



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Mary O'Connor (Chairman)
Michael White (Vice-Chairman)
Phoday Jarjussey (Labour Lead)
Judy Kelly
Peter Kemp

Date: WEDNESDAY, 16 JUNE
2010

Time: 6.00 PM

Venue: COMMITTEE ROOM 4 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Contact: Nikki Stubbs
Tel: 01895 250472
Fax: 01895 277373
Email: nstubbs@hillington.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk



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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

PART I - MEMBERS, PUBLIC AND PRESS

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- | | | |
|----------|--|---------|
| 1 | Apologies for absence and to report the presence of any substitute Members | |
| 2 | Declarations of Interest in matters coming before this meeting | |
| 3 | Exclusion of Press and Public

To confirm that all items marked Part 1 will be considered in public and that any items marked Part 2 will be considered in private | |
| 4 | Progress of LINK | 1 - 16 |
| 5 | Provider Services | 17 - 20 |

PART II - PRIVATE, MEMBERS ONLY

- | | | |
|----------|--------------------------------------|--|
| 6 | Any Business transferred from Part 1 | |
|----------|--------------------------------------|--|

2ND PROGRESS REPORT: HILLINGDON LINK

Officer Contact

Ian Edwards, Deputy Chief Executive's Office

Papers with report

Appendix A

INFORMATION

Executive Summary

Since the scrutiny in June 2009 there has been substantial change with the contract to host the LINK being terminated with HAPUK at the end of December and moved to Groundwork Thames Valley under a Service Level Agreement to the end of March 2011.

Since this change the administration of the LINK has improved considerably. The LINK has moved to new office accommodation and is progressing options to establish a 'shop-front' presence in Uxbridge to improve accessibility. The number staff hours available to the LINK has increased substantially and better value for money is now being secured. Membership of the LINK is expanding and Hillingdon compares favourably with other authorities in this regard. The LINK is now represented on a broad range of health and social care boards and committees and it has developed good working relationships with neighbouring LINK in order to progress sub regional and regional issues.

The funding for the LINK expires in March 2011 and no decision has been made by government about its continuation beyond then.

Introduction

The External Services Scrutiny Committee has considered the operation of Hillingdon's LINK on three previous occasions:

- 1) 24th September 2008 the Committee considered the work undertaken to establish the LINK and the relationship between the LINK and External Scrutiny Committee
- 2) 17th June 2009 the Committee reviewed the progress of the LINK after its first year of operation
- 3) 23rd September 2009 it considered the protocol between the LINK and ESSC which was a recommendation of the previous review.

Background

In July 2006 the Department of Health published A Stronger Local Voice which proposed new and different ways of engaging patients and the public in health and social care decision making. These proposals aimed to develop a stronger national voice for patients and members of the public and create an enhanced role for the public in the regulation of services. The new approach is expected to engage 'hard to reach' groups and those people not traditionally engaged in consultation.

Key to these proposals was the establishment of Local Involvement Networks (LINKs) which are community-based networks of organisations and individuals committed to widening the influence of users of health and social care services in the service planning, development and improvement process. They are intended to build on the work of former Patient and Public

Involvement Forums, Overview and Scrutiny Committees and a range of engagement activities co-ordinated by the NHS and social care organisations. LINKs provide an opportunity to focus on the whole patient journey and will cover all health and social care services at a local level.

The Local Government and Public Involvement in Health Act, 2007 placed a statutory duty on each Local Authority with a Social Services responsibility to ensure that a Local Involvement Network (LINK) was established in its area from 1st April 2008. LINKs replaced the former system of Patient and Public Involvement Forums which ended as of 31st March 2008

Governance

The legislation requires that:

- Local authority commissions a 'host organisation' (funded by a grant from the Department of Health)
- Host cannot be local authority or NHS body
- Local authority is accountable for delivering 'arrangements' to secure LINKs

This arrangement results in a tripartite arrangement between the Council, host organisation and LINK.

Overview and Scrutiny Committee

The legislation creates a formal relationship between the LINK and Overview and Scrutiny function:

- LINK power of referral on health and social care to OSC
- Duty on OSC to respond, decide and take into account information provided
- Receipt of Annual Report including transparent budget information
- Replicates Patients Forum relationship

The detail of this relationship is now documented in a protocol agreed by ESSC on 23rd September 2009.

