



Shaping a
healthier
future

SaHF, Central Middlesex Hospital and Willesden Centre for Health

Update for Brent HOSC

18 March 2014

Introduction

- Provide an update on Shaping a Healthier Future (SaHF)
- Explain where we are in the process
- Outline proposals for Central Middlesex Hospital (CMH) – more services at CMH
- Highlight implications for Willesden Centre for Health and Care
- Hear views on our proposals
- Agree how to further engage during the development of this work



Shaping a healthier future – brief summary to date

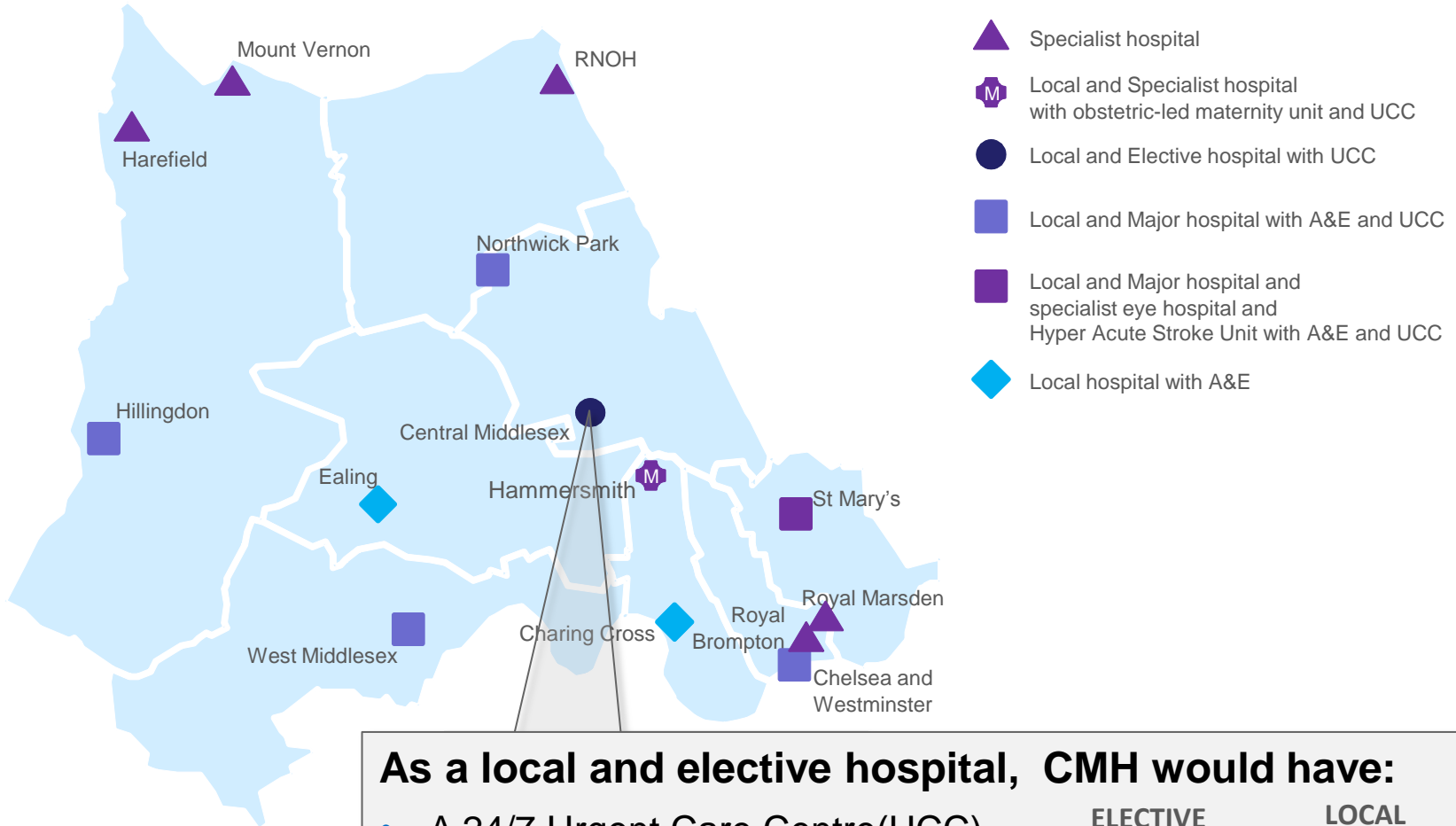
- SaHF is a clinician led programme which set out to develop a vision for how we want health services to be developed and improved in NW London.
- Increasing care delivered closer to home will better coordinate services and improve quality. Concentrating major emergency services onto fewer sites, allowing consistent senior clinical support.
- Local services are being co-designed by clinicians and local residents around the specific needs of the population.
- A full public consultation ran from July to October 2012 where the team ran over 200 meetings, sent 73,000 consultation documents and received 17,000 responses
- In February 2013 the Joint Committee of Primary Care Trusts (PCTs) agreed the programme recommendations.
- The programme has also been successful in both a JR process and following a review by the IRP. In October 2013 the Secretary of State endorsed the IRP. This means we must proceed at pace to deliver better care for the 2 million people in NW London.



