IMPROVING HEALTHCARE TOGETHER 2020-2030

NHS SURREY DOWNS, SUTTON AND MERTON CLINICAL COMMISSIONING GROUPS

STAKEHOLDER REFERENCE GROUP

NOTES

Date: 18th July2018
Time: 15:00
Location: Sutton Life Centre, Alcorn Crescent, Sutton. SM3 9PX.

Present	
David Williams (Chair)	Healthwatch Sutton
Bess Harding	Epsom Medical Equipment Fund
Logie Lohendran	Healthwatch Merton
Alfredo Benidicto	Mencap Merton
Yasmin Broome	Surrey Coalition of Disabled People
Sandra Ash	KOSHH
Marie-Lise Audleey	KOSHH
Claire Jackson Prior	KOSHH
Wendy Russell	KOSHH
Jaishree Dholakia	South West London Health and Care Partnership
Nigel Collin	College Ward Residents Association
Clive Collins	General Public
Craig Nichol	General Public
Michelle Moore	Action for Carers
Pete Flavell	Healthwatch
Kate Scribbins	Health Watch Surrey
Lisa Thomson	Director of Communications and Patient Experience EStH

Programme representatives	
Andrew Demetriades	Programme Director, Improving Healthcare Together 2020-2030
Charlotte Keeble	Improving Healthcare Together 2020-2030

Attendance sheets embedded below

IHT sign in sheets 18 07 2018.pdf

Item	Discussion	Action
1.	**Welcome and introductions** DW welcomed all to the meeting.	
2.	**Apologies** Chris Long Bob Mackinson	
3.	**Notes from the last meeting and action log** The notes from the meeting dated 13th June were agreed as accurate.	
4.	Update on the Programme – Andrews Demetriades	
4.1	Following the meeting in June, the three CCG's agreed to support the publication of an Issues Paper. This has now been published and it sets out the challenges, clinical standards and the case for change along with the financial challenges. The key to the debate is hearing the SRG's thoughts about any gaps and also how the engagement challenges can be addressed. Views on the programme are also welcomed. There will be further development around the clinical model. There will also be a peer review carried out by NHS England.	
4.2	The stage one Clinical senate review of the clinical model is about to start and will go on over the summer.	
4.3	The issues paper also highlights some areas where there may be a wider impact i.e. from the Deprivation Impact Study being carried out by Nuffield Health, PPL and Cobic. The findings from this should be available in September. Other issues that will need to be discussed are travel times and transport. Mott Macdonald has carried out some work about public and emergency transport and it is important to look at this regarding both planned and emergency care Establishing as a single major acute centre for acute services will have transport implications.	
4.4	The first phase of the Equality Impact Study (phase 1 scoping) will be presented to the August Programme Board. A full Equalities Impact Assessment is being commissioned. In parallel with the engagement work going on over the summer, Healthwatch and Traverse will develop an engagement programme with seldom heard from groups.	
4.5	Work will also take place on detailed modeling as there needs to be a clear understanding of any cost implications and impact on other providers and also whether there would be any funding available for investment.	
4.6	A pre consultation business case is being aimed for and timelines to achieve this may change.	
4.7	*Question (CJP)* What is the methodology being used relating to transport times and will winter weather which often doesn't arrive until February also be taken in to consideration? *Answer (AD)* There are a mixture of methods being planned and details of the methodology and process will be shared. It is important to get the views of clinicians, ambulance services and patients so a smaller group	AD

	may be set up to look at this issue.	
4.8	*Question (NC)* On page 14 of the Issues Report, reference is made to locating major acute services at Sutton Hospital – is it still there and does the £400million brand new hospital that has been spoken about relate to this? Also if a new hospital is not operational until 2025, would both existing hospitals continue until then? *Answer (AD)* The Sutton site is still there and would require the most building works if chosen and if this was the case there would be some double running. The pre consultation business case would have to show that this was deliverable.	
4.9	*Question (NC)* At the Trust AGM on 13th July, Daniel Elkeles (DE) made it clear that that EStH is a special case as it is not mandated to make a surplus and that the Trust has a major deficit which the NHS accepts. Please could you ensure this is reflected when modeling is carried out. *Answer (AD)* The control total can either be a surplus or underlying deficit and this is one of the things the Trust will have to agree on annual basis with NHS Improvement. *Question (CC)* It appears that there will be a five year gap from 2020 and 2025 as some services are going from 2020? *Answer (AD)* the programme spans 2020 – 2030 so there will be not be a 5 year gap in services.	
4.10	*Question (SA)* DE has said that he can only guarantee services until 2020, we have asked him to confirm further than this but he won't. He has said that if we don't accept one of the three options we will have nothing from 2020. *Answer (AD)* the Trust faces significant operational pressures and will continue to make its case to continue to provide services. The programme directors' role is to ensure that due processes in this programme is followed so that a sustainable solution can be found	
4.11	**Engagement**	
4.12	The engagement process was outlined *(page 5 of the SRG presentation)*.	
4.13	From week beginning Monday 23rd July there will be two engagement events in each area. With regard to transport, any members of the group who would like to be included in a more detailed focus group are encouraged to make themselves known. Further engagement groups will be held in September.	
4.14	*Question (CJP & BH)* Most events are during the working day and can be difficult to attend, not everyone is able to get time off work. Not everyone has access or looks on line so please can there be more leaflets and posters displayed. Also schools break up over summer and meetings may not be well attended because of holidays. House to house leaflet drops would have been better. *Answer (DW , AD & Charlotte)* There has been a very tight timeline in place to move things forward.	

