

## Report to Barnet Health Overview and Scrutiny Committee – 13<sup>th</sup> October 2015

### Update on Barnet CCG plans for Finchley Memorial Hospital

#### 1. Introduction

At the Health Overview & Scrutiny Committee meeting on 30<sup>th</sup> March 2015 Barnet CCG presented an update on plans to develop new services at Finchley Memorial Hospital (FMH) and to improve utilisation of the building. The paper also discussed the issue of bringing GP services into the building. This paper provides an update for the Health Overview & Scrutiny Committee on the CCG's progress with this project.

#### 2. Background & Process to Date

In January the CCG launched a project to review how it could make a more effective use of the new facilities at FMH to deliver its objectives for improving health care for the local population. The CCG has worked with NHS England (NHSE) on this issue as NHSE are responsible for commissioning GP services.

The project reviewed all commissioning plans and areas of local health care need and these were presented to a stakeholder workshop at the end of April. A long list of options was agreed at this workshop and these were reviewed in greater detail and presented to the CCG's Clinical Cabinet in July for discussion and to draw up a short list of preferred options.

#### 3. Revised Service Vision and Preferred Options

The CCG's overarching preference is to make FMH a focus for services for older people, particularly the frail elderly. In particular, the CCG wants FMH to host a series of services designed to keep people safe and comfortable at home and independent for longer before they need to access acute hospital services.

The priority schemes are:

**A) An Older People's Assessment Service (OPAS)** - essentially a specialist resource which will assess older people to design the right service solutions to keep them at home and independent. (There is a successful model at Chase Farm for Enfield patients but currently nothing similar in Barnet.) The new service would work closely with the existing Falls Clinic at FMH.

**B) Filling the empty inpatient ward.** There are 17 unused beds at FMH and, on average, 18 - 20 Barnet residents in community rehabilitation beds at Chase Farm following transfer from Barnet General. Opening these beds will allow us to repatriate these patients back to Barnet.

**C) Breast Screening** - subject to more detailed space planning the CCG would like to accommodate a permanent breast screening service to replace the mobile service currently provided by the North London Breast Screening Service.

#### **4. The General Practice Issue**

Responsibility for commissioning GP services from FMH is held by NHS England and the CCG has been working with NHSE to explore different ways that primary care services can be brought into FMH. One option would be to set up a specialist GP primary care services to focus on the particular healthcare needs of frail elderly and care home patients. There are some exciting models in London and beyond where GP services have been targeted at groups with special needs for more focussed services in this way.

The CCG will work with NHSE to see how a specialist service such as this could be commissioned by them and if it could also (a) take new patient [general] registrations and (b) be designed to work more closely with the existing Walk in Centre, whilst being complementary overall with the other services which might be located at FMH. The model would also need to be assessed to see if it was best value for money.

#### **5. Process**

The FMH project has now moved into a detailed analysis phase and the CCG has set up a series of workstreams to explore each of the above options in more detail with a view to developing formal business cases for approval in the next 6 months.

There will be a series of workshops for stakeholders to be involved in helping to design the precise service model for each option and then issues of activity, cost and procurement will be analysed.

The CCG has set up a robust governance model with a Programme Board accountable to the Clinical Cabinet but clear separation of all procurement issues which will be considered by the CCG's Primary Care Procurement Committee.

#### **6. Timescale**

The aim is to develop the new service models for each option and take them through the project governance process for final submission to the CCG's Governing body in March 2016. Implementation would then follow once approved by the Governing Body and of course subject to necessary guidance in respect of consultation and procurement.