

NHS

Brent

Clinical Commissioning Group



**Shaping a
healthier
future**

Update on Shaping a healthier future programme

***Brent Health and Wellbeing Board –
Wednesday 9 April 2014***

Agenda

- Brent Clinical Commissioning Group
- Shaping a healthier future – overview
- Central Middlesex Hospital
- Discussion



Brent

Clinical Commissioning Group

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- 67 GP practices working together in five geographical areas across the borough - Harness, Kilburn, Kingsbury, Wembley and Willesden – to share expertise and resources.
- Many of our GPs have lived and worked in the borough for over 20 years – committed to our local community
- Vision to deliver better care, closer to people's homes in Brent.
- Working in partnership with our patients, communities, members and partners to deliver this

Brent Clinical Commissioning Group

- Committed to patients and services users fully involved in the decisions we take - 'no decision about me, without me'.
- Out of hospital strategy to manage and treat patients in primary and community care so fewer unnecessary admissions to hospital. Hospitals concentrate on patients who are critically ill and those who require specialist care.
- Shaping a healthier future programme taking forward reconfiguration of hospitals to be specialist centres of care.

Brent Clinical Commissioning Group

Ambitious plans to improve primary care, patient access to services, help people manage their long term conditions and keep healthy:

- Developing the five GP hubs to provide more services in a community setting
- Commissioning new pathways eg ophthalmology to deliver more services in a community setting
- Providing additional weekend GP appointments
- Working with Brent Council to commission joint health and social care for patients

Shaping a healthier future programme

Growing pressures on the NHS

- Increasing population
- Growing elderly population requiring care
- Growing number of people with long term conditions requiring treatment throughout their lifetime
- Increasing cost of care, treatments and drugs
- NHS resources spread across North West London – need to create specialist centres of care

Shaping a healthier future programme

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

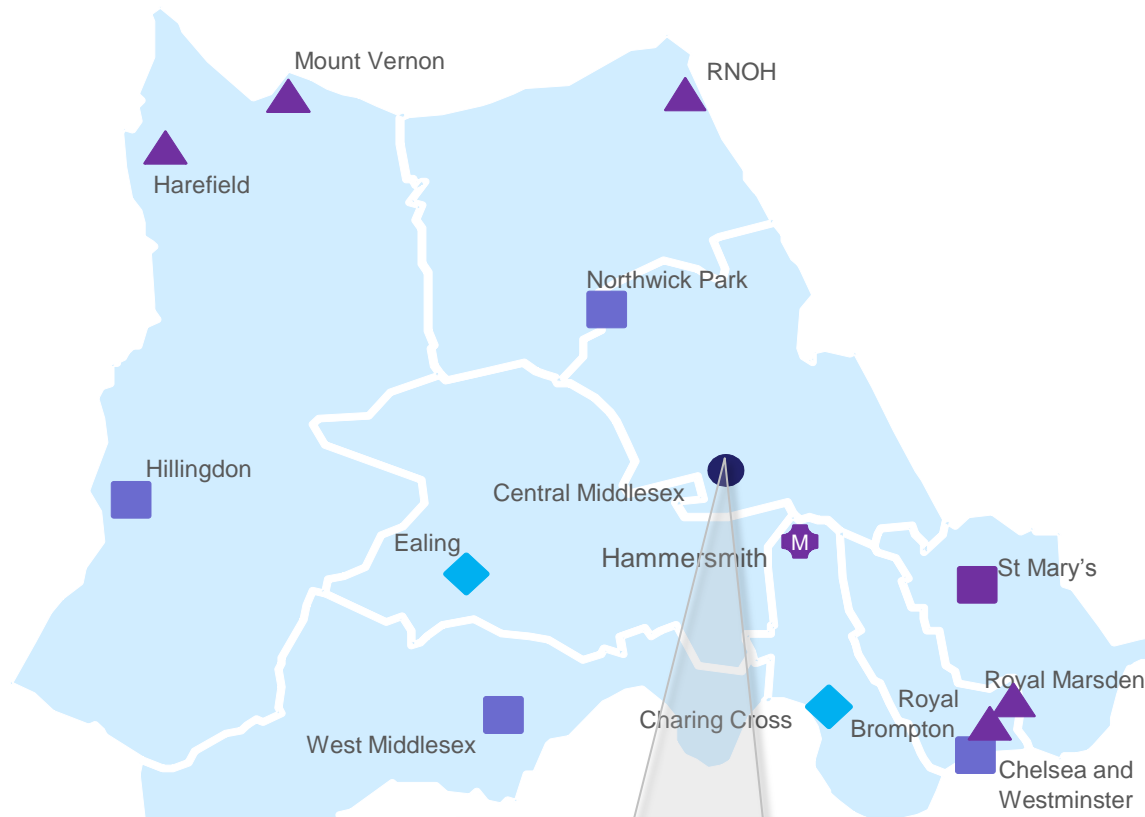








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Central Middlesex Hospital

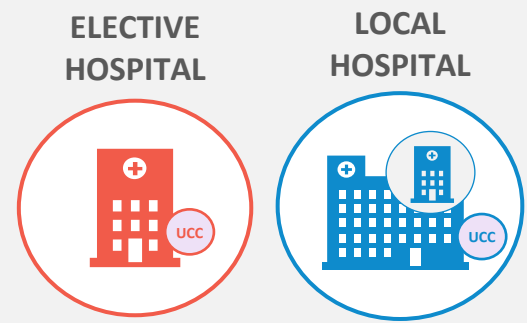
Central Middlesex Hospital as part of Shaping a healthier future



