



North West London Collaboration of Clinical Commissioning Groups

29 May 2013

Introduction

Since the JCPCT made its decisions in February there has been significant activity and changes in the *Shaping a healthier future* programme and in the health economy generally. The transition to new organisations occurred on 1 April and Clinical Commissioning Groups which had been driving the direction of the programme are now also responsible for ensuring delivery of the changes needed to meet the challenges ahead.

This update is provided to ensure you are kept informed of the progress being made. Please let the programme know if there is more information you require at consultation@nw.london.nhs.uk

Background

The JCPCT agreed at its meeting on [19 Feb 2012](#) to:

- adopt the NW London acute and out of hospital standards in order to improve the safety and quality of care
- adopt a model of care based on five major hospitals to achieve these standards. Major hospitals to be at Chelsea and Westminster, Hillingdon, Northwick Park, St Mary's and West Middlesex
- create a local and specialist hospital at Hammersmith and a local and elective hospital at Central Middlesex
- recommend CCGs work with stakeholders to develop an enhanced range of services at Charing Cross and Ealing
- move the Hyper Acute Stroke Unit from Charing Cross to St Mary's and move the Western Eye to St Mary's
- implement and coordinate £190m investment in 'out of hospital' services in conjunction with the above changes
- implement these changes over five years

Independent Reconfiguration Panel and Judicial Review

Ealing Council has begun the process of [requesting a judicial review](#) of [Shaping a Healthier Future](#). The Council has also referred the decisions of the JCPCT to the Secretary of State and requested an investigation by the [Independent Reconfiguration Panel](#). Given that all stakeholders are clear that improvements in out of hospital services are vital, work will continue on development and implementation of these schemes whilst the two challenges run their course. We will also continue developing plans for the reconfiguration of hospitals and working with Ealing Council to seek a resolution to their concerns. We will be unable to implement hospital reconfigurations, however members will recall that the plan is to improve out of hospital services and then reconfigure hospital services in three to five years.

We are confident of successfully defending both challenges to the decisions made by the JCPCT given the robustness of the work we have done and the importance of moving forward with the reconfiguration of services to improve the health and health care of residents.

The *Shaping a healthier future* team has [written to Ealing Council](#) regarding their proposed judicial review. We are clear that:

- the Council's case has no merit
- the Council is fighting for retention of an A&E that makes no clinical sense. The hospital trust's own board recognise that the services are not capable of being sustained safely
- the cost of the judicial review is likely to be well over £1 million of taxpayers' money
- the local NHS has offered to provide services that are fit for purpose and directly meet the needs of Ealing residents by providing better out of hospital care and new state of the art facilities at Ealing Hospital.

We believe the actions will be costly in terms of taxpayers' money, administrative burden and lives lost.