“Changes to A&E at Central Middlesex and Hammersmith hospitals should be implemented as soon as practicable”

- Work is currently being progressed to plan service changes to ensure a safe transition of services for patients
- This includes consideration of:
 - *Ensuring neighbouring A&Es ready for transition*
 - *Central Middlesex and Hammersmith Urgent Care Centres operating to agreed North West London wide specifications*
 - *Emerging Emergency Service Review by Sir Bruce Keogh and Prof Willietts*
- We need to make these changes as soon as practicably possible, in line with the Secretary of State’s decision
- Details of the changes to A&E services will be communicated appropriately with affected residents in advance of any change

We are working to deliver changes to health



As a local and elective hospital, CMH would have:

- A 24/7 Urgent Care Centre(UCC)
- Outpatients services
- Diagnostics
- Elective services
- Primary Care

ELECTIVE HOSPITAL



LOCAL HOSPITAL

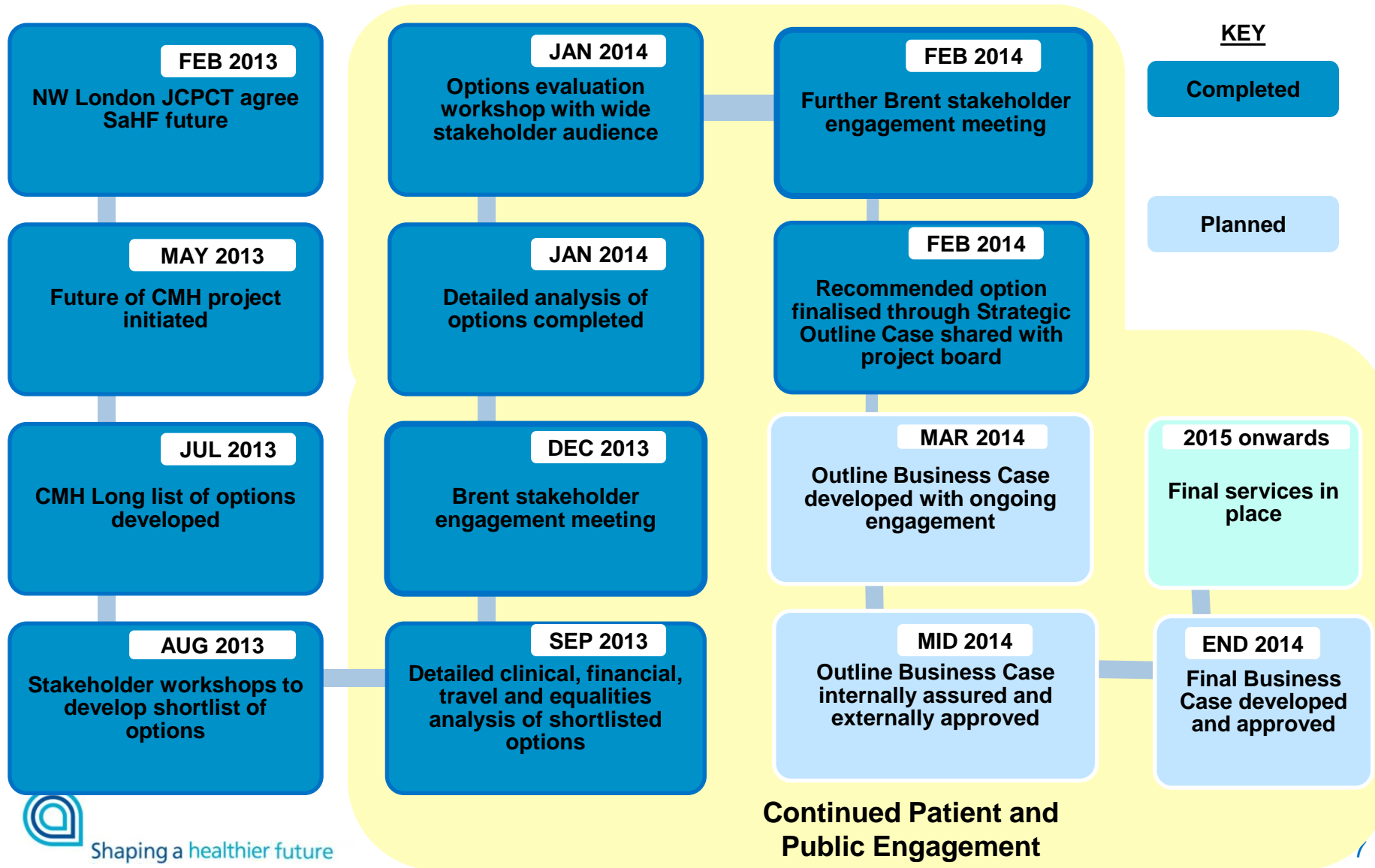


Future options for additional services at Central Middlesex

- *Good, but expensive premises, underused (usage circa 35%).* Project set up to further develop local and regional services.
- The project has considered four key areas to allow evaluation of different services:
 - 1 **Clinical evaluation** – quality of care, deliverability, research and education
 - 2 **Estates and Finance Analysis** – affordability and value for money
 - 3 **Transport Analysis** – access to care and impact of changed patient journeys
 - 4 **Equalities Analysis** – any impact on protected patient groups
