

# Health and Adult Social Care Policy and Accountability Committee Agenda

Wednesday 19 July 2023 at 7.00 pm

Main Hall (1st Floor) - 3 Shortlands, Hammersmith, W6 8DA

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

## MEMBERSHIP

Administration	Opposition
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Emma Apthorp Councillor Ann Rosenberg	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell, Action On Disability Lucia Boddington Jim Grealy, H&F Save Our NHS Keith Mallinson, Healthwatch	

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Members of the public are welcome to attend but spaces are limited, please email [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) if you plan to attend. The building has disabled access.

Date Issued: 11 July 2023

# Health and Adult Social Care Policy and Accountability Committee Agenda

If you would like to ask a question about any of the items on the agenda, please email [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) by 12pm, 18 July 2023

<u>Item</u>	<u>Pages</u>
<b>1. APOLOGIES FOR ABSENCE</b>	
<b>2. DECLARATIONS OF INTEREST</b> <p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p>	
<b>3. MINUTES OF THE PREVIOUS MEETING</b>	4 - 9
<p>To approve the minutes of the previous meeting as an accurate record and to note any outstanding actions.</p>	
<b>4. IMPACT OF THE DELAYED REBUILDING OF ST MARY'S HOSPITAL</b>	
<p>Imperial College Healthcare NHS Trust will provide a verbal update about the delayed rebuilding of St Mary's Hospital and the impact on residents.</p>	
<b>5. NORTH WEST LONDON ADULT COMMUNITY-BASED SPECIALIST PALLIATIVE AND END-OF-LIFE CARE REVIEW PROGRAMME</b>	10 - 16
<p>This briefing paper provides an update on the progress made by the</p>	

programme team and seeks the Committee's support and feedback on engaging on the new model of care before launch.

**6. POST COVID SYNDROME SERVICES UPDATE**

17 - 33

This item gives an overview of the post-Covid service offer in North West London.

**7. DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 15 November 2023
- 31 January 2024
- 27 March 2024

# Agenda Item 3

London Borough of Hammersmith & Fulham



## Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 26 April 2023

### **PRESENT**

**Committee members:** Councillors Natalia Perez (Chair), Genevieve Nwaogbe, Patricia Quigley, Ann Rosenberg and Amanda Lloyd-Harris

**Co-opted members:** Victoria Brignell (Action On Disability), Lucia Boddington and Jim Grealy (H&F Save Our NHS)

### **Other Councillors**

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care)

### **Guests**

Dr Christopher Hilton (Chief Operating Officer - Local and Specialist Services at West London NHS Trust)

Helen Mangan (West London NHS Trust)

Catherine Murray (West London NHS Trust)

### **Officers**

Linda Jackson (Director Independent Living (Social Care) & Corporate Transformation)

Jo Baty (Assistant director specialist support and independent living)

David Abbott (Head of Governance)

### **Also in attendance**

Merril Hammer (Hammersmith & Fulham Save Our NHS)

Councillor Ketan Sheth (Chair of the North West London Joint Health Overview and Scrutiny Committee)

Councillor Daniel Crawford (Vice Chair of the North West London Joint Health Overview and Scrutiny Committee)

### **1. APOLOGIES FOR ABSENCE**

Apologies were received from Keith Mallinson.

Councillor Patricia Quigley, Councillor Ann Rosenberg, Lucia Boddington, Victoria Brignell joined the meeting online.

## 2. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 22 March 2023 were agreed as an accurate record.

## 4. WEST LONDON TRUST UPDATE – EALING ADULT ACUTE MENTAL HEALTH BEDS

Dr Christopher Hilton (Chief Operating Officer - Local and Specialist Services at West London NHS Trust), Helen Mangan (West London NHS Trust), and Catherine Murray (West London NHS Trust) presented the report which provided:

- A summary of West London NHS Trust's enhanced engagement process on Ealing adult acute mental health beds.
- Feedback received during the enhanced engagement process.
- The Trust's emerging response in evaluating the feedback from all of the engagement activities to date.

Dr Hilton said the Trust had determined there were three options upon which a public meeting of the West London NHS Trust Board would be invited to make a recommendation. Those options were:

- Reverse the temporary provision, including reopening two wards and closing provision that had been funded with the reinvested revenue.
- Continue with the temporary provision, further delaying any final decision.
- Make permanent the current arrangements and put in mitigations to address concerns. This was the Trust's preferred option.

Councillor Amanda Lloyd-Harris asked for the details about the investments mentioned in the report to be circulated to the Committee.

**ACTION: Dr Hilton**

Councillor Lloyd-Harris asked for answers in writing to the PAC's questions from the previous meeting.

**ACTION: Dr Hilton**

Councillor Lloyd-Harris asked if the consultation responses had been weighted based on whether respondents had experience of the services in question or not. Catherine said the feedback hadn't been weighted.

Councillor Genevieve Nwaogbe asked what the impact of opening the beds back up would be. Dr Hilton said the biggest impact would be on staffing capacity. They would have to move staff from community services back into the bedded units.

Councillor Nwaogbe asked if it was possible to hire dedicated staff rather than closing beds. Dr Hilton said they made the change because it wasn't possible to provide safe care in the old facilities, but they wanted to ensure they were reinvesting the money saved into crisis pathways.

Jim Grealy commented that there should be a strategy across the whole of North West London looking at need, financing, and resourcing. He noted that members had been told no closures would proceed until a strategy had gone out to all stakeholders for consultation, but this closure and other similar closures in neighbouring boroughs were moving forward.

He noted that, according to the report, only 10 percent of people agreed with the proposals but they seemed to be going ahead regardless.

The Chair agreed and said it was concerning to see proposals seemingly made in isolation, without a clear strategy looking at the bigger picture.

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care) commented that the ICB had said there wouldn't be any bed closures until a mental health strategy covering all eight North West London boroughs was in place. Dr Hilton said he was not a part of that meeting, but he said the Trust recognised the feedback about needing a strategy and they were contributing to that now.

Councillor Coleman asked if the commitment not to close beds without a strategy in place had been communicated to him. Dr Hilton said it hadn't.

Councillor Daniel Crawford (Vice Chair of the North West London Joint Health Overview and Scrutiny Committee) addressed the Committee said his members were very disappointed with the lack of formal public consultation. This was a substantial change that jeopardised people who needed access to mental health services.

Merril Hammer (Hammersmith & Fulham Save Our NHS) noted that the current proposals were based on pre-Covid papers and statistics when it had been agreed that any plans should be based on local, up-to-date data.

The Chair said the Committee could put forward a formal request not to go forward with any bed closures until an agreed strategy was in place.

Dr Hilton said the Trust recognised the concerns and were engaged in developing a strategy. He said he would seek clarity from Rob Hurd and

Penny Dash about this issue. He noted that the paper submitted to the Committee included the findings of an engagement process and a case for change document had been shared previously that looked at demographic and population changes. He said the Trust were committed to joint working across North West London but for historical reasons, the NHS had managed beds separately hence the different approaches.

The Chair asked when the Committee could get clarification on this issue and, given the concerns raised, she asked if the final paper to the Board would change. Dr Hilton said he would seek clarification tomorrow (on 27 April). The feedback received would inform further iterations of the paper before the Board's decision.

Victoria Brignell (Action on Disability) asked if waiting lists had gone up or down. Dr Hilton said there weren't waiting lists for these services but there was little change to the 'time to admit'.

Councillor Patricia Quigley asked how much co-production with disabled people had taken place. Catherine Murray said co-production work with 280 people had taken place in the pre-engagement stage.

