Welcome to the third issue of BMA Local which is being sent to LNC members, Regional Branch of Practice Committee Chairs and Secretaries, Regional Council Executives, and Division Officers, and aims to highlight developments on the employment front across England and the impact of NHS changes on BMA members. As well as considering threats posed to jobs and terms and conditions of employment, BMA Local will also report on BMA activity across the country aimed at protecting jobs and safeguarding the terms and conditions of members. The first part of BMA Local covers local issues as identified by BMA regional services staff. For ease of reference news here will be reported under the headings of NHS England regional boundaries – North of England, Midlands and East, London, and South of England. The second part of BMA Local looks at what is happening across the country as a whole.

BMA Local will highlight key issues and themes that have arisen during the past few months. It is not intended to be a record of every issue that has been reported, but it does give a picture of some of the main developments happening across England.

Keep us informed

BMA regional staff have been asked to share information on service reconfiguration, hospital mergers, threats to jobs or terms and conditions of employment so that we have an up to date picture of what is happening around the country. However, If you hear of such threats or events which will impact on members’ employment, let us know by contacting your IRO.

Contact details of IROs in England can be found at the end of the bulletin.

North of England

Keogh Review

Details of Sir Bruce Keogh’s review into the quality of the care and treatment provided by 14 trusts identified as having higher than average death rates which were published in July can be found here.

Four NW Trusts were subject to review – East Lancashire NHS Trust, Tameside NHS FT, North Cumbria University Hospitals NHS Trust & Blackpool Teaching Hospitals NHS FT. In Yorkshire and Humber, Northern Lincolnshire and Goole NHS Trust was subject to the review.

As a result of Keoghs findings four – East Lancs, Tameside, North Cumbria & Northern Lincolnshire and Goole – were placed in special measures.

Greater Manchester Association of CCGs

Greater Manchester’s 12 CCGs are continuing the partnership work done by their predecessor organisations by forming a new Association of Greater Manchester CCGs. Dr Hamish Stedman, who leads Salford CCG, will be the new association’s Chair.

The aims of the Association include:

- To support CCGs in sharing information and good practice and offering mutual support.
- To provide a focus for the development and reporting of joint work across the CCGs and reducing unnecessary duplication of effort.
- To provide a properly constituted forum for issues where CCGs consider it beneficial to their own objectives to have a collective decision of the GM CCGs in the spirit of mutuality, or to address issues necessitating formal agreement by the GM CCGs.
- To provide a basis for Collaborative Commissioning between CCGs in Greater Manchester consistent with the intentions of the Health and Social Care Act 2012.

Financial support for Trusts

TwoTrusts in the North of England have recently received DH financial support. They are;
• Bolton NHS FT
• University Hospitals of Morecambe Bay NHS FT

University Hospitals of Morecambe Bay FT

a) In April the Trust started a 45-day consultation with staff on plans – as part of £30m spending cuts programme – which included up to 260 posts being cut. The CEO wrote to staff saying that any schemes would have to be assessed to make sure they did not have a negative impact on patients. Measures included in the consultation included redeploying staff and reducing use of agency staff. Eight schemes were identified by the trust to cut costs including cutting the length of patients’ stays and a review of the nursing, medical and administration workforces. Following the consultation the trust announced that it did not “envisage the need for any redundancies”. CEO Jackie Daniel, said the trust is now proceeding with the implementation of the “major schemes” outlined in the consultation. Adding, “As we stated when we launched the consultation, our aim has always been to minimise any job losses through redeployment into existing vacancies.

“We intend to continue our discussions on the detail of this with unions under our existing management of change and redeployment policies.”

b) An independent inquiry into the deaths of mothers and babies at Furness General Hospital is to start before a police investigation concludes. Cumbria Police are investigating a number of deaths of those who received care at the maternity unit at Furness General Hospital. Dr Bill Kirkup will lead an independent inquiry but that was not due to start until the police investigation ended. The two inquiries will now run alongside each other.

The Trust which runs Furness General was given a clean bill of health in 2010 by the CQC despite problems emerging about the maternity unit. In 2011 with further concerns arising – the CQC ordered an internal review into how the problems had been missed. Subsequently the CQC faced criticism over allegations of a cover up over maternal deaths.

Tees, Esk and Wear Valleys FT

In June Monitor announced that it is investigating whether the trust has breached conditions of its licence. The health sector regulator is launching the investigation following the decision of the CQC to issue the Trust with a warning notice for failing to meet standards in respecting and involving people who use services. Monitor’s investigation will examine whether the issues highlighted by the CQC are indicative of governance problems at the Trust. The investigation is taking place under Monitor’s new provider licence regulatory regime which came into force on April 1st 2013. This aims to protect and promote patients’ interests. The Trust is asked to explain why they have experienced problems and what plans they have to address them. If Monitor finds that the Trust is unable to address these issues quickly and effectively they may find it to be in breach of its licence conditions and take enforcement action.