- We have also undertaken provider engagement across NWL to establish who would like to provide potential services on site.
- We are at the stage of being able to engage with the wider community to hear your feedback and input to these proposals.



Process for developing a clinically viable and financially sustainable future for CMH



Three overall options have been considered for CMH

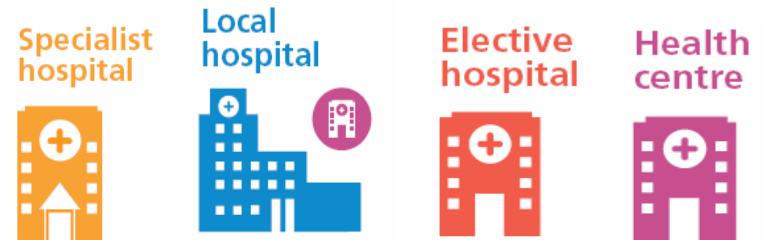
Option 1

***DMBC base case “no change” option**



Option 2

Bundle of additional Services from multiple providers on CMH site



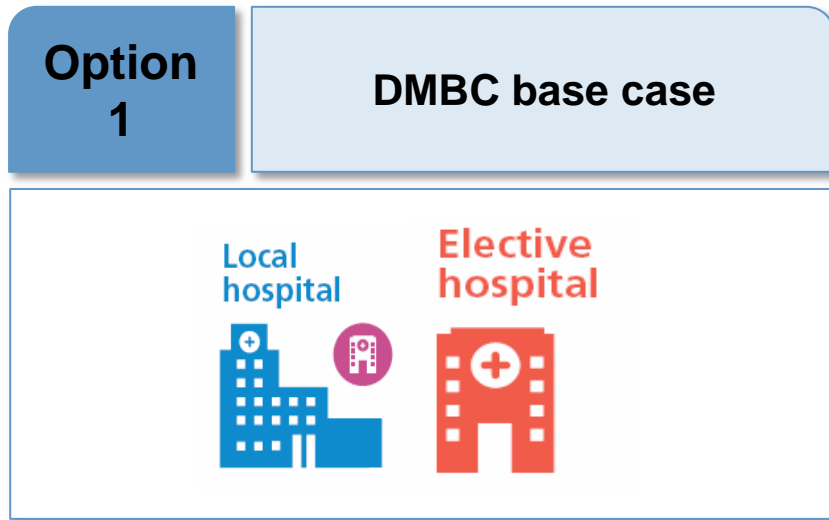
Option 3

Close and transfer services to other sites

- Closure of the CMH site is considered to provide a comparator for the other options

*DMBC – decision making business case

Option 1 was insufficient in itself as it didn't fully utilise CMH



- Option 1 is the base case described in the DMBC.
- **Services would include:**
 - 24/7 Urgent Care Centre
 - Diagnostics
 - Acute and community outpatients
 - Elective inpatients and level 2 ITU
 - Hub facility for primary and community services
- only 35% of the site is utilised leaving the site running at an £11million recurring deficit
- Closure of the CMH site was considered to provide a comparator for quality as well as money

For these reasons Brent CCG have built on Option 1, as agreed by the JCPCT, to develop a sustainable option for the future

Option 2 considered a 'long list' of all the potential additional services that could be safely and practically provided at CMH

Option 2

Bundle of Services from multiple providers on CMH site

Specialist hospital



Local hospital



Elective hospital



Health centre



'Bundle' of services could include:

