **Improved mental health services**

The inpatient services provided by the South West London and St George's Mental Health Trust on the Sutton Hospital site are outdated and unsuitable. The original proposal was that these facilities could be reprovided in the BHCH development, along with the siting of community mental health services in the local care hospitals.

The BHCH proposals were referred to the Secretary of State by the London Borough of Merton's overview and scrutiny committee. In response, the Secretary of State instructed that a business case for the St Helier site be developed. This was halted when legal and planning advice suggested that a covenant on the Metropolitan Open Land was too restrictive. The Secretary of State then asked for a review of the BHCH programme.

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## 4. CONCLUSION

The BHCH programme review concluded that the overall philosophy and direction of travel proposed is valid, and that there should be a focus on developing services in primary care and local hospital facilities.

However, the review has established that the critical care elements of the BHCH proposals are not sustainable or appropriate as a model to meet local healthcare needs. There are six key reasons for this:

### 1. Issues with the catchment population and patient flows

The original patient flow modelling of the likely future flows from Surrey have been revised. A 'safety and sustainability' review by Epsom and St Helier Trust developed a more sophisticated analysis of patient flows – in response to the impact of a commissioner-led NHS, Patient Choice and Payment by Results – which has resulted in a significant reduction in the catchment population for hospital services situated in the borough of Sutton. Only 30-50% patients who use Epsom Hospital would travel into London, compared to the 'gravity model' assumption of a 90% flow underpinning the original BHCH proposals. The result is a decrease in the catchment population from the original estimate of 500,000 to approximately 350,000. Additionally, preliminary work done by Surrey PCT in preparation for the Fit for the Future consultation indicates over-capacity in the acute sector in Surrey, further decreasing the likelihood of London services being commissioned for Surrey residents.

The removal of emergency surgery services from Epsom Hospital as part of the safety and sustainability review has resulted in patients being treated at alternative sites in line with the patient flow analysis outlined above (i.e. significantly more have been transferring to other Surrey hospitals than envisaged by the original BHCH assumptions).

At the same time a number of community initiatives has reduced the need for hospital based care. For example:

- Sutton and Merton PCT's musculoskeletal service has resulted in a reduction of the contract value with South West London Elective Orthopaedic Centre from £6m to £5m;
- the development of a primary care led diabetes service has significantly reduced the need for hospital-based services;
- community matrons are supporting older people at risk of hospitalisation to remain at home; and,
- demand management initiatives have reduced referrals to Epsom & St Helier Trust from 167,000 in 2004/5 to a projected 138,000 in 2006/7, and, along with provider efficiencies, this will see a reduction of over 80 outpatient clinics.

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In summary therefore, reduced flows from Surrey, together with commissioner plans to redesign patient pathways to provide more care outside hospital have significantly reduced capacity requirements for hospital services.

### **2. Capacity efficiency and clinical scale**

#### *Clinical capacity*

The four acute Trusts in South West London have a total current capacity of 3030 beds. There is evidence to suggest that these beds could be used more efficiently. If the acute trusts provided their services in line with national average or top quartile levels of performance, current care could be delivered with 415-950 fewer acute beds. The reasons for this are:

- Bed occupancy is 4% below the England top quartile, and average length of stay is 10-42% higher than the top quartile depending on the Trust. If the England average was achieved, there would be 215 excess beds, if top quartile was achieved, there would be 710 excess beds.
- Despite high numbers of GPs per population compared to both the rest of London and England, acute activity is above average: A&E attendances are ~30% above the England average, A&E admissions are ~20% higher than the England average, and elective day cases are 6.9% below the expected rate. Achievement of the average rate of admissions through A&E would reduce bed needs by an additional 200-240.

By 2013/14, the number of excess beds could increase further, to 520-1105 due to PCT demand management initiatives, continued provider efficiency improvements, and (to a lesser extent) ISTC provision. This is detailed as follows:

- 135-240 fewer beds will be required if average length of stay continues to improve at 40%-60% of the historical trend;
- ISTC provision will add capacity of 15-30 day care beds;
- population growth of 0.8-1% is expected to increase bed needs by 150-200 beds; this is offset by a decrease of 120-160 beds as a result of PCTs realising demand management plans; and,
- the maximum potential increased need due to service reconfiguration in other areas is 45 beds.

