

Change for the Better

Discussion Document

A discussion programme to plan health service changes together

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Brent Teaching Primary Care Trust
Harrow Primary Care Trust
The North West London Hospitals NHS Trust



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Publication and Distribution

We would like as many people as possible to have the opportunity to read and give feedback on this document. Please share it and forward it to others you think would like to take part in this informal discussion.

Additional copies of this document, large print versions, versions in other formats and selected languages are available from:

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About *Change for the Better*

North West London Hospitals NHS Trust and Brent and Harrow Primary Care Trusts have launched a discussion programme called ***Change for the Better***, to seek the views of local people about how local health services should be delivered in the future.

Why has *Change for the Better* been launched?

National policies and initiatives are driving changes to how health care is provided, with an increasing emphasis on providing care closer to people's homes. At the same time new techniques in medicine and surgery are making it possible to provide more care at home or in local health centres. There are also pressures on health services, as there is a national shortage of some health professionals and changes to how services are funded.

Local people value and want to protect their local services and we all want top quality, up-to-date and accessible health care. In developing our plans for the future, we would like to hear from you about what you think the main issues are for health and social care locally and how we can improve patients' experience of health services.

Specific plans for changes in 2007/08 and beyond have not yet been drawn up or agreed. This document is an invitation to everyone with an interest in health to get involved at an early stage in the discussions. It puts into the open the issues and the process by which decisions will be made. The aim of the informal discussion during November to January 2007 is to discuss with local people and staff the possibilities, their implications, the practicalities, and how we can get on with making changes which are right for Brent and Harrow.

What changes are being proposed?

It's important to emphasise that specific plans have not yet been drawn up or agreed, and we are not proposing any specific changes at this stage. We are asking people to think generally about how they would like to see services designed in the future based on the changes happening across the NHS.

During this discussion programme we need to look at:

- The national pressures for change and how health services need to respond to them
- The local pressures for change and their implications for how health services are provided in the future
- Changes in the way that health services are provided as a result of the introduction of new ways of thinking about health care and changes in technology

An invitation to discuss the issues

During the informal discussion period there are going to be opportunities to find out more and to discuss the issues in this document. The PCTs and the Trust will be holding discussions with patients, staff and public representatives during their usual meetings. The points of view raised at these meetings will contribute to the discussion and form part of the feedback.

Open meetings

You can attend one of the open discussion workshops, on:

- 20th November from 7pm to 9pm at Willesden Library, 95 High Road, Brent, NW10 2SF
- 21st November from 2pm to 4pm at Wealdstone Centre, 38-40 High Street, Harrow, HA3 7AE
- 24th November from 10am to 12pm in Conference Room 1, at Harrovian Business Village, Bessborough Road, Harrow, HA1 3EX
- 27th November from 2.30pm to 4.30pm at Bridge Park Leisure Centre, Harrow Road, NW10 0RG.

Stakeholder meeting

We will also be organising a further stakeholder meeting in December.

Organising a meeting for your organisation or group

If you would like someone to come and talk to your organisation or group you can contact us and we will try to arrange for someone to attend a meeting with you.

Further information or copies of documents

Full details of the meetings and copies of this and other documents relating to **Change for the Better** are available on the website

www.nwlh.nhs/changeforthebetter

For more information or copies of documents you can also speak to Kalpna Vekaria on 020 8869 5111 or email her at kalpna.vekaria@nwlh.nhs.uk.

The deadline for feedback is 31 January 2007.

What will happen after this informal discussion?

What you tell us during this informal consultation, will influence decisions to be taken about the future shape of local health services. At that stage, any major changes proposed will go on to be the subject of a formal public consultation. We will publish an outcome of the feedback so that you can see how it has been taken into account.

The Primary Care Trusts are preparing their commissioning plans for 2007/08 and beyond. That means making decisions about how health funding will be invested in services for the local population.

The North West London Hospitals NHS Trust is preparing its strategic plan for 2007/08 and beyond. That means deciding what hospital services it will provide in the future and how, in the light of the PCTs' commissioning decisions.

At the same time, other parts of the NHS in London are considering their plans. NHS London, the new strategic health authority, is preparing a pan-London health strategy to make sure that the complete picture will improve health care for patients across the capital.

