



Health Partnerships Overview and Scrutiny Committee

Thursday, 9 June 2011 at 7.00 pm

Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Members

Councillors:

Kabir (Chair)
Hunter (Vice-Chair)
Beck
Colwill
Daly
Hector
Hirani
Ogunro

first alternates

Councillors:

Mitchell Murray
Leaman
Clues
Baker
Sheth
Aden
Naheerathan
McLennan

Second alternates

Councillors:

Moloney
Ms Shaw
Cheese
Kansagra
Van Kalwala
Al-Ebadi
Oladapo
Mistry

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
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1	Declarations of personal and prejudicial interests	
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Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.

2	Deputations (if any)	
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3	Minutes of the previous meeting	1 - 6
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4	Matters arising (if any)	
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5	Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust	7 - 20
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North West London NHS Hospitals Trust and Ealing Hospital Trust have begun working on plans for the future of the two organisations. Both of the trust boards have agreed a Strategic Outline Case for a merger and a series of events are to take place in Brent, Harrow and Ealing over the coming few weeks to begin consulting the public on this issue. Although a formal decision to merge has not yet been taken, this is now being considered as a viable way forward for the two organisations in order to achieve foundation trust status and deliver better quality healthcare.

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

6	North West London Hospital NHS Trust Quality Account	21 - 72
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The committee should consider the Quality Account provided by North West London NHS Hospitals Trust (appendix 2) and decide what comments it wants to make in relation to it (assuming members want to comment on the Quality Account). North West London Hospitals have asked for a response to be sent to them by the 14 June and so completion and agreement of the final wording of the committee's comments should be delegated to the chair of the committee.

7 GP Commissioning Consortia update and primary care issues in Brent 73 - 92

The Health Partnerships Overview and Scrutiny Committee has asked for a report on the Brent GP Commissioning Consortia to be included on each of its meeting agendas. Members are keen to be kept informed of the key issues connected to GP commissioning and to be updated on progress as responsibilities and budgets are delegated from the PCT to consortia. NHS Brent has provided reports that address the primary care issues of concern to the committee. The paper on Stag Lane also includes an update on the provision of health services in South Kilburn. Members should consider the reports and question officers from NHS Brent on these issues.

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

8 Khat Task Group Scope 93 - 100

The Health Partnerships Overview and Scrutiny Committee has agreed to establish a task group to look at the health and social impact of khat in Brent. Members have been nominated to work on this task group and an initial meeting has taken place with members of Brent's Somali community to discuss the group's scoping document and the issues associated with khat use.

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

9 Work Programme 101 - 106

10 Any Other Urgent Business

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

11 Date of Next Meeting

The next scheduled meeting of the Committee is on 26 July 2011.



Please remember to SWITCH OFF your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.
- Toilets are available on the second floor.
- Catering facilities can be found on the first floor near the Paul Daisley Hall.
- A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge



MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 5 April 2011 at 7.00 pm

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Adeyeye, Beck, Colwill, Daly and Kabir

Also present: Councillor R Moher

Apologies were received from: Councillor Hector

1. Declarations of personal and prejudicial interests

None.

2. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 16 February 2011 be approved as an accurate record of the meeting subject to:

Clause 2, Primary Care Services in Brent update
Para 2 'April 2012' to read 'April 2011'

Clause 6, GP Commissioning Pathfinder – verbal report
Para 3 'Dr Ohlson' to read 'Ms Ohlson'

3. Matters arising

Integrated Care Organisation (ICO) board

Members asked for an update on the council's request to have a place on the ICO Board with voting rights. The Director of Strategy, Partnerships and Improvement advised that a reply had been received from Ealing Hospital Trust and the situation remained unchanged. It was agreed that a copy of the response would be sent to members for their information.

Khat in Brent

It was noted that the Khat task group was due to meet on 19 April to begin its work.

Fuel Poverty and Health Scrutiny task group

The task group report was due to go before the Executive for consideration and it was agreed that the outcome would be reported back at the next meeting.

4. Paediatric Services for Brent and Harrow

Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) gave an update on the new arrangements for paediatric services at Northwick Park and Central Middlesex Hospitals (two paediatric assessment units, one at each hospital, with inpatient services at Northwick Park). Since implementation in October 2010 the number of patients arriving at the paediatric assessment units had remained unchanged but with a decrease in the number of overnight stays. Additionally, an external peer review of services for children with sickle cell had been very positive finding the services at Central Middlesex to be among the best in the country. On the Urgent Care Centre that had opened in March at Central Middlesex Ms Wise advised that arrangements were working well.

Members sought assurances on the reductions in numbers of admissions and heard that senior cover had been enhanced leading to improvements in decision making and reducing the number of unnecessary admissions. In response to a request for a breakdown of the admissions statistics to establish whether those from relatively deprived areas had been adversely affected by the reconfiguration, it was noted that while considering the data by postcode would be helpful, it would not give the full picture. The joint strategic needs assessment due to come to the committee at a future meeting, would give a more accurate picture on hospital admission.

Regarding services for children with sickle cell, Simon Bowen (NHS Brent) confirmed that work was taking place with GPs to improve education and understanding and also the management of patients in the community. The Brent Sickle Cell Society had been involved in the review and had had an opportunity to comment. Fiona Wise agreed to provide information on the number of patients that had visited Northwick Park Hospital since the closure of the service at Central Middlesex. It was agreed that the work of the sickle cell and thalassemia network in Brent should be an agenda item for a future meeting and that the figures on the impact of the reconfiguration be submitted in six months' time.

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) undertook to respond to members' enquiries on Family Nurse Partnership Programme funding.

RESOLVED:

that the update on the implementation of the new arrangements for paediatric services in Brent and Harrow be noted.

5. Access to GP Services in Brent

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) introduced the report on access to GP services in Brent which was a follow up to that considered in February 2011. She referred to the report from NHS Brent which indicated that the patient satisfaction with access was relatively poor in comparison to London and nationally. An intensive programme of support had been introduced, (the Access, Choice and Experience (ACE) Programme), in all Brent practices to improve overall care. It was hoped that by quarter four there would be evidence of a positive impact. On appointments, most practices did not show evidence of having given

consideration to adjusting capacity at times of high demand but there was evidence of improvements in advance booking, supported with text reminders. Some practices had also introduced measures to improve telephone access to surgeries through additional phone lines and more staff. Progress had yet to be made in patients' ability to see their preferred GP. Opening hours had increased and there had been a high uptake of extended hours, particularly in the Wembley area. It was noted that performance in some geographical areas was better than others and it was hoped that improvements would come about through GP consortia and peer review.

Members questioned the relatively low performance of particular practices in Kingsbury and Willesden and were advised that one had previously been a stand-alone practice while the other had now taken on board the results and had developed an action plan. It was hoped that data sharing and being open to changes would bring about improvements. Information on practice performance was available for patients in publications such as NHS Choices. There was little correlation between the number of GPs in a practice and satisfaction levels however, the number of telephone lines and availability of reception staff did impact on patient experience and this was relatively easy to address. Additionally, there would be more difficulties if plans were not in place for busy or holiday periods. Other methods of assessing satisfaction included participation groups used by some practices to get patients' views. Quarterly monitoring continued. It was noted that the results from all 71 practices would be reported to the next meeting. Information on changing GPs without changing address was available and would be provided to the Policy Team.

Patients' ability to see a preferred doctor was accepted as an issue of concern. It was noted that some are likely to become even less available as GPs became more specialised or become involved in commissioning. The committee also noted the view that key to success was a good practice manager and good team working. On practice managers, Ms Ohlson stated that the new consortia arrangements would put certain requirements in place and the NHS would recommend systems and processes for good practice management. Members raised questions on the recruitment processes in place and whether these could be more transparent to which Ms Ohlson responded that practices were independent and often family businesses. Practice managers were not NHS employees and as such PCTs could not monitor recruitment practices nor insist on training or particular skills sets.

Members were pleased to note that the Access, Choice and Experience Programme had the support of GP leaders. London's NHS outcome framework was due to be published on 1 April 2011.

RESOLVED:-

that the NHS Brent report on GP standards and the work being to improve access to services and patient satisfaction be noted.

6. Brent Obesity Strategy 2010 - 2014

The committee considered the report from NHS Brent which gave an update on the borough's Obesity Strategy launched in November 2010 having been first presented to members in July 2010. Simon Bowen (Acting Director of Public

Health, NHS Brent) reported that while progress was being made in some areas such as NHS health checks and the breast feeding peer support programme, in others, progress been disappointing. Funding from both the council and NHS Brent to deliver the childhood obesity programme ceased in March 2011 and as a result the Healthy Little Eaters programme delivered by children's centres ended in March 2011, similarly, support for the MEND (Mind, Exercise, Nutrition, Do it!) programme for school aged children. In the absence of investment, taking the Obesity Strategy forward remained a challenge.

Members raised questions on the progress on initiatives relating to physical activity and increasing provision of appropriate facilities in the light of the decision to close Charteris Sports Centre in Kilburn. Simon Bowen agreed to provide more information on the alternative facilities said to be within a 1.5 mile radius of the centre and the extent to which they were accessible to the general public.

On the childhood obesity programme, Simon Bowen advised that some staff support for the programme had been lost during restructuring exercises in the PCT and the local authority. The Director of Strategy, Partnerships and Improvement, Phil Newby, advised that some schemes could no longer be supported following the loss of funding from the Local Area Agreement's performance reward grant. There was some hope of ring-fenced money but it was as yet unclear if the MEND programme could be reinstated.

Phil Newby contributed that the current discussions on the nature of public health, the respective roles of the local and the health authorities and opportunities were starting to take place with a view to transferring public health responsibilities to the council. Previously funding from central government was directed to particular targets however now discussion was taking place on how to achieve outcomes allowing services to be reshaped. On breast-feeding, it was noted that work was taking place to develop standards that would indicate that staff were being trained. The committee noted that healthy living projects, such as gardening and dietary management was were no longer supported following the end of Health Action Zone funding. It was hoped that these could be developed in the future. The pre-diabetic treatment programme for example was still supported in part. It was put that efforts should be made to think outside the medical model to identify sustainable projects that could be included in the Obesity Strategy.

Members requested a report to a future meeting on infant feeding and peer support workers.

RESOLVED:-

that the progress report be noted.

7. Brent Tobacco Control Strategy 2010-2013

The committee had before it an update report on the implementation of the Tobacco Control Strategy launched in November 2010. Simon Bowen (Acting Director of Public Health, NHS Brent) advised that progress was being made and most actions were underway and on track to deliver the stop smoking targets. 5,000 smokers in Brent had been supported and many had given up. Additionally, central government

had launched a new tobacco plan in March with targets considered to be less ambitious than previously but with the same intentions.

The question was raised at the number of shisha bars opening in the borough. Members heard that investigations by authorities including trading standards, customs and excise and environmental health were taking place and work was also being done to raise awareness of potential harm. Members discussed the relative harm of shisha and the extent to which there was evidence of any formal link to the take up of tobacco smoking. Views were also put that there was a general misconception of shisha smoking and that it was a cultural, social activity similar to visiting a public house. Members agreed on the need to understand the risks associated with shisha smoking and to have clarity on the planning, licensing and cultural implications.

On tobacco smoking, members were pleased to learn that approximately 50% of those assisted, stopped smoking. It was accepted that the most significant intervention was the introduction of smoke free legislation however many were assisted with dedicated services within the health service and nicotine therapy. There was a lot of work with GPs, greater engagement and ownership.

RESOLVED:

that progress on the Tobacco Control strategy be noted.

8. Work Programme 2010 -2011

Members noted the outcome of the work programme for 2010/11, considered the list of items to be timetabled and were advised that suggestions made at this meeting of items to be discussed would be included. Members also suggested the inclusion of reports the following:

- maternity services (including satisfaction ratings)
- update on GP commission (to each meeting)

Members again raised the proposal for an Integrated Care Organisation based at Ealing Hospital Trust and sought confirmation of the name which they felt should be reflective of all three boroughs involved. Jo Ohlson agreed to confirm the new name and advise the Policy and Performance Officer.

9. Any Other Urgent Business - IT systems

The issue was raised of possible incompatibility between IT systems which from the end of March meant that the NHS could not send sensitive data to the council. The Assistant Director, Community Care agreed to look into this.

The meeting closed at 9.00 pm

B OGUNRO
Chair

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Health Partnerships Overview and Scrutiny Committee

9 June 2011

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust

1.0 Summary

- 1.1 North West London NHS Hospitals Trust and Ealing Hospital Trust have begun working on plans for the future of the two organisations. Both of the trust boards have agreed a Strategic Outline Case for a merger and a series of events are to take place in Brent, Harrow and Ealing over the coming few weeks to begin consulting the public on this issue. Although a formal decision to merge has not yet been taken, this is now being considered as a viable way forward for the two organisations in order to achieve foundation trust status and deliver better quality healthcare.
- 1.2 Officers from North West London NHS Hospitals Trust will be at the committee's meeting to explain what work has happened to date, the process for moving forward with this project and the main factors behind the decision to consider a merger. The committee should seek to clarify the timetable for this work from this point, including consultation with members of the public and also how NWL Hospitals intends to engage the Health Partnerships Overview and Scrutiny Committee during the coming months.
- 1.3 The report provided by North West London Hospitals sets out the rationale for a potential merger with Ealing Hospital Trust. The report says "both trusts have existing challenges that are only going to increase in the coming years. The reality is both will be faced with reducing levels of income, a need to improve staffing levels to meet new guidelines, a fairly fixed estate infrastructure and costs and so would either have to stop providing services, considerably overspend or risk providing them at less than the optimum standard. This is not a scenario either Trust Board wishes to countenance and hence the pro-active response to explore the merger as a means to secure the highest quality of care for the patients of North West London". The clinical and financial reasons for considering a merger are outlined in full in the report.
- 1.4 There are still several stages that this project needs to go through before decisions are taken on the future of the hospital trusts. One of the important issues from the

scrutiny committee's perspective is consultation with patients, public and other stakeholders. At present the trust is predicting formal public consultation will begin in August 2011 and run for 14 weeks, assuming support for the Outline Business Case which is currently being developed and clinical re-configuration options. Given the importance of this project, it is likely that the Health Partnerships Overview and Scrutiny Committee will want to respond to the consultation and spend time at a future meeting discussing this.

2.0 Recommendations

- 2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers the report from North West London NHS Hospitals Trust on the plans to merge with Ealing Hospital Trust and question officers from the trust on this project.

Contact Officers

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"Options for future organisational arrangements for Ealing and North West London Hospitals Trust" Progress Report

1. Background

In January 2011 the Boards of Ealing Hospital NHS Trust (EHT) and North West London Hospitals NHS Trust (NWLHT) separately considered a series of options for future organisational configurations. These options had been developed over the period from October to December 2010 as a response to the challenges faced by the NHS in general and by the North West London health economy in particular.

The two Trust Boards independently agreed at their respective meetings in January 2011 to pursue the development of a "Strategic Outline Case (SOC) to investigate the benefits and feasibility of a merger between EHT (including the community service of Ealing, Brent and Harrow which become part of Ealing NHS Trust from 1 April 2011) and NWLHT" to potentially create a new NHS Trust in West London. This was recognised as providing an opportunity to create a strategic platform for change in order to improve healthcare for North West London and to provide the basis for a clear timetable for the new organisation to successfully achieve Foundation Trust (FT) authorisation.

As a result with, the support of the SHA, (and in line with NHS London's "Transaction guidance") an independent Chair (Peter Garland) and a Senior Responsible Officer (Simon Crawford) have been appointed. To assist with the development of this programme of work an "Organisational Futures Programme Board" has been established with membership from the 2 Trusts, each of the 3 GP Clusters, LINKs representation from the 3 boroughs as well as PCT, NHS London and NWL Cluster membership.

The milestones within the process are:

- SOC produced by the end of April 2011 and went to May 9th Trust Board
- Development of clinical vision and strategy by mid-June;
- OBC completion end of June and to July Trust Board;
- FBC completion by the end of October.

At its meeting on the 9th May 2011 the NWLHT Board approved the SOC and agreed to proceed to produce an OBC "to fully determine the benefits and financial viability of a merger between itself and EHT" (Ealing NHS Trusts Board also made the same decision at its Trusts Board on 11th May 2011). The SOC was submitted to NHS London for approval, and will go to the June Capital Investment Committee. In the meantime NHS London supports the on-going development of the OBC and the supporting work on clinical vision and strategy for a potential merger of the Trusts.

The SOC demonstrated; the future scale of challenge facing both organisations and the likely impact they would have as stand alone organisations as well as the potential range of patient, commissioner and Trust benefits of a merger including recognition that a merged organisation would have the potential to become a clinically viable and successful Foundation Trust. A copy of the SOC is available from the Trust websites at www.ealinghospital.nhs.uk and www.nwlh.nhs.uk.

2. Why are we looking at a potential merger? The context for change:

The current economic and political contexts are a challenge for both NWLHT and EHT. There are a number of external factors that drive the need for change in acute hospital provision that can be classified under three main headings;

National & local drive for improved quality

- Increasing requirements for consultant provided services being set nationally and locally for emergency surgery, acute medicine, inpatient paediatrics and maternity services. The evidence is, consultant delivered services results in better outcome for patients.
- NHS London pursuing designation of specialist cancer and vascular services in addition to Cardiac, Stroke and Trauma; and likely for emergency surgery and acute medicine in the near future.
- Increasing recognition of the link between volume and quality for some services ie consultants need to do sufficient procedures to be expert (so even if you could afford to employ enough to staff rota's there would not be sufficient work in smaller centre to develop the expertise).

NHS wide system changes

- Renewed focus across the NHS on improved prevention and out of hospital care to meet evolving health needs (chronic long-term conditions and care of the elderly) and ensure continued improvement in health status. Any potential for new investment is therefore targeted at community services rather than acute hospitals.
- The National "QIPP" challenge is leading to a reduction in acute sector activity and increasing expectation of productivity improvements.
- Increasing pressure to reach FT status which requires organisations to meet national quality standards and be able to demonstrate financial sustainability over a forward 5 year period.
- Ongoing tariff changes with introduction of new tariffs for emergency admissions and re-admissions and productivity requirements year on year. These mean acute Trusts will get paid less year on year for the same level of activity as the amount paid for each procedure is reduced and some will not be paid for at all or at very reduced rates.

NWL sector wide changes

- NWL sector is driving several 5 year initiatives in different pathway areas aimed at improving health and quality of care, transforming of primary and community care, and launching an integrated care pilot.
- NWL must close a £1bn financial gap by 2014/15 which requires £700m of savings from all NWL providers (including the impact of tariff changes).

3. Rational for this Potential Merger

Both Trusts have existing challenges that are only going to increase in the coming years. The reality is both will be faced with reducing levels of income, a need to improve staffing levels to meet new guidelines, a fairly fixed estate infrastructure and costs and so would either have to stop providing services, considerably overspend or risk providing them at less than the optimum standard. This is not a scenario either Trust Board wishes to countenance and hence the pro-active response to explore the merger as a means to secure the highest quality of care for the patients of North West London.

Background to the two Trusts:

- Ealing Hospital NHS Trust (EHT): Integrated Care Organisation
 - Small district general hospital (300 beds)
 - Community provider of services in Brent, Harrow and Ealing
 - Annual budget of £133million for EHT, community services adds another £96million
 - Sustained a surplus since 2005/6
 - Likely to lose 23% income over the next 5 years if sector QIPP plans are implemented
 - Concerns regarding minimum scale for clinical viability with changes to Royal College and National guidelines
- North West London Hospitals NHS Trust (NWLHT) – larger district general hospital (680 beds)
 - Two sites: Central Middlesex and Northwick Park with budget of £369million
 - Northwick Park also manages St Mark's Hospital – a specialist centre for diseases of the bowel and gut
 - Struggles to sustain break-even position
 - Significant level of historic debt
 - Likely to lose 24% income over the next 5 years if sector QIPP plans are delivered
 - Estate in need of renewal

Responding to the impact of these system wide changes underpins the clinical case for change, in that the tougher quality guidelines will place considerable pressure on smaller Trusts in particular because of the following:

- Meeting national quality standards will often require up to 24x7 consultant cover/presence
- For smaller hospitals this will require investment in additional staff/equipment
- Even if this were affordable, it would reduce the experience which individual staff need to train and to maintain specialist skills
- And may make it difficult to maintain training accreditation

Different options have been analysed in the past for both Trusts to reach financial and clinical viability and for North West London over the last year have included:

- Consolidation within Trust
- Transfer of one site to another Trust
- Divestment of unprofitable service lines
- Merger options with different Trusts in NWL

The first three were not seen to offer sufficient clinical and financial benefits in the long term hence a panel including membership of the Trusts, PCT's, NWL Cluster and NHS London, was established and used the following criteria to evaluate options:

- Acute clinical viability – could we provide 24/7 consultant cover?
- Integrated Care – could we link local and hospital services effectively?
- Geographic Proximity – would services be accessible?
- Strategic Fit – would it fit in with national and local expectations in changes in care?
- Do-ability – would it be acceptable and could it be delivered?

Eight options for the future of both Trusts were reviewed by the panel and evaluated to determine the likely benefits to patients and Commissioners. The panel determined that options that did not provide solutions to both EHT and the NWLHT would destabilise the local health economy with a negative effect on patients and clinicians at both Trusts. The quality of care delivered to local people would suffer. The panel did not consider it acceptable to allow one of the two Trusts to become clinically non viable.

The panel viewed integration between the two Trusts as the most promising option. A merger would enable improvement in the quality of care delivered because teams would have sufficient scale. It would allow more services to be delivered safely at local level in North West London and allow resources to be redirected from management and support to frontline services. A merger of EHT and the NWLHT will better position the Trusts to address the financial challenges and potentially be authorised as a Foundation Trust in due course, an outcome that seems unlikely under other scenarios. The merger would not significantly impact choice or competition because patients would still have the option to seek treatment at a large number of hospitals in North West London sector.

Overall the analysis concluded that a merger between NWLHT, EHT and its associated Community Services constituted the best option and which subsequently led to the production of the SOC in April 2011. Elements from the SOC are included below supporting the clinical and financial case for the potential merger.