These findings are consistent with a number of other previous analyses of capacity in South West London, which have placed the excess acute beds within a range of 360-993 in 2010/11. While it will take some time for the

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acute trusts in South West London to achieve the necessary efficiencies, this should be attainable over the planning timeframe we are considering.

This analysis suggests that we need to plan for a smaller acute bed base than that proposed by BHCH.

### *Clinical scale*

The clinical community widely accepts that for major acute services a minimum 'critical mass' of activity is required to maximise clinical safety and outcomes. For other services (e.g. for chronic diseases) there is also broad acceptance that care could be better provided in local or community hospitals.

Applying minimum volumes for the ideal model of care, the clinical evidence strongly suggests the need for consolidation of specialist services in South West London. NHS London's strategy programme 'Healthcare for London' will provide a framework for the review of the balance between local and specialist services.

### **3. Financial and capital issues**

There are financial deficits in Sutton and Merton PCT, Surrey PCT and Epsom & St Helier NHS Trust which were not present at the time BHCH was planned. The current financial position of the South West London local health economy is poor. There is an overall deficit of £43m projected for 2006/07 - PCTs are projecting a total deficit of £32m and the acute trusts are projecting a total deficit of £11m. Operating plans forecast an improvement on this financial position in 2007/08 (the amount still to be determined at time of writing). However, this financial improvement is heavily reliant on achievement of aggressive turnaround and CIP plans. This is not a sustainable financial position for the development of services.

Calculations using PFU guidance, which defines the maximum permissible level of annual revenue which can be dedicated to covering the costs of PFI developments, shows a potential capital envelope to support BHCH of £255m.

The capital investment envisaged in the BHCH SOC (May 2005) was £457m (£289m – critical care hospital: £168m local care hospitals). The original proposal is therefore clearly not affordable.

### **4. Policy changes**

#### *Our Health Our Care Our Say*

The review was specifically asked to check the original BHCH proposals for consistency with the policy set out in the White Paper, *Our Health, Our Care, Our Say*.

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The White Paper gives a strong policy focus on developing services in communities, outside hospital. It concentrates on developing more accessible primary care, practice based commissioners developing more services in community settings, creating services that meet public expectation to support independence, responding to individual needs and putting greater emphasis on the prevention of ill-health. There are four goals:

- better prevention and early intervention;
- more choice and a louder voice for communities;
- tackling inequalities and improving access to community services; and,
- more support for people with long term needs.

There is much in BHCH that is consistent with the policy set out in the White Paper, specifically the emphasis on better access to primary care and providing services which are responsive to local communities' needs. However, PCTs need to develop a clear set of plans for tackling inequalities and promoting better health. Partnership and joint commissioning work already begun should be built on through the development of local health facilities. Emphasis will be given to developing services and support which enables people with long term conditions to be independent in their own homes.

### *NHS Financial and Planning Regime*

Changes to commissioning set out in '*Commissioning a Patient-led NHS*' mean that activity requirements in hospital and community settings are determined by PCTs and practice based commissioning plans. These plans have led to changes in patient flows as patient pathways are redesigned to provide more care outside hospital. Payment by Results and Patient Choice have driven changes in financial flows as the behaviours of both providers and commissioners have changed. Greater emphasis has been placed on achieving value for money and deriving efficiency from hospital capacity and utilisation. Pathway redesign (has led to less work being done in hospital setting) and demand management have reduced the need for hospital services.

### *Networks and Collaborative Working*

There is now a much stronger policy direction on partnership working, joint commissioning, tackling inequalities and the importance of social inclusion. The policy outlined in '*Keeping the NHS Local*' and subsequent significant work on ensuring clinical sustainability and patient safety has resulted in the development of a new model of care, set out in the National Leadership Network's work on tiered hospital services and clinical networks, published in 2006. This describes a model of service, based on clinical collaboration and networks, which distributes services according to

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the size of population required to guarantee clinical sustainability and patient safety.