The Role of LINKs

LINKs cover any health or social care service that is funded by the taxpayer, except those that apply to children. The main roles of LINKs are to:

- Promote & support local involvement in commissioning, provision and scrutiny of health and social care ('Care services')
- Obtain and feed in views to those who carry out or manage these functions
- Make reports and recommendations on care service improvement

Powers of LINKs

The legislation provides legal powers to enable the LINKs to:

- make reports and recommendations and get a reply within a set period of time (20 working days proposed);

- ask for information and get a reply within a set period of time (Freedom of Information Act requirements will apply);
- go into some types of health and social care premises to see what they do (independent sector provided services excluded);
- refer issues to the local overview and scrutiny committee and get a response 20 working days proposed).

Role of the Host Organisation

The role of the host organisation is to:

- help and support the LINK in its activities;
- manage the budget for the LINK;
- report back to the Council on expenditure, activity and achievements of both the host organisation and the LINK;
- provide advice and support to the LINK, including the setting up of governance arrangements and the resolution of disputes;
- ensure that the LINK enables representatives from all the different communities to have their say and get involved.
- assist with access to relevant information from the Department of Health, the NHS, the Council, voluntary sector organisations, etc;
- enable the LINK to set a local agenda driven by the priorities and interests of local communities.

HAPUK – Hillingdon LINK’s former host

The contract with HAPUK was not delivering to our satisfaction and remedial work did not deliver sufficient improvement. Although there was considerable dialogue with the company and they appeared responsive to the issues, confidence in HAPUK had deteriorated to such an extent that it was clearly in all parties’ interest for the contract to be terminated which occurred on 31st December 2009 without penalty or incident.

Groundwork Thames Valley

Groundwork is a local social enterprise and longstanding partner of the Council with a strong record of successful delivery of community based projects. They were approached to provide the host function under Service Level Agreement that expires in March 2011 when the present Government funding for the LINK ceases. Since taking over this role feedback from the LINK and other partners is that the host service has improved considerably.

Cost of the SLA

There is no change in the cost to the Council arising from the change in host with payment of £11,025 per month being made by the Council. Groundwork provide staff and support services to the value of £8975 per month and the remaining £2050 is spent by Groundwork in agreement with the LINK Board who have strategic responsibility for the LINK and its work-programme.

An under-spend by HAPUK of £17,180 arising from the slow progress of the LINK has been recovered and £16,875 has been to fund the transitional costs to Groundwork eg. new website (see www.hillingdonlink.org.uk), office equipment etc.

Staffing

The initial contract with HAPUK provided for 16 hours of staff time per week in the borough with a further 12 hours of dedicated support from their Wiltshire HQ and other support staff as required. As noted in the previous report to Scrutiny, the anticipated advantages of this arrangement and the economies of scale that were suggested were not being secured. Having moved to Groundwork, 2 members of staff are now employed full-time (74 hours per week) within the borough and there is additional capacity for specialist staff to be temporarily employed to undertake specific activities or projects for the LINK.

Office Accommodation

As the LINK has developed and expanded so has its requirement for office space. Earlier this year the LINK officers were relocated to an office in the Centre Management Suite of the Mall Pavilions provided free of charge by them. Plans are being developed for the LINK to have a more public presence and discussions with the Mall Pavilion and another property holder for use a 'high street' presence are reasonably advanced. A decision to occupy such premises will only be taken when there is greater clarity about the funding of the LINK from 2011/12.

LINK Membership

At 28th May 2010 there were 688 members of the LINK entered on the new database including 135 affiliated organisations within Hillingdon. The details of a substantial number of members were not provided by HAPUK and steps are being taken to identify these residents and add them to the new database as well as attracting new members.

Our LINK membership compares favourably with other boroughs with Westminster reporting a membership in the region of 400 and Kent, with 5 times the population of Hillingdon, reporting a membership of about 950.

LINK Activities

The LINK Board developed a new work plan in January which is attached at appendix A. Board members in attendance at the Scrutiny Committee will be able to provide the further detail. The LINK is now represented a wide range of partnerships, committee, boards and forums and so is well positioned to influence services and commissioning. It is presently using its powers of entry and review in a limited manner but training will commence in July to allow for certain members to inspect against regulatory benchmarks and contract requirements will which greatly strengthen the position and authority of the LINK.

LINK development priorities

At a recent review meeting between officers, Groundwork and Link Board members the following issues were agreed as priorities for development:

- Role descriptions for LINK representation at meetings to provide clarity of purpose and scope of representation

- Sustainability of the LINK by making better use of members and volunteers to more widely distribute roles and responsibilities so that future performance is less dependant upon key individuals.

Other related issues

The future of the LINK is uncertain with no commitment to funding by the government beyond this year.

