Assurance process for closure of Central Middlesex Hospital A&E and Transforming healthcare in Brent

Brent Overview and Scrutiny Committee
6 August 2014
Background to Shaping a healthier future

1. Localise
   - Reduced admissions due to better local management of care
   - Improved support for patients with LTCs and mental health problems
   - Improved patient experience and satisfaction
   - Improved carer experience

2. Centralise
   - Better clinical outcomes including reduced morbidity and mortality
   - Reduced readmission
   - Reduced lengths of stay
   - Increased staff training, skills and job satisfaction

3. Integrate
   - Increased multidisciplinary working – improved coordination
   - Improved access to information leading to better patient care
   - Reduction in unnecessary investigations and duplicate assessments
   - Improved efficiency and pathways

SaHF aligned with national BCF and integration programs
Reconfiguration of North West London hospitals

- Specialist hospital
- Local and Specialist hospital with obstetric led maternity unit and Urgent Care Centre (UCC)
- Local and Elective hospital with UCC
- Local and Major hospital with A&E and UCC
- Local and Major hospital and specialist eye hospital and Hyper Acute Stroke Unit with A&E and UCC
- Local hospital with A&E
Slide on Consultation & decision making on SAHF

• To follow
Brent Clinical Commissioning Group

- 67 GP practices in Brent organised into five geographical locality groups to share service and best practice
- Many GPs have lived and worked in Brent for many years – committed to improving the health of Brent residents
- Our vision is to deliver better care, closer to people’s homes
- Committed to working with patients, public and community in order to achieve this
- Ensuring highest standards of clinical care and safety in the services we commission
The case for change - pressures on the NHS

- Population increasing
- Growing elderly population requiring long term care
- More people with long term conditions requiring treatment throughout their lifetime
- Increasing cost of care, treatments and drugs
- Need to maintain and improve clinical standards
- NHS resources too thinly spread across North West London – need to create specialist centres of care
Assurance process for closure of Central Middlesex Hospital A&E Unit
Central Middlesex Hospital A&E unit

• Shaping a Healthier Future recommendation to concentrate A&E services on fewer sites with more specialist staff and equipment – better care for people who are seriously ill.
• Minor injuries treated at urgent care centres
• A&E units at Central Middlesex Hospital and Hammersmith Hospital planned to close 10 September
• Numbers attending Central Middlesex Hospital have declined since unit is open only 12 hours a day
• Full and detailed authorisation process by Brent and Hammersmith and Fulham CCGs to be sure clinically safe to do so
Brent CCG’s assurance process

- Review of clinical pathways by the clinical board
- Confirmation of operational and capacity readiness by both Trusts
- Both UCCs being commissioned as standalone 24/7
- Delivery of a joint communications plan to inform public of closure and how to access unscheduled care
- Satisfaction of CCGs, NHS England and Trust Development Authority of assurance processes
- Development of a NWL system contingency response to the proposed A&E closures
The clinical commissioning group assurance process

- Activity data for both Central Middlesex and Hammersmith shows that all NW London CCGs will be affected by service transitions - Brent CCG and Hammersmith and Fulham CCG will be affected more than others
- Process has been developed so CCGs can assure themselves that they have all the information they require to be assured on the safe transition of services
- CCG Collaboration Board agreed the following assurance arrangements:
  - Hammersmith & Fulham and Brent CCGs would undertake an assurance process as the lead commissioners for Hammersmith and Central Middlesex Hospitals, focusing on safety of care pathways
  - Hammersmith & Fulham and Brent CCG would undertake an assurance process as the lead commissioners for Northwick Park and St Mary’s (materially impacted receiving sites) on behalf of other CCGs focusing on capacity issues
  - All other CCG Governing Bodies would be informed of the assurance process that is being undertaken by Brent and H&F CCGs – for Harrow CCG a sequence of meetings has been agreed that aligns to the Brent CCG assurance process
CCG assurance questions address key delivery areas