Mid Yorkshire NHS Trust

In May it was reported that the trust’s progress towards FT status continued despite recent difficulties and a previous indication from the DH that the trust may be put into special administration. The trust said it is “putting together plans to progress towards becoming a foundation trust following major improvements in service and financial performance”. Further, “the trust delivered a higher level of savings than planned for 2012/13”. Although the trust is up-beat, the LNC and IRO and regional TU leads report that staff morale is low. Other unions having been in dispute with the trust industrial relations reached a low point when the trust announced that it was considering derecognising some unions. The trust is aligning itself with other trusts in South and Mid Yorkshire and North Derbyshire under the banner ‘Working Together’ – the implications of this joint working have not been disclosed by the trusts concerned although Mid Yorkshire recently confirmed meetings have been held and a business case put forward to the Mid-Yorkshire trust board, the details of which are yet to be disclosed to the LNC.

Leeds Teaching Hospitals NHS Trust

As reported previously, the trust has had financial and performance problems, and has yet to achieve FT status. It has been closely managed by the NHS Trust Development Authority (NTDA). Notably the trust in the last quarter of 2012/13 missed its target for 95% of accident and emergency patients to be seen within four hours, achieving only 90.1 per cent and it ended 2012-13 with a surplus of £1.5m whereas it had originally planned a surplus of £8.6m. In May the CEO announced she would leave in June. She was replaced by Chris Reed formerly PCT Cluster CEO for North of Tyne who will act as interim CEO. Karen Straughair, currently employed by the NTDA has been appointed Recovery
Director. The trust describes her role “delivering a number of improvements the NTDA and our trust board have approved which need to be delivered over the next few months”. Meanwhile the LNC and IRO are supporting members through the current difficulties and a significantly changed operational and medical manager structure. The new structure enshrines the principal of embedding medical leadership giving the senior role to clinicians leading but working alongside operational managers thereby ensuring clinically lead decision making in the day to day running of the trust. It is too early to judge the success of this change of model. During this period a new Medical Director, nursing director and chief operating officer have joined the trust. It has recently been announced that Julian Hartley will take over as CEO in October. He is currently, managing director of NHS Improving Quality, previously chief executive at University Hospital of South Manchester.

**Midlands & East**

**Keogh review**
Details of Sir Bruce Keogh’s review into the quality of the care and treatment provided by 14 trusts identified as having higher than average death rates which was published in July can be found [here](#).

The Trusts in the Midlands and East region subject to review by Keogh are:

- Basildon & Thurrock University Hospitals FT
- Burton Hospitals FT
- Colchester University Hospital FT
- The Dudley Group FT
- George Eliot NHS Trust
- Sherwood Forest Hospitals FT
- United Lincolnshire Hospitals NHS Trust

The Secretary of State announced that 11 of the 14 Trusts would be placed into special measures, the exceptions included Colchester and Dudley. Foundation Trusts subject to special measures will have their plans overseen by Monitor. The NHS Trusts subject to special measures, George Eliot and United Lincolnshire, will have to submit plans for implementing the Keogh review recommendations to the NHS Trust Development Authority.

**Financial support for Trusts.**

Four trusts in the Midlands & East have recently received DH financial support. They are;

- United Lincolnshire Hospital NHS Trust
- Mid Staffordshire NHS FT
- Milton Keynes Hospital NHS FT
- Peterborough & Stamford Hospitals NHS FT

**Hinchingbrooke Hospital**
The hospital which has been run by Circle Heathcare Ltd since February 2012 has applied for a £3.5m government loan to refurbish intensive care and dependency units. The refurbishment plans were set out before Circle took over its management of the hospital under a 10-year deal. The hospital has a budget of £90m and had debts of £40m in 2012. The company has confirmed an application had been made and expected a decision within the next few months.

It has recently been reported (The Hunts Post) that Circle is among the companies to have expressed an interest in providing health and social care services for elderly people in Cambridgeshire and Peterborough, a contract reportedly worth between £700million and £1.1billion.

**Mid Staffordshire NHS FT**
The Trust Special Administrators (TSAs) published draft recommendations for the future of the Trust on 31 July. There will now be a formal consultation period until 1 October. Health sector regulator Monitor had earlier given the TSAs an additional 30 working days to come up with a solution for making health services currently provided by the Trust clinically and financially viable, plus an extra 10 days to the public consultation period. Following the consultation, the TSAs will then submit a final report to Monitor which in turn submits proposals to the Secretary of State who will issue his decision by the end of the year. The TSAs’ report proposes that many services currently provided at Stafford and Cannock Chase Hospitals would continue to be provided there but some services would be transferred from Stafford to neighbouring Trusts, eg maternity, major emergency surgery, critical care, and paediatric inpatients. The draft report also recommends that Mid Staffordshire NHS Foundation Trust be dissolved and services at Stafford and Cannock Chase would be run by other organisations.