Councillor Quigley highlighted some outdated language in the consultation report such as 'wheelchair bound' and 'help to walk' rather than 'walking aids'. She said it should have been co-produced with disabled people to avoid these errors. Dr Hilton said the document had been produced by an external organisation and the Trust would provide feedback to them.

**ACTION: Dr Hilton**

Councillor Coleman asked what the difference was between Central and North West London's consultation on Gordon Hospital and the enhanced engagement done by North West London Trust. Dr Hilton said there were not a lot of material differences.

Councillor Coleman asked why the Trust was not doing what 80 percent of respondents said they wanted in the consultation. Dr Hilton said some people may not have believed the rationale given. He said the Trust had made efforts to explain what they were trying to do and address people's concerns. The feedback had resulted in some changes and informed their thinking.

Councillor Coleman asked if the Trust needed the 13 acute beds they planned to close. Dr Hilton said he didn't think they needed them given the service had been able to manage for the past three years without them.

Councillor Coleman asked if there was too much capacity before, or if fewer people needed them now. Dr Hilton said they were on the higher end before and benchmarking illustrated that. He noted that modern mental health pathways suggested using less restrictive provision, preferring to support people in virtual wards. Councillor Coleman asked why not close all 31 beds in that case. Dr Hilton said the Trust could manage with 13 fewer beds.

Councillor Coleman said there needed to be a detailed discussion about whether the beds were necessary, and partners needed to learn from that before the final decision was taken. He suggested pausing and looking at the Westminster outcome before any changes were made.

The Chair asked members if they supported the recommendation to continue with the temporary suspension until further information was gathered (Option 2). Members agreed the recommendation.

Merril Hammer asked if there had been any change in the pattern of re-admissions. She also asked if there was any analysis of which communities they came from. Dr Hilton said they were looking at re-admission data, but he wasn't sure it was broken down by ethnicity. He said he would take it away and provide a written response with the figures requested.

**ACTION: Dr Hilton**

Jim Grealy asked how the Trust planned to keep in touch and update respondents. He was concerned there would be a loss of trust and said they needed to find a way to re-engage.

Dr Hilton agreed that the Trust needed to provide further feedback and explain their thinking to the community. There should be more conversation through Healthwatch and community champions.

The Chair summed up the discussion and noted the following actions:

- Questions from the previous meeting should be responded to in writing.
- The Committee sought clarification about the commitment not to close beds until the Mental Health Strategy had been finalised.
- The Committee asked that feedback from this meeting, including their recommendation to continue with the temporary suspension until further information was gathered (Option 2).
- The Committee asked the Trust to be more mindful of the use of inclusive language and co-produce future consultations with disabled people.
- Members requested a breakdown of re-admission data by ethnicity.
- Members requested a plan to re-engage the people who participated in the engagement exercise.

The Chair thanked members, officers, and guests for their contributions.

## **RESOLVED**

1. That the Committee noted and commented on the report and the Trust's emerging response to the enhanced engagement activities.



**5. WORK PROGRAMME**

The Chair noted that a draft work programme would be circulated to members.

**ACTION: David Abbott**

**6. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:

- 19 July 2023
- 15 November 2023
- 31 January 2024
- 27 March 2024

The Chair, Councillor Ben Coleman, Councillor Amanda Lloyd-Harris, Councillor Patricia Quigley, and Dr Christopher Hilton all made comments thanking Lisa Redfern for her support and the huge contribution she had made over the years as Strategic Director of Social Care. The Committee wished her well on her retirement.

Meeting started: 7.05 pm  
Meeting ended: 8.55 pm

Chair .....

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# Agenda Item 5



**North West London**

## **Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee (HASPAC)**

**19 July 2023**

### **NW London adult community-based specialist palliative and end-of-life care review programme**

This paper aims to:

- Provide a comprehensive update on the progress made by the programme team since our last presentation to the Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee on 25 January 2023.
- Seek your support and gather your opinions on engaging on our new model of care before officially launching the engagement process in due course.

As key stakeholders, we highly value your ongoing involvement and collaboration in this programme.

## **Summary of service improvements for Hammersmith & Fulham residents with the proposed new model care for community-based specialist palliative care services for Adults**

The proposed NW London Community Specialist Palliative Care model of care for adults (18+) would deliver for Hammersmith & Fulham residents for the first time:

### **Community Specialist Palliative Care Team**

- The opening hours of this team will increase to 8am - 8pm from current 9am to 5pm. Hammersmith & Fulham residents will therefore have access to a 7-day service that operates 12 hours a day to support their care needs.

### **24/7 specialist telephone advice line**

- Hammersmith & Fulham residents who are unknown to the CSPC services will be able to call a local 24/7 specialist palliative care telephone advice line for the first time and receive advice and support.

### **Hospice at Home**

- Hammersmith & Fulham residents will have access for the first time to a Hospice at Home service.
- This service supports up to 24-hour care at home (including overnight sitting) if needed in close collaboration with the usual community care teams.

### **Inpatient bed care**

- Hammersmith & Fulham residents will have access to an increased number of beds, which includes dedicated enhanced end-of-life care nursing home beds for patients who do not require a hospice bed but cannot stay at home due to their needs, do not wish to stay at home, and do not want to or need to be in a hospital. These beds will be available across all boroughs of North West London.

The proposed model of care aims to offer more personalised and culturally sensitive care to address the diverse needs of the entire NW London population, including the specific needs of Hammersmith & Fulham residents and underserved communities.

The model seeks to achieve this through a number of design principles and enablers which support tailoring services to individual preferences, cultural competence training for staff, and actively collaborating with local organisations and partners.

The ultimate goal is to ensure fair access to high-quality community-based specialist palliative and end-of-life care for all Hammersmith & Fulham residents, while creating a supportive and inclusive environment throughout all aspects of care and services.

## **New community-based specialist palliative care model of care development**

Since NHS North West London attended Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee on 25 January 2023, the NW London community-based specialist palliative care new model of care working group, has been diligently working to co-produce and agree the new model of care for adults' (18+) community-based specialist palliative care. The model of care working group includes a number of Hammersmith & Fulham residents including a member of Hammersmith & Fulham Save Our NHS. After a series of weekly meetings since May 2022, the model of care working group successfully concluded their discussions on 6 June 2023.

The engagement approach and the work of the model of care working group have been recognised as best practice by the North West London Integrated Care Board (ICB). The feedback from the working group members about their participation, the approach taken, the transparency of the programme team, and the outputs of the working group has been overwhelmingly positive.

For instance, one of the 12 patient representatives on the group, who is also a clinician working in NW London, expressed that being part of the group and engaging in the discussions has significantly enhanced her understanding of palliative and end-of-life care. This knowledge has directly influenced and improved her practice, leading to better outcomes for the patients she has supported at end-of-life.

## **Future service demand modelling**

At the HFSPAC we also committed to undertaking demand modelling and population projections for a 10-year period to support future services modelling rather than 5-years which we presented. This demand work has since been completed.

We expect growth in inpatient bed use to be in-line with the growth in the overall number of deaths in the NW London population over time. This is the result of an ageing population, population growth and a number of other factors such as increasing morbidity from chronic illness.

When we factor this in, we anticipate that we have sufficient inpatient beds across our hospices to accommodate local need for hospice specialist palliative care beds until 2031.

## **Travel mapping**

Work has been undertaken to articulate the geographical proximity between hospice locations and where residents live, to support a better understanding of the impact on residents of travelling to the various hospice inpatient service locations within North West London and see if there are any populations who are adversely affected when accessing these services.

