

Future of Enfield Hospitals

Report to the Secretary of State for Health
submitted on 14 April 2011

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Foreword

The Secretary of State set the local Council and local MPs, an objective of the creation of alternative and innovative options to the Barnet, Enfield and Haringey Clinical Strategy. In considering this the Council cannot create false consensus where it does not exist, nor force stakeholders to adopt a view. At this time the Enfield GP Consortium, for example, are unable to offer any guide to their preferred option. They will simply support the decision taken by the Secretary of State and do not wish to support any particular options in advance of that decision. That is their prerogative.

The Council is clear that public opinion demands that Barnet and Chase Farm Acute Trust should be allowed to retain services on the Chase Farm site that secure its future, including 24-hour Accident and Emergency and consultant led women's and children's services. Alternatives that do not secure that will not satisfy local opinion, or further patient choice. Options that do not contain these services will forfeit the support of local opinion. During previous consultations, The Save Chase Farm Group collected 79,000 petitions, letters and signed forms which support this point¹.

We consider that the Secretary of State should, in considering the recommendations contained within this report:

- view local residents within the area as the primary stakeholders in this decision and create a basis for future consensus about services
- ensure that Enfield Health Services should be funded equitably
- guarantee the long-term security and viability of services on both the Chase Farm and North Middlesex sites
- require service delivery to match current and future estimation of need.

We believe that there is no single alternative option to the Barnet, Enfield and Haringey Clinical Strategy, that will deliver viability, but that the Secretary of State, by following our recommendations, can achieve clinical safety, meet local taxpayers demands and secure long-term viability.

The Secretary of State needs to be bold and decisive and seize the opportunity to guarantee the services that people need and remove the 'planning blight' that surrounds the provision of acute hospital services in Enfield. The Council has worked hard to bring together the divergent strands of thought in a very short space of time. We trust that the Secretary of State will now give regard to the recommendations, rationale and supporting submissions and documentation.

The Council would like to thank everyone who engaged in the process, often at short notice, particularly local media for their help in publicising engagement, opportunities, and the many local people who attended meetings or made submissions.

¹ www.savechasefarm.co.uk

Executive Summary

The Council has listened to the views of local people in Enfield, heard from leading clinicians and GPs, reviewed data on health needs and demand for hospital services invited views from outside the Borough, and, guided by the four principles set out in the foreword to this document, have arrived at a set of recommendations to the Secretary of State.

The population of Enfield is predicted to grow by 40,800 (14%) over the next 20 years, with the largest growth amongst the 0-14 and 50+ age groups. This will inevitably create additional demand for health services. In addition the Barnet, Enfield and Haringey Clinical Strategy assumed declining birth rates. In fact, Birth rates in Enfield have increased in 2008/9 (by 0.44%) and 2009/10 (by 0.95%). In 2010/11 the forecast is for an increase above assumed birth rates, of 8.3% (based on figures to Jan 2011). Birth rates are expected to continue to increase until 2014.

Health Services in Enfield are currently out of balance, compared with other areas; too much activity and too much care is provided in a hospital setting and both primary and community based services are underfunded and under developed.

There is no GP Consortium position to assist recommendations. Local opinion, particularly in the Enfield town area, wants the Secretary of State's officials to further analyse the data produced by Barnet and Chase Farm Acute Trust for NHS London.

Patients in Enfield today are heavily dependent upon Accident and Emergency services; there are more "minor" attendances per head of population than for any other London Borough. Public opposition to the proposed reductions in urgent and emergency care on the Chase Farm site remain understandably vigorous. GPs local to Chase Farm are opposed to proposed reductions. Data analysis by Barnet and Chase Farm Acute Trust (strategic options 1 and 3) suggests that there is viability with alternative options.

Recommendations

Recommendation 1

The Secretary of State should require further Department of Health analysis of the strategic options produced by the Barnet and Chase Farm Hospital Acute Trust (included in the attached pack of information) which indicate costs and viability of alternative options to the Barnet, Enfield and Haringey Clinical Strategy. Local residents favour strategic option 1.

The Barnet and Chase Farm Hospital Trust Board considered a “Strategic Options Appraisal Report” which reviewed what other options might be available to the Trust should the Barnet, Enfield and Haringey clinical strategy not be agreed, including identifying a Preferred Option. This information has only recently been made available as a result of Council Freedom of Information request and is redacted so as to deny the Council full access to all of the data.

Recommendation 2

Specifically, the Secretary of State should use the data produced by Barnet and Chase Farm Trust on the viability of full maternity and paediatric consultant led services on both Chase Farm and North Middlesex sites.

One of the most complex areas of debate has been the future of maternity and paediatric services. There is a clinical view that supports the consolidation of neo-natal services, ensuring the safest and best available care for mothers and babies with the most complex of needs.

The independent projections used in the Barnet, Enfield and Haringey Clinical Strategy **underestimated the number of births that have taken place over the last couple of years**, such that local maternity units, particularly at Barnet Hospital have not had sufficient capacity for all births in that time. It is clearly difficult to reconcile growing demand with potentially reduced provision. In 2009 close to half of all Enfield mothers gave birth at Chase Farm Hospital.

