Joint Health Overview & Scrutiny Committee (JHOSC)

Agenda

Tuesday 3 March 2015
4.00 pm
Council Chamber, Civic Centre, London Borough of Hounslow

MEMBERSHIP

Chairman: Councillor Lucy Ivimy (LB Hammersmith & Fulham)

Councillor Mel Collins (LB Hounslow)
Councillor Sheila D'Souza (Westminster City Council)
Councillor Mary Daly (LB Hounslow)
Councillor Pamela Fisher (LB Hounslow)
Councillor Robert Freeman (RB Kensington & Chelsea)
Councillor Abdullah Gulaid (LB Ealing)
Councillor Patricia Harrison (LB Brent)
Councillor Anita Kapoor (LB Ealing)
Councillor Vina Mithani (LB Harrow)
Councillor Dr Cyril Nemeth (Westminster City Council)
Councillor Will Pascall (RB Kensington & Chelsea)
Councillor Victoria Silver (LB Harrow)
Councillor Rory Vaughan (LB Hammersmith & Fulham)

CONTACT OFFICER:

Committee Co-ordinator
Governance & Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

Reports on the open agenda are available on the Council's website:
http://www.lbhf.gov.uk/Directory/Council_and_Democracy

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 24 February 2015

London Borough of Hammersmith & Fulham

Joint Health Overview & Scrutiny Committee (JHOSC)
Agenda

3 March 2015

Item		**Pages**
1.	**AGENDA 3 MARCH 2015**	1 - 56

If you require further information about this agenda please contact: Chaspal Sandhu 020 8583 2065 or email: chaspal.sandhu@hounslow.gov.uk.

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (JHOSC) ON SHAPING A HEALTHIER FUTURE

A meeting of the Joint Health Overview & Scrutiny Committee (JHOSC) on Shaping a Healthier Future will be held in the Council Chamber, Civic Centre, Lampton Road, Hounslow on Tuesday, 3 March 2015 at 4:00 pm

MEMBERSHIP

Acting Chair - Councillor Mel Collins (LB Hounslow)
Councillor Aslam Choudry (LB Brent)
Councillor Mary Daley (LB Brent)
Councillor Theresa Byrne (LB Ealing)
Councillor Joy Morrissey (LB Ealing)
Councillor Rory Vaughan, Alternating Member (Hammersmith & Fulham)
Councillor Rekha Shah (LB Harrow)
Councillor Vina Mithani (LB Harrow)
Councilllor Myra Savin (LB Hounslow)
Councillor Robert Freeman (RB Kensington & Chelsea)
Councillor Will Pascall (RB Kensington & Chelsea)
Councillor John Coombs (LB Richmond)
Councillor Liz Jaeger (LB Richmond)
Councillor David Harvey (City of Westminster)
Dr Sheila D'Souza (City of Westminster)

AGENDA

1. Welcome and introductions - 4.00 - 4.05 p.m

2. Apologies for absence, declarations of interest or any other communications - 4.05 - 4.10 p.m

3. Minutes of the meeting held on 16 October 2014 & Matters Arising - 4.10 - 4.15 p.m *(Pages 1 - 9)*

4. Terms of Reference - 4.15 - 4.20 p.m

5. London Ambulance Service update - Stuart Crichton - 4.20 - 4.50 p.m *(Pages 10 - 23)*

6. Travel Advisory Group - Kiran Shah - 4.50 - 5.20 p.m *(Pages 24 - 26)*

7. Shaping a Healthier Future update - Sarah Bellman - 5.20 - 5.45 p.m *(Pages 27 - 54)*

8. Healthcare Commission verbal update - 5.45 - 5.55 p.m

9. Any other matters that the Chair considers urgent - 5.55 - 6.00 p.m

RECORDING AT PUBLIC MEETINGS

Please note that members of public can choose to record, or report in other ways, on this public meeting. If you wish to do so then please read the Council's protocol which can be found on the Council's website at http://democraticservices.hounslow.gov.uk/documents/s107608/Protocol%20on%20reporting%20at%20meetings.pdf . Copies of the protocol are also available at the meeting.

The Council asks that you avoid recording members of the audience who are not participants at the meeting. The Council will seek to facilitate this. However, anyone attending a public meeting does so in the knowledge that recording may take place and that they may be part of that record.

DECLARING INTERESTS

Committee members are reminded that if they have a personal interest in any matter being discussed at the meeting they must declare the interest and if the interest is also a prejudicial interest then they may not take part in any discussion or vote on the matter.

R A Gruet LLB - Assistant Director Corporate Governance
London Borough of Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN

23 February 2015

CITY OF WESTMINSTER

DRAFT MINUTES

NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
16 OCTOBER 2014
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **North West London Joint Health Overview & Scrutiny Committee** held on Thursday 16 October 2014 at 6.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:

LB Brent:	Councillor Aslam Choudry
LB Ealing:	Councillor Theresa Byrne Councillor Joy Morrissey
LB Hammersmith & Fulham:	Councillor Rory Vaughan
LB Harrow:	Councillor Rekha Shah Councillor Vina Mithani
LB Hounslow:	Councillor Mel Collins Councillor Myra Savin
RB Kensington & Chelsea:	Councillor Wil Pascall
LB Richmond:	Councillor John Coombs
Westminster City Council:	Councillor David Harvey

Apologies for Absence: Councillor Mary Daly (LB Brent), Councillor Robert Freeman (RB Kensington & Chelsea) and Dr Sheila D'Souza (Westminster City Council).

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Robert Freeman (RB Kensington & Chelsea). Councillor Wil Pascall represented RB Kensington & Chelsea at the meeting as the voting Member.

1.2 Apologies were also been received from Councillor Mary Daly (LB Brent) and Dr Sheila D'Souza (Westminster City Council).

2. ELECTION OF CHAIRMAN AND VICE-CHAIRMAN

2.1 Nominations were sought for the appointment of Chairman and Vice Chairman.

2.2 **RESOLVED:** That Councillor Mel Collins (LB Hounslow) be appointed to act as Chairman of the North West London Joint Health Overview & Scrutiny Committee; and Councillor David Harvey (Westminster City Council) be appointed Vice-Chairman.

3. DECLARATIONS OF INTEREST

3.1 Councillor David Harvey (Westminster City Council) declared a non-prejudicial personal interest in that his wife (Councillor Angela Harvey, Westminster City Council) was a Non-Executive Director of Camden & Islington NHS Foundation Trust.

4. MINUTES

4.1 **RESOLVED**: That the Minutes of the meeting held on 6 August 2014 be signed by the Chairman as a correct record.

4.2 **Issues Arising**

4.2.1 Minute 3: Minutes of the meeting held on 20 February 2014
Daniel Elkeles (Chief Officer for CWHHE Collaboration) confirmed that West Middlesex Hospital's Business Case would be circulated to Members of the Committee as soon as it was available.

4.2.2 Minute 5: Shaping a Healthier Future – Programme Overview Briefing
The Committee noted that the work and projects taking place to integrate IT systems with ambulance services, outpatient services, A&Es and Urgent Care Centres would be considered during the discussion of Out of Hospital Care later in the meeting.

4.2.3 Other Business
The Committee noted that the issue of the disposal of NHS estate would also be discussed later in the meeting.

5. TERMS OF REFERENCE

5.1 The Committee considered its Terms of Reference, and agreed that if the first Member was not in attendance at a meeting, the second Member appointed by each local authority would be able to act as alternate to the first member and vote.

5.2 The Committee also agreed that the Terms of Reference would be open to review, to ensure that they remained appropriate.

5.3 **RESOLVED**: That the Terms of Reference of the North West London Joint Health Overview & Scrutiny Committee be endorsed, as amended.

6. 'SHAPING A HEALTHIER FUTURE' – A&E, MATERNITY AND PAEDIATRICS UPDATE

6.1 The Committee received a presentation from Daniel Elkeles (Chief Officer of CWHH Collaborative of CCGs), Dr Mohini Palmer (Ealing CCG) and Dr Tim Spicer (Hammersmith CCG), on implementation of the proposals set out in the programme for Shaping a Healthier Future.

6.2 Daniel Elkeles provided an update on A&E closures and performance across London, and reported that performance in North West London had continued to improve, with no reported incidents resulting from the A&E closures. The modelling for activity flows had also been broadly correct, with attendance at Urgent Care Centres being high. The Committee noted that regular contact was being made with CCGs, local providers, local authorities and the London Ambulance Service to monitor delivery; and that weekly meetings with the Directors of Operations of the providers and some of the Medical Directors of Shaping a Healthier Future had been taking place, to discuss performance against quality indicators for A&E care.

6.3 The Committee discussed the implementation of the proposals, and Councillor Theresa Byrne (LB Ealing) commented on an item in the Evening Standard that suggested that patients were getting a lesser service through pressure being put on hospitals to discharge patients quickly due to A&E closures. Daniel Elkeles confirmed that hospitals had plans to respond to times of pressure, which was normal procedure, and commended North West London NHS for their collaborative working.

6.4 Councillor David Harvey (Westminster City Council) commented on the Policy Indicators, and expressed concern that the high number could lead to targets becoming diffuse with a loss of focus. Daniel Elkeles responded that the high number had arisen from the wide range of patient pathways, and commented that the list of Indicators had been shortened with targets being prioritised. Most of the Indicators reflected diligence in ensuring the system was safe; and focussed on quality and Serious Untoward Incidents (SUIs) with categories for Urgent Care Centres and A&E. Although there had been some SUIs at A&Es since monitoring had commenced, the number of instances had not risen, and none had been reported for Care Centres.

6.5 Cllr Aslam Chowdry (LB Brent) sought clarification of the current position regarding the improvement of facilities at Northwick Park. Daniel Elkeles commented that a new ward with 20 extra beds had opened at Northwick Park, and that a new 20 bed A&E department had also been built. The Trust was now going through staff training and familiarisation, and detailed planning was taking place for when the new unit would open.

6.6 The Chairman suggested that concerns that the A&E service at Central Middlesex Hospital had closed too soon had been supported by the findings of the recent Care Quality Commissioning CQC report. Daniel Elkeles commented that it was increasingly clear that standards set by the CQC were very high, and that of 42 published inspections, only one Trust had been considered ‘outstanding’, with 8 ‘good’. All the others had required significant improvement or had been considered ‘inadequate’; which had led to the expectation of most hospitals to be categorised as ‘requiring significant improvement’. The biggest issues identified at Northwick Park had related to facilities and a lack of staffing, both of which should be remedied by the reconfiguration of the A&E service. Daniel Elkeles commented that it was anticipated that A&E performance in North West London would improve. Unanticipated surges of activity at particular sites had made it more difficult for hospitals to meet targets, and had required them to be flexible.

6.7 The Chairman reiterated concerns about the closure of two A&E departments on 10 September 2014, and had preferred Out of Hospital services to have been put in place before the closures. The Chairman suggested that care needed to be taken over a period of time before closing the other two A&Es, and that the closures should not take place at the same time.

6.8 Councillor Vina Mithani (LB Harrow) expressed concern over the maternity unit at Northwick Park Hospital, which had been under special measures, and sought clarification of the plan to improve performance and achieve targets. Daniel Elkeles commented that the hospital now had enough staff to cope with the level of patients, and that the new A&E would be opening before Christmas.