## **Local Hammersmith & Fulham engagement**

The programme team has recently given an update at the H&F End-of-life (EoL) & Integration of Local Palliative Care Services Meeting. Some of the community-based specialist palliative care model of care working group members attend this forum. The Hammersmith & Fulham borough lead for this group and local palliative and end of life care (PEOLC) improvement, Chahksu Sharma, also attends the weekly NW London hospice and cspc sector calls. The NW London community-based specialist palliative care programme lead, Michelle Scaife, provides updates on the programme to the group via this meeting.

## **North West London's new community-based specialist palliative care model of care for adults (18+)**

The agreed-upon model of care encompasses several core service lines designed to ensure improved equity and accessibility. These are underpinned by a number of key principles and enabler also agreed upon by the model of care working group, and are in line with best practice, engagement feedback and national guidance. These services include:

1. Care in your home
  - Community Specialist Palliative Care (SPC) team at home, including support to care homes
  - Hospice at home
  - 24/7 specialist palliative care telephone advice
2. Community Inpatient care:
  - Enhanced end-of-life care beds
  - Specialist hospice inpatient unit beds
3. Hospice outpatient and well-being services:
  - Hospice multi-disciplinary team outpatient clinic appointments
  - Dedicated Bereavement and psychological support services
  - Lymphoedema services
  - Other day care and well-being services provided in the main by charitable hospices

### **Key changes within new model of care:**

We are pleased to share some key changes in the new model of care that have been agreed upon by the working group:

#### **Care in your home:**

- Community specialist palliative care SPC Team:
  - 7-day working hours (8 am - 8 pm) – a change from 9am - 5pm with some services which worked only 5 days a week.
  - Increased support to care homes – common core level of training and support
- Hospice at Home:
  - Supporting up to 24-hour care at home (including overnight sitting) in close collaboration with usual community care teams. This is currently not being supported across all existing services.

- Expansion of services to additional boroughs currently without this service: Hammersmith & Fulham, Ealing, and Hounslow.
- 24/7 specialist telephone advice line – a common core offer including support for known and unknown patients.

#### **Community inpatient care:**

- Increased number of beds, which includes dedicated enhanced end-of-life care nursing home beds across all of NW London for patients who do not require a hospice bed but cannot stay at home due to their needs, do not wish to stay at home, and do not want to or meet the need to be in a hospital.
- Existing hospice inpatient unit beds to support our patients with the most complex specialist palliative care need.

#### **Hospice outpatient and well-being services:**

- Hospice outpatient MDT clinic and well-being services – a common core offer for the services this encompasses, including lymphoedema, bereavement, and psychological support services:
- Expansion of lymphoedema services for non-cancer patients in Harrow, addressing the current gap in provision
- Dedicated bereavement and psychological support services with common core offer– whilst all our services currently offer bereavement and psychological support this varies in offer and accessibility.

#### **Key principles underpinning the model of care services that have been agreed by the model of care working group:**

- Greater partnership working and co-ordination of care among the various providers encountered throughout the journey. This will be supported through better information sharing and communication among the teams supporting the patient's care.
- Greater personalisation of care tailored to patients' specific needs. This will be achieved through holistic needs assessment and the involvement of patients and their loved ones in care planning, including advance care planning. Taking into account that people change their minds and their circumstances can change.
- Greater cultural sensitivity to acknowledge and address cultural differences among the diverse communities in North West London, which play a crucial role in delivering good community-based specialist palliative care. This will be supported through training and workforce development, which is one of the enablers of the new model of care.
- Improved communication with patients and their support network, including carers, family, and friends. This involves actively listening to concerns, keeping patients informed, and supporting carers in their caregiving roles. It also entails enhancing communication among the teams supporting the patient through multidisciplinary collaboration and a common record, such as the London universal care plan (UCP), which enables digital sharing of a patient's advance care plan across the health and care system.
- Increased consideration for utilising technology to support care in community settings and minimize unnecessary hospital visits.

**Key Enablers: The successful implementation of the new model of care relies on several key enablers:**

- Effective use of data and digital optimisation in service delivery
- Workforce development and planning
- Organisational development and community-based specialist palliative care staff training
- Strong leadership and governance.

**Addressing the eight key issues**

The new model of care aims to address the eight key issues outlined in an issues paper published by the programme in 2021 which launched this work. By incorporating these issues into our ongoing engagement and co-production of the new model of care the model, we are committed to creating a more comprehensive and responsive community based specialist palliative and end-of-life care system for the residents of North West London.

**Next steps - formal engagement about new model of care**

The next phase of the programme will be engagement seeking input from the public on the model of care. We will initiate this engagement process once the model of care document is published in mid to end of July. Once the model of care document is published in mid to end of July, we will initiate this engagement process, which will run from July to September.

During this engagement phase, we aim to engage widely and work with our public and stakeholders to:

- Provide an overview of the development process of the model of care
- Outline the contents of the model of care (what is the model of care NOT how it will be delivered), and seek feedback from the public on the new model of care.

While the engagement document will not present options for the delivery of the new model of care, it will emphasise the importance of a well-distributed service that ensures equal access to the necessary care.

Our overarching approach is to engage through the place based partnerships and we have reached out to all of them to discuss how they wish to engage informally with key stakeholders, such as yourselves, and publically when the new model of care document is published.

**Next steps after engagement phase – September onwards**

- Publish feedback received and a revised model of care, as well as explain next steps

- The programme team will develop a long-list of options for delivery of the new model of care with the steering group doing the initial shortlisting and moving to the next stages of making recommendations about options for any formal consultation should this be deemed necessary.

We are immensely grateful for your continued engagement and contributions which are vital to the success of this transformative initiative. We will continue to keep you regularly updated on the progress of the programme. If you have any questions or require further information, please do not hesitate to contact us:

[nhsnw1.endoflife@nhs.net](mailto:nhsnw1.endoflife@nhs.net)



# London Borough of Hammersmith & Fulham

## Health & Adult Social Care Policy & Accountability Committee

### Post Covid Syndrome Services Update

19<sup>th</sup> July 2023

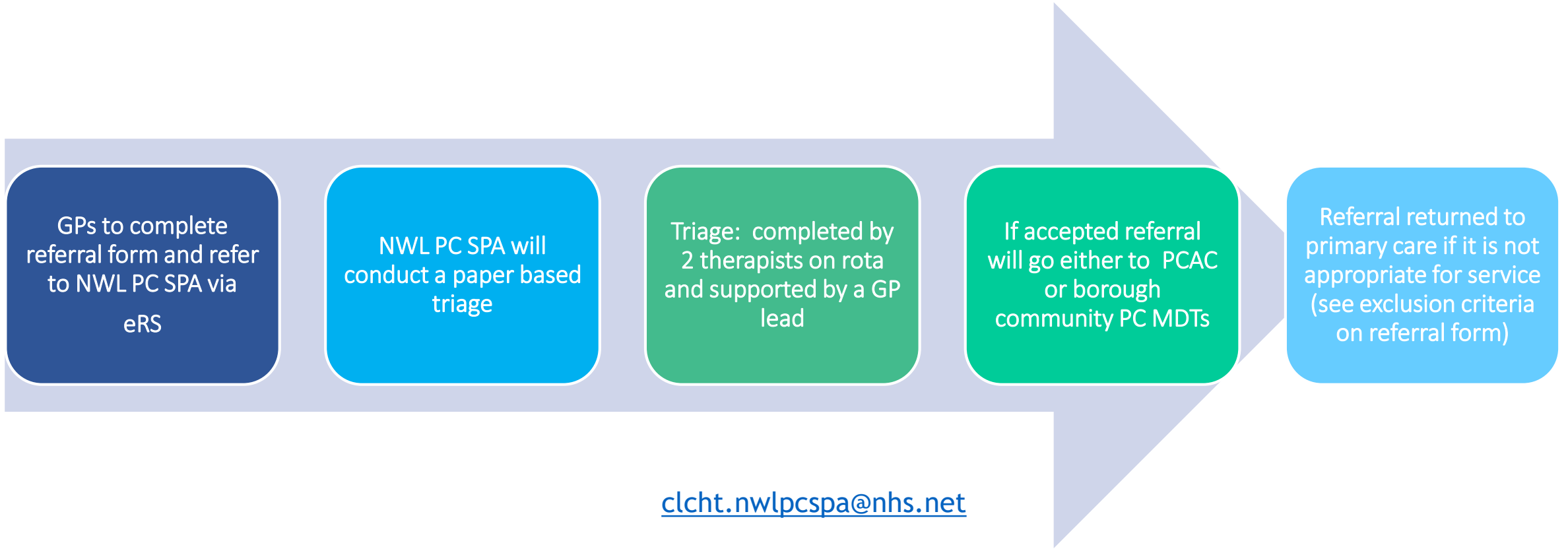
# Overview of the Post Covid Service Offer in North West London (Acute and Community Services)