- **Clinical Quality:** Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
- **Operational and Capacity Planning:** Is the capacity available in receiving acute and OOH sites with agreed operational policies?
- **Workforce:** Is a suitably capable workforce in place for a safe transition?
- **Communications and engagement:** Has there been sufficient, patient and public engagement and is there a plan for this to continue?
- **Travel:** Have travel implications as a result of the reconfiguration been identified and addressed?
CCG assurance questions address key delivery areas

- **Equalities:** Have equalities implications as a result of the reconfiguration been identified and addressed?
- **Finance:** Has due consideration been given to activity and financial implications of transition?
- **Emergency preparedness, resilience and response planning:** Have statutory duties to prepare for responding to major incidents, and ensuring continuity of priority services been satisfied?
- **System assurance:** Have all affected organisations understood the change and are prepared to manage the transition?
- **Risk of non-closure:** Have the risks of non-closure been addressed?
CCGs completing assurance for 10 September

H&F CCG

Agree the process for seeking assurance that HH EU can be safely closed

H&F CCG - Lead Commissioner for St Mary’s (receiving site)

CCGs that are affected to a lesser extent

Trust confirmation of readiness for transition

22 July*

CCG assurance that HH EU can be safely closed

H&F CCG

Hammersmith CMH

Brent CCG

Agree the process for seeking assurance that CMH A&E can be safely closed

Brent (and Harrow) CCG – Lead Commissioner for Northwick Park

H& F CCG - Lead Commissioner for St Mary’s

CCGs that are affected to a lesser extent

Trust confirmation of readiness for transition

23 July*

CCG assurance that CMH A&E can be safely closed

Brent CCG

NHS England and NTDA Review

Readiness monitoring and delegated authority

Service transition

NWLHT

EHT

ICHTEHT

LAS

23 July*

CCG assurance that CMH A&E can be safely closed

Brent CCG

Readiness monitoring and delegated authority

Service transition

LAS

NHS England and NTDA Review

CCGs that are affected to a lesser extent

8 May – CCG Collaboration Board to agree to the process and delegated responsibility for assurance to Brent and H&F CCGs

Readiness monitoring and delegated authority

Service transition

H&F CCG

H&F CCG - Lead Commissioner for St Mary’s

CMH

Brent (and Harrow) CCG – Lead Commissioner for Northwick Park

H& F CCG - Lead Commissioner for St Mary’s

Advised
A&E public information programme

• We want residents to know when the A&E will close, what services are available for urgent care at the site and what to do in an emergency

• We need to:
  • reassure and not cause alarm.
  • raise awareness that the two A&Es are transitioning
  • ensure understanding that 24/7 UCCs remain on site
  • provide accessible and easy to understand information on the change

• Focus group activity across Brent, H&F and Ealing has provided insight into the levels of understanding and needs of the general public

• Make clear with bold, simple language what is happening, as soon as we can and to as many people as we can
Advertising testing

• Tested with a wide range of groups including operational staff, clinicians and lay partners
• Independent market research company undertook research with the general public.
• Four adverts tested. Three followed a similar creative but used a different word to describe what was happening:
  1. “Closing”
  2. “Changing”
  3. “Becoming”
• The fourth used an alternative creative execution
• A range of colours from the NHS colour palette were used
• Alternative graphics were also tested
Three levels of messaging

Level 1 – billboards, bus stop ads
What is happening to the A&Es
• When is it happening
• UCC 24/7 at both sites to treat minor injuries and illnesses
• Brief overview of what a UCC treats (bus stop only)
• In emergency dial 999

Level 2 – Print ads, door drop
• As above plus:
• More detail on when to go to a UCC
• When to call an ambulance/go to an A&E
• 111

Level 3 – detailed activity - Leaflets, engagement materials, website
• All the above plus:
• Specific information relevant to particular group being engaged with. For example, specific to expert patients groups or communities.
• What else is happening at the hospital
• Why the changes are being made
Campaign activity

• The core public information campaign will occur across an area defined by data showing patient flow into the two A&Es

