

****Letter Sent Electronically****

Addressed To:
Mr Flory, Sir David Nicholson and Dr Bennett

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Dear Mr Flory, Sir David and Dr Bennett

Ensuring sustainable, high quality and local healthcare in Bedfordshire

The new landscape of commissioning and regulation in England's NHS shares the responsibility for local system leadership and provider sustainability across a number of agencies, local and national, principally Monitor, NHS Trust Development Authority (NTDA), NHS England, and Clinical Commissioning Groups. We are aware that, from the perspectives of each organization (including Bedfordshire Clinical Commissioning Group as the local commissioner), some healthcare services currently provided in Bedfordshire are looking increasingly fragile in terms of both clinical quality and financial viability. In particular, during our pre-consultation engagement with the public and stakeholders on paediatric services in Bedfordshire, we heard concerns first-hand that extend beyond paediatrics, about potential for gradual deterioration in patient experience and quality of care at Bedford Hospital.

Local clinicians feel strongly about the need for a safe and viable hospital in Bedford and we want to lead the work that ensures the future of a hospital in Bedford. Local GPs place great emphasis upon the future relationship of local acute services with tertiary and specialist healthcare if the outcome of the review is to be sustained for the very long term.

If the Bedfordshire population is to receive safe high quality healthcare, then it is incumbent on all of us to work together to make this happen. On November 4th, NHS Bedfordshire CCG held an extraordinary meeting of its GP members to debate the options available to us. Subsequently, our governing body agreed at its meeting on November 6th to ask the national bodies – Monitor, NHS England and NTDA – to work in partnership with us to protect vital healthcare services to the people of Bedfordshire for the long term. However, the governing body's agreement comes subject to assumptions on the shape of the offer of help and on how the CCG will be involved.

Firstly, in terms of the study's governance, as local GPs, we take seriously our role as the local face of and leaders for this study. To protect our credibility and reputation – and by extension the reputation of the NHS – we would therefore request an active and lead role in the governance of the work of the supplier undertaking the study. For clarity, we expect no decision relating to our statutory duties to be taken without our direct authorisation and involvement. It is vital that we all recognise that statutory duties of the CCG cannot be transferred to other bodies. Furthermore, the continued ownership of this review by local clinicians (in the CCG, the local hospitals and community services) is vital to a successful outcome. The NHS must be locally led and accountable to local people.

Secondly, in terms of the study's methodology, we believe that the right approach to such work will build on the extensive public engagement work already undertaken in recent months on the future shape of paediatric services in Bedfordshire. As its output should be a set of options that can then be consulted on by the CCG with the local population, the study should engage with local people and stakeholders, including clinicians, in such a way as to encompass the best practice pre-consultation engagement phase of any future consultation. This should include due acknowledgement of the work and status of the CCG-led engagement and facilitative teams already active within and trusted by local communities.

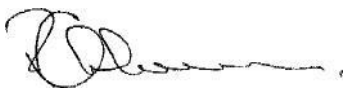
Thirdly, the Governing Body of the CCG expects the following conditions to be met: that the CCG will authorise the Terms of Reference of the review; its executives will be involved in all appropriate decisions during the review, in the governance of the project, and in leading all communications and engagement with local media, local stakeholders and members of the public.

Finally, in terms of the study's outputs, given the close interaction and interdependence of hospital-based and community-based services, we would expect the study to include within its scope the opportunities for integration of hospital and community care, physical and mental healthcare, and with due consideration of the options for the provision of "healthcare without walls". Whilst one of the key considerations is the shape of a future viable hospital in Bedford (and, indeed of a future viable hospital in Milton Keynes), due regard must also be made to the knock-on implications on other surrounding hospitals, such as Luton & Dunstable NHS Foundation Trust, Buckinghamshire Hospitals Trust, Cambridge University Hospitals NHS Foundation Trust and East & North Hertfordshire NHS Trust, which all receive significant patient flows from Bedfordshire.

In return, and acknowledging the importance we place on this study, we commit to aligning internal resource to support our local leadership of this study, in conjunction with NHS Milton Keynes CCG. We will also share the learning, lessons and engagement routes from our work on developing options for paediatrics care.

We firmly believe that the outputs of this joint review will be more valuable with the active engagement of all agencies. On the basis that our assumptions about the nature of the study structure, process and outputs are correct, we look forward to working with you to improve the quality and sustainability of healthcare for the people of Bedfordshire.

Yours sincerely



Dr Paul Hassan
Accountable Officer/ Chief Clinical Officer
Bedfordshire Clinical Commissioning Group

