



Better Performance, Better Healthcare



**North West London
Commissioning Partnership**

Integrated Strategic Plan for North West London

Healthcare for North West London



ISP and role of the Partnership

- An acute commissioning partnership between eight PCTs in North West London
- Commissioning £1.4 billion of acute services from seven acute providers for 1.85m population
- Integrated Strategic Plan (ISP) has one chapter for the sector and one from each of the eight PCTs
- Draft submitted to NHS London in December
- Final version submitted on January 25
- NHS London will publish London-wide plan in Spring 2010



Road-map to redesign the NHS

- ISP is the road-map for the redesign of the NHS in North West London up to 2014
- It is the broad framework within which fundamental changes to NHS services will be made
- Values:
 - Work together for patients
 - Improve lives
 - Everyone counts
 - Commitment to quality of care
 - Partnerships in care
 - Strategic investment of resources



- Foreword: “The plan describes the shift of care to lower cost settings in polysystems and the consequent effect upon acute hospitals. It describes how we will drive change through community and primary services and enhance quality in secondary care services.”
- Foreword: “The plan details the action we will take to implement the eight ‘Healthcare for London’ pathways at a local level. This will inevitably result in fewer beds in the acute sector as resources are transferred to more appropriate settings.”



The case for change

- High level of preventable chronic illness and disease; earlier intervention would improve health and life expectancy
- 7 to 10 year life expectancy gap in adults living a few miles apart
- High and rising levels of adult and child obesity
- Higher than London average of A&E attendance
- Repeated hospital attendance of patients with long-term conditions
- Low patient satisfaction, esp. with acute services
- Too many at the end of life dying in hospital



Eight 'Healthcare for London' pathways

- Staying healthy
- Mental health
- Long term conditions
- Planned care
- Unscheduled care
- Maternity and New Born
- Children and Young People
- End-of-life care



Pathway initiatives to address the issues

- **Staying healthy** – PCT screening and social marketing initiatives
- **Mental health** – scoping role of polysystems; better Access to Psychological Therapies
- **Long-term conditions** – Diabetes and COPD identified for improved polysystem and community management to reduce hospital admissions
- **Planned care** – More OP clinics in polysystems; elective-only centres split from emergency rotas



Pathway initiatives to address the issues

- **Unscheduled care** – Nine urgent care centres networked to 27 polyclinics by 2014; improved GP access through GP-led health centres
- **Maternity and New Born** – sector-wide referral form; greater choice for home births; more pre- and post natal care delivered from polysystems
- **Children and Young People** – Paediatric Assessment Units alongside Urgent Care Centres
- **End-of-life care** – polysystems developing end-of-life partnership with nursing homes



Polysystems in NW London

- Polysystems in NW London are expected to serve a population of around 100,000 with a polyclinic at its centre
- Able to deliver a broad range of diagnostic tests, outpatient appointments, medical treatments, some minor surgery and urgent care, alongside better access to primary and community care
- Principle accepted in 2007 'Consulting the Capital' public consultation
- 27 polyclinics in NW London, four already open, seven more opening in 2010; all linked to Urgent Care Centres
- Every NW London resident covered by 2014



Change to activity due to polysystems

- 60% of A&E attendances
- 55% of outpatient appointments
- 30% reduction in unplanned acute medical admissions due to better management of long-term conditions by polysystems
- Diabetes and COPD management to get priority action to reduce hospital admissions
- Polysystems will allow for de-commissioning of some activity due to improved management of healthcare and long-term conditions



A&E and Urgent Care Centres

- ISP identifies the level of A&E attendances in NW London at 269 per 1,000 population; compares to the London average of 300 - but huge variation across NW London
- Eg. 375 A&E attendances for 1,000 population for Harrow; 370 for Hounslow, 364 for Ealing, 300 for Brent – but only 105 for Westminster
- More than half of children taken to A&E need no further medical follow-up, even from their GP
- Poor access to quick GP appointment seen as main cause



A&E and Urgent Care Centres

- 9 Urgent Care Centres networked to polysystems
- UCC opened at The Hammersmith Hospital at A&E front door with a GP surgery; more appropriate support for patients presenting with drug and alcohol problems or as a suicide risk
- Cut in admissions: 741 Oct 2001; 614 Sept 2009
- UCCs open at Charing Cross, Northwick Park, West Middlesex University and The Hillingdon hospitals
- UCCs opening in 2010 at Ealing, Chelsea and Westminster, St Mary's and Central Middlesex hospitals



Polysystems impact on A&E

- ISP forecasts that by 2014 NW London would expect almost 800,000 'A&E' attendances.
- More than half are expected by then to be seen in Urgent Care Centres
- Approximately 5% won't be needed at all, as better management of long-term conditions and early identification of change will allow community treatment and prevent urgent hospital visits



Impact on acute hospitals

- ‘Healthcare for London’ sets out a number of settings where healthcare will be delivered:
 - The patient’s own home
 - A polyclinic
 - A local hospital
 - An elective (planned) surgical centre
 - A major acute hospital
 - A specialist hospital
- The partnership now determining number of care settings needed to deliver change
- 4 clinically-led working groups reviewing acute care



4 Clinical Working Groups

- Conclusions so far, further development on-going:
Surgery: split emergency and elective; NWL should be able to sustain 3 or 4 emergency surgical rotas
Medicine – explore local hospitals taking medical emergencies without the need to have emergency surgery on site; explore role of polysystems in transforming care
Maternity and New Born – no stand-alone midwife-led units, all co-located with obstetrician-led units; working to 24/7 obstetrician cover at all units; 6,000 births preferred number; more community care and home births; fewer birth centres likely
Children and Young People: Paediatric Assessment Units at UCC; fewer inpatient units



Sector conclusions so far

- A maximum of 3 major acute hospitals with 24/7 emergency surgery, IP paediatrics, high level neonatal intensive care, full A&E with Urgent Care Centre (UCC) and Paediatric Assessment Unit (PAU) at the front door
- ‘Local hospital plus’, eg. one or more elective care centres, specialising in planned surgery; Urgent Care Centre; Paediatric Assessment Unit
- The remainder of hospitals to be ‘local hospitals’ which could provide UCCs, PAU and take medical emergencies with robust surgical transfer protocols; specialist hospitals; or a polysystem hub



Finance

- NHS is facing a challenging financial environment
- PCT funding scenarios, changes to the acute tariff, challenging £75m acute over-performance and activity shifts to polysystems all mean acute providers facing challenging financial future
- Acute reconfiguration is required to ensure clinically and financially viable organisations can continue on to achieve foundation trust status
- Various clinical and financial scenarios and reconfigurations will be modelled and tested



Next steps:

Developing site-specific options

- By March a clear timeline to consultation
- CWG and sector conclusions to date being brought together and modelled and tested for clinical and financial viability
- A variety of scenarios will be worked up and discussed with clinicians, local representatives, stakeholders and patients and the wider public over the next few months
- No site-specific decisions have been made for NW London. However, previous decisions on designating services, eg. major trauma, are likely to frame the outcome for some sites
- NHS aware of pre-election purdah



Engagement and involvement

- Sector has met Overview and Scrutiny Chairs 3 times, meeting them again in March
- Sector has met all eight Local Involvement Networks (LINKs) and continues to engage them in creating Public and Patient Reference Group
- Website in development
- 3 hospital clinical engagement events in March; CWGs continue to meet to refine their work
- Site-specific options published in the summer
- 13 week public consultation on final options likely to begin in autumn 2010



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