- 1 **Hub Plus for Brent** – using CMH as a major hub for primary and community services including 24/7 Urgent Care Centre.
- 2 **Elective Orthopaedic Centre** – a joint venture for local providers.
- 3 **Specialist Rehabilitation Services** moving from NPH.
- 4 **Rehousing Mental Health Services** from Park Royal Centre for Mental Health.
- 5 **Relocating some or all of St Marks Hospital.**

We clinically evaluated each of these options



1

Hub Plus for Brent

- CMH becomes a larger hub for primary and community care services, including General Practice, Urgent Care Centre, outpatients, diagnostics and intermediate care.
- This option has a sub-option of Hub 'Plus Plus' which includes Willesden rehabilitation beds
- The Hub ++ option has a greater impact as it uses more of the CMH estate and potentially increases quality more than Hub + and provides better support to inpatient rehab beds and allows the development of larger teams to support, orthopaedics, rehab and community services
- This option has an impact on the viability of Willesden Hospital and this will need greater assessment.

Evaluation Domain		Sub - domain	Estimate	Key reasoning
1	Clinical Quality	Clinical Quality	+	Rehab beds co-located with a wider range of services and support
		Patient Experience		
4	Deliverability	Workforce	+	Building larger team of AHPs on one site.
		Expected Time to Deliver	-	Reconfiguration at CMH cf. continued use of Willesden
		Wider Co-Dependencies	-	Creates vacancy at Willesden Site
5	Research and Education	Education and Research		

2 Elective centre for NW London

- After discussion it has been recommended that an orthopaedic centre similar to the South West London Elective Orthopaedic Centre (SWLEOC) be developed as a joint venture between Northwick Park, Ealing, St Mary's and Charing Cross (Imperial).
- Alongside the orthopaedic work SaHF includes current CMH elective activity and a proportion of the elective work that will move from Ealing Hospital. To reduce risk of infection this general surgical work should be separated from the orthopaedic work.
- The Orthopaedic centre should learn from and adopt the service delivery model from SWLEOC, requiring 24/7 consultant led HDU to enable rapid recovery, reduced complications and reduced LOS.

Evaluation Domain		Sub - domain	Estimate	Key reasoning
1	Clinical Quality	Clinical Quality	++	Dedicated elective care, with improved LoS, low infection and complication rate
		Patient Experience	++	Very high satisfaction of SWLEOC model
4	Deliverability	Workforce		Challenges of joint venture model
		Expected Time to Deliver	0*	Reconfiguration at CMH for EOC requires some rebuild
		Wider Co-Dependencies	+	Helps support NWL/EHT merger
5	Research and Education	Education and Research	+	SWLEOC undertakes considerable research and training

* The expected time to deliver was scored as 0 as it had already been considered in the DMBC and all scoring has been against those original proposals

3 Specialist Rehabilitation Services

- The Regional Rehab Unit (RRU) at Northwick Park is constrained by space and there are patients in more distant units and waits for admission. The unit is commissioned by Specialised Commissioning at NHS England. It is the only level 1 hyper-acute rehabilitation unit in London.
- The patients have complex needs. The National Guidelines for these services recommend they be located an acute hospital site. An audit of activity at the RRU showed a very wide range of inputs from diagnostics and specialists from the acute services at NPH.

Evaluation Domain		Sub - domain	Estimate	Key reasoning
1	Clinical Quality	Clinical Quality	--	The service needs substantial support from the acute hospital services
		Patient Experience	+	Greater space at NPH could reduce waits to enter the service
4	Deliverability	Workforce	-	Changes to this specialist unit would be likely to disruption to the workforce
		Expected Time to Deliver	-	Reconfiguration at CMH cf. continued use of NPH
		Wider Co-Dependencies	--	This would be in contradiction to the National Service Specification
5	Research and Education	Education and Research	-	The current unit is active in E&R

Because of the negative clinical evaluation the clinical review recommended that further evaluation of this option should not be pursued.

4

Mental Health Service transfer from Park Royal

- The Park Royal Hospital is almost adjacent to the CMH site, provided by CNWL FT. It contains a range of services and office facilities including a mother and baby unit, an acute assessment service and treatment wards. It has a small number of beds for low-security patients. Current accommodation does not comply with modern facility specifications.
- Re-locating services into CMH on the ground floor may be a cost effective option.
- CNWL are also considering developing a single pharmacy service for their range of services. If this were to be based at CMH then this service could also support the other services at the site.