Your feedback and any directives from NHS London will inform more detailed proposals to be considered by the boards of the PCTs and the Trust in early 2007. Then, if significant changes are proposed, subject to the approval of NHS London, there will be a further period of formal public consultation on any proposed major service change, leading to firm commissioning plans from the PCTs and a strategic plan for the future of North West London Hospitals over the next five to ten years.

Pressures for change

National pressures for change

How we provide health services in North West London is affected by national changes and pressures. We have outlined below some of the national changes and pressures that we will need to respond to.

Making the most of our national investment

The NHS has had major investment in the last five years, around 10% more money every year going into staff and new developments. By 2008, the UK will be up to the funding levels of other European health services and growth in funding is likely to level off.

In Brent and Harrow, both PCTs and the North West London Hospitals NHS Trust are currently spending more than their annual income. Each organisation has financial plans to recover this position by 2007/08 by making the most of medical advances to manage demand and develop more efficient care.

The difficult financial pressures facing local NHS organisations are in part linked to the pace of change in modern health care. People are living longer and services are treating more people faster, but this simply takes more and more public money if there is no change in the way services are organised. This is why doctors, nurses and support staff are looking at how they can work differently, adapt to new technology, new methods and develop new skills.

Best use of clinical expertise

As well as financial pressures there are pressures on the clinical workforce. The European Working Time Directive, for example, has put firm limits on working hours. This is a good thing for junior doctors and indeed for patients. It lowers the risk of poor performance from tired doctors. The challenge now is how to ensure that the right level of clinical cover is there when it is needed, 24 hours a day, seven days a week.

There are also pressures on recruitment of specialists. In some areas, such as oral surgery, there are fewer trainees coming through the system than the number of posts in the future.

In response, clinicians and managers are setting up networks between clinicians and across organisations, for example:

- Networks of several hospitals, where staff share expertise across sites
- Integrated teams of hospital, community and social care staff, working to the same agreed protocols
- Joint ventures, where staff from different organisations have set up a partnership, in some cases with independent sector partners

Incentives for clinicians to take the lead

This year sees the start of “practice-based commissioning”. This is where GPs and other community-based staff, working together in groups, are assigned an indicative budget by their primary care trust to spend on health services for their patients. There is an incentive to get better services for patients and more care for the money. Clinical professionals who have day to day contact with patients are more likely to achieve improvements and redesign patient pathways. Entrepreneurial GPs and nurses will be looking at new approaches so that patients get quicker access to treatment and better experiences and outcomes.

Managing a new payment system

A new system is being introduced nationally called *Payment by Results*. It means that service providers like hospitals, whether they are NHS Trusts or private providers, get paid according to the number of people they treat. There is also a set price (national tariff) for each type of treatment that is the same for all providers across the country. The system is good for patients, because it means they can choose to go anywhere for their care and there is an incentive for providers to improve services so that patients will choose them.

The challenge for providers like hospitals and community services is that if there are fewer patients using their services, their income will reduce. And with a set price paid for treatment it will be important to keep a tight rein on what that treatment costs. An unnecessarily long stay in a hospital or a community unit, for example, could raise the cost of treatment above the income leading to a deficit.

Local pressures for change

Designing services around the needs and convenience of patients

In common with other hospitals, hospital services in North West London have built up over time. Hospitals have not always offered a service designed around the needs and convenience of patients.

North West London Hospitals NHS Trust primarily provides services to people living in Brent and Harrow, although 26% of patients come from outside the two boroughs. This means that we have to think about how services are provided in the future in the context of who uses them and what other health services are provided locally.

Reducing waiting times for tests and treatment

By the end of 2008, the NHS is set to reach a target of a maximum of 18 weeks between seeing a GP and being treated, including tests. It is not going to be possible to achieve this just by spending more money on what we do now.

Modern medical techniques, procedures and drugs can offer faster treatment and recovery, but the way patients pass from one professional or department to another holds things up. We need to redesign services and be prepared to

change current divisions between professionals, departments and organisations. There is also a greater potential to cut out inefficiencies, by releasing money from wasteful use of buildings in order to protect our investment in better patient care.

Managing financial pressures

The intense financial pressures being faced by the local health economy together with a challenging agenda of innovation and service change must be reflected in how we design and develop services in the future.

Changes to how healthcare is provided

In the past, for most people, using an NHS service has always meant:

- Having a GP (family doctor) as the first place to go and also using other local services like dentists, pharmacists and opticians
- Calling an ambulance in an emergency
- Going to an Accident and Emergency Department for immediate treatment in emergencies, which might lead to a hospital stay
- If you need to see a hospital specialist, getting a referral from your GP, being put on a waiting list, going backwards and forwards for tests and then being put on a waiting list for treatment.

