

Health and Social Care Scrutiny Sub-Committee (Special) AGENDA

DATE: Wednesday 19 September 2012

TIME: 7.30 pm

VENUE: Committee Room 6,
Harrow Civic Centre

MEMBERSHIP (Quorum 3)

Chairman: Councillor Krishna James

Councillors:

Victoria Silver
Ben Wealthy

Mrs Vina Mithani (VC)
Simon Williams

Reserve Members:

- | | |
|---------------------------|------------------------------|
| 1. Jerry Miles | 1. Barry Macleod-Cullinane |
| 2. Kairul Kareema Marikar | 2. Mrs Lurline Champagne OBE |
| 3. Zarina Khalid | |

Advisers:

Julian Maw
Dr Nicholas Robinson

Harrow LINK
Harrow Local Medical Committee

Contact: Nicola Fletcher, Democratic & Electoral Services Officer
Tel: 020 8416 8050 E-mail: nicola.fletcher@harrow.gov.uk

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

3. DEPUTATIONS

To receive deputations (if any) under the provisions of Committee Procedure Rule 16 (Part 4B) of the Constitution.

4. SHAPING A HEALTHIER FUTURE FOR HARROW (Pages 1 - 46)

Presentation from NHS NW London.

AGENDA - PART II - NIL



North West London



Improving healthcare for two million people in North West London

Harrow 19 September 2012

Contents of the presentation

1 Background

2 Case for change

3 Vision

4 How will we deliver the vision?

5 Where should the five major hospitals be?

6 Final thoughts

The NHS in NW London



The NHS in NW London is facing serious challenges



Population

Age and disease



Clinical

Clinical advances and drugs



Resources

Workforce and facilities



Financial

Save to invest

Our vision for care

1

Localised

2

Centralised

3

Integrated

World class
health care
outside
hospital



Quality standards for care outside hospital

1 Empowerment and self-care

2 Access, convenience and responsiveness

3 Care planning and multi-disciplinary care delivery

4 Information and communication

Delivering our vision will ...

Localise



- Improved access
- Supported self-care
- Improve care for people with LTCs

Centralise



- Consistent access to senior doctors
- Specialist skills developed and accessible

Delivering our vision will ...