Issues of clinical safety and quality must be paramount in any decision on these complex range of specialist services, but the opinion of local groups and the Council is that the Chase Farm site should have full women and children’s services.

Recommendation 3

The Secretary of State should ensure that 24/7 Consultant led Accident and Emergency services are retained on the Chase Farm and North Middlesex sites. In doing so additional primary care and community services, could assist with demand management and should be explored as part of this option.

Patients in Enfield are heavily dependent upon Accident and Emergency services, are strongly opposed to change, and there is no evidence that primary and community based services are yet in place to cope with current and future levels of patient demand.

Recommendation 4

The Secretary of State should consult with the Hospital Trusts about joint arrangements across the hospitals to address workforce concerns, clinical issues and maximise patient services and patient choice.

Local residents are keen to ensure the long-term viability of front line health services on both the Chase Farm and North Middlesex Hospitals sites. Some patient representatives have recommended the combining of these two hospitals (with separation from Barnet Hospital) under a single Leadership Team. It is argued that this will have the further benefit of reducing management and associated costs and protecting resources for investment in front line services. The Council can not cost this, or assess the impact on delivery of this suggestion. Further, it is not a specific recommendation, rather we are proposing that staff and managers collaborate and share resources across both Enfield Hospitals without changing Trust governance.

Enfield's leading hospital consultants should work with Enfield's GPs to strengthen clinical leadership, improve care and treatment pathways and further improve the quality and sustainability of services on both sites. This should also provide the opportunity for improved clinical cover, training and workforce rotation between sites through joint leadership at hospital level and innovation in the use of information and communication technology to improve patient outcomes.

This proposal on greater co-operation, should also make the resolution of concerns, and the conditions laid down by the Independent Reconfiguration Panel, about transport and travel times between sites more achievable. Creative proposals about designated hospital run transport services should be considered to meet patients and visitors needs.

Recommendation 5

The Secretary of State should ensure the future financial sustainability of NHS services in Enfield by:

- Undertaking an urgent and transparent review of the funding formula for local PCTs.

Whilst some might argue that this recommendation simply asks for more money in difficult times, the Council would argue that this is a proportionate and reasonable request. The people of Enfield deserve fair and adequate funding to ensure the safe and sustainable future of local NHS services.

Whilst primary consideration should be given to clinical considerations and the views of local residents, the financial sustainability of local health services is clearly an important consideration.

The financial position of the local health economy is complicated by a combination of historical deficits and underfunding and the burden of Private Finance Initiative debts on local hospitals.

All three PCTs are, and have been, in significant financial difficulty. This has created an imbalance in provision and, albeit unintended, unfairness in the way funds are allocated to the local area. When compared to an outer London borough with the closest deprivation ranking the NHS in Enfield is underfunded by a staggering £70.5m in 2011/12.

There is also much bitterness among local residents who remember the closure of previous NHS facilities which did not lead to funds being secured for Enfield patients. Many are suspicious about the potential use of land on the Chase Farm site as an asset which will not benefit local residents.

Recommendation 6

In the absence of Foundation Trust status, the Secretary of State should:

- Take action to safeguard receipts (revenue and capital) from the Chase Farm site for reinvestment in front line NHS services in Enfield and at Chase Farm.

There is acknowledgement that in Enfield, hospital assets should not, if realised, disappear elsewhere. Sale of assets is only accepted by local residents if used for the benefit of the local hospital.

Imaginative solutions for leasing land, have also been identified whether to the local authority or other public sector agencies.

Through the release of capital receipts necessary investment to deliver the other recommendations could be secured.

Recommendation 7

The Secretary of State should also ensure the future financial sustainability of NHS service in Enfield by:

- Providing funding to mitigate the impact of the Private Finance Initiative debts on local hospitals.

There is evidence from work undertaken by the Kings Fund, that poorly structured Private Finance Initiative arrangements adversely affect the financial performance of local hospital services. A recent report (March 2011) suggests a pooling with hospitals in surplus.

Recommendation 8

The Secretary of State should recommend to the emerging Enfield GP Consortium, that as it becomes established, it has as a leading priority the engagement with local stakeholders about how to build a future long-term consensus for service delivery and genuine innovation.

The Secretary of State has made GPs the centre of his vision for future commissioning subject to Parliamentary approval. While currently the developing GP Consortium is not able to give such a lead in terms of this review, it is axiomatic for the Secretary of State's vision that the Consortium will develop so as to give a strategic lead to the commissioning of local services. The supply of services will therefore be centrally dependent on their demand, and as such, they are pivotal to any consensus about services which can develop in the future. Within this remit Transport for London should be encouraged to engage on specific transport issues.

Recommendation 9

The Secretary of State should ensure that priority must be given to improving the quality and availability of primary and community based services at the Chase Farm site.

Enfield, in 2009/10, had the highest rate in London for treating minor complaints in Accident and Emergency, which it could be argued is strongly indicative of a lack of well developed primary and community based services. External experts, recommended by the Department of Health advised that extra primary care services on site could assist with more effective 'triage'.

Recommendation 10

The Secretary of State should recognise the benefit of local management of hospital services.

