

# EALING SAVE OUR NHS

**Secretary: Eve Turner 10 Endsleigh Road, Southall UB2 5QL**  
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**[www.ealingsaveournhs.org.uk](http://www.ealingsaveournhs.org.uk)**

28 September 2018

Tessa Sandall, Managing Director  
Chair, Ealing CCG  
Perceval House,  
14/16 Uxbridge Rd,  
London W5 2HL

CC: Mohini Parmar, Chair Ealing CCG

Dear Ms Sandall,

Re: Ealing CCG Single Contract for Out of Hospitals Services

Thank you for your letter of 12<sup>th</sup> September in response to Ealing Save Our NHS's (ESON) earlier letter of 14<sup>th</sup> August. Unfortunately we did not feel that it has satisfactorily addressed our questions and concerns for the following reasons:-

1. We do not believe that the Single Contract will lead to a better coordinated, integrated and more efficient service as you claim. In fact quite the opposite. At present we already have an integrated service for the most part, as around 80% of the Adult & Children's community services in scope, are delivered by the same provider, namely, London North West University Healthcare Trust. Since they are also the provider of acute services this should allow for a very smooth transition between both services and good co-ordination. It should not be beyond the capacity of the commissioning body through collaboration to ensure that this works effectively. If ECCG is so keen on a single supplier why did it not just hand over the other 20% of services to LNWUHT, who could of course sub-contract mental health services to WLMT?

It is extremely unlikely that any new provider will be able to cover the wide range of services using their own staff. This means in practice there will likely be a great deal of subcontracting, possibly to existing suppliers, as has been seen with similar contracts elsewhere. So in fact the services will continue to be "provided by many different providers including NHS, voluntary and community sector and indeed private providers", which you claim in your letter you aim to avoid.

The new single provider will also be taking on the role currently carried out by the CCG of managing the contract, albeit within a very restrictive budget – not really streamlining at all.

2. Since the bidding deadline has now passed (23<sup>rd</sup> August) the OOH Services Single Supplier business case ceased to be commercially sensitive. To withhold it from ESON now is unjustifiable and suggests ECCG has something to hide.
3. Your justification for a 10 year contract as “providing stability” is simply not an adequate reason and illustrates how little consideration you have given to the pitfalls of a 10 year contract period. The list is numerous of what can change over 10 years , but this would include:-
  - The likelihood of thousands of Ealing Patients having to change GP Practice, as surgeries close in the next 5 years (based on a report in Pulse by RCGP on the number of GPs aged 55 or over, Ealing being among the 5 worst with nearly 47,000)
  - the demographic changes caused by Cross Rail i.e. thousands of new homes being built across the Borough including over 15,000 in Southall alone (45,000 new residents).
  - The outcome of Brexit.
  - Economic performance, trade and the value of the pound;
  - the exit of key industries and the cost and impact on drugs and devices
  - the inability to re-imagine service delivery due to entrenched contractual frameworks;
  - the financial failure of local government and knock on effects on adult social care
  - the collapse of the care-home and domiciliary care market
4. You state that you expect providers of out of hospital services to support a reduction in Non-Elective Admissions (NELs) However our research indicates that NELs were at an almost identical level in October 2017 as they were in April 2013. ESON finds your claim of 3% NELs reduction in Ealing since 2015/16 barely credible and not born up by any published statistics. Even if it were so, there is not currently a consistent downward trajectory of NELs in Ealing, nor has there been since April 2013. Across NHS North West London monthly NELs rose from 13,500 in April 2013 to 15,000 in August 2017. It seems you are expecting any new provider to perform the impossible.
5. You claim that your proposals will transform and improve community services over the 10 year period. However we now know that both LNWUHT and Central London Community Health Trust, who incidentally are the new provider of LBE’s Childrens health services, have withdrawn from the bidding process on the grounds that they did not believe they could deliver safe, quality services for patients within the bid price. We would have expected that any responsible commissioner would have at least paused to re- consider the financial viability of the Contract. As far as we are aware you have not carried out a comprehensive risk assessment. If you have then we would request it is put in the public domain as it cannot be considered commercially sensitive.
6. You claim to have carried out an assessment of the impact on all incumbent service providers but have not provided us with any evidence of how this was done, by whom, how comprehensive the assessment has been, nor the outcomes. We would once again ask that this assessment is shared with the Public.

It is also clear from the limited information that you have provided about your 'assessment' that the CCG has grossly underestimated the impact on the main provider, LNWHUT, since you only refer to it being 5.1% of the Trust's annual income. We understand that the loss of income is around £45 million, but the loss to the Trust is far more significant than the percentage of income. They will also lose the contribution that OOH services make to hospital overheads such as HR and Administration and the further loss of shared staffing between hospital and community services, to highlight just some of the impact. Only a comprehensive independent impact assessment by someone such as PWC, can reveal the true impact on the local health economy as has been shown in Lancashire, Greenwich and Brighton.

7. Our concerns about the impact on Ealing Hospital, given that the 2012 SaHF has not been fully implemented were barely addressed. Where is your evidence about clinically inappropriate admissions to hospital? Are you aware that A&E attendances at Ealing Hospital have remained constant, despite your efforts? At their recent AGM, LNWHUT reported that only the sickest people attend the emergency departments as the Urgent Care Centre effectively deals with those people not needing emergency treatment. Assuming as you claim, the single contract delivers the desired outcomes, this would lead to reduced patient flows at Ealing Hospital and would increase the hospital's debts. However, if the desired outcomes are not achieved, and community services fail to deliver, which we think most likely, there would be increases in attendance at A&E at the Hospital which the Trust would have to fund, adding to its financial difficulties.
8. We do not think the Public will be re-assured by your response that the NHS Contract provides all the safeguards to mitigate and deal with potential risks, especially if it proves uneconomic for any potential supplier to continue. As we understand it the NHS Contract may not be enforceable with a private provider such as Virgin. Furthermore ESON is not re-assured by the inclusion of Healthwatch Ealing in the partnership oversight board. They have not proved to be effective in representing patient interests, and are not accountable to the Public in any way. They are also conflicted in their ability to hold the CCG to account as they receive grant funding from the CCG.
9. With regard to question of oversight from NHSI /NHSE we are also to have received a re-assurance from both NHS England and NHS Improvement that will be jointly providing oversight and closely scrutinizing the process and risks. In particular that they will be assessing whether -
  - There is a compelling clinical vision and case for change which is deliverable and brings improvements to the care patients receive and
  - That the commissioner and preferred provider have the capacity and capability to deliver the contract.

We look forward to receiving your response and views on the further questions that we have raised.

Yours Sincerely

Eve Turner  
Secretary,  
Ealing Save Our NHS