

North West London Joint Health Overview and Scrutiny Committee

AGENDA

DATE: Wednesday 14 October 2015

TIME: 4.30 pm

VENUE: Council Chamber, Harrow
Civic Centre

COMMITTEE MEMBERSHIP

Cllr Mel Collins (Hounslow) - Acting Chair

Cllr Aslam Choudry (Brent)
Cllr Mary Daly (Brent),
Cllr Peter Mason, (Ealing)
Theresa Mullins (Ealing)
Cllr Rory Vaughan (Hammersmith and Fulham)
Alternating Member (Hammersmith & Fulham)
Cllr Rekha Shah, (Harrow)
Cllr Vina Mithani (Harrow)
Cllr Myra Savin (Hounslow)
Cllr Robert Freeman (Kensington & Chelsea)
Cllr Wil Pascall (Kensington & Chelsea)
Cllr John Coombs (Richmond)
Cllr Liz Jaeger (Richmond)
Cllr David Harvey, (Westminster)
Dr Sheila D'Souza (Westminster)

Contact: Vishal Seegoolam, Senior Democratic Services Officer
Tel: 020 8424 1883 E-mail: vishal.seegoolam@harrow.gov.uk

1. WELCOME AND INTRODUCTION

2. APOLOGIES FOR ABSENCE

To receive apologies for absence (if any).

3. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Joint Committee;
- (b) all other Members present in any part of the room or chamber.

4. MINUTES (Pages 3 - 10)

That the minutes of the meeting held on 16 June 2015 be taken as read and signed as a correct record.

5. LONDON AMBULANCE SERVICE UPDATE (Pages 11 - 28)

6. SHAPING A HEALTHIER FUTURE UPDATE (Pages 29 - 84)

7. SCOPING MENTAL HEALTH ITEM

Verbal Report.

8. HEALTH COMMISSION UPDATE

Verbal Report.

9. ANY OTHER BUSINESS

Which the Chair has decided is urgent and cannot otherwise be dealt with.

**JOINT HEALTH OVERVIEW & SCRUTINY PANEL
COUNCIL CHAMBER, EALING TOWN HALL**

MINUTES

Tuesday 16 June 2015

PRESENT:

Cllr Mel Collins (LB Hounslow) (Chair)
Cllr Myra Savin (LB Hounslow)
Cllr Peter Mason (LB Ealing)
Cllr Theresa Mullins (LB Ealing)
Cllr Rory Vaughan (LB Hammersmith & Fulham)
Cllr Vina Mithani (LB Harrow)
Cllr Rekha Shah (LB Harrow)
Cllr Charles Williams (RB Kensington & Chelsea)
Dr Sheila D'Souza (Westminster City Council)

Also Present:

Pippa Nightingale – Head of Midwifery, Imperial College
Clare Parker – Accountable Officer, CWHHE CCG
Dr Mohini Parmar – Chair, Ealing CCG
Andrew Pike – Head of Communications, CCG

1. Welcome and Introductions

Councillor Peter Mason welcomed members to the London Borough of Ealing.

2. Apologies for Absence

(Agenda Item 2)

Apologies for absence were received from Councillor Dan Filson (LB Brent), Councillor Mary Daly (LB Brent), Councillor Sharon Holder (LB Hammersmith & Fulham), Councillor Will Pascal (RB Kensington & Chelsea) and Councillor David Harvey (Westminster City Council).

3. Minutes of the Meeting Held on 3 March 2015

(Agenda Item 3)

Resolved: That the minutes of the previous meeting of the Committee held on 3 March 2015, be agreed as a true and correct record.

4. Declarations of Interest

(Agenda Item 4)

There were none.

5. Shaping a Healthier Future – A Local Hospital at Ealing Hospital and Charing Cross Hospital
(Agenda Item 5)

Clinical Commissioning Group (CCG) Officers presented a report updating the Committee on the development of Charing Cross and Ealing Hospitals into 'Local Hospitals'.

It was advised that there had not been any significant developments that the Committee needed to be advised of since the previous update. Work was still ongoing with the implementation business case. Due to commercial sensitivities it was still a confidential document at the present stage, but it would be made available to the JHOSC and individual council scrutiny committees at the earliest possible stage. The Keogh Review on SaHF was expected to be published later in the year, and this would help to inform the final design of future A&E provision.

The Chair expressed concern that the public were not being provided with sufficient clarity about what form local hospitals would take. Were they expected to be similar to Urgent Care Centres? What would the staffing levels be? What services would patients be able to receive?

It was stated that with the Keogh Review being used to aid the finalising of the local model, descriptions of the form it would take could not be provided at the present time. Committee Members were assured though that they provided services beyond that available within an Urgent Care Centre.

Councillor Vaughan asked if a timetable was being developed and whether consultation was taking place in advance of the proposals.

It was hoped that a timetable would be available as soon as possible, and a wide ranging consultation would take place with local communities, PCTs, patients and local authorities.

Resolved: That

- (i) the update on the development of Charing Cross and Ealing Hospitals into local hospitals be noted; and
- (ii) copies of the related consultation documents be provided to the Committee when available.

6. Shaping a Healthier Future – Update on Implementation Business Case
(Agenda Item 6)

The Committee was provided with a report updating them on the latest developments on the Shaping a Healthier Future (SaHF) Implementation Business Case (ImBC).

Following the agreement of the Secretary of State to develop the SaHF programme in October 2013, development work was being undertaken on the ImBC which would provide the Strategic Outline Case (SOC) for the capital investment required for delivery.

The ImBC was based on the drafts of Trust acute business cases and the latest CCG Out of Hospital plans. It would reflect the current progress made on implementation and take into account the operational demands for health services in North West London as they stood. The ImBC format would use HM Treasury's five case model for business cases.

Change in health service provision in North West London was necessary and would entail three stages. Firstly, the local drivers for change, as set out in the Decision Making Business Case (DMBC) would be considered. Secondly, the latest national policies and how they supported the need for change would be considered. Thirdly, consideration would be given to the latest clinical evidence and techniques.

The Chair thanked the representatives for the update and invited Committee Members to comment and ask questions.

Councillor Williams asked whether more information could be provided on the out of hospital facilities. Exact details on the services each hub would provide were not known at present, but Officers were happy to feedback information as it became available.

Dr D'Souza spoke of the need for fast tracking out of hospital community facilities, it was considered pivotal that smaller spend items were expedited as there was a growing sense of urgency.

It was advised that discussion was ongoing with the NHS about progressing elements quicker where possible. A number of out of hospital services had already been implemented with a positive impact being seen, 20 further out of hospital services were in the course of being rolled out across five CCG's.

Dr D'Souza suggested that it would be helpful for the Committee for a trajectory to be produced which would show the rates of transfer for out of hospital services, they would then be able to review the delivery plan.

The Chair stated that business and financial cases were not seen by the JHOSC until too late a stage. He expressed concern that the role of the Committee was being undermined and that important items should be brought before them at the earliest viable stage.

Discussion took place around the metrics being used. It was explained that the metrics would sit in two domains, one for the Better Care Fund and a separate one for Quality Indicators. The Committee felt it would be useful to see a composite version of these metrics.

Dr D'Souza stated that it would also be useful to see a framework of activity and quality metrics for hospital and community settings across the eight CCGs, this would allow progress against the metrics to be scrutinised by the Committee. The importance of the CCGs all progressing at a similar pace was restated.

CCG representatives agreed to provide the requested metrics and assured Committee Members that all North West London CCGs were working closely to ensure an aligned pace.

The Chair discussed the financial business case for the development of Ealing and Charing Cross as local hospitals. On what basis was it going to the treasury and what was being asked for? Would the JHOSC be able to see it first or would it be going straight to the treasury?

Officers stated that they would go back to check on specific points that could not be shared at present before then bringing the case to the Committee at the earliest opportunity following that. Some elements of the case would only require NHS England approval. Officers were currently taking advice on whether the whole case needed to be sent to the treasury or just the elements that directly concerned them.

Resolved: That

- (i) the update on the Implementation Business Case be noted;
- (ii) further information detailing which services will be available in each hub be fed back to the Committee;
- (iii) a trajectory be produced showing the transfer of Out of Hospital Services enabling the Committee to review the delivery plan;
- (iv) a composite of the existing Better Care Fund and Quality Indicator metrics be provided to the Committee;
- (v) a framework of activity and quality metrics for hospital and community settings across the 8 CCGs be provided, allowing progress against the metrics to be scrutinised by the Committee; and
- (vi) the Financial Business Case be shared with the Committee at the earliest opportunity following checks on specific areas that they will not be able to share.

7. Maternity Services Update (Agenda Item 7)

On 20 May 2015, the governing body of the Ealing Clinical Commissioning Group (ECCG) set a date for the transition of maternity activity from Ealing Hospital. A report was presented to the Committee which detailed the planned transition dates as well as providing further information on the future model for maternity activity in North West London.

The Panel were advised of the detailed assurances undertaken to support the decision, the model of care and implementation plan and the changes to gynaecology and paediatric services as well as an overview of the communications and engagement strategy which was in the process of being undertaken.

The Chair thanked Officers for their introduction and invited Panel Members to comment and ask questions.

Councillor Mithani expressed concern regarding Northwick Park Hospital's ability to cope with the extra pressure placed upon its maternity unit following closure of the Ealing unit. It was advised that the capacity would be spread across five different

trusts throughout West London. There had been a conscious effort to avoid placing too much onus onto Northwick Park Hospital until all issues arising from their recent Care Quality Commission review had been resolved. Though it was noted that Northwick Park had been staffed deliver up to 5,300 babies per annum and was currently delivering around 4,800, so had significant capacity for coping with further increases. Staffing hours had been changed to ensure availability of senior clinical input staff at all times and midwife ratios had also seen improvement.

Work had already been undertaken to establish where patients would like to go, with women due for delivery in June, July and August having all been spoken to in person, in advance, to ensure that they were fully conversant and comfortable with all changes taking place.

Discussion took place around the monitoring of impact following the closure of the Ealing Hospital maternity ward. It was advised that a significant level of impact monitoring was taking place and that the Committee would be provided with the data tracking variables in maternity care, the quality impact assessment and the transport impact assessment once available.

Councillor Savin asked if there was full confidence in staff being prepared for the transition. It was advised that planning with staff and qualifying students had been taking place over several years. There had been a successful campaign to hire experienced midwives from outside North West London. There had also been very strong levels of staff retention.

Councillor Mason expressed the importance of children's centres for pre and post natal care, he also commented on the importance of reducing instances of complex health issues through working closely with public health officers.

It was agreed that close alignment with public health officers was key and work was being undertaken at all times in key areas such as reductions in smoking, obesity levels and other prominent public health issues. There would also be joint working with local authorities on optimising children's centres going forward.

The Chair queried why the final decision on the closure was delayed and not taken until 20 May 2015. It was explained that prior to this date some building work had still been taking place. There was a need to ensure the safest possible transition and that all capacity was fully in place, a revised decision date of 20 May allowed for this.

The Chair also queried the effects arising from the redrawing of community boundaries. It was stated that the boundaries would not limit choice in any way; they were in place primarily to aid the ambulance service.

Resolved: That

- (i) the report on the transition of maternity and interdependent services from Ealing Hospital be noted; and
- (ii) following the closure of maternity services at Ealing Hospital, the NHS be asked to provide the data tracking variables in maternity care, the quality impact assessment, and the transport impact assessment;

8. North West London A&E Performance Update
(Agenda Item 8)

A report was presented to the Committee which detailed the performance of North West London A&E departments over the preceding twelve months. In addition, the actions which were being taken to improve the performance were included where appropriate.

Dips in performance had been seen in recent figures; to rectify this, CCGs and the Trust had worked collaboratively to agree an action plan that would ensure the full recovery of A&E performance by the third quarter.

Councillor Williams noted a particular surge in attendance during December. Was there any reason for this and were the hospitals able to manage such surges? It was stated that spikes in attendance did happen on occasion and could not always be predicted. Work was taking place to ensure that hospitals were able to better respond to any future surges.

Councillor Mason expressed concern that the graphs and figures provided were not presented with a clarity that would allow them to be understood clearly by members of the public.

Officers stated that it was not an intention to be non-transparent, and that there were issues around Type 1 attendance recording as, at present, the measurements were not consistent across the board leading to less accuracy in figures.

It was agreed that the Committee would be provided with further statistics with a site by site breakdown of urgent care centre and A&E performance, including breakdowns by attendance type, ensuring that Type 1 attendances were split from these figures.

Discussion took place around the transfer of services from acute settings to primary/community settings. It was agreed that public education was paramount to ensuring a smooth transition and culture change. Councillor Vaughan asked that a detailed analysis of how the 7 day GP Service was working across the boroughs be provided to the Committee.

There was then a discussion of the 111 telephone service. The existing contract for the service was coming to an end; Councillor Mithani queried whether plans were in place for the end of the contract. Were plans in place should the existing contract not be renewed?

It was assured that regardless of whether the existing contract was renewed or not, there would be no gap in the service. Research work was currently being undertaken and was expected to be completed around September/October 2015.

The Chair asked whether the research would also address concerns raised around unqualified people answering the phone 'at the coalface'. Were appropriate levels of quality assurance in place?

It was advised that there was no intention to change the fundamental model and that quality assurance was taken very seriously, with strict monitoring of calls taking place.

The Chair felt it appropriate that a full report be provided to the Committee at a future meeting on how concerns around the 111 service, or its equivalent replacement service, would be addressed.

The final topic of discussion revolved around appropriate provisions being made for patients who were discharged between 12am and 5am. Stories had circulated of discharges taking place at these times without appropriate safety measures and assurances being in place.

It was agreed that for a discharge to take place at these times, it was important that the discharge was always safe and proper. Officers were closely analysing this to ensure a consistent high quality of patient safety and assurance.

The Chair thanked the NHS representatives for their contributions to the meeting and drew the item to a close.

Resolved: That

- (i) the performance update on North West London A&E departments be noted;
- (ii) the NHS be asked to provide Urgent Care Centre and A&E performance detailed in a site by site breakdown;
- (iii) the NHS be asked to include breakdown by attendance type within A&E Performance statistics, ensuring Type 1 attendances are split out;
- (iv) the NHS be asked to provide detailed analysis of how the 7 day GP Service is working across the boroughs; and
- (v) a full report be provided on how concerns with the '111' or future equivalent service will be addressed going forwards.

9. Changes to Membership and Work Programme
(Agenda Item 9)

Officers had been asked to review the possibility of the JHOSC widening its scope beyond its current focus on the Shaping a Healthier Future initiative into other key areas of the health agenda.

Following research, it was concluded that, without altering the membership of the JHOSC, it was unclear how it could expand its remit to encompass any further key areas in their entirety. It would also put significantly more demand upon the workload of the Committee and would require that meetings take place on a more frequent basis.

Following discussion, Committee Members agreed that it would be difficult to extend the scope without varying from the Committee's original remit. It was considered that wider issues were better considered at a borough level and that the Committee

needed to focus specifically on areas that fell within the SaHF programme in order to be fully effective.

Resolved: That the current work programme be agreed.

10. NWL JHOSC – Next Meeting and Future Arrangements
(Agenda Item 10)

Councillor Vaughan felt it was important that the Implementation Business Plan be considered at the next meeting of the Committee. There was unanimous agreement on this.

The Councillors representing London Borough of Harrow kindly offered to host the next meeting of the Committee.

It was agreed that the next meeting would be held during October, and that a final date would be confirmed in due course.

Resolved: That

- (i) the Implementation Business Plan be considered at the next meeting of the Committee;
- (ii) LB Harrow be agreed as the location of the next meeting of the JHOSC; and
- (iii) a date during October be agreed for the meeting in due course.

11. Any Other Business
(Agenda Item 11)

The Chair opened a discussion on whether consideration should be given to the Mansfield Review at a private meeting of the Committee following its publication.

There were some concerns expressed by Committee Members around the form the meeting would take and whether it would be appropriate for the Committee to hold the meeting outside of a public facing setting. Officers were asked to further consider the viability of such a session.

Resolved: That supporting officers be asked to research the viability of considering the Mansfield review within a closed session.

Councillor Mel Collins,
Chair.

The meeting ended at 9.40pm.