Integrate

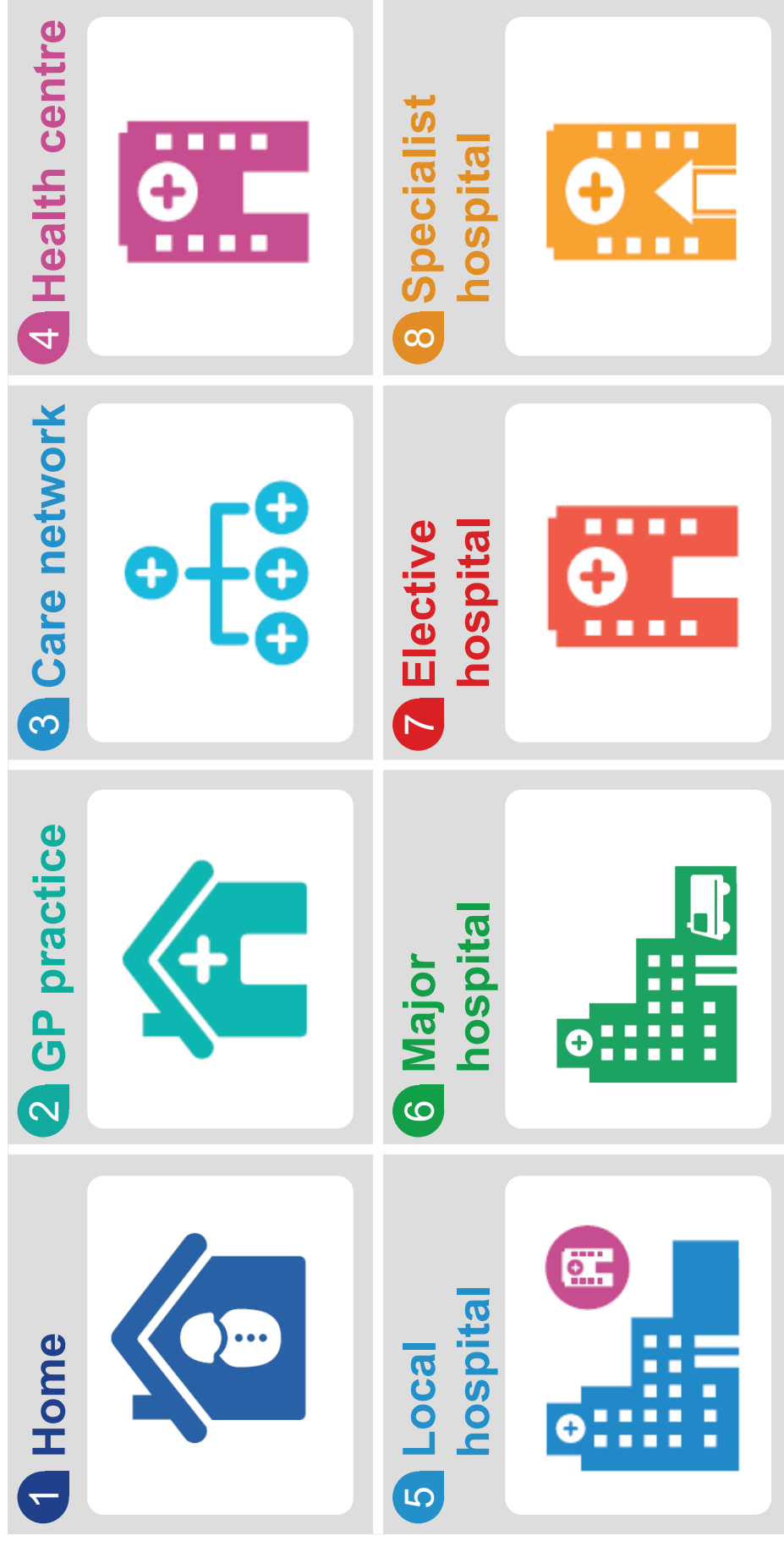


- Co-ordinate care and reduce errors
- Reduce duplication and improve communication

Save lives






Delivering the vision from eight settings of care



Delivering care outside of hospital




-  Hospital with urgent care centre
-  Possible site for local health centre, not on a current hospital site
-  Business case needed for health centre


Local hospitals


- Quicker and more joined up health and social care
- Access to specialist skills
- Outpatients, tests/ diagnostics
- Bringing services together
- Better nursing, therapy and rehabilitation
- Urgent care





Urgent care centres

 24 hours a day seven days a week

 See and treat in four hours

 Led by GPs and nurses

 Linked with other services like NHS '111'

 Have access to tests and specialist clinicians

The kind of health problems urgent care centres would treat include:

 <p>Illnesses and injuries (with no overnight stay)</p>	 <p>X-rays and other tests</p>
 <p>Treatment of minor fractures (breaks)</p>	 <p>Simple anaesthesia for wound closure</p>
 <p>Drainage of abscesses</p>	 <p>Minor ear, nose, throat and eye infections</p>

Elective hospitals

- Will do planned operations
- More easily kept free from infections
- Treatments not disrupted by emergencies
- Can be located within, or independently of, major hospitals
- Central Middlesex Hospital proposed as an elective hospital