6.9 Dr Palmer commented on interdependencies and the proposed models of care for maternity, paediatric and gynaecological services; and outlined the decision making process and key milestones for implementation. Dr Palmer acknowledged the importance of ensuring that the proposed plan for the transition of maternity and interdependent services from the Ealing site were quality assured, and took place safely. There had been a reduction in the number of deliveries in North West London during March, and in bed activity at Ealing Hospital, which had led to an increasing disparity which could create an unequal service for mothers. The Committee noted that Ealing had the smallest maternity unit in London with the lowest number of consultants and advisors, and that 59% of local residents chose to have their babies in other hospitals.

6.10 Although the model of care was clear in the need for ante and post natal care being delivered within the Borough, there was concern that the disparity could lead to the service becoming unsafe, and it was suggested that the Clinical Board may need to plan for changes sooner to ensure that quality, access and competence of care was maintained. It was agreed that resources should be placed where they were needed, and acknowledged that a small percentage of women may not get their first choice. Dr Spicer considered the plans were sound from a clinical point of view, and agreed that Ealing Maternity services were not sustainable in the long term. Dr Palmer confirmed that the main driver was the clinical case for change rather than savings.

6.11 The Committee noted that it was intended that the decision of the timing of the transition of Maternity and inter-dependent services from Ealing Hospital would be delegated to Ealing CCG, who would consider whether sufficient information and assurance had been provided for the service changes to commence.

6.12 Daniel Elkeles outlined the decision making process and the different domains of assurance, which included clinical quality, operational and capacity planning, workforce, communications and engagement. Assurance was also needed for finance, transition and risks of delay.

6.13 Councillor Joy Morrissey (LB Ealing) commented on the provision of ante and post natal care in Ealing, and sought clarification as to whether Queen Charlottes Hospital was ready for the anticipated rise in capacity. Dr Palmer informed the Committee that while most ante and post natal care in Ealing was currently provided by Ealing Community midwives and co-located at Children's Centres, this care would transfer to the Trust appropriate to each location once the proposed changes had taken place. Daniel Elkeles confirmed that capacity had been assessed, and that investment had been made in West Middlesex Hospital to extend their maternity unit. Other hospitals had the physical capacity, but not sufficient staff. Chelsea & Westminster Hospital would also be able to respond to any significant rise in demand, as it had a 1000 birth capacity and was considered the best maternity unit in North West London.

6.14 Councillor Harvey highlighted the need for the strategy to take into account the anticipation that London would be a City of 11 million people in 10 years time, and also take other demographic changes into consideration. Daniel Elkeles confirmed that Shaping a Healthier future had designed capacity for 36,000 births in London, at six different locations each with a capacity of 6,000.

6.15 Councillor Byrne suggested that social issues were being ignored, and commented on the issue of pregnant women having to travel to hospital, and on the need to ensure that community languages were available to discuss fears and concerns confidentially. Dr Palmer confirmed that she would be seeking assurance that the hospitals were able to address these issues, and acknowledged the demographic changes and the need for women to be reached,

possibly in their homes. Dr Palmer also confirmed that although women would need to travel for their scan, ante-natal care should then be provided in their own borough. Cllr Myra Savin (LB Hounslow) noted that there would be no out-patient gynaecology services.

6.16 Cllr Morrissey asked whether the home visit mid-wife service would still be available at the same level, and Dr Palmer confirmed that the post-natal service would be aligned with the clinical need of the patient, and that no changes were anticipated.

6.17 Councillor Rory Vaughan (LB Hammersmith & Fulham) highlighted the need for measures to be taken to ensure that there would be minimum impact on St Mary's Hospital during building works and when replacing equipment.

6.18 Dr Spicer updated the Committee on progress in the transformation of Out of Hospital services, and how the changes would be implemented. Dr Spicer commented that Out of Hospital services were by nature less visible than hospital care, and that there was an expectation that these services were already joined. Although good out of hospital work was already taking place, practitioners now sought to make this consistent through a number of work programmes as a reliable alternative to hospital services. The NHS Trusts were striving to meet the needs of a growing and aging population with available resource limits; and were encouraging the formation of networks of practices and services and looking at a new model of care based on patient need, with services being resourced and co-ordinated with common elements. Dr Spicer also acknowledged the importance of developing, training and retaining the workforce.

6.19 Dr Spicer commented that the NHS Trusts were working towards more substantial co-commissioning with GPs, and were also looking at opportunities for providing extended opening on weekends for primary care services at general practices which could lead to a reduction in unscheduled hospital admissions. A strategic commissioning framework had been drawn up, which sought to provide a common set of expectations for access, co-ordination and continuity across North West London. It was acknowledged that health services needed to be carried out in decent premises, and that primary care estates were an issue with some being inaccessable to people with disabilities while many were in poor condition.

6.20 Dr Spicer also updated the Committee on progress in the alignment and inter-operability of IT systems across North West London. Members noted that a consistent approach was needed to enable patients to order their medication on line or over the telephone; and that the Community Independence Service (CIS) would seek more common procedures that facilitated the safe discharge of patients and enabled district nurses to access clinical data in patients' homes. Daniel Elkeles commented that the possible future linking of IT with local authorities would present a seperate challenge, as each local authority was operating a different system.

6.21 The Committee noted that the health services were close to offering patients an option to access to their own records, but highlighted concern over third parties also being able to gain access. Dr Spicer confirmed that that to ensure patient confidentiality, third parties would only be able to view records with the explicit consent of the patient.

6.22 Cllr Byrne commented on the issue of cultural clashes and suggested that the hierarchy of the NHS needed to be taken into consideration. Dr Spicer acknowledged that there were differences in culture between health partners, but highlighted the increasing willingness for teams to work together in co-ordinating services such as reablement, which reduced the number of patients who moved on to social adult care.

6.23 Councillor Pascall acknowledged that money spent on care in the community and primary health meant that less was spent on secondary health, and commented on the transfer of money from Local Authority social services to secondary care services through the Better Care Fund.

6.24 Councillor Vaughan sought clarification of the source of funding for the improvement of NHS estates, together with when the plan would be implemented. Dr Spicer confirmed that the NHS aimed to have the case for implementation agreed before the next election in May 2015. The Committee also noted that the NHS was seeking £250 million for spending on GP surgeries.

6.25 Dr Spicer agreed that following the reconfiguration surplus land should be used for housing, and Councillor Morrison suggested that the housing built on NHS estates should be for the use of employees, so that staff could live near the hospital. Dr Spicer commented that although this had been considered, it could not be guaranteed as it was a planning issue. The Committee noted that although investment required that the best price available was obtained, the NHS would be working with each local authority to get a balance of provision for NHS staff.

6.26 The Committee discussed the timetable for delivery, and noted that after obtaining approvals, sufficient of the new capacity should be built in three years, with other changes also taking place between now and 2018. The NHS acknowledged that a lot of change to the health system was needed to ensure it was safe and sustainable, but believed that the right models, estate, IT and workforce would be in place to make North West London an exemplar service.

6.27 The Committee was reminded that a paper had been tabled at the last meeting under ‘Any Other Business’ from Transport Advisory Group (TAG), who were undertaking a review of hospital transport. Committee Members highlighted the pilot scheme for Out of Hospital Services at Ealing Hospital, which provided transport from patients’ homes to GP services, and which would be rolled out if successful. Members agreed that the TAG be asked to provide regular written

updates to the Committee, and to work closely with Transport for All who had drawn up a 5 point challenge. The Committee also highlighted the need to develop a strategy and criteria for people to be able to use the transport and travel safely. Councillor Byrne commented that the Committee needed to be reassured that hospital transport was supported by Transport for London (TfL).

6.28 The Chairman thanked Daniel Elkeles, Dr Mohini Palmer and Dr Tim Spicer on behalf of the Committee for their presentation.

6.29 **RESOLVED:** That the update on implementation of the proposals set out in the programme for Shaping a Healthier Future be noted.

7. WORK PROGRAMME

7.1 The Committee discussed its Work Programme for its next four meetings.

7.2 The Committee commented on the timing of the outline business cases, and Councillor David Harvey (Westminster City Council) suggested that it would be more appropriate for consideration of the businesses cases for Primary Care Commissioning to be brought forward to meeting 2. The Committee recognised that this was a crucial piece of work, and agreed to write to the NHS to get a steer on the availability of the business cases, so that concerns could be addressed.

7.3 Cllr Wil Pascall (RB Kensington & Chelsea) suggested that updates on hospital transport and the emergency ambulance service needed to be integrated, and considered together in future Committee agendas. The Committitere also agreed that it would be useful to receive updates on critical key stages in implementation of the reconfiguration, and requested a written update on the timetable before the next meeting.

7.4 **RESOLVED**: That the Work Programme for the North West London Joint Health Overview & Scrutiny Committee for 2014-15 will be:

- Meeting 1: London Ambulance Service NHS Trust
- Meeting 2: Primary Care Commissioning in North West London
- Meeting 3: Maternity & Paediatrics
- Meeting 4: Mental Health

8. OTHER BUSINESS

8.1 The Committee agreed that an action tracker would be developed to ensure that actions were taken forward.

8.2 The Committee also agreed that the dates of future meetings would be confirmed in due course.

9. TERMINATION OF MEETING

9.1 The meeting ended at 8.22pm.

CHAIRMAN ______________________ DATE ________________

London Borough of Hounslow

Report for: INFORMATION

Contains Confidential or Exempt Information	No
Title	London Ambulance Service update
Member Reporting	Cllr Mel Collins – Chair of Joint Health Overview and Scrutiny Committee
Contact Details	Emily Butler, Policy & Scrutiny Officer T: 020 8583 2964; E: emily.butler@hounslow.gov.uk
For Consideration By	Joint Health Overview and Scrutiny Committee
Date to be Considered	3 March 2015
Implementation Date if Not Called In	N/A
Affected Wards	All (and cross-borough)
Keywords/Index	JHOSC Scrutiny London Ambulance Service

1. Details of Recommendations

The Joint Health Overview and Scrutiny Committee is asked to note the information provided by the London Ambulance Service as set out in appendix A to this report, providing comment and making any recommendations as appropriate.

If the recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit, link to Values	Dates by which they can expect to notice a difference
The Joint Health Overview and Scrutiny Committee (JHOSC) through the effective scrutiny and monitoring of the Shaping a Healthier Future programme will support the delivery of better, joined up services for the residents of the seven boroughs represented by the JHOSC.	On-going.

2. Report Summary

At the previous meeting of the JHOSC held on 16 October 2014, a work programme for the forthcoming year was devised. This included an update from the London Ambulance Service as part of the agenda for this meeting.

Officers have subsequently contacted the London Ambulance Service requesting an update on:

- Current performance of the London Ambulance Service
- An analysis of the impact on response and journey times since the closure of Hammersmith & Central Middlesex Hospitals as part of the Shaping a Healthier Future programme; and

- Whether this information allows us to anticipate the impact of the planned closure of Charing Cross and Ealing Hospitals.

In response the London Ambulance Service has produced a presentation attached as Appendix A. At the meeting Stuart Crichton, Assistant Director of Operations for West London will be presenting.

As background the committee, at its meeting on 6 August 2014, was provided with the London Ambulance Service's readiness plan ahead of the closure of Hammersmith A&E. A link to this presentation can be found in 18. Background Papers below.

3. Reason for Decision and Options Considered
Not applicable

4. Key Implications
Not applicable

5. Financial Details

a) Financial Impact On The Budget (Mandatory)
None.

b) Financial Background (optional)
The JHOSC has no financial decision-making powers.

c) Comments of the Assistant Director Strategic Finance

This report has no direct financial implications.