London Ambulance Service

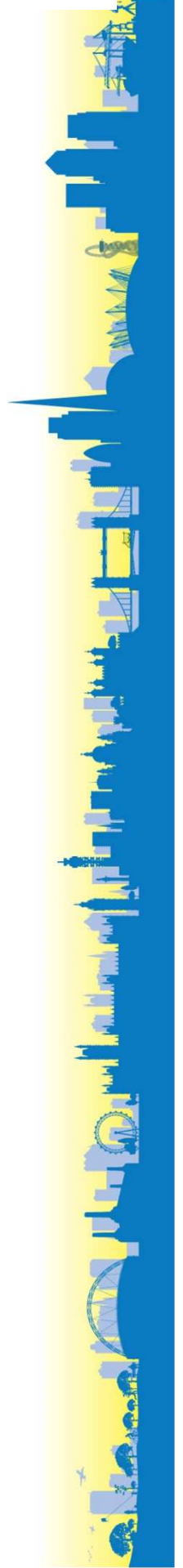


NHS Trust

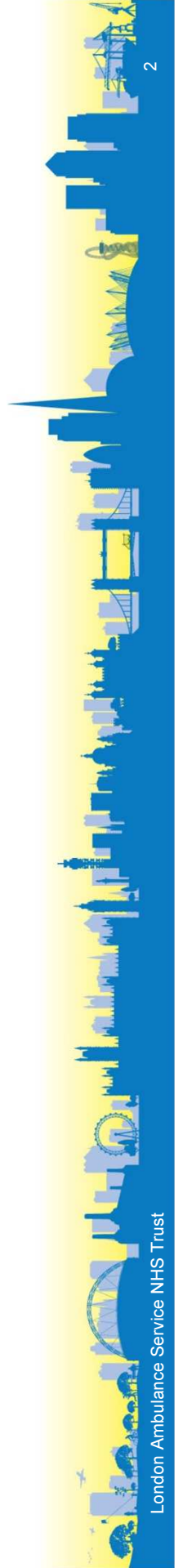
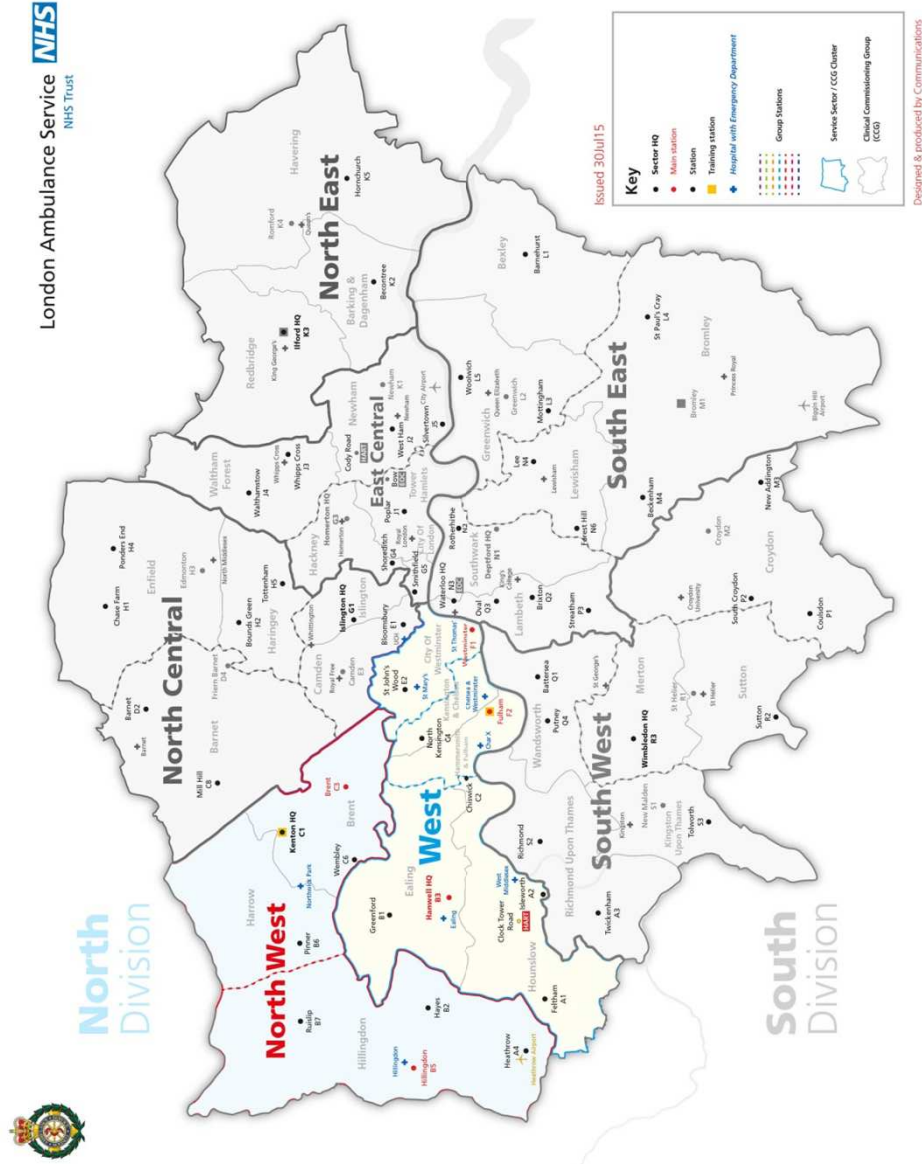
The London Ambulance Service NHS Trust

NWL JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

14th October 2015



London Ambulance Service - West & Northwest Sectors



Our purpose

The London Ambulance Service (LAS) is here to care for people in London: saving lives; providing care; and making sure they get the help they need.

Our values

In everything we do, we will provide:

Care: Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

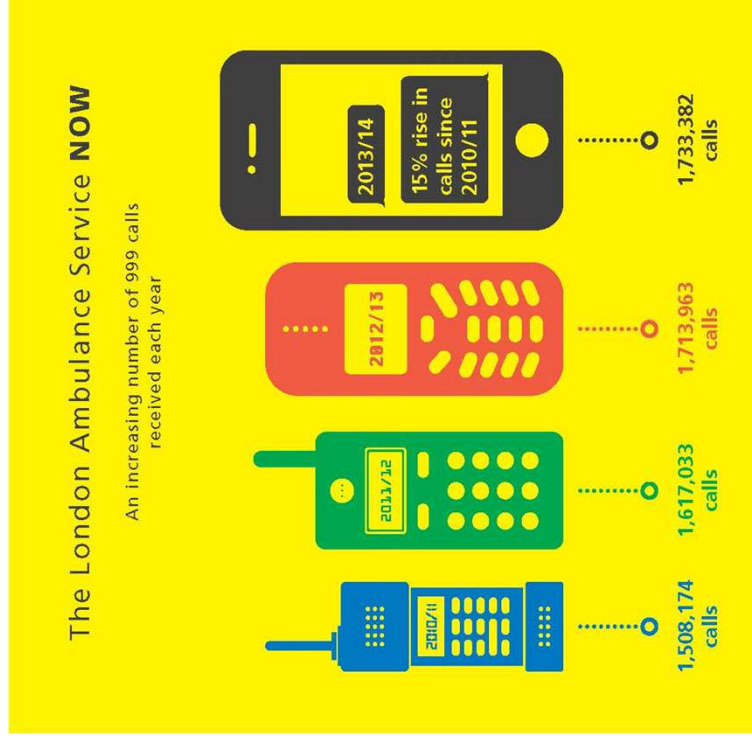
Clinical excellence: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

Commitment: Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.



The Service today

- Demand for our services increase year on year. In 2014/15 we received over 1.7m requests.
- Our operating budget is £316m
- 5,000 staff, 71 per cent are frontline
- Frontline staff work out of 70 ambulance stations
- Service transformation, including a management restructure of our frontline
- Retention has been challenging with opportunities for paramedics in and outside the NHS have increased dramatically
- Focus on international and national recruitment drives

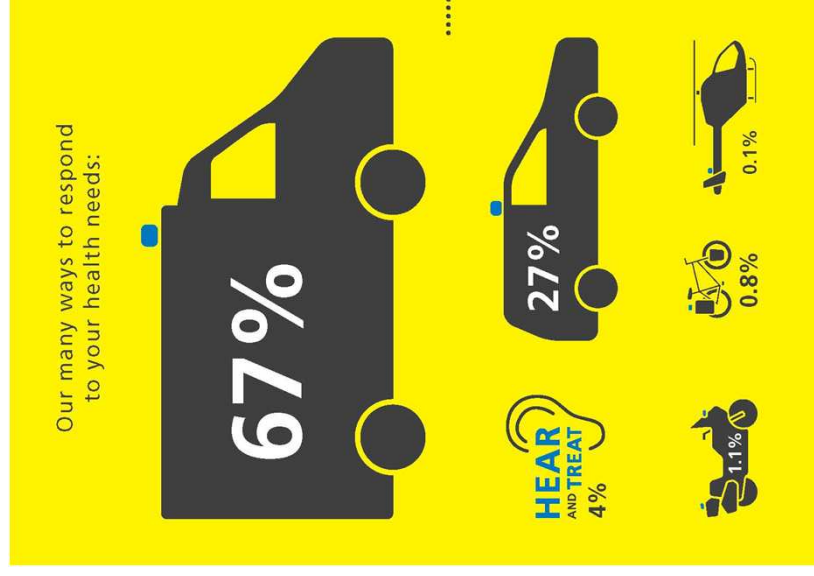


How we care for the capital

Our major service areas:

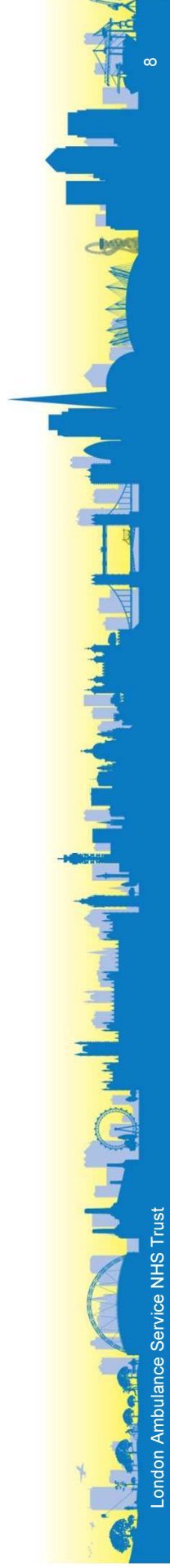
- Call taking and clinical triage
- Hear and treat services
- 999 emergency and urgent care response – delivered using traditional and innovative means e.g. Cycle Response Unit
- Intelligent conveyance
- 111 Services
- Emergency Preparedness Resilience and Response (EPRR)

Emergency services across the world regularly visit us to learn how we operate in the capital city and how we have innovated



Our financial challenges

- NHS nationally has major financial challenges
- This year – our financial position is stressed
- Our income is dependent on performance
- Until we have the right number of people on the road, we are spending money on private ambulances and overtime
- Make sure we get value for money. Take care of equipment and vehicles



Our three major challenges

Staffing

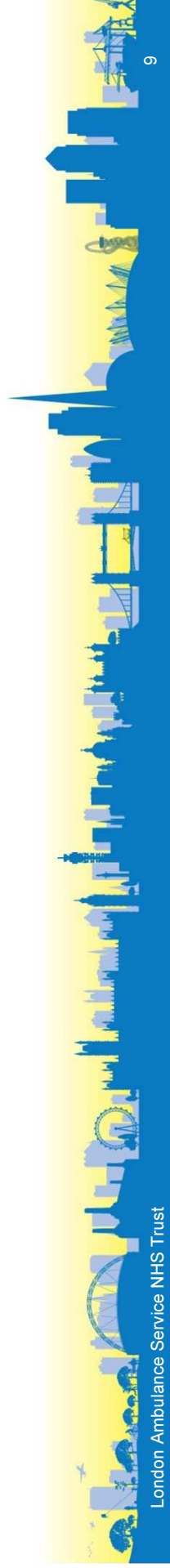
- We know we need to improve the morale of our staff as well as increasing staff numbers.

Demand

- We know there are ever increasing demands on our service and we will need to continue to find new and innovative ways of manage demand.

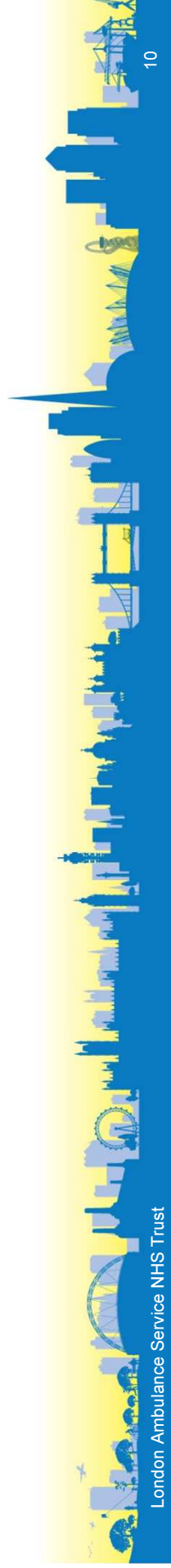
Culture

- We know we need to change the culture and management style of the organisation which is evidenced by staff feedback and external surveys.



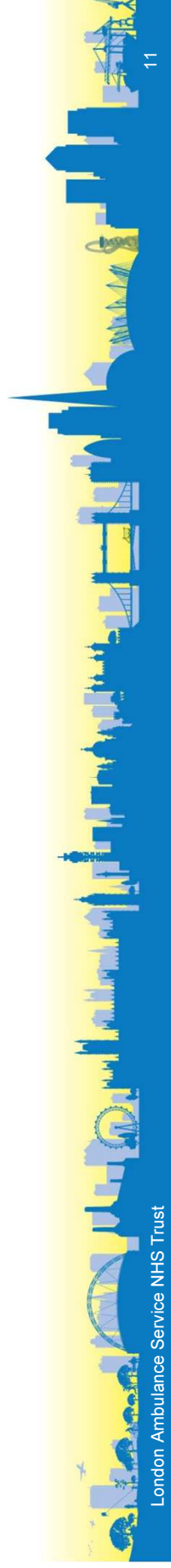
A better place to work.....

- Filtering calls - more Hear and Treat than ever before
- Recruitment – all frontline vacancies filled (bar five per cent for overtime) and 500 band six senior paramedics
- Launch of LAS Academy
- Clinical Team leaders 50/50
- Continuing with VIP Awards
- Seasonal alcohol campaign with the Met Police and LFB

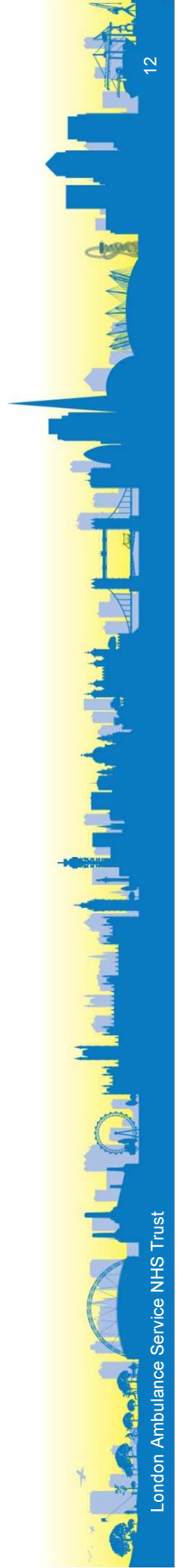
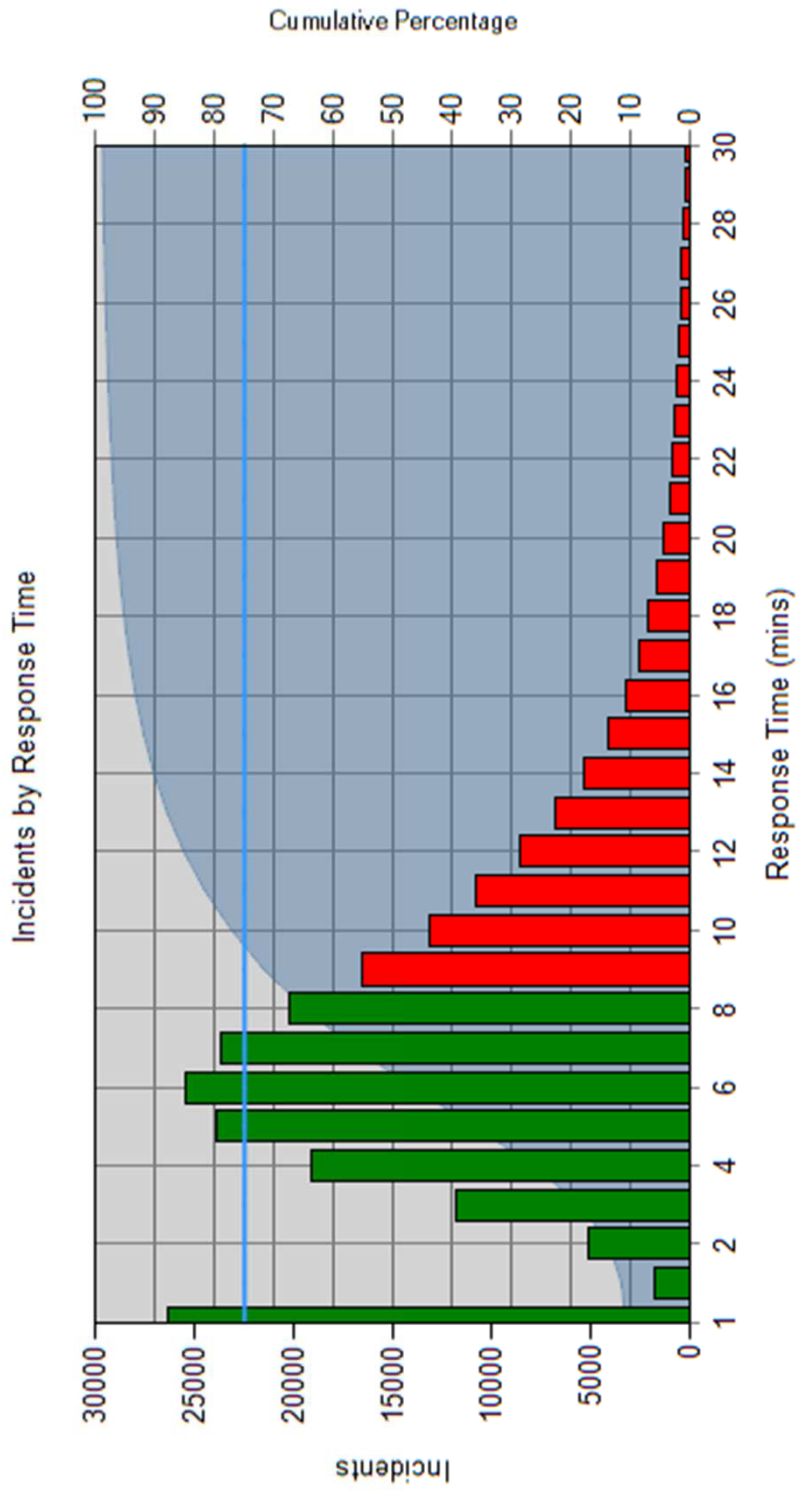


Update on Key LAS Challenges:

- **Response Performance:**
 - Improvement Programme
- **Recruitment**
 - Then and Now
- **Hospital Handover**



