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<b>Date</b>	Thursday, 06 September 2018
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<b>Title of paper</b>	<b>Services at The Royal Brompton Hospital</b>
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<b>Presenter</b>	Louise Proctor, Managing Director, West London CCG				
<b>Author/s</b>	Ben Westmancott, Director of Compliance, NW London CCGs				
<b>Responsible Director</b>	Mark Easton, Accountable Officer, NW London CCGs				
<b>Clinical Lead</b>	Ian Goodman, Chair, Hillingdon CCG				
<b>Confidential</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

<b>The Committee is asked to:</b>	
	Note the report.

<b>Summary of purpose and scope of report</b>	
	<p>This paper gives a brief update on proposals to move clinical services currently at the Brompton Hospital site on Fulham Road. These proposals have emerged because of the necessity to make children’s services compliant with the standards required, and to take advantage of an opportunity to redevelop the hospital more broadly in collaboration with Kings Health Partners.</p> <p>Following a decision by NHS England’s Board on 30 November 2017 to agree the implementation of new standards of information, formal CHD networks and peer review in relation to Congenital Heart Disease services, Royal Brompton and Harefield NHS Foundation Trust is currently exploring solutions with other providers to enable them to meet the new standards which have been set for Children’s Congenital Heart Disease services.</p> <p>These plans would relocate not only Children’s CHD services, but the entirety of Brompton services on the Fulham Road to a site on the St Thomas’ campus near Westminster Bridge. Hillingdon Hospital services would remain on their current site.</p> <p>The plans aim to significantly improve cardiovascular and respiratory services for patients through a partnership between Royal Brompton &amp; Harefield NHS Foundation Trust and King’s Health Partners. These explorations will bring together the specialist skills and expertise from all of the organisations involved to create a centre of excellence for current patients and future generations.</p> <p>Together Royal Brompton &amp; Harefield NHS Foundation Trust and King’s Health Partners</p>

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(the Academic Health Sciences Centre comprising Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts and King's College London) would aim to deliver world-class clinical facilities. This envisages the development of a new purpose-built clinical academic facility on the St Thomas' Hospital and Evelina London Children's Hospital site.

The partnership would also seek to provide substantial investment to other sites within the organisations at King's College Hospital and Harefield Hospital, to support the provision of high-quality care in a new network for patients across the south of England.

The proposed changes will have an effect on specialist services commissioned by NHS England as well as services commissioned by CCGs in NWL and other parts of the south east. Therefore commissioners need to work together to ensure that we influence the proposals appropriately, considering the needs of the patients we commission services for.

Providers in north west London are proposing to develop collaborative alternative proposals which would keep services in north west London. This alternative proposal would have to be carefully evaluated.

Given that these proposals will have an impact on patients across southern England, the way commissioners influence the proposals and the arrangements for engagement and public consultation needs to be given careful consideration. It is likely that we will set up a collaborative approach with NHS England and CCGs creating a single Joint Committee of CCGs where we can work up recommendations together ahead of taking sequential decisions at respective organisations.

The intention is to use the forthcoming Joint Committee of North West London CCGs as the place where we work up our combined thoughts to feed into the wider process. We can then link our recommendations with those of NHS England (the commissioner of specialised services) to give a coherent response from across our area.

We also intend to work with other CCGs outside of North West London to help us to make recommendations that consider the local need as well as a wider strategic need. The exact mechanism for this is being worked through and further updates will be given to the joint committee.

#### **What are the benefits of this project?**

The benefits of this proposal are set out on The Royal Brompton and Harefield NHS Foundation Trust's website. These will need to be tested as part of the CCGs' contribution.

The benefits are stated as,

"This exciting opportunity would:

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- Deliver world-class clinical services from before birth through to old age for common and rare conditions on a local, regional, national and international level, offering new treatments;
- Enable the organisations involved to deliver best practice care in modern facilities, making the best use of NHS estates;
- Provide a large-scale service for adults and children with heart and lung conditions, offering outstanding outcomes and sustainable care within a collaborative network;
- Allow the organisations to cement their place at the forefront of UK health research and build strong industry and commercial partnerships; and
- Train the next generation of clinicians and researchers, through extensive education including national and international training.”

source: [www.rbht.nhs.uk](http://www.rbht.nhs.uk)

#### *Patient, staff and stakeholder engagement*

The proposal states that, “Any proposals will be clinically led, developed in partnership with patients and stakeholders and will be subject to the approval of relevant boards and regulators, commissioner support and public consultation”

It should be noted that NHS England carried out a public consultation in early 2017 which has led to proposals being worked on.

As part of the CCGs response we will ensure we involve lay representatives and Healthwatch so that we can draw on a wider perspective.

#### **Jargon buster**

**Congenital Heart Disease** - a general term for a range of birth defects that affect the normal way the heart works. The term “congenital” means the condition is present from birth.

#### **Quality & Safety**

Clearly quality and safety are key elements to any services change and we will include these considerations in any response.

#### **Equality analysis**

No analysis has been carried out by the CCGs on this paper as we do not have sufficient detail to inform such an analysis. As this work progresses, we will carry out analyses for each CCG population in a proportionate manner.

#### **Finance and resources**

Financial considerations to be reflected in our response.

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<b>Risk</b>	<b>Mitigating actions</b>
Risk that we do not have a clear mechanism via which to collate and combine our responses as commissioners.	We are working with NHS England and other commissioners in order to develop holistic contributions.

#### **Attached documents**

None

#### **Governance, reporting and engagement**

*Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.*

<b>Name</b>	<b>Date</b>	<b>Outcome and where in the report can you find out more</b>
Informal discussions across the eight CCGs and brief discussion at the Senior Management Team.	August 2018 2018-08-24	Agreement that we need to reflect the commissioners' views in as neat a way as possible.

#### **Conflict of interest**

None identified at this stage however all committee members are reminded to declare any links they might have with the providers involved so as to ensure transparency of decision-making.