6. Legal (to be completed in conjunction with the Legal Department)

a) Legal Details

b) Comments of the Assistant Director Corporate Governance
The JHOSC has no decision-making powers. Any recommendations that may emerge from a review undertaken by the panel would need to be referred to the relevant body or organisation.

7. Value for Money
8. Sustainability Impact Appraisal
9. Risk Management
All not applicable

10. Links to Council Priorities
This report contributes towards the corporate plan priorities:
- Active healthy communities
- Help and support when you need it

11. Equalities, Human Rights and Community Cohesion
12. Staffing/Workforce and Accommodation implications:
13. Property and Assets

14. Any Other Implications

15. Consultation

16. Timetable for Implementation

All not applicable

17. Appendices

Presentation from the London Ambulance Service

18. Background Information

Link to London Ambulance Service readiness plan presentation as delivered at 6 Aug 2014 meeting of the JHOSC:
http://democraticservices.hounslow.gov.uk/ieListDocuments.aspx?CId=594&MId=8633&Ver=4

REPORT ENDS

London Ambulance Service

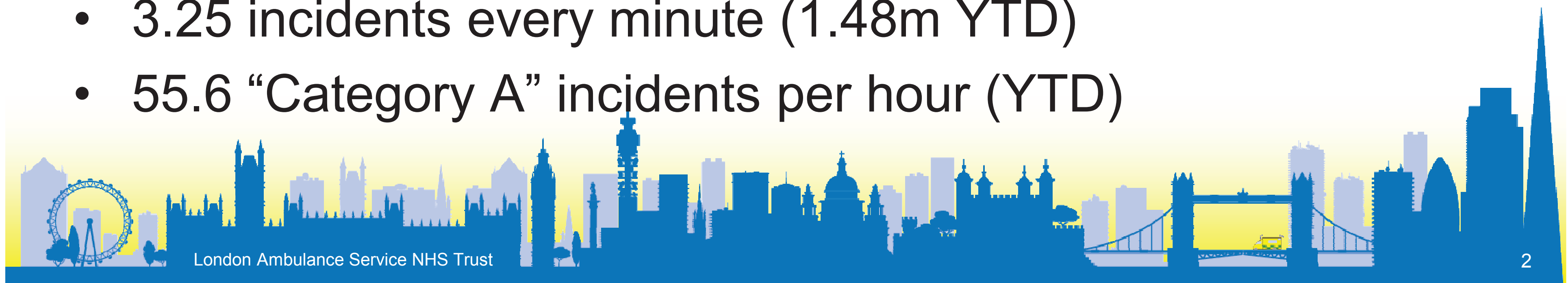
NHS Trust

Stuart Crichton

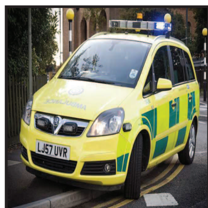
West London Assistant Director of Operations

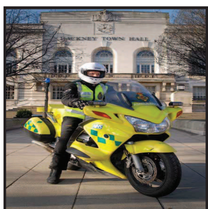
London Ambulance Service

- Population 8.6 million +/- 1 Million Commuters (January, 2014)
- 600 Miles covered by circa 250 Ambulances and 80 Solo responders.
- 32 CCG boundaries
- 71 ambulance stations – Operate 24/7
- 2 Control Centres
- 3.25 incidents every minute (1.48m YTD)
- 55.6 “Category A” incidents per hour (YTD)

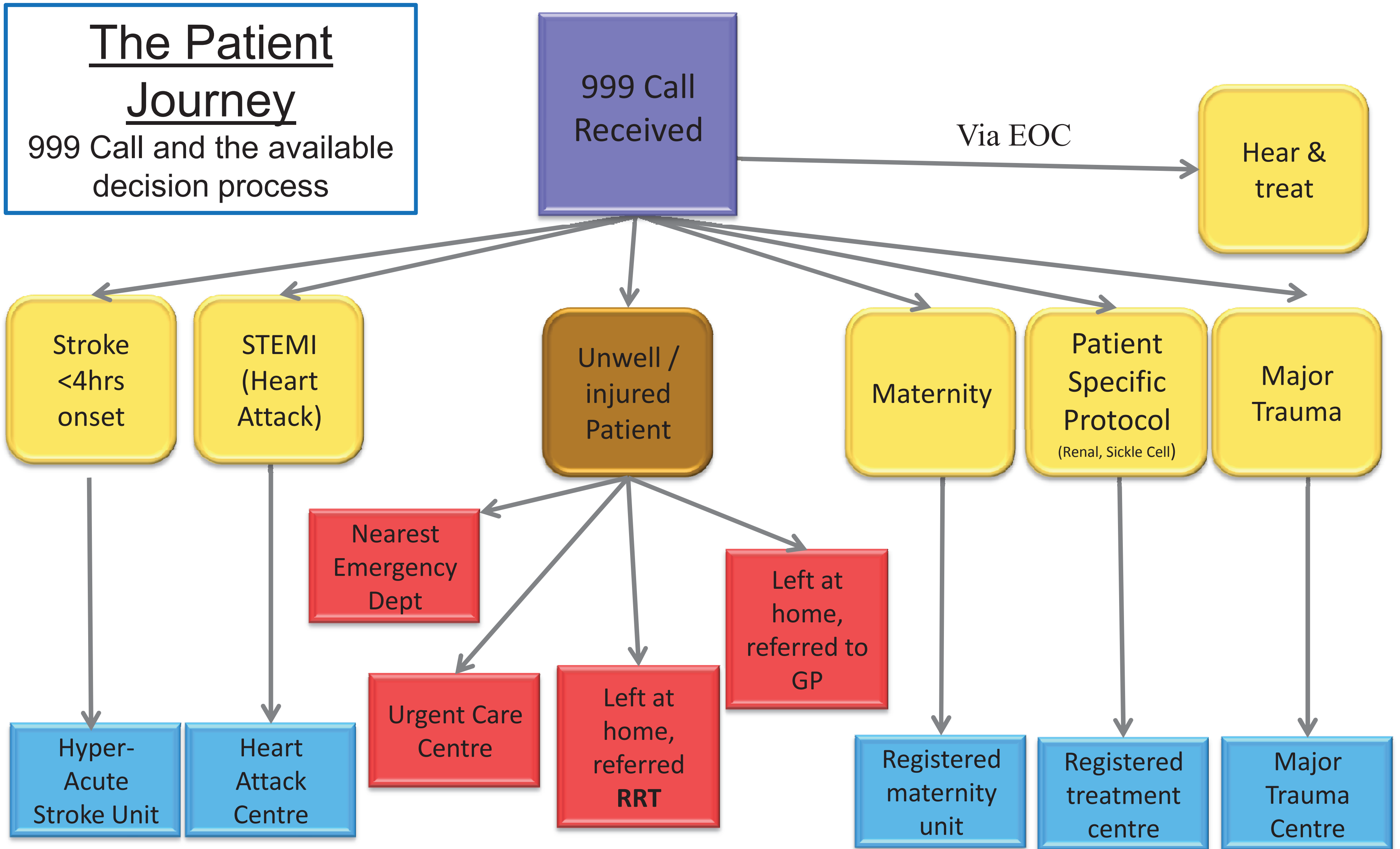


Our Response





All Controlled by EOC
(Including HART, CO, EPRR)

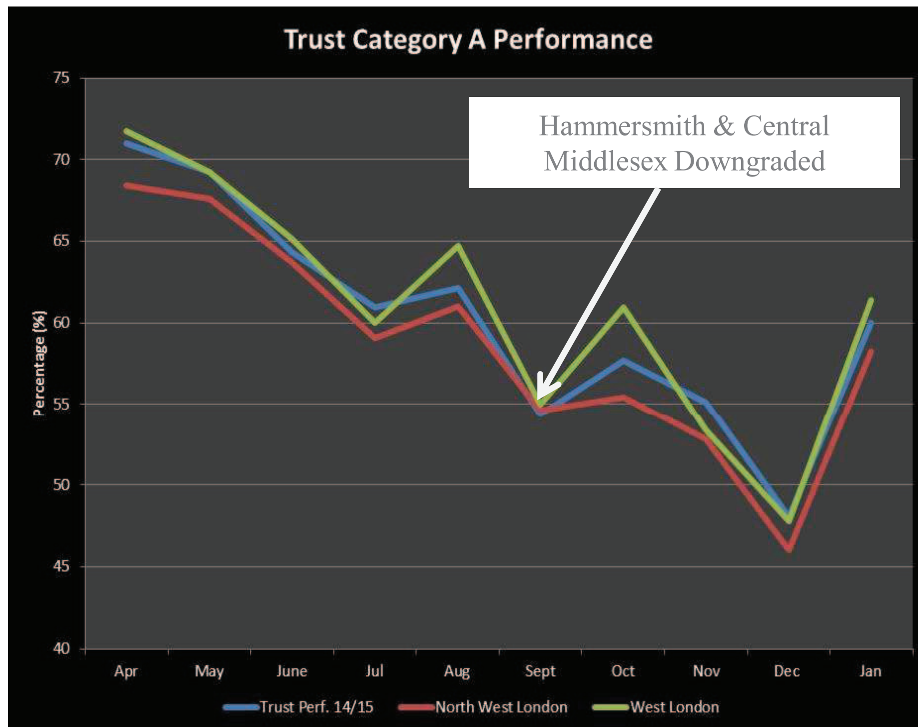

The Patient Journey
999 Call and the available decision process
999 Call Received
Via EOC
Hear & treat
Stroke <4hrs onset
STEMI (Heart Attack)
Unwell / injured Patient
Maternity
Patient Specific Protocol (Renal, Sickle Cell)
Major Trauma
Nearest Emergency Dept
Left at home, referred to GP
Urgent Care Centre
Left at home, referred RRT
Hyper-Acute Stroke Unit
Heart Attack Centre
Registered maternity unit
Registered treatment centre
Major Trauma Centre

Demand

- Over 1300 critical calls per day (Increased to 1500 per day during December)
- 75% of the most seriously ill and injured patients were reached in under 11 minutes
- Ambulance utilisation currently at +85% (Time spent on the way to or at an Emergency)
- 137,264 Calls triaged through 'Hear & Treat'

