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NHS North West London

North West London

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Overview and Scrutiny Briefing
16 Jan 2012

Welcome and introduction

Anne Rainsberry
Chief Executive

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Agenda

▪ **Welcome and introduction**	**18:30 – 18:40**
▪ **Context**	**18:40 – 18:50**
▪ **Case for change**	**18:50 – 19:15**
▪ **Outline of programme**	**19:05 – 19:20**
▪ **Next steps**	**19:20 – 19:30**
▪ **Questions and discussion**	**19:30 – 20:30**

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Healthcare provision in North West London

- 1 A&E department for every 200,000 people
- 423 GP practices
- 1,187 GPs

Mental Health Trusts

Central and North West London
(Hillingdon, Harrow, Brent, K&C, Westminster)

West London Mental Health
(Hounslow, Ealing, H&F)

Community Providers

Central London Community Healthcare

Hounslow & Richmond Community Healthcare

Central and NWL NHS FT

Ealing ICO

8 Clinical Commissioning Groups

Brent CCG
Ealing CCG
Hammersmith & Fulham CCG
Harrow CCG
Hillingdon CCG
Great West CCG (Hounslow)
Central London CCG
West London CCG

NWL – host commissioner for London Ambulance Service

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Over the past year we have made good progress. Patient journeys have helped us clearly articulate the quality of care we are aiming to deliver

Several pathways were reviewed

- Acute services (focusing on emergency surgery, A&E, inpatient paediatrics, and maternity services)
- Planned care and the management of Long Term Conditions (standards for high-level clinical pathways with two illustrative in-depth pathways)
- Primary care, when it is part of an integrated care pathway (illustrated for diabetes) or as part of an end-to-end pathway including care in an acute setting (illustrated with emergency care and paediatrics)
- A mental health care pathway
- A complex patient at the health and social care interface

For each pathway, we captured the patient journey

Patient journey in emergency surgery

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The impact on providers of the Commissioning Strategy Plan

Three overarching principles underpin our models of care

1	**Centralising** most specialist services means better clinical outcomes and safer services for patients
2	**Localising** routine medical services means better access closer to home and improved patient experience
3	Where possible, care should be **integrated** between primary and secondary care, with involvement from social care, to ensure seamless patient care

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Centralise: We have centralised key specialist services and improved patient outcomes

- Hyper Acute Stroke unit
- Major Trauma Centre
- Vascular surgery centre
- Heart attack centre

