

C/O Paul Burstow MP
*Member of Parliament for Sutton,
Cheam and Worcester Park*

Correspondence Address:
*234 Gander Green Lane
Cheam
SM3 9QF*

Dr. Brendan Hudson
Chair, Sutton CCG
Faccini House
64 Middleton Road,
Morden SM4 6RS

22nd March 2013

Dear Dr. Hudson,

‘Better Services, Better Value’ Process

We want to share with you our concerns about the whole BSBV process to date.

Our concerns stem from the belief that this has been and continues to be a flawed process, based on contested assumptions and poor data which has lost credibility and risks causing irretrievable damage to the excellent services provided by the Epsom and St. Helier Trust. We hope you share our view that both St. Helier and Epsom Hospitals are integral parts of their local community, treasured by local people.

The latest announcement by the BSBV programme board of a postponement to allow further time for engagement, particularly in Surrey, gives us no confidence in the process delivering anything of value. It leaves the NHS in SW London and north Surrey in limbo and leaves Epsom and St Helier Hospitals uncertain of their futures. Some of the flaws in the BSBV process are as follows:

- The outcome of the process has been pre-determined, evidenced recently by the BSBV announcement which followed the Epsom Hospital merger collapse, that only three out of five hospitals in SW London will retain A & E, maternity and paediatric acute services.
- The absence of critical clinical advice and debate on key aspects of the proposed model urgent care.
- Failure to consider accessibility of acute services throughout the BSBV process.
- Incomplete, rushed financial and workforce modelling following the inclusion of NHS Surrey in the process and the retention of Epsom Hospital in SW London’s ambit.
- Weak financial modelling based on assumptions about underlying cost savings which do not hold water.
- A lack of workforce modelling of the impact of the proposals on the non-doctor workforce on the extraordinary grounds that BSBV could not obtain the figures from GP practices and hospitals.

- A discounting of current performance standards for quality, safety and patient experience with no clear plan for securing the necessary improvements in hospitals favoured by BSBV.
- Failure to consider a 'do minimum' option or to consider the impact of current acute health service reductions in neighbouring sectors.
- A lack of a credible plan to identify or deliver the level of out of hospital services required to backfill the acute service reductions proposed.
- Ignoring concerns raised by the National Clinical Advisory Team (NCAT) about the absence of the necessary plans to put in place the out of hospital services necessary to support a 17.5% reduction in emergency admissions.
- Failure to comply with guidance on the presentation of business cases for exercises of this nature, in an effort to complete the BSBV process before the demise of NHS London and local PCTs.
- A serious deficiency in terms of risk assessment and management in the first draft Business Plan and the lack of any subsequent iteration.
- Frequent shifting of timelines and a second scoring panel exercise which excludes local authority representatives and is conducted behind closed doors.
- Inadequate, rushed plans for a public consultation on such a major change in acute health service provision across the sector.

In addition we believe that the BSBV team is making assumptions about the cost and availability of finance for major enhancement works at three hospitals to cater for the transfer of services which have, as yet, no financial basis. Spending review plans for the later part of the decade have yet to be agreed, and we believe no commitment has been made by anyone to fund these proposals.

We could list many other concerns, but those listed underline why this process is not fit for purpose.

We do not underestimate the difficulties you face in resolving how best to commission and deliver health services in Epsom, Merton and Sutton. However, we do not believe that BSBV offers a credible mechanism for resolving matters. As the principal commissioners of services at the Epsom and St Helier NHS Trust the Sutton, Merton and Epsom Downs CCGs should be able to shape acute health services in the future by commissioning those services in the way that you and the three local Health and Wellbeing Boards believe to be right, unfettered by any legacies from the outgoing health commissioners. It is also important that there is much more engagement with local authorities and particularly in Surrey where the County Council has expressed strong opposition to the process and has raised legal concerns about it.

It is also clear that many local GPs were bounced into taking a rushed decision about the entry of Epsom into the BSBV process last year, and that many are now having second thoughts about the nature of the process.

We hope that as you take up your new authority as commissioners of acute and community health services you will take the opportunity of the current delay in the BSBV programme to terminate that programme. A clear break with this flawed process will be a clear signal from you that you want to engage with the Epsom and St Helier NHS Trust, the local community and Councils to map out a future for acute health services that has community and clinical support.

Yours sincerely,

PAUL BURSTOW MP
TOM BRAKE MP
SIOBHAIN MCDONAGH MP
PAUL BERESFORD MP
CHRIS GRAYLING MP

Please reply c/o

Paul Burstow MP, 234 Gander Green Lane, Cheam SM3 9QF