Figures All Year to Date01/04/14-16/02/15

Performance



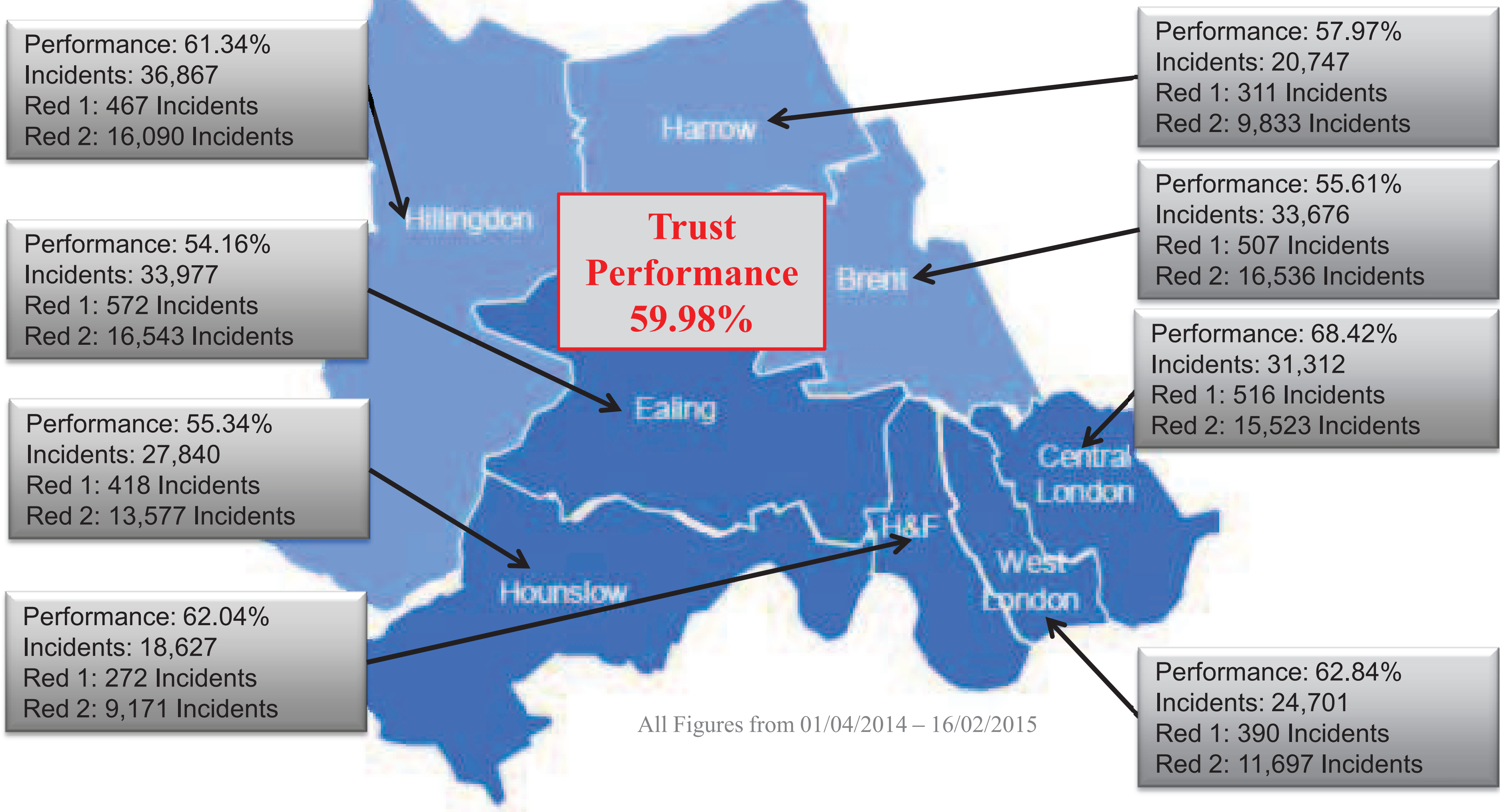
The Challenge

- Frontline Staff Vacancies due to a UK wide shortage of Paramedics. 364 Frontline vacancies (18th Feb 2015)
- Increased Demand – 2014 saw 100,000 more calls than 2013.

The Solution

- Recruitment of 1,000 additional frontline staff. 200 will be in place by end of March
- Staff retention measures
- Proactive campaigns to reduce call rate
- Demand management initiatives

CCG Category A Performance Year to Date



All Figures from 01/04/2014 – 16/02/2015

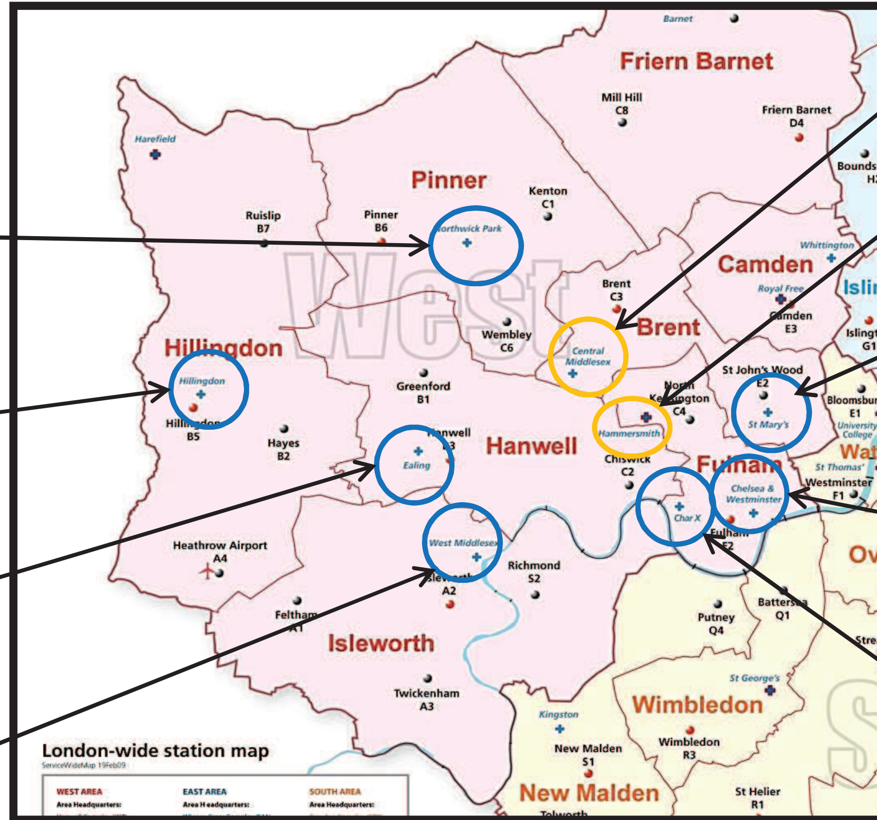
West London Hospital's Post SaHf Reconfiguration

NORTHWICK PARK HOSPITAL
24/7 ED, 24/7 UCC, HASU,
Maternity, Paediatric

HILLINGDON HOSPITAL
24/7 ED, 24/7 UCC,
Maternity, Paediatric

EALING HOSPITAL
24/7 ED, 24/7 UCC,
Maternity, Paediatric

WEST MIDDLESEX HOSPITAL
24/7 ED, 24/7 UCC,
Maternity, Paediatric



CENTRAL MIDDLESEX HOSPITAL
24/7 UCC

HAMMERSMITH HOSPITAL
24/7 UCC

ST MARY'S HOSPITAL
24/7 ED, 24/7 UCC, MTC,
Maternity, Paediatric

CHELSEA & WESTMINSTER HOSPITAL
24/7 ED, 24/7 UCC,
Maternity, Paediatric

CHARING CROSS HOSPITAL
24/7 ED, 24/7 UCC,
HASU,

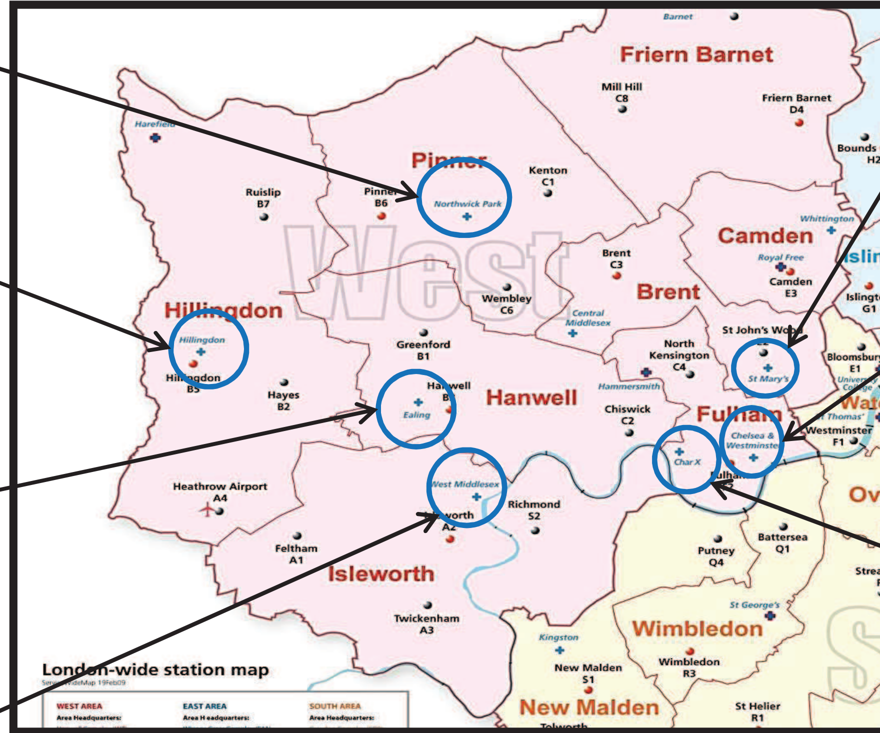
Average Dispatch and Conveyance times pre and post SaHf Reconfiguration.

NORTHWICK PARK HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:58**
Difference Average Scene To Hospital (mm:ss): **+00:47**

HILLINGDON HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:12**
Difference Average Scene To Hospital (mm:ss): **+00:22**

EALING HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:29**
Difference Average Scene To Hospital (mm:ss): **+01:04**

WEST MIDDLESEX HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:14**
Difference Average Scene To Hospital (mm:ss): **+00:27**

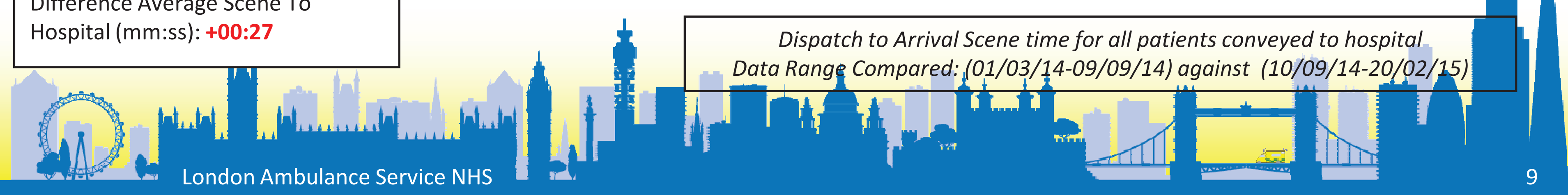


ST MARY'S HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:47**
Difference Average Scene To Hospital (mm:ss): **+01:25**

CHELSEA & WESTMINSTER
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:08**
Difference Average Scene To Hospital (mm:ss): **+00:25**

CHARING CROSS HOSPITAL
Difference Average Dispatch To Arrival Scene (mm:ss): **+00:15**
Difference Average Scene To Hospital (mm:ss): **+01:03**

Dispatch to Arrival Scene time for all patients conveyed to hospital
Data Range Compared: (01/03/14-09/09/14) against (10/09/14-20/02/15)



Winter Funding

Community CCG Coordinators
(Ealing, Hounslow and Tri-Borough)

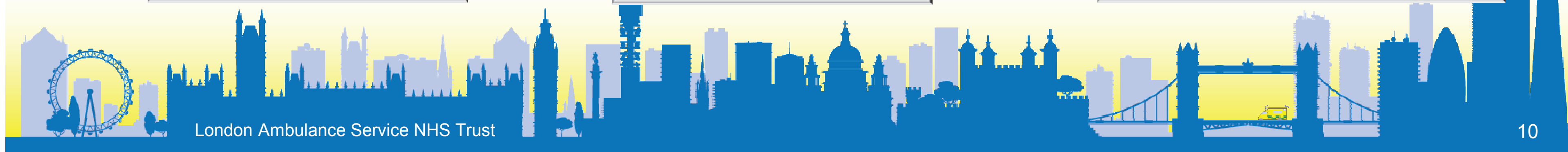
L.A.M.P
London Ambulance Maintaining Pathways

West London Care: Developments post SaHf Reconfiguration

UCC
Standardised West London Exclusion Criteria

RRT
Standardised West London Exclusion Criteria

Crisis Care Plans
Standardised West London Exclusion Criteria



THANK YOU

London Borough of Hounslow

Report for:
INFORMATION

Contains Confidential or Exempt Information	No
Title	Travel Advisory Group update
Member Reporting	Cllr Mel Collins – Acting Chair of Joint Health Overview and Scrutiny Committee
Contact Details	Emily Butler, Policy & Scrutiny Officer T: 020 8583 2964; E: ian.duke@hounslow.gov.uk
For Consideration By	Joint Health Overview and Scrutiny Committee
Date to be Considered	3 March 2015
Implementation Date if Not Called In	N/A
Affected Wards	All (and cross-borough)
Keywords/Index	Scrutiny Shaping a Healthier Future transport

1. Details of Recommendations

The Joint Health Overview and Scrutiny Committee is asked to note the information provided by the Travel Advisory Group as set out in the appendix to this report, providing comment as appropriate.