• The campaign will include:
  • Website development
  • Outdoor & print advertising
  • Door drops
  • Leaflets and posters
  • Media activity
  • GP engagement
  • Staff engagement
  • Political & stakeholder engagement

• The Equalities & Access workstream are engaging with community groups across the area to communicate with hard to reach groups
• The Travel Advisory workstream are coordinating changes in road signage
Activity – Information distribution

• **Two door drops** to 285,000 properties within tier 1 geography will take place.
  1. NHS branded leaflet and letter to provide information on the change.
  2. Reminder that the A&E is now closed but the UCC is 24/7

• **Information** in the form of either leaflets or posters distributed to key organisations:
  - Council buildings
  - Libraries
  - GP surgeries
  - Hospitals
  - Taxi companies
  - Faith buildings
  - Colleges & universities
  - Pharmacies
  - Hairdressers
  - Police stations
  - Dentists
  - Hotels
  - Nursing homes
  - Community groups

• Letter will be sent to **schools** to distribute to parents ahead of the end of term in July.

• A significant amount of information will be distributed through the work undertaken by the equalities workstream.
Advertising activity

Proposed advertising includes:

- Half page adverts in local papers
- Full page advertorial in local papers (fortnight around closure)
- 16 billboards
- 81 panels on the inside of buses
- 150 bus stop/stand alone street signs
- 312,500 pharmacy bags
GP communications

- Trusts & CCGs will use existing mechanisms to communicate directly with GPs but will work together to ensure messaging is aligned.
- Communication to GPs includes:
  - Trust & CCG newsletters
  - Letter advising them of the changes that are forthcoming
  - Regular update letters updating on progress
  - Examples of the advertising materials
  - Materials sent directly to the surgery for patients as part of the wider public information campaign.
Final design to be used across the advertising and public information campaign

A&E services are changing at Hammersmith Hospital and Central Middlesex Hospital

On 10 September, the A&E departments at both hospitals will close. **Urgent Care Centres at both hospitals are open 24/7** to treat adults and children with minor illnesses and injuries that are urgent, but not life-threatening.

In an emergency, call 999.

For more information and advice, visit [www.nwlondonemergencycare.nhs.uk](http://www.nwlondonemergencycare.nhs.uk)
Final design for advertising and public information campaign

A&E services are changing at Hammersmith Hospital and Central Middlesex Hospital

On 10 September, the A&E departments at both hospitals will close.

Urgent Care Centres at both hospitals are open 24/7 to treat minor illnesses and injuries that are urgent, but not life-threatening. Adults and children can go there for:

- Sprains & strains
- Minor burns
- Cuts
- Infections
- X-rays

In an emergency, call 999.

For more information and advice, visit www.nwlononemergencycare.nhs.uk
Brent CCG’s transformation programme
Brent CCG’s transformation programme

Three elements to our transformation programme:

- Shaping a healthier future: reconfiguring hospital care
- Developing primary care: improving access to services in primary care including GP appointments
- Whole systems integrated care: better integration of health and social care

All three elements closely interlinked and support each other
Brent CCG’s transformation programme

Shaping a Healthier Future
- More health services available out of hospital, in settings closer to patients’ homes seven days a week.

Whole Systems Integrated Care
- Patients with complex needs receive high quality multi-disciplinary care close to home, with a named GP acting as care co-ordinator.

Primary Care Transformation
- Patients have access to General Practice services at times, locations and via channels that suit them seven days a week.

