



## North West London Patients' Parliament Update – November 2005

### FINDINGS OF THE PADDINGTON INDEPENDENT REVIEW PUBLISHED

In 1999 plans are drawn up by the NHS in North West London, to move the Royal Brompton and Harefield Hospitals together with St Mary's on a new site at Paddington, with associated changes at neighbouring hospitals. After six years of debate and NHS processes, amid much disquiet in some communities, the scheme was abandoned in 2005. Because of the amount of public money wasted in this process, and the collapse of such an ambitious scheme after such a long time, an Independent Review was commissioned, working closely with the National Audit Office. This Report has now been published and has concluded that reasons for the failure included:

- Flaws in the 2000 Outline Business Case;
- DH policy changes undermining the development of a coherent business plan
- Complications caused by the absence of a single project sponsor;

Ironically, one of the factors was the 2002 increase in space per bed requirements single-room accommodation required for new NHS facilities. All these 'straightforward' flaws were compounded by the failure to terminate much earlier. *'Individually the challenges were not insoluble: collectively they overwhelmed the scheme'*

Costs of the project are estimated by the Report as at least £14 million (for PHC consultants fees and costs alone, with the suggestion that other costs would be even greater than this) across the five years.

It is interesting to note the Report's conclusion that major national policy changes such as Payment by Results (introducing standard prices across the NHS for all treatments, was not tested by the Department of Health for its effect on major schemes such as this: *'It would be highly desirable to pay attention to the implementation implications of policies at their time of formulation'* (!)

### Implications for the Patients' Parliament:

**Consultation processes:** The Report makes a number of recommendations on public consultation which it would be useful for the Parliament to take note of and consider including in its Consultation Framework:

**'Recommendation 9** – *The DH should further develop, implement and promote the staff and Public Consultation Processes for health services to ensure that:*

- a) *The channels, rights, obligations, consultation events, consultation scope and subject areas are adequately understood by all affected parties from the outset and that the relevant channels of two-way communication are implemented in a timely fashion, based on an open register of those parties.*



- b) *There is a clear public picture of the key events, products, decision-points and consultation events along the MHIP procurement processes and their related Local Authority Planning processes.*
- c) *Documents that are to inform the consultation process are made available to staff and/or the public in a manner that gives fair time for assessment.*
- d) *All the consultation inputs are diligently aggregated and processed into publicly available reports by independent third-party organisations.*
- e) *Where conflicting inputs are received, the processes by which reconciliation or choices will be made are transparent, justified, fully understood and where necessary mediated by independent parties (e.g. agreement on survey questions).*
- f) *The products of such consultation are sought at points where a genuine impact can be made at the time of formulation of Policies, Standards, Area-Based Strategies, Solution Options and OBC decisions for proposed MHIPs.*
- g) *There is a template for the scoping, effective staffing and implementation and governance of Public and Patient Involvement (PPI) bodies so that a much earlier start can be made with delivery of its benefits and the public can have a better understanding of how to engage with the PPI process.*
- h) *There is a well-publicised route of appeal (for example, through the Office of the Parliamentary Ombudsman) for situations where the complaint is that the consultation processes themselves are broken or failing to work properly.*

It should also be noted that the report also recommended (in 8.3 Recommendation 2) that in future the DoH should lead on major projects of national importance as no SHA has sufficient experience and only the DoH can garner experience from across the whole of the NHS. That the DoH should vet the acceptability of advisers/consultants on a project of this scale, and that long drawn out projects should be subject to routine review to confirm that their aims remain relevant.

**Services:** The SHA has now instigated a review of acute services across the sector. The Parliament has had a presentation from the Project Director on the review and a subgroup has advised on the literature proposed for local communities about the Review. The Parliament will need to

- be vigilant that the consultation process throughout is thorough and responsive so that the poor record does not inhibit proper, inclusive involvement with the residents of the 8 boroughs in the sector and their representatives.
- seek to steer the process so that the patient perspective is firmly at the heart of whatever is proposed.

This will have implications for the Parliament's work programme.



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### 'COMMISSIONING A PATIENT-LED NHS'

In July the Chief Executives of PCTs received a letter from the Chief Executive of the NHS notifying them that

- the numbers of PCTs and STHAs was to be dramatically reduced as part of a drive to improve the commissioning (planning) function of the NHS;
- Practice-based commissioning (by groups of GP practices) must be rolled out universally
- £250 million must be saved across the NHS (£42 million in London).

There are currently 31 PCTs and five Strategic Health Authorities in London. Subsequently a decision has been made to go out to public consultation in the New Year on retaining the current number of London PCTs and reducing the STHAs to one for London, by April 2006.

This document also announces that primary care services (GPs, district nurses, health visitors and other community staff) should be managed by the PCTs but possibly provided by non NHS organisations, such as private sector companies or voluntary sector organisations. These plans, and the way they were announced, have proved very controversial and there has been some backtracking particularly on moving NHS staff to other employers. The outcome of the consultation on, Your Health, Your Care Your Say, in which Parliament members have participated, will lead to a White Paper in the next few weeks with more detail on what participants want for primary care for the 21<sup>st</sup> Century.

All PCT reconfigurations should be complete by October 2006 with SHA changes completed by April 2007. Changes to PCT service provision will be complete by 2008.

**Implications for the Patients' Parliament:** again the Parliament will need to be confident that the public consultation to be launched in the New Year is accessible, open and thorough and that the resulting decisions are responsive to it.

Elizabeth Manero, Chair  
16.11.05