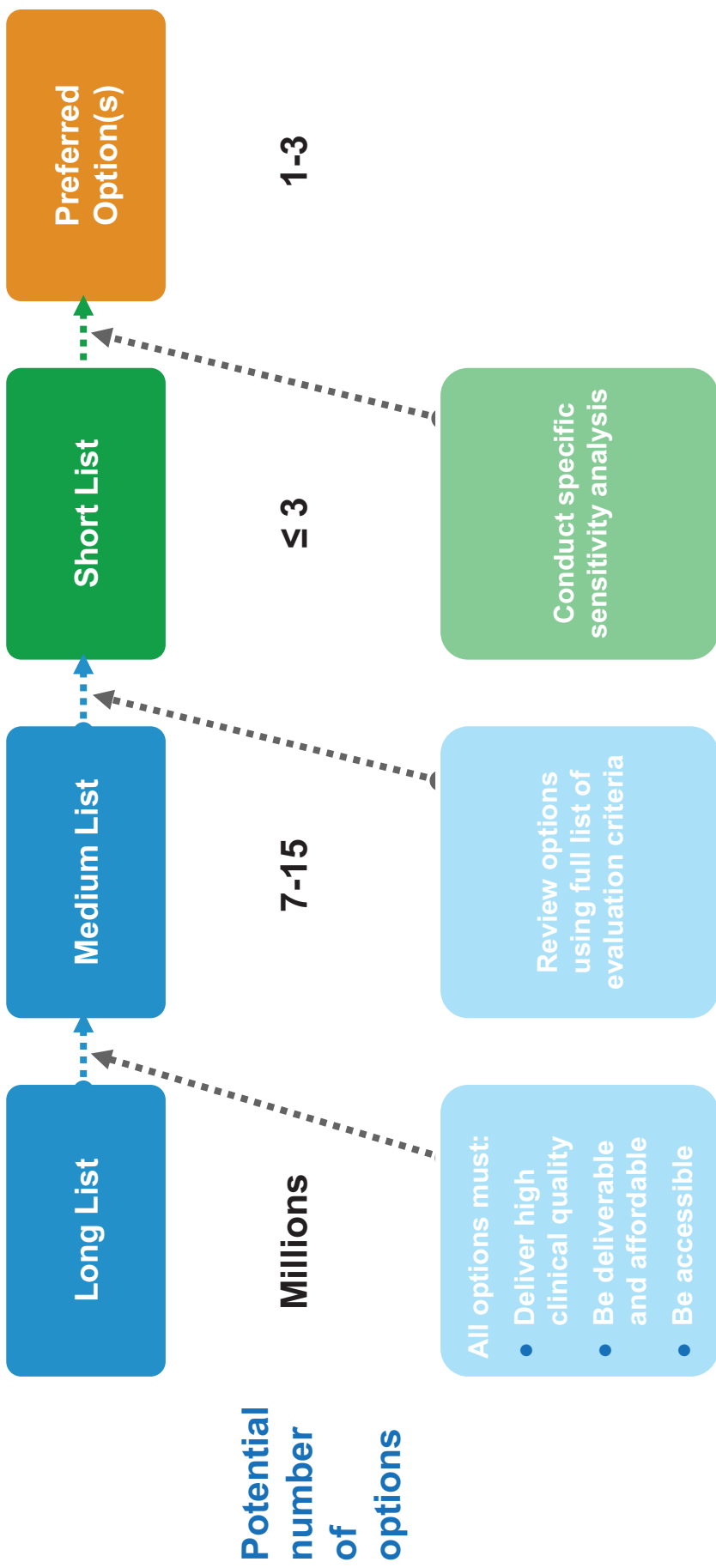


Major hospitals

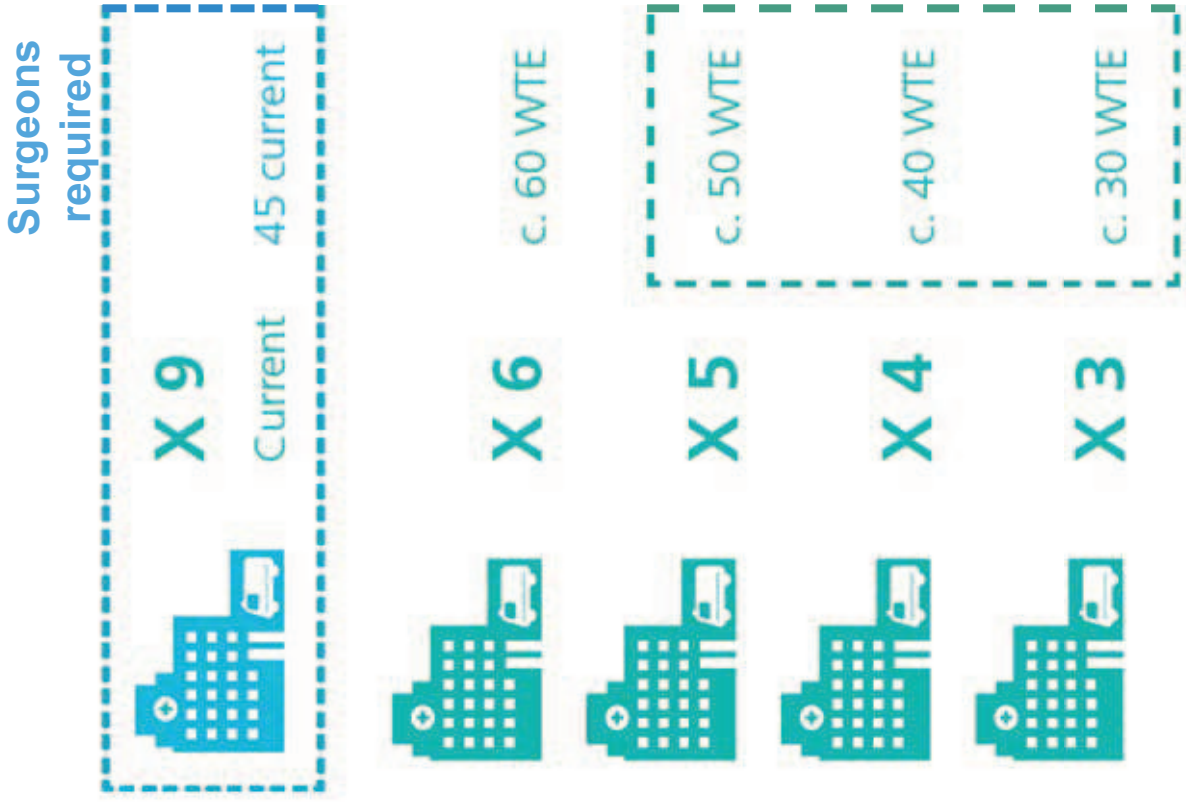
- Complex and urgent services
- Children and maternity services
- More senior clinicians for more of the time
- Better outcomes than current “acute” hospitals