GP network
- Supported to self manage

NHS Brent Clinical Commissioning Group
Shaping a healthier future: Developing Central Middlesex Hospital
Our vision for Central Middlesex Hospital

“Improved care of the highest quality for patients, carers and families, where integrated teams of health and social care professionals can work in a co-ordinated way, on a common platform, to improve patient experience and outcomes.”
Developing an outline business case to consider four key areas to allow evaluation of proposals:

1. **Clinical evaluation**
   - Quality of care, deliverability, research and education

2. **Estates, Workforce, Operational & Finance Analysis**
   - Affordability and value for money

3. **Equalities Analysis**
   - Impact on protected patient groups

4. **Transport Analysis**
   - Access to care and impact of changed patient journeys

Working closely with patients, carers, community groups, clinicians, commissioners, providers and staff to develop the outline business case.
Regular engagement with public and clinicians to help develop our new model

Supporting engagement
Ongoing engagement to support the design and review of identified options. This will include patients, communities, service providers, clinicians, health professionals and commissioners.

Ongoing appraisal of the risks and viability of the scheme

July 2014
- Develop effective clinical models for service areas

August 2014
- Identify implications of clinical models (workforce, estates, operations)
- Develop operational model options to deliver clinical models
- Develop economic appraisal including the risks, costs and benefits

September 2014
- Internally assure and externally approve the Outline Business Case
- Review identified service changes or adjustments and identify whether further consultation and engagement is required
2 kinds of engagement activities undertaken to support the development of new service models

1. **Open**
   Open public forum delivered on 17/07/14 with 85 attending and wide circulation of invitations to both Brent, Harrow and Ealing organisations and communities.

2. **Targeted**
   Engagement with identified key participants to best support the development of effective service models for each service area. This has included collaborative working sessions and co-design events hosted by key organisations. Those who are being engaged are:
   - Clinicians with subject expertise
   - Staff from effected services
   - Providers of effected services
   - Commissioners for service areas across Brent, Harrow and Ealing
   - Community groups who represent patient demographics to be effected by changes
   - Key patient groups (and patient representatives) to be effected
Three major elements to the future hospital

- Creation of a Brent Hub plus
- Developing an elective orthopaedic centre
- Improving mental health services
Our ambitions for Brent Hub Plus

• Deliver accessible, proactive and co-ordinated care for communities across Brent.

• Bring together and integrate urgent care, primary care and community services with a wide range of outpatient services and diagnostics.

• Support and enhance care delivered by Brent’s primary care and community based health and social care services.

• Services tailored to the needs of Brent citizens.
Key intentions for the Brent Hub Plus model

- **Develop and deliver a stand-alone urgent care centre for CMH:** Provide safe and effective care and link closely with local Accident and Emergency centres.

- **Grow existing offer to support co-ordination of care:** especially for those with complex health and social care needs.

- **Offer a wide range of outpatient services:** Consultant-led services to complement community based services and enhance support for those with complex health and social conditions.

- **Create a community zone that will support a proactive approach to positive health and wellbeing:** Increase access to wellbeing information and educational opportunities to enable people to look after themselves and better connect them with voluntary, social care and health services.
Key intentions for the Brent Hub Plus model

• **Support services with modern diagnostics:** Increase efficiency and effectiveness of access to diagnostics expertise, equipment and technology.

• **Deliver integrated rehabilitation + reablement services:** Work with people to be supported back into the community and their homes after a stay at hospital.

• **Increase access to mental health advice and support:** For people being supported by services at CMH.

• **Bring patients into the heart of planning their own ongoing care and help them to stay well in the community.**
Our ambitions for elective orthopaedic centre

- Create a world-class elective orthopaedic service from Central Middlesex hospital.
- Put patient at the centre of the process to ensure the experience of procedures are fast and efficient.
- Join up effectively with services based at other hospitals and within the community.
- Deliver planned procedures for patients across Brent, Harrow and Ealing.
Elective Orthopaedic Centre – key intentions

• **Ensure that patients will be able to access the right services at the right time:** have all the information they need to understand their referral.

• **Ensure that patients will be fully prepared for their surgery:** keep to minimum number of pre-operative interactions with services and distances they have to travel to see their clinician.