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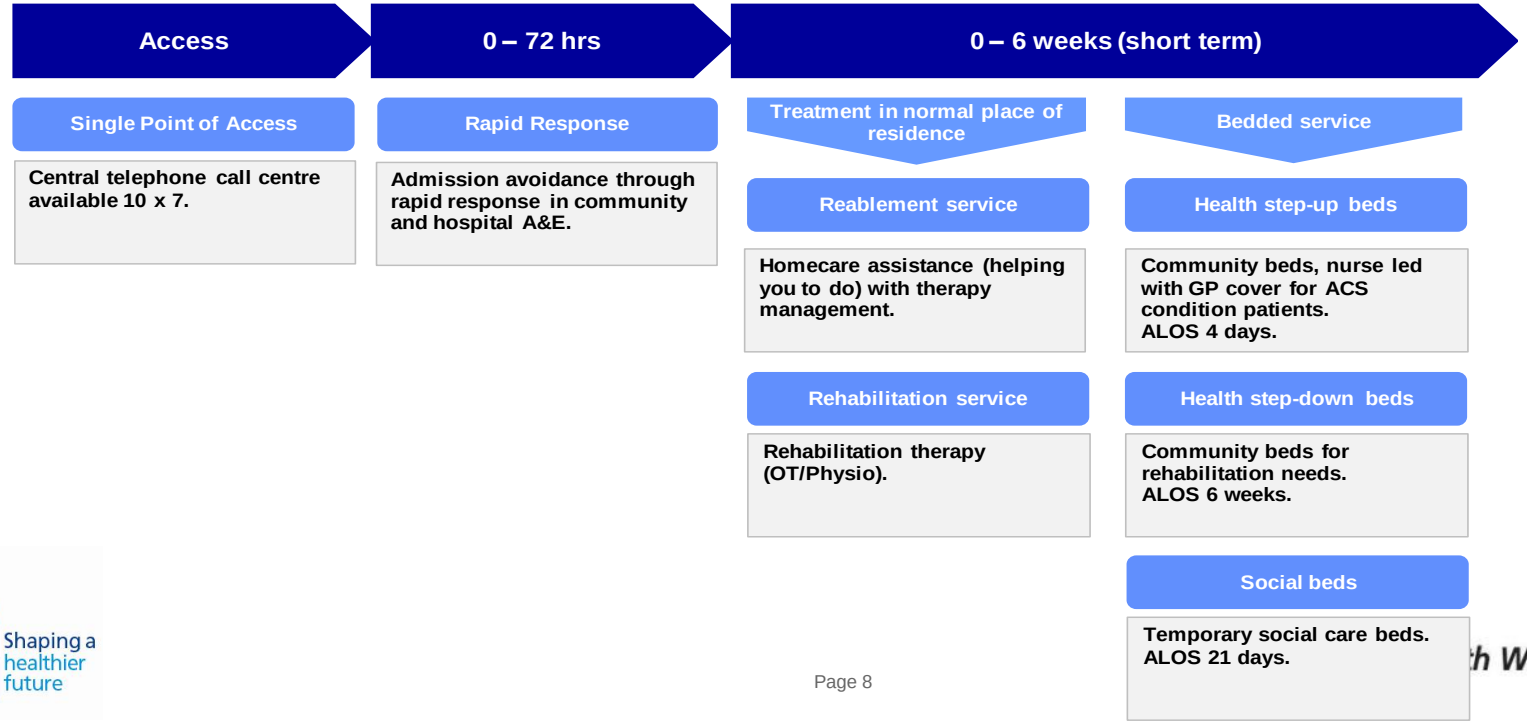
Localise: We launched a successful Short Term Assessment, Rehabilitation and Re-ablement Service (STARRs) in Brent

Early supported discharge
Following a spell in acute hospital spell, STARRS supports patients to return to their normal place of residence more rapidly than would otherwise be possible.

Admission avoidance
STARRS is designed to work with patients who are identified as being at risk of a hospital admission, by providing a time-bound, intensive service involving a range of practitioners. The service is designed to treat a patient in their normal place of residence, supporting people to live independently

Short term crisis prevention
Working with community services STARRS is designed to help patients through a short-term crisis. STARRS has strong links with other community services, enabling patients' medium-long term health and social care needs to be met