Evaluation process for options

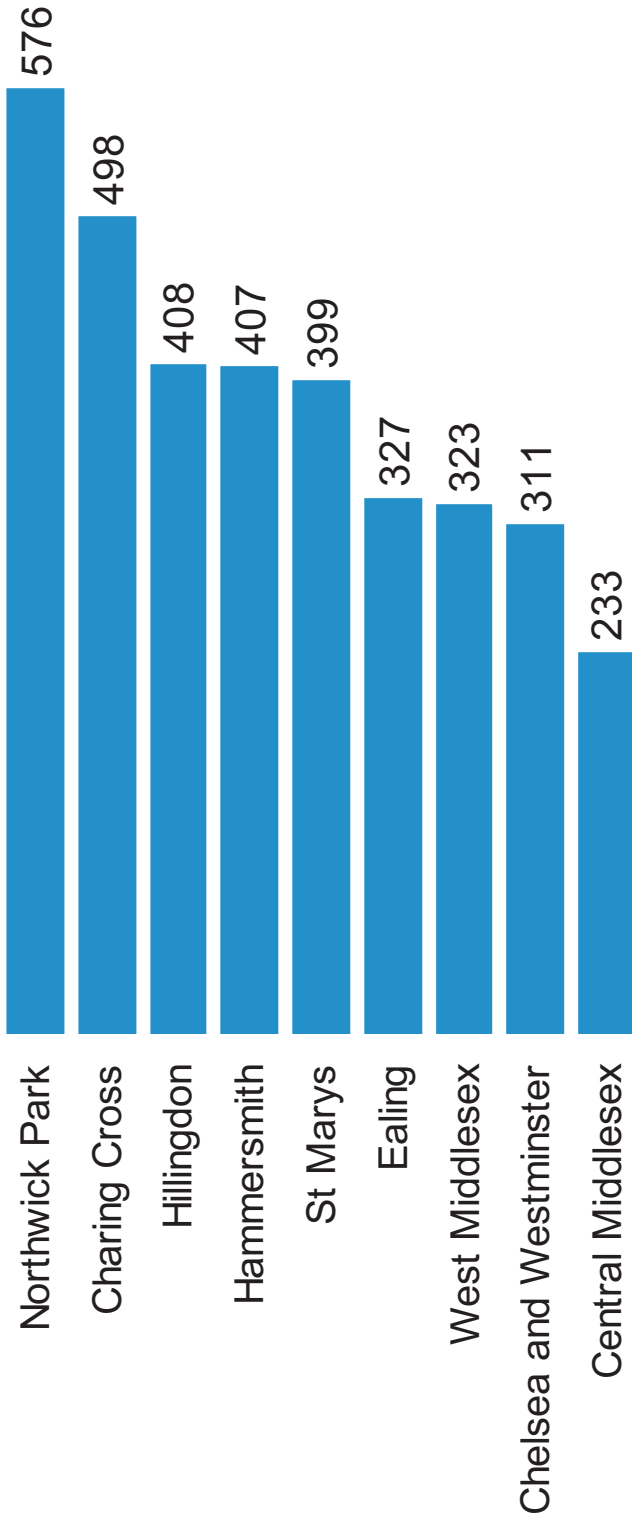


We propose there should be five major hospitals

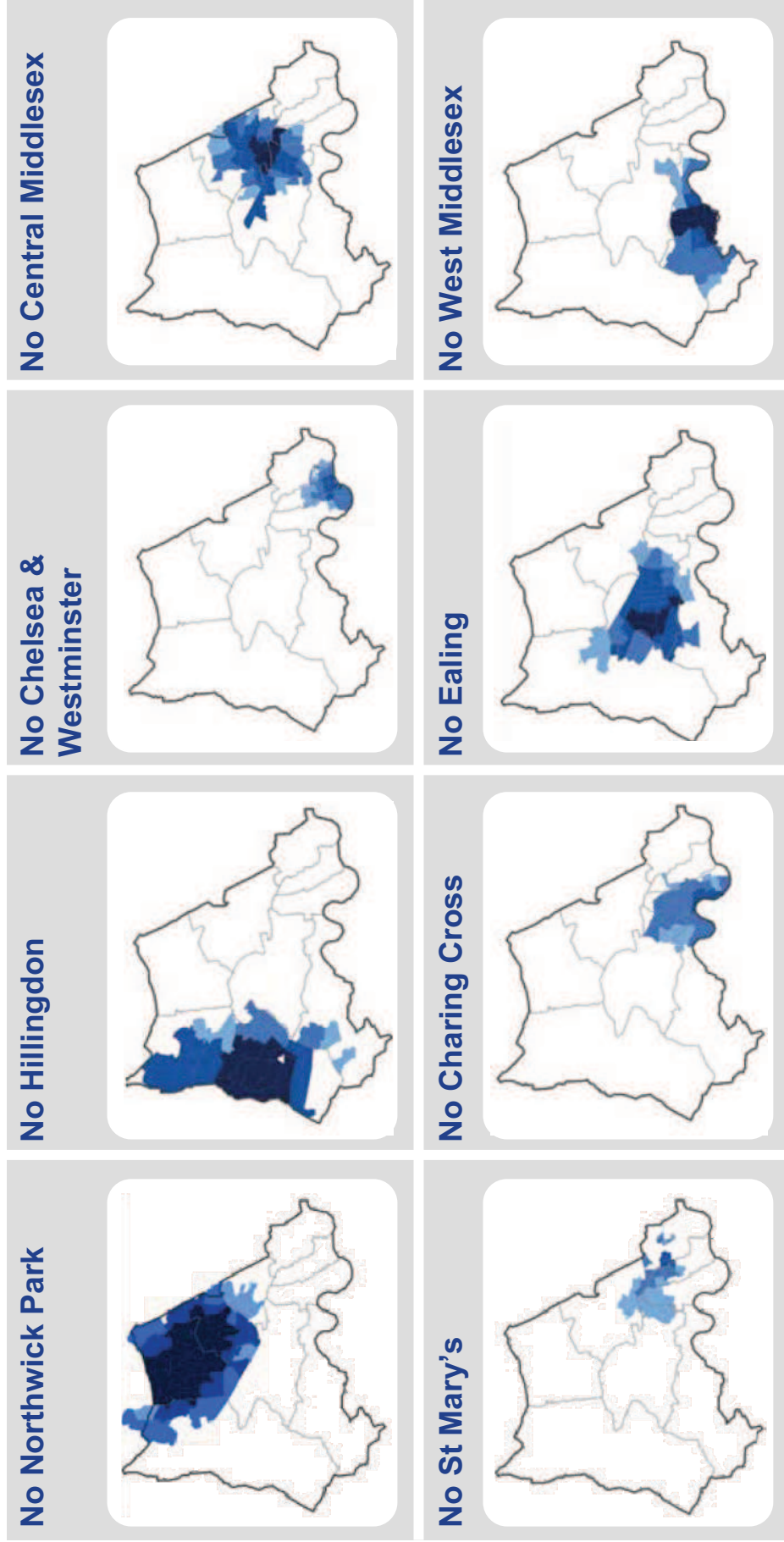


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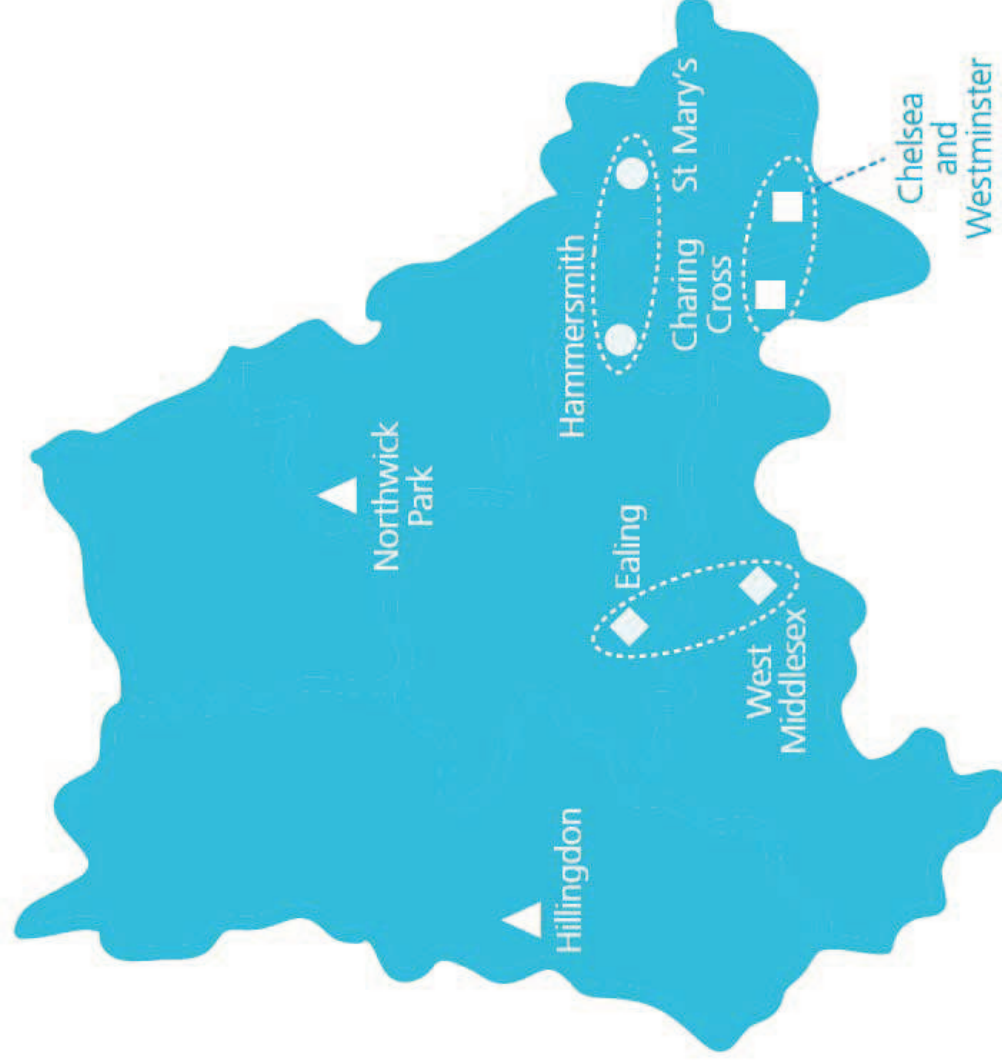
Three major hospitals	About 800 to 1,000
Four major hospitals	About 600 to 700
Five major hospitals	About 500 to 600



Northwick Park and Hillingdon should be major hospitals due to location



The other three major hospitals should be spread evenly across NW London



- Proposed major hospital**
Northwick Park or Hillingdon
- Potential additional major hospital**
St Mary's or Hammersmith
Charing Cross or Chelsea and Westminster
Ealing or West Middlesex



Criteria for evaluating the options developed with clinicians and patients

1 Quality of care


2 Access to care


3 Value for money


4 Deliverability


5 Research and education

Hammersmith Hospital

 Significant extra cost

 Complicated to deliver

 Allows an extra maternity unit at Queen Charlotte's

 Better support for research and education

Central Middlesex



Smallest site in
NW London



Patients can access
services in nearby
hospitals



No emergency surgery,
paediatrics and
obstetrics currently



Workforce challenges
in A&E

Option A

- Value for money – high quality estate (WMUJH, C&W)
- Better patient experience
- Supports research and education (HH, StM's, C&W)
- Easiest to deliver

Hillingdon
Northwick Park
St Mary's
West Middlesex
Chelsea &
Westminster

Option B

- Be more difficult to deliver
- Be a poor use of estates
- Give worse value for money
- Leave two Trusts/hospitals in deficit
- Reduce patient choice

Hillingdon
Northwick Park
St Mary's
West Middlesex
Charing Cross

Option C

- Give worse value for money
- Be a poor use of estates
- Leave two Trusts/three hospitals in deficit
- Be more difficult to deliver

Hillingdon
Northwick Park
St Mary's
Ealing
Chelsea &
Westminster

Specialist services – proposals

Hyper acute stroke unit at Charing Cross

- If Charing Cross Hospital is a local hospital, HASU needs to move
- HASUs are preferably located alongside Major Trauma Units
- It is proposed the HASU at Charing Cross moves to St Mary's in Option A and Option C