-  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

As a local and elective hospital, CMH would have:

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



A sustainable future for Central Middlesex Hospital

- Central Middlesex Hospital (CMH) current annual deficit of £11m.
- Joint Partnership Board consisting of affected Clinical Commissioning Groups (CCGs), providers, NHS England and the National Trust Development Agency (NTDA) led by the SaHF programme to build a long term clinically viable and financially sustainable model for CMH site
- Four working groups to develop a Strategic Outline Case (SOC) for the utilisation of the CMH site:
 - **Clinical Options** – evaluation of quality of care, deliverability, research and education
 - **Estates and Finance** - affordability and value for money
 - **Access to Care** - access to care and impact of changed patient journeys
 - **Equalities Impact** – analysis on protected patient groups

A sustainable future for Central Middlesex Hospital

Steps undertaken:

- 1:1 interviews with providers of services across NWL to discuss potential services for CMH.
- NWL wide stakeholder workshop in August considered long list of potential service options and selected a short list of options.
- Development of the options via smaller meetings and workshops to refine requirements and add detail.
- Additional financial, travel, equalities and impact on Willesden hospital analysis.
- NWL wide workshop held in January to choose the preferred option for the SOC

Three options considered

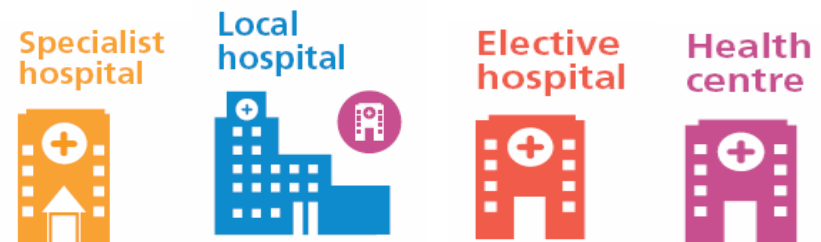
Option 1

Original DMBC*
base case 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

Option 1 – only 35 per cent of site utilised leaving site running at £11M recurring deficit

*DMBC – decision making business case

Adding additional services to make full use of CMH

Discussions with clinicians to identify additional services for CMH:

- **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** – 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

Uses CMH space and offers good local services

Needs significant investment, which is detailed in the estates and finance work stream

Impact of potential services that 'bundle' option offers

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

Travel and equalities considerations

Equalities

Three reviews of CMH as local elective hospital underway:

- Equalities impact review
- further focussed sub-group analysis
- deprivation report

Travel

- Only three options involve major shifts of treatment location
 - **Elective Orthopaedic Centre:** only small changes in journey times which, in our judgement, do not constitute a significant diminution of patient access
 - **Brent Hub Plus:** marginally improves the average patient journey time so cannot be considered to create significant access issues. A separate analysis for routine GP activity based at Willesden maybe required.
 - **Closure:** average travel time marginally improved which strongly suggests there are no new barriers to access in this option

Impact on Willesden Health Centre

- Currently a hub, providing extended community services for South Brent.
- Under suggested proposals 40 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 CAMHS services into a single (new) hub
 - Kilburn Square - community services relocation (mainly office space)
 - Static Breast Screening Unit - Replacement of existing mobile service
 - Relocating GP practices within a 1 mile radius (discussions underway with practices)
 - Non-traditional NHS services including voluntary sector
 - Commercial services

Evaluation agreement at workshop 14 January 2014

1a. CMH full use and Willesden full use

RANK ORDER 1

1b. CMH full use and Willesden disposal

REJECTED

1c. CMH full use and Willesden partial use and partial disposal

RANK ORDER 2

2. CMH disposal

REJECTED

- Order contingent on Willesden being able to be fully utilised - further work has identified that option 1a is not deliverable
- Option 1c is the preferred option detailed in the Strategic Outline Case (SOC). Approved at Future of CMH Partnership Board (25/2) and Implementation Programme Board (6/3)
- Now requires approval through the statutory organisations
- Brent CCG's preferred option is to fully utilise Willesden I will continue work to identify potential further services to go into Willesden

Strategic Outline Case reviewed by all statutory bodies affected

Impacted:
CCG Governing bodies:
Brent 26/3
Harrow 25/3
Ealing 19/3
H&F 1/4
Approve proposal
NHSE 25/3
Approve proposal

