



Shaping a
healthier
future

SaHF and Central Middlesex Hospital

Update for Brent Overview and Scrutiny
Committee 4th December 2013

Shaping a healthier future – brief summary to date

- SaHF is a clinician led programme which set out to develop a vision for how we want health services to be developed and improved in NW London.
- Increasing care delivered closer to home will better coordinate services and improve quality. SaHF will save at least 130 lives per year.
- Local services will be co-designed by clinicians and local residents around the specific needs of the population.
- Staff will gain improved specialist knowledge specific to their role and services will be integrated across the system.
- A full public consultation ran from July to October 2012 where the team ran over 200 meetings, sent 73000 consultation documents and received 17,000 responses
- In February 2013 the Joint Committee of PCTs agreed the programme recommendations.
- The IRP report has now been endorsed in full by the Secretary of State for Health, with some refinements specific to Ealing and Charing Cross.



The decision by the Secretary of State for Health

- On Wednesday 30 October the Secretary of State for Health accepted advice from the IRP “in full” and agreed that changes to NHS services in North West London should proceed, including the move to five major hospitals.
- Secretary of State for Health said: *(All quotes from Jeremy Hunt’s statement to the House of Commons unless otherwise stated)*
 - “These changes represent the most ambitious plans to transform care put forward by any NHS local area to date. They are forward-thinking and address many of the most pressing issues facing the NHS, including seven-day working, improved hospital safety and proactive out-of-hospital and GP services.”
 - “The improvements in emergency care alone should save about 130 lives per annum and the transformation in out-of-hospital care many more, giving north-west London probably the best out-of-hospital care anywhere in the country.”
 - “The panel says that “Shaping a healthier future” provides “the way forward for the future and that the proposals for change will enable the provision of safe, sustainable and accessible services.” Today I have accepted the panel’s advice in full and it will be published on the panel’s website.”
 - “Ealing and Charing Cross hospitals should continue to offer an A&E service, even if it is a different shape or size from that currently offered.”
 - “Local services will be designed by clinicians and local residents and will be based on the specific needs of the population.”