Specialist services – proposals

Western Eye

- It is proposed the Western Eye moves to St Mary's, leading to:
 - Improved quality of care
 - Improved service
 - Limited travel impact
 - Value for money

A range of engagement activities

 1:1 briefings

 Newsletters

 Website and social media

 Three large open forum public events


 Attending public meetings

 Clinical engagement meetings


 Focus groups with hard-to-reach groups

 *We listened to feedback and incorporated it into our proposals.* 


Quality assurance of the programme




Joint Health Overview
and Scrutiny Committee




NHS London




National Clinical
Advisory Team (NCAT)



External Clinical
Panel



Equality Impact
Review



Office of Government
Commerce (OGC)

Final thoughts

- Proposed changes are known to work
- Plans for new facilities to deliver services
- Investing in bigger, better specialist teams
- Getting to the right place is more important than getting there quickly
- This will take time, services outside hospital will be in place before changes to hospitals

Contact us



www.healthinorthwestlondon.nhs.uk



consultation@nw.london.nhs.uk



0800 881 5209



Freepost address:

FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION

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Shaping a healthier future

What the proposals mean for Harrow residents

Between 2 July and 8 October 2012 we are consulting on plans to improve hospital and community NHS services in North West London. We want to hear the views of as many people as possible about the changes proposed. This document focuses on the details of these proposals for Harrow residents.

A summary of our proposals

We look after more than 230,000 people in Harrow and have high expectations for the way patients are cared for and the services they receive. NHS staff are totally committed to delivering high-quality care, but need to have the right workforce, skills and surroundings to guarantee this for all patients all of the time.

Increasingly, a number of different factors in Harrow are making it very difficult for us to provide high quality services consistently. The population is growing and ageing: Harrow has one of the highest proportions of those aged 65 and over amongst the boroughs that form the North West London cluster. Older people represent a greater demand for care, so this changing population is putting pressure on services. Our out-of-hospital services are not operating as effectively as they should be, reflected by Harrow's relatively high numbers emergency admissions and use of accident and emergency (A&E). Our facilities are inadequate and we are working within an increasingly tight budget.

In response to this, our vision is to:

- **Bring care nearer to you** so that as much as possible can be delivered close to your home. As part of our plans, within three years we will be spending between £17 million and £19 million more per year on primary and community care staff, estates and IT in Harrow.
- **Centralise emergency hospital care** onto five specialist sites across NW London so that more expertise is available more of the time
- Incorporate all of this into **one co-ordinated system of care** so that all the organisations and facilities involved in caring for you can deliver high-quality care and an excellent experience, as much of the time as possible.

To achieve this we have proposed to:

- Deliver more services outside of hospitals, closer to people's homes
- Change some services at the following hospitals – Central Middlesex, Charing Cross, Chelsea and Westminster, Ealing, Hammersmith, Hillingdon, Northwick Park, St Mary's and West Middlesex.

While most healthcare activity would remain where it is now, and all nine NW London hospitals will have local hospital services including an urgent care centre and outpatients, the changes proposed would impact on some A&E, maternity and paediatric and hyper-acute services at some hospitals in North West London.



World-class healthcare outside of hospital

The objective of the NHS is to provide the right care at the right time and at the right place for the residents of Harrow. From April 2013, Harrow Clinical Commissioning Group (CCG), the organisation led by GPs to plan healthcare services in Harrow, will be responsible for ensuring this happens.

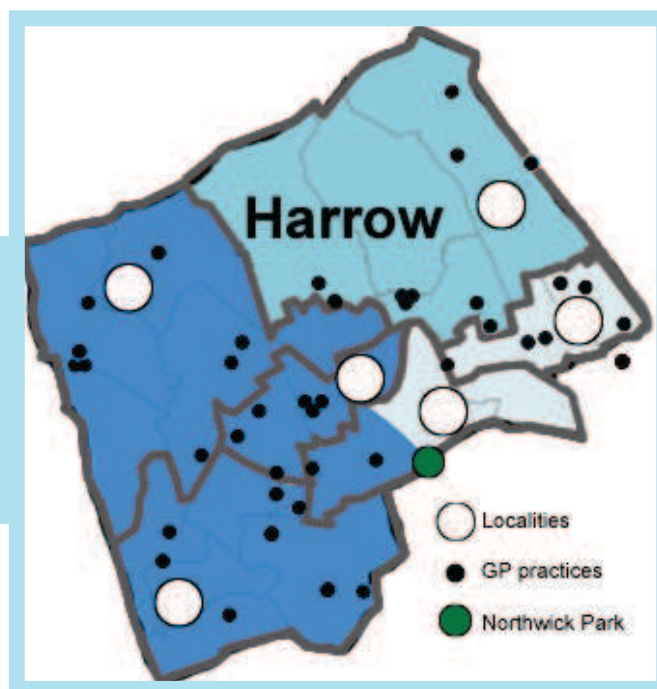
How we plan to organise your care outside of hospital

Harrow GPs will work in six health networks, ensuring care is clinically led and consistent across GP practices.

35 Individual Practices

6 Localities

Harrow-wide



The vision of Harrow CCG

Harrow CCG's vision is to ensure that our health care system keeps patients well at home and, when patients do become unwell, provides cost-effective, evidence-based and timely care at the right place appropriate to their needs.