The Council would not be in favour of either Enfield Hospital being acquired by an alternative provider from outside the borough. The Secretary of State asked for consideration to be given to the Foundation Trust status of both acute hospital trusts. We are aware that both hospitals are pursuing Trust status and will need to work hard to achieve this. This is clearly their preferred route and the Secretary of State would assist the morale and remove 'blight' if he could provide clarity about their futures in this regard. If decision making does not intend to support Foundation Trust status for both hospitals this should be made clear in order to save time on options which are predicated upon their desired status.

Introduction

The future of Enfield's hospitals has been debated for many years. On the 10th of March 2011, the Secretary of State for Health, The Right Honourable Andrew Lansley MP, said that there was scope for alternative options to be considered and debated further. He gave a deadline of the 7th of April 2011 for further views, new ideas and alternatives to come forward from local political representatives, local people and GPs. On the 30th of March 2011 the Council was advised by Member of Parliament for Enfield North, Nick de Bois, that the deadline had been marginally extended to the 19th of April 2011.

We believe that we have met the request of the Secretary of State. In doing so we recognise that we have not been able to change the minds of stakeholders with longstanding views. Presumably the Secretary of State did not anticipate that this was viable within the 4 week period set for this exercise.

The twin aspects of local determination, as defined by the Secretary of State, are GP commissioning and local Health and Wellbeing Boards. At his meeting with local representatives on 10th March he specifically asked about the development of these bodies and their views and recommended engagement with them as a central part of developing any alternative to the current NHS proposals. This has been done.

This report sets out the local context, the process that the Council has undertaken to engage with the public and stakeholders, a summary of the alternative options that have been discussed and debated, key themes emerging from the engagement process, and Enfield's recommendations to the Secretary of State.

The Secretary of State wanted an alternative model to the one NHS London has agreed. Within such a short timescale, and without the power of the Secretary of State, the Council is presenting a viable way for progress to be made. We do not suggest that it is a fully worked up model. The measures we took to get to this position should

be seen in the context of the 6 years of previous work on reconfiguration which the Council and Enfield Residents agree falls well short of meeting the 4 tests of the Secretary of State.

The example of Queen Mary's Hospital in Sidcup, which the Secretary of State recommended to us, offers no suitable alternatives. The provision proposed on that site is less than the services that NHS London wishes to see provided at Chase Farm.

Enfield Council has been a consistent commentator on the Barnet, Enfield and Haringey Clinical Strategy. In November 2010, the Full Council, with cross party support, agreed the following motion in response to the Barnet, Enfield and Haringey Clinical Strategy Review:

- Patients and residents should be key in planning future facilities and their voice should be heard as the primary stakeholder in healthcare.
- No decisions should undermine the quality and viability of North Middlesex Hospital.
- The future of Chase Farm as a viable hospital must be guaranteed, providing the services that local people need, want and ask for.
- Proper investment in our hospitals must be guaranteed.
- Adequate funding must be made available by Central Government.
- There can be no compromise of patient safety in planning facilities.
- In the longer term, Enfield residents want good value services at both the Enfield hospitals and there should be joined up thinking and working that ensures this occurs, which might result in a closer relationship than the current one.

The Council has engaged in an open way with all stakeholders. It has used its expertise and resources to seek to create common

understanding and generate, as requested, alternative proposals to the Barnet, Enfield and Haringey Clinical Strategy. Given that the 4 tests of the Secretary of State have not been met, presumably any new proposals should be able to pass these tests in order to gain his consent.

Compared to another outer London PCT with similar levels of deprivation, NHS Enfield receives approximately 14.5% less funding per capita. In real terms this amounts to a shortfall of £70.5 million per annum². Given the pressing health needs and significant levels of health inequality in Enfield it is imperative that adequate funding from Central Government is made available in order to ensure the aspirations of local people for high quality, accessible, NHS funded and delivered local health services at both Chase Farm and North Middlesex Hospitals are able to be delivered.

Suggestions around capital and revenue implications of alternative options require full access to all data which is not open to the Council. The Department of Health is equipped to further interrogate options put forward, which the Council can not do. The Council is submitting their report to the Secretary of State in advance of the agreed deadline in order to give Department of Health officials the opportunity to undertake an analysis of the capital, manpower and revenue implications of the suggested alternative options.

In submitting this report, the Council fully recognises that it is the responsibility of the Secretary of State to make the final decision on the future strategic direction of health services. However, in exercising his judgement, the Secretary of State should be aware of the expectation that he has raised that change should not be imposed on local residents against their will.

The Council also recognises that at a time of economic retrenchment suggestions of extra funding might be considered out of step. However, a fair and equitable share of resources and investment for secure, quality and safe services should be viewed as a reasonable request. This does not merely represent a wish list but rather represents a view that any alternative options for service delivery in the borough are not sustainable without equitable financial treatment.

In its letter of 3rd September 2008, to the Chair of the Joint Scrutiny Committee, Barnet, Enfield and Haringey Clinical Strategy, the then Secretary of State for Health, supported the recommendations of the Independent Reconfiguration Panel with regard to improvements to primary care services and transport issues. The Council is concerned that these are issues which are still causes of concern to clinicians and the general public. In any assessment of options they need to be resolved.