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# Post Covid Single Point of Access

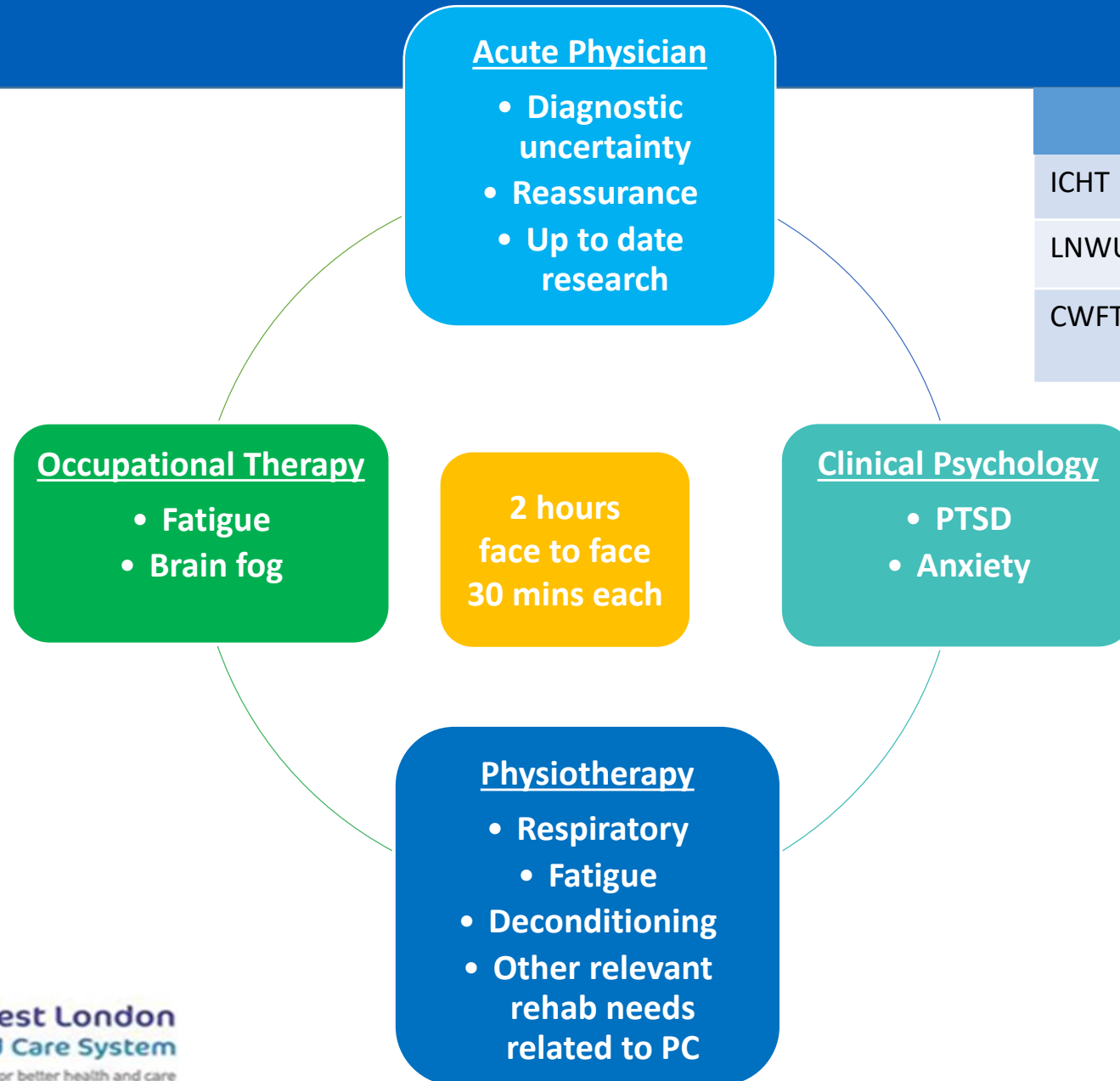
(The NWL Post Covid SPA - An integrated referral pathway)

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[clcht.nwlpспа@nhs.net](mailto:clcht.nwlpспа@nhs.net)

# Acute Services: Post Covid Assessment Clinic (PCAC)



North West London PCACs	
ICHT	St Mary's Hospital and Charing Cross Hospital
LNWUHT	Central Middlesex Hospital
CWFT	Chelsea and Westminster Hospital and West Middlesex Hospital

# Community Services: Post Covid Community MDT

6 Post Covid Community MDTs in North West London: Brent, Ealing, Harrow, Hillingdon, Hounslow, Tri-Borough (Kensington & Chelsea, Hammersmith & Fulham, Westminster)

North West London SPA Triage support – GP referrals triaged on a rota basis by 2 Allied Health Professionals

MDT made up of Occupational Therapist/Clinical Psychologist/Physiotherapist/Rehabilitation Assistant and GP support

Initial Assessments suited to patient choice e.g. virtual and/or face to face

Management is guided by the patient and their goals (1:1, groups, App based and/or self management)

Living With Covid Recovery App offered to all patients

1:1 support (symptom specific, personalised to patient) and Group provision e.g. brain fog

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# Post Covid Community MDTs – North West London Offer