3.1 Clinical case for Merger

- I. Both Trusts have an obligation to their local communities - a **"promise to patients"** to deliver safe, high quality care locally. Our clinicians tell us this promise will be impossible to deliver consistently in the coming years if we remain as separate organisations. In part this is due to improvements in medical science and in part to improvements in our understanding of what delivering the best quality care requires. To get the best clinical outcomes we need to have more time available from senior staff, particularly consultants, to see very sick patients when they arrive and we need to be able to get rapid access to the high-tech specialist and diagnostic and treatment services that our patients expect and deserve. This problem can only get more challenging for smaller hospitals with limited staff and other resources. We need larger, more specialised clinical teams, more care delivered by highly experienced staff (in particular hospital consultants) and more integrated working across primary, community and hospital based care.
- II. There is a **rising expectation for quality** from patients, who quite rightly expect care from highly experienced clinical teams, increasingly stringent quality guidance from Royal Colleges, and more challenging clinical requirements from commissioners. "If you are admitted as an emergency with major internal bleeding then to get the best clinical outcome means that we need to have specialist endoscopists, radiologists **and surgeons available 24 hours a day, 365 days a year.**"
- III. **Achieving a greater size** would enable us to deliver on our promise as we can organise ourselves around larger, more senior and more specialised clinical teams and rotas – this enables us to meet the quality requirements to be a safe and effective provider of clinical services set by the various bodies including the medical Royal Colleges and the requirements of the Commissioner. Most importantly, this will ensure that appropriately qualified clinicians see local patients rapidly, based on clinical need. "Today when you go and see an orthopaedic surgeon you will see a specialist in your particular problem –knee, hip or ankle. It's the same for cancer – if you have breast cancer you will be seen by a breast surgeon not a general surgeon."

IV. **At the same time commissioner clinical plans** and Sector clinical strategies have been developed and tested with local stakeholders. They have concluded, in line with national policy, that continuing to deliver high quality care requires a shift of NHS resources from hospitals towards primary and preventative care. This shift of resources forces NHS Trusts like ours to address hospital services that risk becoming too small to be safe. The expectation of a reduction in income coming to traditional Hospitals means that we have to become much more efficient to maintain quality. Our commissioner's planning intentions mean that our hospitals cannot each plan to grow our services to meet the minimum safe scale that will be needed in the future.

3.2 Financial case for merger

Overall NHS Spending in North West London is increasing in cash and real terms in the coming three years. However, hospital based income is falling as money is reallocated towards prevention and primary care. Reductions in hospital income of up to 23-24% are anticipated in PCT QIPP plans meaning EHT and NWLHT will need to manage an expected combined cost challenge of approximately £140m by 2014/15, based on current QIPP plans.

EXHIBIT 1

<u>Required savings by 2014/15 (based on QIPP plans)</u>	
EHT - acute	£33 m
EHT - community	£14 m
NWLHT	£92 m
Total	£139 m

On their own, the Trusts will have difficulties generating the efficiencies and savings required without impacting the safety and quality of services they deliver. Current forecasts suggest they may fall short of this target by £25-40m. Through a merger, by working together as a single entity, the Trusts will be able to use economies of scale to increase the scale of savings while minimising the impact of financial challenges on service delivery.

While the scale of resources that could be released to support front-line care will depend on the clinical strategy developed to support the integration, initial work suggests that those resources could go a significant way to closing the financial gap that will remain after the Trusts have planned savings efforts separately. The merger would clearly offer a range of savings opportunities over and above those available to the individual Trusts which would enable the maximum resource to be directed in front line patient care services. In the short and medium term, the incremental benefits are likely to come from:

- ***Reducing administrative costs and duplication*** in Boards and Board support as well as in the Finance, HR, and Procurement departments. High level estimates show potential savings in the order of £2-5m.
- ***Improving productivity to the best of the three sites*** – current productivity varies considerably across the three sites and there are opportunities to improve productivity in a number of areas – from procurement, to staff utilisation, to theatre throughput. A number of these opportunities could be captured through improved standardisation and adoption of best practice across the sites. High level estimates show potential savings in the order of £10-15m.
- ***Capturing the benefits of achieving the highest standards of clinical quality*** by improving throughput of support services or by consolidating teams, locations and rotas and moving some services to the most appropriate locations so that productivity improves to amongst the best in the country. High level estimates show potential savings in the order of £10-15m.
- ***Avoiding expensive admissions and reducing length of stay by developing community services*** – the integration of community services offers opportunities across a merged organisation to ensure patients are cared for in the most appropriate setting. The level of savings is still to be determined.
- ***Improving estate utilisation***
 - ***Optimising estate spend*** by increasing investments to develop those estates most appropriate to host consolidated clinical services and avoiding unnecessary capital spend on other estates. We believe a merged organisation will be in a better position to develop estate that is fit for purpose. The net level of savings or spend will largely depend on the merged Trusts clinical strategy and is still to be determined.
 - ***Fixed cost savings from estate rationalisation***: both Trusts can use the greater productivity of its combined resources by optimising the use of capacity in theatres and wards, etc and potentially reducing the physical footprint of the Trusts. High level estimates show potential savings in the order of £2-5m.
 - ***PFI optimisation*** In the longer-term (3+ years), the merged Trusts could lever their increased size to develop centres of expertise and use the potential of a cohesive medical brand to explore opportunities for growth in both clinical and non-clinical income.
- The ***clinical*** growth opportunities would be the result of serving broader patient populations and being able to develop more specialised, niche

services. Further, a cohesive commercial/private patient strategy across the sites could bring additional income for the integrated Trust.

- Furthermore, expansion of the ***non-clinical*** (primarily academic) platform could bring funding for research/teaching, support from commercial partners (e.g., donations, clinical trial revenue), and income from intellectual property.

Capturing the benefits from integration will be challenging from a managerial perspective. While theoretically at least some of these benefits could be realised through effective partnership working between the Trusts, the managerial challenges associated with working across organisational boundaries would likely be insurmountable. Working as an integrated organisation with a single governance structure would substantially reduce management challenges and increase the likelihood of benefit capture.

4. Way Forward

The next stage of the process following the SOC and currently being undertaken is to produce an Outline Business Case that will provide more detail than the SOC on the potential service changes, modelling and financial costing for the range of options identified.

4.1 Outline Base Case

Having completed the SOC, the Trusts are now developing the OBC which is due for completion by the end of June and will go to the respective Trust Bards in July. The NHS London Transaction guide sets out the key requirements of the OBC as follows:

- Integrated Business Plan (IBP) (similar to that required for an FT application)
 - Addresses the headline issues but incorporates less detail than the IBP required for FT assessment process and the structure is as follows:
 - Executive summary
 - Profile of the proposed new provider organisation
 - Strategy
 - High level market assessment
 - Prospective service developments
 - Financial evaluation
 - Risk
 - Leadership and workforce
 - Governance arrangements
 - Includes the following appendices
 - Long term financial forecast (5 years 2010/11 – 2015/16)
 - Governance rationale
 - Consultation plans

- Outline Organisation Development Strategy (ODS)
 - Key principles, time table and constituent parts of the strategy and the responsible officer for delivery
 - Includes a Board Development programme
- Post Merger Integration Blueprint
 - Including strategic rationale for the transaction, overview of key transaction objectives, key principles underpinning the approach to transaction, high level timeline
- Scope of the Due and Careful Enquiry
 - Is that superseded by the Due Diligence process of NWLHT Challenged Trust Board?
- Draft Heads of Terms agreed in principle but prior to execution by the parties
 - Including parties to the transaction, process and intended timeline, description of key documents (and summary of key issues) necessary to effect the transaction, liability issues, staffing and TUPE (Transfer of Undertakings /Protection of Employment) matters, property issues, cost and approval processes

The OBC will include:

- A do nothing scenario and show it provides future risk to compromising patient care standards and worsening finances so not an option
- A suite of benefits for the merger to include both clinical sustainability and financial benefits
- Finance linked to specific deliverables from the merger i.e.
 - Back office deliverable short term;
 - Shared rotas, driving up performance standards to the most efficient etc,
- Potential service re-configuration subject to consultation with a range of options.

4.2 Clinical Working Group (CWG)

A key component of the IBP is the need for the Strategy and Vision of the new organisation. From the outset there has been a determination that this is clinically led and developed in the best interest of patients and staff. Running in parallel with the SOC production has been the establishment and work of the CWG. Membership of the CWG includes senior clinicians from across the two Trusts, three sites and key services as well as GP representation from each of the three Boroughs.

The Objectives for the Clinical Working Group are as follows:

- Develop a case for change - identifying specialties where current arrangements (critical mass, clinical expertise, training opportunities) are resulting in sub-optimal care and/or are unsustainable going forward
- Formulate and discuss hypotheses as to how care might be delivered in the future
 - Reviewing specific specialties
 - Identifying key co-dependent specialties
 - Agreeing optimal models for the delivery of care across the whole patient pathway
 - Developing a proposed clinical strategy for the individual hospitals within a merged NWLH-Ealing Trust
- Set out criteria for successful implementation – likely to include workforce considerations and operational factors which will need to be addressed
- Help engage clinical colleagues in the sector and the Trusts
- Promote and endorse the clinical strategy to a broad range of stakeholders as required
- Align with broader NWL sector strategy

To progress the work of the CWG four sub-groups have been created as follows:

- Maternity & Paediatrics
- Emergency surgery & med. (including emergency 'ologies'), critical care, A&E and UCCs
- Community and elderly care
- Specialist (e.g., cancer) and elective services (including elective 'ologies')

As the work of the CWG progresses it will lead to the development of a clinical vision for the new organisation and that will inevitably **lead to a range of options for clinical service configuration that will need to be modelled in the OBC but will need to be formally consulted upon.**

7. Potential Benefits of Merger

Both Trusts are committed to delivering the best possible care so staying as they are is not an option. Early indications from our clinical and financial modelling suggests the level of services available to local residents will be materially higher and better from a merged Trust and that the financial situation will be more manageable. This is because:

- Some services operated by separate Trusts will be sub-scale and therefore would be withdrawn as unsafe by commissioners, reducing local choice
- A merger enables greater cost savings from support services and infrastructure to be realised so the combined Trust can support higher levels of frontline spending on local residents

- Consolidating teams and specialist hospital skills should cost less
- Need to serve a large patient population to maximise the benefits of scale and critical mass
- A merger would join up acute and community care over the same geography, creating the potential for better integration of services and fewer hand overs for patients (particularly older patients with long term conditions).
- A merger and service re-organisation will offer incremental benefits in terms of:
 - Patient experience
 - Accessibility of high quality specialist care
 - Larger clinical teams
 - Potential to invest in medicine and equipment
 - Savings in shared management resources
 - Improved care pathways (less referrals)
 - Reduced duplication

6. Formal Consultation and Stakeholder engagement

At this stage the Trusts are still working through the potential range of service configurations and benefits of merger so no formal decisions have been made.

The engagement process has been started to build in stakeholder perspective:

- Clinicians from Trusts and GP consortia are participating in four Clinical Working Groups
- Patient Links and GP consortia leads are participating in the Organisational Futures Programme Board
- Public listening events are being arranged to refine the Trusts clinical strategy and the merger plans. The aim is to give key stakeholders in the localities of Ealing, Brent and Harrow the opportunity to:
 - understand the external factors that are and will continue to influence future clinical practice and the organization of service delivery,
 - understand the impact of these external factors on the two individual Trusts and recognize the need for change which will potentially bring real patient benefits,
 - identify and prioritise the key issues/ and factors to be considered as part of any design and re-organisation of clinical service delivery,
 - hear about the process so far and the timetable ahead,
 - give their views on how they would like to be involved as we move forward and how best to communicate with our local population.

The events have been organized on the following dates:

- Ealing: Thursday 26 May 2011 at 5.30pm to approx 8.30pm. In the Queen Hall, Ealing Town Hall, New Broadway, Ealing W5 2BY.
 - Harrow: Monday 6 June 2011 at 5.30pm to approx 8.30pm. Committee Rooms 1 and 2, Harrow Town Hall, Harrow Council, Civic Centre, Station Road, Harrow HA1 2XY.
 - Brent: Monday 13 June 2011 at 5.30pm to approx 8.30pm. The Stonebridge Centre, 6 Hillside, London NW10 8BN.
- Attendance at the local OSC's is planned for June as part of the early engagement process.
 - Stakeholders such as MPs, Local Authorities and the Ambulance Services will be contacted formally and meetings are to be scheduled.
 - The stakeholder engagement process is not formal consultation, any proposed changes to clinical service configuration will be subject to the normal formal consultation process.

Depending on the outcome of the potential options for clinical re-configuration and support for the Outline Business Case, Formal consultation is likely to commence some time in August 2011 and will run for a minimum of 14 weeks (allowing an extra 2 weeks due to the August start).

7 In Summary

A merger between the two Trusts appears to be the best way to ensure that the organisations are able to deliver a full range of high quality services to local people and patients. This will continue to be tested further during the on-going phases of work.

Simon Crawford
SRO Programme Board
 May 2011

	<p align="center">Health Partnerships Overview and Scrutiny Committee 9 June 2011</p> <p align="center">Report from the Director of Strategy, Partnerships and Improvement</p>
<p align="right">Wards Affected: ALL</p>	
<p align="center">North West London Hospitals NHS Trust Quality Account</p>	

1.0 Summary

- 1.1 North West London Hospitals NHS Trust (which manages Northwick Park and Central Middlesex Hospitals) has approached the Health Partnerships Overview and Scrutiny Committee in relation to its Quality Account for 2010/11. Quality Accounts are prepared each year by providers of NHS services and they are a statement of quality relating to the services provided by that NHS trust.
- 1.2 Guidance produced by the Department of Health on Quality Accounts (see appendix 1) says that “the primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness”. Relevant health overview and scrutiny committees are given an opportunity to comment on the Quality Account of local NHS providers, using the following areas as guidance (although the committee is not restricted to making comments about these issues):
 - Does the provider’s priorities match those of the public
 - Has the provider has omitted any major issues
 - Has the provider demonstrated they have involved patients and the public in the production of the Quality Account
 - Any other comments relating to issues the OSC is involved in locally
- 1.3 The Health Partnerships Overview and Scrutiny Committee is able to provide a statement of up to 1000 words on the Quality Account, and whether, to the best of their knowledge, it reflects the services provided by North West London Hospitals NHS Trust. This will then be published with the Quality Account when it is returned to the Department of Health and will be used for assurances purposes by the Care

Quality Commission. If members do not wish to comment on the Quality Account then there is no obligation to do so.

- 1.4 The committee should consider the Quality Account provided by North West London NHS Hospitals Trust (appendix 2) and decide what comments it wants to make in relation to it (assuming members want to comment on the Quality Account). North West London Hospitals have asked for a response to be sent to them by the 14th June and so completion and agreement of the final wording of the committee's comments should be delegated to the chair of the committee.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee should consider the Quality Account provided by North West London NHS Hospitals Trust and agree the comments that it would like to make in relation to it. Completion of the committee's comments should be delegated to the chair of the committee in order to respond by the 14th June 2011.

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Quality Accounts: a guide for Overview and Scrutiny Committees

DH INFORMATION READER BOX	
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For Recipient's Use	

Quality Accounts: a guide for Overview and Scrutiny Committees (OSCs).

Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication.

This gives OSCs the opportunity to review the information contained in the report and provide a statement on their view of what is reported.

Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

Providers must send their Quality Account to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

This mini-guide has been produced specifically for OSCs and draws on relevant information already published in the Quality Accounts toolkit :

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

In the second year of Quality Accounts, providers will report on activities in the financial year 2010/11 and publish their Quality Account by the end of June 2011.

Who has to provide one?

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality

Account. For the first year of Quality Accounts, providers were exempt from reporting on any primary care or community healthcare services. This year the community healthcare service exemption has been removed.

What is the purpose of a Quality Account?

The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality accounts therefore go above and beyond regulatory requirements, which focus on essential standards.

If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

How will they be used?

Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:

- display a notice at their premises with information on how to obtain the latest Quality Account; and
- provide hard copies of the latest Quality Account to those who request one.

The public, patients and others with an interest in their local provider will use a Quality Account to understand:

- where an organisation is doing well and where improvements in service quality are required;
- what an organisation's priorities for improvement are for the coming year; and
- how an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

Commissioners and healthcare regulators, such as the Care Quality Commission, will use quality accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

Quality Accounts will be public-facing documents, published on NHS Choices

How will the process of producing a Quality Account benefit the provider?

The process of producing a Quality Accounts is an opportunity for organisations and clinicians to collect, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation.

It can also help with benchmarking against other organisations.

The process of producing a Quality Account also provides an opportunity for providers to engage their stakeholders, including PCTs, LINKs and the public, in the review of information relating to quality and decisions about priorities for improvement.

This sort of quality monitoring and improvement activity can have many purposes for the provider. For example it will help them to assess their risks and monitor the effectiveness of the services they provide; the information could also inform their internal monitoring of compliance with CQC registration requirements.

Why are OSCs being asked to get involved with Quality Accounts?

The Department of Health engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts.

A key message from our stakeholder engagement activity was that confidence in the accuracy of data and conclusions drawn on the quality of healthcare provided from these figures is key to maximising confidence in those reading Quality Accounts. Without some form of scrutiny, service users and members of the public may have no trust in what they are reading.

OSCs, along with LINKs and commissioning PCTs , have been given the opportunity to comment on a provider's Quality Account before it is published as it is recognised that they have an existing role in the scrutiny of local health services, including the ongoing operation of and planning of services.

The powers of overview and scrutiny of the NHS enable committees to review any matter relating to the planning, provision and operation of health services in the area of its local authority. Each local NHS body has a duty to consult the local overview and scrutiny committee(s) on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

How can OSCs get involved in the development of Quality Accounts?

OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

If an important local healthcare issue is missing from a provider's Quality Account then the OSC can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission. Some of these issues might not directly relate to healthcare quality, so their omission by the provider might be unavoidable (given their legal obligation to report on healthcare only) and your commentary should acknowledge that.

Quality Accounts aim to encourage local quality improvements, OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally.

OSCs may also wish to comment on how well providers have engaged patients and the public, and how well they have promoted the Quality Account.

OSCs should not feel that they have to comment on areas of the Quality Account where they do not have relevant knowledge. However, conversations between providers and OSCs should start at the beginning of the planning process for the production of a Quality Account so both the provider and the OSC are aware each others expectations in the process.

OSCs could therefore comment on the following:

- does a providers priorities match those of the public;
- whether the provider has omitted any major issues; and
- has the provider demonstrated they have involved patients and the public in the production of the Quality Account;
- any comment on issues the OSC is involved in locally

What must providers do to give OSCs the opportunity to comment on their Quality Account?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located.

They must send it to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

The OSC then has the opportunity to provide a statement of no more than 1000 words indicating whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided.

The OSC should return the statement to the provider within 30 days of receipt of the Quality Account to allow time for the provider to prepare the report, which will include the statement, for publication.

If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

How does the review of Quality Accounts in April fit in with the other activities carried out by OSCs?

Quality Accounts do not replace any of the information sent to CQC by OSCs as part of CQC's regulatory activities.

Quality Accounts and statements made by commissioners, LINks and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

It is recommended that discussions around the proposed content of a Quality Account and review of early drafts of the report is conducted during the reporting year in question so that by April each year OSCs will already have a good idea of what they expect to see in a provider's Quality Account and may have commented on earlier versions.

Where local elections are being held in April and OSCs will not have the opportunity to review Quality Accounts for 2009/10, it is advised that where possible, OSCs discuss plans and suggest content for 2010/11 Quality Accounts with providers when they reconvene in the summer.

Stakeholder engagement in the development of a Quality Account should be a year-long process – ideally starting at the beginning of the reporting year.

Which OSC should a provider send its Quality Account to?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located. This may be different from the geographical area of the lead commissioner. In these cases, liaison and co-operation will be the key to achieving a rounded view on the organisation for whose Quality Account you are providing feedback.

Does an OSC have to supply a statement for every Quality Account it is sent?

No. The role of OSCs in providing assurance over a provider's Quality Account is a voluntary one. Depending on the capacity and health scrutiny interests of the OSC, the committee may decide to prioritise and comment on those

providers where members and the constituents they represent have a particular interest.

It would be helpful to let the provider know that you do not intend to supply a statement so that this does not hold up their publication.

Does the statement have to be 1000 words long?

No, this is a maximum set in the Regulations. We have increased the maximum limit for situations where LINKs and OSC wish to produce joint comments.

Working with commissioning PCTs, LINKs and other stakeholders

Existing DH guidance recommends that scrutiny of services provided, commissioned or planned by a single NHS body covering more than one local authority area, is undertaken by a joint committee.

Joint committees may therefore wish to work together when considering Quality Accounts for organisations that provide services across multiple authority areas such as ambulance trusts. For instance, joint arrangements may already be in place for providing third party comments on providers to the CQC (for instance, to provide comments to CQC about a provider's compliance with registration requirements) and it would be appropriate to use these existing arrangements to discuss provider's Quality Accounts.

It should be noted however that the legal requirement is for a provider to send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located and to publish within their final Quality Account any statement that they have provided. It is important therefore that when OSCs jointly consider a provider's Quality Account that it is the OSCs residing in the local authority area that sends the statement back to the provider. If the statement has been jointly written, it would be appropriate to state who has contributed to it.

How OSCs and other stakeholders work together is left for local discretion as there is variation across authority areas.

When OSCs jointly consider a provider's Quality Account, the OSC residing in the local authority area for the provider should send the statement back to the provider.

What should OSCs do if they receive a Quality Account from a provider with a national presence?

Some OSCs may receive Quality Accounts from multi-site providers. We do not expect an OSC to assure the quality of a national provider. Instead, we ask that the provider demonstrates how they nationally engage stakeholders day-to-day and in the production of the Quality Account.

How does Quality Accounts fit with the wider quality improvement agenda?

The objectives for Quality Accounts remain the same as last year, to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement, holding them accountable to stakeholders.