The effectiveness of LINKs appears to be determined by the Department of Health according to the number of formal submissions made by the LINK to Scrutiny and the actions then taken. Whilst this does provide a measure it is not sufficient as it fails to value the collaborative approach taken by the LINK Board to engage with service providers to identify and resolve early emerging issues without involvement of Scrutiny.

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence presented to them and, following further questioning of the witnesses, decide whether to take any further action.

BACKGROUND INFORMATION

None.

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Hillingdon Local Involvement Network

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PROVIDING INDEPENDENT SCRUTINY OF LOCAL HEALTH AND SOCIAL CARE

VISION STATEMENT AND WORK PLAN 01/01/2010- 31/03/2011

The strategic vision of the LINK over the next 15 months is to develop patient and public involvement in Hillingdon in light of the major changes taking place in the local health and social care economy. The new regulatory environment, NHS constitution, quality accounts, social care personalisation agenda, polysystems and cross borough/ North West London sector commissioning of services all require a refocused level of public involvement.

Our mandate under section 221 of the Public Involvement Act creates the environment and provides the tools for us to deliver this goal ensuring all sections of the community have the chance to voice their views.

To achieve this goal we have developed the following work plan, which will be delivered with the aid of our new professional support company Groundwork Thames Valley and working in partnership with local statutory bodies.

Section1

Objective	Outcomes	Target Date	On Target
SECTION 1			
Develop Support Infrastructure:	Fill vacant staff posts	March	Green
	Recruit interim admin temp	February 01	Completed
	IT systems functioning	February	Completed
	Temporary web page	Early February	Green
	Commission full website and have functioning	End February	Completed
	Survey software functioning	Mid February	Red
	Secure shop premises in Pavilions	March	Red
	Existing staff to understand and be fully utilising Groundwork project management systems	Mid February	Completed
SECTION 2			
Governance and Protocols:	Hold midterm election for the board	February	Completed
	Elect Chair & Vice Chair	March	Completed
	Volunteer management policies	January	Completed

	<p>Develop revised work plan to 31/03/10 Operating agreement with Groundwork Complete protocols or revised protocols with:</p> <ul style="list-style-type: none"> • LBH • THH • CNWL • LAS • NWLCP • NWL Alliance • PCT • CQC <p>Develop a partnership and protocol with the HAV's health and social care forum and work with them to reconfigure the forum. Review of policies Role description for Board Members and Committee Members</p>	<p>February February</p> <p>March March March March March May February April April</p> <p>August January</p>	<p>Completed Green</p> <p>Red Green Completed Amber Completed Red Completed Completed Green</p> <p>Completed</p>
SECTION 3			
Training:	<p>Enter and view training Level 1 Enter and view training Level 2 Programme to enable individuals and groups to voice their views both collectively and individually to better effect by a greater understanding of the regulatory, complaints and local engagement environment</p>	<p>July July May</p>	<p>Green Green Red</p>
SECTION 4			
Sector Based Work:	<p>Develop North West London LINK Chairs forum into cohesive and influential body Influence the London LINK Chairs Network to be a more cohesive force and ensure it</p>	<p>May</p> <p>May (not current)</p>	<p>Completed</p> <p>Red</p>

	promotes LINK and influences NHS London, London Councils, GoL and the London Assembly Seek to influence future development of LINK's adequate future funding	viable organisation) Ongoing	
SECTION 5 – Current Local Community Projects			
HESA Clinic and Hayes Town Medical Centre: (2009 programme already completed)	Improve language line access and signage Improve Somali access Launch and support Patient Group Support bid for extra consultancy space Support local community and GP practice to ensure PCT successfully secures extension to the site in preference to Paddy Power book makers	Completed January March March March	Completed Completed Completed Completed
Daniel Ward, Mount Vernon:	Ensure patients and relatives views are heard at all levels of the PCT and a fair and equitable process of review is undertaken Ensure patients and families can access advocacy and support services Ensure patients are moved to appropriate and high quality alternative care or remain in their current environment Make appropriate representation if evidence indicates this is not the case	March February April	Completed Completed Green
Yiewsley Health Centre:	Support the local community and GP's to ensure a new Local Health Centre is commissioned	April/May	Amber
Porters Way/The Green:	Support the local community to ensure GP services are retained on The Green if a new GP building/health centre is developed at	March/April	Completed