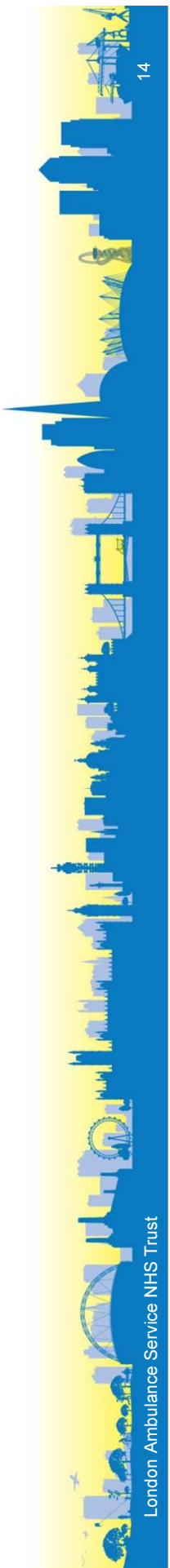
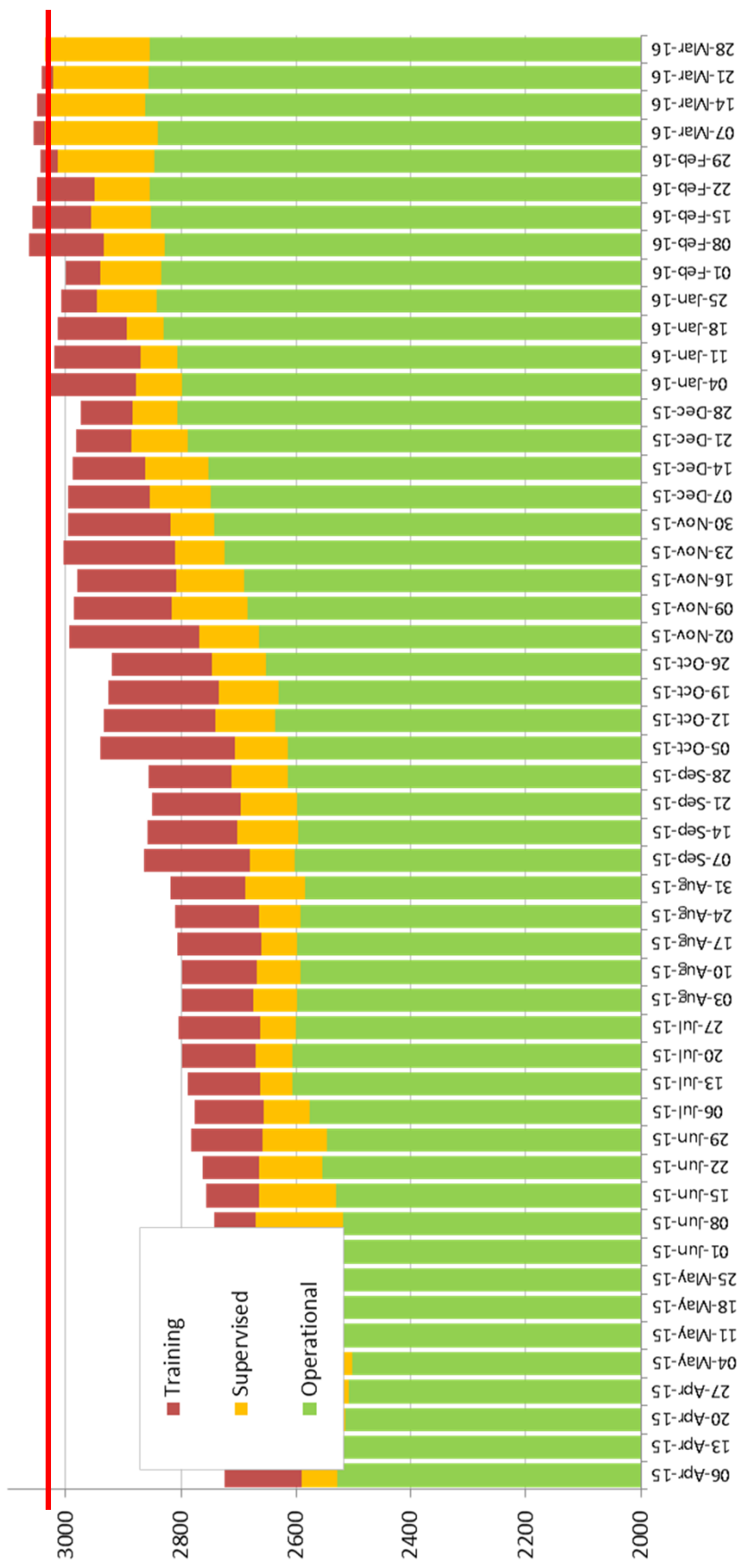
Response Performance



Improvement Programme – Summary Dashboard

Project	Description	Baseline	Final Target	Final Target Date
Job Cycle Time	Reducing the average job cycle time (minutes)	107	101	31/03/2016
FRU Performance	Increase the Fast Response Unit capacity (average produced hours per week)	11260	15600	30/09/2015
Non Emergency Transport	Increasing journeys using of non emergency transport options	0	1568	01/01/2016
Taxi	Increasing the number of clinically appropriate taxi journeys	200	300	01/04/2015
Advert to Action	Increasing the LAS in-post, operational staff to an agreed establishment	2704	3004	31/03/2016
Improving Attendance	Reduction of absences related to sickness for frontline staff	9.8%	5.9%	01/01/2016
Out of Service (People)	Reducing out of service hours relating to people	3.7%	2.6%	31/03/2016
Out of Service (Vehicle)	Reducing out of service hours relating to vehicles	2.4%	1.7%	31/03/2016

2015/16 operational staff trajectory



Frontline recruitment challenge

Redesigned process for recruitment, training and supervision to get staff to the frontline as safely and quickly as possible.

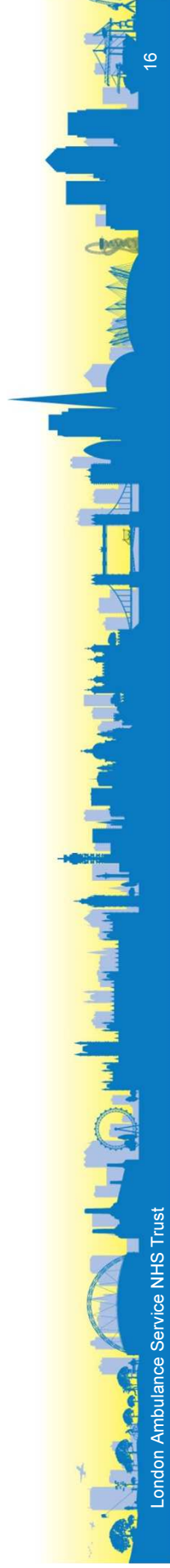
We have:

- Increased the university places
- Media campaign with redesigned materials: three international recruitment trips
- Worked with the HCPC to redesign the processes for paramedics onto the professional register
- Worked with HEE to get Paramedics onto the Shortage Occupation Group list
- Created the LAS Academy



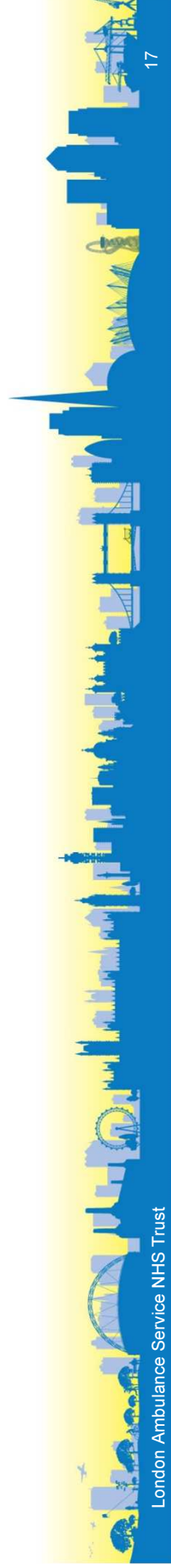
Hospital Handover

- Working closely with Emergency Department leads
- Process map of handover process and barriers
- Intelligent Conveyance

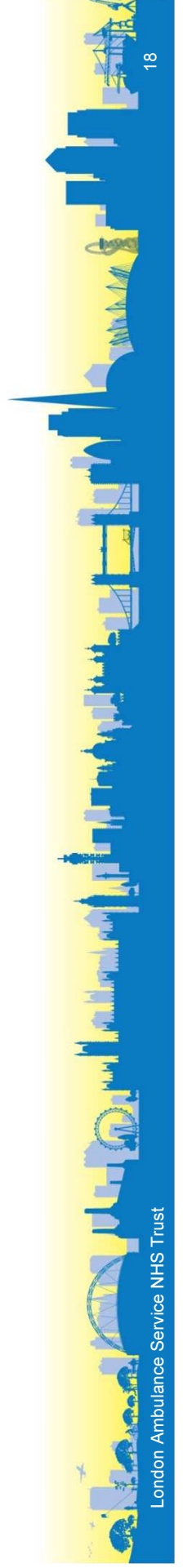


Local Initiatives

- Standardised Referral Pathways
 - Fallers
 - Rapid Response Teams
 - Urgent Care Centres
- Mental Health & obstetric CPD sessions
- End of Life Care



Thank you ... any questions?



NWL Joint Health Overview Scrutiny Committee - 14 October 2015

Papers provided:

- Paper 1 – Out of Hospital update
- Paper 2 – NHS 111 / GP Out of Hours Integrated Services
- Paper 3 – Implementation Business Case briefing
- Paper 4 – Maternity update (To Follow)
- Paper 5 – Paediatrics update (To Follow)
- Paper 6 – Benefits tracker
- Paper 7 – A&E data

How these relate to your requests:

Request	Paper
copies of the related consultation documents be provided to the Committee;	n/a - This related to discussions regarding future of local hospital and possible future engagement. The consultation was in 2012.
further information detailing which services will be available in each hub be fed back to the Committee;	Paper 1 – Out of Hospital update
trajectory be produced showing the transfer of Out of Hospital Services enabling the Committee to review the delivery plan;	Paper 1 – Out of Hospital update
a composite of the existing Better Care Fund and Quality Indicator metrics be provided to the Committee;	Paper 6 – Benefits tracker
a framework of activity and quality metrics for hospital and	Paper 6 – Benefits tracker

community settings across the 8 CCGs be provided, allowing progress against the metrics to be scrutinised by the Committee;	
the Financial Business Case be shared with the Committee at the earliest opportunity following checks on specific areas that they will not be able to share;	Paper 3 – Implementation Business Case briefing (excepts of the current draft of the ImBC are also included in Paper 1 – Out of Hospital update)
following the closure of maternity services at Ealing Hospital, the NHS be asked to provide the data tracking variables in maternity care, the quality impact assessment, and the transport impact assessment	Paper 4 – Maternity update
the NHS be asked to provide Urgent Care Centre and A&E performance detailed in a site by site breakdown;	Paper 7 – A&E data
the NHS be asked to include breakdown by attendance type within A&E Performance statistics, ensuring Type 1 attendances are split out;	Paper 7 – A&E data
the NHS be asked to provide detailed analysis of how the 7 day GP Service is working across the boroughs; and	Paper 1 – Out of Hospital update
a full report be provided on how concerns with the ‘111’ or future equivalent service will be addressed going forwards.	Paper 2 – NHS 111

North West London Collaboration of Clinical Commissioning Groups

NWL CCGs out of hospital progress:

- Hub development
- Extended GP access
- Improvements to community services

North West London Joint Health Overview and Scrutiny Committee

14 October 2015

Introduction

Local community and GP services are at the centre of North West London's health and social care system – but the way of delivering services that has served us well in the past is now under strain and not delivering the level of service everyone expects.

There are many reasons why the services are coming under pressure. We have an ageing population and there are more people with complex or multiple long-term conditions (e.g. chronic obstructive pulmonary disease, diabetes, heart failure) which require specialist services and a more joined up approach to their care.

Patients must be able to access the most appropriate care for them – whether through a GP, ongoing care at home or in a local care facility – as quickly, easily and conveniently as possible. But in order to make sure this can happen, the services which are now in place need to change. We want to make sure that:

- everyone in North West London can access care when they need to and at a time that suits them.
- people receive high quality care that is right for them.
- care is joined up and delivered close to home, wherever possible.

Health and Social care providers and commissioners are working together in North West London to deliver this vision for better care. This paper looks at the progress to date – including delivering 201 practices working together to provide weekend access to over 1million people across NW London, developing nine early adopter sites for integrated care, commissioning new community services and working towards put 27 primary care hubs in place across the eight boroughs.

Whilst working together at a regional level helps us to share learning and deliver more for our patients, the implementation occurs at a local level to take into account local need and existing services. We recognise the need for the JHOSC to see a detailed trajectory of what out of hospital services are planned to be in place and by when. That forward look is not covered in this paper but as part of the standard business planning process, each CCG is currently working on their QIPP plan and a roadmap to show when the planned services will be implemented. We plan to bring that to you in New Year for further discussion.

Improving primary care services

Significant progress has already been made in improving primary care services across North West London and some examples of that are at the end of this paper.

But we want to do even more. In North West London, we are developing a new model of primary care that with the aim of enabling patients to receive high quality, responsive, care that is appropriate for their individual needs in a location closer to home and at time when it is more convenient for them.

This work is aligned with the London-wide Strategic Commissioning Framework that has been co-produced between NHS England (London) and a wide range of stakeholders across London to articulate a vision of the service offer that the public expect from general practice. The Strategic Commissioning Framework supports service improvement around the three aspects of care that patients have said matter most to them: proactive, accessible and coordinated care.

The aim of the work in North West London is to apply and develop these principles for patients in North West London and to align with our work to deliver truly integrated care outside of hospital.

The new model of care aims to ensure that people who are generally healthy have easier access to services outside of work hours at locations that are convenient to them, with online access to appointment booking and their own care records.

Those people with complex conditions will also experience continuity and planned coordination of care facilitated by their GP or lead clinician, who they know and trust, supported by a wider multidisciplinary team. All patients will experience better access to preventative services, health promotion and advice.

Through this work we will ensure that general practice is sustainable both in terms of funding and the workforce required to deliver and support care. By working together in GP federations, individual practices will be better supported to provide the additional capacity, flexibility, specialisation and economy of scale required, working with wider networks of providers to deliver high quality, integrated care.

We are now working with CCGs to plan out the local implementation of the new model of primary care and, as part of this, are taking into account important enablers described below.

Extended GP hours – Prime Ministers Challenge Fund

As a result of the support of the Prime Minister's Challenge Fund, we are delighted that we have increased the number of surgeries working together to provide weekend opening by 201 practices – access that a further 1,030,000 patients can benefit from. GP practices are also providing evening appointments, more convenient consultations, with many offering phone consultations, online appointment booking and longer appointments where needed, while more practices are making plans to offer Skype consultations following successful pilots of the scheme in 2014.

Community workforce

We are working to understand all the people (including GPs, nurses and carers) that general practice will need to deliver the new model of primary care. As well as the size of the workforce, this also means exploring the type of skills needed to support patients. This will include adopting a 'top-of-licence' approach so that GPs have as much time available to deliver patient-facing care.

The North West London Change Academy has a role to play in primary care transformation. This has been established to support staff to develop new ways of working that support integrated care. It delivers modules on the integrated models of care and also covers the workforce implications in developing accountable care partnerships, both of which are relevant to primary care transformation.

Community buildings

We are exploring how to improve the estates and locations from which primary care is provided. This will ensure the buildings from which GPs and other services operate are appropriate for delivering high quality care and good patient experience (in line with the Strategic Commissioning Framework), as well as equipping them with improved technology to enable more innovative delivery methods such as electronic appointment systems and automated repeat prescriptions.

Our work has included promoting the application process around the NHS England primary care infrastructure fund – which is a £1bn resource to invest in new and improved estate nationally.

There are nine new centres in North West London, where health and social care are working together to provide more joined up care. Services include rapid access treatment for older people to avoid admissions to hospitals and care homes.

Furthermore, we have already committed to investing in improving our existing buildings and in developing additional out-of-hospital hubs to deliver more services in the community, where GPs can take a coordinating role for patient care. More information on our hub plans - including excerpts from the current Implementation Business Case (ImBC) draft and a NW London wide map of proposed sites is below.

Whole Systems Integrated Care

Our Whole Systems Integrated Care (WSIC) programme is about giving people more say over their care, when and where they receive it, so that care is planned jointly between patients, their carers and the teams that support them.

By involving patients and carers on the journey from day one, we have a much better chance of achieving our vision: care that enables each of us to help ourselves. And by widening access to services that aren't necessarily provided by the NHS, such as local buddying schemes and exercise groups run by third sector parties, we can better support people to maintain independence and lead full lives as active participants in their communities.

Each of the eight localities are retaining their own approach to delivering services specific to the needs of their local population, but the initiative ensures that, where there are opportunities for closer, joint working, this will happen, across borough and other boundaries, bringing together multi-professional teams.

The first step of the journey started with more than 200 health and social care professionals, alongside people who use those services across North West London, coming together to share knowledge and co-develop a solution to deliver better joined up care. This overarching commitment to co-production ensured that service users – lay partners – were embedded within the working groups with a 'Lay Partners Advisory Group' overseeing and challenging the programme's approach to engagement.

The result of this first stage has been to produce an innovative integrated care toolkit for use by partners across North West London to help them plan improved ways of delivering care and support in their local areas. Providing information on populations, models of care, commissioning, GP networks and informatics, the toolkit is a living document that will continue to evolve as local areas implement their plans and lessons are learnt, and we continue welcome comments and contributions from all.

Nine 'early adopters' – local partnerships of health and social care commissioners and providers – are now leading the way in using the co-designed toolkit to implement integrated care across North West London. The CCGs are looking at the learnings from these early adopter sites to change how they commission services going forward to embed integrated care as 'business as usual'.

What this mean locally

Over the next few pages, we have set out how these plans are developing in each borough, including more detail on our hub plans, summary of extended opening hours, overview of each integrated care Early Adopter and some examples of new community services already in place.

As highlighted in the introduction, each CCG is currently working on a more detailed plan to show forthcoming plans and we will bring these to JHOSC in the New Year.

BRENT

Extended opening hours

- All 66 practices are working together to deliver weekend appointments to all their patients through seven 'hubs' which are opening from 9am – 3pm on Saturday and Sunday.