The majority of people receive most of their health care from their GP and this will continue. Where health problems have needed further investigation or treatment from a specialist, then a hospital visit has generally been the only option on offer.

Now, the way healthcare is provided is changing¹. Below are some ideas about how the way services provided might change:

Care may be more effective close to home

Where there are services in the community such as specially trained GPs, nurses and therapists, working closely with social services, they can often treat people faster and more effectively than the old way of referring them for a hospital consultation. For some vulnerable patients, such as older people, people with disabilities or mental health problems, this maintains their independence and often results in a faster recovery. Last year, the Government published a White Paper called *Our Health, Our Care, Our Say*. It explains how it is possible to treat more people at home or in local centres.

Patients may prefer alternatives to hospital

Given a choice, people may prefer to have their care at home or elsewhere. Patients can already choose which hospital they go to for treatment, but the

¹ Refs:

“Our Health, Our Care, Our Say” Department of Health, January 2006 (www.dh.gov.uk)

“Health reform in England” Department of Health, July 2006 (www.dh.gov.uk)

“Why we need fewer hospital beds” NHS Confederation (www.nhsconfed.org)

national choice policy intends people to have much more control over decisions about their own care.

New technology has changed treatment options

Now new techniques in medicine and surgery are making it possible to provide more care at home or in local health centres. This is more convenient for most people and potentially more effective. New drugs and techniques have replaced some surgical operations. For example, diagnostic tests are becoming more sophisticated and digital results can be conveyed almost instantly through computer networks. They are also more accurate, requiring fewer surgical investigations. The majority of operations are less invasive and can be done in a day, without the need for an overnight stay in hospital. More can be done in local settings without the need for a trip to hospital.

The management of long term conditions is improving

People living with long term medical conditions such as asthma, diabetes and heart disease, may return to hospital many times with serious problems. This can be avoided with a more personalised service, such as health and social care professionals providing systematic care and support at home or locally to avoid serious problems. Experience shows that this leads to fewer and shorter emergency hospital stays.

There are better ways of providing emergency and urgent care that can reduce hospital admissions

Nowadays the hospital is only one component in a network of emergency and urgent care. Technology to support emergency care makes it possible to treat more people without the need for a visit to Accident and Emergency. Health and social care outreach services and rapid response teams can avoid hospital admissions. Departments providing urgent care are getting better results by putting more specialist expertise up front, when the patient first arrives in hospital. Patients are then seen, treated and discharged faster as they don't need to be admitted to wait for expert decisions.

Some patients benefit from treatment in a specialist centre

In specialist care such as complex surgery and cancer treatments, evidence shows that the quality of care can be better when specialists are treating a number of complex cases routinely. There are also better outcomes when surgeons work together and can draw from each other's area of expertise. As much as possible should be done for patients closer to home but, for some life-saving treatments, it may be safer to travel to a specialist centre.

Hospitals can do more to cut queues and waiting around

Patients in hospital can pass through many departments and tests. The more stages in their journey of care, the longer the waiting around can be and the longer they spend in hospital. New technology, in x-rays and scans for example, can cut the time for tests from weeks to minutes in some instances. A patient

preparing for an operation could have all the tests they need in one day. With hospital doctors, GPs, therapy and nursing staff working closely together, more could be done before and after hospital treatment so that patients only need to be in hospital for the shortest time, ideally less than 24 hours.

Our plans so far

Brent Teaching Primary Care Trust

The PCT has already invested in and is continuing with development of the following:

- Urgent treatment centre at the Central Middlesex site (CMH) run by GPs and specialist nurses, providing treatment without people having to be admitted to hospital
- A network of expert consulting teams working from CMH and from a range of new facilities across Brent. As well as Wembley and Willesden Centres for Health and Care, the Monks Park Health Centre has recently opened and the new Vale Farm Health Centre should be open by the end of 2007. Teams established so far are covering respiratory disease, heart problems, diabetes and children's health care, providing care pathways away from the hospital setting
- Diagnostic tests in the community at centres in Wembley and Willesden
- Services that provide care at home and in local centres for people with mental health problems
- Rehabilitation and care for older people (intermediate care) with beds at Willesden and Central Middlesex
- New practices and procedures in care for people with long term conditions, avoiding hospital visits to outpatients and emergency hospital admissions.