If the recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit, link to Values	Dates by which they can expect to notice a difference
The Joint Health Overview and Scrutiny Commitee (JHOSC) through the effective scrutiny and monitoring of the Shaping a Healthier Future programme will support the delivery of better, joined up services for Hounslow's residents, and residents of the other seven boroughs represented by the JHOSC.	Ongoing.

2. Report Summary

This report will provide an update on activity and progress of the Travel Advisory Group, as part of the JHOSC work programme.

Officer have subsequently requested an update on the following. Kiran Shah will present at the meeting, addressing these areas:

- An analysis of where the need for improved public transport access is greatest
- Suggested responses being developed

- Any key areas of concern emerging

Information to Date

At the 6 August meeting of the JHOSC, the following issues relating travel to hospitals were raised:

- The most vulnerable people in the community are the least likely to have personal transport and so rely on public transport;
- there needs to be more of a focus on carers and family visiting and travelling to and between hospitals once services have been reconfigured

An individual member of the Travel Advisory Group contacted the committee to express concern that transport information had not been included in the information given to the JHOSC. The committee decided that the issue of patient and visitor transport and how this was being addressed should be added to the JHOSCs work programme.

3. Reason for Decision and Options Considered

Not applicable

4. Key Implications

Not applicable

5. Financial Details

a) Financial Impact On The Budget (Mandatory)
None.

b) Financial Background (optional)
The JHOSC has no financial decision-making powers.

c) Comments of the Assistant Director Strategic Finance

This report has no direct financial implications.

6. Legal (to be completed in conjunction with the Legal Department)

a) Legal Details

b) Comments of the Assistant Director Corporate Governance
The JHOSC has no decision-making powers. Any recommendations that may emerge from a review undertaken by the panel would need to be referred to the relevant body or organisation.

7. Value for Money
8. Sustainability Impact Appraisal
9. Risk Management
All not applicable

10. Links to Council Priorities

This report contributes towards the corporate plan priorities:

- Active healthy communities
- Help and support when you need it

11. Equalities, Human Rights and Community Cohesion
12. Staffing/Workforce and Accommodation implications:
13. Property and Assets
14. Any Other Implications
15. Consultation
16. Timetable for Implementation

All not applicable

17. Appendices

18. Background Information

None

REPORT ENDS

London Borough of Hounslow

Report for: INFORMATION

Contains Confidential or Exempt Information	No
Title	Shaping a Healthier Future update
Member Reporting	Cllr Mel Collins – Chair of Joint Health Overview and Scrutiny Committee
Contact Details	Emily Butler, Policy & Scrutiny Officer T: 020 8583 2964; E: emily.butler@hounslow.gov.uk
For Consideration By	Joint Health Overview and Scrutiny Committee
Date to be Considered	3 March 2015
Implementation Date if Not Called In	N/A
Affected Wards	All (and cross-borough)
Keywords/Index	Scrutiny Shaping a Healthier Future

1. Details of Recommendations

The Joint Health Overview and Scrutiny Committee is asked to note the information provided by the Shaping a Healthier Future programme team as set out in the appendix to this report, providing comment as appropriate.

If the recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit, link to Values	Dates by which they can expect to notice a difference
The Joint Health Overview and Scrutiny Commitee (JHOSC) through the effective scrutiny and monitoring of the Shaping a Healthier Future programme will support the delivery of better, joined up services for Hounslow's residents, and residents of the other seven boroughs represented by the JHOSC.	Ongoing.

2. Report Summary

As part of its remit to scrutinise the 'Shaping a Healthier Future' (SaHF) reconfiguration of services in NW London, the JHOSC receives regular updates on the progress of the SaHF programme. Officers have subsequently requested an update on the following. At the meeting, XX will deliver the presentation attached at Appendix C:

- A&E waiting times: following the spike reported to the JHOSC at the October meeting and subsequent national and regional trends.
- Mitigation that is being put in place

- How do the local trends in NWL compare to the national and regional picture following the closure of Hammersmith and Central Middlesex A&Es?
- Are there conclusions to be drawn about any future closure of A&Es?
- Maternity services: Update on the timetable for the announcement of decisions regarding changes to maternity services
- Any other updates from SaHF that the JHOSC should be aware of

Information to Date
Previous updates have been given on the progress of SaHF:

6 August
- IT integration
- Out of hospital provision and the timings associated with ensuring sufficient provision
- Implementation plans – the JHOSC has previously secured agreement that implementation will happen to a 5 year timetable, rather than the previously planned 3 year timetable
- The development of the business case
- Plans for staffing

16 October
- Maternity and paediatrics
- A&E performance and closure update

20 February
- Implementation
- Enablers for the SaHF programme – 7 day services, informatics, workforce transformation, travel
- Whole systems integrated care
- Primary care transformation
- Mental health transformation
- Acute reconfiguration
- Local hospitals
- Communications and engagement

3. Reason for Decision and Options Considered

Not applicable

4. Key Implications

Not applicable

5. Financial Details

a) Financial Impact On The Budget (Mandatory)
None.

b) Financial Background (optional)
The JHOSC has no financial decision-making powers.

c) **Comments of the Assistant Director Strategic Finance**

This report has no direct financial implications.

6. **Legal (to be completed in conjunction with the Legal Department)**

a) **Legal Details**

b) **Comments of the Assistant Director Corporate Governance**
The JHOSC has no decision-making powers. Any recommendations that may emerge from a review undertaken by the panel would need to be referred to the relevant body or organisation.

7. **Value for Money**
8. **Sustainability Impact Appraisal**
9. **Risk Management**
All not applicable

10. **Links to Council Priorities**

11. **Equalities, Human Rights and Community Cohesion**
12. **Staffing/Workforce and Accommodation implications:**
13. **Property and Assets**
14. **Any Other Implications**
15. **Consultation**
16. **Timetable for Implementation**
All not applicable

17. **Appendices**

18. **Background Information**

Link to 16 October report:
http://democraticservices.hounslow.gov.uk/ieListDocuments.aspx?CId=594&MId=8737&Ver=4

Link to 6 August report:
http://democraticservices.hounslow.gov.uk/ieListDocuments.aspx?CId=594&MId=8633&Ver=4

Link to 20 February report:
http://democraticservices.hounslow.gov.uk/documents/g8525/Public%20reports%20pack%20Thursday%2020-Feb-2014%2019.00%20Joint%20Health%20Overview%20Scrutiny%20Committee%20JHOSC.pdf?T=10

REPORT ENDS

NHS

NW London Joint Health Overview and Scrutiny Committee (JHOSC)

Maternity, A&E Performance and Implementation Business Case (IMBC) Update

3 March 2015

Contents Slide

This pack contains the following information from across the North West London (NWL) providers:

1. Slide 3-6, an update on Maternity and Interdependent services at Ealing Hospital

2. Slides 7-19, an overview of A&E performance across the NWL providers between the periods of 6th October 2013 to 15th February 2015

3. Slide 20-25, the assumed assurance and approval steps to deliver the Implementation Business cases

Improving Maternity services in NWL – case for change

Maternity

- There is an increasing number of women with complex healthcare needs during pregnancy.
- This requires more consultant presence in order to reduce maternal mortality and poor outcomes.
- The units need to meet the London standards for obstetric consultant cover
- This could be done by consolidating obstetrics into fewer units allowing more consultant cover on the labour ward.

Paediatrics

- Some children can be provided care at home or on an ambulatory setting as appropriate.
- Staffing levels are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels.
- For high quality care, units need to be staffed properly. This could be done by concentrating emergency paediatric care and neonatal care into a smaller number of units.

The advantages of the proposed new model of care

- The six sites will all have upgraded facilities and a choice of midwife-led or consultant-led deliveries.
- Antenatal and postnatal care will continue to be delivered locally (including at Ealing Hospital).
- The new model will deliver more consultant-led care overall.
- It will help improve the midwife to birth ratio.
- It will involve an increased investment in the home birth team and more community midwives
- And neonatal services will expand on all six sites.

1. Ealing Clinical Commissioning Group is working towards setting a transition date for maternity and interdependent services from Ealing Hospital

In February 2013, the Joint Committee of Primary Care Trusts (JCPCT) agreed that Maternity & Paediatrics services at Ealing Hospital should close

- The JCPCT agreed with the recommendation that maternity, neonatal and paediatric services should be provided at six hospital sites in North West London (NWL) rather than the current seven: Chelsea and Westminster, Hillingdon, Queen Charlotte', St Mary's, Northwick Park, and West Middlesex Hospital
- The Independent Reconfiguration Panel (IRP) reviewed the plans and recommended to the Secretary of State for Health that these plans should continue to be implemented

Ealing CCG Governing Body met on 8th October 2014 to begin planning for this transition

- The Ealing CCG Governing Body reviewed the case for making this change from March 2015 onwards and agreed that work should commence to begin planning for decision making on a date for transition
- It was agreed that the Governing Body would meet again in early 2015 to set a date for transition

Maternity and paediatrics clinical leaders have been working together to plan for transition

- Heads of Midwifery, Consultant Pediatricians and Consultant Obstetricians have been meeting weekly to ensure operational plans are in place to support a safe transition
- A robust staff consultation has been concluded and all Ealing Hospital staff know which Trusts they will transfer to upon a decision on timing of closure.

Ealing CCG Governing Body will now meet on 18th March to set a date for the transition of these services

Shaping a healthier future

There is a strong clinical imperative as to why we need to make the changes now.

Clinical

- **Ealing women will continue to be disadvantaged.** Consultant presence at Ealing hospital will remain at 60hours (against a target of 168 hours and at least 98 hours in all other NWL hospitals), which is almost half the level of cover provided at some other Trusts in NWL. The caesarean section rate – which is currently the worst in NW London – would not improve. London North West Trust may be forced to review their overall model and bed and staffing requirements if activity continues to decline – this could compromise women's choice.
- **There will be significant confusion among local women**. Significant effort has already been invested in communicating the changes to patients. Those due to give birth from mid-March 2015 onwards have been asked to consider their preferred second choice provider in NW London when the service closes. If the changes do not go ahead as planned, these women will need to be communicated with to explain any changes, which will cause confusion at a time when women need to be provided with certainties about where they will deliver their baby. It will also cause a loss of confidence in the planned improvements to local services.