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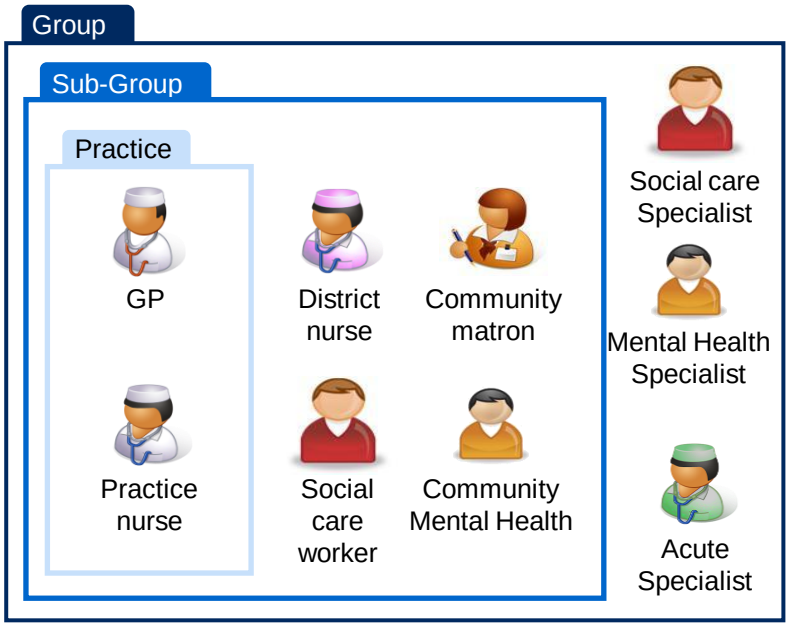
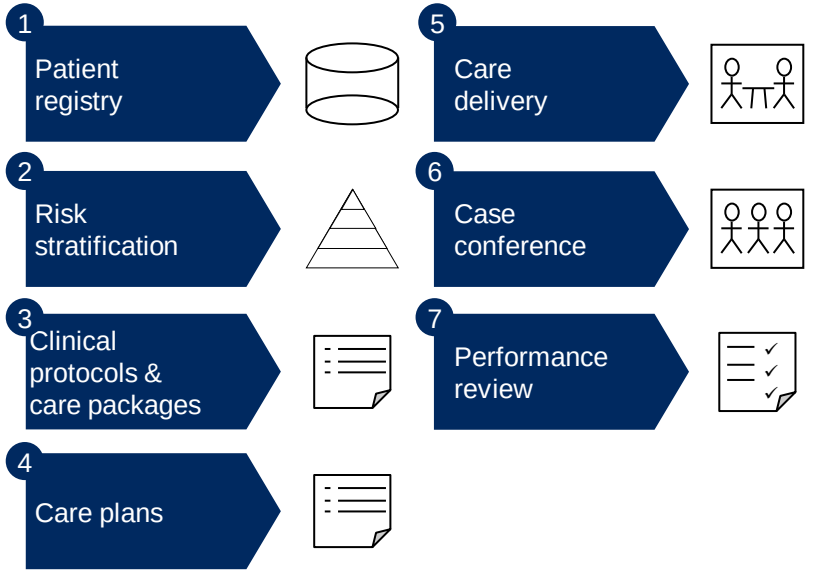
Integrate: We have launched an ambitious Integrated Care Pilot to improve the care of the frail elderly and diabetic patients across 5 boroughs

Improve the quality of patient care for patients with diabetes and the elderly

Local Multi-Disciplinary Groups…



…working in a Multi-Disciplinary System



What are we trying to achieve in NWL?

1) Improve patient outcomes and experience through collaboration and coordination care across providers (4 hospitals, 3 community providers, 93 GP practices, 5 social care organisations) with shared clinical practices and information
2) Over 5 years decrease hospital usage including emergency admissions by 30% and nursing home admissions by 10% for diabetics and frail elderly through better more proactive care
3) Reduce the cost of care for these groups by 24% over 5 years

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A large number of providers taking part in this pilot

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Ealing CCG
Great West CCG (Hounslow)
West London CCG (K&C)
Westminster CCG
Hammersmith and Fulham CCG

age UK

Diabetes UK

City of Westminster

Imperial College Healthcare NHS Trust

Chelsea and Westminster Hospital NHS Foundation Trust

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Imperial College Healthcare Charity