We will explore how Quality Accounts align with an NHS described in '*Equity and excellence: Liberating the NHS*'.

How do Quality Accounts relate to the work of regulators such as CQC and Monitor?

Quality Accounts do not replace any of the information sent to CQC as part of their regulatory activities. Quality Accounts and statements made by commissioners, LINKs and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.


When providing comments on a Quality Accounts, LINKs should consider whether their reflections on the quality of healthcare provided should also be submitted to CQC.

Monitor's annual reporting guidance requires NHS foundation trusts to include a report on the quality of care they provide within their annual report. NHS foundation trusts also have to publish a separate Quality Account each year, as required by the NHS Act 2009, and in the terms set out in the Regulations. This Quality Account will then be uploaded onto NHS Choices.

Monitor's annual reporting guidance for the Quality Report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations, as well as additional reporting requirements set by Monitor. This is available from Monitor's website.

Quality Accounts for OSCs - Getting started

Before you receive a draft Quality Account:

-  Identify which providers will be sending their Quality Account to you and start discussions on proposed content early on in the reporting year.
- Providers have been encouraged in guidance to share early drafts of their Quality Account and useful background information on the content with stakeholders .
- Discuss the provider's proposed content of their Quality Account at an early stage to ensure that it includes areas that have been identified as being local priorities.

Once you have received a draft Quality Account (between 1 – 30 April):

- Before providing a statement on a provider's Quality Account, OSCs may wish to consult with other OSCs where substantial activity (for instance specialised services) is provided to patients outside their area.
- Write a statement (no more than 1000 words in length) for publication in a provider's Quality Account on whether or not they consider, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The statement could include comment on for instance, whether it is a representative account of the full range of services provided.

Sending the written statement back to the provider:

- Send the statement back to the provider within 30 days of the draft Quality Account being received. Your statement will be published in the provider's Quality Account.
- If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

Quality Account 2010 – 2011

North West London Hospitals NHS Trust
Quality Account 2010 – 2011

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Who we are

The North West London Hospitals NHS Trust (NWLHT) manages Northwick Park and St Mark's hospitals in Harrow and Central Middlesex Hospital in Brent.

We care for more than half a million people living across Brent and Harrow as well as patients from all over the country and internationally at St Mark's, our specialist hospital for bowel diseases. This makes us one of the biggest and busiest NHS trusts in the capital.

We employ approximately 4,800 doctors, nurses, therapists, scientists and other health professionals as well as administrative and support staff, making us one of the largest employers locally.

We are a major centre for undergraduate and postgraduate education – teaching many nurses, doctors and other health professionals each year. Our principal partners are Imperial College London and Thames Valley University.

For more information visit www.nwlh.nhs.uk

Part 1 Chief Executive Statement

Our vision at North West London Hospitals NHS Trust (NWLHT) is to deliver outstanding quality care to our patients. Our commitment to this goal is embodied in our Trust corporate objectives which place patient safety alongside patient experience at the heart of what we all do every day.

2010 has been a year of both progress and challenge and this Quality Account report contains just some examples of our success, challenges and goals on our quality journey.

There are some quality measures of which we are particularly proud; these include our fantastic achievements in reducing infection rates for our patients. Also our research on treatment checklists (or care bundles) made worldwide news after it was published in the British Medical Journal online in April 2010. When these were first implemented within the organisation they resulted in a 15 per cent cut in patient deaths and since then our mortality rates have continued to be below the national average, with our continued good performance for Hospital Standardised Mortality Rates being cited in the Dr Foster Good Hospital Guide as one of the lowest in the country.

Additionally the Trust was designated a Hyper Acute Stroke Unit and the unit was finally opened in July 2010. This provides 50 operational stroke beds providing a 24/7 specialist service for the people of North West London and in a national report produced by the Royal College of Physicians was ranked in the top 25% for the UK.

While progress is clearly been achieved in many areas we still have some areas of challenge within the Trust and have described some of these within the priorities outlined for the year ahead. The Trust Board takes a keen interest in this work and will continue to support and monitor progress throughout the year.

We are also delighted that our service users and external stakeholders have taken an opportunity to comment on and shape our Quality Accounts and you can read their comments in Part 4 of this document.

In conclusion, I am delighted to present the North West London NHS Hospital's Quality Account for 2010/11 which I believe is a fair and accurate report on our quality and standards of care.



➤ Quality narrative

For North West London Hospitals the quality of patient care is of paramount importance and the Trust Board is committed to maintaining patient safety and quality of care at the top of its agenda. Whilst our key quality priorities for the coming year are reflected in Part 2 of this report, other specific areas of challenge and importance to the Trust will remain in high focus for 2010/11. These include our ongoing work in the following areas:

Equality and Diversity

- **Equality** is not about treating everyone the same, it is about ensuring that access to opportunities are available to all by taking account of people's differing needs and capabilities.
- **Diversity** is about recognising and valuing differences through inclusion, regardless of age, disability, gender, racial origin, religion, belief, sexual orientation, commitments outside work, part-time or shift work, language, union activity, HIV status, perspectives, opinions and person values etc.

North West London Hospitals NHS Trust believes in fairness, equity and above all values diversity in all dealings, both as a provider of healthcare services to patients and as an employer of the local population. The Trust is committed to eliminating discrimination on the basis of gender, age, disability, race, religion, sexuality or social class. We aim to provide accessible services, delivered in a way that respects the needs of each individual and does not exclude anyone.

In demonstrating these beliefs we aim to ensure we develop a workforce that is diverse, non discriminatory and appropriate to deliver modern healthcare. At NWLHT training on equality, diversity and human rights matters is mandatory for all of our staff and as a Trust we continue to embed equality and diversity values into every day practice, policies and procedures so equality and diversity practice becomes the norm for everyone.

To support this work the Director of Human Resources is nominated as the Trust's Executive Lead for equality, diversity and human rights. We also have an Equality, Diversity and Social Inclusion (EDSI) committee, chaired by a Non Executive Director. This committee consists of representatives from across the whole organisation, including clinical and non clinical staff, in addition to representation from other public sector organisations and third sector parties.

As an example of our commitment to equality and diversity the Trust supports an independent Black, Minority Ethnic (BME) Staff Support network and we are currently running a BME mentoring programme with a cohort of twenty mentees. A significant number of the mentors on the programme are Executive Directors and senior managers within the Trust. This programme has been very successful and we are delighted to have a waiting list of potential mentees for our next programme.

Safeguarding Vulnerable Adults (SVA)

A vulnerable adult is defined in 'No Secrets' (the Government's Guidance on Adult Abuse) as: -

'a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. One such group is people with community care needs. This group may include people with:-

- a learning / physical / sensory disability
- mental ill health or dementia
- frailty due to age
- acquired brain injury
- a drug / alcohol problem
- certain types of physical illness
- Many frail or confused older people are especially vulnerable

North West London Hospitals is committed to the protection of vulnerable adults. The Trust has an established Safeguarding Vulnerable Adults Board which oversees the development of procedures and practice reflecting pan London SVA procedures and sharing protocols with our stakeholders and partners. This Board is chaired by the Director of Nursing as the Trust's nominated executive lead.

On a day to day basis leadership for SVA is provided by Deputy Director of Nursing and the Matron for Older People who support older people and promote best practice among staff. This includes provision of a training programme for SVAs and people with a Learning Disability, which is provided as part of induction for all our staff and on our mandatory training programme.

The Trust continues to work with our partners to develop procedures for improving SVAs and we have effective links with Brent and Harrow Council and the Safeguarding Vulnerable Adult leads for NHS Brent and Harrow. A Trust representative sits on both Brent and Harrow Safeguarding Vulnerable Adults Boards and attends joint training events.

During 2011/12 we continue with our commitment to develop and improve the care we provide for patients with a learning disability. In 2010/11 the Trust began to specifically monitor and review complaints from learning disability service users and carers and this will continue in the year ahead. We also held a focus group session for carers of people with a Learning Disability. This provided the Trust with excellent feedback on how we might enhance our services, some of the key themes emerging were the importance of effective communication, the recognition of the support carers can provide and difficulties encountered around visiting times.

This information will be used to support the development of the Trust's Carers Strategy and will influence the development of a "Patient Passport" which is a key piece of work in 2011/12.

Safeguarding children

At NWLHT we are committed to the protection of children and work hard to ensure that children are cared for in a safe, secure and caring environment. To support this work we have a number of Safeguarding Children arrangements in place, these include:-

- meeting statutory requirements in relation to Criminal Records Bureau checks, meaning all our staff undergo a CRB check prior to employment. Those working directly with children undergo an enhanced level of assessment.
- ensuring we have policies and procedures which reflect national current recommendations to protect children.
- having a system by which we can follow up on children who miss an outpatient appointment within any speciality in the hospital. This contributes to ensuring their care and ultimately their health is not being affected. In addition, the Trust ensures it has systems in place to alert professionals to any child in our care for whom there are already known safeguarding concerns.
- we have a Safeguarding Children Board to oversee and monitor all related work. In particular it monitors the Safeguarding Children Training Strategy. This ensures all eligible staff have undertaken up to date, relevant Safeguarding Children training. Currently, given a target of 80% for all levels, the Trust has
 - 85% of all staff up to date with level one training.
 - 83% of relevant staff up to date with level two training.
 - 80% of relevant staff up to date with level three training.

The Director of Nursing is the Executive Director lead for Safeguarding Children and also chairs the Trust's Safeguarding Children Board. The Trust Board receives a bi-annual report on safeguarding children issues, with a yearly Trust Board update seminar and training session on all safeguarding issues.

To lead and support this work across the Trust we have nominated professionals. These are a named nurse, a named doctor and a named midwife for child protection. They undergo specific training and each has a clearly defined role and allocated time and relevant support to enable them to discharge their duties. These professional staff work in close liaison with other social and health care organisations. The Trust also currently employs the Designated Doctor for NHS Harrow.

Representatives from the Trust participate actively in Brent and Harrow's Local Safeguarding Children Boards and sub-groups. This allows liaison and communication with other representatives from health, social care, education and the police and ensures our front line staff are able to work together to protect children.

Maternity services

Maternity services in London face particular challenges due to a number of factors. In particular birth rates are rising in proportion to the population with the average annual increase in birth at 2% per year and a projected increase of 7% over the next 10 years. Therefore improving safety and quality of services is very important to us.

To assist us in this work the Trust participates in a standards and assessment scheme. This is run by the NHS Litigation Authority www.nhsla.com and is designed to:

- provide a structured framework within which Trusts can focus effective risk management activities in order to deliver quality improvements in patient care and safety
- encourage and support maternity services in taking a proactive approach to improvements
- provide assurance to the maternity service, other inspecting bodies and stakeholders, including patients.

During 2010/11 we successfully achieved Risk Management Standards for Maternity Services at Level 1 and we are now working hard during 2011/12 to improve this position and enable successful assessment at Level 2 at the end of 2012.

As part of our quality improvement programme, the Trust was delighted to achieve recognition by UNICEF with a Baby Friendly Certificate at Stage 1 in 2009. Throughout 2010/11 we have prepared for assessment against Stage 2 standards and this will take place in August 2011. If successful will be one of only four London Trusts with this quality standard.

We continue to work collaboratively with our service commissioners, local authorities and voluntary sector to implement the Healthy Child Programme (DOH 2009) to improve the health and wellbeing of children with a strong focus on prevention of illness in the first years of life. This will involve continuing to deliver “woman focused” maternity care within local Children’s Centres optimising health outcomes for mother and baby.

Some other priorities in our work plan for 2011/12 include development of a multi-lingual DVD showcasing our maternity services. It is hoped this will improve and increase access to services for women and is also being supported through the provision of multi-lingual Parenting Preparation classes within the community.

To promote compliance with the four national choice guarantees as outlined in Maternity Matters (DoH) a normal birth strategy is being developed to increase provision of home birth and utilisation of the midwifery led birth unit.

Finally, during the coming year we aim to enhance the environment for our users with the planned refurbishment of the antenatal clinic and postnatal ward. This work is being carried out in partnership with our service users through our Parent’s Partnership to ensure a welcoming family friendly environment.

Emergency Department (A&E)

During 2010/1, whilst meeting the 95% target for seeing patients within 4 hours of arrival in the A&E department, the Trust experienced deterioration in performance throughout the year and failed to achieve the local 98% target, with a final year end performance of 97%.

As a result the local health community which included the Trust, Harrow NHS Primary Care Trust (PCT) and Brent NHS tPCT invited a visit from the Emergency Intensive Support Team (EIST) of NHS London. The EIST are a group of experts with experience of improving emergency care pathways for patients across healthcare providers.

Within the Trust work had already started to understand the underlying causes for the deterioration in performance. The Trust sees some of the largest volumes of emergency activity across the North West London sector with a projected 170,000 A&E attendances this year. Therefore factors contributing to achieving the target proved to be complex and multi- factored.

The additional work of the EIST recommended a number of actions for the Trust as well as actions required within the community setting. One of the main outcomes from the EIST was the need for a “whole systems” approach requiring input from GPs, the ambulance service, the Trust and social services to achieve change and improvement across the whole emergency patient pathway.

Within the Trust we have developed a plan based on the key actions which aims to support this whole systems improvement in performance and our work streams are focussed on the following areas:

- the Emergency Department itself
- the flow of Inpatients
- Acute Assessment unit
- Inpatient General & Sub Specialty Wards
- Bed Management & Discharge Planning
- Whole System Escalation

To date we have made good progress in developing, sustaining and monitoring the improvement of our internal emergency pathways and this work is being overseen by our Emergency Care Programme (ECP) Board. The ECP board is accountable internally to the Executive committee and the Urgent Care Network externally.

Broader recommendations for the whole health system will be monitored via the Urgent Care Network which includes representatives from across the wider health community. These in turn will provide assurance to our Trust Board that the recommendations made by the EIST are being progressed.

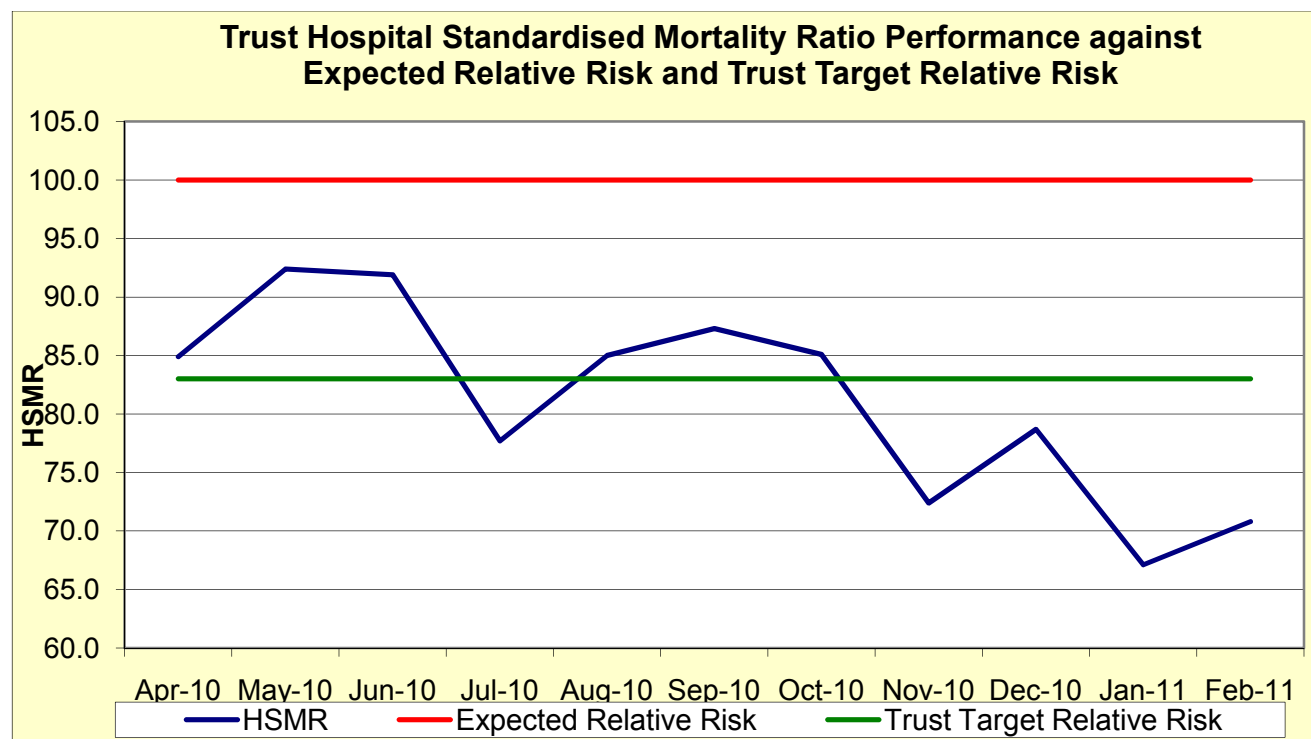
Part 2 Priorities for Improvement and Statements of Assurance

➤ Report on Quality Priorities 2010/11

In our 2009/10 Quality Account we outlined three key priorities for NWLHT. These were to:

- To maintain and reduce our mortality rates
- To improve patient safety through reducing Healthcare Acquired Infections and increased incident reporting
- To improve the experience of patients in our hospitals through reducing numbers of complaints and improve results in patient experience indicators

Priority 1 Maintain and reduce our Hospital Standardised Mortality Rate (HSMR)



The Trust's Hospital Standardised Mortality Ratio (HSMR) is an important indicator for the safety and quality of services we provide to our patients and we continue to be significantly below the expected relative risk for our type of organisation. This was recognised in the recent Dr Foster Good Hospital guide publication where we were highlighted as being amongst the best ten Trusts in London and the top twenty-six nationally.

The Trust remains committed to further improving our performance against this important quality indicator and our use of care bundles, instrumental in our performance to date, is being implemented as a quality tool across further clinical services and treatments in the Trust. The Trust Board takes a keen interest in monitoring this measure and it will continue to form part of the monthly Safety, Quality and Performance report to our Trust Board.

Priority 2 Improvements in Patient safety:

- to further reduce healthcare acquired infection (HCAI) and
- increase incident reporting

Reducing healthcare acquired infection

At the end of March 2011, the Trust reported a total of 4 MRSA Bacteraemia cases against a set target of no more than 8 cases. The Trust has demonstrated year on year improvements and its performance is now within the best quartile nationally.

In relation to *Clostridium difficile* performance has also been good with cases significantly below both the local and national target. The end of year position recorded a total of 47 post 48 hour cases against a target of no more than 62 cases.

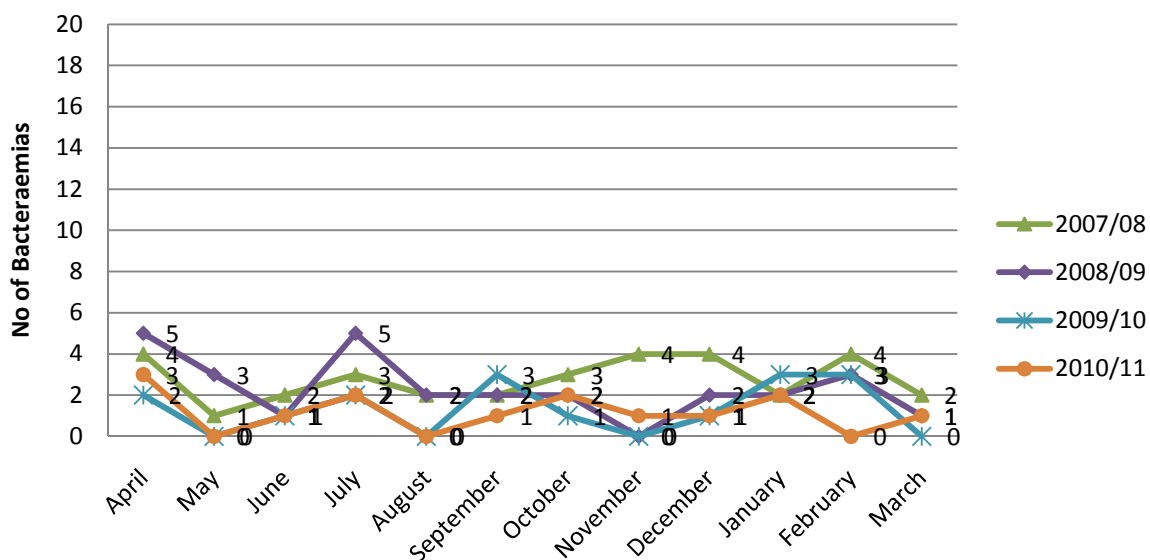
The prevention and control of healthcare associated infections continues to be the subject of increasing national prominence and remains one of the Trust's key objectives. Although not described in the key priorities section for 2011/12 below, infection prevention and control will remain under close scrutiny. The Trust believes that quality improvement work undertaken in 2010/11 is well embedded throughout the organisation and performance will continue to be monitored through national reporting requirements and our own key performance indicators. This work will remain at the heart of work overseen by the Trust Infection Prevention and Control committee which is chaired within the Trust by the Chief Executive and has membership including external stakeholders, partners and patient representatives.