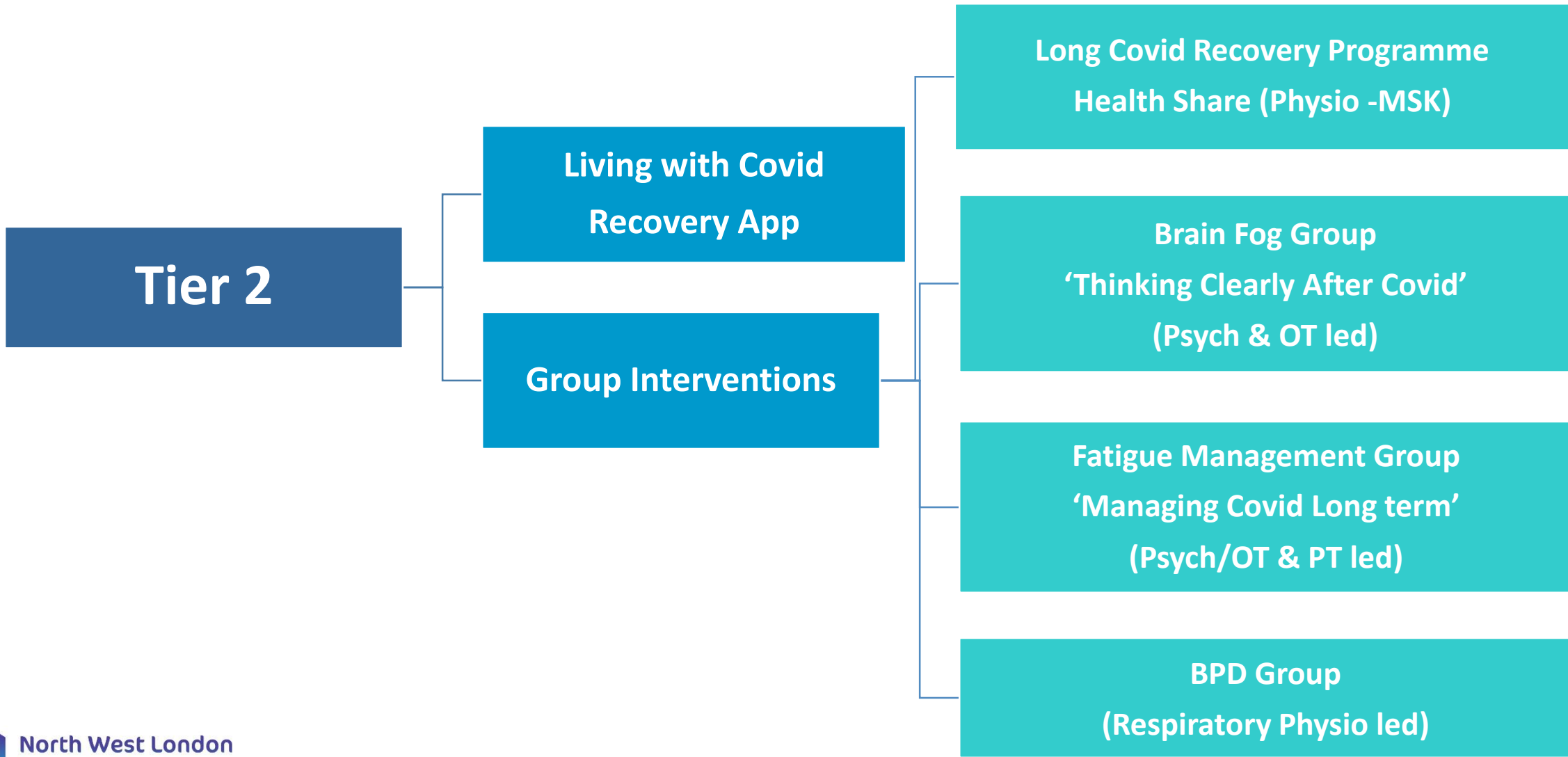
Page 22

TIER 1

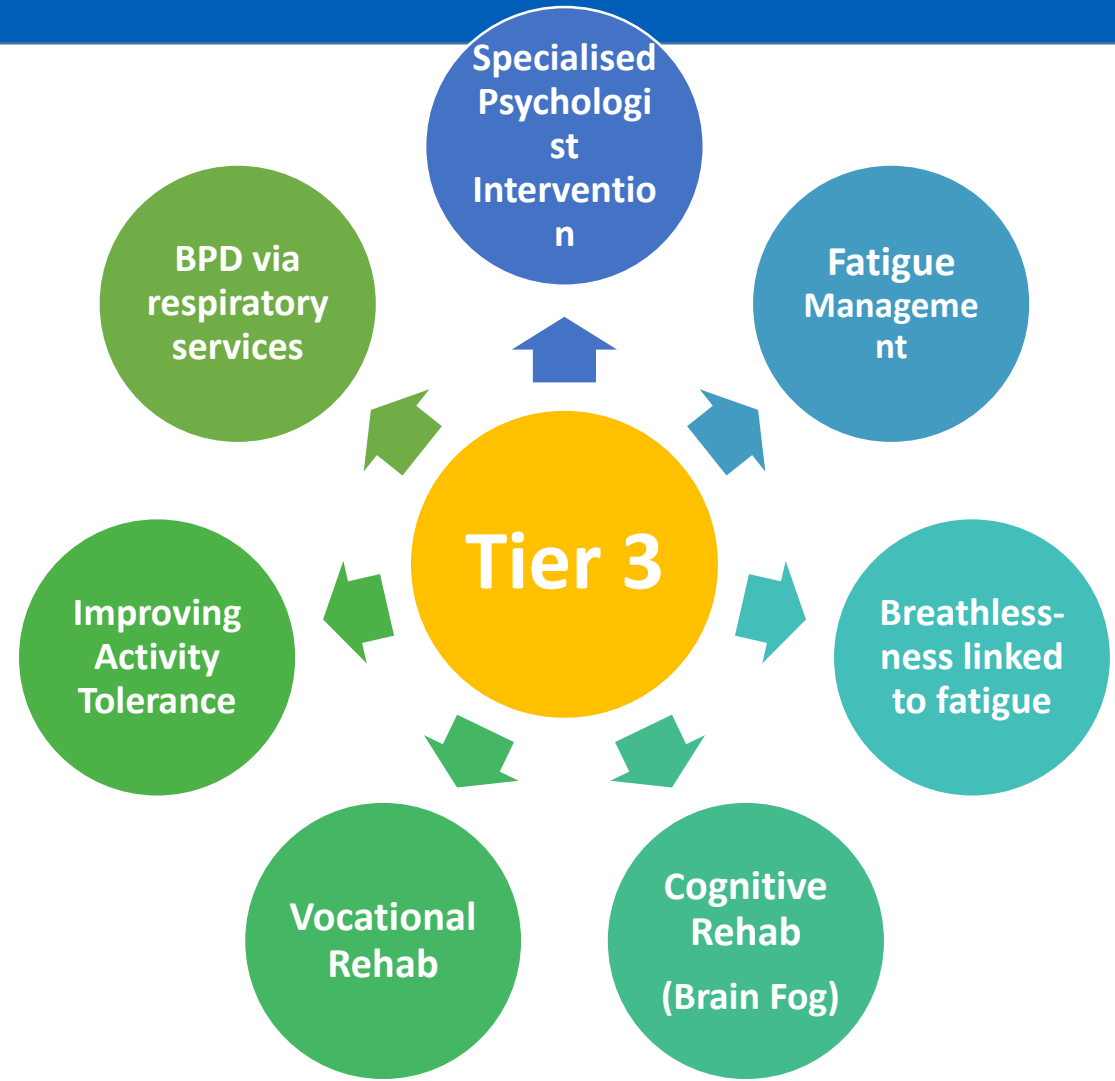
Self Management – sign posting information and resources and online sites.  
Usually covered by GP but re-enforced at PCAC and MDT community teams

# Post Covid Community MDTs – North West London Offer

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# Post Covid Community MDTs – North West London Offer



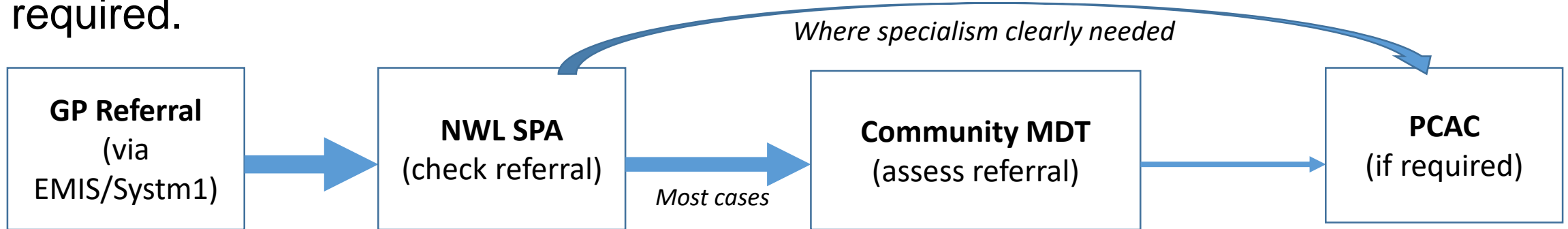


# Changes to the North West London Post Covid Referral Pathway

## Community First Model

- Under the Community First Model, referrals will continue to go to the North West London Single Point of Access (SPA) first for checking, then they will be sent on to Community MDTs for assessment. Onward referral to PCACs may take place if required.