Organisational changes at the acute trusts

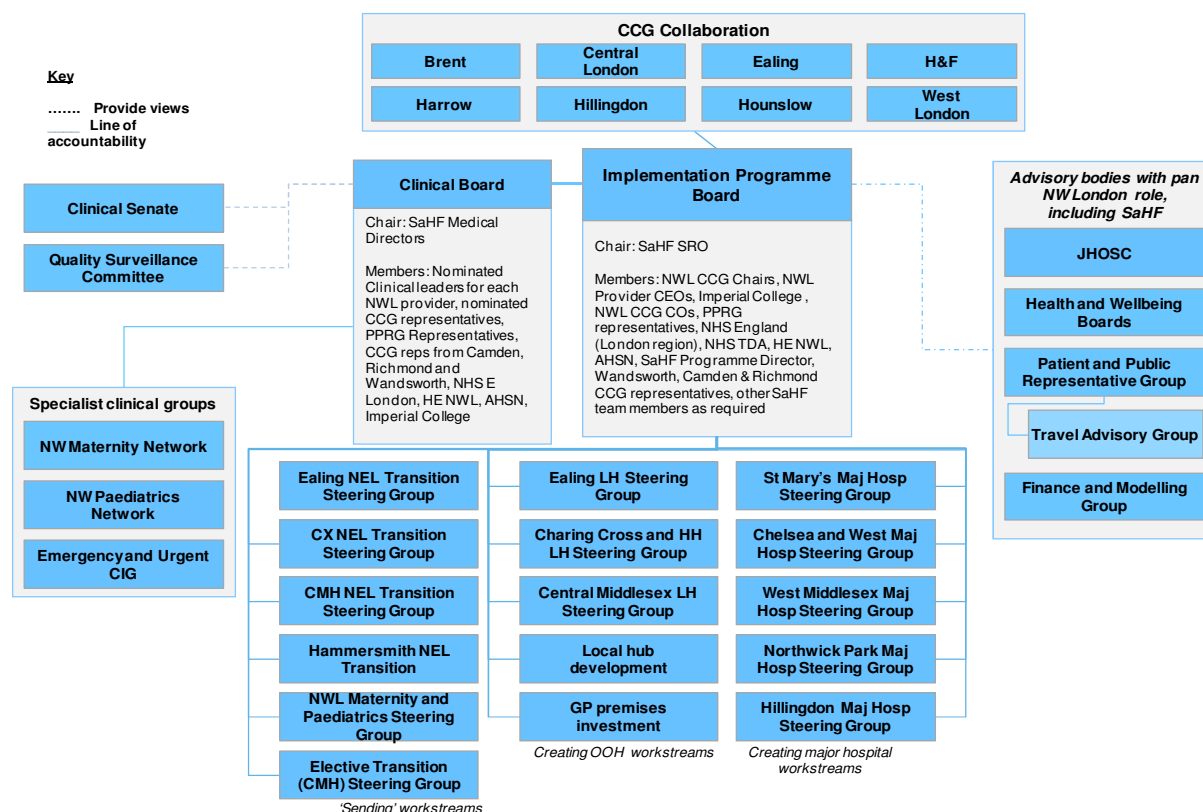
In April West Middlesex University Hospital NHS Trust (WMUH) announced that, following an options appraisal process, Chelsea and Westminster Hospital NHS Foundation Trust had been selected as the preferred bidder to explore a potential partnership which would enable WMUH achieve Foundation Trust status. The two trusts are now working together to further investigate the benefits and opportunities of such a partnership. Later in the year the two trusts and the NHS Trust Development Authority will review the work done and decide whether to proceed. If all goes to plan, the formal partnership would commence on 1 April 2014.

Ealing Hospital NHS Trust and North West London Hospitals NHS Trust are both committed to a merger. The current plan is to develop a full business case by the Autumn of 2013 with a merger occurring in Spring 2014.

Programme update on progress since 19 February

1. Governance

The eight CCGs in NWL have formed a Collaboration Board to oversee implementation and assurance of *Shaping a healthier future* via a number of networks, groups and committees



The programme will be subject to quality assurance and scrutiny from:

- Clinical Board to advise on clinical safety and manage clinical risk during transition
- Patients, carers and the public through involvement at all levels including a patient group and a travel group
- A robust governance structure (see below)
- Monitoring of progress and reviewing of key deliverables
- Regular risk management workshops and meetings with workstream leads.

