

Imperial College Healthcare NHS Trust update on clinical strategy to London Borough of Hammersmith & Fulham Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

1. Purpose of this paper

- 1.1 The Committee has requested an update from Imperial College Healthcare NHS Trust ('the Trust') on its vision, objectives and clinical strategy further to its meeting held on 22 July 2014.

2. Vision, objectives and clinical strategy

- 2.1 Over recent months the Trust has been considering plans for how to develop our healthcare services and our hospital sites over the next five years. These plans are set out in the document "Clinical Strategy 2014-2020: unlocking our potential to transform health and care".

- 2.2 As part of the work to develop our clinical strategy, we have sharpened and simplified the Trust's vision and strategic objectives. The intention was to develop more accessible and impactful versions to demonstrate more clearly the strategic context for the clinical strategy, the outline business case (OBC) and the related transformation programme. The refined vision and objectives also helped address one aspect of feedback from our foundation trust application consultation which indicated that many found some of our previously worded objectives difficult to understand.

- 2.3 Our Trust's vision and strategic objectives are set out below:

Vision:

- To be a world leader in transforming health through innovation in patient care, education and research.

Objectives:

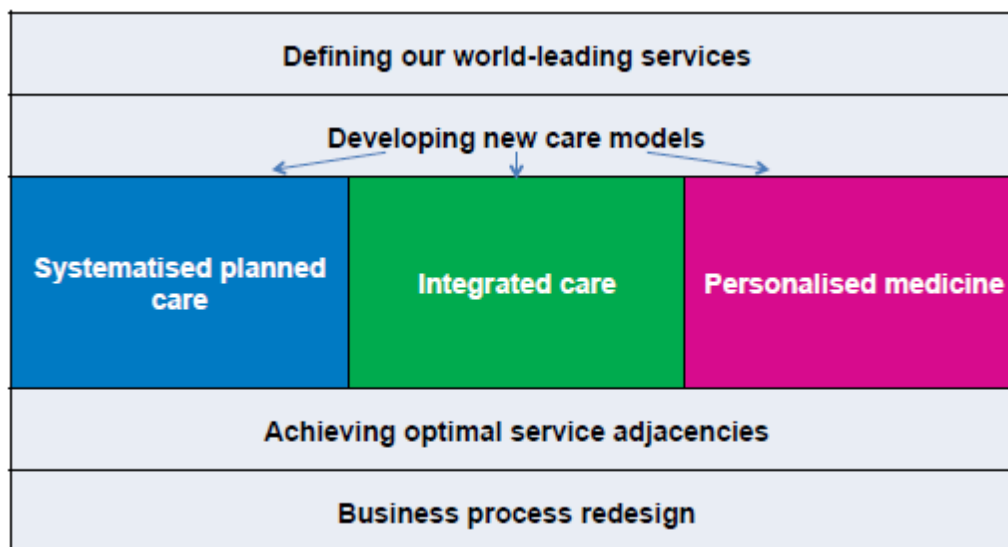
- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

- 2.4 At its 30 July public meeting, the Trust's board of directors approved our clinical strategy which is the central element of our five-year clinical and site transformation programme. The strategy is designed to improve clinical outcomes and patient

experience, to help people stay as healthy as possible and to increase access to the most effective specialist care.

- 2.5 This clinical strategy reflects the well-evidenced principles of what good future NHS care will look like. This means more local and integrated services, to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. We've already seen many more lives saved by centralising major trauma, stroke and heart attack centres across the capital, including at our hospitals.
- 2.6 The strategy has informed the OBC for investment in the redevelopment of our hospitals' estate. The Trust board also agreed that the OBC should go forward to commissioners and the NHS Trust Development Authority (TDA) for approval to secure funding. This would enable some £660 million of investment in our sites and a three-year construction programme would begin in 2016/17.
- 2.7 Set out below are some of the strategy highlights:
- Charing Cross Hospital: a pioneering local hospital
 - £150 million redevelopment
 - Wide range of specialist, planned care (day case surgery/treatment, one-stop diagnostics clinics, outpatients)
 - Integrated care/rehabilitation services, especially for elderly people and those with chronic conditions
 - Emergency centre
 - Co-located with existing partner services, including mental health and cancer support
 - St Mary's Hospital: the major acute centre for the region
 - £500 million redevelopment
 - Consolidate Hyper Acute Stroke Unit, A&E, major trauma and intensive care with acute medical and surgical specialities
 - Co-locate services from Western Eye Hospital
 - Hammersmith Hospital: a world-leading specialist centre
 - £10 million development
 - Main hub for range of specialties, including renal, haematology, cancer and cardiology, with strong research connections
 - Maintain heart attack specialist centre
 - Maintain co-located Queen Charlotte's and Chelsea Hospital
- 2.8 We have developed these plans because we have to change to meet the changing needs of our patients. People are living longer, and more and more people are living with long-term conditions like diabetes, heart disease, asthma and dementia. So we need to look forward to what people will need from us in the years to come.
- 2.9 We understand local people take a close interest in what happens to hospitals and other health services in their area and want to know what they should do in an emergency, or where they should go if they need regular, hospital care. None of our plans mean cutting back on NHS care – it's about providing care differently so that you get the right care in the right place at the right time.