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- The Model will be implemented in July/August 2023, with standard North West London-wide triage, assessment and discharge protocols in place.
- The Model will lead to fewer referrals going to Acute PCACs

# Hammersmith & Fulham Data

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# Hammersmith & Fulham Referral Data

127 accepted GP referrals to Post Covid Community MDTs and PCACs (June 2022 – June 2023) (14% of all NWL accepted referrals)

125 referrals returned to GP (June 2022 – June 2023) (17% of all NWL referrals returned to GPs)

More referrals accepted than returned in May – June 2023 due to the release of Post Covid Toolkit to health professionals and GPs across North West

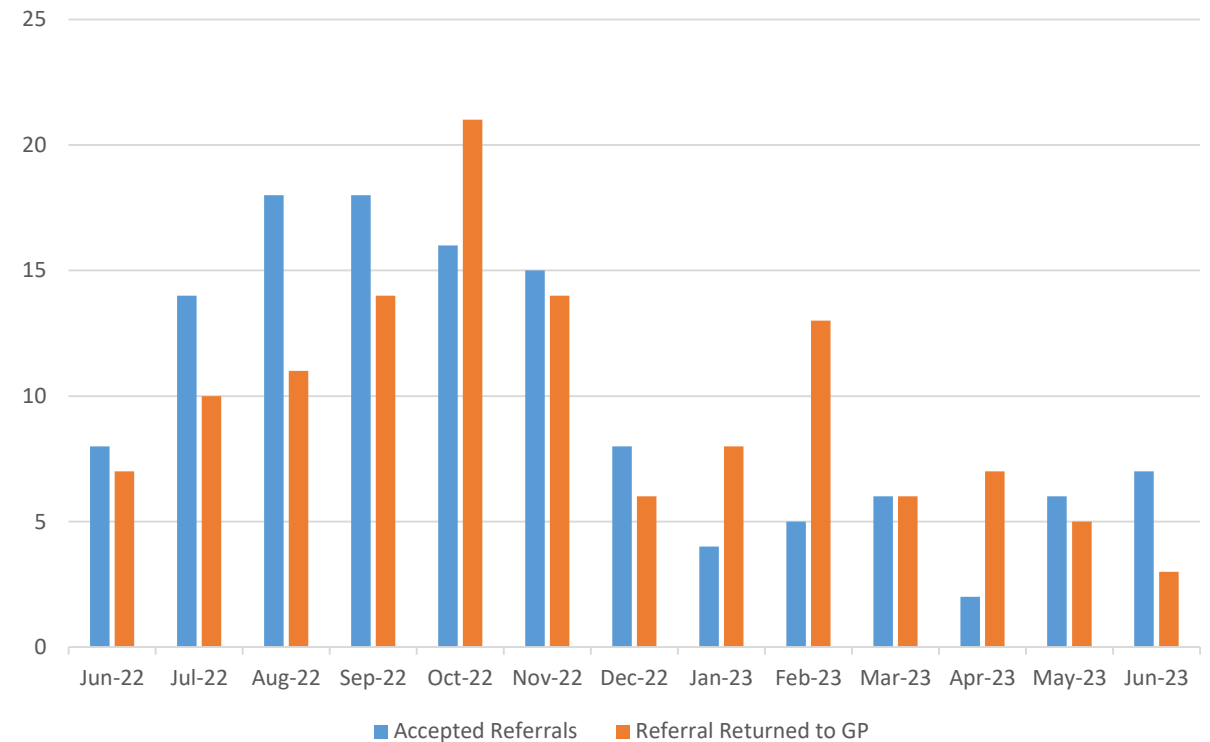
London to raise awareness and increase referrals.

Source: NWL Post Covid SPA

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North West London Borough	Total Accepted Referrals (June 2022 - June 2023)	Percentage	Total Referrals Returned to GP (June 2022 - June 2023)	Percentage
Brent	92	9%	80	11%
Ealing	164	18%	111	15%
<b>Hammersmith &amp; Fulham</b>	<b>127</b>	<b>14%</b>	<b>125</b>	<b>17%</b>
Harrow	123	13%	98	12%
Hillingdon	126	14%	80	11%
Hounslow	70	8%	47	6%
Kensington & Chelsea	136	15%	130	17%
Westminster	92	9%	80	11%
NWL Total	930	100%	751	100%

Referrals to Community MDTs and PCACs:  
Hammersmith & Fulham Patients  
(June 2022 – June 2023)



# Hammersmith & Fulham Referral Data

## Number of Hammersmith & Fulham GP Practices having made no Referrals to Post COVID Services (Acute and Community):

1

NWL Borough	Total GP Practices Not Referring	Percentage of all GP Practices
Brent	3	6%
Ealing	11	15%
<b>Hammersmith &amp; Fulham</b>	<b>1</b>	<b>4%</b>
Harrow	2	6%
Hillingdon	6	13%
Hounslow	6	15%
Kensington & Chelsea	2	5%
Westminster	7	2%
NWL Total	38	11%

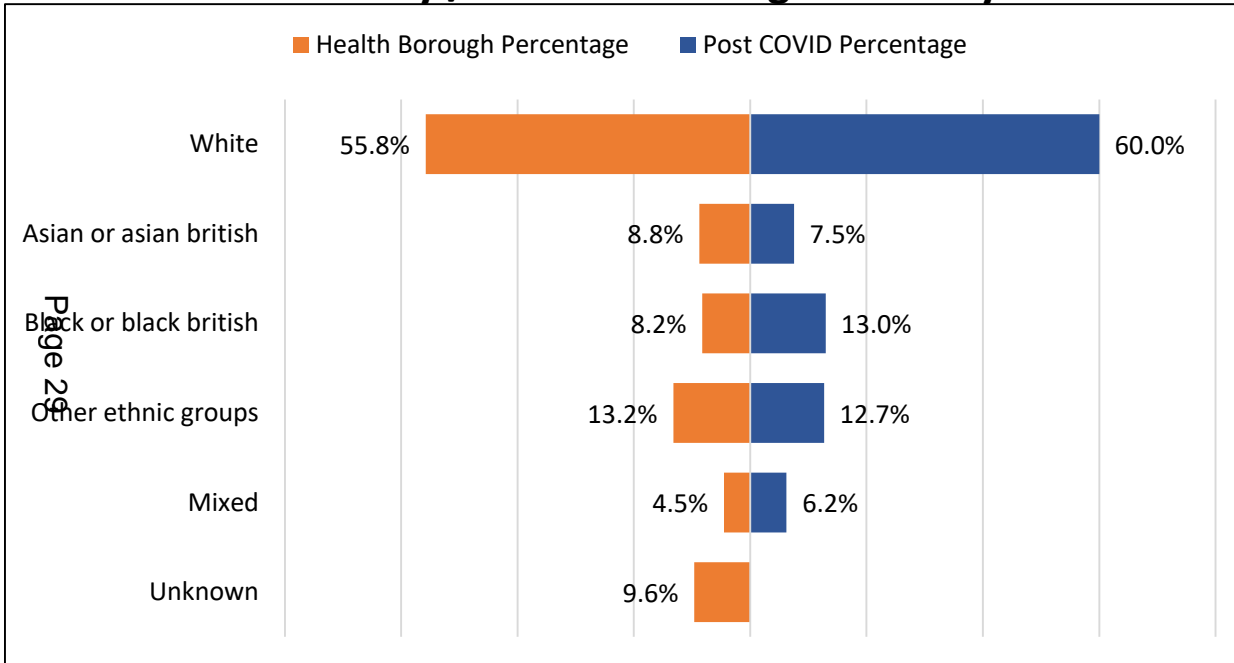
## Number of Hammersmith & Fulham GP Practices having made less than 5 Referrals to Post COVID Services (Acute & Community):