In 2011/12 our aims are:

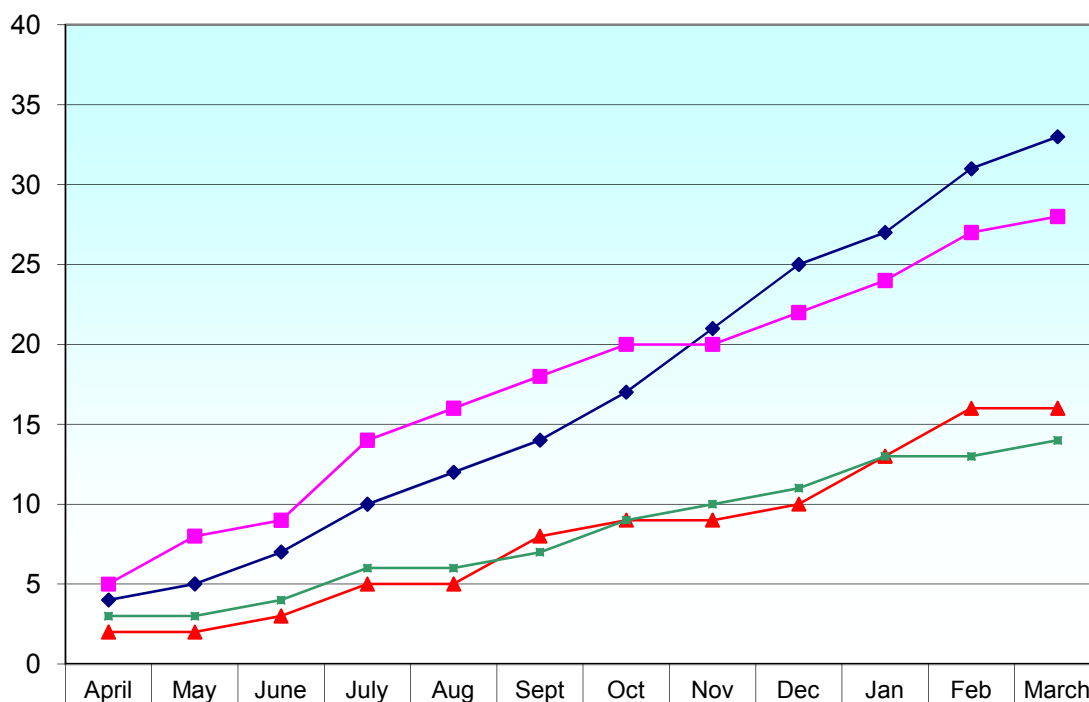
- To provide a safe environment for all patients, visitors and staff
- To ensure patients receive clean, safe optimal care
- To sustain and build upon the reductions seen in MRSA, *Clostridium difficile* and other newly emerging and resistant organisms.

The graphs below show all cases confirmed in the laboratory, this includes both pre and post 48 hours.

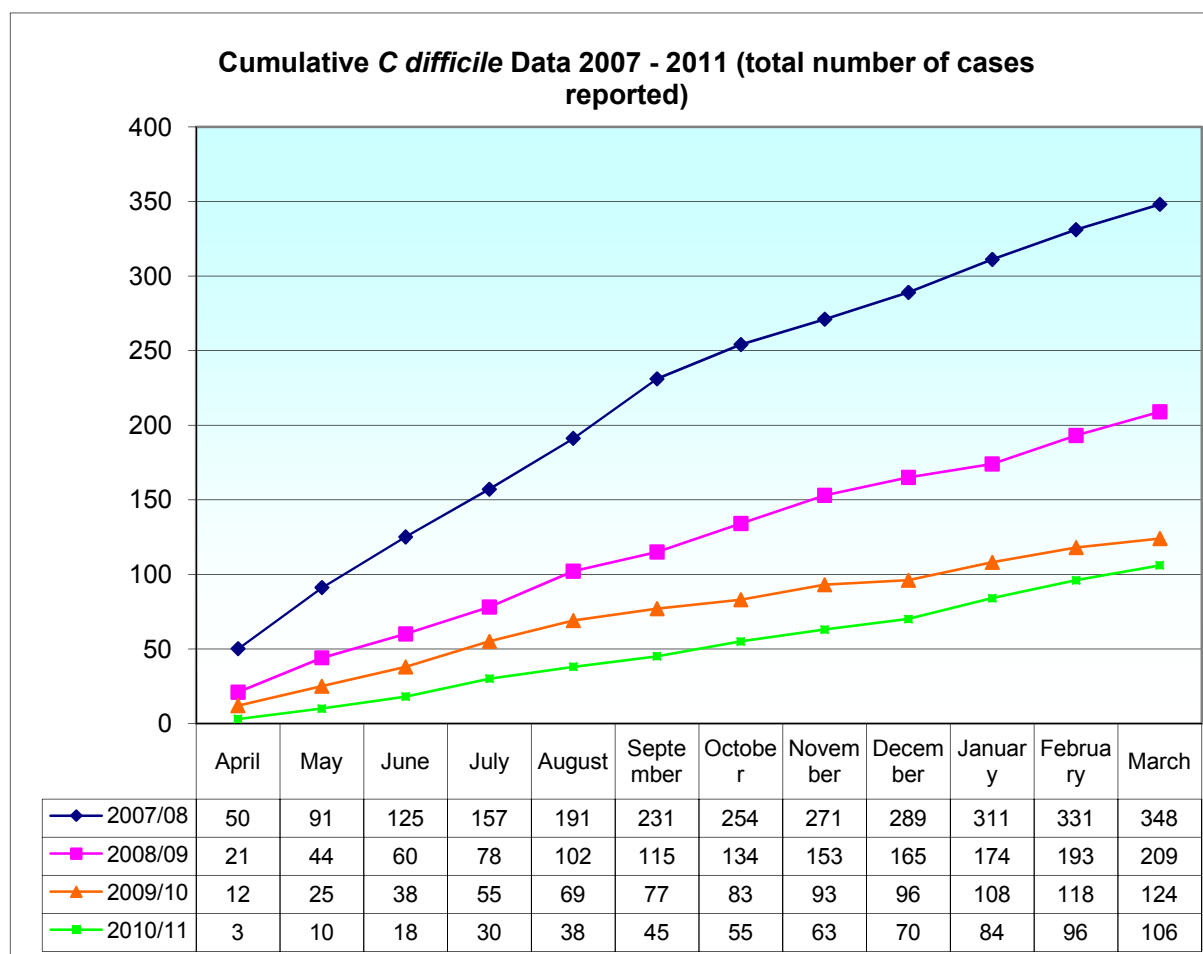
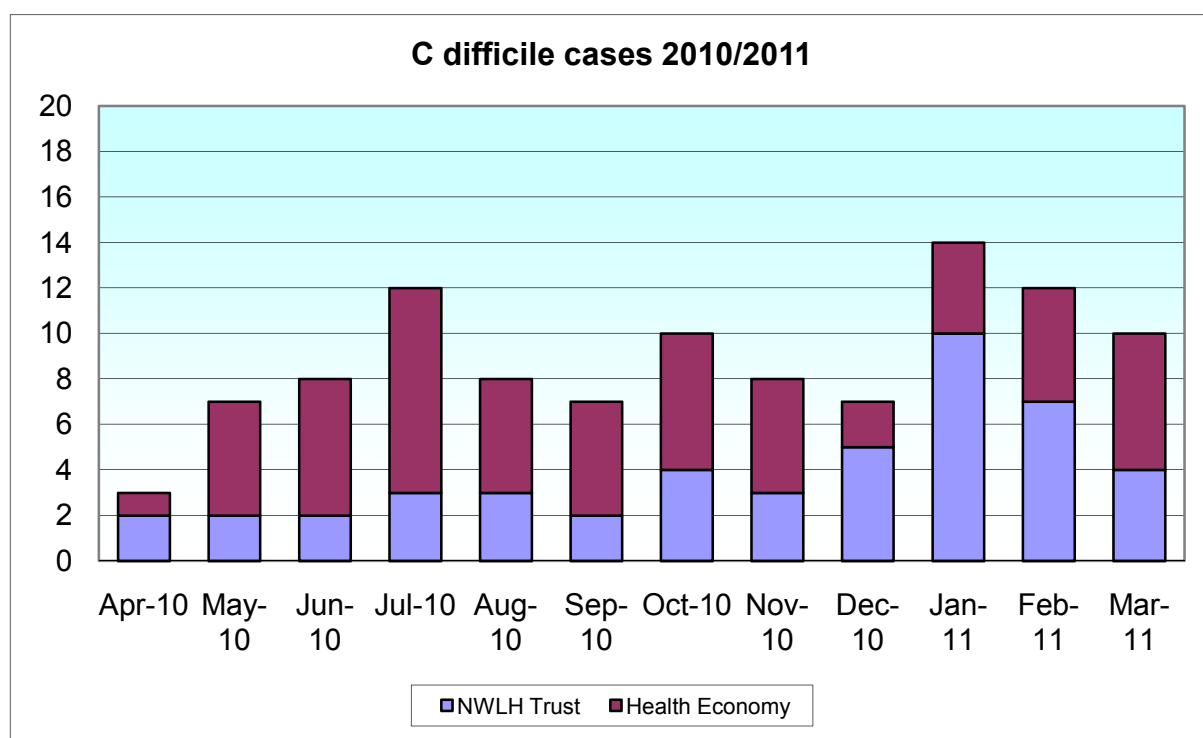
MRSA Bacteraemia data (NWLHT) 2007 - 2011



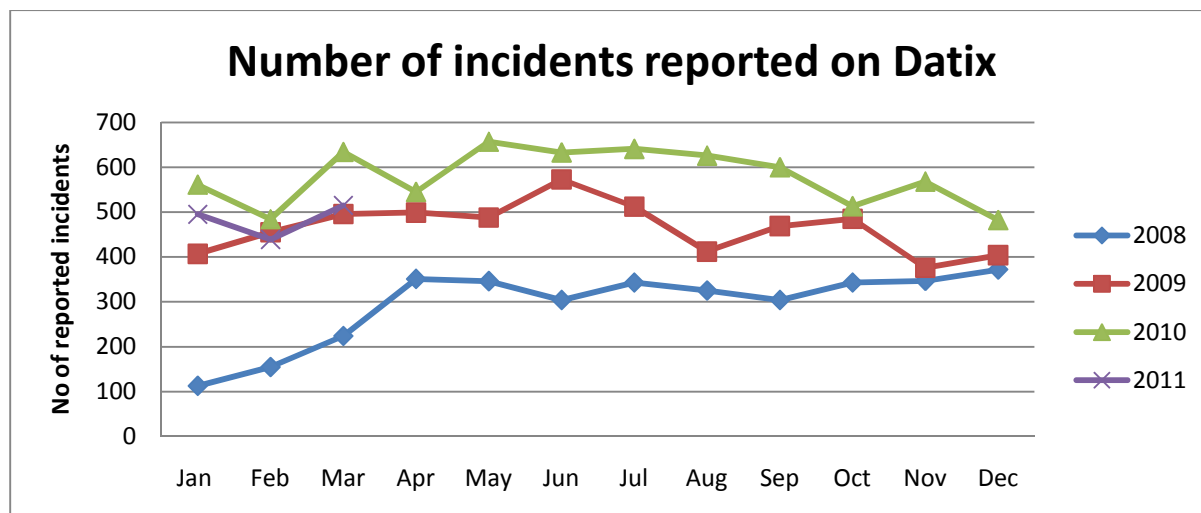
MRSA Bacteraemia Cumulative data (whole health community) 2007 - 2011



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2007/2008	4	5	7	10	12	14	17	21	25	27	31	33
2008/2009	5	8	9	14	16	18	20	20	22	24	27	28
2009/2010	2	2	3	5	5	8	9	9	10	13	16	16
2010/2011	3	3	4	6	6	7	9	10	11	13	13	14



Increasing incident reporting



The National Patient Safety Agency states that a high incident reporting rate is a mark of a 'high reliability' organisation. Research shows that trusts with significantly higher levels of incident reporting are more likely to demonstrate other features of a stronger safety culture.

The incident reporting rate for NWLHT was rated as one of the lowest within its category of reporting hospitals and therefore was selected and a key priority for improvement throughout 2010/11.

The Trust employed the following steps within its action plan to improve reporting rates within the Trust:

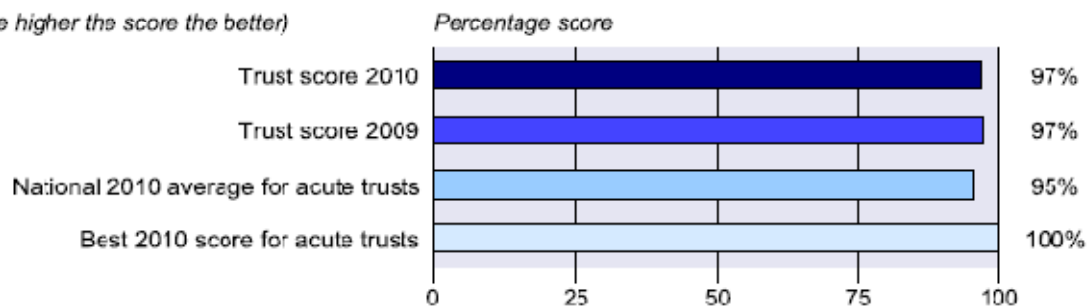
- Development of improved feedback mechanisms to staff on action taken as a result of the incident reported
- Ensuring that serious incidents are reviewed by a multi disciplinary team with a clear focus on learning lessons to support quality improvement
- Engaging with frontline staff to develop improvements locally
- introduced a web based reporting system to increase accessibility and make it easier to report incidents

The information shown in the graph above indicates an upward trend in the number of incidents and near miss events reported by our staff. This incident data is uploaded to the National Reporting and Learning System monthly as recommended by the National Patient Safety Agency.

In addition the information provided through use of the National Staff survey in 2010 provides the Trust with further assurance that staff know how to raise an incident and feel safe to do so.

KEY FINDING 21. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

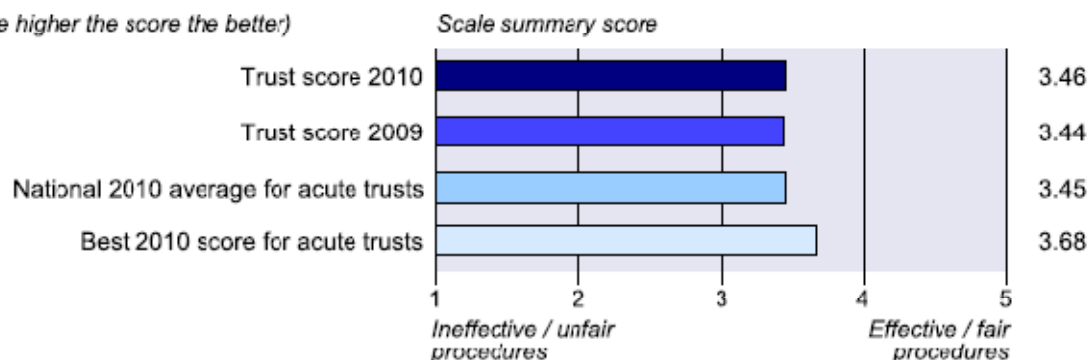
(the higher the score the better)



97% of staff who had witnessed an error, near miss or incident in the last month said that they, or a colleague, had reported it. The trust's score of 97% was **above (better than) average** when compared with trusts of a similar type according to the National Staff survey.

KEY FINDING 22. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



Staff were asked questions to assess the culture of error and incident reporting of the Trust. In particular, the questions asked whether staff are aware of the procedures for reporting errors, near misses and incidents; to what extent staff feel that the trust encourages such reports, and then treats the reports fairly and confidentially; and to what extent the trust takes action to ensure that such incidents do not happen again.

Possible scores range from 1 to 5, with 1 representing procedures that are perceived to be unfair and ineffective, and 5 representing procedures that are perceived to be fair and effective. The trust's score of 3.46 was average when compared with trusts of a similar type according to the National Staff survey.

Mechanisms for the monitoring incident reporting information are well embedded within the Trust. The reporting indicator is overseen by our Patient Safety and Quality Committee which includes membership from external partners and patient representatives and is chaired by the Medical Director. In addition, this committee also use the information to identify any emerging themes and trends across the incidents and this assists in targeting further areas for quality improvement.

Priority 3 Improvements to Patient Experience

- Reduce the number of complaints and improve response times
- Improve scoring for national and local patient indicators

Reduce the number of complaints and improve response times

The Trust welcomes feedback from the people who use our services and endeavours to learn from any complaints we receive, using them highlight any areas aspects of services where we can make improvements to patient experience and care provided. Therefore, during 2010/11 the Trust selected the reduction in number of complaints and an improved response time as a key priority for the Trust.

During 2010/11, the Trust received 781 formal complaints, which is an average of 65 complaints per month, this is an annual increase of 61 complaints, equating to a 7.8% increase compared to last year. When the numbers of complaints is compared analysed against Trust activity, the rate for 2010/2011 has still remains below 1%.

The introduction of new complaint management regulations allows for negotiation between the complainant and the hospital regarding the time frame for responding to a complaint in the first instance and where this is not met a further second date to be further negotiated.

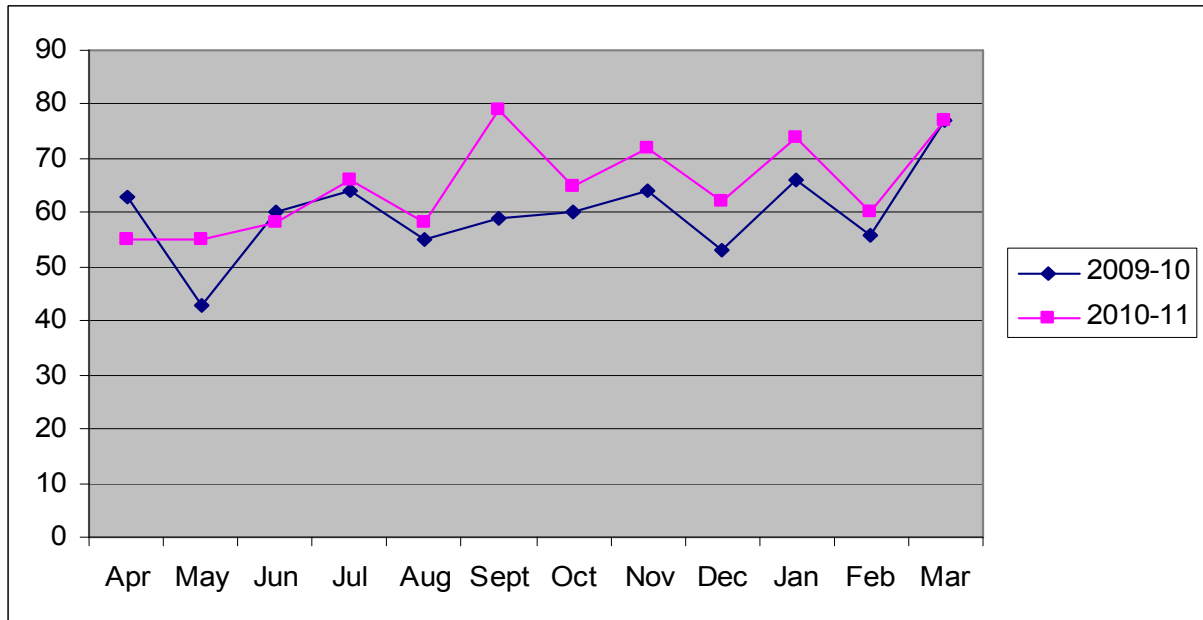
By the end of 2010/2011, the cumulative response time indicated 52% of complaints had been responded to by the first agreed target date. This is deterioration in performance against 2009/10 when the first response time was 64%. During 2010/11 a further 17% were responded to by their second target date. This gave the Trust an overall response rate for 2010/11 of 69%.

The Trust is disappointed that, despite developing an improvement action plan during 2010/11, the information as shown graphically below, indicates that the desired quality improvement has not been achieved. Therefore, a further improvement plan is to be implemented continuing through 2011/12 to an effort to achieve the desired performance against these indicators. This work includes:

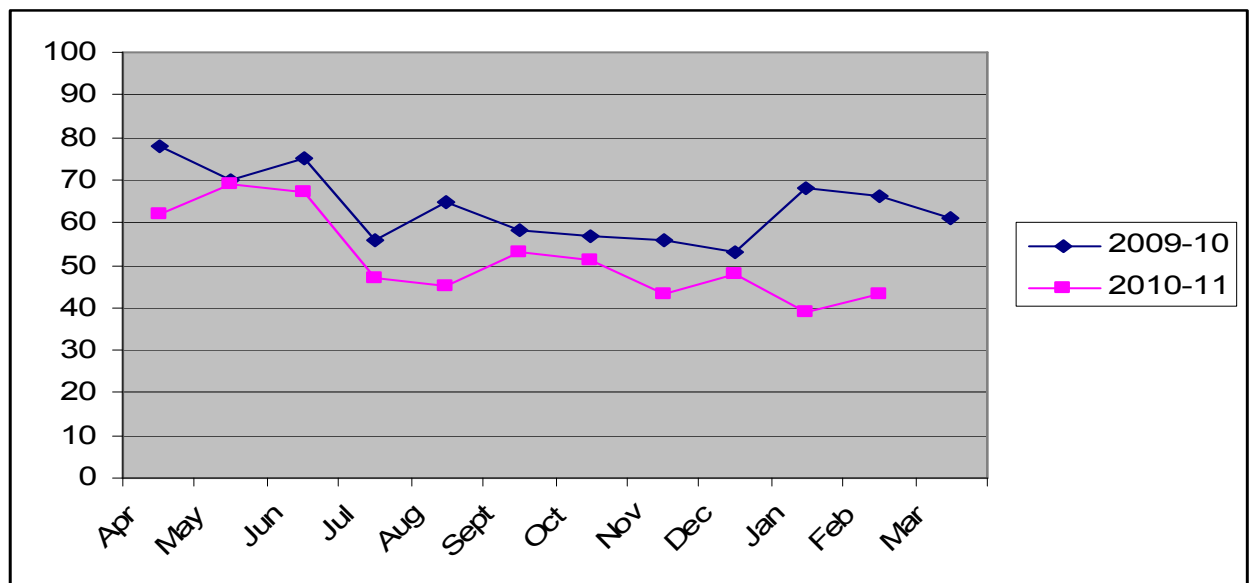
- more feedback for the local clinical and management teams, with performance against the complaints targets included in local divisional quality dashboards.
- greater monitoring of local improvement action plans as related to individual complaints to be monitored by the Trust's Patient Safety and Quality Committee
- provision of further training to lead complaints investigators and other managers to reinforce investigation methodology
- nomination of local divisional link staff to work alongside the Patient Relations team

The impact of the improvement plan will continue to be monitored by the Trust Board through a quarterly report from the Director of Nursing on Complaints management.