Integrated care early adopter

- Starting a trial of new ways of providing care for people aged 65 and above with long-term conditions

Improving community services

- The STARRS service helps avoid hospital admission and speed up discharge from hospital for those who do need to be admitted. In 2014/15 it prevented more than 2,700 hospital admissions.
- More than 8,500 patients have been supported with care plans since 2012. Comparing LTC-related admissions between 2013/14 and 2014/15 shows a reduction in admissions of nearly 400.
- In October 2014, an improved service for diabetics was launched offering multi-disciplinary diabetes care in GP and community health centres including extra self-management & education courses and podiatry capacity to reduce the number of emergency admissions for diabetic patients.
- After a successful pilot, in June 2015, on World Sickle Cell Day, we launched a new service to improve sickle cell care through a patient education and support programme with the aim of helping patients manage their condition and avoid crisis leading to emergency admissions.
- Patients on medication for arthritis and heart conditions now being monitored in primary care rather than hospital clinics providing support which is more co-ordinated with their wider health needs and helping to prevent conditions reaching crisis point and needed hospital admission.
- Primary Care Plus has been rolled out, offering greater support for mental health conditions from within general practice.

Our buildings

- Development of two hubs at Willesden and Wembley to deliver access to an extended range of integrated care for patients across Brent
- Building a primary care hub at Central Middlesex Hospital site.

Willesden Centre for Health and Care

Existing service provision

The site already serves as an existing hub for out-of-hospital care.

Out-of-hospital services currently delivered from the site are: primary care; community beds; children's health; a sexual and reproductive health clinic; and diagnostics.

Proposed approach

The proposed approach is for the Willesden Centre for Health and Care to be further developed as an out-of-hospital hub by adding additional out-of-hospital services by 2017/18. This will put into use existing space that is void.

Services to be provided are: re-provisioned outpatients, primary care, minor surgery, integrated nursing, proactive intervention and therapies.



Wembley Centre for Health and Care

Existing service provision

The site currently serves as a multi-function primary care clinical facility and administrative base. Five GP practices are located on the site as well as the Ealing Integrated Care Organisation (which provides community services for Brent, Ealing and Harrow).

Out-of-hospital services currently delivered from the site include: core and enhanced GP services, dental services, a children's centre, antenatal and postnatal services, health visiting, community nursing, physiotherapy, speech and language therapy, wheelchair services, smoking cessation and continence services.

Proposed approach

The proposed approach is for the Wembley Centre for Health and Care to be refurbished and service offering extended by adding additional out-of-hospital services by 2016/17.

Void office space would be repurposed and a redundant wing would be brought back into use as multi-function consultation/treatment rooms and ancillary rooms for out-of-hospital services. This will not only enable a greater range of out-of-hospital health services to be provided here for the local population, but also eliminate the void costs currently being met by CCG.

Services to be provided include: re-provisioned outpatients, primary care, minor surgery, integrated nursing, proactive intervention and therapies.



Central Middlesex Hospital

Existing service provision

Central Middlesex Hospital is a small district general hospital. Services currently provided include an urgent care centre (UCC), outpatients and diagnostics, Intensive Care unit (ICU) level 3, psychiatric liaison, emergency medicine, elective surgery, elective medicine and High Dependency Unit (HDU)

Proposed approach

The proposal for Central Middlesex Hospital is to develop the site into a local elective centre.

The Brent out-of-hospital strategy that was also agreed as part of Shaping a healthier future set out a range of non-hospital services that will also be provided at Central Middlesex Hospital, as it becomes one of the local primary care hubs.

The proposed approach for Central Middlesex therefore focuses on optimising current services as well as providing more out-of-hospital care on the site.



EALING

Extended opening hours

- 1 practice is currently providing appointments from 08.00 – 20.00 on Saturday and Sunday for its 10,000 patients.
- 13 other practices are offering different forms of weekend opening, benefitting 98,000 people registered with those practices.

Integrated care early adopter

- initial model of care roll-out in Central Ealing GP networks, with a focus on people aged 65 and above with long-term conditions

Improving community services

- For musculoskeletal services, outpatient, follow-up and radiology tests are now being delivered in a community setting.
- Community transport pilot is being carried out in response to patient and public concerns, and aims to test transport services for those experiencing difficulty in attending appointments in the community and acute services.
- Following the completion of a competitive tender, tele-dermatology is now provided in the community for outpatient and follow-up appointments.
- A new community outpatient diabetes service for stable Type 2 diabetes patients is provided in multiple community locations, meaning patients don't need to go to hospital for outpatient appointments.

Our buildings

- £1.3m investment in improvements to eight practices
- £34m investment in developing two new out-of-hospital hubs in north and east Ealing
- Building a primary care hub at Ealing Hospital site as part of £90m investment in developing the site as a local hospital

Ealing East Hub

Existing service provision

A new hub is expected to be delivered by 2017/18 in the east of the borough.



Proposed approach

Options are currently being explored.

The hub will provide core and enhanced primary care services, community services including therapies and outpatients appointments, some diagnostic services, pre and post natal maternity services, sexual health and mental health services. It will also provide a base for community based health and social care teams supporting multi-disciplinary groups and care workers facilitating the greater integration and co-ordination of care.

The hub will also provide a range of public health and educational services including space that voluntary and third sector providers can utilise.

Ealing North Hub

Existing service provision

A new hub is expected to be delivered by 2017/18 in the north of the borough.



Proposed approach

Options are currently being explored.

The hub will provide core and enhanced primary care services, community services including therapies and outpatients appointments, some diagnostics services, pre and post natal maternity services, sexual health and mental health services. The hub will provide a base for community based health and social care teams supporting multi-disciplinary groups and care workers facilitating the greater integration and co-ordination of care.

The hub will also provide a range of public health and educational services including space that voluntary and third sector providers can utilise.

Ealing Local Hospital

Existing service provision

Ealing Hospital currently operates as a mid-sized district general hospital.

It provides a full range of general acute and emergency services and is the main provider of community services for the boroughs of Brent, Ealing and Harrow.



Proposed approach

The role of the Local Hospital will be central to the wider reconfiguration of health and care services in the borough. It will be an intermediary and point of transition – between primary, community supporting delivery of out-of-hospital care, specialist and acute care settings.

It will incorporate one of the three health and wellbeing centres planned for the borough.

HAMMERSMITH & FULHAM

Extended opening hours

- All 31 practices are working together to deliver weekend access through 5 hubs that provide walk in appointments from 09.00 – 16.00 on Saturday and Sunday. This offer is open to the whole population of Hammersmith and Fulham.
- 1 practice is also providing appointments from 08.00 – 20.00 on Saturday and Sunday for its 6,600 patients.

Integrated care early adopter

- focusing on person-centred, not illness-centred, services for older people and developing these more closely with lay partners

Improving community services

- The Community Independence Service brings together health and social care staff to help people stay in their own homes and to support them in getting home from hospital quicker if they do need to be admitted. There were 776 referrals to the service up to January 2015.
- A community gynaecology service has been set up meaning more people can be treated nearer to their home.
- 30 GP Practices have come together to deliver 18 new community services to a common standard for all patients in the borough. Services include 24-hour blood pressure monitoring in the patients home, anticoagulation services for those on blood thinning medication and complex wound management.
- Primary Care Plus has been set up to offer enhanced services for patients with mental health needs, including more GP support.

Our buildings

- Opened new Parkview Centre hub, where it four GP practices are co-located alongside a range of social care and specialist health services
- Four GP will receive a share of £70,000 to improve their buildings
- Development of a hub in the south of the borough to provide an additional range of services closer to home
- Building a new primary care hub at Charing Cross Hospital site as part of £150m investment in developing it as a local hospital

Charing Cross Hospital Hub

Existing service provision

New hub to be located on the same site as Charing Cross Local Hospital (see next section for further information on proposed changes at Charing Cross).



Proposed approach

Charing Cross Local Hospital is the preferred hub to cover all the additional re-provisioned activity from Trusts to out-of-hospital settings. The proposed approach includes:

Provide a range of health and care functions – including outpatients and diagnostics.

Support the co-ordination of a range of services delivered across the borough.

Act as a link between out-of-hospital and acute settings through effective assessment and rehabilitation

Support the integration of services across Hammersmith and Fulham by providing co-ordination, access and space for multi-agency working.

Park View Centre for Health and Social Care

Existing service provision

Park View opened in 2014 and is already operational as an out-of-hospital hub serving the local population.

Services currently provided include redesigned outpatients, occupational therapy, dentistry, diabetes, dietetics, district nursing, health visiting, podiatry, respiratory, school nursing, sexual health, primary care, speech and language therapy.



Proposed approach

N/A - already fully operational

Parson's Green Centre for Health and Social Care



Existing service provision

Parson's Green is already operational as an out-of-hospital hub serving the local population.

Services currently provided include redesigned outpatients, occupational therapy, dentistry, diabetes, dietetics, district nursing, health visiting, podiatry, respiratory, sexual health, walk-in centre and speech and language therapy.

Proposed approach

Further out-of-hospital services are planned to be provided from Parson's Green in due course.

HARROW

Extended opening hours

- 2 providers are currently commissioned to provide walk-in appointments from 08.00 – 20.00 on Saturday and Sunday. This access is open to the whole population of Harrow.
- The CCG is currently exploring plans to develop a third location to deliver 08.00 – 20.00 access on Saturday and Sunday. One of the considerations is ensuring this is located in a part of the borough that provides equitable, convenient access for all residents.

Integrated care early adopter

- implementing a Virtual Ward to provide integrated, urgent anticipatory care for people aged 65 and above with long-term conditions

Improving community services

- STARRS continues to provide care in the community and in patients' homes to avoid stays in hospital and get you home quicker if you do need to be admitted. In 2014/15, STARRS helped over 3,000 patients.
- Patients with long-term conditions get care that brings together all their health and social care needs so they stay healthy for longer and don't need to go to hospital. So far, we have agreed 6,000 care plans with patients in order to deliver better more coordinated care.
- Gynaecology, cardiology and ophthalmology services have been redesigned so that more care is available in the community rather than hospital-based settings. This should help reduce waiting times and provide a more responsive and accessible service.
- Memory Assessment Service in primary care has reduced waiting times from 37 to 13 weeks and improved the diagnosis of dementia.

Our buildings

- Development of a new out-of-hospital hub in north east Harrow
- Improvements plans to existing hubs at Pinn Medical Centre and Alexandra Avenue Health and Social Care Centre

East and North East Harrow Hub

Existing service provision

A new out-of-hospital hub is planned for in East/North East Harrow by 2018/19.



Proposed approach

Options are currently being investigated, with the preferred site the refurbishment and expansion of the Belmont Health Centre. Services to be provided at the hub include primary care, re-provisioned outpatients, minor surgery, mental health, integrated care, physiotherapy, audiology, speech and language therapy, occupational therapy and rehabilitation.

Alexandra Avenue Health & Social Care Centre

Existing service provision

The Alexandra Avenue Health & Social Care Centre is already operational as an out-of-hospital hub serving the Central Harrow population.

Services currently provided include: primary care, podiatry, physiotherapy, community midwifery and dental services.



Proposed approach

The proposed approach is for the Alexandra Avenue Health & Social Care Centre to be further developed by adding additional out-of-hospital services by 2016/17.

The Pinn Medical Centre

Existing service provision

The Pinn Medical Centre is already operational as an out-of-hospital hub serving the Central Harrow population.

Services currently provided include: primary care, pharmacy, dental surgery, diagnostics (x-ray and ultrasound) and specialist consultant-led clinics.



Proposed approach

The proposed approach is for the Pinn Medical Centre to be further developed with additional out-of-hospital services by 2017/18.

HILLINGDON

Extended opening hours

- 1 practice is currently commissioned to provide appointments from 08.00 – 14.00 on Saturday and Sunday. This access is available only to the 7,300 people registered with that practice. In addition, 13 other practices are offering different forms of weekend opening, benefitting 93,000 people registered with those practices.
- In addition, 30 practices are working together to offer an enhanced weekend home visiting support service for patients aged 75 and over. This can benefit up to 14,000 people in this cohort who are living in the borough.

Integrated care early adopter

- developing integrated care services for people aged 65 and above with long-term conditions, working closely with local organisations and the voluntary sector

Improving community services

- Community dermatology service: a new consultant-led service running from three locations across the borough, giving patients faster access and more choice of locations convenient for them. Ophthalmology is now also operating as a community-based service.
- New Health and Social Care Coordinators and Primary Care Navigators help deliver care plans for people with long-term conditions and signpost patients to health services in Hillingdon.
- Home Safe: a joint team with staff from the hospital, community nursing and Age UK to help people regain their independence after a serious illness or accident, helping speed up discharge from hospital.
- We have redesigned and implemented seven planned care pathways across musculoskeletal, ear nose & throat, gynaecology and urology services. This has led to a reduction of approximately 2,774 first outpatient appointments and approximately 7,397 follow up appointments.
- 125 patients now receiving support from general practice (excluding Child & Adolescent Mental Health Services, Mother & Baby community services, specialist teams and memory services).

Our buildings

- Opened new Hesa Primary Care Centre hub which has led to more consultation rooms at a local GP practice and additional community services provided on site
- Four practices will receive a share of nearly £800,000 to improve their buildings
- £19m investment in developing two new hubs in north Hillingdon and Uxbridge and West Drayton to deliver integrated care

Uxbridge and West Drayton Hub

Existing service provision

A new out-of-hospital hub is planned for the Uxbridge and West Drayton locality by 2018/19.

Proposed approach

The following services would be delivered through the Uxbridge and West Drayton hub: primary care, minor surgery, diagnostics, redesigned outpatient services, mental health, integrated care (for frail elderly and long term conditions), paediatrics, education and training.

North Hillingdon Hub

Existing service provision

A new out-of-hospital hub is planned for the North Hillingdon locality by 2018/19.

Proposed approach

Sites will be reviewed in due course (Uxbridge and West Drayton is the higher priority in terms of demand). Services are expected to include primary care, minor surgery, diagnostics, redesigned outpatient services, mental health, integrated care (for frail elderly and long term conditions), paediatrics, education and training.

Hesa Health Centre

Existing service provision

The Hesa Health Centre is already operational as a hub site serving the Hayes and Harlington locality.

Services currently provided include: GP services, sexual and reproductive health clinic and community nursing.



HOUNSLOW

Extended opening hours

- All 53 practices are currently working together to deliver weekend access through 5 locality hubs that provide appointments between 10.00 – 16.00 on Saturday and Sunday. This offer is open to the whole population of Hounslow.

Integrated care early adopter

- provided social workers in five localities to deliver new integrated model of care which will be built upon and launched a new Community Respiratory Service

Improving community services

- In 2014/15 London Ambulance have been linked to the Integrated Community Response Service team so paramedics assessing a patient have the option to call the ICRS team rather than taking them to A&E. 20-25 people a month now get specialist follow up care in their home rather than being taken to hospital by the ambulance crew.
- Diabetes: a new service launched in May 2015 providing expert advice and support in the community meaning fewer people needing to go to hospital.
- Supporting children with long term conditions: a pilot started in January 2015 to increase skills in primary care around helping children with conditions such as asthma and diabetes. Hospital consultants work with general practice providing outpatient appointments in GP surgeries and teaching GPs and parents how to better support children; and preventing conditions reaching crisis point and needing hospital admission.
- New ambulatory emergency care at West Middlesex Hospital: in October 2014 a new dedicated centre at West Middlesex Hospital opened. The centre provides emergency treatment for people with ambulatory conditions (50 specific conditions such as deep vein thrombosis, chronic obstructive pulmonary disease) without the need for overnight stays in hospital. GPs can refer direct to the centre reducing the number of patients sent to A&E.

Our buildings

- Opened new Feltham Centre for Health hub
- Seven practices will receive a share of £1.4m to improve their buildings
- £24.5m investment in development of five additional hubs across the borough to deliver further services in the community

West Middlesex Hospital

Existing service provision

New hub to be located on the same site as the West Middlesex Hospital.



Proposed approach

The proposed approach is for an out-of-hospital hub to be delivered on the WMUH site. This will be subject to negotiations with WMUH NHS Trust.

Heston Health Centre

Existing service provision

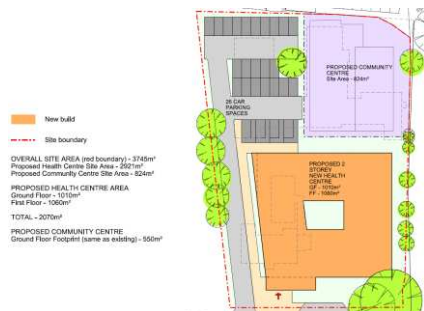
The Heston and Cranford locality is the most deprived locality in the borough, and historically has had lower investment levels than the rest of the borough. The existing Heston Health Centre is no longer fit for purpose.

There is a specific and urgent need within Heston to:

Increase capacity in high quality primary care clinical space, adhering to Care Quality Commission (CQC), clinical standards outlined in Shaping a healthier future and My Health London requirements

Develop capacity in Hounslow to delivery training to professionals in the local area

Extend community services, to act as a spoke hub to the larger Heart of Hounslow Health Centre.



Proposed approach

The proposed approach is for the development of a new hub at Heston by 2017/18. This involves redevelopment of the existing Heston Health Centre and Berkeley Centre sites.

The services in scope for Heston include: core and extended primary care, urgent care, mental health, public health, integrated care, paediatric services, clinical training and education.

Chiswick Health Centre

Existing service provision

The Chiswick Health Centre is already operational as a health centre serving the local population.

Services currently provided include: primary care; long term condition clinics; minor surgery; consultant-led ear, nose and throat clinic; dentistry; community nursing services including podiatry, district nursing, health visiting.



Proposed approach

It is proposed that further out-of-hospital services are added to this site in the future.

Feltham Health Centre

Existing service provision

The Feltham Health Centre is already operational as an out-of-hospital hub serving the local population.