- 2.10 The clinical strategy focuses on transforming services through the implementation of new models of care to ensure our services achieve the best outcomes, are joined up, tailored to individual needs and provide an excellent patient experience. It also reflects the wider service change programme for north west London, 'Shaping a healthier future'. This programme, led by local commissioners, was approved by the Secretary of State for Health in October 2013 following a full public consultation and a review by the Independent Reconfiguration Panel. Everything in our clinical strategy is in line with 'Shaping a healthier future'.
- 2.11 The 'Shaping a healthier future' programme's four main principles are:
- Localisation of routine medical services will mean patients have better access closer to home with improved patient experience
 - Centralisation of most specialist services will mean better clinical outcomes and safer services for patients
 - Where possible, care should be integrated between primary and secondary care, with involvement from social care to give patients a fully co-ordinated service
 - The system will look and feel personalised to patients – empowering and supporting people to live longer and live well.
- 2.12 We have established a framework setting out the core elements of the clinical transformation that we need to achieve in order to meet the very significant challenges facing health systems in general and the particular challenges facing us and north west London – these are set out in the diagram below:



- 2.13 Successful programmes have shown that high-quality interventions that support patients before they become acutely unwell can reduce non-elective admissions and slow progression of a disease. This can contribute to a reduction in overall care costs through the removal of acute beds when out-of-hospital solutions are in place.
- 2.14 When we make changes to bed numbers at our hospitals, we make these decisions based on what services the hospital provides as well as how many people need them. When people hear bed numbers are reducing, it does not necessarily mean

planning to treat fewer people – it means treating people in a different way or different place.

- 2.15 The proposed number of beds at our main hospital sites by 2020 (with the current numbers in brackets) is shown in the table below:

Hospital	Total	Inpatient beds	Day-case beds
Charing Cross	150*	24 (360)	86 (41)
Hammersmith	466	427 (406)	39 (39)
St Mary's	540	507 (401)	33 (40)
Total	1,156*	958 (1,167)	158 (120)

* In the space requirements and costings for Charing Cross Hospital, we have also allowed for a further approximately 40 beds to support a new integrated care offering.

- 2.16 Strategies for each clinical service feed into and out of the overarching clinical strategy framework. Knowledge and views at a service level have been explored in detail to ensure we have the most accurate information and assumptions about future need, optimal clinical adjacencies, new models of care, opportunities for consolidation and collaboration, and potential in terms of education and research.
- 2.17 The majority of the service strategies have arrived at a firm clinical consensus about the best models of care and clinical adjacencies within the clinical strategy framework.
- 2.18 The details for two specialties are awaiting the outcome of external developments. In emergency services, we are awaiting further guidance from NHS England on a national strategy to help guide the development of emergency services appropriate for a local hospital, specifically for our new local hospital at Charing Cross. In orthopaedics, we are awaiting further developments on the proposal for an elective orthopaedic centre for the region at Central Middlesex Hospital.
- 2.19 Implementation of the Trust's clinical strategy will require a fundamental overhaul of our physical estate. Detailed work has been undertaken to develop the OBC to begin the process to secure the capital funds for redevelopment of our estate in the best way to deliver our clinical strategy through a three-site model. Our preferred option would see significant redevelopment and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller redevelopment on the Hammersmith site (where the Queen Charlotte's and Chelsea Hospital would remain co-located).
- 2.20 Under our plans, we would redevelop our sites: selling off some of our surplus land, but using this money to reinvest in the same sites – redesigning and rebuilding them so they cater better to healthcare needs. It means investing: £150 million in the redevelopment of Charing Cross Hospital; £500 million on redevelopment of St Mary's Hospital; and, £10 million on development at Hammersmith Hospital. Taking planned income from surplus land sales into account, we will need additional investment of over £400 million.

