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PRESS RELEASE

Local CCGs consider new approach to tackling NHS challenges

- *CCG chairs call for holistic approach to improving local services, including community, GP and mental health services as well as hospital-based care*
- *Expect to commission hospital based services that provide seven-day services and meet the London Quality Standards and Keogh Review recommendations*
- *Want to develop a new five year strategy for local health services rather than continue with the BSBV programme*
- *Support the clinical case for change set out by BSBV and propose to use detailed BSBV analysis in developing the five-year strategy*

The GP chairs of the six clinical commissioning groups in south west London* are proposing to take a new, collective approach to addressing the challenges set out by the *Better Services Better Value* programme and NHS England's *Call to Action*.**

The chairs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCGs have issued the following joint statement.

- As GP leaders of the local NHS, we have a unique opportunity to work together to transform services for our patients in south west London. We must tackle the variation in quality across all local health services and we know we can only do this by working together.
- Our services are inter-dependent and the challenges we face cross borough boundaries. We need closer working between our hospitals and between the hospitals, GPs, community and mental health services if we are to improve quality for everyone in south west London and make the local NHS sustainable. We do not believe it would be possible to achieve the scale of change that is needed by working independently at borough level. We will work with our local authorities, Health and Wellbeing Boards, mental health trusts, primary and community care providers, local hospitals, patients and neighbouring CCGs to achieve substantial and lasting improvements in our health services.

- We unanimously support the clinical case for change set out as part of the BSBV programme and at national level by NHS England's *Call to Action*. If we do not address these challenges, we know that local services will decline in quality and that we will not be able to meet the required quality and safety standards.
- We will therefore be recommending to our CCG boards that the six CCGs and NHS England, who commission specialist services in south west London, work jointly to develop new strategies for local health services. We do not propose to continue with our BSBV programme or to consult on the options that emerged from it, which have now been withdrawn. But we do know that we need to continue to work together to drive up the quality of local health services in a way that is acceptable to our patients. There are no easy answers and we know change will be needed.
- We have listened to feedback from local people and we agree that we should look at local health services in a holistic way – so we will focus not only on acute hospital services, but also on transforming GP, community, mental health and specialist services, as well as encouraging healthier lifestyles.
- We agree that all future hospital services should be commissioned against the London Quality Standards – which are the minimum safety standards developed by senior clinicians, based on Royal College guidance – and that all hospitals must provide seven-day, consultant-led services. We know this will not be easy – as there are not enough senior and experienced doctors, the hospitals will have to work together to achieve this. We also expect our hospitals to comply fully with the recommendations set out in the national review of urgent and emergency care by Sir Bruce Keogh and to be financially sustainable.
- As commissioners of specialist services in south west London, NHS England will work with us as part of a strategic planning group to develop long term, sustainable improvements for patients.
- Should the outcome of our discussions mean major service change at any of our trusts – which we think is likely, given the difficulty of meeting the London Quality Standards across four hospitals – then proposals would of course be subject to public consultation.
- We will use the detailed and thorough analysis developed through the BSBV programme, setting out expected future patient need and provider trust staffing and finances, to develop our future commissioning strategies.
- We will ask local provider trusts to work together and with us on developing solutions that will deliver safe, high quality care for everyone. We will also continue to involve local clinicians, local authorities and patient representatives. We will seek and listen to the views of local people.
- We will involve local people in this work, engaging local Healthwatch organisations, the voluntary sector and local residents as we plan our future strategies.

- The next step will be for us to discuss our new approach with our boards and with local provider trusts and seek their support for it. We plan to announce our five-year strategy in June 2014.
- We would emphasise that at this point, no decisions have been made and that this statement reflects the recommendations of CCG chairs, which have still to be agreed with our boards.

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Notes to editors

*The CCG Chairs are: Dr Tony Brezecki (Croydon), Dr Howard Freeman (Merton), Dr Brendan Hudson (Sutton), Dr Naz Jivani (Kingston), Dr Nicola Jones (Wandsworth) and Dr Andrew Smith (Richmond).

** The CCG chairs support the BSBV clinical case for change and recognise that the following challenges need to be addressed.

- The population is ageing and up to a third of people are living with long term conditions, meaning we need to provide more and better care out of hospital and closer to where people live.
- None of our hospitals meet the minimum safety and quality standards set out by clinicians based on Royal College guidance – the London Quality Standards.
- There is a variation in the quality of care between different hospitals and different times of the day, week and year.
- There is a shortage of key clinicians – we do not have enough consultants available to meet the London Quality Standards and deliver seven-day services across the four major acute hospitals in south west London – and even if they existed, we could not afford them.
- Hospitals are expected to provide seven-day services with the required level of consultant cover at all times, but we do not currently provide this in south west London.
- The NHS is unlikely to be given extra money in the foreseeable future, yet the costs of providing healthcare are rising much faster than the rate of inflation.
- We have less money than in previous years to spend on hospital care, as £3.8 billion has been taken from CCG budgets for the Better Care Fund. This is a welcome initiative to promote better integration between the NHS and social care services, but leaves less money available for hospital-based care.

- We need to reshape mental health services so that they achieve the highest possible standards and are focused primarily in the community.
- We need to ensure that primary care and other community-based services meet the highest possible standards.