Services currently provided include: GP and primary care; community nursing; sexual health clinic, health visiting.



Proposed approach

N/A - already fully operational

Heart of Hounslow Centre for Health

Existing service provision

The Heart of Hounslow Centre for Health is already operational as an out-of-hospital hub serving the local population.

Services currently provided include: primary care, community nursing, sexual health clinic, health visiting and community public health nursing such as child immunisations.



Proposed approach

The proposed approach is for the Heart of Hounslow Centre for Health to be further developed as a hub by adding additional services by 2018/19.

Brentford Health Centre

Existing service provision

The Brentford Health Centre is already operational as a health centre serving the local population. Services currently provided include: primary care, community nursing services including physiotherapy, podiatry, speech and language therapy, specialist epileptic nursing, minor surgery, sexual health clinic and health visiting.



Proposed approach

It is proposed that further out-of-hospital services are added to this site in the future.

KENSINGTON & CHELSEA*

**This summary is for West London CCG which covers Kensington & Chelsea, as well as Queen's Park and Paddington areas of Westminster*

Extended opening hours

- All 50 practices are currently working together to deliver weekend access through 4 hubs that provide appointments between 09.00 – 17.00 on Saturday and Sunday. This offer is open to the whole population of West London CCG

Integrated care early adopter

- working with patients, front line staff and carers to design and deliver a new system of care for people aged 65 and above

Improving community services

- We are giving our most unwell patients a care plan that considers all aspects of their health and social care needs (with a particular focus on our most elderly), helps to ensure we keep people healthier for longer, thus reducing their need for hospital care. We have so far supported more than 50% of our patients over the age of 75 with a care plan.
- There is a new dedicated phone line for GPs to deal with urgent patients enquiries for medicine, surgery, paediatrics, maternity and gynaecology. Sixty calls are made monthly providing urgent advice to GPs and improving patient care.

Our buildings

- Six GP practices will receive a share of £623,000 to improve their buildings further
- Investing further in St Charles Centre and developing a new hub in the south of the borough to deliver further services in the community

South Locality Hub

Existing service provision

Whilst people's experience of GPs in West London is positive, more must be done to improve people's experience of primary care access; although 91% of West London patients have confidence in their GP, only 16% of patients feel they have access to another health professional other than their GP, and only 6% believe they can access a walk-in service.

The estate in West London CCG requires improvement with a number of GP premises rated as not fit for purpose.

Proposed approach

The proposed approach is for the development of a new hub for the South Locality by 2017/18. The South hub will house primary, community and out-of-hospital services. Services to be provided include: primary care (core and non-core GP services), mental health, proactive care, outpatient re-provision such as community cardiology, diabetes, respiratory and diagnostics, reactive care services such as rapid response.

St Charles Hub Plus

Existing service provision

Approximately a quarter of wards in West London fall into the 20% most deprived nationally. Northern wards are generally more deprived, with more residents living in social housing, poorer lifestyles, higher rates of chronic disease and lower life expectancy.

The St Charles, Notting Barns, Queens Park and Harrow Road wards fall into the upper quartile for premature deaths nationwide. The area also has worse than London and England rates for emergency readmissions within 30 days of discharge from hospital and injuries due to falls in people aged 65 and over.



Proposed approach

St. Charles has been developed as a whole systems hub by integrating services currently provided there (during 2014-15) and is currently operational. Some further service changes will take place during 2015, to include older people's admission avoidance services.

WESTMINSTER*

**This summary is for Central London CCG which covers Westminster, except for Queen's Park and Paddington areas of the borough.*

Extended opening hours

- All 36 practices are currently working together to deliver weekend access through 4 hubs that provide walk in appointments for 8 hours on Saturday and Sunday. This offer is open to the whole population of Central London CCG (Westminster, except for Queen's Park and Paddington).

Integrated care early adopter

- set up a provider network to make decisions about how they can work together and monitor success and established care co-ordinators to act as a point of contact for patients and whose role will be developed further

Improving community services

- Wellwatch supports patients with long-term conditions (LTCs) to stay well through health promotion and health education. The scheme has created 3,693 care plans to help chronically ill patients and is on target to deliver approximately another 2,000 this year.
- Connecting Care for Children: integrated clinics, bringing together primary and secondary care for children, have been set up in primary care hubs. These provide an alternative to going to hospital for children's health services, in locations that are closer to people's homes. There are now four hubs and, so far, 52 patients have benefitted.
- Investment continues in the expansion of the programme which empowers patients by providing training in areas such as coping with depression and planning for the future.
- Since April 2015 we have had a Child and Adolescent Mental Health Services (CAMHS) professional available 24 hours to respond to crisis.

Our buildings

- Opened South Westminster Centre for Health hub
- Two GP practices will receive a share of £45,000 to improve their buildings
- £21m investment in developing two new hubs to deliver further services in the community
- Building a primary care hub at St Mary's Hospital site

Central Westminster

Existing service provision

The proposal is for a new hub to be delivered in the centre of the borough.

Proposed approach

The CCG is currently investigating options, with the proposed approach for primary care and other out-of-hospital services to be delivered from a new hub site in the centre of the borough.

The services to be provided on the site would include: primary care (core and extended), Improving Access to Psychological Therapies (IAPT) services, community diabetes services, ophthalmology services and rapid response services.

Church Street Hub

Existing service provision

The proposal is for a new hub to be delivered in the north of the borough.

Proposed approach

The proposed approach is for the development of a new hub in the north of the borough.

Options are being considered, with the preferred option for the hub to be at a new site as part of the Church Street redevelopment.

This would involve the relocation of the existing Lisson Grove GP practice and relocation and expansion of broader health services currently provided from the Lisson Grove site.



The proposed service model for the Church Street development is for a Hub incorporating GP core and enhanced services, as well as a range of specialist outpatient-type clinics and integrated community services.

St Mary's Hospital Hub

Existing service provision

It is proposed that a new hub be located on the same site as St Mary's hospital (see next section for further information on proposed changes and existing services located at St Mary's).

Proposed approach

Current plans are that the hub will:

- Provide space for integrated primary and community care at a scale that enables an enhanced clinical offer, operational efficiencies and improvement of the property estate
- Have synergies with the UCC and present the opportunity to look into a more integrated model of care, including the opportunity to divert non-emergency cases away from A&E.
- Offer the potential for a clinically integrated Education and Training Centre that supports Imperial's continued development of its world class medical school.

South Westminster

Existing service provision

The South Westminster Centre is already operational, serving the south locality of Central London CCG.

Services currently provided include: primary care, minor surgery, diabetes outpatient and nursing services, Wellwatch, district nursing, health visiting, speech and language therapy for children and community and specialist dental services.

Map of planned community hubs in NW London

 Hospitals

	Hillingdon Hubs	Stage	Investment (£m)	Expected completion
1	North Hillingdon Hub	Strategic stage (pre-PID)	8.2	18/19
2	Uxbridge and West Drayton Hub	Strategic stage (pre-PID)	10.8	17/18
3	Hesa Primary Care Centre	Operational	-	Open

	Brent Hubs	Stage	Investment (£m)	Expected completion
7	Wembley Centre for Health and Care	OBC in development	2.5	15/16
8	Central Middlesex Hospital 'HubPlus'	OBC in development		16/17
9	Willisden Centre for Health and Care	Strategic stage (pre-PID)	3.7	16/17

	Central London Hubs	Stage	Investment (£m)	Expected completion
24	St Mary's Hospital Hub	OBC in development	TBC	19/20
25	Church Street Hub	OBC in development	14.3	18/19
26	South Westminster	Operational	-	Open
27	Central Westminster	Strategic stage (pre-PID)	6.3	TBC

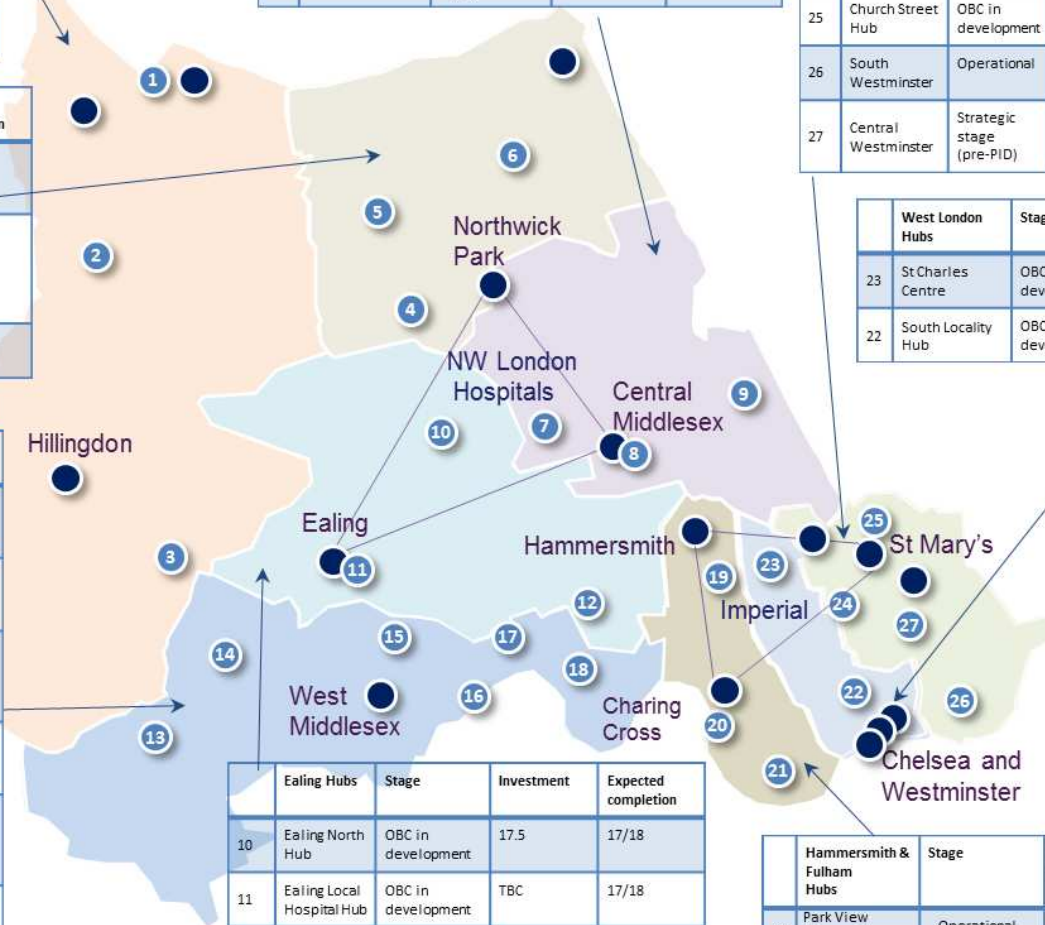
	Harrow Hubs	Stage	Investment (£m)	Expected completion
4	The Pinn Medical Centre	Existing hub - adding services	0.8	16/17
5	Alexandra Avenue Health and Social Care Centre	Existing hub - adding services	2.8	16/17
6	NE Harrow	OBC in development	8.7	16/17

	West London Hubs	Stage	Investment (£m)	Expected completion
23	St Charles Centre	OBC in development	3.5	15/16
22	South Locality Hub	OBC in development	15.3	17/18

	Hounslow Hubs	Stage	Investment (£m)	Expected completion
13	Feltham Health Centre	Operational	-	Open
14	Heston Health Centre	OBC in development	13.2	17/18
15	Heart of Hounslow Centre for Health	Existing hub - adding services	1.5	16/17
16	West Middlesex Hub	Strategic stage (pre-PID)	3.8	18/19
17	Brentford Health Centre	Operational - further investment required	6.0	2019 (TBC)
18	Chiswick Health Centre	Operational - further investment required		2019 (TBC)

	Ealing Hubs	Stage	Investment	Expected completion
10	Ealing North Hub	OBC in development	17.5	17/18
11	Ealing Local Hospital Hub	OBC in development	TBC	17/18
12	Ealing East Hub	OBC in development	16.8	17/18

	Hammersmith & Fulham Hubs	Stage	Expected completion
19	Park View (formerly known as White City)	Operational	Open
20	Charing Cross Hospital Hub	OBC in development	18/19
21	Parsons Green	Operational - further investment required	16/17



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

NHS 111/GP Out of Hours Integrated Services

**A key role in the redesign of urgent and
emergency care**

**North West London Joint Health Overview
and Scrutiny Committee**

14 October 2015

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1. Introduction

As the current contracts for NHS 111 within NWL are coming to an end, the eight CCGs in 2014 agreed to work together on the re-procurement of the NHS111 service within NWL.

This led to the establishment of a 111 re-procurement group in January 2015 to facilitate and manage the re-procurement of the service. This group is accountable to all 8 CCG Governing Bodies and also reports to the NWL CCG Collaboration Board.

Following a formal request from NHS England (NHSE) – letter from Dame Barbara Hakin in February 2015, the CCGs implemented a pause in the re-procurement exercise to allow NHSE to undertake a number of national workshops and consultations as part of developing the new integrated Urgent Care Service standards.

The eight NWL CCGs agreed with NHSE to use the period of the pause to develop and describe a model of service for NHS 111 which will allow it to integrate more fully with the wider urgent care system.

This led to a series of co-production and engagement with lay partners, CCGs, patients, Healthwatch and other key stakeholders to develop a vision for NHS 111 within NWL. The eight NWL CCGs agreed that the new 111 service will need to integrate with wider parts of the system and be designed in such a way as to improve the services so that the caller did not have to repeat the same information and that services were able to fulfil the users' requirement more seamlessly.

The eight CCGs agreed that engagement with CCGs and key stakeholders should continue in order to identify the operational models within the vision to build a more integrated service which includes GP out of hours provision.

2. North West London Vision for 111/OOH

2.1 Co-design work with patient groups

In line with the principles of co-production, a series of community engagement events were held to ensure that the thoughts of the public were captured and reflected in the design of the vision for NWL. The engagement activities aimed to establish:

- what people already know about the NHS 111 service
- what current experiences of the NHS 111 services are
- what people would like the service to look like in the future
- what would people like the NHS 111 service to already know about them when they call.

Engagement activities took place across 7 of the 8 North West London boroughs – Brent, Harrow, Hillingdon, Kensington & Chelsea, Ealing, Westminster and Hounslow. A meeting set up in Hammersmith & Fulham was arranged but cancelled by the group at a late stage. In total, the co-production events included:






- 202 people across more than 9 demographic groups
- 17 groups across 7 boroughs
- parents, elderly and mostly well groups with people aged 16 to 75

2.2 Key themes for the joint vision of the future NHS 111 service

Although the range of experience with the NHS 111 service experienced by the groups varied, four key themes came from the events that the groups would like to see in the future NHS 111 service:

- Access
- Technology
- Workforce
- Service Integration

This is summarised in the diagram below.

<p>Access </p> <ul style="list-style-type: none"> • Provide a one call service whenever possible • Patients only have to give their information once • Establish direct transfer to pharmacy and dental advice and assessment • Increase referral and rapid access to hospital specialists • <i>Expand the different entry points including telephones, on-line, Skype, face time, text messaging, phone apps and chat line</i> • <i>Confirm appointment times and location by text/email.</i> 	<p>Technology </p> <ul style="list-style-type: none"> • Increase the number and use of special patient notes by all urgent and emergency care services • Transfer of records from one service to another seamlessly • Use cloud based platforms for record keeping and sharing • Keep records up to date • Expand and continuously update the Directory of Services • Design KPIs to measure outcomes as well as numbers of calls and outputs. • <i>Information on callers to NHS 111 sent to their GP</i> 	<p>Workforce </p> <ul style="list-style-type: none"> • Increase direct referral and access to professionals across the health and social care system. • Analyse data on the use of NHS 111 use and match predicted demand with staff rotas • <i>Design the workforce based on skills, capability and capacity</i> • <i>Provide continuous training, supervision, reflection and learning for all health and clinical advisers</i> • <i>Staff could rotate between NHS 111, Out of Hours and Urgent Care Centres</i>
<p>Communication </p> <ul style="list-style-type: none"> • <i>Promote NHS 111 wherever possible such as in pharmacies, GP practices, supermarkets, dentists, opticians, podiatrists, urgent care services</i> • <i>Promote NHS 111 in public places, schools and universities, community centres, and entertainment outlets</i> • <i>Include the NHS 111 number on all dispensing packaging</i> • <i>Include the NHS 111 number on relevant correspondence with patients</i> • <i>Notify patients about the NHS 111 service on discharge from hospital or an urgent care service.</i> 	<p>Service Integration </p> <ul style="list-style-type: none"> • Develop joint commissioning across NHS 111, Out of Hours and Urgent Care • Funding for services should be distributed in response to the new models of care • Provider networks should specify the role and expectations of NHS 111 • Integration can be driven through the GP networks and the development of new models of care i.e. diabetes management • <i>Focus on patient-centred care with co-designed packages of care</i> 	

Bold = High or National Priority
 No formatting = Medium or Local Priority
Italic = "Nice to Have"

2.3 Emerging vision for Urgent & Emergency Care in NW London

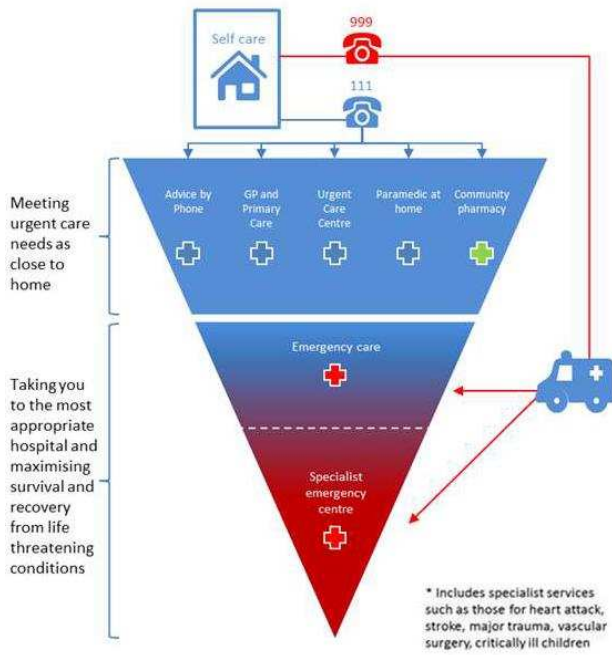
NWL CCGs have recognised the challenges faced by people living and working in NWL and set out a vision for care that is personalised, localised, centralised, and coordinated.