Evaluation Domain	Sub - domain	Estimate	Key reasoning	
1	Clinical Quality	Clinical Quality	+	Providing services in facilities that reach best standards will reduce risk and optimise care
		Patient Experience	+	Rebuilt mother+baby unit and modern pharmacy services
4	Deliverability	Workforce		
		Expected Time to Deliver	+	Reconfiguration at CMH would be quicker than a decant and rebuild at the current Park Royal site.
		Wider Co-Dependencies		
5	Research and Education	Education and Research		

5 Moving all or part of St Marks

- St Marks is a specialist gastroenterology hospital co-located with Northwick Park. It provides regional specialist diagnostics and services for inflammatory bowel disease, familial polyposis coli, and the full range of GI conditions. It also provides colorectal screening services.
- The service is currently constrained at the NPH site which limits the necessary expansion of the colorectal screening services for example.
- The surgical and medical teams provide clinical support to the general hospital (for example emergency endoscopy).

Evaluation Domain	Sub - domain	Estimate	Key reasoning	
1	Clinical Quality	Clinical Quality	--	Co-dependencies with NPH acute service. Effective single MDT team with screening service. Acute GI admissions denied St Marks skills.
		Patient Experience		Specialist site hospitals typically score highly. Disruption of combined MDT will lower experience
4	Deliverability	Workforce	-	Duplication of key staff at both CMH and NPH
		Expected Time to Deliver	-	Reconfiguration at CMH cf. continued use of NPH
		Wider Co-Dependencies	+	Moving Screening services would allow expansion
5	Research and Education	Education and Research	-	St Marks research and teaching would be disrupted

Because of the negative clinical evaluation the clinical review recommended that further evaluation of this option should not be pursued.

5b

Relocation of Regional Genetics service from NPH to CMH

- This is a specialised service that provides outreach services across North West London and surrounding counties. It is supported by two laboratories which analyse samples from wide range of units. The labs are not interdependent with the general labs for NPH, which are provided by a private provider.
- The service needs a new IT infrastructure. This is not interdependent with other IT services at NPH.
- No co-dependencies with the acute service at NPH were identified.
- Moving the service from NPH would allow service lines to be developed at NPH.

Evaluation Domain		Sub - domain	Estimate	Key reasoning
1	Clinical Quality	Clinical Quality	+	Moving from NPH could allow other services to develop at that site
		Patient Experience		This is an outpatient service, mostly at distant sites.
4	Deliverability	Workforce		
		Expected Time to Deliver	-	Reconfiguration at CMH cf. continued use of NPH
		Wider Co-Dependencies		
5	Research and Education	Education and Research	+	New IT and labs would facilitate research.

The clinical evaluation resulted in an optimised proposed list of additional services that will make full use of CMH

**Option
2**

**Bundle of Services from
multiple providers on
CMH site**

Health
centre



Local
hospital



Elective
hospital



Specialist
hospital



- Together this uses CMH space and offers good local services.
- Needs significant investment, which is being detailed in the estates and finance workstream.

Hub Plus for Brent – major hub for primary care and community services including additional out-patient clinics and relocation and expansion of community rehabilitation beds from Willesden



Elective Orthopaedic Centre – a joint venture for local providers delivering modern elective orthopaedic services



Brent's Mental Health Services from Park Royal Centre for Mental Health



Regional genetics service relocated from Northwick Park Hospital



Impact of potential additional services at CMH

Hub Plus

- ✓ Improved quality – rehabilitation beds co-located with wider range of services and support
- ✓ More primary care and community services available on site
- ✓ Diagnostics services – improved direct access
- ✓ More out-patients clinics provided on site
- ✓ Co-located services support integration
- ✗ Implication for Willesden Health Centre

Rehousing Mental Health Services

- ✓ Modern mental health facilities to ensure best practice care
- ✓ Improved mother and baby unit
- ✓ Shared pharmacy facilities between community acute and mental health

Elective Orthopaedic

- ✓ Dedicated planned/elective care with reduced length of stay and low infection and complication rate
- ✓ Proven model of care – SWLEOC receiving high patient satisfaction

Relocating regional genetics

- ✓ Moving lab services allows Northwick Park to expand major hospital services



Enhancing services on the CMH site has an effect on Willesden

- Willesden, as part of Brent CCG's out of hospital strategy is a hub, providing extended community services for South Brent.
- Under suggested proposals rehabilitation beds move to CMH, Willesden continues to offer
 - 2 GP practices (as today)
 - Locality hub for extended services including outpatients and diagnostics
- This creates opportunities for other services to move into the building – options currently being considered are:
 - Mental Health - consolidate Child and Adolescent Mental Health Services into a single (new) hub
 - Kilburn Square - community services relocation (mainly office space)
 - Static Breast Screening Unit - replacement of existing mobile service
 - Relocating some GP practices within a 1 mile radius (discussions underway with practices)
 - Non-traditional NHS services including voluntary sector
 - Commercial services