- 2.21 When the Trust board agreed the clinical strategy in July, it also approved its development in co-production with our healthcare teams, our commissioners and its implementation through the clinical transformation programme as part of the OBC.
- 2.22 Key milestones include the approval of the OBC at the end of 2014/15, approval of the final business case at the end of 2015/16, the start of the main construction at the beginning of 2016/17 and the end of all construction at the end of 2019/20.

3. Charing Cross Hospital

- 3.1 The Committee asked for a specific update on the future of Charing Cross Hospital. The relevant section from the clinical strategy summarising the vision for Charing Cross Hospital states the following:

“Charing Cross Hospital: a pioneering local hospital

The redevelopment of Charing Cross Hospital is intended to lead the way for a new type of hospital, providing dedicated access to a wide range of specialist planned care on an outpatient or day-case basis. This will include an elective day-case surgery centre alongside specialist assessment and treatment and care co-ordination. It will facilitate the rapid development of outpatient – or ambulatory – and day-case services as part of a much more integrated healthcare approach across secondary, community and primary care. As such, the hospital site will also house primary care services, diagnostics and pharmacy, transitional care and rehabilitation, and education and wellbeing services. Urgent and emergency care services appropriate to a local hospital will also be provided at Charing Cross, as well as existing mental health and cancer support services.

The Trust’s three-site model will also support a new approach to out-of-hospital care for the area, as set out in Shaping a healthier future. In this new approach, services will be delivered in four key ways: at home, in a GP practice, across a network of GP practices, and in an ‘integrated care’ hub. The hubs are new settings, offering a range of on-site services provided by various types of clinicians and other health professionals, as well as a base from which those clinicians and health professionals can reach out further into the community. They are also likely to house some relocated general practices over time.

Charing Cross Hospital will provide many of the features of a ‘super’ integrated care hub, as well as planned specialist care and surgery. Local commissioners are also planning for there to be an integrated care hub co-located on the St Mary’s site.”

- 3.2 If proposals for the Trust's preferred option are carried forward and we are able to fund the rebuilding of Charing Cross as a new £150 million local hospital fit for the future, we would be looking to sell 55 per cent of the surplus land from the site to help fund this important redevelopment.
- 3.3 We have no plans to close Charing Cross Hospital's A&E department. As mentioned above, we are awaiting the outcome of a national NHS review of A&E in England to help us determine what emergency service is most appropriate for a local hospital.

We will keep local people informed about and involved in any proposed changes and what they will mean for them.

- 3.4 We have also considered the needs of our partners on the Charing Cross Hospital site including: Maggie's Centre; the mental health service; Imperial College London; and, the residential landlord A2 and have assumed that their services will continue on the site, but we have not yet had detailed engagement with each of them.
- 3.5 We believe the co-location of primary and secondary care on the Charing Cross site will lead to improved co-ordination between the two groups of clinicians and create new models of care. This will help address the issues of co- and multi- morbidities that are increasing in prevalence as our population ages, and play a key role in supporting carers in Hammersmith and Fulham.

4. Conclusion

- 4.1 Implementation of this clinical strategy will enable us to transform the way we provide our care in order to meet the changing needs of our patients in north west London and beyond. It will mean more local and integrated services, to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. Crucially, it will reduce hospital admissions – so that patients are only admitted to hospital when they should be. Not because we have not done enough to help them manage their long term condition at home or because we are waiting for test results to come through. And it will mean better organised care, helping us improve patient experience as well as clinical outcomes.
- 4.2 By 2020, we plan to have invested just over an additional £400 million – on top of reinvesting the proceeds from surplus land sales - in purpose-built or improved facilities within a three-site model – Charing Cross, Hammersmith (including Queen Charlotte's and Chelsea) and St Mary's hospitals. We will also be providing our specialist services through integrated care hubs, in community clinics and through other innovative ways of bringing our services to our patients rather than to always expect our patients to come to us.
- 4.3 We recognise that to develop our strategy further and to implement it successfully, we need to do much more to explain our thinking and to listen and respond to the views and concerns of patients and local communities. And we have to make sure that we have community capacity in place before we change inpatient hospital services.
- 4.4 Working closely with our commissioners, and building on previous engagement and consultation, we will develop an engagement programme specifically around the implementation of our clinical strategy. We will look to build awareness and understanding of the key elements of the strategy and, most importantly, bring in the views and ideas of stakeholders to help shape our future plans. This will cover new models of care, improving patient pathways and systems, and our estates design and implementation.
- 4.5 The full clinical strategy can be read on the Trust website: www.imperial.nhs.uk