² Based on 2011/12 NHS Revenue allocations, if NHS Enfield received the same per capita allocation as NHS Ealing (an outer London Borough with a similar level of deprivation. The 2010 Indices of Multiple Deprivation rank Enfield 63 and Ealing 61) then NHS Enfield would receive an additional £70.5 million in revenue in 2011/12.

The Local Context

Health Needs and Inequalities

Enfield is an area with significant and increasing levels of deprivation and high health need. There is a significant gap in life expectancy for men and women between deprived and more affluent wards (8.8 years for men and 11.5 years for women) and there is evidence that this gap is widening. This is a key indicator for serious underlying inequalities in health outcomes and across multiple areas of health and wellbeing.

Enfield is also a very ethnically diverse Borough. Estimates indicate that 55% of Enfield's population is classified as non White British³. The most populous non White British ethnic groups include Turkish, Greek Cypriot, and Black Caribbean. People from Black and minority ethnic groups often have poorer health outcomes for a range of diseases. For example, cardiovascular disease is more common amongst people of Asian and African-Caribbean ethnic origin, and death rates from cardiovascular disease are higher in these groups; Turkish communities have a high smoking prevalence.

Key health needs that have been identified through the development of Enfield's Joint Strategic Needs Assessment (2010-2012) include:

- Enfield has the 3rd highest prevalence of obese people in London.
- Enfield recently had the highest infant mortality rate in London at 6.7 per 1,000 live births for the years 2005 to 2007. Although the situation is improving (the rate fell to 6.1 per 1,000 births in 2006 to 2008 and 5.3 per 1,000 births in 2007 to 2009) it is still higher than national rates and is currently the 5th worst in London⁴.

- It is estimated that there could be over 32,000 people in Enfield with long-term-conditions aged 45-64 by 2012. The Department of Health's best estimate is that the treatment and care of those with long-term conditions account for 69% of the total health and social care spend in England.
- Teenage conceptions are higher than the London average and child immunisation rates are low.

Historically, other PCTs in the country, particularly Spearhead PCTs, have been able to invest heavily in programmes to reduce health inequalities. NHS Enfield's financial position has meant that it has not.

As well as having significant health needs and growing inequalities, the demography of Enfield is changing. The population of the Borough is increasing and people are living for longer. The total population is set to increase by 14% in the next 20 years and the number of people over 65 years of age is forecast to increase by 40%. The greatest growth is expected in the south and east of the Borough, where existing problems of economic deprivation and social inequality are greatest.

The biggest change in the population will be in the increasing number of people aged over 50 years. This will have particular significance as these individuals are those most likely to develop long-term conditions such as diabetes and cardiovascular disease.

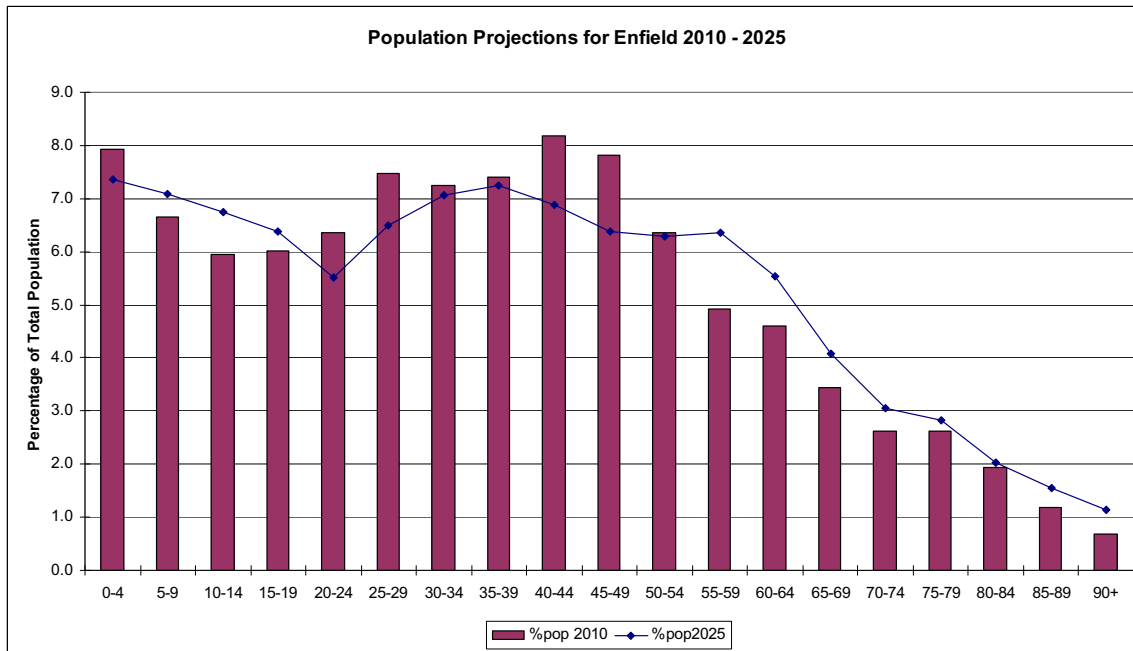
A projected increase in the number of children and young people (aged 0-14 years) of 7,900 (13%) in the next 10 years⁵ means that additional resources are likely to be required for paediatric services both in the community and within local acute trusts. Any alternative option must be based upon this recognition of anticipated and growing demand.