	Advertising was also raised in Committee's Common and work has taken place to ensure that details have been placed in Local Guardian Newspapers. Flyers have been sent to community groups. If there are any further suggestions to how to advertise September groups they will be considered. Over 3,000 Issues Papers have been printed and 5,000 shorter versions have been made available for the engagement events and will be distributed from Friday 20th July. A full household drop would be considered for consultation purposes but not at this time as this is the engagement phase.	
4.15	*Question (SA)* Could future timing of meetings be considered as 3pm starts are not always convenient for people who have to collect school children. *Answer (AD)* this has been noted.	
4.16	*Question (CJP)* Can we ask people who come the engagement meetings about their travel experience? *Answer (AD)* Yes	
4.17	*Questions (KS, CJP, YB)* It would be good to spread the appeal beyond the printed page as Wirral recently did using a short animation, this was used on social media. Could the needs of blind people also be considered and could subtitles be added to any animation. *Answer (AD & Charlotte)* As well as the leaflet a short animation film has been produced. Accessibility will be addressed including subtitles.	
4.18	DW thanked all for their questions and comments.	
5	**Focus Presentation – Keep Our St Helier Hospital – Sandra Ash**	
5.1	SA spoke about the wider NHS and how KOSSH believes EStH is where it is today. She referred to the 1977 Ridley report, the Health and Social Care Act 2012 and also Simon Stevens' appointment to NHS England and advice that was given to NHS trusts on how to achieve savings by 2020. She also said that in previous meetings DE had referred to the population in the EStH catchment area reducing from 500k to 400k and that the current 2.8 beds per 1000 people ratio could be reduced because of new technology being used. She highlighted that adults had been placed in children's wards because there had not been enough acute beds available. Other concerns raised were that the Marsden Hospital was on a "dash for cash" and may stop caring for NHS patients and that SWLEOC could be downgraded, all of which would be based on a Simon Stevens model of privatisation. SA was thanked for her presentation.	
5.2	AD said that as part of the programme due consideration would be given regarding the future capacity needed.	
5.3	*Question (SA)* Are you committed to keeping a similar number of beds or will this be different? *Answer (AD)* No change in overall numbers is expected but the clinical model may be different and therefore the type of beds may change.	

5.4	SA said that she believed 200 beds at St Helier would be available purely for elderly rehab patients not yet ready to go home and wanted to know if the Royal College of Emergency Medicine would be listened to. AD confirmed that the number of acute beds and different levels of care needed would be looked at along with staffing and what the beds are needed for.	
5.5	*Question (SA)* is there any clinical evidence that collocating acute services in to one location brings any benefit? *Answer (AD)* The role of the Clinical Senate will be to test the arguments for single-siting major acute services and check on the validity of the co-dependencies argument and evidence base. *Question (NC)* Regarding the EStH plan, it was previously said that five acute hospitals will reduce to four or even three now. Is it right to assume that this is no longer the case? *Answer (AD)* Correct.	
5.6	*Question (CC)* When DE worked in North West London there was a focus on waiting times and the Best Service Best Value (BSBV) programme what this was part of fell by the wayside. Why are we now looking at the same thing again? *Answer (DW)* This BSBV principals were more aligned to fighting amongst themselves, this is a much more unified approach. SA said that she also remembers BSBV and this feels very similar but potentially will impact on a much larger area. Seven CCGs were involved in BSBV but just three in this project. She said she felt it was all about loss of services.	
5.7	*Question (CJP)* This is a national issue, why is there always no money? What will happen if after all this work it is clear that it will not be possible to cope with just one acute unit? Do Healthwatch groups talk together? *Answer (DW & AD)* We look at what is required and put the evidence forward. Ultimately voting members in governing bodies will make the decision. It is not the role of the CCG's to holda referendum or provide a vote.	
5.8	*Question (SA)* In the last campaign there was lots of information put out about providing a new hospital but none about the cost of this meaning a loss of other services, please be clearer about this in the future.	
6.	**Overview of potential work plan**	
6.1	DW talked through the work plan *(page 8 of the SRG presentation).*	
6.2	Anyone who would like to be involved in the Equalities and Transport workstreams should put their names forward. After discussion by all and a show of hands it was agreed that the whole group would be involved and any pre reading / information would be sent to all before meetings take place so that all are ready to participate in discussions.	
6.3	All five areas of the programme will need in depth discussions and	

6.4	updates will be required as they happen. (AD) The sequencing of this will be looked at and fed back to the group.	
7. 7.1 7.2	**AOB** *Question (BH)* Are the group aware of an American company trying to infiltrate UK Boards with a view to taking them over. It is believed that this was highlighted via LinkedIn. *Answer (DW)* No but please share if you have any further information. *Question (CK*) Have the Terms of Reference been agreed and signed off? *Answer (DW)* Yes, approval was given at the first meeting.	
8. 8.1	**DONM** 15th August 2018, St Mary's Church, Stoke D'Abernon.	