This will mean:

- Making sure that every healthcare provider consistently delivers high standards of care
- Joint working between GPs, community and social care, hospital and consultants, with early intervention and care in the right place at the right time
- Patients having easier access to consistently high quality primary care
- More consultant-led planned care will take place closer to home
- Patients with long-term conditions who need care from different services will receive better coordinated care
- Patients will be supported when they are discharged from hospital.

Our development plans

Development plans for Harrow's out-of-hospital services include:

- The new NHS 111 number: when you need medical help fast but it's not a 999 emergency. This will be rolled out across NW London in 2013.
- Improving access to GPs: we will work with our GPs to improve access
- A standardised referral system across GP practices, reducing unnecessary referrals and keeping patients with their GP for more of their care.
- Psychiatric liaison: we plan to integrate psychiatric care into hospital care, avoiding unnecessary admissions and discharging people to their homes more than to institutional care.
- An integrated Rapid Response Service to provide care in patients' homes and support them on discharge from hospital.
- More elective procedures transferred from hospitals to community clinics such as the Pinn Medical Centre, reducing travel and waiting times for patients.

Further details of the changes proposed for care outside of hospital can be found at www.healthiernorthwestlondon.nhs.uk

Hospital services

See annex A for a summary of the three options for consultation.

Northwick Park Hospital is facing significant challenges over the next few years to deliver a balanced budget. This is mainly because it doesn't deliver a sufficient volume of healthcare that generates enough income to enable it to balance the books.

Under all three options Northwick Park Hospital will remain a major hospital. This means it will continue to provide a full range of high-quality clinical services for patients with urgent or complex healthcare needs, including a full A&E department open 24 hours a day, seven days a week, with urgent surgery and medicine and an intensive care unit that can care for the most seriously ill patients.

The proposed changes are likely to result in Northwick Park Hospital receiving higher volumes of the income-generating work it needs to ensure it achieves an improvement in its long-term financial position. Further investment is planned to provide the capacity that will be needed to take future increases in expected activity at the hospital.

Under all three options, Central Middlesex Hospital will become a local and elective hospital.

It will be open 24 hours a day, seven days a week to see people with urgent health problems, and to deliver planned (elective) medical services. Its staff will work with GPs and other community clinicians to deliver personalised healthcare. GP services, community services and social care will be based on the current hospital site, bringing services together around your needs. The A&E department at Central Middlesex would become an urgent care centre.



Urgent Care Centre at Central Middlesex Hospital

Urgent Care Centres (UCCs) are staffed by GPs and nurses and specialise in the treatment of patients with urgent illnesses and injuries and conditions that can be seen and treated without having to stay in hospital. Clinicians at UCCs are also skilled in stabilising patients who do need to be transferred to more specialist care.

Our clinical leaders are clear that the UCC at Central Middlesex Hospital should see and treat patients within four hours, be led by primary care clinicians such as GPs, be linked with other services like the new '111' non-emergency NHS number and have access to tests and specialist clinicians.

The kinds of health problems all urgent care centres would be able to treat include:

- Illnesses and injuries not likely to need a stay in hospital;
- X-rays and other tests;
- Minor fractures (breaks);
- Stitching wounds;
- Draining abscesses that don't need a general anaesthetic; and
- Minor ear, nose, throat and eye infections.

Urgent care centres will see people and children of any age.

It is important to note that urgent care centres do not treat problems such as major burns, head injuries, strokes, sickle-cell crisis, severe shortness of breath, heart failure, overdoses and self-harm. All these problems can be a sign of serious conditions that may need to be treated in a major hospital.

To find out what these changes mean for you and your journey to hospital, please visit our website, www.healthiernorthwestlondon.nhs.uk/infographic or call 0800 881 5209 for more information.



Next steps

We recognise the proposals we have outlined for acute and out of hospital care represent some major changes to how much of healthcare is currently delivered. It requires commitment from all service providers to work together to ensure its success. We need to continue to respond to the challenges we face and deliver the best sustainable healthcare for the residents of Harrow.

We would like to hear more from Harrow residents on our consultation proposals

The public consultation will be running until 8 October 2012 and during this time we are encouraging as many people to give us their views.

Come to a consultation event

We will be running a series of consultation events across NW London. These events are your chance to learn more, speak to the programme's clinical leaders and let us know what you think. To find out about the events near you please visit www.healthiernorthwestlondon.nhs.uk or contact 0800 881 5209.

Visit us online at www.healthiernorthwestlondon.nhs.uk

On our website you can:

- read about our proposals in full
- download the Consultation Document
- fill in the consultation response form
- understand how the changes might affect you

Get in touch

If you would like a printed copy of the full consultation document and response form or if you would like to get in touch with the Shaping a healthier future team please:

- Call 0800 881 5209
- Email consultation@nw.london.nhs.uk
- Write to FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION (this must be written in capitals and on one line. You will not need a stamp)

We look forward to hearing from you.



ANNEX A: Summary of options for hospital services

Option A (preferred option)

This option has Chelsea and Westminster Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary's Hospital and West Middlesex Hospital as major hospitals. It has Central Middlesex Hospital as a local and elective hospital and Hammersmith Hospital as a specialist hospital. Ealing Hospital and Charing Cross Hospital are proposed as local hospitals.