³ 2009 GLA projections.

⁴ The London average for 2007 to 2009 is 4.4 per 1,000 births.

⁵ ONS Sub National Population Projections. 2008 based.

Figure 1: Population Projections for Enfield 2010-2025



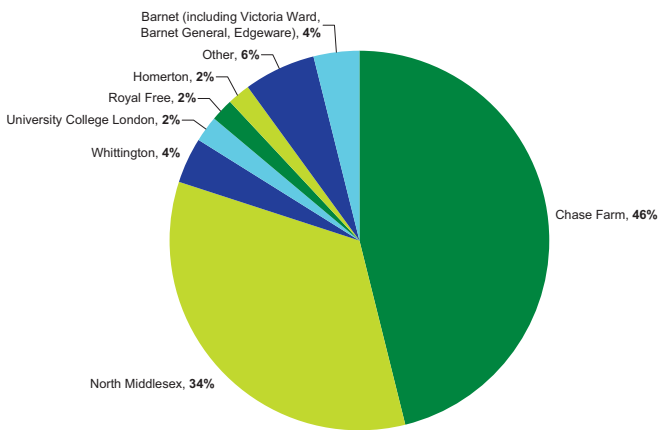
Source: ONS Subnational population projections 2008 based

Future birth trends are notoriously hard to predict. In 2009 it was predicted that birth rates would begin to decrease. Nationally however, there was actually an increase in the number of births from late 2009 and it is now predicted that the number of births will continue to increase until 2014 when they will then decline. The Greater London Authority is currently in the process of updating their birth projections for Enfield.

Service Utilisation

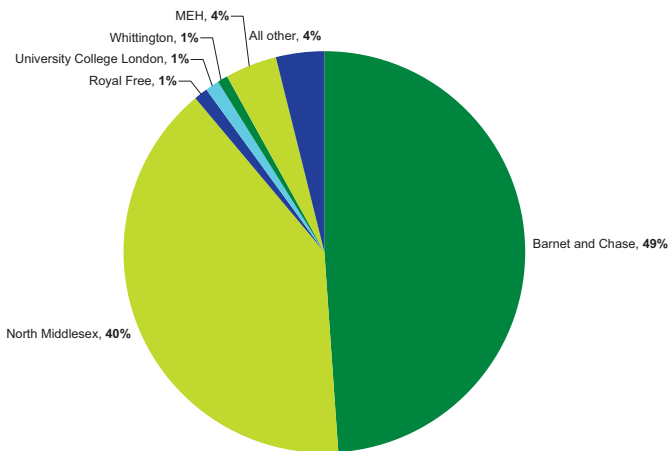
In 2009, close to half of all mothers in Enfield give birth at Chase Farm hospital as illustrated in figure 3 below.

Figure 3: Enfield Births by Location – 2009



Almost half of all total Accident and Emergency attendances by Enfield residents were at Chase Farm or Barnet Hospitals. (Split between Chase Farm and Barnet unavailable to the Council)

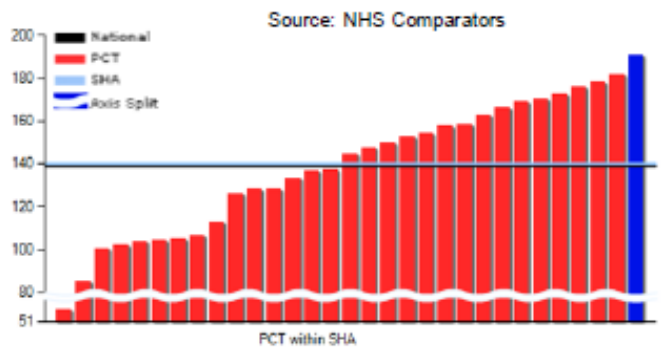
Figure 4: Accident and Emergency Activity by Hospital – October 2010



Source: Secondary Users Service data

Enfield has the highest rate in London for treating minor complaints in Accident and Emergency as illustrated in Figure 5 below (Enfield is represented by the blue bar on the right hand side).

Figure 5: Minor Accident and Emergency Attendances per 1,000 Population 2009/10



Summary of Financial Position

Compared to NHS Ealing, the outer London Borough with the closest level of deprivation to Enfield, NHS Enfield will receive 14.5% less funding per capita from Central Government in 2011/12. In real terms, this amounts to a shortfall in Enfield of £70.5 million per annum in funding for health care services⁶. Further, the weighted allocation formula for PCTs has been revised for 2011/12 and Enfield will receive funding that is 0.6% below target, amounting to a shortfall of £2.8 million.

Enfield PCT has been in deficit since 2007/08 with the overall debt assessed at £52.4 million by the end of 2010/11. In February 2011 the Challenged Trust Board agreed to fund NHS Enfield's deficit incurred to the end of 2010/11 on the understanding that the PCT has a sustainable financial plan for the future.

Enfield PCTs 2011/12 starting point is a deficit of £54m. This figure includes a recurrent baseline deficit of £31m.