h&f hammersmith & fulham

Central London Community Healthcare NHS Trust

Barnet ▮ Hammersmith and Fulham ▮ Kensington and Chelsea ▮ Westminster

Central and North West London NHS Foundation Trust

London Borough of Hounslow

Ealing www.ealing.gov.uk

West London Mental Health NHS Trust

Ealing Hospital NHS Trust

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The case for change

Dr Mark Spencer
Medical Director

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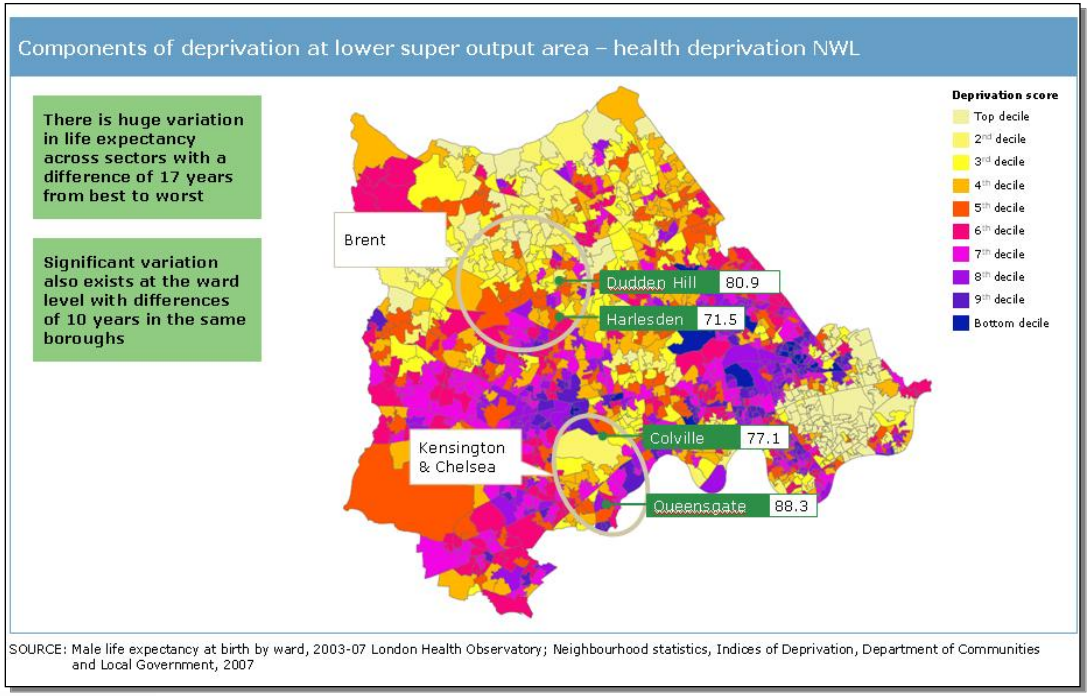
Context for the NHS in North West London

The North West London (NWL) cluster is one of the largest PCT clusters in England.

- 8 PCTs/Clinical Commissioning Groups
- Budget of £3.5 billion
- Covering a population of 1.9 million



- Since 2000 life expectancy has improved by 2 years but gap across the cluster is still 16 years.
- We have some of the best provision of primary and acute care in London, but also some of the least good.

Summary of the Case for Change (1/3)

DRAFT

1. Our healthcare needs are changing and demand is increasing

- The population is getting **older**
- Current **lifestyle** is creating an epidemic of obesity, diabetes, cancer, heart disease and stroke
- The numbers of patients living with **chronic disease** are increasing
- **Science and technology** offer new ways of tackling old problems
- Internet, mobile communications and telehealth are opening up **new channels for delivering care** and providing health information, increasingly **supporting patients to care for themselves**

2. As a result we have made changes over the last few years

- Changes have been made in Community, Primary and Hospital care **increasing quality and localisation of services**
- **Coordination and integration** of care across the boundaries of providers has been improved reducing non-elective admissions for diabetic and elderly patient groups
- **Some specialist services have been centralised** into single networked centres, improving clinical outcomes
- NWL continues to deliver excellent **education** opportunities developing the next generation of clinicians alongside nationally and internationally recognised **research** that brings the latest treatments to patients

Summary of the Case for Change (2/3)

DRAFT

3. But there is still more to do

- The NHS could and should do more to **prevent ill health** in the first place
- When people are concerned about their health, the first point of call is **primary care**. We should do more to provide high quality easy access to physicians who can treat and help patients navigate the health care system
- For the increasing number of patients who suffer from **long term conditions**, we could be doing more to support them to manage their condition and maintain their independence
- More can be done for north west London's increasingly **ageing population** to enable them to live independently and to not be reliant on so much care
- Despite delivering good outcomes from hospital care, we are failing to provide consistently good **patient experience** for people
- As a result of **medical specialisation**, the need for clinical practitioners to treat a minimum number of patients to learn and maintain their skills and the need to provide increasing numbers of hours of consultant delivered care, it is challenging for all sites to provide **urgent surgery, paediatrics, obstetrics, critical care and A&E services**
- A number of **providers[1] in NW London are already facing significant challenges** in meeting key access targets, have significant financial challenges or have estate which is not fit for delivering modern standards of health care in.