Local Community Concerns about increasing KHAT usage in the South of the Borough and the implications for Health and Social Care Services:	Porters Way	February	Completed
	Hold meeting of community groups to explore the issues and collate views and evidence	March	Completed
	Examine existing service provision and identify areas of weakness or gaps in services Develop evidenced proposal for recommended improvements in service provision	June/July	Green
SECTION 6 – Committee Representation			
Develop existing committee representation and identify further opportunities:	Ensure committee/board representative are productive and are able to evidence examples of influencing and promote the LINK agenda	May	Green
	Identify appropriate further representation opportunities	May	Green
SECTION 7 – Long Term Ongoing Projects			
Poly System Development: Hospital Discharge: GP's and PBC:	Ensure patient and public involvement in patient pathway redevelopment	July	Green
	Ensure infrastructure meets local needs of patient, GP and public input into RMC and UCC reconfiguration		
	Involvement in hospital outpatients project including the booking centre Involvement in elderly discharge and reduced re-admission multi-agency project Social Services assessment procedures Patient strategy and working group representatives to assist in development of improved and greater patient experience data		Green
	Develop a good working relationship with GP's and their local bodies with appropriate representation		Green

Sector Commissioning:	<p>Promote, support and empower Patient Groups</p> <p>Promote better relationships between GP's and other health and social care agencies and representatives to enable improved services particularly in the area of health prevention</p> <p>Ensure appropriate public accountability and involvement with the NWLCP, SLC Group and NWL Alliance and compliance with the NHS Constitution and other public involvement legislation</p> <p>As an outlying borough, ensure local views are heard at sector level and promote local service provision where appropriate</p> <p>Promote local views at London wide level to ensure local opinion is heard and considered when health and social care strategies are developed</p>		Green
Personalisation (SDS):	<p>Ensure consultation with the public at development stage</p> <p>Ensure appropriate monitoring and safeguarding measures are put in place</p> <p>Work to ensure appropriate public involvement in the commissioning of services within the preferred provider framework</p> <p>Ensure the appropriate advice information and advocacy services are put in place</p> <p>Consult with initial clients from August 2010 to establish lessons that need to be learnt and make recommendations</p>	August	<p>Green</p> <p>Green</p> <p>Green</p> <p>Completed</p> <p>Green</p> <p>Completed</p> <p>Green</p>

SECTION 8 – Consultations and Engagement

<p>Undertake National Consultations where appropriate delivering a Borough-wide response: Deliver Engagement Strategy:</p>	<p>6 Consultations</p> <p>Appoint CE Office CE Officer to produce:</p> <ul style="list-style-type: none"> • Detailed plan with LINK manager support based on existing high level strategy including targets on membership and public participation <p>CE Officer to deliver plan</p>	<p>March 2011</p>	<p>Green</p>
<p>Increase the active Volunteer Pool:</p>	<p>Appoint membership officer LINK Manager to create action plan Recruit and provide appropriate training and support for 80 active volunteers</p>	<p>March 2011 March May</p>	<p>Red Red Completed</p>
<p>Local Projects in Progress:</p>	<p>Development of LGBT forum to provide a voice for the community and representation within LINK – needs assessment Evidence highlights lack of provision. A proposal from LGBT was presented to the Board and signed off to commence in June.</p>	<p>March 2011</p> <p>June</p>	<p>Green</p>
	<p>BME Elders health workshop in partnership with Age Concern EMAP. To identify health issues with a particular emphasis on prevention of depression/mental health problems due to isolation. LINK to support event with resources and provide training for facilitators/focus group leaders. Ensure collated views and evidence</p>	<p>June</p>	<p>Green</p>

<p>Quality Accounts:</p>	<p>are made known to commissioners and other interested parties. Event now taking place. Report being produced.</p> <p>New Work Plan item proposed is 'Integration of CNWL and HCH:</p> <ul style="list-style-type: none"> • Action: 1st meeting on 20th May • Public meeting – involvement on integration plan via joint integration committee – group to be formed. <p>Establish Working Group with following objectives:</p> <ul style="list-style-type: none"> • Respond to: <ul style="list-style-type: none"> • Acute Trusts Quality Accounts 2009/10 • Hillingdon Hospital • Central NWL • Royal Brompton • Discuss Hillingdon Community Health priorities 2010/11 • CNWL • Hillingdon Hospital • Royal Brompton • CQC submission • Social Care 	<p>December</p>	<p>Green</p>
<p>Annual Report:</p>	<p>H.LINK Annual Report in production.</p>	<p>June</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p>

Note:

Detailed outputs will be included in individual project reports and the annual report. This will detail data such as information requests, visits, reports etc.

Long term projects will develop additional work streams as they develop.

Issues may arise at short notice such as The green medical practice requiring immediate action, similarly this could apply to visiting, consequently an element of capacity needs to be held in reserve, it can be utilised on the major projects elsewhere if not needed.