These are the same challenges described in NHS England's Five Year Forward View and a vision that mirrors the themes of the Keogh report. NWL CCGs approach is to deliver an integrated system, based on a whole systems approach.

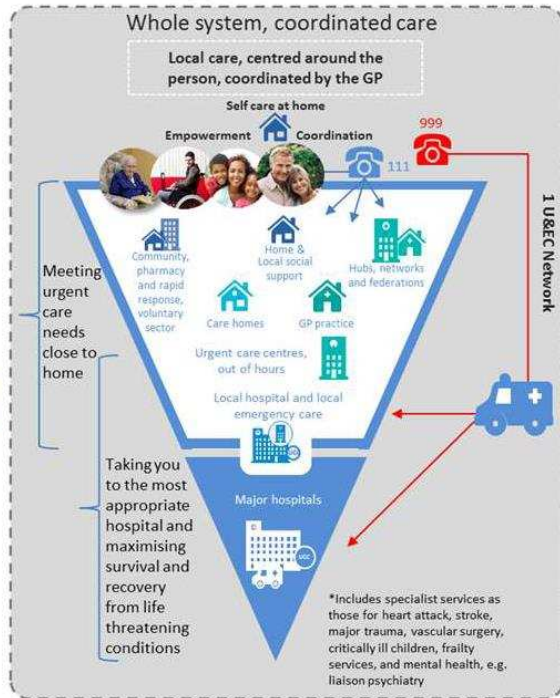
The aim is to make it easier for the patient to seek help in low acuity settings by using their phone and the internet, and optimising the use of community pharmacists and primary care rather than promoting hospitals as the first port of call.

The emerging vision is aligned with the Keogh model and is described in the schematic below:

Keogh model



NWL strategy



3. National Policy for integrated NHS 111

3.1 A fully functionally integrated urgent care service

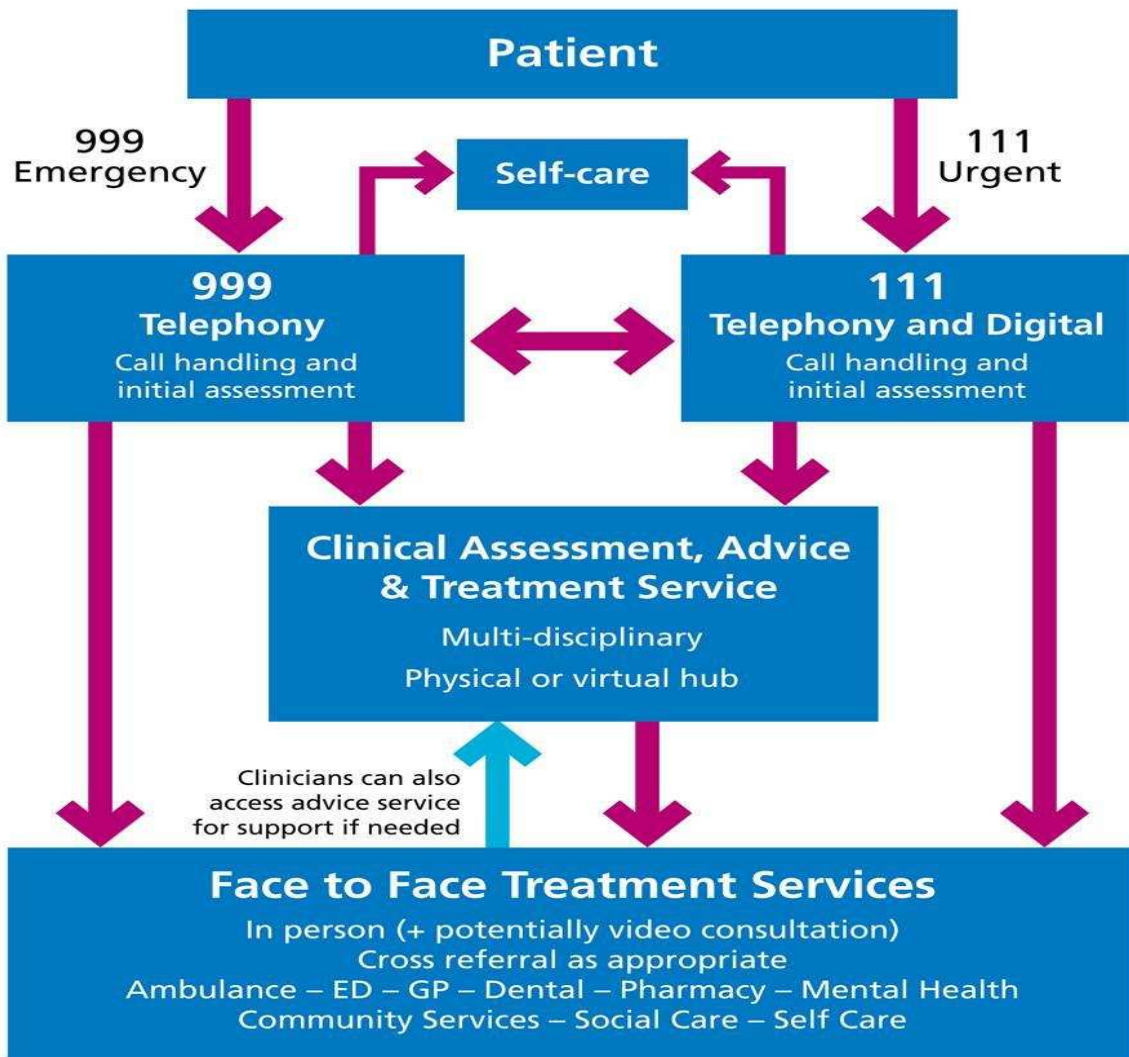
The offer for the public will be a single entry point - NHS 111 - to fully integrated urgent care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment and to shared standards and processes and with clear accountability and leadership.

Central to this will be the development of a 'Clinical Hub' offering patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professional in the community so that no decision needs to be taken in isolation. The clinicians in the hub will be supported by the availability of clinical records such as 'Special Notes', Summary Care Record (SCR) as well as locally available systems. In time, increasing IT system interoperability will support cross-referral and the direct booking of appointments into other services.

A plan for online provision in the future will make it easier for the public to access urgent health advice and care. This will increasingly be in a way that offers a personalised and convenient service that is responsive to people's health care needs when:

- They need medical help fast, but it is not a 999 emergency.
- They do not know whom to contact for medical help.
- They think they need to go to A&E or another NHS urgent care service.
- They need to make an appointment with an urgent care service.
- They require health information or reassurance about what how to care for themselves or what to do next.

A functionally integrated urgent care service is shown diagrammatically below



3.2 National Context

A National Audit Office in 2014 identified overlap of costs in call handling and clinical triage in 999, NHS 111 and Out of Hours (OOH) services. The audit recommended that:

“In taking forward its vision for urgent and emergency care, NHS England should support CCGs and other bodies to integrate. If the vision is to be realised consistently and cost-effectively, the NHS will need guidance and sometimes central direction. Specifically, NHS England will need to: understand how patients flow through the system; identify and disseminate good practice; to align existing urgent care contracts and address perverse incentives in national payments and performance management frameworks.”

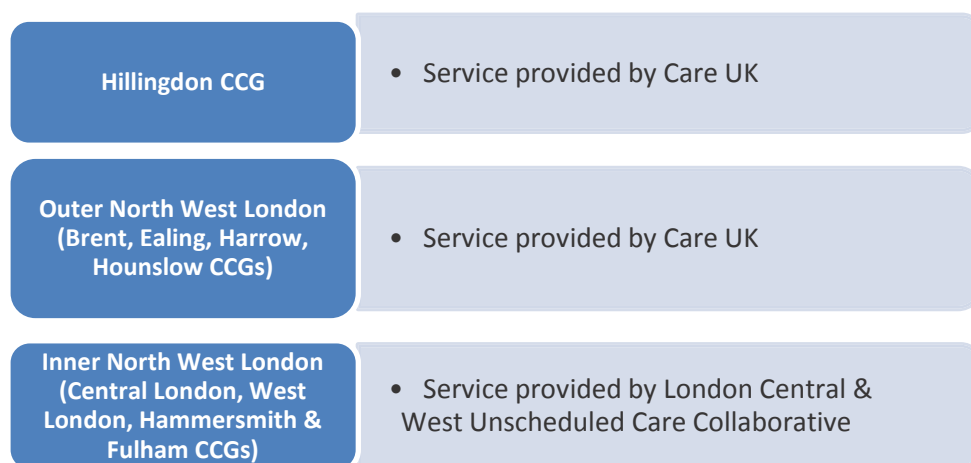
The need to redesign urgent and emergency care services in England and the new models of care which propose to do this are set out in the Five Year Forward View (5YFV)

Sir Bruce Keogh’s Urgent & Emergency Care review recommended “fundamental redesign of “front door” access (NHS111, 999, OOH, A&E, UCC, Community, Social), improving out of hospital services so that care can be delivered closer to home and reducing hospital attendances and admissions.

4. Overview of NWL services

4.1 The current landscape for NHS 111 & OOH services

Currently across NW London, there are three contracts for NHS 111 services. The distribution of providers across the CCGs is illustrated in the diagram below.



There is a variety of GP Out of Hours (OOH) contracts in NWL. The distribution is based upon the opted in and opted out practices. The Opted-IN OOH contracts are held with individual GP practices and have varying expiry dates. The key providers for these services are shown in the table below. Currently both the NHS 111 and OOH services are provided by two providers; Care UK and LCW.

CCG	Opted-IN OOH		Opted –OUT OOH	
	No of Practices	Provider	No of Practices	Provider
Brent	51	Care UK	15	Care UK – Barndoc
Harrow	28	Care UK	7	Care UK
Hillingdon	43		3	Care UK
Central London	8		29	LCW
West London	14		36	LCW
H & F	1		31	LCW
Hounslow	39	Care UK	15	LCW
Ealing	25	Care UK	54	LCW

In addition there is a variety of contracts for Urgent Care Centres, Walk-in Centres and Rapid Response.

5. Engagement approach

5.1 Engagement strategy

There is on-going engagement with CCGs, GPs, patient groups and a variety of stakeholders to identify and develop an operational model within the vision. The key stakeholder groups include:

- Public/Patient groups
- Voluntary and community groups
- Local stakeholders including Healthwatch
- Frontline clinical staff
- Regulatory bodies
- Providers of various current services (OOH, Urgent Care, Mental Health, Pharmacies, London Ambulance service etc)
- Potential providers of future NHS 111 services – market engagement
- Local authorities & social care

The engagement strategy is directed towards co-developing the vision and operating model with all stakeholders, keeping them informed of the progress, testing the design with various groups and finally encouraging them to maximise the use of the service.

Patient/public representatives and frontline clinicians will be involved in validating and testing the concepts and details of the specifications.

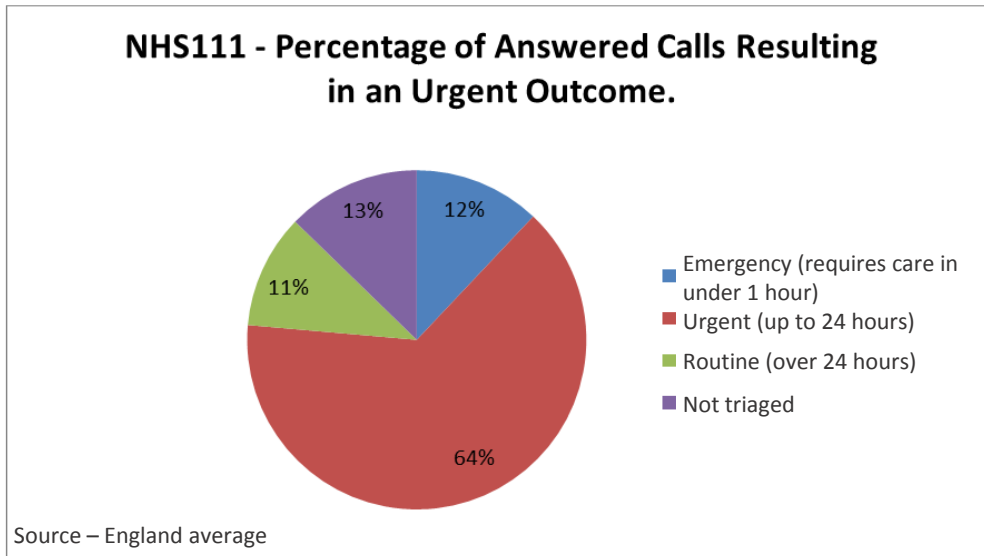
Opinion formers and regulatory authorities will be kept informed to ensure that the national and regional standards for the future service are met.

To achieve this, a number of locality wide workshops, specific engagement with the GP practices across all 8 CCGs are being planned.

6. NHS 111 – Myth Busters

The following charts are evidence of the increasing success of NHS 111 in the public.

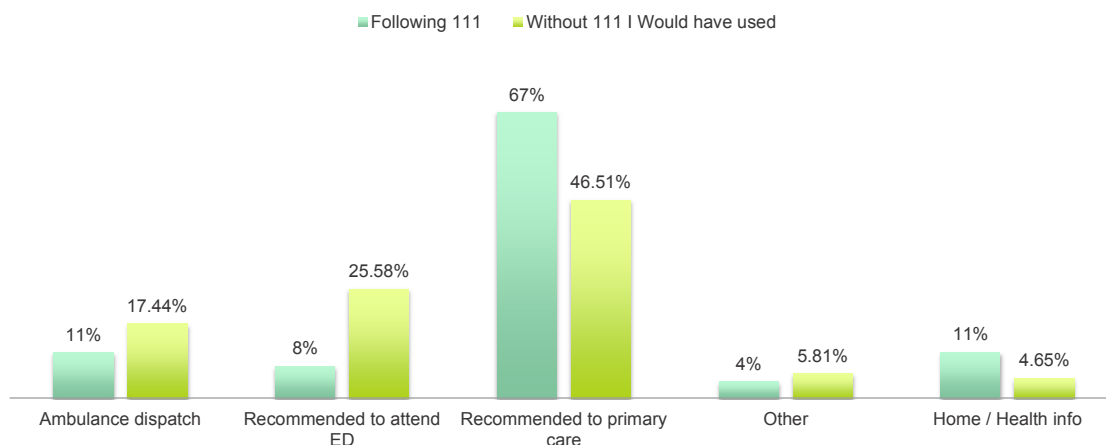
Myth: The public don't know when to call NHS 111



Suggests marketing has been successful for NHS 111 as an urgent care service, and that this is what the public expect from NHS 111

Myth: 111 sends people to A&E who wouldn't have gone initially

Where Would Patients Have Gone Without 111? – NWL Area Only



NWL Data based on six-monthly user surveys of NHS 111 users

Demonstrates that NHS 111 is a strong tool for redirecting patients to less acute services

Myth: NHS 111 is increasing pressures on A&E

The publication “A&E Quarterly activity statistics, NHS and independent sector organisations in England” shows that activity has been slightly lower than the same period last year for attendances at all types of A&E.



79%

Of NHS Confederation members say NHS 111 is **not** a big cause of A&E pressures

Source – NHSE Statistical Publication 2014

7. Re-procurement outline plan

The key outline dates for the re-procurement programme are:

- Decision on operating model for procurement – December 2015
- Approval of Service Specification – Jan 2016
- Confirmation of winning bid – June 2016

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North West London Collaboration of
Clinical Commissioning Groups

North West London

Implementation Business Case briefing

North West London Joint Health Overview and Scrutiny Committee

14 October 2015

Purpose

The purpose of this Shaping a Healthier Future (SaHF) briefing is to provide additional background on the Implementation Business Case (ImBC) including current status, an overview of the approvals process and a summary of specific capital schemes.

Please note that work continues on the ImBC so the information contained is likely to be subject to further revision and changes over the coming months.

Implementation Business Case - What it is and current status

The 2013 Joint Committee of Primary Care Trust's (JCPCT) SaHF decision was based on a Decision Making Business Case (DMBC) which contained a comprehensive financial model sufficient to make a judgement and was assured by the then London Strategic Health Authority in line with normal reconfiguration practice. The financial model was agreed between commissioners and providers. However it was not required to detail capital expenditure to the level required by a full conventional strategic outline case (SOC).

The Secretary of State's decision in October 2013, following the Independent Review Panel review, updated the JCPCT decision.

The standard development process for a capital case is firstly that a SOC is produced, followed by an Outline Business Case (OBC) and then a Full Business Case (FBC).

Approval for the DMBC allowed the development of the ImBC, incorporating the agreed clinical model and identifying the level of capital investment required for implementation of the site-based service changes agreed in the DMBC. The ImBC therefore goes beyond the level of a conventional SOC but is not strictly an OBC in the conventional sense.

For assurance purposes, the ImBC is a 'SOC plus'. Because NWL NHS Trusts have worked on and agreed the specifics of the site-based service changes and costs in the ImBC, there is no requirement for trusts to produce a SOC of their own. The NHS Trust Development Authority (NTDA) has agreed to treat the ImBC as an 'umbrella' SOC for trusts and will be agreeing the ImBC through its governance process, as will NHS England. Individual scheme OBCs will then be developed from the ImBC and they will identify the best procurement route. At this point, high level financial estimates will exist for the preferred approach, but considerably more detailed than for a SOC.

HMT provides guidance on public sector capital cases. It is normal to include a contingency, and/or 'optimism bias'. Optimism bias reflects the fact that costs will normally increase in the FBC as more detail is developed. Normally a figure of 25% is included as optimism bias for OBCs. However, where relevant circumstances apply, this can be varied. The programme agreed to include a figure of 25% optimism bias in the ImBC plus an additional 15% contingency owing to the scale and complexity of the ImBC.