1 Providers who fit into some or all of these categories include North West London Hospitals (Northwick Park and Central Middlesex), Imperial College (Charing Cross, Hammersmith and St. Mary's), Ealing Hospital and West Middlesex Hospitals

Summary of the Case for Change (3/3)

DRAFT

4. Delivering the best patient experience and clinical outcomes are the organising principles for how services should be delivered in North West London. **There are specific actions we need to take to deliver this commitment, which will require us to reconfigure our services. We need to:**

- More actively engage patients in taking personal responsibility for staying healthy and helping them manage their own health conditions.
- Work together with our health and social care partners in an **integrated** and seamless way to coordinate each individual patient's care
- Deliver more consistent high quality community and primary care and dramatically improve **access to local care**
- Support clinicians to become experts in specialist areas and increase the success rates of their treatments by **centralising and specialising services** into fewer hospitals, consistently delivering high quality care
- Make the best use of our good estate and improve or dispose of poor estate
- Facilitate the delivery of **high quality, coordinated care** through having well motivated and highly trained staff and better using technology to share information

Across the CCGs we have heard a set of five core themes on how to transform out of hospital care in NWL

What we want the future to look like…

1) **Easy access** to **high quality**, **responsive primary** care to make out of hospital care first point of call for patients

2) **Simplified planned care pathways** that allow hospital care to be delivered in a community setting

3) **Rapid response to urgent needs** by primary care for so that patients don't need to access hospital A&E

4) **Providers working together**, with the patient at the centre to effectively manage the **elderly and LTCs** out-of-hospital

5) **Minimal time in hospital** when admitted, with **early supported discharge** into well organised community care

…and how we propose to deliver it

a) **Organise** into relevant **local general practice networks**[1]

b) **Use networks to co-ordinate** a multidisciplinary group of social workers, community staff, district nurses and consultants (e.g., ward/localities)

c) **Ensure accountability for both health and social care**, with a named lead the patient knows is responsible for their care, prevents needless admission, speeds discharge and acts as single point of contact to organise OOH response

d) **Deliver care in settings of sufficient scale** to realise clinical and economic critical mass, optimising space utilisation

e) **Employ** a future workforce with a different **skill mix**, appropriate to the care delivered

f) **Agree consistent quality standards** for delivery of OOH care

g) **Establish enablers** to support the system:
- **Shared information** and communication to support core processes i.e., risk stratification, care planning, care delivery
- **Incentive/contractual alignment** to incentivise additional activity for proactive care, extended hours and reduced cost
- **Transparent performance management** on access, quality, referrals and cost across all providers

1 Harrow (Peer groups); Brent (Localities); Hounslow (Mentoring cells); H&F (Practice networks); Ealing (Practice networks); Hillingdon (Practice networks); CLH (MDGs); K&C (Learning Sets)

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Daniel Elkeles
Director of Strategy