Evaluation agreement at Workshop 14th January 2014

1a. CMH full use & Willesden full use	PREFERENCE 1
1b. CMH full use & Willesden disposal	REJECTED
1c. CMH full use & Willesden partial use and partial disposal	PREFERENCE 2
2. CMH disposal	REJECTED

- The rank order was contingent on Willesden being able to be fully utilised
- Brent Clinical Commissioning Group will consider its preferred option for Willesden at a meeting of its Governing Body in March

Engagement with stakeholders

- GP Forum meeting 30th October 2013
- Equality, Diversity and Engagement Committee (EDEN) 27th November 2013
- Joint Health Overview Scrutiny Committee 3rd December 2013
- Brent Health Overview Scrutiny Committee 4th December 2013
- Brent stakeholder focus meeting 12th December 2013
- Brent Clinical Directors and Clinical Leads meeting 8th January 2014
- CMH Workshop 14th January 2014 – well attended by patient representatives
- Brent Health Overview Scrutiny Committee 28th January 2014 (Chairman deferred item to next meeting)
- Equality, Diversity and Engagement Committee (EDEN) 29th January 2014
- **Brent public engagement meeting 19th February 2014 - TODAY**
- Joint Health Overview Scrutiny Committee 20th February 2014
- Brent Health Overview Scrutiny Committee 18th March 2014
- ***Further events to be organised***



Feedback from 12th December stakeholder meeting

- Supportive of plans
- CMH offers good transport
- With this project having a tight timescale we need to ensure that it is delivered on time and avoid service quality being compromised
- Mental health treatment and care should be a key consideration for future CMH development
- The STARRS service provides excellent home based care

Feedback from 9th January meeting with Brent CCG Clinical Leaders

- Broad support for the proposals
- For many patients going to CMH and Willesden this would result in very little change from now, noting that many patients would choose to go to Wembley/Sudbury, CMH and Willesden for their outpatients and diagnostics appointments if the provider of choice was present on the sites
- Achievable if transport links could be improved for those patients closest to Barnet, NPH and Imperial
- Outpatients and diagnostics centre at CMH and other hubs would be successful if supported by effective Choose and Book, ie details of all services were available and waiting times were short
- Preference order of options for Willesden were:
 1. Maximise full use of site, if possible
 2. Fill site, as far as possible, and then partial dispose of part of site, if possible, so there is limited call on CCG funds to increase the cost of funding empty space at Willesden
 3. Only in extremis to consider option of buying out the PFI site only if partial disposal is not possible and we cannot secure any new tenants to replace the wards. 2 primary care practices would need to be relocated in Willesden

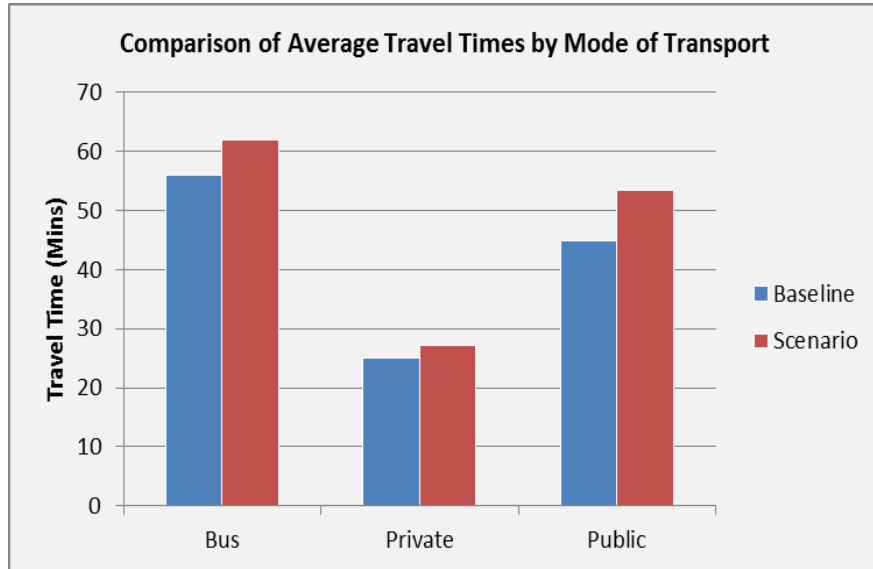
Travel Considerations

Travel Conclusions:

- Only three options involve major shifts of treatment location
- A thorough analysis of journeys for the **Elective Orthopaedic Centre** option shows only small changes in journey times which, in our judgement, do not constitute a significant diminution of patient access
- Analysis of the major inpatient and outpatient flows in **Closure** option suggests that the average travel time is marginally improved which strongly suggests there are no new barriers to access in this option
- Analysis of the major flows relating to the **Brent Hub Plus** suggest that it also marginally improves the average patient journey time so cannot be considered to create significant access issues. A separate analysis may be required for routine GP activity based at Willesden and this is likely to require analysis of patient preferences not just activity.
- No other options require travel analysis



The changes in average travel times for those orthopaedic patients moving to CMH are not large



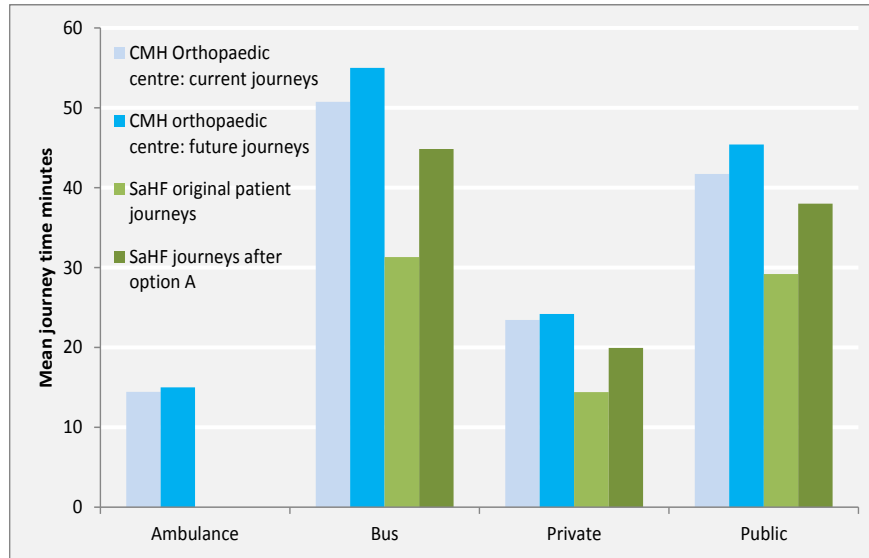
Our worst-case analysis takes the journey times of the patients to their current provider and compares it to the journey times to CMH. We test times for 3 key modes of transport, though in reality a mix of methods will be used (this has the advantage of being a worst-case for travel time).

Note that in some options for the Orthopaedic Centre at CMH, patient transport is provided by the centre so this analysis is irrelevant and there are no relevant issues potentially reducing patient access.

These are small changes in travel time and do not show significant affects on patient access.



Comparisons of orthopaedic centre option with the effect of SaHF changes shows the incremental change is much smaller



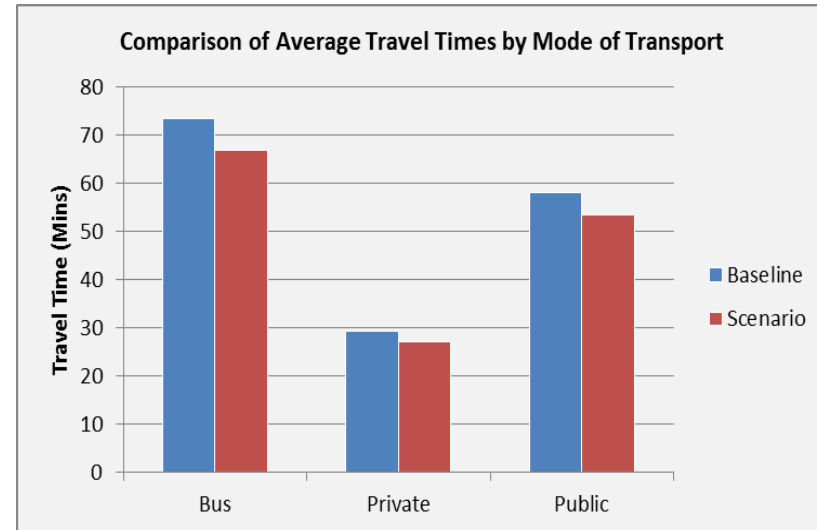
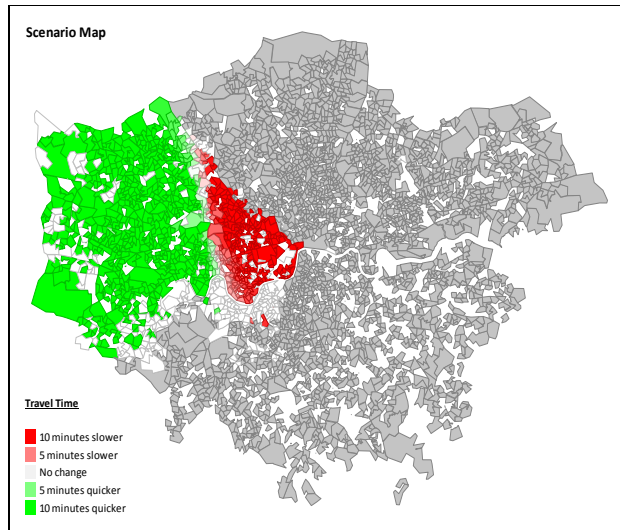
The changes of treatment location as a result of the original SaHF plans were not regarded as creating significant problems for patient access. We show here a comparison of the incremental changes in average journey times for the CMH orthopaedic option compared to the equivalent analysis for SaHF.