Graph to show comparative number of complaints for 09/10 and 10/11



Graph to show comparative complaint response rates 09/10 and 10/11



Improve scoring for national and local patient indicators

In our Quality Account for last year we described improvement of the patient experience as a key priority for 2010/11. The Trust was rated in the bottom 20 per cent of Trust's using the then Healthcare Commission's national inpatient survey of 2008.

The Care Quality Commission (CQC) National In patient survey 2009 results were published in May 2010. The Trust were disappointed that 2009 results were worse than the previous year, impacting on five of the ten question themes compared to four in 2008 as shown in the table below. This placed the Trust in the worst performing 20% of trusts in 45 out of 64 questions and in the intermediate 60% of trusts in the remaining 19 questions we were disappointed to not achieve any scores in the best performing 20% of trusts category.

For questions about:	Score out of 10 for 2009	Comparison with other Trusts 2009	Score out of 10 for 2008	Comparison with other Trusts 2008
The A&E department	7.1	The Same	7.6	The Same
Waiting lists and planned admissions	6.6	The Same	5.5	The Same
Waiting to be admitted to a ward bed	7	The Same	7.5	The Same
The hospital and ward	7.5	The Same	7.1	Worse
Doctors	7.9	Worse	8.2	The Same
Nurses	7.6	Worse	7.6	Worse
Care and treatment	6.9	Worse	7	Worse
Operations and procedures	7.7	Worse	8	The Same
Leaving hospital	6.4	The Same	6.3	The Same
Overall views and experiences	5.8	Worse	5.8	Worse

Results for NWLHT were based on 357 respondents, compared to 342 respondents in 2008. This accounts for 4.7% of our admissions for August 2009, and 0.4% of our admissions and 0.2% of individual patient contacts the Trust had in 2009-10.

In making this a key priority the Trust implemented a broad programme for improvement entitled the "We Care" programme which sought to re-establish a culture of caring and compassion for patients in the busy ward environment and equip our staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves. This programme was underpinned by several initiatives which included:

- Delivering “3Cs training” – Compassionate care, Consistency & Communication
- The use of Patient Stories both at Trust Board and ward level
- Introduction of Real Time Patient Trackers to capture information on the patient’s experience as it happen so we could react in a timely manner.
- Increased use of other patient surveys, particularly on discharge
- Appointment of a bereavement co-ordinator
- Implementation of a Patient Environment Action Team work plan.
- Increased Capital programme spend to improve the environment.

The CQC have recently published the data related to the patient survey undertaken in 2010. This shows the Trust comparing worse than other Trusts in three categories rather than five and this is an improvement in performance. However, for us patient experience is of paramount importance and improvement of the patient experience remains a Trust key priority for 2011/12 as outlined in the next section of this quality account.

For questions about:	Score out of 10 for 2010	Comparison with other Trusts 2010	Score out of 10 for 2009	Comparison with other Trusts 2009
The A&E department	7	The Same	7.1	The Same
Waiting lists and planned admissions	6.1	The Same	6.6	The Same
Waiting to be admitted to a ward bed	7.2	The Same	7	The Same
The hospital and ward	7.7	The Same	7.5	The Same
Doctors	8.1	The Same	7.9	Worse
Nurses	7.8	Worse	7.6	Worse
Care and treatment	6.8	Worse	6.9	Worse
Operations and procedures	7.8	Worse	7.7	Worse
Leaving hospital	6.5	The Same	6.4	The Same
Overall views and experiences	6	The Same	5.8	Worse

Results for NWLHT were based on 333 respondents and accounted for 0.34% of our admissions during 2010/2011.

➤ Priorities for 2011/12

The Trust continues to make progress to embedding quality improvement within the culture of the organisation and discussions about quality are an integral part of the Trust Board and committee structure at all levels of the organisation.

To support this we have introduced a “Patient Story” at the start of many Board meetings and the Board have welcomed the opportunity to hear first hand from patients about their experience of using the services provided by NWLHT.

An ongoing programme of “Director Walk the Floor” walkabouts continues in the Trust. This allows directors to connect with front line staff about issues related to quality and safety and actions undertaken as part of the initiative are fed-back to staff by the Chief Executive through weekly staff bulletins.

Throughout the year clinical divisions have been developing the quality and safety aspects of their performance dashboard of indicators and this has contributed to the discussion on emerging quality priorities for 2011/12.

Additionally, we have taken into account feedback from our healthcare partners and taken account of the local Commissioning for Quality and Innovation (CQUIN) priorities and the national and regional picture.

We have reviewed performance against our priorities for 2010/11 to decide if improvements and monitoring are sufficiently embedded and established within normal working.

Following review and discussions we have identified the following quality priorities for focus as we believe they significantly contribute to the safety, clinical effectiveness and patient experience agenda for 2011/12:

Priority 1 Improve overall patient satisfaction

- Improve Trust Performance for eliminating mixed sex accommodation
- Improve performance against key performance indicators related to patient experience

Eliminating mixed sex accommodation

The NHS Operating Framework for 2011/12 requires all providers of NHS funded care to confirm they are compliant with the national definition *‘to eliminate mixed sex accommodation except where it is in the overall best interests of the patient, or reflects their patient choice’*.

National reporting of unjustified mixing, in relation to sleeping accommodation, started on December 1st 2010, with monthly reporting. The Trust has found achievement this indicator challenging with the number of breached as follows:

- 147 breaches - December 2010
- 141 breaches – January 2011
- 184 breaches – February 2011

Therefore for 2011/12 the Trust has decided elimination of these breaches will be a key priority. The Trust's Surgical Assessment Unit (SAU) has already been identified as the patient area where most breaches are occurring and there is a work plan in place to provide a same - sex assessment unit. The Trust therefore expects as part of key priority 1 to eliminate mixed sex accommodation and have

- all bays which are single sex with ensuite single sex toilet and shower rooms.
- all single rooms with ensuite or adjacent toilet and shower facility.
- medically fit patients transferred from critical care within 6 hours of decision to transfer.

To achieve this Trust action plan for improvement will ensure:

- Single sex accommodation is obligatory in all new & refurbishment programmes and service developments.
- 'Near real-time' patient feedback is extended to cover all clinical inpatient and outpatient areas and A&E and include questions about mixed sex accommodation
- Observations of care and audit are undertaken to ensure patients' dignity is maintained.
- There is a review of the Endoscopy Unit

Improving performance against patient experience indicators

During 2010/11 improving patient experience was a key priority for the Trust and whilst we made progress in some areas we feel the improvement made did not go far enough. We have, therefore, made this a key priority once again in 2011/12. Our vision is that all our patients will describe their experience of care as positively as described recently by one of our in- patients:

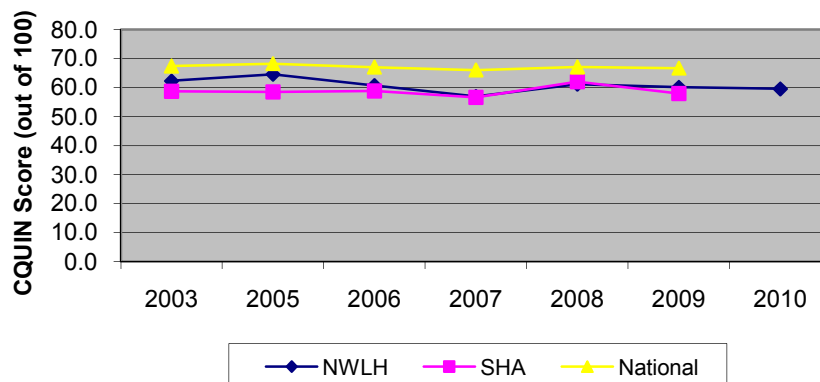
"the professional way you all carry out your duties is first class but what makes the difference is the love, care and compassion you show to those in your care."

We seek to continually improve the patient's experience, with a focus on the standards outlined in the national in-patient survey which includes five core quality standard questions agreed as a standard across London and with our commissioners. These focus on responsiveness to the personal needs of patients and the questions are:

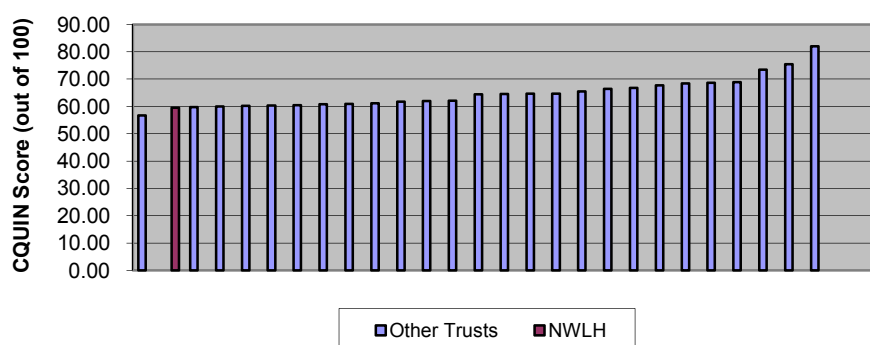
- Were you as involved as you wanted to be in decisions about your care and treatment?
- Did you find someone to talk to about worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Were you told about medication side effects to watch out for when you went home?
- Were you told who to contact if you were worried about your condition after you left hospital?

This graph shows information on the Trust's overall cumulative score for these five questions, comparing us nationally and across other hospitals in London (SHA).

Your Trust's Scores Based on CQUIN Measure



**Trusts score compared to other Trusts within same SHA
(CQUIN 2010 Scores based on Adult 2010 Inpatient Survey data)**



The Trust overall score in 2010/11 for these five questions is 59.5/100 which still places us in the bottom 20% of Trusts. In 2011/12 we aim to improve this performance to a score between 64 – 70/100; this also meets the national stretch target guidance.

The Trust has reviewed its action plan of 2010/11 and updated it with further targeted work for 2011/12. These actions are detailed on our Trust website www.nwlh.nhs.uk. Some of the specific actions to improve the five CQUIN questions include:

- Introduce all new staff to the 5 questions as part of our staff induction process to emphasise the importance we place on improving patient experience.
- Improve the patient information available to inform patients and their carer's about trust wide services, specific illnesses, investigations and treatment which will assist in empowering them to be more involved in decisions
- Roll-out the use of "Patient Passports" within care of the elderly services, for people with a learning disability and other patient groups as appropriate.

- Develop and implement a Carer's Strategy to support improved communication, care and discharge planning so as to involve patients' family and/or carers.
- Develop the role of ward and departmental based "dignity champions" responsible for ensuring all staff undertake dignity training and supporting the Trust's Dignity policy.
- Implement the Patient Environmental Action Team (PEAT) action plan
- Implement real time feedback across all wards to provide local information to inform local actions about what makes a difference to patients.
- Look at more ways to listen to patient, carer and visitor feedback, through increasing observations of care, using patient and carers stories, increase the variety of surveys we use and implementing 'Tell Us' events and focus groups.
- Further roll out of a Trust wide Collaboration for Leadership in Applied Health Research and Care for Northwest London (CLAHRC) medicine management project.
- Promote the availability of our pharmacy help – line.
- Review and re-launch a patient discharge checklist which is completed by staff in partnership with patients
- Strengthen our Customer Care Programme
- Establish a new patient experience improvement operational group to drive improvements in patients experience at the front line.

Priority 2 Reduce the number of falls (and the 'harm' they cause) amongst patients while they are in hospital by:

A patient falling is one of the most common patient safety incidents reported to the National Patient Safety Agency (NPSA) via its National Reporting and Learning Service (NRLS). It is a major problem in hospitals with approximately 152,000 reported in acute hospitals in England and Wales each year. Many of these falls can lead to serious harm and the NPSA estimates that there are over 530 patients every year who fracture a hip following a fall in hospital, and a further 440 patients who sustain other fractures.

Although the majority of falls result in no harm, even falls without injury can be upsetting and lead to loss of confidence, increased length of stay in hospital and increase the likelihood that someone will have to be discharged to a residential or nursing home care.

The Trust already has a Falls Prevention policy which aims to balance the need to reduce falls with the need to rehabilitate patients and allow them the right to make their own decisions about the risks they are prepared to take; therefore, we recognise achieving zero falls is not realistic. However the Trust will make this a key priority for 2011/12 aiming to achieve:

- A reduction in the total number of falls by the end of the year of 10%
- A reduction in the 'harm'* caused to the patient as a result of those falls

*'Harm' here is defined as scoring 2 or above in the NPSA severity level table for falls. This includes categories of minor, moderate, major and catastrophic harm. More details can be found on the NPSA website: www.npsa.nhs.uk

To achieve this, the Trust aims to

- Improve incident reporting – ensuring the circumstances of falls are fully described on incident forms
- Carry out a more detailed analysis of report of falls to learn about contributing factors, from ward to board level
- create a falls prevention group looking at both clinical and environmental risk factors
- Implement a Falls risk assessment care bundle
- Improve guidance for our staff on how to observe, investigate, care for and treat patients who have fallen.

The targets for improvement are yet to be agreed with our commissioners but once set the Trust will assess improvement using monthly reported figures, with a baseline measured from last year. Other measures will include analysis of falls trends and actions taken as a result and the number of falls risk assessments completed and documented within 24 hours of admission.

This work will be overseen by the Patient Safety and Quality Committee and reported to the Trust Board in its Safety, Quality and Performance monthly report.

Priority 3 Increasing the number of patients discharged on a Chronic Obstructive Pulmonary disease(COPD) “discharge care bundle” following an admission with acute exacerbation of their COPD.

COPD stands for chronic obstructive pulmonary disease and this is a term used for a number of conditions; including chronic bronchitis and emphysema. COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder to breathe. The word 'chronic' means that the problem is long-term.

The most common cause of COPD is smoking. Once you give up smoking, you gradually reduce the chances of getting COPD - and you slow down its progress if you already have it. Occupational factors, e.g. coal dust and some inherited problems can also cause COPD.

Symptoms of COPD vary depending on how bad it is, and how people have adapted to their problems. In mild cases, symptoms like a cough, phlegm and shortness of breath may only be present during the winter or after a cold. In more severe cases, you may be short of breath every day. Exacerbations are also known as flare-ups and are common in people with COPD, often leading to an admission to hospital.

For 2011/12 the Trust will work with partners in primary care to specifically improve the quality of care for patients admitted to hospital with an exacerbation of COPD. It is hoped to improve patient's understanding of the disease, thus reducing the chances of further admissions to hospital.

There are known actions that can be taken or considered to improve the management of patients with COPD. These include:

- referral of the patient to a smoking cessation service if a current smoker
- an assessment of patient suitability and/or enrolment into a pulmonary rehabilitation programme
- ensure that patients have access to appropriate education tools, written information, self management plans and rescue packs for any future exacerbations
- ensure that the patient understands their medications and have demonstrated good inhaler technique whilst on the wards
- ensure the patient has appropriate follow up once discharged from hospital.

These will be incorporated into a hospital discharge care bundle and the Trust aims to reach a target of 75% of COPD patients being discharged with a completed Discharge Care Bundle during 2011/12

➤ Statements of Assurance

During 2010/11 NWLHT provided and or sub contracted 50 NHS services.

The Trust has reviewed all the data available to them on the quality of care in 50 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 83 per cent of the total income generated from the provision of NHS services by NWLHT for 2010/11.

Clinical Audit

During 2010/11, 81 national clinical audits and 3 confidential enquiries covered NHS services that NWLHT provides.

During that time the Trust was eligible for 75 and participated in at least 80% (60 of 75) of the national clinical audits. The Trust was eligible for two of the confidential enquiries and participated in both i.e. 100% during 2010/11.

The National clinical audits and national confidential enquiries the Trust was eligible to participate in during 2010/11 are as follows:

Clinical Audit

- **Trust eligible**

National Bowel Cancer Audit Project (NBOCAP)	Heavy Menstrual Bleeding audit
Head and Neck Cancer (DAHNO)	Epilepsy in children
National Lung cancer (NLCA)	Mastectomy & Breast Reconstruction
Oesophagogastric cancer Upper GI cancer	National Neonatal Audit Plan (NNAP) audit of neonatal unit care Neonatal Intensive Care Continuous
Adult Cardiac interventions (e.g. angioplasty opening up heart artery) (BCIS British Cardiac Intervention Society)	MINAP Data quality annual
MINAP clinical	Cardiac Ambulance Services
Heart rhythm management (pacing/implantable defibrillators)	National Diabetes Audit
Heart Failure	Dementia enhanced
National Joint Registry audit	Stroke Clinical (notes retrospective audit)
Inflammatory bowel disease Clinical	National Carotid Interventions audit (preventing stroke)
Continence Care (Clinical/organisational)	National falls and bone health audit -
National Hip Fracture Database (Emergency Medicine)	BASO (British Association of Surgery and Oncology) Breast cancer Audit
TARN Trauma Audit Research Network. -	BAUS (British Association of Urological Surgeons) Urology Cancer Audit

SINAP (Stroke Improvement National Audit Programme) ongoing audit for 1st 72 hours -	AAA (Abdominal aortic aneurysm)
Carotid Endarterectomy audit	IUGA ongoing audit
Limb Amputation audit (National Vascular Database)	Renal colic in adults
Lower limb bypass audit (National Vascular Database)	Fever in children
CHIVA national perinatal audit - Audit of adherence to national standard HIV MTCT	Vital signs in majors and resuscitation areas
GUMAMM - Audit patient access to GUM clinics against national targets monthly.	BASHH (British Association of Sexual health and HIV)
BHIVA -Management newly diagnosed HIV.	Orthodontic Temporary Anchorage Device Audit - British Orthodontic Society
SOPHID (survey of prevalent HIV infection)	QRT Quality Rating Tool.
BRONJ (bisphosphonate related osteonecrosis of the jaws)	Emergency Oxygen audit (British Thoracic Society)
NASH (national audit of seizure management in hospitals)	COPD Audit (British Thoracic Society) -
Bronchiectasis Audit - (British Thoracic Society)	NIV adult- (British Thoracic Society)
2nd MS Organisational audit	NHSP Data Quality Improvement Project NHSP Data Audit.
Community Acquired Pneumonia	Depression
HIV commissioners Review of Multidisciplinary input for HIV infected children	Platelet audit
QET Quality Enhancement Tool. Self assessment tool completed by audiology services to assess standard of care provided	Mouth guard Audit BOS- Consultant Orthodontic Group
O negative Organisational audit	HR NICE National Audit (Organisational questionnaire) (implementation of NICE public health guidance for workplace by NHS Trusts)
Audit of O negative blood	NHSP QA .Data Quality Improvement Project NHSP Data Audit.
Familial Hypercholesterolemia	
Pleural Procedures	National Diabetes Inpatient Audit (NaDIA) Day collecting bedside clinical information on diabetes care and patient satisfaction.
Staging of Uterine Cancer	Adult Asthma Audit (British Thoracic Society)
Food and Nutrition Audit	National Cardiac arrest audit
Parkinson Disease	Middle ear surgery audit data primarily on myringoplasty - national middle ear surgery database overseen by ENT-UK.

- **Trust Participation**

National Bowel Cancer Audit Project (NBOCAP)	National Lung cancer (NLCA)
Head and Neck Cancer (DAHNO)	Mastectomy & Breast Reconstruction
National Neonatal Audit Plan (NNAP) audit of neonatal unit care Neonatal Intensive Care Continuous	Epilepsy in children
Heavy Menstrual Bleeding audit patient survey	Adult Cardiac interventions (e.g. angioplasty opening up heart artery) (BCIS British Cardiac Intervention Society)
MINAP clinical	Cardiac Ambulance Services
MINAP Data quality annual	Heart rhythm management (pacing /implantable defibrillators)
Heart Failure	National Joint Registry
National Diabetes Audit	Inflammatory bowel disease Clinical -
Dementia enhanced audit	National Carotid Interventions audit (preventing stroke)
Stroke Clinical (notes retrospective audit)	National falls and bone health audit
Continence Care (Clinical/Organisational) -	TARN Trauma Audit Research Network.
National Hip Fracture Database (Emergency Medicine)	SINAP (Stroke Improvement National Audit Programme) ongoing audit for 1st 72 hours
BASO (British Association of Surgery and Oncology) Breast cancer Audit	AAA (Abdominal aortic aneurysm)
BAUS (British Association of Urological Surgeons) Urology Cancer Audit	Carotid Endarterectomy audit
Limb Amputation audit (National Vascular Database)	IUGA ongoing audit
Lower limb bypass audit (National Vascular Database)	Renal colic in adults
Fever in children	CHIVA national perinatal audit - Audit of adherence to national standard HIV MTCT
Vital signs in majors and resuscitation areas	GUMAMM - Audit patient access to GUM clinics against national targets monthly.
BHIVA Management newly diagnosed HIV.	BASHH (British Association of Sexual health and HIV)
SOPHID (survey of prevalent HIV infection)	Orthodontic Temporary Anchorage Device Audit - British Orthodontic Society
QRT Quality Rating Tool.	NASH (national audit of seizure management in hospitals)
BRONJ (bisphosphonate related osteonecrosis of the jaws)	Emergency Oxygen audit (British Thoracic Society)
COPD Audit (British Thoracic Society)	NIV adult (British Thoracic Society) -
Bronchiectasis Audit (British Thoracic Society)	2nd MS Organisational audit
IT audit of IT re-audit lead by the NBTC	HIV commissioners review of

	Multidisciplinary input for infected children
Community Acquired Pneumonia	QET Quality Enhancement Tool.
NHSP Data Quality Improvement Project NHSP Data Audit.	Depression
O negative Organisational audit	Mouth guard Audit. BOS- Consultant Orthodontic Group
Audit of O negative blood	HR NICE National Audit (organisational questionnaire) (implementation of NICE public health guidance for workplace by NHS Trusts)
NHSP QA .Data Quality Improvement Project NHSP Data Audit.	Familial Hypercholesterolemia

Confidential Enquiries

- **Trust eligible and participation**
 - Peri-operative Care
 - Cardiac Arrest

Participation in national clinical audit and local learning and improvement

An example of some of the improvement to practice and healthcare as result of local learning related to participation in national clinical audit for stroke care during 2010/11 is described below.