The potential of new technology to facilitate clinical collaboration across sites has opened new opportunities for integrated services between clinicians in different settings.

All of this suggests a more collaborative model of providing services is required. The concept of 'Critical Care' and 'Local Care' hospitals should be replaced by a tiered system of hospital services based on size of population served, and an integrated system of primary care, social care and local health facilities. Key features of such a service model would be stronger integration between primary, community, social care and hospital services as well as collaborative clinical networks across South West London with services distributed to ensure clinical sustainability.

### **5. Planning issues**

Planning and related legal issues have been a significant factor in discussions on the preferred site for the proposed critical care hospital. The current position is:

- Following the Secretary of State's instruction to develop plans to build a critical care hospital on Metropolitan Open Land opposite the current St Helier Hospital work was halted due to a covenant on the land, which was assessed as too restrictive.
- Recent discussions with planners at London Borough of Sutton and the GLA suggest that there may be a way to open up the St Helier site as an option for a new-build facility by building on the current car park.
- This was originally proposed as a solution for the building of a local care hospital on the site, but was not thought feasible for the proposed critical care hospital. Work on the capacity requirements for any hospital development at either the Sutton or St Helier site suggests that the scale of the facility will be significantly smaller than originally proposed.
- Should temporary use of the Metropolitan Open Land be necessary (e.g. for a temporary car park) it is achievable, with some risk, through the Borough's Local Development Framework but permanent change of use would be extremely difficult.

### **6. Population health needs and inequalities**

The terms of reference for this review asked that the potential benefits of the BHCH programme in tackling health inequalities and addressing the needs of disadvantaged communities be explored further. An assessment of the potential benefits, both of the model of care and the potential for socio-economic regeneration, was carried out via a '*Health Needs Review*'

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by public health experts specifically for the Programme Review. The report explores the potential health impacts of service redesign through the BHCH on the local community and concludes that:

- the most significant impact health services can have on health inequalities is to improve access for disadvantaged communities to primary care and local services;
- the presence of a large employer or major construction project in a community can bring socio-economic and regenerative benefits;
- local care and primary care developments should be targeted at disadvantaged communities, responding to the specific needs of communities, with a strong focus on tackling health inequalities; and,
- there should be a focus on developing partnerships with local authorities and others to maximise the potential socio-economic and regenerative benefits of BHCH.

The report concludes that the philosophy and direction of travel are appropriate, and that benefits can be realised by having local services customised to local needs, supported by evidence on cost and clinical effectiveness.

### 5. RECOMMENDATIONS

The BHCH programme review has eight recommendations:

#### **1. The original proposals should not proceed**

The programme should not proceed to Outline Business Case until further work has been carried out to develop a sustainable way forward.

#### **2. The philosophy and direction of travel still stands**

The emphasis on providing as much care as possible close to where people live, in a network of primary care and local care facilities, and then centralising specialist services will bring significant benefit to local people. It will improve clinical outcomes, access and is the most effective way of targeting health inequalities and responding to local needs.

#### **3. Primary care services should continue to be developed**

Primary Care services should continue to be developed to reflect local needs, and be distributed according to the populations required to support the services provided.

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There are significant opportunities to use service and capital developments to address health inequalities and benefit local communities from a socio-economic perspective. These should be taken.

#### **4. Local care centres should be developed in Sutton and Merton**

The overall concept of local care remains valid, as are the proposals for the core services to be provided from the local care hospitals (primary care, diagnostics, out-patients, community nursing and rehabilitation /therapy services). However, further work is required to design additional service content, taking into account a stronger policy emphasis on health promotion, tackling inequalities, supporting people with long-term conditions, improving community mental health services and providing opportunities for partnership working and joint commissioning.

Four local care centres (reduced from the proposed 5) should be developed in Sutton and Merton, determined by proximity to disadvantaged populations (Wilson Hospital, St Helier Hospital), significant health needs (Nelson Hospital), and accessibility (Wallington town centre). Services should continue to be developed on these sites in advance of a capital investment programme to maximise the potential current benefits of facilities close to communities. Partnerships with local authorities, third sector providers and mental health services should be explored as a priority for clinical benefit and as an alternative or additional means of capital procurement.