The BMA is continuing to work with the LNC to support members at the Trust.

**Norfolk & Suffolk NHS FT**
The mental health trust had proposed to cut over 500 jobs, including one-third of consultant posts and 40% of staff, associate specialist and specialty doctor posts. The BMA mounted a vigorous campaign against the proposals, including lobbying all MPs in the region, giving oral and written evidence to the Health Overview and Scrutiny Committee, and getting coverage in the press and broadcast media. The Trust agreed to review medical staffing numbers and further consultations took place. The current position is that the Trust has decided to disestablish a number of vacant doctor posts and the number of doctors at risk of redundancy has reduced considerably compared with the original plans. However, the BMA remains opposed to any redundancies and there are serious concerns about the quality of services that can be delivered with a reduced number of staff. Another concern is that there will be a further review of consultant numbers later in the financial year.

**George Eliot NHS Trust**
The Trust publicly launched its “Securing a Sustainable Future” project back in September 2011 after being advised that it is too...
small to be able to achieve the level of clinical and financial sustainability required to become a Foundation Trust.

The idea behind the project was to identify a “a strategic partner” to help George Eliot achieve the required level of clinical and financial sustainability - either through merger or through the Trust contracting for key services to help plug the clinical and financial gaps – without having to relinquish its independence.

Twelve organisations, both NHS and non-NHS, initially expressed an interest in becoming a strategic partner to the Trust. The list has since reduced to six (including Circle, Serco and Care UK) and the intention is to invite formal bids from these remaining organisations in which they would be asked to explain how they would fulfil the role of strategic partner.

The Trust Board approved an outline business plan in May 2012, which was submitted to the Department of Health and the Treasury the following month for approval, and where it has languished ever since. It is believed that there are over forty Trusts in a comparable position to George Eliot that would like to follow a similar path. This almost certainly helps explain the Treasury's reticence to give its approval, no doubt mindful that any decisions it makes are likely to set precedents.

Although there still remains no outward indication from the Treasury, Trust management believes that the issue is one of process rather than principle, and expects that broad approval for its plans will be given in due course. One reason for the delay might have been the inclusion of the Trust in the Keogh review.

Peterborough & Stamford NHS FT
Monitor appointed PricewaterhouseCoopers as the Contingency Planning Team (CPT) to report on the sustainability of services at the Trust. Their report, which was published in June, concluded that the Trust is clinically and operationally sustainable but not financially sustainable in its current form. The Trust had an underlying deficit of £37m in 2012/13 and forecasts for the next five years show a cash shortfall of at least £40m each year. The PFI cost was £40.4m in 2012/13 and this has a further 31 years to run, with commitments increasing by the retail prices index each year. The CPT is expected to issue a further report shortly making recommendations on the future configuration of services.

Lister Surgicentre, Stevenage
The Lister Surgicentre is an ISTC in Stevenage, Herts, built and operated by Carrillion under the name of Clinicenta. It opened in the autumn of 2011. After concerns raised by local GPs and the CQC it has now been purchased by the DoH for a reported £53m and transferred to East & North Herts NHS Trust. The Doctors working in the Surgicentre, which is located in the grounds of Lister Hospital, work in Orthopaedics and Ophthalmology. At the point of opening all signed RoE (Retention of Employment) agreements agreed locally meaning they have remained employees of E&N Herts. As a result there are no significant employment implications for our members.

Pathology Reconfiguration – East and West Midlands
The reorganisation of pathology services in East and West Midlands was initiated with an open tender procurement exercise rather than (as in the East of England) an inside-NHS reconfiguration. Tender documents indicate that there are three contracts on offer worth £500m although the early implementation could be affected by recent advice from Monitor suggesting that some reconfigurations could face challenge by the Office of Fair Trading should they be seen to constitute a merger. Further details can be found on the Monitor website – http://www.monitor-nhsft.gov.uk/home/news-events-publications/our-publications/browse-category/guidance-health-care-providers-and-co-41

Pathology Reconfiguration – East of England
Three consortia of providers were awarded contracts for GP pathology services, each with different start dates from October 2013 to April 2014. There has been considerable opposition amongst commissioners and providers in South Essex to the proposal that tests requested by GPs should be sent to Bedford for analysis. The two providers, Basildon & Thurrock University Hospitals FT and Southend University Hospital FT, have published a tender document inviting a third party to bid to work with the Trusts to provide a comprehensive pathology service in the area and potentially offer services to a wider area. The aim is to award a contract in February 2014 for 10 years.