The national stroke audit is organised by the Royal College of Physicians and measures the performance of all hospitals admitting stroke patients against national clinical guidelines and quality of care for stroke patients. This audit collects data on the whole stroke patient pathway, from admission to community rehabilitation. During this year the Trust achieved 100% for acute care standards with an overall score of 81.4%.

The Trust received top marks for patients' round-the-clock access to drugs which get rid of blood clots (thrombolysis), meaning our stroke patients get the drugs they need no matter what time of day or night they fall ill, this is important as the drug is most effective if given within three hours of a stroke happening .

During 2010/11 as part of this service we set up a seven day, one stop transient ischemic attack (TIA) clinic. A TIA or "mini-stroke" can be a warning sign that a significant stroke may soon follow. It is vital that high risk TIA patients can be managed as soon as possible and ideally within 24 hours. This is a substantial improvement on the previous weekly clinic we were able to provide and the clinic allows access for patients to be assessed a specialist stroke Consultant, who can arrange same day brain and carotid artery imaging, start treatment and offer secondary prevention advice.

The results of the stroke audit to the Trust are very important, they are what we use to benchmark ourselves against other hospitals in the UK. We are pleased with the results we have achieved but will want to improve for 2011/12 particularly in ensuring better access to long-term rehabilitation services for people who suffer a stroke in partnership with our primary care partners

Research

The number of patients receiving NHS services provided or subcontracted by NWLHT in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 896.

Participation in clinical research demonstrates NWLHT's commitment to improving the quality of care we offer and making a contribution to wider health improvement. Some examples of work undertaken in 2010/11 and the improvements for patients are described below:

Macmillan Cancer Team

The Trust has a large Macmillan specialist nursing team to support patients living with cancer. The team have utilised research opportunities in order to develop the profile of the team and to influence care for patients with cancer.

As result of this work the team have developed their specialist nursing service to support the introduction of an acute oncology service for patients within the Trust, this will improve the effectiveness of cancer related care delivered in our emergency services and has led to:

- Development of an electronic alert system which informs the cancer team when a patient with known cancer accesses our emergency or unscheduled care services.
- Development of management protocols to support our front line A&E staff on the management of emergencies which may result as a side effect of cancer or its treatment.
- For patients with breast cancer can we have also introduced access to a point of care via a "Key worker" when circumstances change and they require re-assessment.

Microbiology

The Trust's microbiology department have been involved in research examining the usefulness of adding amikacin (an additional antibiotic) to fluoroquinolone-based antimicrobial (normal antibiotic treatment) prophylaxis treatment for preventing infections associated with taking prostate gland biopsies.

Studies have shown following introduction of amikacin, the infection rate has been significantly reduced.

Haematology

Clinical trials using a RCHOP-14 day regime for younger patients has improved patient care for younger lymphoma patients. This regime allows a more intense treatment and so they complete their treatment in three months instead of five.

CQUIN

A proportion of NWLHT's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between the Trust and NWL commissioning partnership through the Commissioning for Quality and Innovation framework. This framework results in a continuing shift within the NHS towards quality and to help produce a system which actively encourages a focus on quality improvement and innovation in its commissioning of services.

For 2010/11 the trust's scheme consisted of a total of nine goals or work streams. Two of those goals were national and so applied to all acute trusts providing services. Four were regional and applied to all acute trusts providing services in London and the remaining three were local and had been agreed between the trust and its local commissioners.

These goals have required some significant changes in the way services within the Trust are delivered and the way in which our staff work. Some of these quality improvements include:

- more patients are being assessed for their risk of forming a blood clot while in patients or as a result any stay in hospital and treated accordingly
- we carry out a regular evaluation of the Trust's 'rate of harm', which assesses the number and type of incidents possibly involving a patient during their admission to hospital
- we have established a second 'enhanced recovery' programme, for patients who are having total hip or total knee surgery, which enables patients to get back to their home more quickly following surgery
- we have made improvements to the information and timeliness of discharge summaries sent to GPs following an admission of one of their patients to hospital or a visit to accident and emergency
- more of our patients are being told by their clinical team, as part of their admission, a mutually agreed & planned day of discharge to help them plan and get home more quickly
- we are ensuring our staff have greater awareness and knowledge around the care of patients with dementia
- we have made savings, without compromising patient care, by ensuring that only those patients who need them are prescribed the more expensive type of statins
- we have bought an IT system for our accident & emergency department which will allow our staff to improve communication and data collection

The trust will have another CQUIN scheme in 2011/12. Details of this will be available on the Trust's web pages www.nwlh.nhs.uk once finalised

Care Quality Commission

NWLHT is required to register with the Care Quality Commission (CQC). Our current registration status is fully registered, at all locations, without compliance conditions. The CQC has not taken enforcement action against the Trust during 2010/11.

During March 2011 the Secretary of State for Health proposed a review of the quality of care for older people in the NHS; this review was delivered Care Quality Commission. These reviews focussed on two main outcomes of the CQC essential standards of quality and safety:

- Outcome 1 – Respecting and Involving people who use services
- Outcome 5 – Meeting nutritional needs

NWLHT was reviewed by a CQC inspection team against these two outcomes in March 2011 and at the time of production of these accounts awaited a response from the CQC with respect to their findings.

Data Quality

Good quality information underpins the effective delivery of patient care; therefore improving data quality will support improvements in patient care and value for money. NWLHT will be taken the following actions to improve data quality:

- Implement the use of data quality indicators (KPIs) across the organisation that are feedback to local departments specific to the quality of the data they are responsible for recording
- Develop local Standard Operating Procedures, to supplement the corporate systems training provided, into areas where the KPIs indicate improvements are required
- Implement a schedule of audits, to be undertaken by the central clinical coding team, which will compare data stored electronically with what is recorded in patients' medical records.

NWLHT submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest publishes data. The percentage of records in the published data:

- Which included the patient's valid NHS number was –
 - 95.1% for admitted patient care
 - 96.7% for outpatient care
 - 84.3% for accident and emergency care
- Which included the patient's valid General Medical Practice was –
 - 96.4% for admitted patient care
 - 97.7% for outpatient care
 - 89.0% for accident and emergency care

- **Information Toolkit Attainment levels**

NWLHT's Information Governance Assessment Report score overall score for 2010/11 was 67% and was graded "Not Satisfactory" using the Information Governance Toolkit grading scheme.

The Trust continues to work against its action plan for improving scoring against the requirements of the Information Governance toolkit.

- **Clinical Coding Error rate**

Clinical coding is a mechanism by which medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is one indicator of the accuracy of patient's records.

During 2010/11 NWLHT was subject to the Payment by Results clinical coding audit by the Audit Commission and the error rates reported in the latest Published audit for that period for diagnoses and treatment coding (clinical coding) were

- Primary Diagnoses Incorrect 5.2%
- Secondary Diagnoses Incorrect 9.0%
- Primary Procedures Incorrect 6.0%
- Secondary Procedures Incorrect 8.5%

This shows an improvement on 2009/10 when the data was as follows:

- Primary Diagnoses Incorrect 7.9%
- Secondary Diagnoses Incorrect 10.8%
- Primary Procedures Incorrect 7.9%
- Secondary Procedures Incorrect 10.8%

Part 3 Quality Overview

➤ Performance against selected metrics

In selecting the metrics for our Trust we have chosen to measure our performance against indicators for patient safety, clinical effectiveness and patient experience. Staff experience indicators are also included in recognition of the important role our staff plays in delivering the quality and patient safety agenda.

Safety and Clinical Effectiveness Indicators

Clinical Quality- CQUINS													
	RAG Status	Proxy target	YTD Target	Jun- 10	Jul-10	Aug- 10	Sep- 10	Oct- 10	Nov- 10	Dec- 10	Jan- 11	Feb- 11	Mar- 11
National- 20%													
% of patients having VTE Assessment on admission	R	TBC	90% by Q4	45.7%	57.4%	57.4%	57.4%	67.6%	65.0%	65.0%	66.0%	77.0%	77.0%

The Trust's performance against the VTE target is reported to the Department of Health. The performance throughout the year has improved to 77%; however this is below the quarter 4 target. A work plan is in place to further improve for 2011/12.

CQC National Priorities	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Hospital Acquired Infections																	
MRSA Bacteraemia- Trust- Post 48 Hours	FC	G	8	8	4	0	0	0	0	0	1	0	1	0	2	0	0
MRSA Bacteraemia- Health Economy	FC	N/A			10	3	0	1	2	0	0	2	0	1	0	0	1
Clostridium Difficile infection rate- Trust	FC	G	62	62	47	2	2	2	3	3	2	4	3	5	10	7	4
Clostridium Difficile infection rate- Health Economy	FC	N/A			59	1	5	6	9	5	5	6	5	2	4	5	6

[illegible]

CQC National Priorities	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Access to Healthcare for people with a Learning Disability																	
Mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted	CF	N/A	N/A- Assessment of current Position only		3	Scoring System as spliulated two indicatoras below											
Does the trust provide readily available and comprehensible information regarding Treatment Options, Complaints Procedure and Appointments for patients with Learning Disabilities	CF	N/A	N/A- Assessment of current Position only		2	Indicator is scored against the following criteria: 1. Accessible information not provided, 2. Accessible information provided for one of the criteria, 3. Accessible information provided for two of the criteria, 4. Accessible information provided for all three of the criteria.											
Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including learning disabilities, relevant legislation and carers' rights?	CF	N/A	N/A- Assessment of current Position only		3	The Indicator is based on a scoring system of: (1) = Protocols/mechanisms are not in place, (2) = Protocols/mechanisms are in place but have not yet been implemented, (3) = Protocols/mechanisms are in place but are only partially implemented, (4) = Protocols/mechanisms are in place and are fully implemented.											
Protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities	CF	N/A	N/A- Assessment of current Position only		3												
Protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums	CF	N/A	N/A- Assessment of current Position only		3												
Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	CF	N/A	N/A- Assessment of current Position only		3												
Engagement in clinical audits																	
Has clinical directorate to participate in a national clinical audit study	RS		Yes	Yes	Yes												
Has Trust got a clinical audit strategy that addresses national priorities	RS		Yes	Yes	Yes												
Has Trust arranged suitable training for clinical staff in audit	RS		Yes	Yes	Yes												
Has Trust given clinicians enough time to participate in audit	RS		Yes	Yes	Yes												
Has Trust reviewed its audit programme to ensure meets national audit stds	RS		Yes	Yes	Yes												
Has Trust governance leads received assurance on implementation progress	RS		Yes	Yes	Yes												
Patient Experience																	
This is detailed elsewhere within the report as well as the Nursing Report	CF																
Participation in heart disease audits																	
MINAP fields completed	DM	G	>=90%	n/a	95.0%												
Participation in MINAP data validation	DM	G	YES / NO	n/a	YES												
Monthly data upload to CCAD Percutaneous Coronary Intervention database	DM	G	YES / NO	n/a	YES												
Percutaneous Coronary Intervention data completeness on CCAD - demographics	DM	G	>=90%	n/a	100.0%												
Percutaneous Coronary Intervention data completeness on CCAD - treatment	DM	G	>=90%	n/a	90.1%												
Participation in cardiac rythmn national audit	RS	G	YES / NO	n/a	YES												
Participation in congenital heart disease national audit	RS	N/A	YES / NO	n/a	Not Applicable												
Quality of Stroke Care																	
% of patients who spend => 90% of their time on a Stroke Unit	RS/DM	G	70%	70%	96.4%	91.0%	96.6%	97.1%	97.6%	96.4%	94.9%	98.9%	100.0%	100.0%	97.1%	98.1%	90.8%
Infant health and inequalities																	
% of women who are smoking at the time of delivery (Quarterly Performance)	DM	R	<=0% as compared with 2009/10			3.8%	5.0%	4.5%	3.8%	5.1%	3.4%	4.9%	4.4%	4.8%	5.7%	5.0%	3.4%
% of women who are Breast Feeding at the time of discharge (Quarterly Performance)	DM	G	>=5% compared with 2009/10			78.5%	75.9%	80.5%	77.1%	82.3%	83.1%	85.3%	85.7%	86.6%	85.3%	84.8%	86.0%

Patient Experience indicators

Clinical Quality- Patient Experience	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Patient Experience Indicators																	
Emergency treatment	CF	A			7.1												
Waiting lists and planned admissions	CF	A			6.6												
Waiting to get a bed on a wards	CF	A			7.0												
The hospital and ward	CF	R			7.5												
Doctors	CF	R			7.9												
Nurses	CF	R			7.6												
Care & treatment	CF	R			6.9												
Operations and procedures	CF	R			7.7												
Leaving hospital	CF	A			6.4												
Overall experience	CF	R			5.8												

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Clinical Quality- Complaints and Enviroment	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Complaints																	
% of complaints acknowledged within 3 days of receipt	CF	G	90.0%	90.0%	90.2%	91.0%	87.0%	98.0%	97.0%	92.0%	93.0%	86.0%	96.0%	71.0%	90.0%		
% of complaints responded to within the agreed first target	CF	R	75.0%	75.0%	55.0%	62.0%	69.0%	67.0%	61.0%	45.0%	53.0%	51.0%	55.0%	48.0%	39.0%		
Enviroment																	
% of patients in mixed sex accommodation	CF	R	0%	0%		2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.2%

Staff experience indicators

2010/11 Workforce Indicators		March 2009 Position (reported to Board)	Current Month Position	2010/11 Target	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Data range across Trust	End of year position (annual figure)
Average Earnings	Total average earnings per directly contracted employee excluding bank, overtime and unsocial hours supplements etc but including London weighting	Not Available	£40,500	<low er quartile in London	£40,000	£40,600	£41,000	£41,100	£40,800	£40,700	£40,700	£40,500	£40,600	£40,200	£40,500			Range: £23,300 for the Additional Clinical Services Staff Group to £78,800 for the Medical Staff Group (Jan 2011)	Not Available
Vacancies (gross)	Total number of budgeted posts not filled by a substantive employee as a percentage of total budgeted establishment	12.1%	6.9%	12%	10.7%	11.5%	11.5%	9.7%	9.3%	8.7%	7.1%	5.9%	5.6%	5.9%	6.7%	6.9%		Range: 1.1% in St Marks to 15.0% in Emergency Medicine (Feb 2011)	Not Available
Vacancies (net of bank usage)	Total number of budgeted vacancies not filled by a substantive or bank employee as a percentage of total budgeted establishment	Not Reported	-2.2%	6%	2.1%	2.1%	3.0%	0.7%	0.6%	-0.2%	-1.5%	-2.4%	-2.7%	-2.0%	-1.3%	-2.2%		Ranges: -14.2% in Elderly to 4.8% in Cancer (Feb 2011)	Not Available
Temporary staffing expenditure	Total temporary staffing expenditure as a percentage of total expenditure	12.6%	11.4%	9%	12.8%	12.8%	13.6%	12.0%	12.8%	12.7%	11.7%	12.3%	11.5%	10.5%	10.0%	11.4%		Data at disaggregated level not available	Not Available
Turnover (gross)	Total substantive leavers over a rolling 12 month period as a percentage of average number of staff in post in period	15.0%	9.2%	12%	10.6%	10.8%	10.6%	10.6%	10.9%	11.1%	10.6%	10.4%	9.8%	9.9%	9.4%	9.7%	9.2%	Range: 4.0% in Critical Care to 20.5% in Therapies & Rehabilitation (March 2011)	9.2%
Turnover (Voluntary)	Total substantive leavers that have left the Trust voluntarily over a rolling 12 month period as a percentage of average number of staff in post in period	Not Reported	6.8%		6.8%	6.5%	6.9%	6.9%	7.3%	7.7%	7.4%	7.3%	6.9%	7.3%	7.0%	7.3%	6.8%	Range: 2.2% in Critical Care to 16.6% in Therapies & Rehabilitation (March 2011)	6.8%
Turnover (Involuntary)	Total substantive leavers that have left the Trust involuntarily over a rolling 12 month period as a percentage of average number of staff in post in period	Not Reported	2.4%		3.9%	4.2%	3.8%	3.7%	3.6%	3.4%	3.3%	3.1%	2.9%	2.6%	2.4%	2.5%	2.4%	Range: 1.1% in St Marks to 6.0% in Pharmacy (March 2011)	2.4%
Sickness Absence (all staff groups)	Total number of FTE days lost through sickness as a percentage of total FTE days available	2.6%	2.5%	<= London Average	2.6%	2.4%	2.3%	2.3%	2.6%	2.4%	2.8%	3.2%	2.9%	3.3%	2.6%	2.5%		Range: 1.3% in Surgery to 4.6% in Womens (Feb 2011)	2.7%
Sickness Absence (Nursing)	Total number of nursing & midwifery FTE days lost through sickness as a percentage of total FTE days available	Not Reported	2.4%	<= London Average	2.9%	2.6%	2.0%	2.2%	2.7%	2.7%	2.9%	3.3%	2.8%	3.3%	2.4%	2.4%		Range: 0.9% in Nursing to 3.9% in Cancer & Clinical Haematology (Feb 2011)	2.8%
Sickness Absence (Medical)	Total number of medical FTE days lost through sickness as a percentage of total FTE days available	Not Reported	0.9%	<= London Average	0.8%	0.5%	0.6%	0.7%	0.8%	0.7%	1.1%	0.7%	1.2%	1.0%	0.9%	0.9%		Range: 0.2% in Head & Neck Surgery to 3.0% in Cardiology (Feb 2011)	0.9%
Appraisal		68.5%	60%*		73%													* Figure from staff attitude survey	60%*
EWTD Compliance	Total number of rotas that are EWTD compliant	77.0%	92.5%	100%	100.0%	100.0%	100.0%	90.6%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%		Data at disaggregated level not available	Not Available
Ethnicity	Total number of employees from a BME background as a percentage of all employees	55.5%	56.2%	+/- 12% of local population	54.7%	53.8%	55.5%	54.2%	54.4%	55.0%	55.6%	55.7%	55.8%	55.8%	55.9%	55.0%	56.20%	Range: 35.9% in Nursing to 74.1% in Elderly Care (March 2011)	55.25%
Statutory & Mandatory Training	Total number of people that have attended statutory and mandatory training that should have undertaken the training	60.0%	73.0%	>75%	72.0%	57.9%	67.5%	72.6%	75.8%	68.2%	74.3%	58.0%	68.0%	73.0%	61.0%	64.0%	73.0%	Range: 33% in Safeguarding Children Level 2 to 100% in Health & Safety	73.0%

➤ National targets and regulatory requirements

National Targets- Performance Indicators	RAG Status	Actual Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Access Targets															
Maintain 4-hour maximum wait in A&E- NHS London Requirement	R	98.0%	97.0%	98.9%	98.6%	97.6%	97.3%	97.1%	97.2%	96.6%	96.5%	93.8%	95.2%	97.9%	98.0%
Maintain 4-hour maximum wait in A&E- Health Economy- 95% Q2 Target- Nat	G	95.0%	96.5%				97.3%	97.1%	97.2%	96.6%	96.5%	93.8%	95.2%	97.9%	98.0%
Access to genito-urinary medicine clinics	G	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancelled operations: % of elective patients cancelled on the day of surgery	R	<0.8%	1.0%	1.2%	1.1%	0.9%	0.9%	0.8%	1.0%	0.7%	1.0%	1.2%	1.4%	1.0%	0.9%
Cancelled operations: Patients not readmitted within 28 days	G	<=5%	2.8%	2.4%	4.8%	5.7%	0.0%	2.7%	0.0%	3.7%	0.0%	2.6%	6.4%	2.6%	2.8%
Delayed transfers of care to reduce to a minimal level	G	Not known	0.7%	0.4%	0.8%	0.7%	0.5%	0.8%	0.6%	0.7%	0.5%	0.9%	0.5%	0.8%	0.8%
Waiting time for rapid access chest pain clinic within 2 weeks	G	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Referral to Treatment Targets															
Referral to Treatment Target- Admitted- Median Wait (Weeks)	G	< 11.1 Weeks								6.0	6.3	5.3	7.0	5.0	4.9
Referral to Treatment Target- Admitted- 95th Percentile (Weeks)	G	< 27.7 Weeks								19.0	25.4	21.3	23.4	22.1	22.1
Referral to Treatment Target- Non-Admitted- Median Wait (Weeks)	G	< 6.6 Weeks								3.6	3.8	3.7	4.8	2.9	3.7
Referral to Treatment Target- Non-Admitted- 95th Percentile Wait (Weeks)	G	< 18.3 Weeks								15.4	15.6	15.3	15.9	15.7	15.6
Referral to Treatment Target-Incomplete Pathways- Median Wait (Weeks)	G	< 7.2 Weeks								5.9	6.6	6.8	7.7	5.9	6.9
Referral to Treatment Target-Incomplete Pathways- 95th Percentile (Weeks)	G	< 36.0 Weeks								23.9	25.5	24.9	28.3	29.2	31.4
Cancer Targets															
2-week GP referral to 1st outpatient appointment	G	93.0%	95.7%	94.5%	94.9%	96.0%	94.1%	95.3%	97.1%	97.0%	95.8%	95.1%	95.0%	96.1%	96.0%
31 day second or subsequent treatment (surgery and drug)	G	96.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day diagnosis to treatment for all cancers	G	97.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	98.5%	94.8%	97.1%	100.0%	97.7%
62 day referral to treatment from screening	G	90.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	94.1%	90.0%	88.9%
62 day referral to treatment from Consultant upgrade	G	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	G	85.0%	96.1%	95.2%	95.2%	100.0%	95.7%	95.4%	96.1%	95.1%	95.0%	94.7%	97.1%	97.4%	93.3%
Breast symptom - Two week wait	G	93.0%	97.4%	93.2%	99.0%	92.6%	93.6%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Hospital Acquired Infections															
MRSA Bacteraemia	G	8	4	0	0	0	0	0	1	0	1	0	2	0	0
Clostridium Difficile infection rate	G	62	47	2	2	2	3	3	2	4	3	5	10	7	4
Quality of Stroke Care															
% of patients who spend => 90% of their time on a Stroke Unit	G	70.0%	97.3%	91.0%	96.6%	97.1%	97.6%	96.4%	100.0%	98.9%	100.0%	92.1%	97.1%	100.0%	97.2%

Part 4 Annex – Stakeholder Statements

Response of the Harrow Link to North West London Hospitals NHS Trust Quality Account 2010/11

We support the need for more instant feedback on patient experience indicators as the poor level of returned surveys, in response to the national survey, does not appear to be reflective of the experience of the majority who attend the hospital for treatment.