Workforce

- **The workforce will be destabilise which could impact on clinical safety.** Delays to the changes will result in increased uncertainty for Ealing staff. More staff at Ealing are already resigning to go and work outside of NWL. A further increase in staff turnover will increase reliance on bank and agency staff, which would lead in turn to inadequate levels of continuity of care for patients and further compromise the quality and safety of care provided. This also impacts on receiving Trusts readiness to handle the future service transition as staff earmarked to transition to another unit in NWL leave the sector. It will have an inverse impact on Northwick Park which is already trying to meet a CQC improvement plan. There is also a risk of increasing disquiet from Unions, who have been supportive to date.
- **Potential loss of clinical leadership and buy in from the Trusts that have been leading this change**. Clinical and operational leads from all of the Trusts in NWL have invested significant time and resource in planning for this change and are committed to and ready to implement. There is a risk both of losing key staff members who are leading change and of losing the good will and cooperation of staff, particularly clinicians, who have supported the programme to date. If clinicians and the trusts they represent disengage, they will be forced to expand their market share in other areas outside of NWL to increase activity which will impact on their ability to support a future closure at Ealing.
- **The overall training and supervision experience at Ealing will diminish** if maternity delivery activity continues to decline, this will force Health Education north West London to consider the withdrawal of trainees.
- Receiving Trusts have already put in resource in preparation for transition and **will not be able to commit and implement any further services without a reasonable timeframe thus leaving Trusts vulnerable in the event of a sudden closure.** Most Trusts have to complete further recruitment of staff before transfer of services and this will not be possible in the event of an unplanned closure leaving receiving Trusts at risk of being understaffed.

Reviewed

- **The London Clinical Senate.** At the request of NHS England, The London Clinical Senate established a Review Team comprising an experienced group of clinicians, including Clinical Directors from the Maternity and Children's Strategic Clinical Networks, and members of the Clinical Senate's patient and public voice to give independent advice on the change. They found no material issues that altered the strategic case for change presented in 2013. At an operational level the Review Team found that the drivers for change have accelerated since the case for change was accepted, especially over the last few months in maternity services, increasing risks to clinical quality and safety.

NHS

A&E performance

Concerns about the quality of care at Hammersmith Hospital Emergency Unit increased over 2013

- In August and September 2013, the Senior Management Team at the new Division of Medicine became aware of the potential risks associated with running the Emergency Unit (EU) at the Hammersmith Hospital:
  - The EU was not staffed by A&E consultants, and had not been for a significant length of time. The doctors in charge of the front door were acute physicians, and out of hours the senior clinician in charge of all admissions to the unit was the consultant physician on call, who may have had no training at all in an emergency department setting. This was felt to be a significant clinical governance risk, particularly out of hours.
  - Therefore there were no A&E trainees working in the department, and so no A&E trained registrars, as there was no appropriate consultant supervision. This meant that the EU SpR role was heavily reliant on locum cover, with up to 60% of the rota not having doctors in substantive appointments.
  - Over the last year it had become increasingly difficult to fill the out of hours shifts with appropriate locums. On occasions it was not possible to cover shifts, which meant the acute medicine SpR had to cover the EU overnight.
  - The unpredictability of locum availability and the large percentage of gaps thus led to further clinical risk on top of the lack of A&E consultant cover.
  - These pressures were compounded by the sudden closure of the Central Middlesex ED out of hours and the fact that the Hammersmith Hospital had no acute surgery or orthopaedics on site, and was not kitted out to manage trauma or surgical cases that were "walk-ins" (i.e. not brought in by ambulance).
  - London Ambulance Service (LAS) had a protocol in place that diverted surgical problems and trauma away from the department, but patients who were critically ill could be brought in, and patients who arrived by their own means could have any condition.
- Governance issues were reported as one of the division's top risks at the Trust Quality Committee in September and in every successive month. It was decided to avoid a precipitate closure of the EU, and further measures were put in place to mitigate the risks, whilst awaiting the decision of the Independent Reconfiguration Panel, which reported in February 2013.

Concerns about the quality of care at Central Middlesex Hospital A&E also increased over 2013

- Since the overnight closure of the CMH A&E, the NWLHT Board had been periodically monitoring the locum usage in both the acute Medical take and the A&E service:
  - This was recorded as a high risk on the Trust's risk register
  - Locum usage was consistently running at 60% across the services for nursing and medical staff, rising to 85% at weekends.
- During the period leading to the decision to close there was a greater than expected loss of medical trainees and the greater use of locum staff. This resulted in a lack of continuity of care by the medical team and an increased element of consultant time through a winter period when attracting good quality locums becomes harder, particularly over the Christmas period.
- Similar issues were also faced at Northwick Park Hospital A&E, with 43% locum usage amongst the medical team. The NWLT Board considered that the A&E at Northwick Park Hospital needed more skilled doctors and nurses to support the service.
- Combining the two sets of staff would reduce locum usage by 20%, providing a more robust safe service (in particular this allowed an additional consultant to be on duty at Northwick Park Hospital every day).
- In Acute Medicine the move of the training posts to Northwick Park Hospital would also enhance the safety of the night cover from 1 registrar to 2. This would also improve the training experience for these doctors and increase compliance to the Quality standards for emergency medicine.

An Independent Reconfiguration Panel further highlighted the clinical risk in the current model of A&E service delivery at HH and CMH

- Following referral by Ealing Overview & Scrutiny Committee, the Secretary of State commissioned an Independent Reconfiguration Panel (IRP) review of the SaHF programme. The IRP review covered the current provision of Accident and Emergency (A&E) services, including at Hammersmith Hospital and Central Middlesex Hospital:
  - **Hammersmith Hospital (HH):** with regard to the existing A&E at Hammersmith Hospital, the Panel found that, while residents considered it to be a valuable service, the range of conditions able to be treated is constrained by the absence on-site of relevant back-up services such as emergency surgery. Both the commissioners and the provider of this service agree that better care could be provided by concentrating A&E resources at St Mary's Hospital linked to a 24-hour urgent care centre at Hammersmith Hospital.
  - **Central Middlesex Hospital (CMH):** the A&E service at Central Middlesex Hospital is also limited in the range of conditions able to be treated. It is currently open for 12 hours a day. Whilst this service provides some capacity to the A&E system in north west London, the Panel accepts that a more effective option is to concentrate A&E resources at Northwick Park Hospital linked to a 24-hour urgent care centre at Central Middlesex Hospital.

- The panel concluded that:

  - *"The proposal for the five major hospitals to provide A&E and associated services in north west London should be implemented. It is more sustainable than the alternatives and will deliver benefits including a reduction in avoidable morbidity and mortality.*
  - *The current problems and future challenges faced by the NHS in north west London require large-scale change in the way services are designed and delivered. …The Panel agree with the widely held view that the status quo is neither sustainable nor desirable. The Panel is also concerned that the current position is not stable. Some acute services, including A&E, are already at risk from increasing specialisation in surgery and shortages in supply of key clinical staff. The Panel is clear that the continuing safety and quality of some acute hospital services are a real and current risk for the NHS that should inform the priority and timing of service changes in the Shaping a Healthier Future implementation programme."*

The closure of the A&E units was therefore brought forward for clinical safety reasons and with full support of the clinicians in the hospitals

- Following a public consultation, the *Shaping a healthier future* (SaHF) Decision Making Business Case (DMBC) recommendations were agreed by the Joint Primary Care Trust (JCPCT) in February 2013.
- Following advice from the Independent Review Panel (IRP), on 30 October 2013 the Secretary of State for Health announced his decision to support the recommendations "'in full".
- He also determined that the Central Middlesex Hospital (CMH) and Hammersmith Hospital (HH) Accident and Emergency (A&E) departments should close "as soon as practicable", due to the increasing clinical safety risks associated with maintaining these services and identified by the IRP during their review.
- This took priority over our initial plans to hold back on changes until sufficient out of hospital development had taken place. For that reason, in planning the change we did not apply the assumptions around reductions in hospital length of stay or reductions in admissions made in the DMBC.
- The closures of these two smaller A&E units were brought forward for clinical safety reasons on the advice of the Independent Reconfiguration Panel and with the full support of the clinicians in the hospitals.

Robust programme management, detailed assurance processes, and expanded A&E alternatives supported implementation of the changes

Implementation approach

- The SaHF programme mobilised separate projects, led by Imperial and North West London Hospitals Trusts, to manage these service transitions.
- A lessons learned workshop was undertaken with the team involved in the Barnet, Enfield and Haringey Clinical Strategy programme, which led similar changes to Chase Farm Hospital in 2013, to harness their experiences.
- Due to analysis revealing a significant overlap in patient populations attending Hammersmith and Central Middlesex A&Es, it was agreed that both A&Es should close on the same date to avoid unplanned activity flows to either site.
- Following a detailed assurance process, Hammersmith & Fulham and Brent CCGs and NHS England confirmed they were assured that the service transitions could take place safely on the planned closure date of 10th September 2014.
- Following activity modelling analyses and scenario planning a system wide forum was established to develop (a) NWL wide contingency plans; and (b) an Operations Executive to monitor the performance of the system through the transitions and to identify and implement actions to manage risks.
- Pan-NWL collaboration was put in place prior to the closures to manage peaks in demand and performance through a daily call and weekly Operations Executive, enabling surges to be managed quickly with key stakeholder involvement.

Urgent Care Centres and Out of Hospital services

- Nine urgent care centres (UCCs) in NW London are now open 24/7. The UCCs at Hammersmith and Central Middlesex are working to the new enhanced UCC model and have exceeded the 95% target for seeing patients within 4 hours throughout the quarter.
- 291 General Practices across NW London are now offering evening and / or weekend appointments (both on the day appointments and drop-in services) which can be accessed by 1.7 million patients. Some surgeries are also piloting innovative technologies such as Skype, to further improve access and patient care.

While it has only been five months since the changes, there is already a higher standard of A&E care across NW London

- The transitions were both completed on Wednesday 10th September, as planned, with London Ambulance Service conveyances ceasing at 19:00 on 9th September.
- These changes were part of a longer term programme of change and as such full benefits will take several years to be fully realised. However, the successful closure of the Emergency Department at Hammersmith hospital and the A&E at Central Middlesex Hospitals on the 10th September has resulted in a number of benefits that have had a positive impact across North West London (NWL) NHS.
- In particular, there is now a higher standard of A&E care across North West London and services are safer as a result of these changes:
  - There were significant concerns about clinical performance in both Hammersmith hospital and Central Middlesex hospital. Patients are now attending hospitals that provide better care.
  - Staff completed a comprehensive local induction when moving to a new role or ward. Alongside this, a comprehensive assessment of training requirements was conducted during development reviews with line managers in the lead up to transition. This resulted in the staff having the appropriate skill level for the roles they fulfilled.
  - All Trusts are working to increased standards for levels of consultant care (see slide 13).
  - The workload isn't spread as thinly as before and the patient flow pathways are managed more effectively.
  - Additional capacity is in place at Hammersmith, St. Mary's and Charing Cross hospitals.
- The staff involved in the changes are to be commended for their support, positive engagement, co-operation and hard work to ensure the safe closure of the units.

Urgent Care Centres (UCCs) across NWL have been enhanced, and clinical training, for doctors and other clinicians, has improved

Urgent Care Centres

- Urgent Care Centres (UCCs) across NWL were enhanced as part of the recommended A&E unit closures:
    - To achieve an elevated specification of the existing UCCs and the creation of new stand-alone UCCs, the skill level of staff was developed through a series of short training courses. This was designed to address the specific areas of local healthcare provision that needed additional resource; e.g. breakaway training and additional skills in managing pregnant mothers with imminent delivery.
    - This was supported by Health Education North West London through funding in two streams: firstly £20,000 was allocated to delivering short courses for all staff in each UCC and this was supplemented with Individual Learning Accounts of £500 per person.
    - Several UCCs are now working to the enhanced specification, and are operating 24/7.