London

London Clinical Senate Forum
The Clinical Senate exists to offer an opportunity for Medical and Nursing Directors from all the Trusts in London to discuss pertinent issues affecting the capital with representatives of patients and the London CCGs. It recently met to consider the crisis facing Urgent and Emergency Care across London. There were a number of presentations ranging from examples of projects aimed at reducing the use of Emergency departments, the development of Urgent Care Boards across areas of London and the statistics used in defining the challenges. From the information presented it would appear the main concerns are around tackling the “Monday problem”; a surge in use at the beginning of the week because hospital services are not provided 7 days a week, and long delayed waits for admission in the Emergency department which can increase mortality rates. Also mentioned were the recruitment difficulties of junior doctors to A & E. A number of speakers suggested rather than build up primary care services, if patients wanted to use the A & E dept to access NHS services, then what they wanted/needed should be developed at these sites.

London Social Partnership Forum (SPF)
The SPF is an opportunity for all the health trade unions to meet with management and HR from the Trusts in London and the key personnel from the new NHS structures. It recently met and discussed the most recent NHS Staff Survey which compares London NHS staff with the rest of England. Key points included the discrimination that NHS staff in London continued to face including bullying and harassment from, the extra hours worked by staff.
and the low numbers of staff getting quality appraisals performed. The meeting also heard an update from the Managing Director of the South London LETB on the governance and inclusion of the trade unions in the three London LETBs. It was noted that there was a plan that 50% of medical students by the year 2016 should be considering the GP career option. It was also noted that they would be moving to a four-year training programme for GPs and the BMA GPC would be involved. Worryingly, initial speculation was suggesting London could lose up to £200 million in funding for education.

The meeting also noted that a new strategy for nursing/caring was in progress; Compassion in practice strategy. The chief nurse of NHS England (London) attended to talk about this strategy which seemed focused on health care assistants and nursing. It covered the six ‘C’: care, compassion, competence, communication, courage and commitment. She also added a seventh, coordination. It was also reported that the HR directors of London were currently focusing on stocktaking the current situation, rewarding excellence and trying to focus on ways of reducing the pay bill.

Leading Healthcare in London
The Kings Fund has recently published this report which calls for work to be done to implement service change in London, progress should be accelerated, not sure the new structures in London will be able to rise to the challenges that lie ahead, should consider commissioning and providing services in the capital differently and suggests that commissioning should be carried out by a London wide strategic body and there should be three provider (could be in line with the AHSNs) networks. This report can be accessed here: http://www.kingsfund.org.uk/publications/leading-health-care-london

Lewisham Healthcare NHS Trust and South London Healthcare NHS Trust
In a highly significant judgement the Unsustainable Providers Regime (UPR), used for the first time in respect of South London Healthcare, has been successfully challenged in a Judicial Review. Lewisham Council and the Save the Lewisham Hospital Campaign contended that

1. the decision to downgrade Lewisham A and E and Maternity Services was beyond the TSA’s (and thus the Secretary of State’s) powers

2. that in the alternative the Secretary of State erred in contending that his tests for reconfiguration had been met in whole or in part

3. in addition the Campaign contended that the decision was in breach of the legitimate expectation that the UPR would not be used as a method of “backdoor” reconfiguration and that the S of S’s decision was so different from the original decision that proper consultation had not taken place.

Mr Justice Silber ruled, significantly, that the TSA only had powers to make recommendations in relation to the named trust and crucially that the recommendations did not have support in the locality or from the GP commissioners.

The Secretary of State has been given leave to appeal. The decision does not affect the dissolution of South London Healthcare and the transfer of various parts of the trust to other trusts as all agreed that the S of S had powers under other legislation to order this. A link to the full judgement is below.
http://www.judiciary.gov.uk/media/judgments/2013/lb-lewisham-v-sos-health

Barking, Havering & Redbridge University Hospitals NHS Trust
This is one of several trusts to have recently received DH financial support.

Financial support for Trusts’ in ‘In the News’ section

Shaping a Healthier Future – NW London Plans
Following the decision on this reconfiguration in February Ealing Council applied for a Judicial review around the decision to change the services provided by the A & E department at Ealing Hospital. A high Court Judge has rejected this application. Ealing Council are now reported to be seeking an oral hearing at the High Court in a bid to secure a full judicial review as they believe the reconfiguration plans do not provide an adequate service for their residents. The final decision on the reorganisation will be taken by health secretary Jeremy Hunt after he receives a report from an independent panel in September.