NHS Enfield considers that it has unaffordable levels of both acute hospital and mental health services whilst having low investment in primary care services⁷. There is considerable variation across the North Central London Sector in local spend on acute, primary and community services as a percentage of total spend. Acute spend varies from 43% to 53% of total spend; primary and community spend varies from 17% to 30% of total spend. Enfield has the highest percent spend on acute services (53%) and the lowest on Primary and Community Services (17%) in the sector. The current spend per capita in Enfield on Primary Care is the 16th lowest across all PCTs in the country.

NHS Enfield has prepared a detailed summary of the financial position of the local health economy and this is attached within the record of submissions.

⁶ Based on 2011/12 NHS Revenue allocations, if NHS Enfield received the same per capita allocation as NHS Ealing (an outer London Borough with a similar level of deprivation. The 2010 Indices of Multiple Deprivation rank Enfield 63 and Ealing 61) then NHS Enfield would receive an additional £70.5 million in revenue in 2011/12. Lincoln and St. Helens also have similar levels of deprivation as Enfield, they are ranked 62 and 64 respectively, however have not been used as a comparator as one is largely rural and the other is part of the Lancashire conurbation.

⁷ Ibid.

What we did

Outline of Public and Stakeholder Engagement

Public engagement and consultation commenced on 10 March 2011. Local people were given the opportunity to articulate their views on the future of Enfield Hospitals at public and stakeholder meetings, through written and emailed submissions, and through a blog. A detailed account of the way in which peoples views were gathered is described below:

Blog Website

www.futureenfieldhospitals.org.uk

An interactive blog site has been set up to give local people and those interested in the future of hospital services in Enfield the chance to give their opinions.

The blog was carried out in partnership with Enfield Local Involvement Network (LINK), an independent network of local people, organisations and groups established by law to build greater involvement in the delivery of local health services.

76 blog entries were made; detailed analysis, by theme, is included in the evidence pack.

In addition to the blog, response cards and suggestion forms were placed in local libraries and 60 submissions were made, these are also summarised in the evidence pack. This should obviously not be seen as a referendum or considered of statistical relevance. Rather it aired issues that were of concern for members of the public.

Stakeholders Meeting 22nd March

A stakeholder meeting was held at the Enfield Civic Centre at 2pm on the 22nd of March. The purpose of this meeting was to seek views from key stakeholders on the current proposals and receive any alternative options for the configuration of services.

This meeting was attended by 45 people and included representatives from local voluntary, community, patient and campaign groups, GPs, Acute Trust Management and Medical Directors, Local MPs office, Health Scrutiny Panel, and NHS London.

Public Meeting 28th March

A public meeting was held at Kingsmead School at 7:30pm on the 28th of March. We are grateful to the Local Press for their help in advertising both the public meeting and other engagement opportunities.

The purpose of the public meeting was to give local residents the opportunity to give their views on the current proposals and any alternative options for the configuration of services. A Director of the Council presented the background to the review process. People were invited to give their views and an expert panel was convened to answer any questions. Attendees were invited to give further comment either through submission forms provided at the meeting or through the interactive blog; 15 submission forms were received.

The meeting was attended by 132 members of the public and local stakeholders. A BBC reporter and local press were also in attendance.

Meeting of Enfield MPs 11th March and 4th April

Two meetings were held with local MPs, one on the 11 March to agree the approach to be taken and a further meeting on the 4th April to update local MPs on progress and provide an opportunity for MPs to identify what they wished to be included in this submission. Both meetings were attended by all 3 Enfield MPs.

Two MPs submitted a joint letter outlining their views and this is included in the Record of Submissions.

Health and Wellbeing Board 7th April

This meeting was held on the 7th of April at Enfield Council, Civic Centre. Members of the Board discussed the public engagement events held and emerging issues.

Meeting of the Enfield Health Cabinet Subcommittee 7th April

This meeting was held on the 7th April at Enfield Council, Civic Centre. Members of the Subcommittee received an update, reviewed progress and discussed emerging issues. A submission from the Save Chase Farm Group was noted and is included within the Record of Submissions.

LINKS Submission 7th April

A summary review of alternative proposals for the Barnet, Enfield and Haringey Clinical Strategy summarising the current view of Enfield LINKS was received and is included in the Record of Submissions.

Letter from Enfield GPs 8th April

A letter from Enfield GPs, written on behalf of the Enfield Consortium Group, is included in Record of Submissions.

What we heard

Alternative Options

During the engagement process, people were asked to submit alternative ideas and proposals for the development of health services in Enfield as requested by the Secretary of State.

Ideas and proposals that were discussed and debated are summarised below:

1. Continue with the Similar Level of Clinical Services at both Hospital Sites

At its meeting on the 14th of September 2010, The Barnet and Chase Farm Hospital Trust Board considered, in private, a report "Strategic Options Appraisal – Preferred Option" which reviewed what other options might be available to the Trust should the Barnet, Enfield and Haringey strategy not be agreed or does not meet the tests set by the Secretary of State. The Council made a request under the Freedom of Information Act 2000 that this report be put in the public domain.

The report outlined four potential options. Option one assumes that the Trust continues to have two hospital sites providing a similar range of clinical services as they do today. As such there would be two 24/7 Ambulance and Emergency services, two obstetric, inpatient paediatric and emergency gynaecology services as well as elective and non-elective medical and surgical services. However, there would also be an elective surgery centre developed under this strategic option which brings together the majority of care for cancer patients at Chase Farm Hospital with outpatients, chemotherapy and diagnostics remaining across both sites. Inpatient elective vascular surgery would also be consolidated at Barnet Hospital.

