

| Healthier Communities Select Committee | | |
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| Title | Information item: notes of meeting with Guy's and St Thomas' NHS Foundation Trust | |
| Contributor | Scrutiny Manager | Item 8 |
| Class | Part 1 (open) | 20 July 2017 |

1. Overview

This note advises members of a meeting on 15 June 2017 between Councillor Hall (Chair of Overview & Scrutiny), Councillor Muldoon (Chair of Healthier Communities Select Committee) and Amanda Pritchard (Chief Executive).

2. Recommendations

The Committee is recommended to note this information.

3. Summary of key points noted

- Guy's and St Thomas' NHS Foundation Trust (GST) contract with almost every CCG in the country, and many boroughs (e.g. for HIV services), so about 580 contracts in all.
- Around £300m of GST's income comes from south-east London, around £100m comes from south-west London, around £100m from North London, and around £500m comes from NHS specialist commissioning, which comes from all over the country.
- GST are working closer with partner organisations across south-east London to upskill and create local centres of expertise so that patients don't always have to come to London. Work is currently focused on a number of specific areas, including, for example, cardiovascular, paediatrics, and cancer.
- As well as money, quality and workforce are huge challenges. GST staff have been under relentless pressure for some time. Many are also struggling with accommodation costs and transport reliability. GST are also finding it harder to recruit specialists, and an increasing number of roles are going unfilled. The best way to get quality right across south-east London is not to compete, but to work together with partners.
- The financial position of healthcare providers in south-east London cannot be considered in a vacuum. It's in everyone's interest that all providers in the area are sustainable. GST has a real problem with the level of demand and the closure of another A&E in the area would lead to more unplanned demand – something that GST are concerned about.
- As GPs come together in bigger centres across south-east London, and more services are provided in different areas, it is hoped that this will help with managing demand on hospital-based services. South-east London needs more GPs, working extended hours and working differently. Neighbourhood hubs will be an important part of avoiding the need to come to hospital. Hospital staff and community-based staff employed by the Trust could work locally in GP centres.
- STPs are not going to solve national financial problems with the NHS. They will give providers an opportunity to do some things better via collaboration. King's Health Partners should be the driving force behind the south-east London STP strand on specialised services, for example. GST is also working on other models such as leading a Group of hospitals/ providers as part of the solution to address the

sustainability challenge. But there is no magic bullet for NHS financial problems. GST itself has to achieve significant savings of around £80/90m a year.

- GST are finding that the public are often confused about at what level decisions about different changes are being made, with STPs, CCGs and national commission. There are some moves back towards London-wide specialised commissioning.

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