Royal Free and Barnet & Chase Farm.
The Cooperation and Competition Panel – an independent panel that provides advice to health regulator Monitor – has published its findings on a proposed merger between the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust. The Panel has concluded that the merged organisation would continue to face a range of competitors for its services, and therefore the merger was unlikely to give rise to significant costs to patients or taxpayers as a result of a loss of choice or competition. Should the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust wish to continue with the merger, assurance would need to be provided to the assessment team at Monitor on the financial health of the new trust, and how well it would be governed in order to provide high quality care to patients.
Barts Health NHS Trust

The Trust has announced that it has placed itself in “financial turnaround” due to not meeting its financial targets. The Trust has stated that a “large number of posts” must go and further details are awaited.

Prior to this announcement, the Trust had proposed a new reward and recognition scheme affecting incremental pay progression. They stated that this was in response to national changes agreed by the NHS Staff Council but they wanted to include medical and dental staff, not just those on Agenda for Change. The LNC response emphasised that the BMA would not accept changes to national terms and conditions for doctors that affected pay progression.

Barts has also consulted on structural changes. In October 2012 services were organised into eight clinical academic groups, but in April 2013 the Trust proposed a further reorganisation into six groups, then in May it proposed restructuring in three of those groups.

Mayor of London Adviser

It was recently announced that Dame Ruth Carnall (ex Chief Executive of NHS London) has been appointed as a special health adviser to Boris Johnson to advise on the planning and provision of services across the capital.

Better Services, Better Value

This review is looking to make changes to the way healthcare across south west London and north Surrey is delivered. On 3 May, BSBV announced recommendations which would see significant changes to the way hospitals work across the region. This includes two options (of a possible three) that would see both Epsom and St Helier losing their A&E, maternity and children’s services. For the recommendations to go to public consultation they need to be approved by the Boards of the seven local CCGs: Croydon, Kingston, Merton, Richmond, Surrey Downs, Sutton and Wandsworth. All of the CCGs have now met, with all of them nominating to send Board members to meet NHS England (the ‘governing’ body for CCGs) at a joint meeting known as the local committee of clinical commissioning groups (LCCCG). At this meeting, they will decide together whether to take the options proposed by BSBV to public consultation. This meeting (which will be held in public) was due to take place in June. However, BSBV have announced that the LCCCG is now expected to meet after the summer. Therefore consultation with the public will not now occur until after Summer.

The new South West London BMA Division held an interesting meeting with speakers from the BSBV review team. There was a lively interaction and engagement of BMA members on the plans being put forward.

Information from the review team can be accessed here: http://www.bsbv.swlondon.nhs.uk/wp-content/uploads/2013/05/Summary-PCBC-Presentation1.pdf

GMC review of medical education and training for junior doctors in London

This report has raised concerns over the quality of supervision at some hospitals, and in one instance uncovered the use of operating theatres for intensive care. It found the standard of medical training was good overall but there were examples of poor supervision of foundation doctors, with trainees reporting difficulty getting advice from senior staff. During a visit to Charing Cross Hospital, operating theatres were being used as overflow intensive care beds with poor hand-over between intensive care staff and trainee doctors. The GMC said the situation was caused by high numbers of patients and said it was a “symptom of a healthcare system working close to full capacity”. Across the city junior doctors also reported difficulties completing their workplace assessments and complying with the regulated limit on their working time. The GMC highlighted that hand-over procedures were inconsistent. Inspectors for the GMC found some hospitals were overcrowded with trainees and the quality of clinical placements was variable and depended on the enthusiasm of teachers and trainers. Only at one trust, St George’s Healthcare NHS Trust, the GMC found time set aside for education was built into job plans. At Northwick Park Hospital, inspectors found concerns about the supervision of trainee doctors with junior medics “routinely asked to make decisions beyond their competence”. The GMC also highlighted pressure on staffing levels here. At the Royal London Hospital, part of Barts Health Trust, the GMC said trainee doctors struggled to get senior support, particularly during out of hours.

London Office of CCGs and the London Clinical Commissioning Council (CCC)

All the CCGs across the capital use the CCC to discuss the provision and commissioning of services across the whole of London or larger than local areas. They are currently considering the issues of Integrated Care, Screening, Immunisation, Prison Health and the Health Visitor service.

The office for London CCGs aims to keep all CCGs networked and engaged and produces regular updates.
South of England

Keogh Review
Details of Sir Bruce Keogh’s review into the quality of the care and treatment provided by 14 trusts identified as having higher than average death rates which were published in July can be found [here](#).