The consequent funding envelope required for SaHF has been included in estimate submissions to inform the current comprehensive spending review process (CSR).

The FBC, developed from the OBC, should be sufficiently detailed to support a procurement decision and commit actual funding, as well as providing the basis for the necessary project management, monitoring, evaluation and benefits realisation.

There are two Foundation Trusts in NWL – Chelsea and Westminster and the Hillingdon. Monitor does not approve or agree Foundation Trust OBCs, as this is effectively a commercial and value-based decision for the Trust Board. However, Monitor will need to agree the FBCs within the terms of the FT licence.

Classing the ImBC as an ‘umbrella’ SOC, allows trusts to submit their OBCs for approval as soon as the ImBC is approved. This should significantly speed up the process of producing the business cases - which has a direct impact on the timings for actual development works to commence. It will also allow Commissioners to submit their OBCs for the Primary Care and Out of Hospital (OoH) developments included in the ImBC rapidly and in sequence.

- The following trust OBCs and CCG OBCs will be an output from the ImBC:
 - 19 CCG Commissioner out-of-hospital ‘hub’ business cases. In total there expected to be 27 hubs, four of which are already operational. The remaining four are sited within NHS Trusts and are included in the relevant Trust OBCs. The 27 ‘hubs’ are the cornerstone of the NWL CCG out of hospital clinical service model.
 - a number of relatively smaller CCG Commissioner primary care estate scheme business cases.
 - two Local Hospital business cases (Ealing and Charing Cross) – Acute Trusts
 - one Elective Hospital business case (Central Middlesex Hospital) – Acute Trusts
 - five Major Hospital business cases (St Mary’s, Northwick Park, West Middlesex, Hillingdon and Chelsea and Westminster) - Acute Trusts.
 - one Specialist Hospital business case (Hammersmith Hospital) – Acute Trust.

The programme is currently finalising the complex sequence of approvals which ensures, as far as possible, that business cases transit rapidly through their governance stages and that the ‘slower’ business cases do not hold up the ‘fastest’ or most able to rapidly deploy. Given the complex interrelationships and inter-dependencies of the various service movements, the programme is taking care to fully work this up.

The ImBC Approval Process

The ImBC will go through the NHS approval processes after approval by NWL CCG and Trust boards. Assuming approval from NHSE, the ImBC will go to DH and HMT. The NTDA has agreed to accept the ImBC as an umbrella SOC and it will also go to the NTDA approvals process.

The DH scheme of delegation sets out that NHS Trust and CCG business cases above £50m require approval by the Department of Health and Treasury. NHSE will be engaging both to discuss assurance and capital availability.

The NHSE scheme of delegation sets out that business cases with a financial value up to £15m will require Chair, Chief Executive Officer or Chief Financial Officer approval; between £15m - £35m will require investment committee approval and above £35m require Board approval.

NTDA’s scheme of delegation sets out that business cases with a financial value up to £15m will require Director of Finance approval; between £15m - £35m will require investment committee approval and above £35m will require Board approval

CCG primary care and out-of-hospital business cases will be processed through the normal NHSE capital planning and approval processes.

The key stages of the approval process are outlined in the table below.

#	Description	Approval organisation(s)
1	The SaHF ImBC is expected to be finalised and signed off by NWL CCGs and Trusts in early 2016	NWL CCGs/Trusts Boards: ImBC approval
2	NHSE’s Oversight Group for Strategic Change and Reconfigurations (OGSCR) will review the assurance of the SaHF ImBC before it progresses to NHSE’s Investment Committee – currently planned for March 2016	NHSE: ImBC approval
3	Following NHSE/NTDA approval the ImBC will progress through to DH/HMT for consideration	NHSE/NTDA/DH/HMT: ImBC consideration and approval for funding required
4	Trust OBCs will be completed and submitted for approval following approval of the ImBC, currently planned for March 2016.	NTDA: Trust OBC approval
5	Each FBC will consider dependencies with other business cases and ensure that risks and consequences must be assessed and mitigated, e.g. additional transitional costs.	NTDA/Monitor: Trust FBC approval

A summary of the 'success criteria' to be applied to the ImBC by assuring organisations

The table below sets out the key criteria to be applied to the financial, economic and management cases of the ImBC

#	Success Criteria
Financial and Economic Cases	1 Assurance and resilience of the Capital 'Ask' – the total capital requirement is assured by NHS/NTDA, phasing and sources are clearly laid out by year, will not materially change, and can be accommodated by DH
	2 The net present value – NPV – of the financial case shows an acceptable marginal benefit compared to the 'do nothing' case.
	3 The net present cost of the economic case shows an acceptable marginal benefit compared to the 'do nothing' case.
	4 The revenue costs of SaHF – including non-recurrent transition costs – are affordable to the LHE.
	5 The LHE is financially sustainable post-implementation.
	6 For each trust, the proportion of productivity savings with delivery underway or detailed plans in place is detailed for 2 years
	7 Demonstrate resilience to downside risk and ability to achieve stretch targets
	8 Audit trail from DMBC (capital, I&E, NPC etc.)
Management Case	9 The management case clearly demonstrates the deliverability of the proposed changes including demonstrating that strong leadership, with clear and agreed delivery architecture, will be in place to implement the SaHF programme as well as clarity on the governance model required to enact delivery

Indicative analysis: Estimated increased investment in NW London

The DMBC included capital for acute and out of hospital services totalling £386m. Two further papers presented at the Joint Committee of Primary Care Trusts (JCPCT) decision meeting outlined alternative and increased services for Ealing and Charing Cross Hospitals and contained outline capital estimates for these. The JCPCT asked the CCGs to develop these alternative options further. A similar estimate was produced at the time for Central Middlesex Hospital. These increased total planned capital requirement to £535million. Changes from the Pre-Consultation Business Case were explained in the published DMBC.

The ImBC is still being drafted and so the final capital requirement is not yet known. However the net capital expenditure within the ImBC is expected to be consistent with that contained with the DMBC and the other papers considered by the JCPCTs in February 2013, uplifted for inflation and other changes since then. These changes broadly fall into four categories, which are shown below with an indicative range of the likely financial implication. This is a programme wide high level analysis – the drivers at a Trust level will be a mix of these along with site specific issues. The detailed breakdown by Trust will be available when the ImBC is published. These ranges are indicative and reflect the estimated position as at 9 September 2015 but will be subject to change:

Driver	Explanation	£m
DMBC/JCPCT – Feb '13		535
Inflation	Increase in construction costs from Feb 13	75 – 150
Activity changes	Impact of increased activity on capacity	25 – 75
Local hospitals	Further development of service models	75 – 125
Contingency	Allowance for potential risks arising from extended programme development and delivery	75 – 100
Current estimate		785 - 985

The current plan is for the ImBC to be considered by Trust and CCG boards and then presented to NHS England's Finance Committee in early Spring 2016. Following this, the ImBC would be submitted to the Department of Health and then HM Treasury for consideration.

ImBC Capital Schemes

Organisation	Site	Nature of Scheme
NWL CCGs	various	Out of Hospital Hubs & Primary Care – New build/Refurbishment.
Imperial College Hospital NHS Trust	St Mary's	Increase capacity to absorb activity from Charing Cross and re-provision of facilities to tackle strategic estates issues
	Charing Cross	Transformation of site into Local Hospital with demolition of surplus buildings and sale of surplus land
	Hammersmith	Minor expansion to increase capacity to absorb transfer of activity from Charing Cross
Chelsea & Westminster Foundation Trust	Chelsea	Increase capacity to absorb activity from Charing Cross.
	West Middlesex	Increase capacity to absorb activity from Ealing.
London North West Healthcare NHS Trust	Northwick Park	Increase in in ITU capacity and infrastructure to absorb activity from Ealing
	Ealing	Transformation of site into Local Hospital with demolition of surplus buildings and sale of surplus land
	Central Middlesex	Transformation of site into Local Hospital
The Hillingdon Hospital Foundation Trust	Hillingdon	Increase in in ITU capacity and infrastructure to absorb activity from Ealing

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Transformation and Benefits Tracker

**North West London Joint Health Overview and
Scrutiny Committee**

14 October 2015

Mock-up of proposed Transformation and Benefits Tracker (example figures)



North West London Collaboration of Clinical Commissioning Groups

More Personalised Care

Personal Online Records: **XX**

Total funds committed to Personal Health Budgets: **XX**

Patients with long term conditions given Care Plans: **XX**

Monthly web traffic to:	
MyHealthLondon	4,000
CoordinateMyCare	XXX
CareInformationExchange	XXX

Improving GP and community care

No of GP surgeries in NW London: 397

Surgeries working in networks to provide extended weekend access: 201 ↑

No of patients who can access weekend appointments: 1,030,000 ↑

No of GP referrals: 50,468

HIGHEST	LOWEST
XXXX	XXXX

Emergency Care

A&E Waiting Times

% of patients discharged, admitted or transferred within four hours of arrival:

93.8% ↓ (July 2015)

HIGHEST	LOWEST
Chelsea & Westminster Hospital NHS Foundation Trust (97%)	London North West Healthcare NHS Trust (90%)

Beds

Current overnight acute beds: XXX

Target number of acute beds: XXX

Target number of non-acute beds: XXX

Occupancy	
Occupancy rate: 88%	Occupied bed days: XX
Average length of stay (elective): 0.5 days	Average length of stay (non-elective): 5.4 days

Patient Experiences

Friends and family test

A&E: 76% ↓

GP: 85% ↑

Community services: 92% ↓

Primary health services: 83% ↑

% of patients who would recommend the care provided to them to friends and family

Actual Activity against plan

UCC attendance

A&E attendance

Non-elective admissions

Outpatients appointments

TBC

Key: Planned (dashed line), Actual (solid line)

Graphs cover period (April - July 16)

Improved hospital Care

Summary hospital level mortality indicator

0.83

HIGHEST	LOWEST
The Hillingdon Hospitals NHS Foundation Trust (0.92)	Imperial College Healthcare NHS Trust

Staff Experiences

Friends and family test

62% would recommend their workplace to a friend or family member ↑

HIGHEST	LOWEST
West Middlesex University Hospital NHS Trust (78%)	Central London Community Healthcare NHS Trust (50%)

Money

£2,798M Annual Budget

Total for all NWL CCGs, including:

£XXXm for hospital care

£XX for out of hospital care

QIPP	CIPP
Annual target: XX	Annual target: XX
Savings to-date: XX	Savings to-date: XX

Arrows indicate increase or decrease since last set of statistics.

Colour indicates **NEGATIVE** or **POSITIVE**

To support the work we're doing across NW London, we are developing a NW London Transformation and Benefits Tracker (above) to track the progress of the benefits we're aiming to achieve through our transformational activity.

The JOSC are asked to consider the metrics we are planning to show and provide feedback to the Tracker development.

Purpose and Principles

The NW London Transformation and Benefits Tracker has been created to track the realisation of the improvements we are working to achieve across health and care within NW London. The Tracker features the key measures and trends SaHF is aiming to contribute to, and will be relevant on a NW London-wide level.

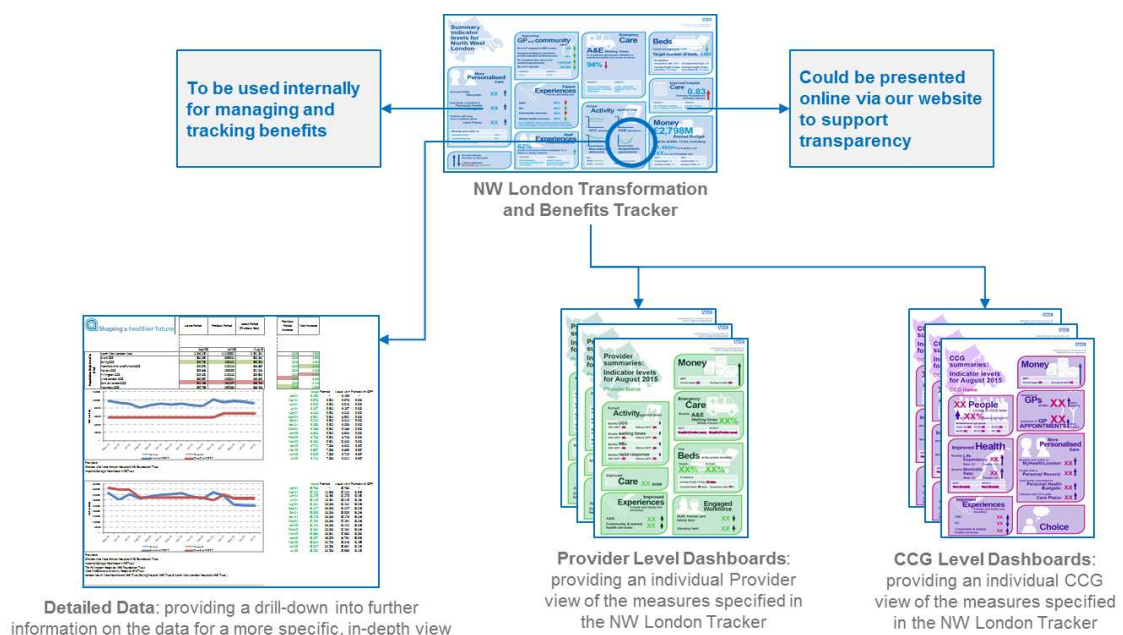
We have set the following principles for the Tracker to ensure it remains fit-for-purpose:

- The Tracker is to be presented on a single page; this thus, limits the amount of data that can be represented, but is aimed to ensure the Tracker presents a succinct overview, that all stakeholders can understand, of the most crucial measures.
- The Tracker is to be created on a system wide-level representing an overview of NW London transformational activity; individual CCG or Provider views are to be included in the proposed CCG or Provider dashboards.
- The Tracker is to incorporate all key measures across the system, including hospital and out-of-hospital care; this is proposed to have a drill-down feature where a more detailed view on the trend or metric presented on the Tracker will be provided.

Intended Uses

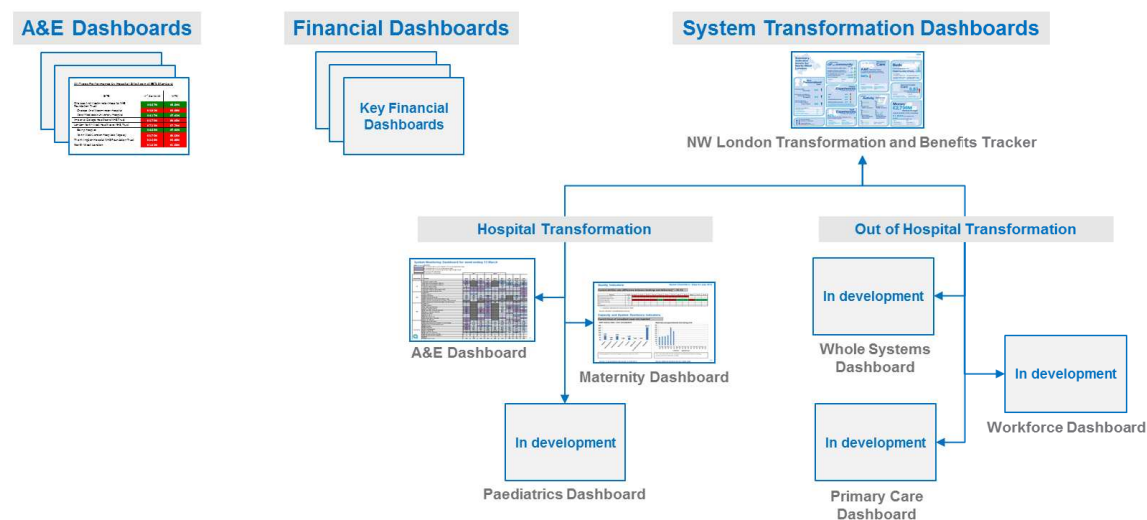
The Tracker is designed to be used internally to manage and track our transformation and our benefits, and proposed to be used externally via the website to support transparency.

The Tracker is intended to be supplemented with a series of further dashboards to provide a comprehensive, detailed view on transformation and benefits realisation. Specific data from the Tracker is proposed to be able to be drilled-down into more detail and data. The measures proposed on the Tracker are also to feature on individualised dashboards to view the same measure on a CCG or a Provider level.



Transformation and Benefits Landscape

The achievement of benefits as represented in the Transformation and Benefits Tracker is related to the individual delivery of our core programmes and other localised transformational activity. Therefore, we are in the process of developing programme-/setting-specific dashboards to feature a more in-depth view of activity; this will provide a landscape of benefits across NW London.



Proposed Next Steps...

To further develop the benefits work, we have proposed the following next steps...

- 1 **Discuss the metrics proposed** on the mock-up with key stakeholders, and ensuring data is accessible and regularly updateable.
- 2 **Agree the targets and trajectory**, where they have to be defined, with all the Providers and Commissioners to ensure we can understand when transformation and benefits realisation is not on track, to allow for adequate intervention to take place.
- 3 **Discuss the design and layout** with key stakeholders, including patient representatives, for the online version to be on the website, and for the version to be used internally for our benefits management process.
- 4 **Establish the governance** to ensure the data is regularly updated, providing the latest and most accurate view of our benefits.
- 5 **Manage and track transformation and benefits** by implementing the agreed governance and using the dashboards to assist in decision-making forums.

It is intended for the trackers to be used within Programme Boards and Governing Bodies, to continually review our progress and our achievement of benefits. Any new activity initiated within the NW London portfolio will feed into the benefits management process, to represent how our transformational activity ultimately deliver the defined benefits for the NW London population.

Discussion points for JHOSC meeting

- **Feedback on the Tracker:** *Are the metrics relevant and comprehensive?*
- **Feedback on the Tracker:** *Are there any improvements to be made on the design/layout?*

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A&E Performance in North West London

Introduction

The aim of this report is to detail the performance of North West London A&E departments over the last twelve months and describe the actions being taken to improve performance where appropriate.