• **Offer patients a coordinated and seamless service focused on their needs and outcomes**

• **Ensure that patients will undergo surgery in a world-class facility:** experiencing the highest standards of care and safety.
Elective Orthopaedic Centre – key intentions

• Ensure that services at CMH are fully integrated with community services: ease patient’s transition back home and enhancing their recovery

• Offer easily accessible help and support to patients once back in the community

• Support patients who require help with transportation: get them there and back from their procedures safely and efficiently
Our ambitions for Mental Health Services at CMH

• Relocate a range of mental health services from Park Royal Hospital to Central Middlesex

• Develop services to enhance the quality of care

• Create environments that improve the patient’s experience
Develop an effective space and environment to enhance quality of care that meets our design principles:

- Access to open outdoor spaces
- Access to both communal and private space
- Rooms with natural light
- Access to therapies and activities on-ward + off-ward
- Temperate spaces
- Flowing layout of buildings to reduce confusion + disorientation
- Single rooms for service users with access to en-suite facilities
Key intentions for the mental health services

- **Increase access to wider community support:** service users supported within acute mental health assessment and treatment wards.

- **Enable more joined-up working to enhance rehabilitation:** especially with community based support services and VCS.

- **Enhance the support available for people to build their skills:** knowledge that improve their ability to best manage their own conditions.

- **Enhance how people are assessed and supported:** develop the spaces and processes available in acute hospital settings.
# Developing our proposals in partnership

Working with patients, carers, community groups, clinicians, commissioners, providers and staff to develop our proposals

### July 2014
- Develop effective **clinical models** for service areas

### August 2014
- **Identify implications** of clinical models (workforce, estates, operations)
- Develop **operational model** options to deliver clinical models

### September 2014
- Develop **economic appraisal** including the risks, costs and benefits
- Internally **assure** and externally **approve** the Outline Business Case

### Supporting engagement
Ongoing engagement to support the design and review of identified options. This will include patients, communities, service providers, clinicians, health professionals and commissioners.

### Ongoing appraisal of the risks and viability of the scheme
Review identified service changes or adjustments and identify whether further consultation and engagement is required.
Transforming primary care
Primary Care Transformation

• GP practices working in networks to provide extended care for example through locality hubs providing additional GP appointments within 24 hours 7 days a week
• Prime Minister’s Challenge Fund to help networks plan for 7 day working providing urgent access within 4 hours and routine access within 48 hours and implement new capability for electronic access for patients eg on line consultations
• Developing primary care that is coordinated, accessible, proactive and convenient
• Developing hub centres for community services at CMH, Willesden and Wembley with two new additional in South Kilburn, Kingsbury and Central Middlesex Hospital
Integrating health and social care
Integrating health and social care

The Brent Vision for Whole Systems Integrated Care

- More investment in primary, social, and community care and mental health
- Appropriate spending on acute hospital-based care
- Financial and operational risk shared between organisations

Funding flows to where it is needed

- Patients and communities recognised as assets
- Investment in self-management support
- Patients are empowered to have Personal budgets if requested
- Patients and their carers included in multi-disciplinary teams
- Local community recognised as network of support in care planning
- Patient representatives involved in the governance of whole systems integrated care in Brent

Care is provided in the most appropriate setting

- Care is coordinated around the individual
- GPs at the centre of inter-professional care
- Investment in new multi-disciplinary home care teams
- More specialist support in the community
- Speedy access to hospital bypassing A&E where hospital care is needed
- Shorter hospital stays

- Joined up health and social care, organised around people’s needs not historic organisational structures
- One set of records shared across organisations
- Blur divisional and organisational boundaries between workforce

NHS Brent
Clinical Commissioning Group
Four specific improvement programmes

• Keeping the most vulnerable people well in the community
• Avoiding unnecessary hospital admissions
• Effective multi-agency hospital discharges
• Improving mental health
What will be different for patients as a result of transformation programme

- **Easier access to care:** More GP appointments and more services based in a community setting making it easier for patients to access care.

- **Improved patient experience & outcomes:** Different service providers working together to provide integrated service to meet patients’ needs.

- **Higher standards of clinical care:** New clinical standards for hospital and out of hospital care will drive up care standards across all services.