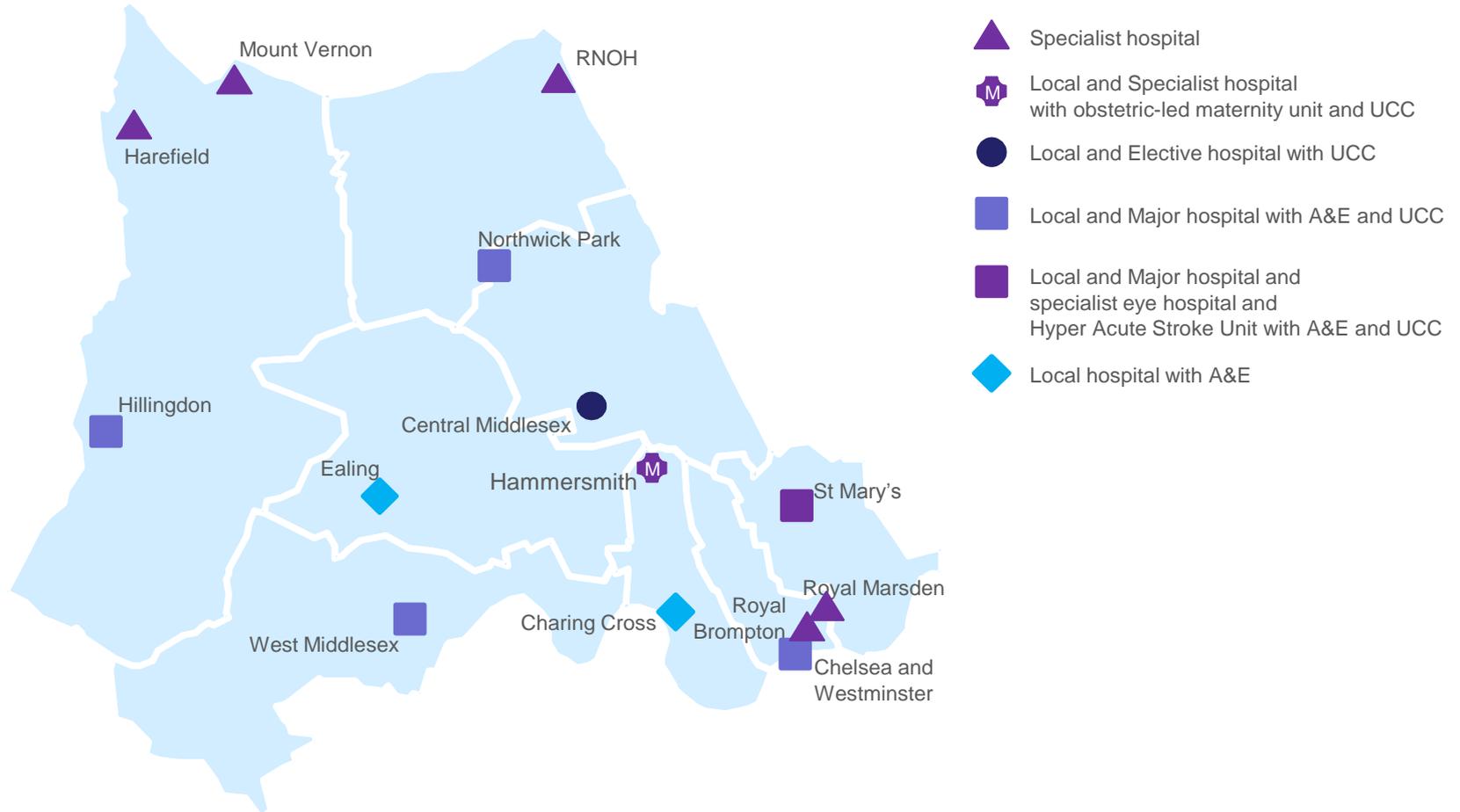


The decision by the Secretary of State for Health

- “Further work is required before a final decision can be made about the range of services to be provided from the Ealing and Charing Cross hospital sites.”
- “Any changes implemented as part of *Shaping a healthier future* should be implemented by local commissioners following proper public engagement and in line with the emerging principles of the Keogh review of accident and emergency services.”
- “In line with the emerging findings of Bruce Keogh’s review of A&E, Charing Cross and Ealing hospitals must provide:
 - immediate access to specialist consultant opinion
 - a wide range of diagnostic services
 - the ability to admit people for assessment, treatment and rehabilitation”
- In line with the IRP report, “changes to A&E at **Central Middlesex** and Hammersmith hospitals should be implemented as soon as practicable”.
- “I support the Panel’s recommendation that maternity and paediatric inpatient services should be concentrated on the sites identified by *Shaping a healthier future*”.



Hospitals post reconfiguration



What does this mean for CMH?

- IRP and SoS confirmed as in SaHF proposals that CMH will be a **Local Hospital and Elective Centre**.
- This creates potential for significant investment in CMH site.
- Specifically : *“Changes to A&E services at Central Middlesex and Hammersmith hospitals should be made as soon as practicable after winter.”*
- Work now being undertaken to build long term sustainable model for CMH site.
- Needs to consider clinical viability of a mix of services for the CMH site.
- Assessment of other key factors: travel, equalities, and timetable.

What does this mean for CMH?

- Key that we have full patient involvement in designing services at CMH.
- Engagement plan in development.
- This will include full consideration of any potential needs for further consultation if changes not included in SaHF require such consultation.
- Also – important to note that safety issues which have restricted the opening hours of the A&E at CMH are *not* related to SaHF – these are clinical safety issues which come first, over and above any long term re-organisation being planned.

Working groups on CMH

- Planning for this being done through four workstreams
- These workstreams are:
 1. Clinical Evaluation – quality of care, deliverability, research and education (clinical panel with specialist expertise chaired by Mark Spencer, NHSE)
 2. Estates and Finance Analysis - affordability and value for money (BDO)
 3. Access to Care Analysis - access to care and impact of changed patient journeys as a result of movement of services from their current sites to CMH (PA Consulting)
 4. Equalities Impact Assessment – analysis on protected patient groups will ensure any potential adverse and positive impacts are identified and mitigated where possible (led by SaHF Equalities Lead)



Options being considered (1/2)

- Transfer of mental health services from adjacent Park Royal site
- Elective orthopaedic centre for NWLHT, Ealing and Imperial
- Relocation of clinical genetics – Kennedy Galton Centre – ideal for relocation as standalone regional site – NHSE Specialised Commissioning support
- Extended range of community based services (Hub+)
 - Primary Care
 - Diagnostics
 - Out-patient clinics
 - Relocation and expansion of community rehabilitation beds at Willesden – any impact on Willesden will be considered as part of options evaluation



Options being considered (2/2)

- Assessment (as a reference point to compare options against) will include:
 - PFI affordability analysis
 - Disposal with transfer of activity

Planned next steps

- Weekly meetings to ensure progress and delivery of the workstreams.
- Patient involvement proposals and plan being developed.
- Stakeholder workshop to be scheduled – with LA and patient representatives.
- Final report with recommendation will be approved through Partnership Board and Implementation Programme Board on 6th February 2014.
- Approval through decision making authorities: NTDA, CCGs, NHSE, Trusts.
- OBC development for investment in site, with patient and stakeholder involvement and input.



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Questions