Affected Trust's Boards:
NWLHT 26/3
EHT 27/3
CNWL (tbc)
Imperial (tbc)
Approve proposal

NTDA Executive (tbc)
Approve proposal

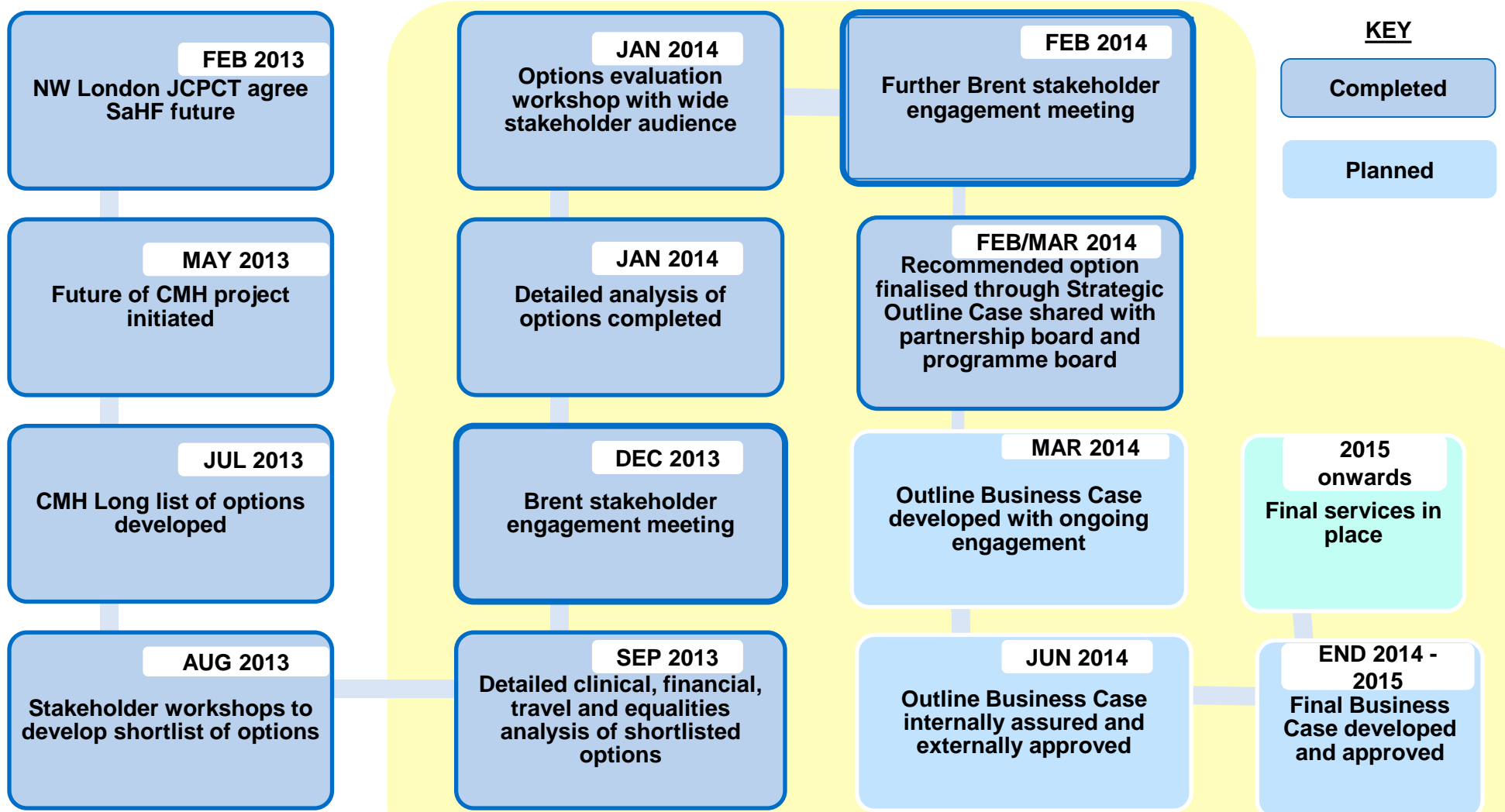
NHS Property Services
Approve proposal (if required)

	Responsible Officers
Brent CCG	Rob Larkman
Harrow CCG	
Ealing CCG	Daniel Elkeles
H&F CCG	
NHS E	Simon Weldon
NWLHT	David McVittie
EHT	
CNWL	Claire Murdoch
Imperial	
NTDA	Mark Brice
NHS PS	Sue Hardy

Next steps

- Proceed to Outline Business Case stage
- Procure central support to develop OBC
- At outline business case stage further work will be undertaken to ensure any necessary or appropriate consultation and an equalities impact assessment
- Further approval through statutory (responsible) organisations and the organisations potentially involved in delivering the services on the CMH site
- Further engagement to be planned and undertaken

Timeline



Continued Patient and Public Engagement

Discussion