The Trusts in the South of England subject to review by Keogh are:
- Buckinghamshire Healthcare NHS Trust
- Medway NHS Foundation Trust

Both Trusts have been placed in special measures

Financial support for Trusts
Two Trusts in the South of England have recently received DH financial support. They are;
- Heatherwood & Wexham Park Hospitals NHS FT
- Portsmouth Hospitals NHS Trust:

Financial support for Trusts’ in ‘In the News’ section

East Kent Hospitals University FT
The Trust propose to introduce non-emergency work in premium time, namely that they wish to have a trauma list on a Saturday. They plan to issue all new consultant appointees with this in their job plans and it will be made clear to them at the time of the job advert. Premium pay will be given.

They are looking at their workforce planning to ascertain who is likely to be retiring etc and will be offering this way of working to all new staff only at the moment.

Whilst they are not seeking LNC approval as they believe they are within their rights to do this, they have issued a briefing paper for our perusal as they wish to introduce a contract clause:

‘The Trust will require you, in line with service needs to undertake non emergency work during premium time’

This paragraph will be included in the:-
- Job Plan
- Job Description
- Contract of employment

Medway Community Healthcare
This organisation, which is a Social Enterprise, has now agreed to pay the national 1% pay award instead of a non-consolidated flat rate payment previously proposed and rejected by the trade unions. The threat of job cuts has been withdrawn and the organisation agreed to pay a bonus of £150 to all staff as a thank you for their hard work.

West Kent “Mapping the Future” programme
Commissioners and providers in West Kent are attempting to draw up a future picture of the “modern, efficient healthcare system” needed by their population. The West Kent ‘Mapping the Future’ programme is intended to guide planning and decision-making over the next few years.

The programme is co-ordinated by NHS West Kent Clinical Commissioning Group.

Maidstone and Tunbridge Wells NHS Trust, Kent Community Health NHS Trust, Kent and Medway NHS and Social Care Trust, SEC Amb and Kent County Council are working with the CCG on developing the programme.

Thanet CCG
NHS Thanet Clinical Commissioning Group has set out its plans to tackle the priority areas of tobacco-related disease, obesity and dementia. A 20-page prospectus has been produced by the CCG, explaining what it is, how it is funded and how it plans to allocate its resources. Alcohol abuse and poor emotional wellbeing are also covered in the prospectus. As well as explaining the CCG’s vision to tackle ill health, the prospectus makes specific reference to quality, monitoring, transparency, finance and partnership working.

Surrey and Sussex CSU
A report by the Managing Director of the Surrey and Sussex Commissioning Support Unit (CSU) has concluded that it is unviable. NHS England’s business development unit will look at possible solutions, which could include a merger with another CSU.

Heatherwood and Wexham Park FT: acquisition by Frimley Park FT
The two Foundation Trusts issued a joint statement confirming that a detailed business case will be prepared on the potential acquisition. This will form the basis of further talks with Monitor and the Department of Health. However, subsequent to this news being reported, the CQC has raised further concerns about the former which is already on long term "special measures" and Monitor has given it three months to improve its "poor care" and accident and emergency services. The CEO of H &WP, Philippa Slinger, had told the Health Services Journal that poor operational performance or quality of care is a potential “walk away point” for Frimley Park FT

Sussex Community NHS Trust
The management consulted about their plans to impose a new local system for payment of mileage rates. The LNC and Joint Staff Side responded stating this was a move away from national TCS, and that we would not agree to this. The management have now said they will reconsider.

Portsmouth Hospitals NHS Trust
Two Audiology Consultants at Portsmouth Hospitals had been placed at risk of redundancy and formal consultation took place which revealed poor financial record keeping which had an impact on income generation. A clinical template was agreed on the time spent with patients and admin time. LNC involvement in the consultation and the agreed outcomes resulted in the withdrawal of the at risk redundancy notices.
Virgin Care prison contract
Virgin Care won the contract to run health services at Bullingdon Prison, which were previously provided by Oxford Health Foundation Trust. This is the fifth prison healthcare contract for Virgin.

South West Consortium
Following publication of their final report in March, the Consortium has disbanded after a number of member Trusts publicly withdrew from the Consortium and expressed their commitment to national terms and conditions. The BMA and other unions had mounted a huge campaign against the idea of regional pay and conditions.

Proposed merger of Royal Bournemouth & Christchurch Hospitals FT and Poole Hospital FT
The Competition Commission (CC) has published its provisional findings on the proposed merger of these two Foundation Trusts and has concluded that it would result in a substantial lessening of competition in the wider Dorset area. The CC report states that the loss of competition between the parties would result in less pressure to maintain and improve the quality of services for patients. They state that the reduction in competition would reduce an incentive for the merged trust to spend money to improve or maintain quality and thus lead to lower quality than the existing position of two separate trusts. The CC states that it is up to the trusts to provide evidence that the loss of choice for patients and the resulting loss of incentives to maintain or improve quality will be outweighed by benefits from the merger.