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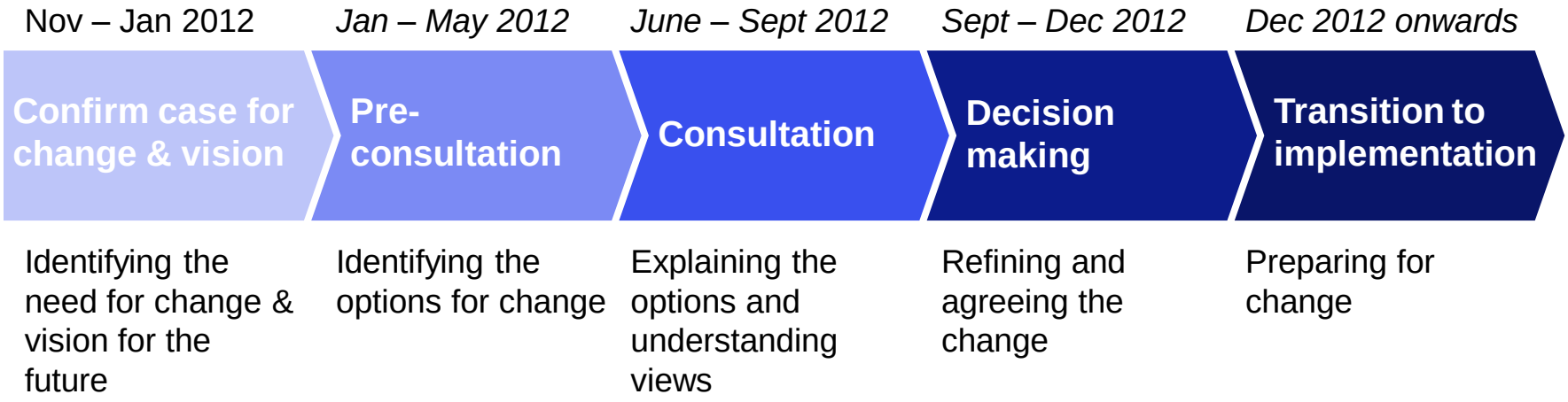
Current programme timeline



- Local clinicians are working together to confirm the quality standards and service models that will help NWL to address these challenges
- Local clinicians will subsequently lead a process to identify, appraise and shortlist options to deliver these standards
- We have a governance structure designed to obtain input from a variety of key stakeholders (see later slide)
- We are currently planning two pre-consultation engagement events to give local stakeholders specific opportunities to input to the identification of options

The options generation process will create a long list of options initially and gradually narrowing these down based on an agreed set of criteria

Mid February

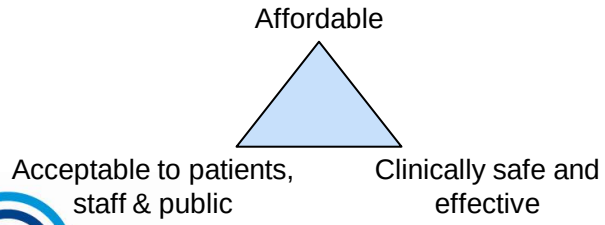
- Start with defined delivery models based on service configurations grounded in understanding of best clinical practice, standards and interdependencies
- Identify long list of options for role that each site could play

Mid March

- Test implications of long list of options (taking into account capacity requirements and fixed points)
- Discard groups of scenarios where significant challenge to implementation is likely (e.g. >50% under capacity at a given site)

Start April

- Identify short list of feasible scenarios and undertake more detailed modelling where necessary to support final decision-making on options for consultation



Key drivers:
- Clinical quality and interdependencies
- Capacity requirements
- Fixed points

We will ask for input to determine the detailed criteria for evaluating the options