Harrow Primary Care Trust

The PCT has already invested and is continuing with development of the following:

- Promoting healthy living by focusing on issues such as helping people to stop smoking
- Integrating health and social care services such as those at the new Alexandra Avenue Health and Social Care Centre
- Services that provide care at home and in local centres for people with mental health problems
- Cancer treatment, screening and care for people who are terminally ill
- Rehabilitation and care for older people, including the potential to develop intermediate care beds
- New practices and procedures in care for people with long term conditions, avoiding hospital visits to outpatients and emergency hospital admissions, with community matrons, GPs and nurses with special interests in conditions such as heart problems and diabetes.

North West London Hospitals NHS Trust

The new Central Middlesex Hospital opened its doors to local people in April 2006. It has been built to high standards and designed around a new model of care that places the patient at the centre of acute, emergency and elective procedures. At Northwick Park Hospital and St Mark's work has already taken place on options for the redevelopment of the site and the development of a new clinical model, which has been valuable in helping to clarify the future.

Some of the developments that have taken place at the Trust include:

- **The opening of the Rainbow Children's Centre at Central Middlesex Hospital** which provides a comprehensive range of paediatric services.
- **The opening of a new purpose-built Maxillo-Facial and Orthodontic Unit at Northwick Park Hospital.** The unit specialises in treating conditions affecting the mouth, face and jaws, including major facial injuries, facial deformities and cancers.
- **Substantial improvements at all levels to maternity services at Northwick Park Hospital** including a clear focus on clinical safety and a major refurbishment programme.
- **At Central Middlesex Hospital specialist hospital staff form part of a network of expert consulting teams as part of the new model of care.**

In parallel, the Trust has already started and will be driving forward its work on:

- **Working to improve access**, and avoidance of unnecessary delay, ensuring that patients receive prompt and efficient diagnostic assessment and treatment from staff that are suitably trained in this area of clinical care.
- **Further developing joint protocols for the care of patients with long term conditions** to ensure a systematic and planned pathway that is centred on the patient's needs. Shared governance arrangements will support this model of care.
- **Developing a clinical model of care**, which describes a system that promotes health, delivers emergency and planned health care, and recognises the fundamental shift toward primary care and community based services. A summary of the Model of Care is available on the on the website www.nwlh.nhs/changeforthebetter, or by speaking to Kalpna Vekaria on 020 8869 5111 or email her at kalpna.vekaria@nwlh.nhs.uk.

This informal discussion period will give patients, public and staff the opportunity to contribute their views on how services should be developed in the future. This will determine any proposals for changes to the current configuration of hospital services across the two sites and the nature and size of any redevelopment of Northwick Park Hospital. Working alongside the PCTs during this period will also ensure that any changes are in line with PCT commissioning intentions.

Tell us what you think!

The form below is designed to help you feed back views on the areas that you are interested in. You do not need to complete the entire form, unless you would like to. You are also welcome to give us feedback without using the form.

You can give us your feedback by:

Emailing: change4thebetter@nwlh.nhs.uk

Faxing: Change for the Better on 020 8869 2014

Writing to: **NORTHWICK PARK HOSPITAL**

Change for the Better

FREEPOST HA 4413

Watford Rd

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HA1 3UJ

Completing the online form at: www.nwlh.nhs.uk/change4thebetter

About you

Please help us, by giving us some brief information about yourself:

Tick the box that best describes you:

<input type="checkbox"/>	Member of the public	<input type="checkbox"/>	Public sector representative
<input type="checkbox"/>	Patient Representative	<input type="checkbox"/>	Community representative
<input type="checkbox"/>	Primary Care Staff	<input type="checkbox"/>	Primary care contractor
<input type="checkbox"/>	Trust Staff	<input type="checkbox"/>	Trust clinician
<input type="checkbox"/>	Other (please specify).....		

If you would like to receive feedback from the Change for the Better discussion programme, or receive information about future discussions, please provide your contact details below:

Name	
Job title	
Group/Organisation	
Address:	
Tel	
Fax	
Email	

Your general views on how health services should be provided

What do you think are the most important things we need to think about when designing health services in the future?

What do you think could be improved about the way services are currently provided in hospital?

What needs to happen to improve these areas?

What do we need to do to ensure these changes are made smoothly and safely?

Any other comments?

Thank you for completing this form.