The average impacts can be seen to be much lower than the previous results which were themselves not thought to be a significant barrier to access.

NB the SaHF results are not significant in the context of the average patient journey times before the changes. Calculations are not directly comparable and involve different locations and casemixes.

CMH primary care hub: travel times relating to significant activity *improve* with this option

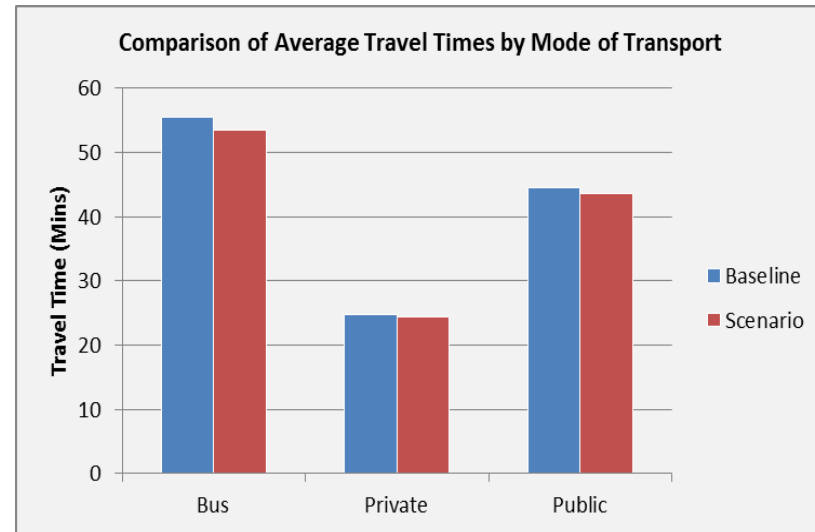
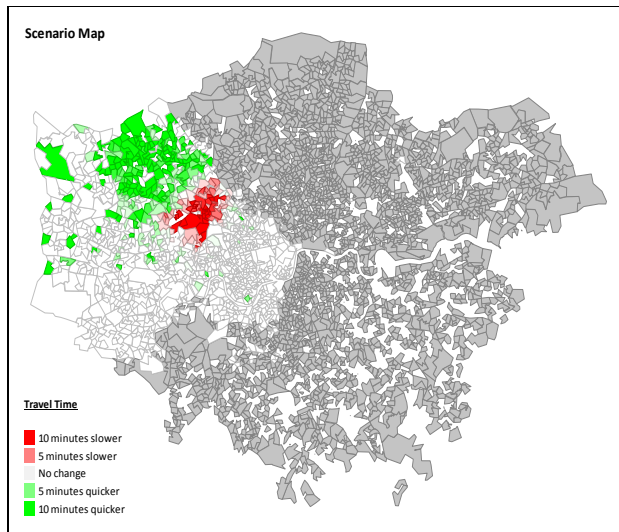
Average travel times for most NWL population improve slightly and this is reflected in analysis of patient journeys



Simple interpretation of this shows that anyone who was closer to Willesden than CMH is now worse off but the vast majority would benefit from the shift.

Closure – Travel time change is marginally positive suggesting no new barriers to access are created by this option

The overall impact of closure option is small on average travel times and is marginally positive as, on balance, the locations of treatment are now closer to the resident location:



Detailed analysis shows that some patients living close to CMH have longer journeys but this is not a significant impact overall. Many individuals who live closer to Northwick Park but would have previously been sent to CMH could benefit if they are treated closer to home.

Next Steps

- No decisions made yet
- Identified potential solutions – strategic outline case (SOC)
- No firm decisions until Outline Business Case stage
- At outline business case stage further work will be undertaken to ensure any necessary or appropriate consultation and an equalities impact assessment
- Approval through statutory (responsible) organisations and the organisations potentially involved in delivering the services on the CMH site
- Further engagement will be planned and undertaken