#### **5. Services in Surrey should be determined by Surrey Fit for Future**

Plans for Epsom to be a large community facility still stand, details will be determined by the outcome of the Surrey Fit for the Future process. The capital investment required to realise the original plans for the Local Care Hospitals is not affordable, and it is expected that Surrey PCT's plans will take account of this.

#### **6. Plans should be drawn up for the development of a General Hospital in the London Borough of Sutton**

Commissioning plans and the review of capacity in South West London highlight the need for a general hospital services for a catchment population of 350,000 drawn from Sutton, Merton and Mid-Surrey residents.

The hospital site should be located in the London Borough of Sutton, at the centre of the catchment population. The decision on which of the two originally proposed sites (Sutton Hospital or St Helier) is preferred would make little difference to the size of the catchment population. Further work should be undertaken to determine the site, taking into account:

- a check to ensure that St Helier and Sutton Hospital are the only feasible site options;

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- the size required of the new facility and affordability of the overall capital investment for the programme;
- the benefits of such a facility to disadvantaged communities;
- the relative merits of co-location of a smaller, less specialist hospital with local care facilities at St Helier, and with the Royal Marsden Hospital on the Sutton Hospital site;
- the relative benefits of the sites for co-location with inpatient mental health services for local residents run by South West London and St George's Mental Health Trust; and,
- planning and other potential constraints.

The hospital development should include reprovision of inpatient mental health services for Sutton patients and, if located close to Merton, for Merton residents (currently provided in Springfield Hospital).

In order to develop a programme which is affordable, the proposals for a new-build will be reviewed, including exploring the potential for partnership developments with local authorities and South West London and St George's Mental Health Trust. The development of services needs to be secured within affordable capital expenditure.

The advantages and disadvantages of the potential sites at Sutton Hospital and St Helier are summarised below.

### *St Helier*

#### Advantages

- The site is surrounded by some of the most deprived communities in the area, and will bring regeneration, socio-economic benefits and easy access to services.
- Co-location with the proposed local care facility on the site could bring benefits of integrated services and will underpin service sustainability.
- Inpatient mental health services for both Sutton and Merton can be reprovided on the site – this will bring the benefits of co-locating mental health and A&E services, as well as providing proximity to deprived communities.

#### Disadvantages

- Until the scale of the development is known there is uncertainty about whether a straightforward build solution is possible (e.g. on the current car park), or whether a more complex solution is necessary.

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- The possible solution to the legal and planning constraints still carries a risk as it does not fully open up the site (it only allows for a temporary change of use of the Metropolitan Open Land), and is linked to the Local Development Framework process which does not conclude until 2009.

### *Sutton Hospital*

#### Advantages

- The site benefits from co-locating with specialist cancer services, although the range of services in the general hospital compared with the originally proposed critical care hospital may reduce the benefits.
- It provides a solution to the need for capital investment in the Royal Marsden estate.
- It offers relatively straightforward build solutions.

#### Disadvantages

- There are possible issues of the clinical sustainability of some services without co-location of local care services.
- Only inpatient mental health services for Sutton residents could be reprovided on the site – which raises questions of sustainability and cost effectiveness.
- The site has poor road access.
- There is likely to be local opposition to planning consent.

The need to replace the outdated and unsuitable estate of St Helier remains a priority; it should be assumed that a business case for the developments proposed in this report will include option appraisals for the renewal of estate at St Helier whether for a local facility or a general hospital.

The exact composition of services to be provided by the general hospital needs to be determined, but it would be expected to include:

- A&E services (though not complex trauma and high levels of acuity);
- maternity services; and,
- paediatric services, linking with specialist services.

There are examples of good models for a hospital of this type which should be explored as potential comparators.