The Barnet and Chase Farm Hospital Trust Board have estimated that it would require additional investment in estates and infrastructure amounting to £54.15m total and £2m for Information Technology; and additional investment in workforce of £2.3m.

During the engagement process it was suggested that surplus land on the Chase Farm site could be sold to finance some of the costs associated with this option. However submitters also noted that they would only support such a transaction if the money could legally be ring fenced for reinvestment in the Chase Farm site and that would require intervention by the Secretary of State.

It has been suggested that the Council explore with the Hospital Trust the possibility of leasing or purchasing buildings or land on the site for use as school buildings, respite care, or for adult social care. This could provide additional revenue to the Trust and/or ensure the optimum use of land to be consistent with the need for patient led health and social care. In addition, there may be further potential for other purchasers or leases within the public sector.

This is the preferred option of a local campaign group, the Federation of Enfield Residents Associations, and GPs closest to Chase Farm Hospital and, based on the views expressed during the consultation, is the option that is likely to be the preference of local residents and GPs should the Barnet, Enfield and Haringey Strategy not be supported.

There is strong support for this option to be fully investigated by the Department of Health and this is reflected in the Recommendations.

2. One Leadership Team for Enfield Hospitals

This option suggests exploring the potential to integrate and merge North Middlesex and Chase Farm Hospital Trust Boards and separate this from management of Barnet Hospital, in order to generate savings and focus future investment on health services across the borough in a more joined up way.

It was also suggested that consideration be given to the potential amalgamation of back office support functions between the relevant Health Trusts across Enfield.

The Council has not analysed the implications of any structural merger and is not making a recommendation in support of this proposal.

3. Other Strategic Options

In addition to option 1 which has popular support, there are 2 other options within the Barnet and Chase Farm Acute Trust Options Appraisal paper. Department of Health officials might also wish to consider these; however it should be noted that they have not received any expression of public support. Option 3 is the preferred option of the Trust but option 1 is the option which most closely meets the 4 tests of the Secretary of State.

4. Reconsideration of the Local Private Finance Initiative Arrangements

A report produced in 2011 for the Kings Fund by Keith Palmer drew lessons from the planned reconfiguration of hospitals in South East London. The Secretary of State is invited to consider these lessons in light of the proposed reconfiguration of Enfield's Hospitals.

In the Kings Fund study, it was argued that the large deficits and high legacy debts of some financially challenged trusts were caused, in part, by under-funding of fixed capital charges in Payment by Results (PbR) tariffs. It was also argued that increased funding for trusts with higher than average capital charges, and reduced funding for those with lower than average capital charges, would reduce deficits in the former and surpluses in the latter – at no net cost to the NHS. Funding per patient to pay for staff and drug costs would be more equitable. Financial imbalances across hospital trusts would be reduced and therefore the pressure for reconfiguration across hospital sites would reduce.

Key Themes

Local people were given the opportunity to articulate their views on the future of Enfield Hospitals at public and stakeholder meetings, through written and emailed submissions, and through a blog, as described previously. A range of issues arose from the public engagement, including continuing public opposition to the Barnet, Enfield and Haringey Clinical Strategy and a widespread view that the 4 tests set out by the Secretary of State set have not been met. This view is shared by the Council.

The presenting issues can be broadly grouped into 7 key themes and these are summarised below:

1. Cross Cutting Themes

- The views of local residents must be central to any decisions on the future of local healthcare services.
- Continued public opposition to the Barnet, Enfield and Haringey Clinical Strategy has been expressed.

2. Health Needs and Inequalities

- Enfield is an area with a growing population and significant and increasing levels of deprivation and high health need. Planning of services must respond to demographic need and health inequalities across the Borough.
- Loss of service in neighbouring South Hertfordshire will impact on demand at Chase Farm Hospital.
- Need to ensure patient choice.
- Given the high levels of population mobility and the time elapsed, the Barnet, Enfield and Haringey Strategy is no longer based on the most up to date data.

3. Transport

- Access issues for patients including increased distances to access services, public transport difficulties, congested roads, and poor parking provision have not been addressed and must be resolved by Transport for London as discussed in the Independent Reconfiguration Panel Review (2008).
- Access issues for ambulances in an emergency, including greater distances to travel and congested roads must be addressed.

4. Urgent and Emergency Care

- Concern about the Urgent Care Centre model of provision, on the basis that these facilities had not been well used in other areas and the difficulty in ensuring that patients knew how to access the service and were properly signposted.
- The impact of the closure of the Accident and Emergency Department and consultant led Maternity Service at Chase Farm, in terms of extended “blue light” journey times to alternative facilities.
- Concern that clinical safety cannot be guaranteed if Enfield continues to operate two Accident and Emergency Departments.
- Many attendances at Accident and Emergency could better be dealt with through GPs (provided sufficient access was available) or Urgent Care Centres.
- The clinical evidence base that informed the strategy’s case for change was challenged.