As concerns are raised by LINK members about detrimental reports of maternity services in the local press, we welcome any reassurance about the safe environment and working practices of the maternity unit especially when staff are faced with unexpected, increased demand.

The analysis of over performance in the A&E is very welcome as patient concerns are reflected in comments about the business of the department, with patients commenting that they did not wish to 'ask' as nurses were so busy. We also note that the A&E department will need to be in a position to respond to recommendations of the ongoing Acute Medicine and Emergency General Surgery Review pan London.

While acknowledging the busy working schedules of key workers needed to investigate complaints, we welcome the initiatives of increased oversight of senior personnel to address the importance of the need for speedy responses and resolution of complaints. We welcome the attitude that it is everyone's responsibility in a department or ward to know about the content of a complaint and to deal with root causes.

➤ Glossary

Acronyms – Clinical Audit

NBOCAP	National Bowel Cancer Audit Project
HQIP	Healthcare Quality Improvement Partnership
DAHNO	Data for Head and Neck Oncology
NLCA	National Lung cancer Audit
NNAP	National Neonatal Audit Plan
BCIS	British Cardiac Intervention Society
MINAP	Myocardial Infarction National Audit Project
BASO	British Association of Surgery and Oncology
TARN	Trauma Audit Research Network
BAUS	British Association of Urological Surgeons
SINAP	Stroke Improvement National Audit Programme
AAA	Abdominal Aortic Aneurysm
IUGA	International Uro-gynaecological Association
SOPHID	Survey of Prevalent HIV Infections Diagnosed
BHIVA	British Human Immunodeficiency Virus Association
BASHH	British Association of Sexual health and HIV
QRT	Quality Rating Tool.
BRONJ	Bisphosphonate related osteonecrosis of the jaws)
NASH	national audit of seizure management in hospitals)
NIV	Non Invasive Ventilation
COPD	Chronic Obstructive Pulmonary Disease
NHSP	Newborn Hearing Screening Programme
BOS	British Orthodontics Society
QET	Quality Enhancement Tool.
HR NICE	Human Resources – National Institute of Clinical Excellence
(NaDIA)	National Diabetes Inpatient Audit



Health Partnerships Overview and Scrutiny Committee

9 June 2011

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

GP Commissioning Consortia Update and Primary Care Issues in Brent

1.0 Summary

- 1.1 The Health Partnerships Overview and Scrutiny Committee has asked for a report on the Brent GP Commissioning Consortia to be included on each of its meeting agendas. Members are keen to be kept informed of the key issues connected to GP commissioning and to be updated on progress as responsibilities and budgets are delegated from the PCT to consortia.
- 1.2 In addition, for this meeting, the committee has asked to be updated on the tender exercise that was taking place for the Burnley Practice, based as Willesden Centre for Health and Care. Members will recall that a contract to run the practice was put out to open tender. The PCT agreed to come back to the committee once the outcome of that tender exercise was known.
- 1.3 The chair of the committee, Cllr Sandra Kabir, has also asked for a report on the situation at the Stag Lane Clinic, and whether any progress has been made to resolve the issues with the building, or whether a replacement building or site for the practice has been identified.
- 1.4 NHS Brent has provided reports that address the primary care issues of concern to the committee. The paper on Stag Lane also includes an update on the provision of health services in South Kilburn. Members should consider the reports and question officers from NHS Brent on these issues.

2.0 Recommendations

- 2.1 That the Health Partnerships Overview and Scrutiny Committee consider the reports provided by NHS Brent on the progress in establishing the GP commissioning consortia and also on the primary care issues in Brent and question officers from NHS Brent on these issues.

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Health Partnerships Overview and Scrutiny Committee

Update on GP commissioning/pathfinder

1. Introduction

1.1 National Programme

The Secretary of State announced the GP consortia pathfinder programme in October 2010. There are now 37 GP pathfinder consortia across the capital and the majority of London's GPs will have formed pathfinder consortia by April/May.

The objective of establishing pathfinders is to empower pioneering groups of GP practices that want to press ahead with commissioning care for patients. The Department of Health has outlined the goals of the pathfinder programme to:

- Identify and support groups of practices that are keen to make faster progress in line with the proposals set out in *Equity and Excellence: Liberating the NHS*;
- Enable GPs, working with other health and care professionals, to test different design concepts for GP consortia and identify issues and areas of learning to share more widely;
- Creating learning networks across the country to ensure that experience and best practice are shared and spread; and
- Involve these front line clinicians more in delivering the QIPP agenda

1.2 Brent Federation of GP commissioners

Brent Federation of GP commissioners is a well established group of GP commissioners who have been working together for sometime and benefited from the DH funded PBC programme in 2008/09. There are five GP commissioning consortia in Brent largely based on the five localities in Brent – Harness Kilburn, Kingsbury, Wembley and Willesden. The membership of practices is attached at appendix 1.

The Federation have developed the following vision:

“Our Health is in our Hands”

- Striving to improve health and wellbeing in partnership with patients and wider community.
- It will be needs-led, sustainable and fair
- Securing quality, cost-effective care delivered by the right person in the right place

Overtime they will expect to develop this vision further with patients and stakeholders.

The Federation and NHS Brent have been working together over the last two years on developing the Commissioning Strategic Plan 2009 to 2014 and for 2011/12, the Quality, Innovation, Productivity and Prevention (QIPP) Plan. GP commissioners have also played a key role in specifying services, negotiating contracts and monitoring performance for acute, mental health and community services.

Prior to the announcement of GP commissioning in July 2010, the Federation with NHS Brent's support had been moving towards greater responsibility. In July 2010, NHS Brent approved a significant investment in clinical commissioning time: five clinical directors (4 sessions per week) and 2 GP commissioning leads (2 sessions per week) for each of the five consortia in the Federation. In November 2010, clinical directors were elected/appointed to lead each GP commissioning consortium. A new sub committee of NHS Brent was formed: the GP Commissioning Executive made up of the five clinical directors. The executive management team and Brent's Director of Adult Social Care.

In response to the Department of Health's requirement that NHS Brent reduce its management costs by 50%, NHS Brent restructured their teams to align with the five consortia. The running costs for NHS Brent are within the range GP commissioners will be expected to manage (£30 per registered patient).

In January 2011, Brent Federation of GP commissioners was approved as a second wave GP commissioning pathfinder. This means that the Federation can

- apply for delegated budgets,
- access an NHS London funded development programme
- apply for £2 per registered patient to support gp commissioning (available in 2011/12 and 2012/13 only).

Pathfinders in North West London are required to work with the Borough NHS teams and the North West London Acute Commissioning Vehicle. From April 2013, when it is proposed PCTs will be disestablished, GP commissioning consortium may be free to choose where they get their commissioning support from.

2. What difference does the pause in the Health and Social Care Bill make?

Regardless of the outcome of the pause, the medium term financial outlook remains challenging and both GP leaders and NHS Brent want clinicians at the heart of investment and disinvestment decisions so we can secure the best outcomes for Brent residents. The GPCE will remain the key committee for:

- developing Brent's QIPP and overseeing its implementation
- ensuring we secure better outcomes for patients within the resources available
- working with the ACV on agreeing and monitoring acute contracts and be responsible for negotiating and managing all other contracts.

The review of the Health and Social Care bill may result in changes to:

- Composition of GP commissioning consortia eg inclusion of other clinicians
- Pace of implementation of GP Commissioning and the requirement that every practice has to join a consortium
- The role of Monitor in ensuring competition between providers perhaps including the requirement to collaborate and integrate services.

3. Brent wide GP commissioning plans

The key QIPP initiatives GP commissioners are working on are in:

- € Planned care
- € Urgent care
- € Mental health
- € Primary care
- € Staying healthy

3.1 Planned care

GP commissioners are supporting implementation of standard protocols on referring patients for a number of procedures across North West London. They are also working with North West London Hospitals on how they will achieve a ratio of new to follow up outpatients at 25th percentile of best performance in England.

In 2011, Brent GP commissioners with other clinicians developed a number of speciality based pathways. Practices are encouraged to follow protocols for treatment and referral to hospital. For some specialities where it is cost effective alternative community provision will be commissioned. Those specialities that have been prioritized are:

- Ophthalmology
- Respiratory Medicine
- Paediatrics
- Pain Management/musculoskeletal
- Dermatology
- Gastroenterology
- Ear Nose Throat.

3. 2 Urgent care

We have either commissioned new services or are in the process of doing so to reduce our population's reliance on acute hospital services. The new services will form part of an integrated pathway with much closer working between community, acute and social services.

STARRS is an integrated service operating mainly in the community but with acute 'in-reach'. This intermediate care service includes a single point of access, rapid response, step up, and step down beds and rehabilitation and reablement to support patients return to health

We are also developing case management in the community enabling effective identification of high-risk patients and allowing us to proactively manage them in primary care using our multi-agency teams (including health and social services). We are working with Ealing Integrated Care Organisation to implement case management within district nursing. Brent GPs are key to identifying high risk patients. Pilots are being undertaken in Kilburn and Wembley consortia.

We are also working with GP commissioners to see how we can support more people at home during end of life care. Currently almost 70% of people who die in Brent do so in an acute hospital. Together with GPs, we want to offer more choice and support to patients and families.

3.3 Mental health

GP commissioners are taking the lead on reviewing mental health services in Brent with Brent Council and effort to date has been put into rationalising primary care pathways, creating fewer teams, single point of entry and improving access to talking therapies. We are likely to be working more closely with adult social care on commissioning mental health services in 2011/12.

3.4 Primary care

GP commissioners have supported the Access, Choice and Experience Programme in practices. (This programme was reported at the last OHS Committee). They have also supported and encouraged practices to achieve higher rates of childhood immunisations. These two initiatives will continue this year. We will also be focusing on improving cervical cancer screening uptake. GP commissioners are leading on achieving cost effective prescribing across all practices in Brent.

In 2010/11, with a GP lead from each consortium we redesigned the pathway for diabetic care to achieve better management and to reduce the duplication of services within the acute hospital and community. Implementation will involve supporting GPs and their staff to up-skill and offer improved care to their patients with diabetes through developing a network of services to provide level 1 & level 2 care within each consortium.

3.5 Staying Healthy

Harness consortium piloted check offering NHS Healthchecks (vascular risk assessment for 40 to 75 year olds). NHS Brent approved additional investment in 2011/12 for all Brent practices to offer this assessment. GP commissioning consortia will continue to support uptake of smoking cessation services in primary care and improvement in breast screening. We will work together on new initiatives to increase uptake of cervical screening. A summary of the QIPP plan is attached at Appendix 2 and a summary of additional investments at Appendix 3.

4. Consortium Plans and activities in 2011/12

As part of this year's GP commissioning accountability agreement between NHS Brent and the Federation, the five consortia have developed individual commissioning plans to implement the QIPP initiatives.

Once these plans are finalised, we will consider them together with Council plans for adults and children at the Shadow Health and Well Being Board. We are in the process of setting budgets for each consortium.

4.1 Harness

▪ Governance

Harness has set up a board, sub committees (professional, commissioning and patient forums) and work groups each with a nominated lead and terms of reference (finance and information, primary care, planned care, unscheduled care, outpatients, prescribing and mental health).

▪ Dashboard and Practice Development Plan

Every practice in Harness has been visited by the Harness Commissioning Team and has/will have a development plan. A performance dashboard which will show practice level data relevant to practices.

▪ QIPP, QOF and Incentive Schemes

Practices remain focused on delivering these agendas. For example, Harness is working with Willesden setting up a paediatric pathway and referral management service.

4.2 Kilburn

▪ Case Management

The Case Management Initiative is being implemented in Kilburn and Wembley before staged roll out across the rest of Brent over the Summer. Dr Amanda Craig has continued to provide the clinical commissioning leadership to this project, involving weekly project meetings and many detailed meetings and a larger scale workshop. GPs in both Kilburn and Wembley have started identifying high risk patients to refer to the new service.

- **Patient Participation**

The Kilburn Patient Participation Group met again on Thursday 19th May. A good number attended and there was a lively debate. The consortium shared with patients plans for the coming months and had discussions on Planned Procedures with a Threshold, Short Term Assessment Rehabilitation and Reablement Service, case management and the listening exercise on the White Paper. There were several volunteers who have agreed to take part in the development work on both our Muscular Skeletal and diabetes pathways.

- **muskulo-skeletal pathway (MSK)**

The MSK pilot has been extended for 6 months whilst work is progressing on the business case for a full MSK intermediate service. Results of the Kilburn MSK referral audit are being used to support this process and meetings are taking place to learn from experience elsewhere.

4.3 Kingsbury

- **Diabetes pathway**

The diabetes pathway is currently under review and Kingsbury has a particularly high prevalence of patients with diabetes. Ajit Shah, Clinical Director, has been leading on the clinical audit element of the work across Brent.

- **Peer Review**

Practices have been asked to continue with external peer review of referrals until further notice and also to review planned procedures with a threshold for the month of April / May. Referrals to outpatients will be a particular focus for Kingsbury consortium in peer review as the consortium's referral rate is higher than the Brent average.

- **Emergency Admissions**

Practices have been asked for 2011/12 to continue to validate data for A&E and non elective admissions. The clinical director will be attending the User Group for GP Discharge Summaries – NWLH's A&E IT Project - to ensure the summaries are legible, meaningful and timely.

4.4 Wembley

- **Case Management**

Wembley is piloting this initiative alongside Kilburn and is working closely with the community team to enable the roll out across Brent. This initiative has been discussed regularly at Consortium meetings and all practices have shared methods of identifying high risk patients.

4.5 Willesden

▪ Governance

The Willesden Consortium is starting the 2011/12 year by fully reviewing the governance arrangements for its running; this includes looking at the sub-committees (such as Finance, Information, Commissioning and other) as well as 'task and finish' groups.

▪ Developing practice capability in commissioning

The Consortium is more than half-way in delivering sessions with each individual practice aiming to develop their understanding of the work they should play in commissioning quality services. Each practice has information on the quality of services delivered by the Practice, detailed patterns in referrals and non-elective activity and their budgetary performance. This report is used to agree with each Practice the areas of activity that they will be looking into further, and to highlight the need to fully support all the Brent-wide QIPP projects.

▪ Incentives Schemes, Performance Bonds and QCF

There is a renewed focus on the need for the Consortium's practices to display strengthened drive in the delivery of care that will result in high achievement of the various schemes.

5.Partnership working

5.1 Shadow Health and Well Being Board

The Board has met twice and leaders from the five GP commissioning consortia are members. The role of the Board will be kept under review in the light of any changes to the Health and Social Care Bill. GP commissioners are keen to promote the health and well being of Brent residents and play their full part.

5.2 Integration

GP Commissioners, NHS Brent, and Brent Adult Social Care have been working together to look at where we could jointly commission together services more effectively. A One Council concept paper is under development.

6. Pathfinder development

6. 1 Patient and public engagement

All Brent consortia have now established a patient and public engagement group. This will be an area for further development for all consortia with greater involvement in decision making and shaping consortia and Federation wide plans. This is likely to be an area for focus in the development programme and for joint work with the council.

6.2 Delegated budgets

All five consortia have discussed budget delegation with member practices. As a Federation, they are likely to be applying in June 2011 to North West London Cluster for delegation of the following budgets to be held at consortium level:

- Prescribing
- Direct access
- Outpatients.

Harness consortium is likely to apply for the budget for elective care and Kilburn for community physiotherapy.

As a Federation, they are likely to applying for community paediatrics and community budgets. These two budgets may be held at Federation level as there is insufficient information to monitor and control the budget at consortium level. However we have agreed with the PCT to develop shadow budgets for these areas plus mental health so that we can move to consortium level budgets in 2012/13.

North West London cluster was anticipating to delegate all budgets to pathfinder consortia by the end of Quarter 3 but the Federation is concerned to move at a realistic pace in which they can learn the appropriate skills. The Federation will review their appetite for taking on more delegated budgets in August.

6.3 GP commissioner development programme

NHS London has developed a framework of support from independent providers around eight domains. These are listed below together with areas for development over the next 12 months. GP commissioners would want to involve stakeholders in some of these development sessions.

Empowering patients & the public	Engaging with patients and public Involving patients & public in decisions Empowering patients to care for themselves
Vision & strategy	Vision and Strategy Testing with partners and stakeholders Steps required to implement strategy
Finance	Linking investment to health outcomes Prioritisation process Financial systems and processes in place at consortia level
Leadership	Leading the local health system Leading the consortium and wider pathfinder community
Clinical and corporate governance	Encouraging providers to take a high quality, right first time approach Monitoring clinical service quality Adherence to professional standards
	Defining duties and functions Decision making

	Holding practices to account
Planning	Specific steps needed to implement the plan
Agreeing	Creating service specifications for new pathways of care Carrying out procurement decisions What processes will help consortia to buy build or share
Monitoring	Determining indicators for monitoring and monitoring them

Jo Ohlson – Borough Director

Dr Ethie Kong & Dr Sami Ansari - Co Clinical Directors
Harness Consortium

Dr Amanda Crag - Clinical Director - Kilburn Consortium

Dr Ajit Shah - Clinical Director - Kingsbury Consortium

Dr Ashwin Patel & Jahan Mahmoodi - Co Clinical Directors
Wembley Consortium

Dr Sarah Basham & Dr Cherry Armstron - Co Clinical Directors
Willesden Consortium

APPENDIX ONE: consortia by practice and list size

Harness Consortium Clinical Director – Sami Ansari (Job Share) Clinical Director – Ethie Kong (Job Share) Clinical Lead – Caroline Kerby Clinical Lead – Sameer Khurjekar GP Practice Name	List Size as @ 01/4/11
ACTON LANE MEDICAL CENTRE	3270
ASKYR MEDICAL CENTRE	6080
BRENTFIELD MEDICAL CENTRE	9732
BUCKINGHAM ROAD SURGERY	5615
CHURCH END MEDICAL CENTRE	8045
CHURCH LANE SURGERY	8953
FREUCHEN MEDICAL CENTRE	6394
HARLESDEN MEDICAL PRACTICE	2012
HARROW ROAD PRACTICE	3434
HARNESS WEMBLEY (GP ACCESS CENTRE)	2701
HILLTOP MEDICAL PRACTICE	1891
PARK ROAD SURGERY	2011
PEARL MEDICAL PRACTICE	6394
OXGATE GARDENS SURGERY	6180
STONEBRIDGE PRACTICE	4917
WEMBLEY PARK DRIVE MEDIAL CENTRE	8513

Total

86142

Kilburn Consortium Clinical Director – Amanda Craig Clinical Lead – Jenny Poole Clinical lead – Simon Read (Job Share) Clinical Lead – Eric Britton GP Practice Name	List Size as @ 01/4/11
CHICHELE ROAD SURGERY	5723
BLESSING MEDICAL CENTRE	2290
CHAMBERLAYNE SURGERY	2723
CLARENCE MEDICAL CENTRE	2546
ELAHI HEALTHCARE LTD	2203
KILBURN PARK MEDICAL CENTRE	7679
LAW MEDICAL GROUP	14476
LEVER MEDICAL CENTRE	3010
LONSDALE MEDICAL CENTRE	14365
PARK HOUSE MEDICAL CENTRE	5689
PEEL PRECINCT	1919
SHELDON PRACTICE	2738
STAVERTON SURGERY	7983
WINDMILL PRACTICE	6988
WILLESDEN GREEN SURGERY	3025
Total	83357

Kingsbury Consortium Clinical Director – Ajit Shah Clinical Lead – Upma Shah Clinical lead – Angela Reeves GP Practice Name	List Size as @ 01/4/11
WILLOW TREE FAMILY DOCTORS	10804
THE FRYENT WAY SURGERY	8393
FORTY WILLOWS SURGERY	6582
ELLIS PRACTICE	6670
UXENDON CRESCENT SURGERY	5440
PRESTON ROAD SURGERY	5126
CHALKHILL FAMILY PRACTICE	4757
KINGS EDGE MEDICAL CENTRE	4280
PREMIER MEDICAL CENTRE	4222
PRIMARY CARE MEDICAL CENTRE	3091
THE STAG HOLYROOD PRACTICE	2868
STAG LANE MEDICAL CENTRE	3079
THE TUDOR HOUSE MEDICAL CENTRE	2566
FRYENT MEDICAL CENTRE	2260
BRAMPTON HEALTH CENTRE	1730

Total

71868

Wembley Consortium Clinical Director – Ashwin Patel (Job Share) Clinical Director – Jahan Mahmoodi (Job Share) Clinical Lead – Nisheeth Rajpal Clinical lead – Jaipal Sira GP Practice Name	List Size as @ 01/4/11
HAZELDENE MEDICAL CENTRE	3254
THE SURGERY	3026
THE BEEHCROFT MEDICAL CENTRE	5356
KENTON MEDICAL CENTRE	2936
ALPERTON MEDICAL CENTRE	5193
THE SUNFLOWER MEDICAL CENTRE	2706
LANFRANC MEDICAL CENTRE	6611
SUDBURY & ALPERTON MEDICAL CENTRE	8310
SUDBURY COURT SURGERY	5012
PRESTON MEDICAL CENTRE	3750
THE EAGLE EYE SURGERY	2314
LANCELOT MEDICAL CENTRE	6602
STANLEY CORNER MEDICAL CENTRE	5384
SMS MEDICAL PRACTICE	2239

Total

62693

Willesden Consortium Clinical Director – Sarah Basham (Job Share) Clinical Director – Cherry Armstrong (Job Share) Clinical lead – Shazia Siddiqi GP Practice Name	List Size as @ 01/4/11
BURNLEY PRACTICE	3044
CREST MEDICAL CENTRE	4572
GLADSTONE MEDICAL CENTRE	8481
NEASDEN MEDICAL CENTRE	7796
ROUNDWOOD PARK MEDICAL CENTRE	3325
ST ANDREWS MEDICAL CENTRE	4268
ST GEORGES MEDICAL CENTRE	2694
VILLAGE MEDICAL CENTRE	2286
WILLESDEN MEDICAL CENTRE	10502
WALM LANE SURGERY	8082
Total	55050

Update for the Overview & Scrutiny Committee on Burnley Road GP Practice

Introduction

The OSC have asked NHS Brent for an update on the Burnley Road GP Practice procurement.