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## **7. Further work is required across South West London**

Further work by the PCTs in South West London is needed to:

- develop service models where an approach across larger populations is required, e.g. stroke care and complex trauma;
- develop a model of care for cancer services which defines the concentration of specialist services and recognises service interdependencies; and,
- define services which are not clinically viable in all hospitals, and decide on locations and service models.

This work should be carried out in the context of the development of PCT commissioning strategy plans.

## **8. Joint working with Surrey PCT should continue**

Surrey PCT is responsible for commissioning healthcare for the Surrey population, and is developing a strategy – Surrey Fit for the Future – which will determine the configuration of services for the residents of Surrey. There will continue to be close working between Sutton and Merton PCT and Surrey PCT to ensure that the BHCH and Fit for Future are co-ordinated and take full account of the needs of the respective populations.

## **6. NEXT STEPS**

### **1. PCTs should produce commissioning strategy plans by June**

**2007.** The plans should be in line with the NHS London PCT Commissioning Regime and will form the basis of a strategy for the configuration of health services across South West London. This will ensure:

- improved primary and community care, as well as appropriately sized acute services;
- improvements in service efficiency and the strengthening of demand management;
- that the principles of providing care locally to where people live are fully realised;
- that the model of tiered hospital services described in this report is implemented to maximise the benefits to patients and the development of clinical expertise, teaching and research; and,

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- the sustainability of cancer services in terms of the configuration of specialist provision at the Royal Marsden Hospital and St George's Hospital.

This work will be led by the South West London Collaborative Commissioning Group (comprising the 5 PCTs in South West London)

**2. In line with recommendation 3, further work is required on the scope and scale of services in the proposed general hospital.** This should be based on:

- the principle that as much healthcare as possible is delivered in primary care and community settings;
- services needing to be sustained by a population of 350,000;
- the hospital working collaboratively and in partnership with other providers and/or clinical networks; and,
- specialised services and high-end trauma not being appropriate for a hospital of this size and that a full assessment is required to ensure the appropriate mix of services contained in the facility.

Other successful models of this type of hospital have been established and should be used as comparators.

**3. Further work will be undertaken to determine the preferred site of general hospital services.** This work will aim to:

- check that St Helier and Sutton Hospital are the only feasible site options;
- define the service content of the proposed hospital facility and clinical partnerships with other providers to guarantee clinical sustainability;
- reassess the benefits of co-location of a smaller, less specialist hospital than the planned CCH
  - with local care services (at St Helier) – benefits of clinical sustainability and integrated care pathways;
  - with the Royal Marsden cancer services (at Sutton Hospital) – benefits of fewer specialties and less critical care than originally planned;
- assess the potential benefit, through economic regeneration and opportunities to tackle health inequalities, to local communities around the respective sites;

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- assess the potential benefit to local communities around the respective sites;
  - determine the size required of the new facility, the impact of this on the possible build solutions at each site, and the affordability of the overall capital investment for the programme;
  - define the process for obtaining the required planning and legal consents on the sites;
  - assess the overall benefits and disadvantages of the potential sites and recommend a favoured option.
4. In line with recommendation 4, **the development of services in primary care and in local care centres should proceed** without delay to put in place the local infrastructure required to enable the improvements highlighted in this report to be achieved. The focus should be on developing services, making best use of the infrastructure that exists, with capital developments following the requirements of services.
5. In line with recommendation 5, **further work is required with the Surrey PCT Fit for the Future process** to ensure the plans for Epsom to be a large community facility are realised, and that sustainable plans for other local care facilities in Surrey are put in place. As the Fit for the Future process progresses, the NHS in South West London and Surrey will work closely together so that the needs of the population of the East Elmbridge and Mid-Surrey are fully considered.

The further work detailed in this report should be complete by June 2007. Subject to discussion with stakeholders, the proposals emerging will either be taken forward to the development of an Outline Business Case, or will need to be tested through public consultation over the summer and early autumn. Business cases for major capital developments would come forward in 2008. The BHCH programme board should continue to lead this work, but to ensure best practice in process and governance the BHCH programme will be subject to an Office for Government Commerce Gateway review within the next two months.

**Steve Peacock**  
**Programme Director**  
**28 February 2007**