2. Improvements in out of hospital (OOH) services

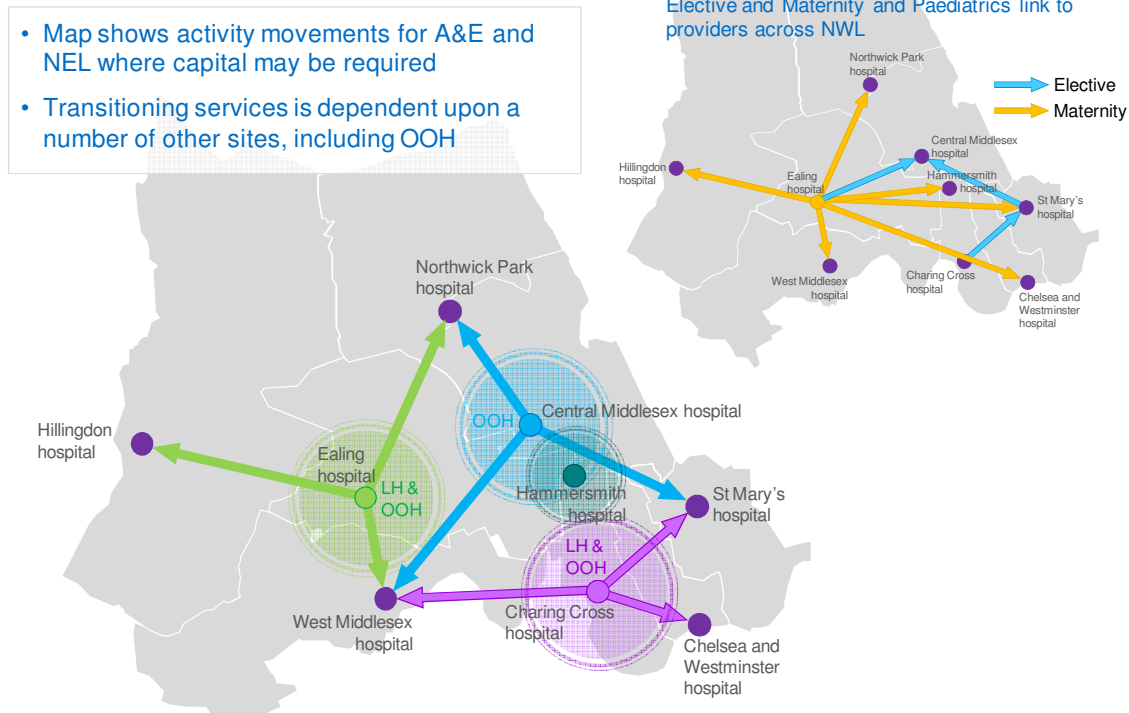
CCGs continue to develop and implement their OOH strategies as part of their usual business. The *Shaping a healthier future* team is ensuring that all OOH strategies are coordinated, safe and flexible and will monitor investment to ensure they deliver the changes required before we can move forward with full implementation of *Shaping a healthier future*. We continue to work with CCGs, to coordinate the process for Primary Care Business Case Development.

3. Implementation and monitoring/assessment of progress

In order to provide public and clinical reassurance throughout the service changes we have developed a set of key principles of implementation that will guide the process:

- Maintain safety throughout transition
- All changes will be clinically led
- Any changes must be able show that they will deliver the anticipated benefits including clinical quality and patient experience
- Clear points of accountability
- Allow for different parts of the programme to progress at different speeds
- Light touch where possible, with additional support where necessary
- Support integration across acute, OOH, social and mental health services
- Economy of effort – using assumptions agreed by the board throughout the programme, reducing duplication of project activity and reporting
- Transparent and open to scrutiny
- We must monitor and mitigate impact on protected groups, disadvantaged groups and carers
- Enable providers to take responsibility for their own changes within a system wide approach.

Because many of the proposed changes affect more than one borough and/or more than one hospital, the programme has developed a 'zone' approach (see diagram below) to ensure the changes are thoroughly considered and monitored. Each zone will have a manager and small team to co-ordinate the changes. So, for instance, reconfiguration of acute services at Charing Cross Hospital would mean that patients currently using these facilities would tend to go to St Mary's, Chelsea and Westminster or West Middlesex. The 'zone' team will ensure that services at St Mary's, Chelsea and Westminster and West Middlesex are all fit for purpose prior to changes being made at Charing Cross.



As agreed with the Joint Overview and Scrutiny Committee, we have developed a series of reports to allow us monitor the implementation of out of hospital (OOH) strategies and show the impact of each CCG's OOH initiatives on acute activity in four areas:

- Steps on our journey – a forward look at key milestones in the 'vital few' OOH project areas.
- Service use – charts showing utilisation of services in different settings of care (A&E, UCC, and those services that shift care OOH)
- System change – charts showing how the system is changing, in both total emergency care demand and bed use.
- Snapshot data table – additional data giving a monthly snapshot of acute service use, including A&E demand drivers, non-elective length of stay, and rapid response & step up opportunity.

