



Merton
Clinical Commissioning Group

Merton CCG update

Merton Overview & Scrutiny Panel

Dr Howard Freeman

17 March 2014



right care
right place
right time
right outcome

Better Services Better Value

- CCG Chairs have agreed not to continue with inherited BSBV programme
- Unanimous support for clinical case for change
- Will use detailed & valuable BSBV analysis of projected patient flows, future population needs, finances and staffing numbers in developing new strategy



SWL Collaborative Commissioning

- New joint strategy – 6 SWL CCGs & NHS England – ‘whole system’ approach to include mental health, primary and community care
 - Unanimous support for clinical case for change
 - Will commission to London Quality Standards, 7 day services and Keogh Review recommendations
 - Will work with provider Trusts, Health & Wellbeing Boards, local authorities and local residents
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SWL Collaborative Commissioning

- The challenges we face in delivering the London Quality Standards and seven-day services cross borough boundaries
- We do not believe it would be possible to achieve the scale of change that is needed by working independently or in smaller groups
- Any major change would be subject to public consultation



Working with local authorities

- NHS England require draft strategy in June
 - Keen to engage Local Authorities – challenge of national timescales and local election purdah
 - Will work with Local Authorities as closely as we can and would like to allow time for their comments before strategy published
 - Health & Wellbeing Boards central to delivery of strategy
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Learning from BSBV

- There's a clear clinical case for changing local services to make them safer and achieve clinical safety standards
 - We need to take a 'whole system' approach
 - Provider Trusts need to be key partners in agreeing way forward
 - We now have a clear and quantified picture of the challenges in south west London
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'Call to Action' learning

A series of draft principles for change have been agreed with Merton Overview & Scrutiny panel & Merton Health & Wellbeing Board including:

- Equitable access across the borough
- Services should be aligned to need – this may mean some areas of the borough have more in the way of services than other areas
- No changes to be made without plans to educate people about the changes.



'Call to Action' learning (2)

- Have joined-up pathways in place so people don't leave hospital and then end up back in hospital because necessary community care not in place.
 - Quicker/appropriate access to primary care
 - Split GP activity into 2 streams (urgent and Long Term Conditions) – urgent could be located on the same site/in same buildings as acute, LTC community focus
 - Any changes need to be discussed with the public
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St Helier redevelopment

- Outline Business Case for £219m redevelopment approved in March 2010, confirmed Oct 2010
- Did not progress to Full Business Case – NHS London wanted to await outcome of BSBV and ensure redevelopment affordable
- Trust Development Authority (and Trust/CCGs) would have to agree repayments (c£15m a year) were affordable & would not create unsustainable deficit



St Helier redevelopment

- Trust has now committed to up to £78m investment over next five years in developing estate and infrastructure
 - Merton and other CCGs working with Trust on their Long Term Financial Model
 - CCGs and Trust agree redevelopment of site needed but would need to be affordable
 - Any new redevelopment bid would need to be approved by Treasury & Department of Health
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Where we commission care

Merton CCG Activity, split by provider