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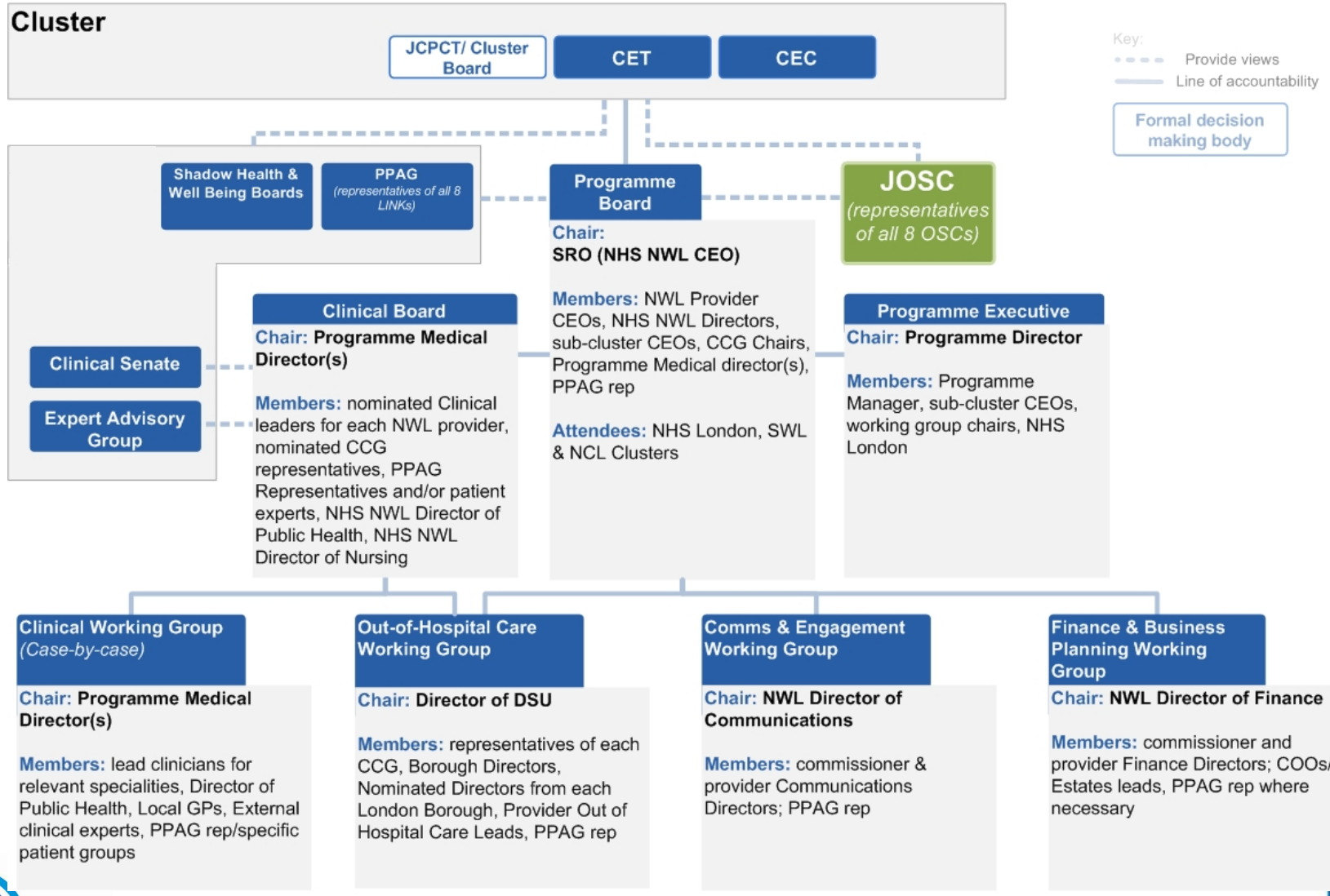
Programme Governance