The CC is inviting comments on its provisional findings by 1 August 2013. In addition to the report, which runs to 300 pages, the CC has published a “notice of possible remedies” but the only remedy put forward for the expected substantial lessening of competition is a prohibition of the proposed merger. However, the notice does also seek views on a submission by the parties setting out clinical benefits that they believe would arise as a result of the merger, eg improved maternity services, single cardiology rota, consolidated haematology services, creation of a major injury A&E and a minor injury A&E, and combined emergency surgery services. The deadline for publication of the final report is 26 August. This is the first NHS merger to be considered by the CC under the new provisions for mergers and acquisitions that came into effect following enactment of the Health & Social Care Act 2012. The CC reports can be found here:

Northern Devon District Hospital NHS Trust
The Trust has followed Plymouth Hospitals and South Devon Hospitals in agreeing a minimum of 1.5 generic SPA time for SAS doctors.

North Bristol NHS Trust
Andrea Young will be the Trust’s new CEO. She is currently the South of England Regional Director for NHS England.

Keogh Review
The review started in February 2013 and led by Sir Bruce Keogh, the National Medical Director for NHS England was published in July. The review looked at the quality of the care and treatment provided by 14 trusts identified as having higher than average death rates in the two years before the start of the review. Of the 14 Trusts subject to review 11 were put into ‘special measures’ by Monitor and the Department of Health.

What are ‘special measures’? see opposite.

Five of the 14 Trusts reviewed were already in special measures for breaches of their licence and are therefore subject to a variety of existing sanctions by Monitor. Monitor has now served notice to the trusts concerned that suspected breaches of the licence will trigger enforcement action.

The NHS Trust Development Authority (TDA) has written to five NHS trusts (with non-foundation trust status) suspending their foundation trust applications and asking them to set out their plans for implementing the findings of the Keogh Review. Each Trust will have their action plans rigorously scrutinised and the Board leadership at each organisation will be further assessed by the NHS TDA.

Following publication of the review BMA Regional Service staff made contact with LNC chairs offering support and assistance to any members affected. Similarly the Chair of the Committee of Medical Managers, recognising the immense pressures medical directors would be under, wrote to MDs at the 14 trusts assuring them of the BMA’s readiness to support them.

The findings of the Review, a statement by the Department of Health, inspection reports and the Action Plan for each of the 14 Trusts have been published on the NHS Choices and the Department of Health websites.

http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx

https://www.gov.uk/government/speeches/oral-statement-sir-bruce-keogh-review
**What are special measures?**

- Each Trust will be required to implement the recommendations of the review, with external teams sent in to help them do this.
- Progress will be tracked and made public.
- The TDA or Monitor will assess the quality of leadership at each hospital, requiring the removal of any senior managers unable to lead the improvements required.
- Each hospital will be partnered with high-performing NHS organisations to provide mentorship and guidance in improving the quality and safety of care.
- All will be inspected again within the next 12 months by the Chief Inspector of Hospitals, Professor Sir Mike Richards.
- Press reports that the Keogh Review team will also re-inspect all the trusts named but this has not been confirmed to date.

**Financial support for Trusts**

HSJ reported that three NHS Trusts have received DH financial support:

- Barking, Havering & Redbridge University Hospitals NHS Trust: £25.8m
- United Lincolnshire Hospitals NHS Trust: £6m
- Portsmouth Hospitals NHS Trust: £6m

A Department of Health spokesperson is quoted as saying that Barking, Havering & Redbridge and United Lincolnshire are currently receiving temporary financial support while the NHS Trust Development Authority works with the Trusts to develop approaches to overcome the hurdles they face. Separately, Portsmouth was provided with a one-off cash injection to help improve its working capital cycle.

Monitor recently published consolidated accounts for Foundation Trusts which reveals that six FTs required financial support from the DH in 2012/13 which they received in the form of revenue Public Dividend Capital (PDC):

- Bolton NHS FT
- Heatherwood & Wexham Park Hospitals NHS FT
- Mid Staffordshire NHS FT
- Milton Keynes Hospital NHS FT
- Peterborough & Stamford Hospitals NHS FT
- University Hospitals of Morecambe Bay NHS FT

Monitor’s report states that these FTs will continue to need funding in 2013/14 while they develop long term plans to return to financial sustainability. In addition, the Royal National Hospital for Rheumatic Diseases NHS FT will require PDC funding in 2013/14, having previously received deficit funding from NHS South in 2012/13.

**BMA Guidance on conflicts of interest for commissioners and GP providers June 2013**

Decisions about allocation of resources, population need and service design are complex, particularly at a time of financial constraint. As CCGs adopt their statutory duties, doctors in commissioning roles have responsibility for significant amounts of public money. Doctors have a valuable contribution to make to the commissioning process. If you are taking on a commissioning role you should consider issues relating to conflict of interest and professional implications to ensure that the benefits of clinician-led commissioning are realised without undermining the doctor-patient relationship.