Health Education and Staff Training

- Trainee doctors affected by the transition were transferred to sites within the trusts to which they were assigned. The result was the opportunity for exposure to a high level of activity (as the receiving trusts had higher overall activity than Hammersmith or Central Middlesex). The exposure to an environment with a greater volume and number of patients has enabled the trainee doctors to develop their skills and experience to a greater level of expertise than before.
- The reconfiguration of A&E services has also provided greater employment opportunities for healthcare professionals in a variety of roles to supplement the existing resources. It has improved the skills and capabilities through extensive training programmes of the existing staff already in situ. This will result in a better standard of care being delivered and an improved ability to handle a larger volume of patients.

NWL has worked hard to keep staff aware of the plans and staff vacancy levels have reduced, improving the quality of care provided

Staff vacancy levels across NWL have reduced since the A&E changes, with increased clinical cover in A&E. In all areas the aim has been to employ permanent staff rather than locums.

Northwick Park Hospital

- Additional A&E Consultants were recruited to Northwick Park, and consultants transferred from CMH. There are now 13.5 Emergency Consultants in A&E compared to 8.15 in July 2014; there are 116 A&E nurses now compared to 94 in July 2014 and there are 40.8 A&E middle & junior doctors compared to 25.16 in July 2014. Consultant vacancy rates have fallen from 37% to 6% against a higher baseline and nursing vacancy rates have fallen from 21% to 15%.
- This has enabled increased hours of consultant cover to 3 A&E consultants 8am to 10pm and at least 1 consultant up to midnight.
- Weekend consultant cover at Northwick Park has moved from 9am-5pm to 8am-midnight, improving clinical safety.

Imperial College Healthcare NHS Trust

- Staff turnover reduced in December compared to both September 2014 and December 2013.
- New staff employed include:
  - A further 6 A&E consultants have been employed across Imperial Healthcare Trust's A&E sites and there are 6 additional core medical trainees in emergency care at Imperial. There are also 6 additional band 5 nurses in the ED at St Mary's and additional clerical staff to enable weekend and evening admission to wards. At Charing Cross there are 3 additional band 5 nurses now in the ED.

All Trusts are working to increased standards for levels of consultant care. North West London now has a more clinically sustainable and safe service, with patients having access to consultant led emergency care and primary care led urgent care in ways not possible before the changes.

While clinical leaders are confident the NWL health system is now safer, there has been a dip in A&E 4 hour standard performance in line with national trends

- While both closures took place safely, and NWL clinical leaders are confident we are now running a safer system, it is recognised that there was a dip in A&E performance across NWL during Autumn 2014.
- An independent report commissioned by NHS England is expected to confirm that whilst there has been deterioration in A&E performance across the NWL area, this deterioration is in line with the deterioration in London and nationally and is not linked to the closures of the Hammersmith and Central Middlesex A&Es.
- The trend in deteriorated performance against the 4 hour A&E target at the seven full A&Es in North West London commenced before the closures (in late August / early September) and there is no distinct deterioration associated with the changes on 10 September.
- A new A&E department opened at Northwick Park in late 2014 which has helped alleviate specific issues at that site.
- The A&E system nationally and in London is seeing unprecedented pressure this winter – it is not specific to NWL or to these trusts. Performance nationally dipped over winter but across Q3 the North West London sector was the highest performing in London – at 92.87% - for A&E performance and was above both the London and the national average performance for the quarter.
- It is important to note that the units closed were relatively small and other trusts have had plans in place to deal with this and with the winter pressures. While the independent review found Northwick Park lacked capacity, total bed capacity across NWL has increased by 39 beds, and the closures also enabled staffing to increase at other A&Es.

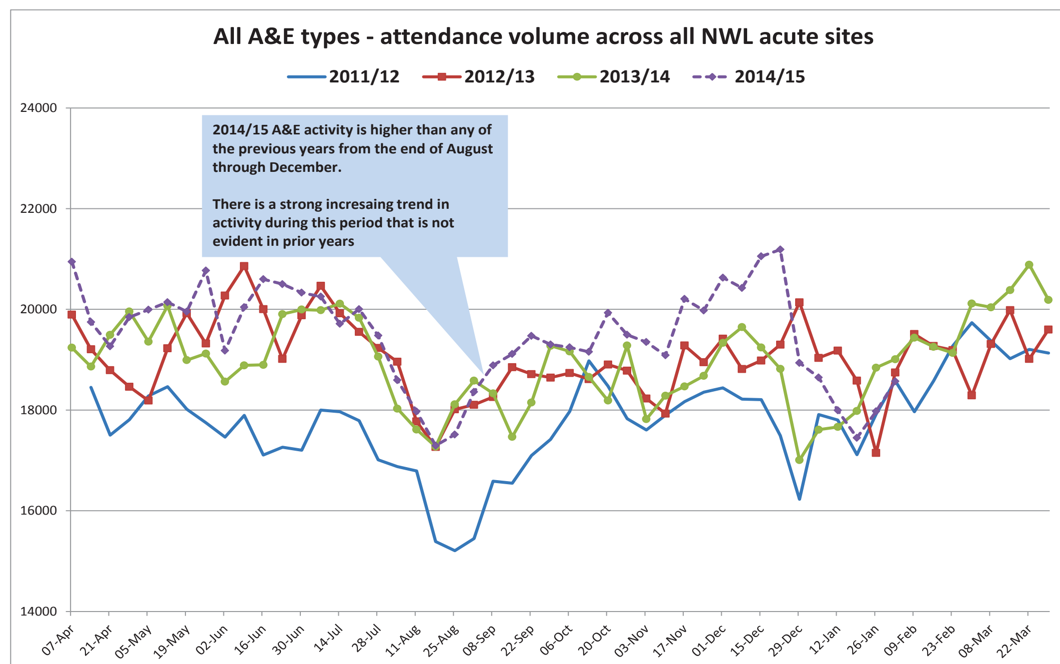
NWL remains the highest performing sector in London for A&E performance, despite a 7.65% increase in attendances from 2013/14

- From October to December 2014, the North West London sector was the highest performing for all type A&E performance and therefore above the London average performance for that period. This trend has continued into January.

	Q3 2013/14 All-type performance	Q3 2014/15 All-type performance	Q3 Admissions 2013/14	Q3 Admissions 2014/15	Increase in admissions in 2014/15	Q3 Attendances 2013/14	Q3 Attendances 2014/15	Increase in attendances in 2014/15
North West London Area	96.66%	92.87%	47,508	47,648	0.29%	307,269	327,683	7.65%
North East London Area	94.99%	92.01%	72,071	73,446	1.91%	427,310	460,014	6.64%
South London Area	94.25%	92.27%	68,084	72,859	7.01%	370,368	371,375	0.27%
London	95.27%	92.34%	187,663	193,953	3.35%	1,104,947	1,159,072	4.90%
England	95.64%	92.56%						

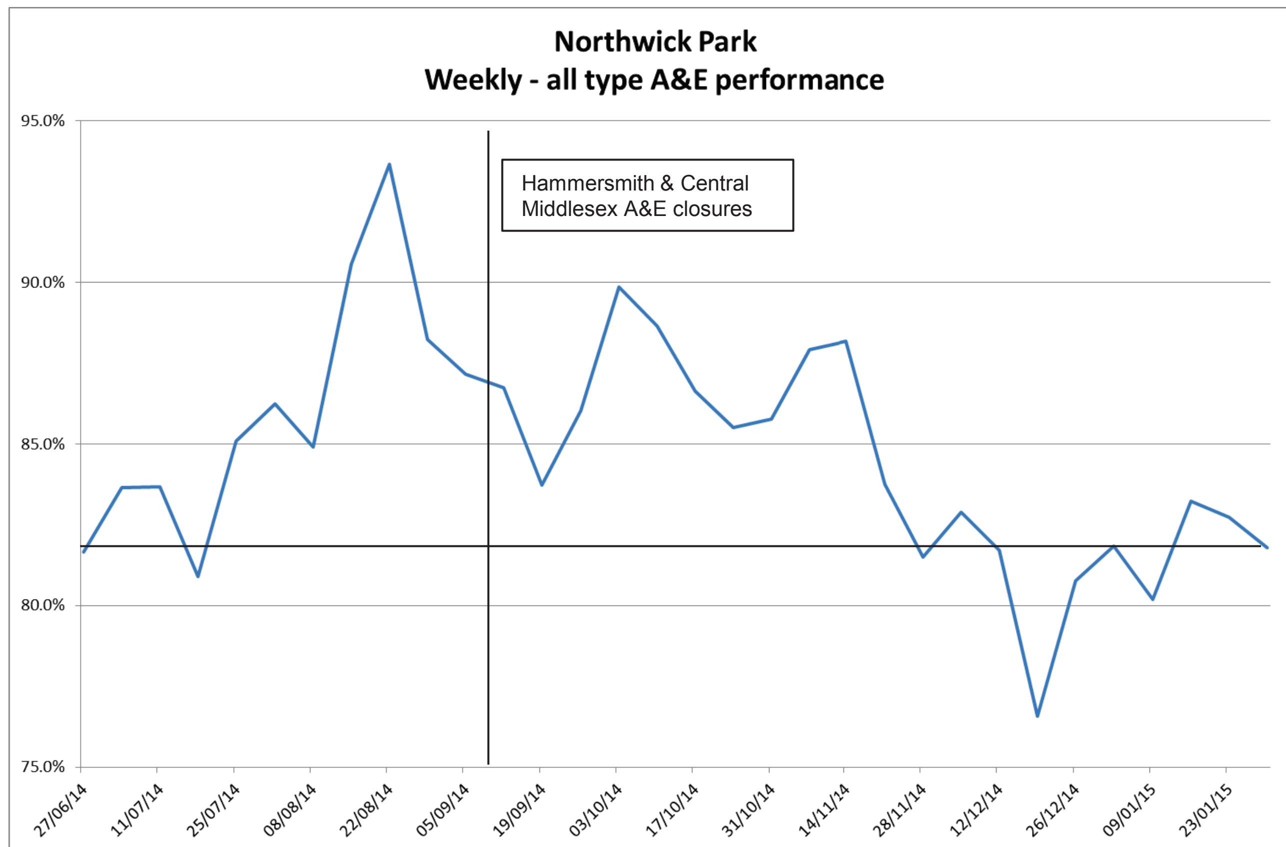
- Admissions have been broadly flat year on year in NWL compared to an average rise of 3.35% in London. However, attendances have increased in NWL by over 123 per day compared to the previous year, with this equating to a 7.65% increase in attendances from October to December 2014/15 compared to 2013/14. The performance position in NWL has been secured despite this increase.

- The following slides provide further details around the A&E performance at the main receiving trusts for the A&E activity from closures of the Hammersmith and Central Middlesex A&Es.