5. Maternity and Paediatric Services

- The development of community obstetric and maternity services is critical to ensuring that any proposed new model is successful.

- Maternity and Paediatric services are coming under increased pressure to meet accepted standards in relation to workforce

6. Funding

- Concern was expressed over the financial sustainability of the current model.
- Significant under investment in primary care services in Enfield and a view that Primary Care services need to be brought up to standard.
- There must be a balanced health economy with services designed to improve the health of the whole population. Any improvements in hospital facilities need to be undertaken in conjunction with the necessary investment in Primary healthcare.
- There must be an integrated approach to service delivery that takes account of how investment in primary and community based services impacts on the acute sector.
- Capital receipts generated by any sale of land on the Chase Farm site must be ring fenced to fund future health provision in the local area.
- Services should be publicly funded and publicly delivered.
- Adequate funding must be made available by Central Government.

7. Use of Technology

- In the context of shared service delivery within the 2 acute hospitals in both Accident and Emergency and women and children’s services, the acute trusts should consider increasing the use of remotely accessed technology in respect of diagnostic activity and communication between sites etc. This could be both an efficient and effective use of resources.

- During the work to produce this submission suggestions did emerge around Accident and Emergency, that consultant led provision did not require consultant present provision. Remote access for consultants could be an innovative way to manage the supply of consultants and other specialists across two sites.

Clinical Dialogue

There have been two meetings focussed exclusively on providing local clinicians with an opportunity to give their views.

Meeting with Enfield General Practitioners 30th March

A meeting was held with local GPs at Enfield Civic Centre at 1pm on the 30th of March. The meeting was attended by 11 local GPs.

Following discussions with Professor Matthew Cooke, National Clinical Director for Urgent and Emergency Care, two external experts supported this meeting.

- Dr Agnelo Fernandez, Royal College of General Practitioners Urgent and Emergency Care Champion, practising GP and Chair of the Croydon Healthcare Consortium.
- Dr David Carson of the Primary Care Foundation, a former GP with significant expertise and experience in Out-of-Hours and Emergency Care.

During these discussions it became clear that there was not consensus about the way forward amongst local GPs. As in the Barnet, Enfield and Haringey original submission, those GPs closest to Chase Farm hospital expressed the strongly held view that all existing front line consultant led services should remain on the Chase Farm site. Other GPs present endorsed their previous view that the clinical case for change was made and reaffirmed their support for the Barnet, Enfield and Haringey Clinical Strategy.

Meeting of GPs and Hospital Clinicians 6th April

A meeting was held with GPs and Hospital Clinicians at Vincent House, Enfield, at 1pm on the 6th April.

This meeting was attended by 20 local GPs and 8 senior Hospital Clinicians, including the Medical Directors of both Trusts, and Clinical Directors of Accident and Emergency and Women's and Children's services.

Dr David Carson, Primary Care Foundation, attended as an expert advisor.

There was a high level of agreement amongst clinicians that clinical services are coming under increased pressure to meet accepted standards in relation to workforce, particularly in obstetrics and paediatrics. Concern was expressed over clinical safety and sustainability of the current model in line with the Clinical Review Panel Report (October 2010).

There was an agreed view that the development of community obstetric and maternity services is critical to ensuring that the proposed new model is successful. There was a strongly stated desire to see fully functioning community services developed prior to implementation of the Clinical Strategy.

There is overwhelming support from Hospital Clinicians for the Barnet, Enfield and Haringey Clinical Strategy.

There was strong clinical consensus expressed about the need for the consolidation of neo-natal services.

Clinicians acknowledged that Enfield had more Accident and Emergency attendances per head of population than any other borough. Whilst this suggests clear potential for patients to be seen in other settings it also reinforces the population's current high level of dependency on front line Accident and Emergency services on both sites. It also supports that any reductions in Accident and

Emergency capacity, without extra funding for primary care, will only lead to significant detriment to local residents.

Letters from Clinicians

A letter from the Medical Director of North Middlesex Hospital was received on 31 March. This letter reiterated clinician's resolute support for the Barnet, Enfield and Haringey Clinical Strategy and is attached in the Record of Submissions.

A letter dated 25th of March was received from Haringey GPs and expressed their support for the Barnet, Enfield and Haringey Clinical Strategy.

A letter dated 6th of April was received from an Enfield GP who pointed out that the Barnet, Enfield and Haringey Clinical Strategy is out of date; expressed support for a consultant led Accident and Emergency Service at Chase Farm; expressed concern about maternity closures at Barnet General and transfer to Chase Farm; and noting the emerging GP consortiums role in addressing these issues.

A letter dated 7th of April was received from another Enfield GP expressing concern about training and education for all specialities and staff at Chase Farm and the overall impact of the Barnet, Enfield and Haringey Clinical Strategy on GP training.

Non Enfield Stakeholders

In response to the Secretary of State, the Council has concentrated on its own residents and clinical community. However, we have also attempted to engage much wider and the views of stakeholders outside Enfield have been encouraged. In the interests of good decision making, we have ensured that all views are submitted as evidence. We appreciate that the interests of Haringey representatives may centre on the success of North Middlesex Hospital, and Barnet representatives will be more concerned about the Barnet site of Barnet and Chase Farm Hospital.

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