7

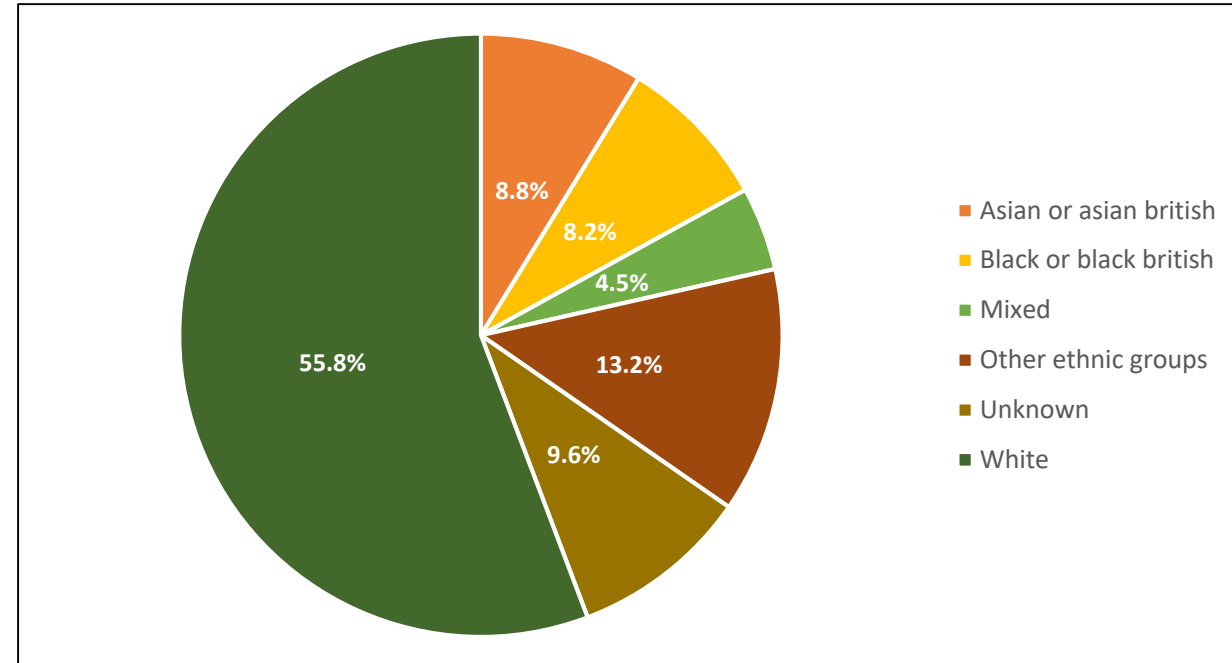
Data Source: NWL ICB Business Intelligence Post Covid Health Inequalities Dashboard (as at 30/04/23)

# Hammersmith & Fulham: Post Covid Population Statistics

Post Covid Referrals by Ethnicity versus the General NWL  
Ethnicity / General Borough Ethnicity



Hammersmith & Fulham Population: Ethnicity

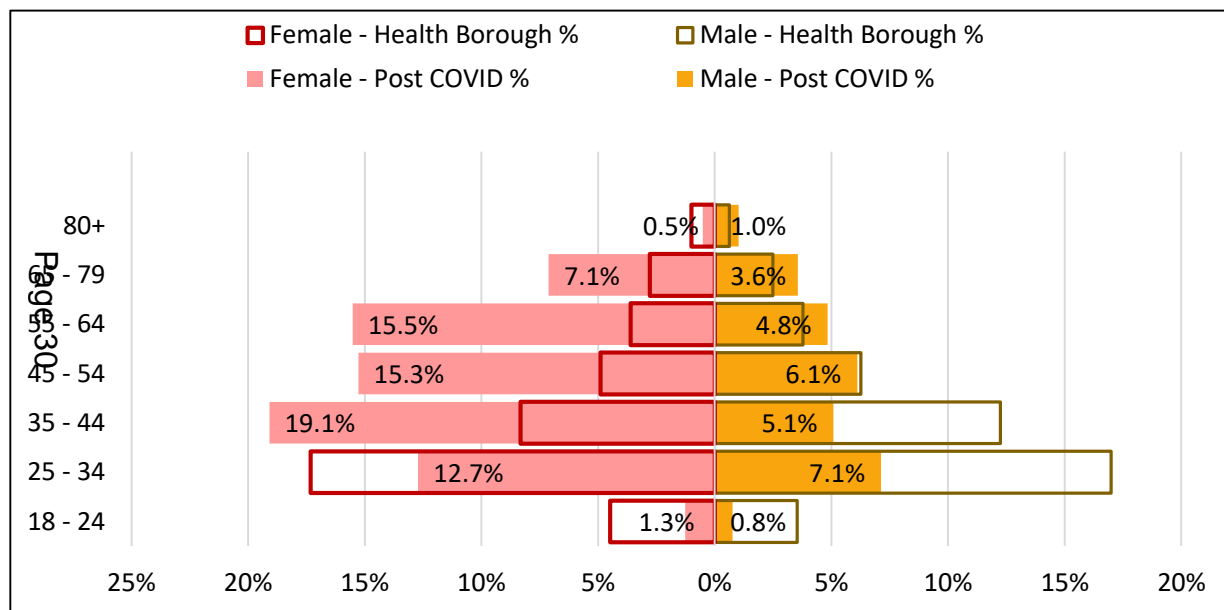


Lower number of referrals from the Asian/Asian British ethnic group, in proportion to their percentage in the Hammersmith & Fulham population