Background

The Burnley Road Practice had made a right to request to become a social enterprise application to NHS Brent. This application was not successful. Following a period of engagement on the proposed specification NHS Brent went out to the market with an advert for the Burnley Road Practice.

Update on the procurement

The practice was advertised in the Health Service Journal, on the Health Service Journal website and on the PCT website on the 10/02/2011. It was also advertised on the Supply2Health website on the 3/03/2011.

The advert required interested organisations to confirm that they would be interested in proceeding to PQQ stage. 17 organisations confirmed their interest.

All of these organisations were sent the PQQ application. 13 organisations responded to the PQQ.

All of these were reviewed by a panel of assessors which included two independent clinicians. The panel scored all the PQQ bids and the top six were selected to go through to the Invitation to Tender stage of the process.

The ITT documents were released to bidders on the 20/05/2011. The bidders have until the 21/06/2011 to complete the ITT documentation.

NHS Brent will then review the bids with a recommendation going to the July Board.

The preferred bidder is requested to mobilise for a start date of the 01/09/2011.

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NHS BRENT

Update on developing Locality Health Centres for Kingsbury and South Kilburn 27 May 2011

Background

During 2010, groups of general practices in Kingsbury and South Kilburn worked on developing Outline Business Cases to support a locality health development in their respective localities. It is acknowledged that a lot of time and energy was expended in this work. However, the recurrent revenue requirement identified in the resultant draft business cases was over £500k for each development. Given a number of factors – for example, the changed NHS economic climate and infrastructure, the national and local requirement to deliver a challenging QIPP (Quality, Innovation, Productivity and Prevention) plans with 4% savings per annum, it was agreed that a development of that magnitude was unlikely to be affordable without identifying offsetting savings in other budgets.

Current position

The only source of savings now under consideration is possible savings in primary care services. The maximum that could be released is £167,000. This funding is not certain and would not be available until 2012/13 at the earliest.

Proposal

Given the available financial envelope for planning purposes, the suggested options are as outlined below:

1. Both localities propose options with a recurrent revenue ceiling of £80k, with GPs and other parties – for example, South Kilburn Neighbourhood Trust in South Kilburn, the Local Authority – closing any financial gap above this (option 1)
2. Both localities propose options with a ceiling of £167k: both locality options are appraised and one of the options recommended for development. Again, any revenue requirement above £167k would need to be non-PCT funded (option 2)

It is suggested that the proposals are assessed against the criteria outlined below.

Criteria

The proposed criteria against which proposals would be assessed are:

1. sustainability of primary care (e.g. premises, retirements)
2. demand e.g. new housing developments
3. population health need, including regeneration

4. support for collaboration between practices e.g. networks of services
5. value for money
6. affordability

Timetable

It is proposed that the development of the feasibility studies is agreed with the two localities allowing sufficient time for them to develop alternative fully costed proposals and to submit a case for consideration. The localities have been asked to provide feasibility studies. The likely timetable for submission is end of July 2011.

Stag Lane Clinic

We will consider the future of Stag Lane Clinic as part of reviewing the feasibility studies.

Jo Ohlson
Borough Director
NHS Brent



Health Partnerships Overview and Scrutiny Committee

9 June 2011

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Khat Task Group Scoping Document

1.0 Summary

1.1 The Health Partnerships Overview and Scrutiny Committee has agreed to establish a task group to look at the health and social impact of khat in Brent. Members have been nominated to work on this task group and an initial meeting has taken place with members of Brent's Somali community to discuss the group's scoping document and the issues associated with khat use.

1.2 The task group members are:

- Councillor Ann Hunter (chair)
- Councillor Eddie Baker
- Councillor Helga Gladbaum
- Councillor Krupesh Hirani
- Councillor Roxanne Mashari
- Councillor Margaret McLennan

1.3 When the task group was established it was agreed that the group's scope would be presented to this committee for information. This is included at appendix 1 to this report. The committee will note that at present it is planned to report the task group's final report to the meeting on the 20th September 2011.

2.0 Recommendations

2.1 That the Health Partnerships Overview and Scrutiny Committee note the Khat Task Group scoping document at appendix 1 and receives the group's final report at its meeting on 20th September 2011.

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Appendix 1



Khat in Brent – what are the health and social consequences of Khat use and how can the council and partners work with users and affected communities to limit any negative impacts of Khat use?

1. What are the main issues? *what is the policy background, how does it link to the council's corporate priorities?*

1.1 Members have been concerned about Khat use in Brent for some time. In recent years there have been two reports presented to the Health Select / Health Partnerships Overview and Scrutiny Committee on the issue. Members have decided that this subject warrants more in-depth investigation and have decided to establish a task group to look at the following issues:

- The perceived impacts of Khat use on the community in Brent, particularly the health and social consequences of Khat use.
- Whether anything can be done to address the problems associated with Khat cafes
- Whether more effective treatment services and diversionary activities can be put in place in Brent aimed specifically at Khat users.

1.2 Background – what is Khat?

1.3 Khat is a herbal product consisting of the leaves and shoots of the shrub *Catha edulis*. It is cultivated primarily in East Africa and the Arabian Peninsula, harvested and then chewed to obtain a stimulant effect. There are many different varieties of *Catha edulis* depending upon the area in which it is cultivated.

1.4 Khat is currently imported and used legally in the UK. In February 2005 the Minister Responsible for Drugs asked the Advisory Council on the Misuse of Drugs (ACMD) to advise the government as to the current situation in the UK and the risks associated with Khat use. At that time the ACMD decided that it would be inappropriate to classify Khat under the Misuse of Drugs Act 1971. They reported that the prevalence of Khat in the UK is relatively low and isolated to the Somali and Yemeni communities. They found there was no evidence of Khat use in the general population. Furthermore, the evidence of harm resulting from Khat use was not sufficient to recommend its control. However, in 2010 the ACMD was asked again to review the available evidence on Khat. It agreed to do this and that review is currently in progress.

- 1.5 Khat is not currently controlled under the Misuse of Drugs Act 1971 but the two main psychoactive component chemicals, cathinone and cathine, are classified as Class C drugs under the Act. An offence is committed if cathinone or cathine are extracted from the plant. This offence has been identified but there have been no successful prosecutions to date.
 - 1.6 There is evidence of widespread Khat use in the Somali, Ethiopian, Kenyan and Yemeni communities in the UK. Brent has a significant Somali population and it is use of Khat amongst this group that has been of concern to members and also to members of the Somali community.
 - 1.7 Khat imports arrive in the UK daily and there is an efficient distribution network to the Khat using communities. In the first 6 months of 2005 there were imports each day of approximately 5-7 tonnes from Kenya, 500kg from Ethiopia and 175 kg from Yemen (equates to roughly 25000 bundles or doses), the bulk of which was held in transit for export to the USA. Most users buy Khat at the *mafresh* a meeting place where Khat is bought and chewed. As the trade in Khat is a legitimate business, it is quite distinct from the trade in illegal drugs.
 - 1.8 *Mafreshi* are subject to health and safety requirements as they are public areas where Khat is sold but many are unknown to the local authorities. Khat can also be bought at small shops within the ethnic community to be used alone at home or with friends. An alternative supply of Khat is via 'mobile traders', these people sell Khat from the back of a car or van on the street.
 - 1.9 There is no specific evidence linking Khat use, distribution or selling networks to serious organised crime in the UK from published media or any of the law enforcement agencies that presented information to the ACMD Khat Working Group. It is clear that Khat dealing in the UK is a low profit business. The ACMD believes that if Khat were to become more expensive due to criminalisation there is the potential for exploitation by organised criminal gangs already involved in the trade of illegal drug.
 - 1.10 Drugs that have a fast onset of action have a high addictive potential. Although chewing Khat is an efficient way to extract the active ingredients, it takes a long time to reach maximal plasma levels (around 2 to 2 ½ hours) and hence Khat has less reinforcing properties than other stimulants such as amphetamine and cocaine. That said, heavy users do display the symptoms of addiction.
- 2. Why are we looking at this area?** Have there been recent legislation/policy changes? Are there any performance or budgetary issues?
- 2.1 There are three main issues associated with Khat use that have been of concern to members. The first is the perceived health and social impacts of Khat use on the community in Brent. The ACMD report into Khat set out a number of possible harmful effects of Khat. In summary, these were:
 - It has been linked to family breakdown and violent behaviour
 - It can effect users employment prospects if they spend too much time taking Khat
 - Spending on Khat can mean that money needed for other essential household items isn't available

- Extensive Khat use prevents immigrant communities from integrating with wider society
 - Khat users report increased levels of energy, alertness, self esteem and sensations of elation. However, over stimulation of the central nervous system can lead to psychiatric disorders and there are reports of people developing psychosis after Khat use. There are, as yet, no studies that prove this link.
 - Khat use can lead to sleeping problems, loss of appetite, tiredness and a depressed feeling the day after use.
- 2.2 The link with psychosis is an interesting one. The ACMD reports that many of those people who have settled in the UK from Khat using communities may be more susceptible to psychosis because of trauma suffered in their home country or in getting to the UK and dealing with the subsequent immigration process. What is less clear is whether Khat the cause of psychosis or a convenient scapegoat. Anecdotal evidence suggests a link between Khat use and psychosis, but it is not a proven link.
- 2.3 Despite the harmful side effects Khat is said to be an important part of the culture of user communities, particularly at social occasions such as weddings, funerals, parties and religious ceremonies. But it was not clear to the ACMD whether a person's Khat use is the cause of family disruption or again, the scapegoat for it. There is little evidence that Khat fuels acquisitive crime in the way that other drugs do, nor does it appear that Khat users abuse other drugs. This maybe because Khat users do not have to come into contact with dealers who sell a range of illicit drugs.
- 2.4 The task group will explore these issues with the community in Brent, and gather together evidence of real life experiences of Khat use and the impact that it has had on family and social networks. In particular the group will consider the impact that khat use has on women and children, if their husband / father is a persistent khat user. The group will also explore how younger users are getting into khat and the efforts that are being made to stop this from happening.
- 2.5 The second issue is the proliferation of Mafreshi, or Khat cafes in the borough. These are now in many of the borough's wards and may be operating under the radar of the local authority, in poor conditions and without the proper licensing and health and safety arrangements in place. There is also concern that the cafes are magnets for antisocial behaviour. The group will focus on specific areas of the borough, such as Church Road to look at the consequences of a concentration of khat cafes and shops selling khat in one area. The Task Group will find out whether there is anything that can be done to address the problems associated with Khat cafes.
- 2.6 Finally, a report to Health Partnerships Overview and Scrutiny Committee in February 2011 outlined the services available for Khat users in Brent. They are:
- The DAAT will improve access to services for those affected by Khat through the development of the Cobbold Road Treatment and Recovery Service which will offer a range of treatment interventions including assessment and triage services, structured day programmes, one to one

working, counselling services and onward referral to clinical and residential services.

- A Khat support group is already offered through Addaction via Cobbold Road with outreach and engagement services to be undertaken by CRI Brent Outreach and Engagement Team (BOET).
- Counselling Services for BAME communities are already provided through EACH. In 2011-12, these will be provided through two sites (Wembley Centre for Health and Care and the Cobbold Road Treatment and Recovery Service) will further provide support and counselling for Khat users and their families.
- Funding will be sought in partnership with Brent Council Community Safety Unit to develop a work programme with the Help Somalia Foundation for a Peer Mentoring Project with Somalian youth in the Church End area to raise awareness of Khat misuse and to work with outreach and engagement services to improve awareness of local treatment provision and access to GP practices.

- 2.7 It is acknowledged that services for Khat users are underdeveloped. Users themselves are said to be reluctant to use mainstream addiction services as they do not feel Khat addiction warrants the interventions associated with other substance addiction. They also do not wish to be stigmatised within the community for using mainstream addiction services. The task group will consider what alternative treatment options are available in the borough, including alternatives to “traditional” drug treatment services, such as diversionary activities, employment and volunteering opportunities and ways to empower khat users in order for them to make more positive choices about their lifestyle and the way they spend their time.

3. Methodology for the Review

- 3.1 The task group’s work will focus on a number of issues:

- (i). Consider the social implications of Khat use to determine whether there are significant problems within user communities, especially Brent’s Somali community.
- (ii). Consider whether the health of Khat users in Brent has suffered as a result of their use of the drug.
- (iii). Consider the impact that Khat use has had on families in Brent, particularly for women and children.
- (iv). Determine whether the Khat cafes in Brent are the cause or contributor to antisocial behaviour and health problems and whether there are any steps that can be taken to address these issues.
- (v). Consider whether more effective treatment services can be put in place in Brent aimed specifically at Khat use.
- (vi). Identify good practice already happening in Brent (such as the Help Somalia Foundations khat outreach work) and see what can be done to assist community organisations working with khat users.
- (vii). Work with the local community to develop possible recommendations and solutions that can be implemented and led by the Somali community in Brent.

- 3.2 In order to start this work the task group is keen to meet with people from the Somali community in Brent in order to get community buy in to the task group. Although a broad set of terms of reference have been drafted, community

involvement in this work is crucial, particularly if the recommendations are to have any impact on local people and services. A task group launch event with community representatives was held on the 19th May and this scope has been developed to reflect the views put forward at that meeting.

3.3 The task group will also:

- Interview members of the Somali community in Brent about their experiences of Khat use within the community and consider the work that is already taking place to tackle the problems associated with khat in Brent.
- Carry out site visits to Khat cafes and the surrounding localities to give members an opportunity to see how they operate, consider the immediate environment around the cafes and also (if possible) to speak to owners and customers about the use of Khat.
- Consider the powers that the council has to license Khat cafes to ensure that they are operating legally, and if they're not, to see what steps can be taken to close them. Contact will be made with Environmental Health, Licensing and Trading Standards on this issue.
- Consider why people are using cafes beyond chewing khat. Is it for social reasons, or to get their news or information on events in Brent or Somalia? If so, is there an alternative to the cafes, where khat isn't chewed?
- Meet with officers from local housing associations, Brent Community Safety Team, the Safer Neighbourhood Teams and the DAAT to assess the problems associated with Khat use, especially around the Khat cafes and treatment available for Khat users in Brent.
- Consider best practice in other boroughs in dealing with problems associated with Khat (for instance, Tower Hamlets has produced a Mental Health Needs Assessment for its Somali community, and Hillingdon has just completed a Khat Scrutiny Review) and see what good practice can be applied in Brent.
- Engage with the Advisory Council on the Misuse of Drugs to see how Brent can assist in their ongoing review into Khat.
- Map the location of Khat cafes and vendors in Brent to show which areas are most affected by Khat use.

3.4 The review will begin in April 2011, with an intention to report to the Health Partnerships Overview and Scrutiny Committee on the 20th September 2011.

4. What could the review achieve? Influence policy change, improvement to service delivery, budget savings, develop partnerships etc

4.1 The review will provide a comprehensive report on the use of Khat in Brent and the consequences this has for users and their communities. Ultimately the review report will be sent to the Advisory Council on the Misuse of Drugs to inform their review, and will influence policy and services in Brent.

4.2 The task group will ensure that any recommendations are agreed with the local community who will need to help implement and drive forward work to tackle problems associated with khat. The council will not be able to tell people to stop using khat – this has to be an individual choice, but one supported by people within the local community. The task group is realistic

about the impact it can have on khat use and will be pragmatic about the outcomes it is seeking to achieve and the recommendations it makes.

4.3 Potential outcomes will include:

- Clarity on the impact that Khat has on users and their families in the borough
- Evidence as to whether Khat use leads to use of other drugs or alcohol, particularly for young people
- Evidence, or not, of antisocial behaviour associated with Khat use, especially at Khat cafes. The task group will take a broad view of the situation in Brent, but will also focus specifically on smaller areas where there are concentrations of cafes, such as Church Road.
- Recommendations about Khat cafes, and whether there are any licensing implications
- Recommendations for treatment services for Khat users, that do not include mainstream addiction services and encourage the use of diversionary activities
- Information on the health impacts of Khat use, and possible ways to address these with users.
- A campaign with community groups in Brent to raise awareness of the consequences of taking Khat. The task group will also approach Somali TV and radio stations to see what support they can offer, if it is felt that this is appropriate.
- Contribute to the Advisory Council on the Misuse of Drugs review into Khat that is currently underway.

Health Partnerships Overview and Scrutiny Committee

2011/12 Work Programme

Meeting Date	Item	Issue	Outcome
9 th June 2011	Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust	North West London NHS Hospitals Trust and Ealing Hospitals Trust have taken the initial steps towards a merger, commissioning consultants to see if a business case can be made for such a move. The Health Partnerships Overview and Scrutiny Committee wants to be kept informed of developments as this project progresses.	
	North West London Hospitals NHS Trust Quality Accounts	The Quality Account from the Hospital Trust will be presented to the committee to give members an opportunity to add its comments prior to submission to the Care Quality Commission.	
	GP Commissioning Consortia Update and Primary Care Issues in Brent	<p>The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.</p> <p>In addition, the committee will receive reports on the following primary care issues in the borough:</p> <ul style="list-style-type: none"> • An update on the Burnley Practice tender exercise • A report on the situation at Stag Lane clinic, and whether any progress has been made in securing a permanent solution to the issues regarding the building, or a replacement. 	
	Khat Task Group Terms of Reference	The terms of reference for the group will be presented to the committee for approval.	

Meeting Date	Item	Issue	Outcome
26 th July 2011	Belvedere House	Central and North West London Mental Health Foundation Trust has offered to host a visit at Belvedere House, where it provides day services for adults with mental health problems. The trust has been reviewing the services provided at Belvedere and this will be an opportunity for members to better understand those changes. A report will also be presented to the committee in April 2011 on the work that has been taking place since this issue was originally considered by Health Select Committee in March 2010.	
	Health Inequalities Performance Monitoring	The Health Select Committee should make health inequalities a major focus of its work in 2010/11. As part of this, a performance framework has been developed to monitor indicators relevant to the implementation of the health and wellbeing strategy, which relate to the reduction of health inequalities in the borough. This framework will be presented to the committee twice a year, with a commentary highlighting key issues for members to consider.	
	North West London NHS Hospitals Trust Budget	The Hospital Trust has set a budget for 2011/12 which anticipates a deficit of £19m. The committee is keen to know what the implications are for the trust and patients and how the deficit is likely to be addressed through the year.	
	Joint Strategic Needs Assessment	The committee has asked that the JSNA is brought to a future meeting, so that members can be given an overview of the borough's key health needs. The joint health and wellbeing strategy that will be developed after the JSNA will outline the council and health commissioners plan to tackle the health issues facing people in Brent.	
	GP Patient Access Survey Results – Q4 2010/11	The committee is keen to follow up the results of the ACE programme to see what impact it has had on patient satisfaction with access to GP services in Brent. NHS Brent has previously reported that they expected improvement by Q4 2010/11 and so members have asked to see the Q4 results, which should be available for June 2011.	
	North West	The results of the annual In Patient Survey will be presented to the	

	London NHS Hospitals In Patient Survey results	committee in July 2011. This follows on from previous discussions on the trust's We Care Programme, which members wanted to follow up.	
	North West London Hospitals Maternity Services	There have been widely reported issues at the maternity unit at Northwick Park Hospital in recent months and NHS London has carried out a review of maternity services across London. Officers from the trust should be invited to attend the committee to report to members on the incidents that have taken place and how they have been addressed.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	

Meeting Date	Item	Issue	Outcome
20 th September 2011	Sickle Cell and Thalassaemia Services Report	The Committee has asked for a report Sickle Cell and Thalassaemia services at North West London NHS Hospitals Trust. The committee will invite sickle cell patient groups to attend for this item to give their views on services in the borough. This follows a previous report on changes to paediatric in patient arrangements at NWL Hospitals. Members are keen to know how sickle cell patients have been dealing with this change.	
	Integrated Care Organisation Report	The committee has requested a report on the progress of the ICO, since its creation in April 2011. The report should focus on how the ICO has strengthened its leadership in Brent and is addressing the issues highlighted by the council during consultation on its creation. This report should come to the committee in September 2011.	
	Breast Feeding in Brent	Following a report in March 2011 on the borough's Obesity Strategy, the committee has requested a follow up paper on the Breast feeding service in the borough. Members were particularly interested in the role of peer support workers and how mothers are able to access	

		breast feeding services. The committee would also like to have accurate data on breast feeding initiation and prevalence in Brent.	
	Public Health Transfer to Brent Council	The chair of the committee has asked for a report on the work being done to prepare for the transfer of public health services to the council. A One Council project will take place to ensure the transfer happens within the Government's timetable and to ensure that the service meets Brent's specific needs once it is integrated within the council.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	

Meeting Date	Item	Issue	Outcome
29 th November 2011	Central Middlesex Hospital Urgent Care Centre	The Urgent Care Centre has opened at Central Middlesex Hospital. The committee has asked for a report setting out progress and performance issues in the first six months of operation for the UCC.	
	Patients Association Presentation	The Patients Association has offered to give a presentation on patient experience in Brent, based on their evidence and personal testimonies. The committee should decide whether it wishes to take up this offer.	
	Brent Tobacco Control Strategy	The committee would like to follow up the Brent Tobacco Control Strategy, to check the progress of its implementation. It is also interested in specific issues, such as the licensing of shisha bars, to see how this issue is being addressed in Brent.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	

To be timetabled:

Item	Issue
Health Visitor numbers	Councillor Mary Daly has asked for an item on the way that NHS Brent is responding to the Government's commitment to increase Health Visitor numbers.

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