All GP practices are required by law to be a member of a CCG. This guidance also discusses issues of conflict for GPs as providers. The guidance includes:

- Key messages for doctors as commissioners
- Key messages for GPs as providers
- GMC guidance for doctors in management or commissioning roles
- Declaring a conflict of interest
- CCG governance
- Resource allocation and decision-making
- LMCs and CCGs
- Commissioning services from member GP practices
- Primary care incentive schemes

**Downloads**

- Guidance for doctors in commissioning roles
- Guidance for doctors as providers

**LETBs**

Information is currently being sought from the 13 Local Education and Training Boards about junior doctor involvement in the LETB or its sub-structures and the potential implications for junior doctor training as a result of the MPET funding arrangements for 2013/14 which has resulted in a reduction in the funds available. Details of the survey will be given in a future edition of BMA Local. In addition Health Education England has now received the Government’s mandate which includes focus on values and behaviours, delivery of additional trained health visitors, dementia awareness training and the controversial requirement that every student who seeks NHS funding for a nursing degree should serve up to a year as a healthcare assistant.
Foundation Trust pipeline
Monitor has approved two new Foundation Trusts:
• Kingston Hospital from 1 May 2013.
• Western Sussex from 1 July 2013.

Monitor has deferred some FT applications:
• Dudley & Walsall Mental Health Partnership was deferred for up to six months in March.
• Royal United Hospital Bath was deferred for up to 12 months in March.
• Coventry & Warwickshire Partnership was deferred for up to 6 months in June.
• Derbyshire Community Health Services was deferred for up to 12 months in July.
• North West Ambulance Services was deferred for up to 12 months in July.

All NHS Trusts had to agree a plan with the NHS Trust Development Authority setting out a timetable for achieving FT status or some other alternative solution, eg acquisition by an existing FT.

Useful Links
Latest NHS Employers Workplace Bulletin
Latest DoH Medical Directors Bulletin
Latest DoH GP and Practice Team Bulletin

BMA CONTACTS
Head of Regional Services (England North)
Jill O’Regan
joregan@bma.org.uk

Head of Regional Services (England South)
Janet Maguire
jmaquire@bma.org.uk

Regional Coordinators
Peter Forster – North West England
pforster@bma.org.uk

Ursula Ross – North East, Yorkshire & Humberside
uross@bma.org.uk

Alan Roberts – West Midlands
aroberths@bma.org.uk

Peter Mitchell – East of England
pmitchell@bma.org.uk

Andrew Barton – London
abarton@bma.org.uk

Glyn Jones – South East Coast/South Central
glyn.jones@bma.org.uk

Industrial Relations Officers (England)

North of England
Adele Heely
kmfadden@BMA.org.uk
Paul Bourne
npbourne@BMA.org.uk
Nelly Takla-Wright
ntakla-wright@BMA.org.uk
Marie Butterfield
mbutterfield@BMA.org.uk
Claire Ashley
cashley@BMA.org.uk
Norah Cox
ncox@BMA.org.uk
Sarah McCarthy
smcarty@BMA.org.uk
Fiona Hussain
fhussain@BMA.org.uk
Paul Atkinson
patkinson@BMA.org.uk

Midlands & East
Ian Mckivett
lmckivett@bma.org.uk
Jessica Lahive
jlahive@BMA.org.uk
Joanne Alliston
jalliston@BMA.org.uk
Melanie Sutton
msutton@BMA.org.uk
Steve Dent
sdent@BMA.org.uk
Jeremy Pymer
jpymer@BMA.org.uk
Nigel Mason
nmason@BMA.org.uk
Amanda Saha
asaha@bma.org.uk

London
Maryse Barwood
mbarwood@BMA.org.uk
Patrick Boardman
pboardman@BMA.org.uk
Peter James
piames@BMA.org.uk
Rosemary Stanley-Mckenzie
rstanley-mckenzie@BMA.org.uk
John Edwards
jedwards@BMA.org.uk
George Georgiou
ggeorgiou@BMA.org.uk
Ruth Baird
rbaird@BMA.org.uk

South of England
Ruth Baird
rbaird@BMA.org.uk
Trish Dutfield
tdutfield@BMA.org.uk
Cathy Taylor
tcaylor@BMA.org.uk
Claire Willoughby
cwilloughby@BMA.org.uk
Martin Harvey
mhharvey@BMA.org.uk
Richard Griffiths
rggriffiths@BMA.org.uk
Sean Cusack
scusack@BMA.org.uk
Abigail Moore
Abigail.moore@BMA.org.uk