

NWL Collaboration of CCGs
15 Marylebone Road
London
NW1 5JD

Cllr Julian Bell
Ealing Council
Perceval House
14-16 Uxbridge Road
London
W5 2HL

8 May 2013

Dear Councillor Bell

Re: Ealing Council's potential legal challenge to *Shaping a healthier future*

I was sorry to learn that your council is considering legally challenging the *Shaping a healthier future* recommendations through the courts. The doctors and clinicians behind our recommendations feel very strongly that we want get on with improving local services. We would like to have constructive conversations with you and other politicians in Ealing on how to create the best healthcare for your residents, not spend time and money in the courts. I therefore wanted to make clear, directly and openly, the position of all the Clinical Commissioning Groups who collectively are leading the implementation of *Shaping a healthier future*.

Our legal team have advised us that we have a strong chance of winning a judicial review. They have also told us that, based on other judicial reviews, our legal costs to defend this claim are likely to be c£750,000 in addition to the c£250,000 costs of the NHS team. Should we win the case, we will be asking Ealing Council to pay our legal costs in full – we would really much rather invest this money in better healthcare.

In addition, the clinical leadership community in NW London is united in agreeing that there is strong local and national evidence not only that our plans will improve local health care, but that failing to implement them or delaying their implementation will put people's lives at risk. I cannot stress how passionately doctors and clinicians across NW London believe this. Similarly, both Ealing CCG and Ealing Hospital NHS Trust believe we can't leave health services as they are and have agreed to implement *Shaping a healthier future* over the next five years. In fact, Ealing Hospital NHS Trust's own response to the consultation clearly sets out that, over time, it will 'have problems meeting clinical standards' and that 'some form of reconfiguration will ultimately be needed to ensure the best possible health care for the public [in Ealing]'.

The Joint Committee of Primary Care Trusts (JCPCT) recommended that we work with stakeholders including Ealing Council to develop an Outline Business Case for an enhanced range of services, including a local health hub, on the Ealing Hospital site, and reviewed proposals with capital spend of up to £83m. We remain extremely keen to discuss how we

can develop the Ealing site to best suit the needs of the local community and we believe that we can design services that enable most of the people who currently use Ealing Hospital to continue to do so. We will also be investing up to £16m on GP practices locally and up to £15m on five local health hubs at Grand Union Village, Mattock Lane Health Centre, Jubilee Gardens, Greenford Green and Acton Health Centre – Greenford Green and Acton Health Centre would be completely re-built. In addition, we are planning on spending c£32m every year on improving local community health services in Ealing.

I would like to specifically address some of the allegations that have been made over the last few weeks:

- Firstly, you claim that the JCPCT did not take clinical evidence into account. In fact, we presented detailed clinical and quality arguments, pre-consultation, post-consultation, and within the consultation document. Consultation with the public also majored on this evidence. There was an extensive review undertaken of the clinical evidence and all the proposals were reviewed and agreed by the Clinical Board. I know you have stated that there is no evidential basis for an over-provision of A&E and that our decision leads to an under-provision of A&Es in NW London compared to the national average. For clarity, we did not argue that there was an over-provision of A&E services, rather that by concentrating these services onto fewer sites we could improve quality. There is strong national evidence to support this, for example, the Royal College of Surgeons and others have recommended that a minimum catchment of 450,000¹ would produce safer and more efficient A&Es.
- Secondly, you say we did not take account of the consultation responses. You will be aware that the JCPCT met three times in public and members also attended a number of workshops delivered by clinicians and others. The JCPCT met on 6 December specifically to review the consultation responses and agree their response. On 19 February 2013, when the JCPCT made its final decisions, the presentation of the proposals (including the clinical evidence) and the discussion and deliberations took over *eight* hours. Our detailed analysis of the responses by Ipsos MORI listed, analysed and categorised all 17,000+ of the responses sent to us, and petitions both for and against the proposals. A significant part of our subsequent discussions – and JCPCT decisions – were based on this analysis, and we set out in great detail how we took these responses into consideration at the JCPCT. For example, you have claimed that by the time the consultation started the JCPCT had already decided that there should only be five major hospitals. However, the consultation asked people whether they supported the need for five major hospitals (they did) and the JCPCT made no final decisions on this issue until their meeting of 19 February 2013.
- Thirdly, you criticise our consultation process. However the Consultation Institute reviewed and then certified our consultation process and the Joint Health Overview and Scrutiny Committee (JHOSC) – which included Ealing Council – approved our consultation plan. The JHOSC response to the consultation noted that in “relation to the consultation process we believe that there has been a clear process based on communication and explanation.”

¹ 2006 Delivering high-quality surgical services for the future. The Royal College of Surgeons of England

- Finally, you criticise us for not taking proper account of the impact of the proposals on local people in Ealing, particularly those from minority ethnic groups. In fact we carried out detailed analysis on the impact on different groups of people before, during and after consultation. This included meeting over 2000 people from over 50 groups of hard-to-reach people and commissioning a report to further understand the issues facing these groups. The JCPCT considered all this work before making its decision.

I would conclude by urging you, please, to meet with us and discuss our proposals to improve healthcare and health services in Ealing – something we haven't yet been able to do, despite our many approaches to you. We are confident that through dialogue we will be able to agree a set of proposals that enable us collectively to provide the best health and social care services for Ealing residents now and in the future. I appeal to you to respond positively to this offer of discussion and withdraw this legal challenge.

Yours sincerely



Daniel Elkeles
SRO Shaping a healthier future
Chief Officer CWHH CCGs

On behalf of:

Dr Ethie Kong, Chair, Brent CCG
Dr Caroline Sayer, Chair, Camden CCG
Dr Ruth O'Hare, Chair, Central London CCG
Dr Mohini Parmar, Chair, Ealing CCG
Dr Tim Spicer, Chair, Hammersmith & Fulham CCG
Dr Amol Kelshiker, Chair, Harrow CCG
Dr Ian Goodman, Chair, Hillingdon CCG
Dr Nicola Burbidge, Chair, Hounslow CCG
Dr Andrew Smith, Chair, Richmond & Twickenham CCG
Dr Nicola Jones, Chair, Wandsworth CCG
Dr Mark Sweeney, Chair, West London CCG
Rob Larkman, Chief Officer, BEHH CCGs

Cc:

David McVittie, Chief Executive, North West London Hospitals NHS Trust and Ealing Hospital NHS Trust
Jacqueline Docherty, Chief Executive, West Middlesex University Hospital NHS Trust
Shane DeGaris, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust
Tony Bell, Chief Executive, Chelsea & Westminster NHS Foundation Trust
Mark Davies, Chief Executive, Imperial Hospitals NHS Trust
Claire Murdoch, Chief Executive, Central and North West London NHS Foundation Trust
James Reilly, Chief Executive, Central London Community Healthcare NHS Trust
Steve Shrubbs, Chief Executive, West London Mental Health NHS Trust
Anne Rainsberry, London Regional Director, NHS England