There are some ongoing strategic workstreams which the LINK is progressing. These include:

- Working with the Collaborative Learning and Health Research Council (CLAHRC) to give a patient perspective on medical research proposals; and to progress and develop a working approach to patient and public involvement in research prioritisation and commissioning (for example, influenced choice of research programmes so that selected proposals were aligned to the Health and Wellbeing Strategy of the NSP)
- Monitoring the proposed merger of Hillingdon Hospital with Hillingdon Community Health

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HILLINGDON PCT'S PROVIDER SERVICES

Officer Contact

Nav Johal, Deputy Chief Executive's Office

Papers with report

None

REASON FOR ITEM

To enable the Committee to examine Hillingdon PCT's provider services, specifically vertical integration and the proposed appointment of Central & North West London NHS Foundation Trust.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Receive the presentations from the witnesses
2. Question the witnesses on their presentations
3. Make recommendations as appropriate
4. Decide what further action is required

INFORMATION

Background

1. Primary Care Trusts (PCTs) are at the centre of the NHS and control approximately 80% of the NHS budget. PCTs spend this money in two ways. Firstly, they commission services for their local residents (e.g., from hospital and mental health trusts), and secondly, provide a range of healthcare services themselves. These are known as 'provider services' and include services usually provided in the community such as community nursing, health visitors and podiatry.
2. The Committee has generally focused on the issues surrounding the PCT's commissioning of services from other providers (e.g., Hillingdon Hospital NHS Trust and Central & North West London NHS Foundation Trust). This report seeks to provide the opportunity for Members to examine provider services, with particular reference to vertical integration and the proposed appointment of Central & North West London NHS Foundation Trust.

Governance arrangements for provider services

3. Government policy has sought to refocus the role of PCTs onto the commissioning of services from other providers and move away from providing services themselves. In 2005, the Government indicated its view that PCTs should divest themselves of provider services and only commission services. This was controversial and the requirement has

changed so that, at the very least, PCTs must create new governance arrangements for their provider services that maintain an internal separation from the commissioning function.

4. Hillingdon PCT has reformed its governance structure for provider services in order to meet Government requirements. Senior officers from the PCT will be attending the meeting to outline progress in relation to vertical integration and the proposed appointment of Central & North West London NHS Foundation Trust.

Vertical Integration and the proposed appointment of Central & North West London NHS Foundation Trust

5. 'Vertical integration' is the term applied in Healthcare to describe the integration of services across hospital and community boundaries. It is widely accepted that vertical integration has the potential to provide significant patient care whilst making economic sense.
6. On 30 March 2010, the Board of NHS Hillingdon endorsed a recommendation from the Community Services Externalisation Assessment Panel to integrate Hillingdon Community Health with CNWL (Central & North West London Foundation Trust).
7. CNWL and THH (The Hillingdon Hospital) were the two local NHS organisations short-listed to attend an assessment panel, which followed guidance from the Department of Health.
8. Members of the assessment panel included representatives of the Local Involvement Network (LINK), Practice Based Commissioning GPs, and Hillingdon's Chief Executive.
9. The PCT will need to be fully satisfied that the integration will serve the best interests of the local population, and the decision is subject to formal approval by NHS London.
10. Evidence submitted by CNWL demonstrated a good awareness of safeguarding and delivering the Transforming Community Services programme.
11. The separation of provider services from the commissioning arm of PCTs is designed to ensure that each part of the organisation will be able to focus exclusively on its core business.

Witnesses

12. Senior officers from Hillingdon PCT will be attending and are likely to include:

- Maria O'Brien: Managing Director, Provider Services
- Claire Murdoch: Chief Executive, Central & North West London NHS Foundation Trust

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the Hillingdon PCT and Central & North West London NHS Foundation Trust on the developments regarding provider services and decide whether to take any further action.

BACKGROUND REPORTS

None.

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

Governance reform

1. What has been the impact of the reforms on staff?
2. Have the governance changes impacted on the services provided to Hillingdon residents?
3. Have the changes to the governance of provider services affected relationships with the Council's social care services?
4. How has the PCT developed its provider services? Have these services grown in scope and provided an expanded range of services in Hillingdon and beyond? Are these services competing against a greater range of providers within Hillingdon?

Vertical Integration and the proposed appointment of Central & North West London NHS Foundation Trust

1. How do the proposals affect the level and quality of service provided?
2. Will people have to travel further to access these services?
3. Will the proposals result in a significant financial saving?
4. What will happen to the premises that no longer provide these services?
5. What plans are in place to deal with any increase in the demand on the service?
6. How will the PCT fully satisfy itself that the integration will serve the best interests of the local population?
7. How have staff been involved in the development of the proposals? How will staff be affected by the proposals?