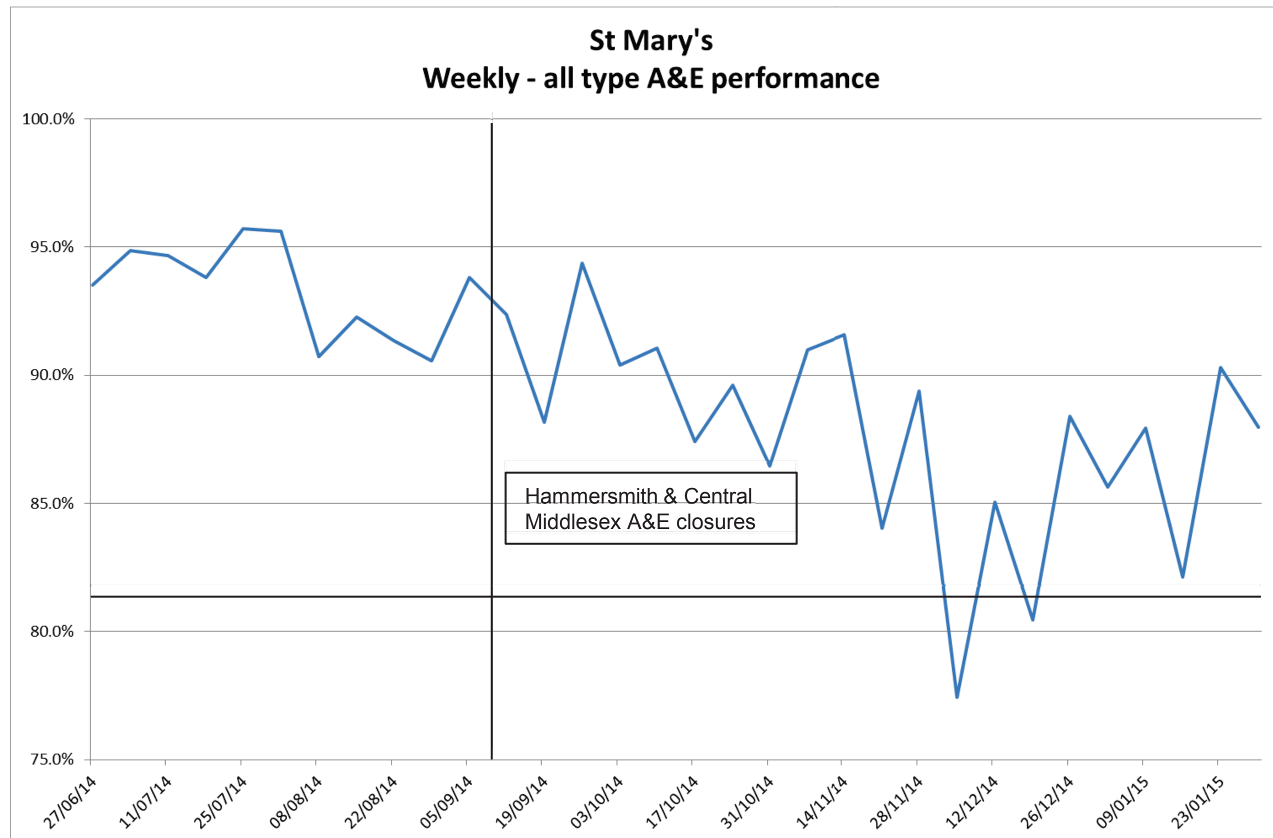
Northwick Park Hospital

- The all type monthly A&E performance against the 95% target (i.e. to see 95% of patients within 4 hours) at Northwick Park Hospital fell by 6% between October 2013 and October 2014.
- As shown by the graph below, there is not a clear and immediate correlation between the A&E closures and the deterioration in performance at the site, which was already below the target before the closure. The trust has implemented a detailed recovery plan to bring performance back up to the national target.



St. Mary's Hospital – A&E performance

- The all type monthly A&E performance against the 95% target (i.e. to see 95% of patients within 4 hours) at St. Mary's Hospital fell by 6% between August and November 2014 (and by 6% between October 2013 and October 2014).
- As shown by the graph below this decrease in performance started before the closure of the Hammersmith (and Central Middlesex) A&Es, starting in August / September 2014. Performance has improved during 2015 and the Trust is planning to achieve the 95% target from the week beginning 23 February.



Shaping a healthier future

Shaping a healthier future

NHS

Implementation Business Case

February 2015

Purpose of the Implementation Business Case

- SaHF is a clinically driven, service transformation programme requiring whole system change
- We are developing an "Implementation Business Case" (ImBC) to:
  - Act as the programme's **Strategic Outline Case** (SOC) and thereby facilitate the sign-off by appropriate governance groups of the underlying Trust and Commissioner business cases
  - Provide an **umbrella business case** for the SaHF programme to communicate its objectives and the approach to achieving its desired outcomes
  - **Facilitate the approval** of the underlying trust and commissioner business cases
- The service models proposed by Shaping a healthier future cover the full spectrum of care from services delivered in patients' homes right through to specialist hospital care
- Successful delivery of the recommended proposals will provide high quality clinical care, through an affordable solution, both in and out of hospital in the appropriate location

Structure of the Implementation Business Case

- The ImBC:
  - Is based on the drafts of Trust acute business cases and latest CCG Out of Hospital plans
  - Reflects the current progress made on implementation
  - Takes into account the operational demands for health services of NW London as they currently stand
- The ImBC is based on HM Treasury's five case model for business cases:
  - **Strategic Case**
    - Confirms the case for change and sets the context of the capital investment required
    - Details the PCBC/DMBC analysis which confirmed there should be five major hospitals in NW London, selected three configuration options to go to public consultation and confirmed the preferred approach
  - **Economic Case**
    - Assesses the options for both out-of-hospital and hospital reconfiguration, to deliver the approach proposed in the DMBC
    - Identifies the preferred option on value for money grounds
  - **Financial Case**
    - Outlines the capital required to deliver the options
    - Assesses the affordability to both commissioners and providers, and confirms the preferred option
  - **Commercial Case**
    - Summarises the commercial principles and approaches for implementation
  - **Management Case**
    - Sets the overall programme delivery approach, governance and consolidated implementation schedule

Moving towards implementation

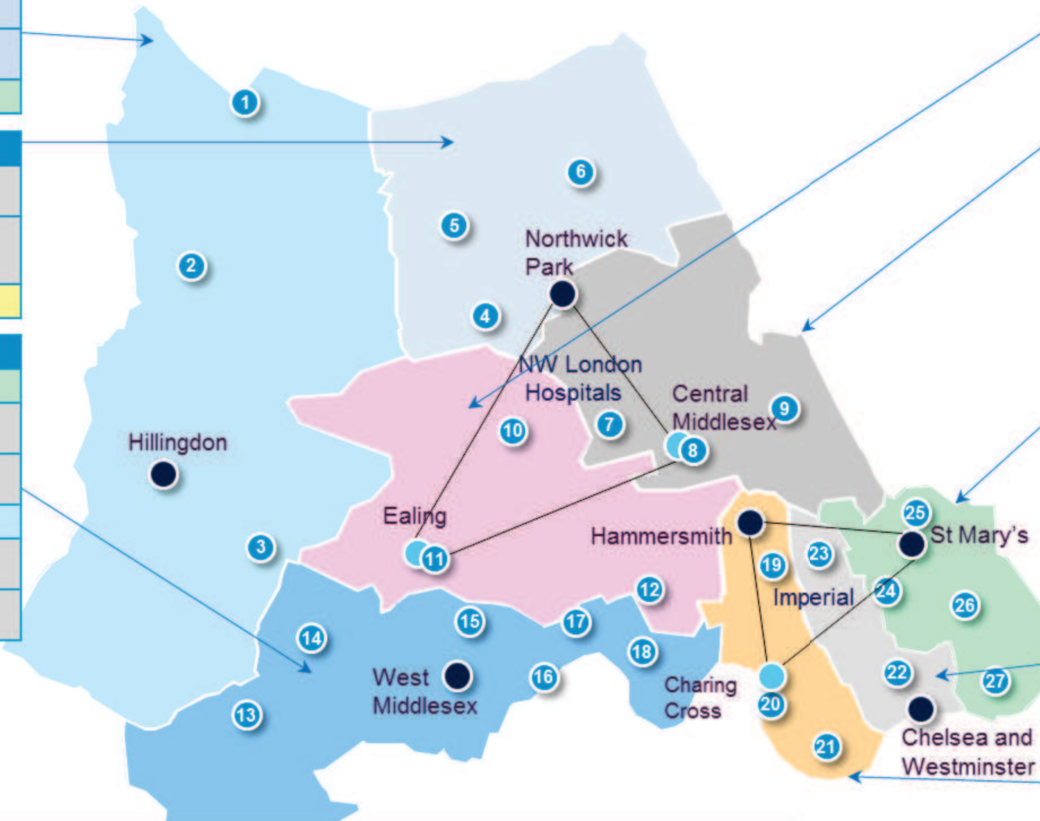
- Following approval of the ImBC, a number of business cases will be completed by commissioners and trusts to make the case for individual investments
- These include:
  - 19 out-of-hospital ‘hub’ business cases
  - Two Local Hospital business cases
  - One Elective Hospital business case
  - Five Major Hospital business cases
  - One Specialist Hospital business case
  - A range of primary care estate scheme business cases

Proposed approach: Future configuration of hubs

	Hillingdon Hubs	Stage
1	North Hillingdon Hub	Strategic stage
2	Uxbridge and West Drayton Hub	Strategic stage
3	Hesa Primary Care Centre	Operational

	Harrow Hubs	Stage
4	The Pinn Medical Centre	Operational – further investment required
5	Alexandra Avenue Health and Social Care Centre	Operational – further investment required
6	NE Harrow	OBC in development

	Hounslow Hubs	Stage
13	Feltham Health Centre	Operational
14	Heston Health Centre	Operational – further investment required
15	Heart of Hounslow Centre for Health	Operational – further investment required
16	West Middlesex Hub	Strategic stage
17	Brentford Health Centre	Operational – further investment required
18	Chiswick Health Centre	Operational – further investment required



● Major Hospitals
● Local Hospitals

	Ealing Hubs	Stage
10	Ealing North Hub	OBC in development
11	Ealing Local Hospital Hub	OBC in development
12	Ealing East Hub	OBC in development

	Brent Hubs	Stage
7	Wembley Centre for Health and Care	Operational – further investment required
8	Central Middlesex Hospital 'Hub Plus'	OBC in development
9	Willesden Centre for Health and Care	Operational – further investment required

	Central London Hubs	Stage
24	St Mary's Hospital Hub	OBC in development
25	Church Street Hub	OBC in development
26	Central Westminster Hub	Strategic stage
27	South Westminster	Operational

	West London Hubs	Stage
23	St Charles Centre	Operational – further investment required
22	South Locality Hub	OBC in development

	Hammersmith & Fulham Hubs	Stage
19	Park View (formerly known as White City)	Operational
20	Charing Cross Hospital Hub	OBC in development
21	Parsons Green	Operational – further investment required

Key	Process stage	Description	Progress in process
Strategic stage (pre-PID)	PID	At the start of the process, in early planning stages. A site may not even have been identified	Start of the process
Business case in development	OBC	A site or sites have been identified and options are being explored	↓
Operational as a health centre – further investment required to be a hub	OBC	The site is operational as a health centre but requires further capital investment to take on more OOH services as a 'hub' in line with the CCG's activity estimate in its SSDP	↓
Operational as a health centre / hub	N/A	The site is already operational as a health centre or hub, and does not require further capital investment to take on more OOH services as a 'hub' in line with the CCG's activity estimate in its SSDP	End of the process

Note: Hesa (Hillingdon) and Park View (Hammersmith and Fulham) have been opened since April 2013, and St Charles has recently accommodated new OOH services.

3. Implementation Business Case: Assumed assurance and approval steps

Page 54

Shaping a healthier future