

Hillingdon LINK Update to ESC

15th September 2011

We would advise you that Ian Diamant has resigned as the Chair of Hillingdon LINK due to ill health and will be taking an indeterminate period of absence from his duties on the Board until his health improves. Trevor Begg has been appointed by the Board as Interim Chair, until such times that a permanent Chair is appointed. He will be supported in this role by Interim Vice Chair, Mick Hill.

The pace of change within the NHS is increasing and this has led to a number of issues that we feel the committee should be made aware of.

Cancer services across London are being re-configured into provider (hospital) networks. The current proposals for a network of providers across the Southwest and of Northwest London exclude Mount Vernon. This could clearly have major implications for patients in NW London.

At a recent NHS Cluster Board meeting Anne Rainsberry the CEO made it very clear that hospitals in NWL that have PFI projects attached to them would be supported. This means that the re-organisation of hospital services currently taking place with the proposed merger of Ealing and NW London hospitals and the reorganisation at Imperial Hospitals and West Middx will protect services at West Middx and Northwick Park. The risk to services at Hillingdon Hospital is therefore increased as they appear to be marginalised in all the changes. NWL NHS, as part of NHS London, tend to always produce a London solution to any reorganisation, an outer borough partnerships with adjoining counties may actually be a better solution.

At the beginning of this year NHS Hillingdon faced a deficit in its finances. This was offset by a £10 million pound payment from NWL NHS, albeit the money was top sliced by them in the first place. A plan was put in place to generate a further £13 million pound in savings in the current financial services. It now seems almost certain that the proposed savings will not be achieved and a yearend deficit of up to £6 million could be incurred. A PCT has a legal obligation to achieve financial balance therefore unless there is further external support there will be an impact on local services.

We are very concerned at the speed NWL NHS are pressing GP commissioning groups to take on shadow responsibility for commissioning budgets, this presents a growing risk to the quality of services and leaves the GP's "responsible" for services without the necessary resources, support and information.

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Office Hours: 10:00am to 16:30hrs, Monday to Friday



The Cluster on direction from NHS London is establishing itself as the commissioning support unit for NWL. The GP's seem to have little influence over this and the whole process now has a very top down feel. Localism is quietly being marginalised.

As an organisation responsible for scrutiny and ensuring patient views are included in NHS service development we are increasingly told that it is the shadow clinical commissioning groups and a local responsibility to ensure the NHS complies with its obligations with regard to PPI. However local NHS resources are very limited and until April 2013 the PCT's via the cluster and sub cluster arrangements are legally accountable and the legally accountable officer for all 8 PCT's is Ann Rainsberry the NWL NHS CEO. This highlights the need for vigilance and close scrutiny of the clusters activities.

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