Nationally pan London there has been a decline in A&E performance compared to the same period last year. However performance across North West London is showing an improving trend compared to other sectors in London. Table 1 below shows that North West London is the only sector in London to have achieved the national standard for 3 consecutive months. However further work needs to take place to sustain this improvement and going into the winter months, steps are being taken to ensure that this is the case.

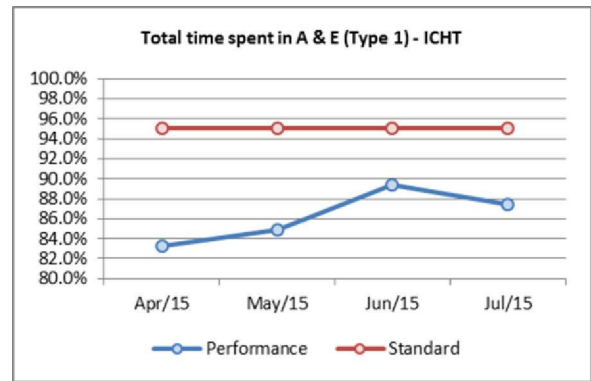
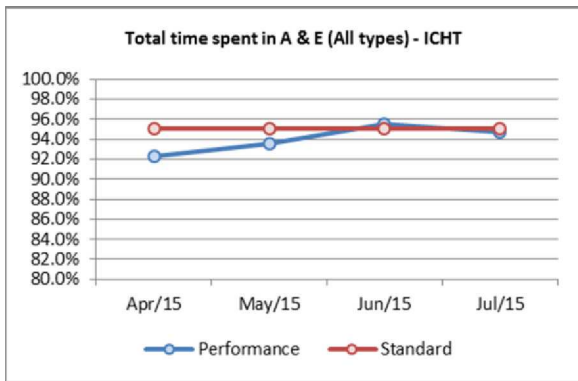
Table 1 – London A&E Performance (all types)

	13-month rolling performance													YTD Perf.	YTD	Estimated
	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	(to Jul-14)	Perf.	monthly average req'd to meet 95% in 2015-16
Chelsea and Westminster	96.24%	96.57%	95.17%	95.89%	94.85%	95.82%	96.81%	97.17%	95.88%	95.74%	97.15%	96.48%	97.10%	97.07%	96.62%	94.19%
Hillingdon	96.16%	94.72%	94.59%	92.88%	92.88%	91.22%	92.80%	93.72%	94.91%	94.88%	95.77%	95.47%	94.78%	95.68%	95.23%	94.89%
Imperial	96.63%	95.17%	94.64%	93.46%	91.63%	88.29%	91.23%	92.52%	92.29%	92.58%	93.53%	95.41%	94.71%	96.06%	94.07%	95.46%
London North West Healthcare				89.56%	87.33%	84.83%	87.16%	88.97%	89.93%	90.00%	91.34%	91.43%	90.23%		90.76%	97.12%
West Middlesex	97.51%	98.12%	95.14%	93.96%	94.32%	91.47%	94.25%	94.95%	92.22%	95.75%	95.23%	95.40%	96.38%	96.72%	95.69%	94.66%
North West London Trusts	96.75%	96.45%	94.86%	94.06%	93.04%	91.25%	93.11%	94.06%	94.01%	94.42%	95.11%	95.50%	95.15%	96.49%	95.05%	94.98%
Moorfields	98.60%	99.87%	99.50%	99.34%	98.78%	99.48%	99.63%	99.60%	99.35%	98.12%	97.56%	98.90%	96.96%	99.21%	97.89%	93.55%
North Middlesex	92.01%	97.55%	97.46%	93.37%	93.83%	88.95%	94.21%	90.68%	91.38%	94.36%	93.95%	94.82%	95.01%	94.35%	94.54%	95.23%
Royal Free London	95.91%	95.58%	95.45%	95.42%	95.60%	91.82%	91.14%	96.57%	95.75%	96.59%	97.13%	97.57%	95.89%	95.83%	96.79%	94.10%
UCLH	94.04%	94.24%	94.36%	92.52%	94.75%	95.11%	94.93%	94.21%	95.89%	97.60%	98.09%	97.51%	97.31%	94.87%	97.63%	93.69%
Whittington	96.25%	96.35%	95.42%	93.30%	92.55%	95.01%	94.33%	92.99%	94.35%	94.59%	93.60%	94.36%	95.14%	95.72%	94.42%	95.29%
Barking, Havering & Redbridge	88.14%	85.09%	85.15%	80.84%	82.61%	77.28%	84.01%	92.33%	91.50%	92.48%	93.47%	94.60%	95.63%	86.34%	94.06%	95.47%
Bart's Health	95.41%	94.37%	94.50%	93.02%	90.48%	85.22%	88.03%	89.62%	87.72%	88.49%	90.08%	90.48%	89.08%	94.43%	89.54%	97.73%
Homerton	94.81%	95.88%	95.68%	95.92%	95.04%	95.25%	95.94%	93.60%	96.18%	94.99%	95.99%	95.22%	94.17%	95.28%	95.10%	94.95%
North and East London Trusts	94.77%	94.75%	94.68%	93.05%	92.74%	89.84%	92.09%	93.77%	93.52%	94.23%	94.82%	95.21%	94.66%	94.63%	94.73%	95.13%
Guy's & St Thomas'	96.09%	96.59%	96.35%	95.89%	95.76%	94.41%	94.51%	93.56%	93.73%	95.06%	95.27%	95.04%	95.62%	96.60%	95.25%	94.87%
King's College	90.83%	90.82%	90.84%	89.92%	90.73%	84.12%	86.13%	84.38%	87.16%	87.91%	88.96%	92.95%	92.44%	89.48%	90.60%	97.20%
Lewisham & Greenwich	89.43%	89.76%	86.63%	86.16%	88.98%	83.80%	84.61%	89.25%	89.98%	91.07%	95.53%	93.87%	91.99%	88.57%	93.13%	95.93%
Epsom & St. Helier	97.40%	96.21%	95.49%	95.93%	95.64%	91.97%	93.97%	94.96%	95.72%	95.27%	96.08%	97.26%	97.11%	96.69%	96.44%	94.28%
Kingston	95.92%	95.50%	95.95%	95.91%	95.38%	92.71%	90.27%	92.54%	91.26%	90.64%	90.88%	87.56%	93.06%	95.60%	90.55%	97.22%
Croydon Health Services	97.12%	94.61%	94.96%	93.94%	92.30%	90.30%	93.45%	91.28%	91.32%	88.43%	92.84%	94.04%	96.54%	95.61%	93.01%	95.99%
St. George's	95.25%	94.60%	95.80%	94.76%	92.17%	84.69%	88.98%	88.30%	88.54%	92.29%	93.56%	91.33%	92.17%	95.01%	92.34%	96.33%
South London Trusts	94.46%	94.18%	93.73%	93.35%	93.40%	89.62%	90.86%	91.29%	92.04%	92.60%	94.13%	94.39%	94.71%	93.84%	93.97%	95.51%
Total London Performance	95.23%	95.05%	94.42%	93.43%	93.04%	90.18%	91.99%	93.07%	93.19%	93.76%	94.68%	95.03%	94.81%	94.90%	94.58%	95.21%

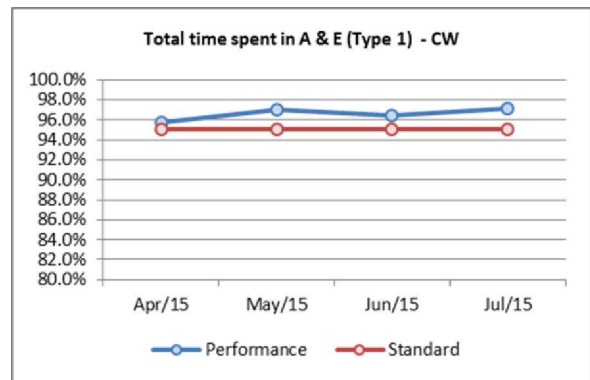
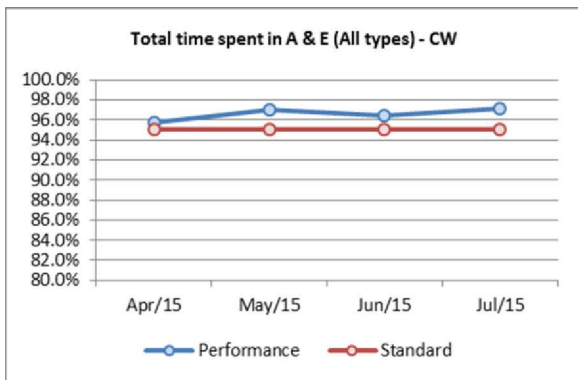
The graphs below set out recent A&E performance across North West London by hospital site from April 2015 to July 2015. This shows all types and type1 performance. It should be noted that type 1 is a local measure which describes the setting of care and not the acuity of patients seen. Additionally different trusts monitor performance in different ways; therefore it is less accurate than the all types data which is the basis of national monitoring.

As NWL has more urgent care facilities, (10 across 8 CCG catchment areas) less patients attend type 1 category facilities in NWL compared to other parts of London and the country. As a result the denominator is lower leading to lower type 1 performance. Nevertheless, two hospitals (Chelsea& Westminster and West Middlesex) are showing an improving trend against the type 1 standard.

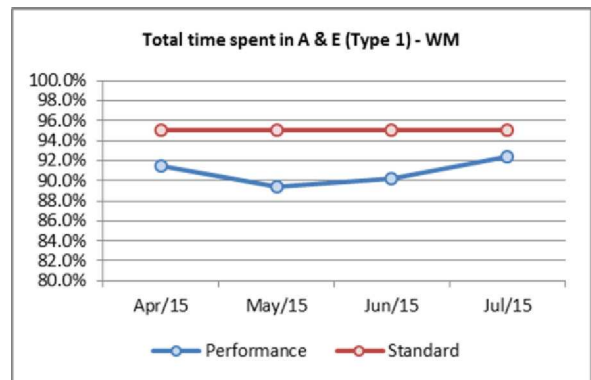
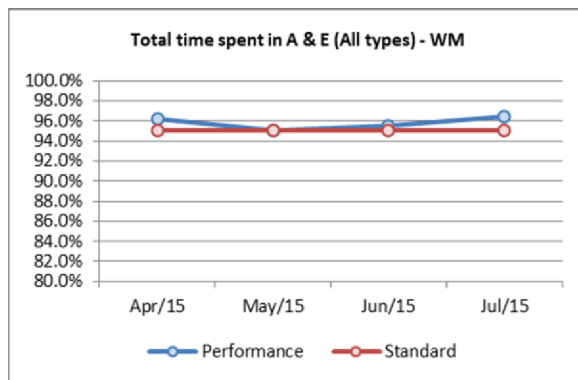
Imperial College Healthcare Trust (All Types and Type 1 A&E Performance)



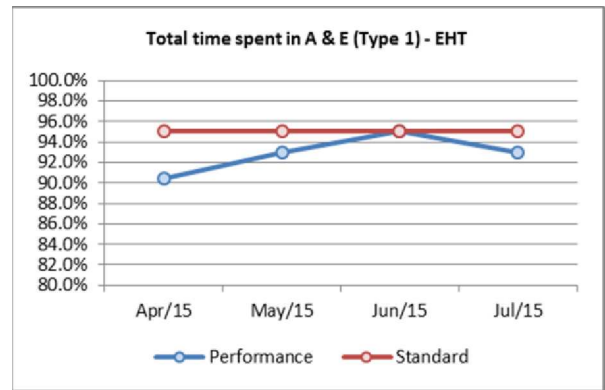
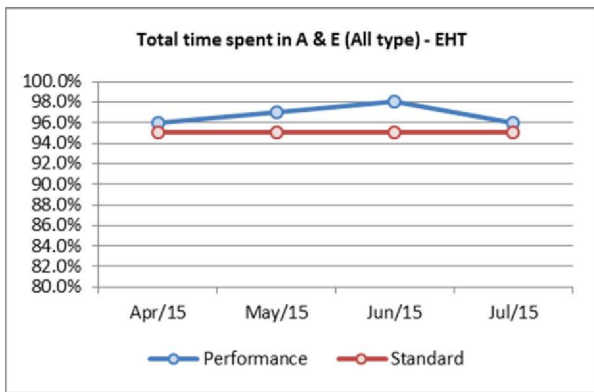
Chelsea & Westminster Hospital Foundation Trust (All Types and Type 1 A&E Performance)



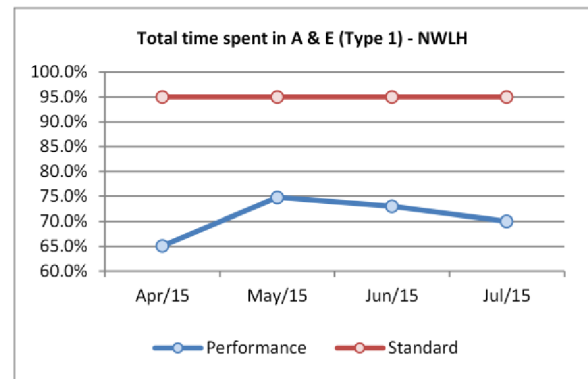
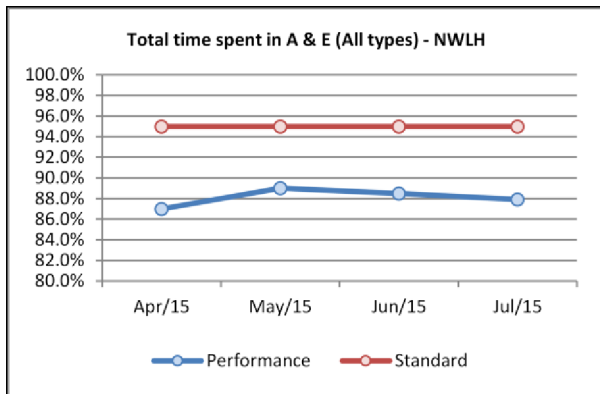
West Middlesex Hospital (All Types and Type 1 A&E Performance)



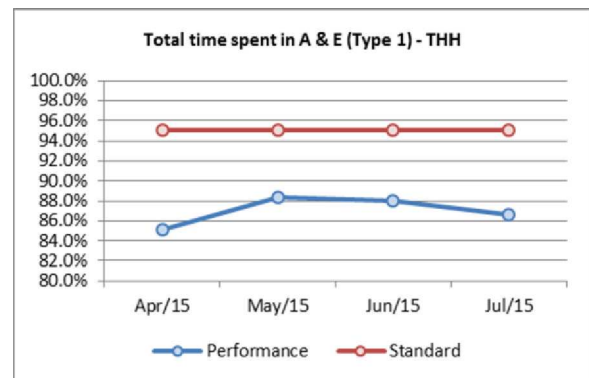
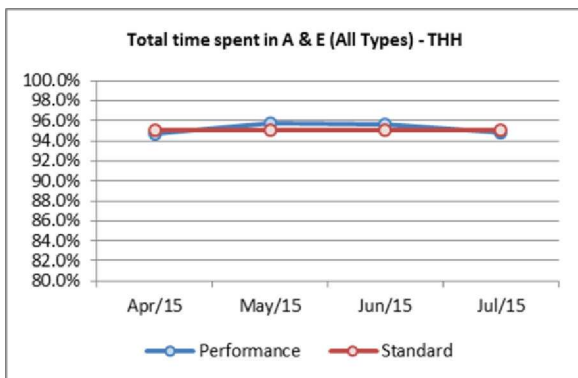
Ealing Hospital (All Types and Type 1 A&E Performance)



Northwick Park Hospital (All Types and Type 1 A&E Performance)



Hillingdon Hospital (All Types and Type 1 A&E Performance)



Northwick Park Hospital

Northwick Park Hospital (NPH) as part of London North West Healthcare Trust (LNW) has an improvement trajectory in place to recover A&E performance. In July the hospital missed its trajectory of 88% achieving 87.5% and is predicted to achieve 89.07% against the August trajectory of 89.24%

Key actions to deliver the trajectory include:

- Brent & Harrow System Resilience Group (SRG) producing revised system wide action and resource plan to support LNWH improvement trajectory.
- Senior medial registrar, from 1.7.15, to be located in ED to take direct referrals.
- Care pathway model introduced to ED in Feb 2015 – dedicated care stations e.g. rapid assessment, diagnostics, arranged in a standardised sequence to optimise care delivery and provide clear ownership of work.
- 10 observation beds ring-fenced to support A&E flow.
- Bed flow: Weekend nurse led discharge criteria in place.
- Planned additional bed capacity that will be in place by November 2015.
- Multi agency action plan developed following complex discharge audit.

Imperial College Healthcare Trust – A&E Performance

Performance in July was 94.71% against the 95% standard is predicted to be 94.86% in August.

Key actions from the Trust's recovery action plan include:

- A&E: Improvements in registration/ streaming; speciality team responsiveness; revised pathways from OPD; senior surgical decision maker in ED; RAT in place; review nursing skill mix.
- UCC at STM: Audit streaming and current process; review medical staffing model; facilitate LAS direct conveyances to UCC.
- Ambulatory care: Extend opening hours; develop pathways for direct referral from OPD and inpatient areas.
- Inpatient flow: Criteria led discharge; maximise discharge before noon; Frailty unit relocation at CXH and creating frailty beds SMH; review cardiology pathway.

Hillingdon Hospital – A&E Performance

Hillingdon Hospital remains close to achieving the 95% standard with July performance at 94.8%. The Trust and Hillingdon CCG have put in place a diagnostic programme that focuses on demand, patient flow and discharge to the community.

Chelsea & Westminster Hospital - A&E Performance

The Trust has consistently achieved the 4 hour standard and continues to meet the standard.

West Middlesex Hospital site – A&E Performance

West Middlesex Hospital has consistently met the A&E 4 hour standard since June and is improving its Type 1 performance.

Ealing Hospital - A&E Performance

Ealing Hospital continues to meet the A&E 4 hour standard and is improving its Type 1 performance.

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