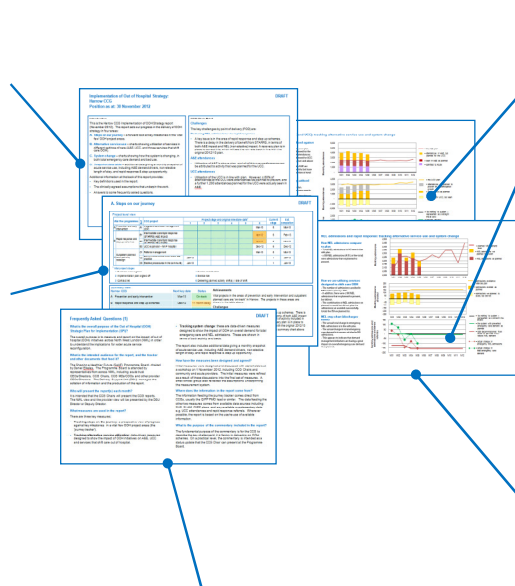
Report summary:

providing a guide to the content of the report and a summary of key issues and challenges. This format is consistent across the three types of report.

Progress against milestones:

a summary of where the system is 'on-track' or 'delayed' in developing OOH capacity.

- *CCG level reports* include detail at project level ('vital few').
- *NWL report* contains high level summary.
- *Provider* monitoring is not currently included.



Supporting information:

including FAQs, glossary of key terms and clinically-agreed assumptions.

Data interpretation: reports are supplied with a narrative describing the key messages from the data.

Data presentation:

all three report types include charts showing both service utilisation and system change.

- *CCG level reports* include data relating to all their providers, presented by month.
- The *NWL report* is an aggregate presentation of all providers presented by CCG for the most recent month.
- *Provider reports* are at individual trust level and show changes by month.

This will allow us to make informed decisions on the progress of service change and whether we can move forward to the next stage.

4. Hospital reconfigurations

Whilst hospital trusts relentlessly make improvements to standards of care, the team continues to develop the detailed plans regarding hospital reconfigurations. The proposed judicial review means that we will not be able to implement reconfiguration plans until the challenge is decided, but the programme is allowed (and the Independent Reconfiguration Panel require us) to develop our plans in order to show how the reconfiguration could be delivered, to test all the assumptions and ensure finances and other requirements are in place.

During 2013/14 the focus for improvements for hospitals will be to develop business cases for capital funding required for the changes. A financial strategy has been set out by the eight CCGs, and providers (hospital trusts) are developing their business cases to improve and expand current facilities where necessary. Outline business cases are expected towards the end of 2013 and full business cases by early 2014.

5. Workforce

We are planning radical and far reaching changes to the way services are provided in NW London and there are some workforce related activities where it makes sense to do the work once, rather than it being done multiple times by different Clinical Commissioning Groups/providers. It is also helpful to have a view across local workforce plans to make sure that any collective issues are identified and addressed. To address these issues a workforce workstream will:

- Undertake pan-NWL work to support out of hospital and acute workforce development in NWL, taking into account local workforce strategies and work already completed
- Co-ordinate pan-NWL workforce-related activities required to implement *Shaping a healthier future*
- Provide a view of workforce planning across NWL to make sure any collective workforce issues are being identified and addressed
- Engage with key stakeholders (e.g. Local Education & Training Board (LETB)) where it makes sense to do so on a pan-NWL basis
- Identify and manage pan-NWL risks associated with workforce (excluding the risk around clinical services 'falling over' during transition which is being managed directly by the Clinical Board)

6. Whole systems integration

Systems integration is the co-ordination of care between multiple health, social care and voluntary agencies to ensure people receive joined-up, personalised care that addresses their full range of physical, social and psychological needs. It is a core pillar of CCGs' strategies to support *Shaping a healthier future*. Significant progress has been made in all eight NWL boroughs of NWL with systems integration. All boroughs have implemented the Integrated Care Programme or Wellwatch, aimed at pro-active care in the community of the frail elderly and diabetic patients and are developing further programs for children and those with respiratory or cardiac disease or mental illness. In addition, many boroughs have developed integrated services for patients whose condition is rapidly deteriorating. NWL is now pushing forward on the 'Whole Systems' Integration Programme, which is a way of working that will provide integrated services for people with the greatest need, not only those with specific medical conditions. All eight CCGs are part of this programme which will undertake a design phase over the next six months, followed by and expected implementation from early 2014.