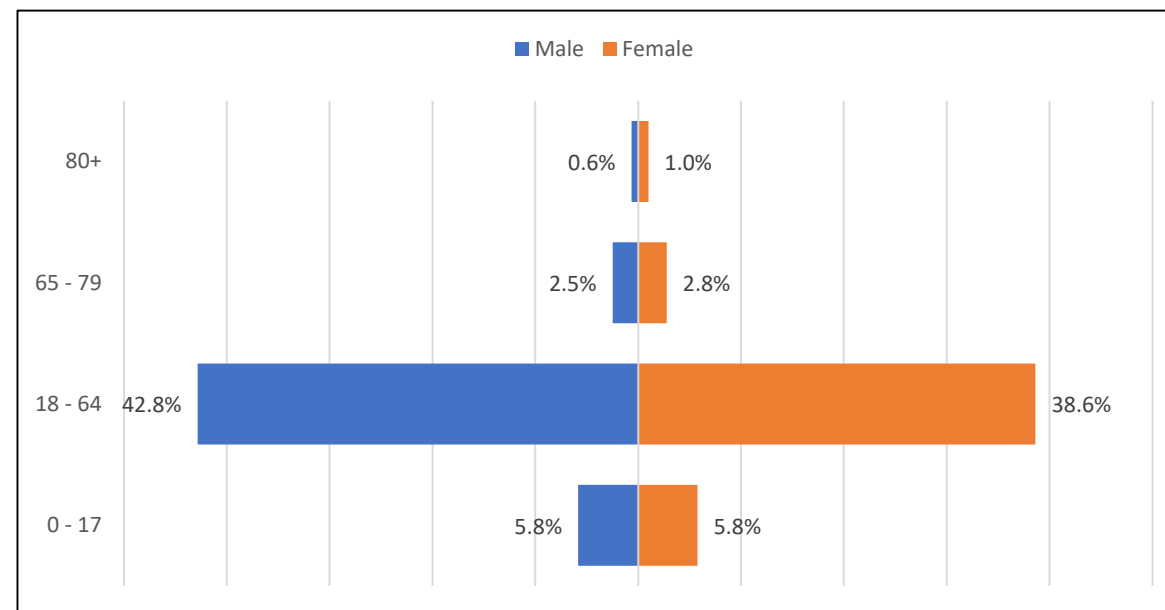
Source: NWL ICB Business Intelligence Post Covid Health Inequalities Dashboard

# Hammersmith & Fulham: Post Covid Population Statistics

Post Covid Referrals by Age & Gender / General Borough  
Age & Gender



Hammersmith & Fulham Population: Age & Gender

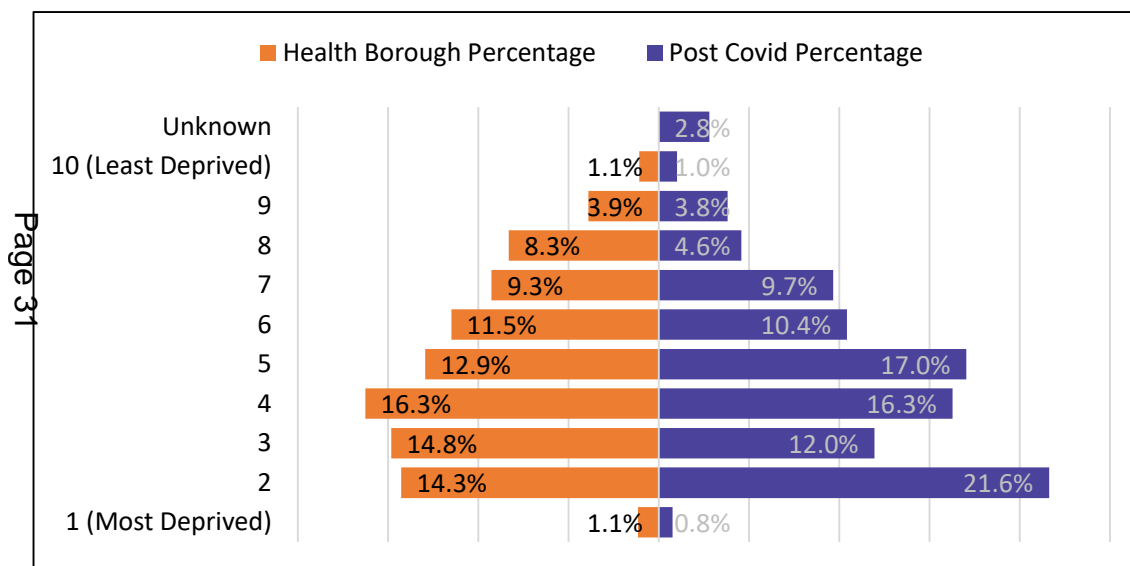


Most referrals from female patients aged between 35 – 64, higher than their prevalence in the Hammersmith & Fulham population.

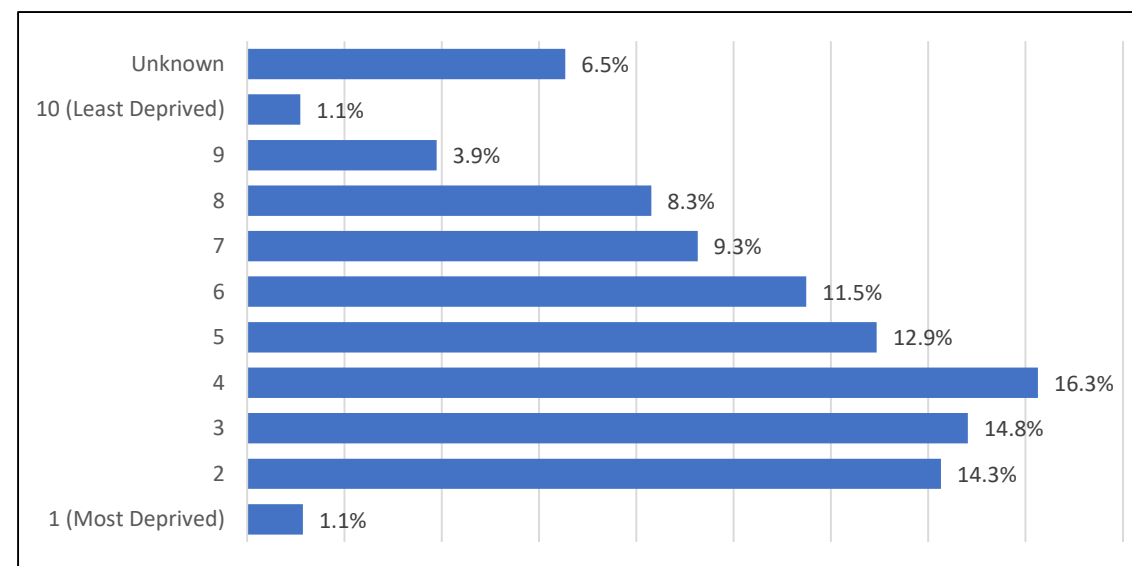
Source: NWL ICB Business Intelligence Post Covid Health Inequalities Dashboard

# Hammersmith & Fulham: Post Covid Population Statistics

## Post Covid Referrals by Deprivation versus the General NWL Deprivation / General Borough Deprivation



## Hammersmith & Fulham Population: Deprivation



Referrals from Deprivation Indices 1 (most deprived), 3, 6 and 8 not in proportion to their percentages in the Hammersmith & Fulham population

Source: NWL ICB Business Intelligence Health Inequalities Dashboard

# Hammersmith & Fulham: Post Covid Health Inequalities

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# NWL Post Covid Health Inequalities Programme

## Stage 1: prepare

- NWL Business Intelligence to finalise borough-based dashboards
- Ensure dashboards are routinely available to Leads
- Map potential borough-based partners, with advice from NWL Personalisation Lead and Engagement Lead.
- Each borough lead to use borough-based partnership meetings to review local dashboard data, and discuss local priorities

## Stage 2: launch

- 90 min “inequalities programme workshop”
- Agree an overarching Aim which will apply across all of NWL
- Identify what needs to be in place, to deliver that Aim
- Agree 2-3 metrics to gauge success

## Stage 3: action

- Each borough team to form a “borough inequalities project group” which includes their GP and relevant 3<sup>rd</sup> sector reps
- Each borough team to take forward their own change ideas.
- ongoing guidance to come from NWL leads
- Team to report back to their local borough based partnership meetings on progress.

Programme led by each Community MDT Team, working with key borough partners in their individual boroughs

Programme now at Stage 3: Action, with progress monitored by the NWL ICB Post Covid Working Group

Overall Aim: (i) to address local health inequalities and (ii) to reduce the number of minimally referring GP practices by 50% by October 2023