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Issues to consider

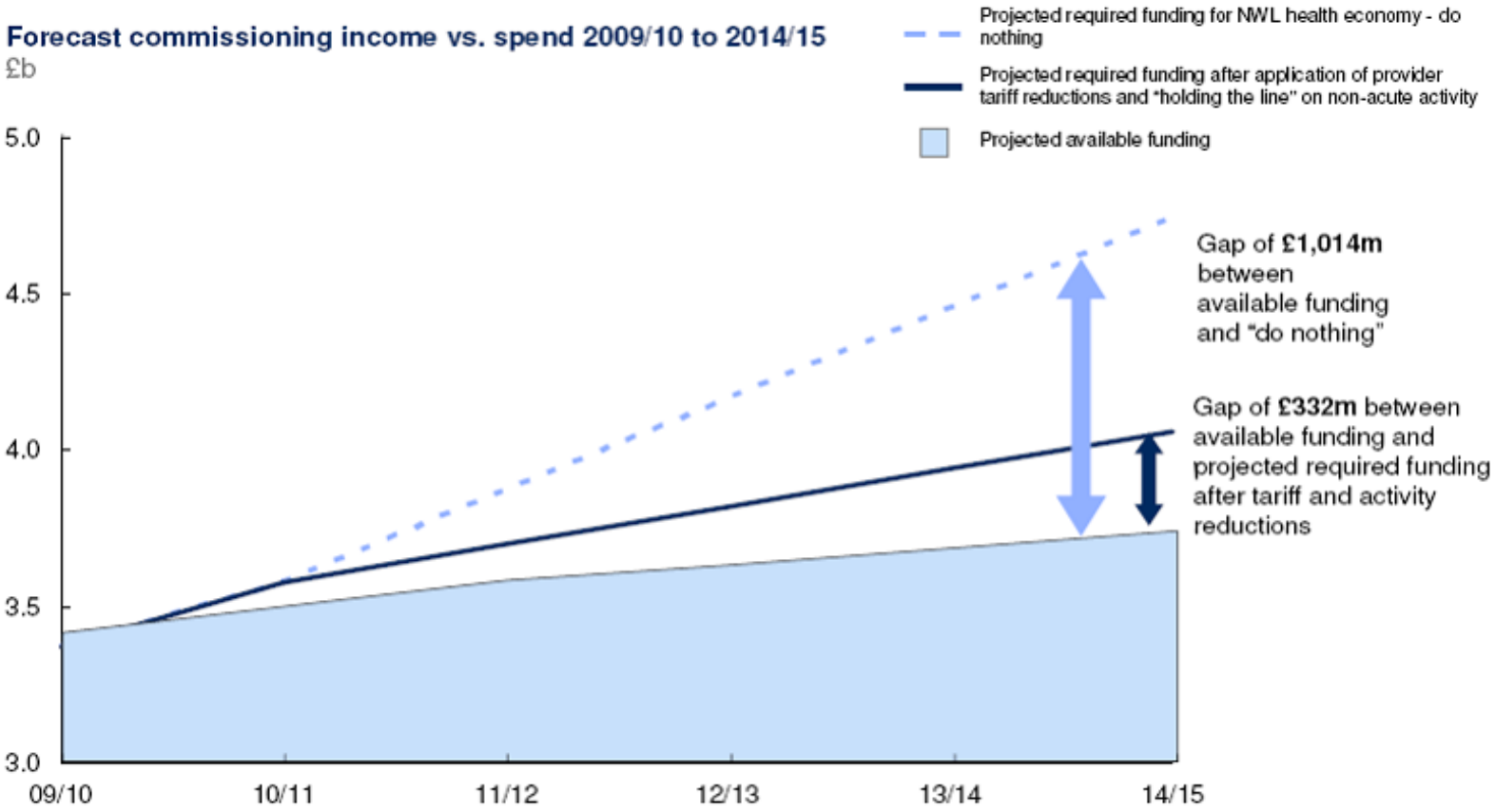
1. How would you like to continue to be engaged with the programme?
2. What support do you need from us to set up a NW London JOSC?
3. What are your thoughts on the timing of the public consultation?
4. What advice would they give us on how to run a successful public consultation?

Next steps

We developed a 5 year Commissioning Strategy in 2010 and identified nine key issues which form the basis of our case for change

1	**Reducing variation in life expectancy**
2	**Improving patients' perceptions of our services (especially GP and maternity)**
3	**Improving care for patients with long term conditions (especially diabetes)**
4	**Improving primary care (access and outcomes)**
5	**Improving quality of hospital care (specialisation and decreasing length of stay)**
6	**Listening and responding to our staff (staff satisfaction)**
7	**Making better use of our buildings**
8	**Achieving £1bn of savings**
9	**Mental Health**

North West London health system needs to close a **£1bn** funding gap



We achieved the required savings in 2010/11

We have updated the analysis to take account of the most recent allocations and have confirmed that the financial challenge remains

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