Option B

This option has Charing Cross Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary's Hospital and West Middlesex Hospital as major hospitals. It has Central Middlesex Hospital as a local and elective hospital, and Hammersmith Hospital as a specialist hospital. Ealing Hospital and Chelsea and Westminster Hospital would be local hospitals.

Option C

This option has Chelsea and Westminster Hospital, Ealing Hospital (with the stroke unit at West Middlesex Hospital moved to Ealing Hospital), Hillingdon Hospital, Northwick Park Hospital and St Mary's Hospital as the major hospitals. It has Central Middlesex Hospital and West Middlesex Hospital as a local and elective hospital and Hammersmith Hospital as a specialist hospital. Charing Cross Hospital is proposed as a local hospital.



Improving out-of-hospital care in Harrow

North West London

Between 2 July and 8 October 2012, NHS North West London is consulting on plans to improve hospital and community services as part of the ‘Shaping a healthier future’ programme.

We want to hear your views on the proposed changes.


This document summarises the proposals for Harrow residents needing care in their own home, in GP surgeries and in other locations in the community.


People are living longer with more long-term conditions and the population is increasing so we need to make changes to meet the health needs of local people. We want to provide more care closer to home so people can get easier and earlier access to care. This will mean we can help people stay healthy and potentially life threatening diseases can be picked up at an earlier stage – when treatment is much more likely to be successful and can avoid patients ending up in hospital. Treatment and support in people’s homes and in the community allows people to maintain their independence, to recover more quickly and reduces the risk of acquiring healthcare infections.

Our Vision

1.  **Easy access to high-quality care**

2.  **Simpler planned care pathways**

3.  **Quick responses to urgent health problems**

4.  **Co-ordinated care for people with a long-term condition**

5.  **Less time spent in hospital**

How we will achieve our vision

- Within three years we will be spending between £17 million and £19 million more per year on health services in the community
- This will provide around 150 additional health workers including GPs, nurses and other health care professionals
- We have established quality standards for all services in the community to achieve
- We will ensure care is provided in the most appropriate care setting - we have already developed high-quality facilities such as The Pinn Medical Centre and the Alexandra Avenue Health and Social Care Centre. In the next few years we want to develop a further health centre in East Harrow

This factsheet includes examples of how we are improving services in Harrow. A key part of this work is making sure that services work together in a more co-ordinated way. To ensure this happens we are developing:

- Six new health networks across Harrow made up of health and social care services, including GPs and mental health. The networks allow our GP practices and other care providers to work more closely together to increase the level of care provided in the community
- Improved local health centres which will form a key part of each network by providing a local site to perform tests and treat more complex conditions in the community so that patients don't need to go to hospital





Easy access to high-quality care

- Our aim is that urgent cases will be dealt with within four hours and non-urgent cases within 24 hours, or patients can have an appointment with their own GP within 48 hours
- From early next year, patients will be able to dial 111 to be directed to the most appropriate care, 24 hours a day, seven days a week. The number is manned by local healthcare professionals who can provide advice and book appointments on the spot
- Practices will be encouraged to work in networks to provide extended opening hours, provide follow up for long term conditions and implement care plans for vulnerable patients
- The urgent care centre (UCC) at Northwick Park Hospital, led by experienced local doctors and nurses, sees about 70,000 patients each year. This will continue to provide much better care for the 70% of people who currently attend A&E but don't need these specialist services, allowing the A&E to concentrate on patients requiring their expertise (see text box to the right for more on UCCs)
- We will provide more mental health care from our GP surgeries for people with common mental illnesses such as depression. This will help people to return to their normal lives and allow mental health staff to support patients who need more specialist help

Urgent care centres

Under the 'Shaping a healthier future' proposals, all nine hospitals in North West London will have an urgent care centre (UCC) that is open 24 hours a day, seven days a week. For Harrow, this is at Northwick Park Hospital. These centres will be able to treat most illnesses and injuries such as:

- chest infections
- minor scalds and burns
- simple fractures
- stomach pain
- infections of the ear, nose and throat.

UCCs are staffed by experienced GPs, supported by nurse practitioners. They have emergency department experience and have had training in a broad range of specialities, including, for example, children, elderly care and psychiatry.

UCCs do not provide treatment for medical and surgical emergencies that are likely to need admission to hospital. If patients at a UCC suddenly need more urgent or complex care, they will be transferred to a hospital with an Accident and Emergency (A&E) department. Currently, far too many people go to A&E departments for minor issues and A&Es do not treat underlying health problems.



Simpler planned care pathways

- GPs and consultants will work closely together to plan care for their patients, e.g. mental health consultants will be available to take calls from GPs at set times of the day to provide advice
- Patients will receive treatment in local health centres, instead of hospitals, for procedures such as removal of lumps, chemotherapy and exercise testing for heart disease.
- Services currently available in the community will be expanded including cardiology, paediatrics and dermatology and other services such as gynaecology will be made available in community health centres



Co-ordinated care for people with a long-term condition

- An Integrated Care Pilot (ICP) will be rolled out across Harrow to help people aged over 75, or with diabetes. The ICP makes sure hospitals, community-care services, social care and local authorities all work together to identify the patients most at risk of needing a hospital admission. They will proactively work to keep people out of hospital with a co-ordinated care plan, developed with the patient. By early 2013 this will be expanded to include respiratory and cardiovascular patients.
- Nearly £1 million will be invested in providing dedicated community nurses to work with all patients who have had three or more emergency hospital admissions in the previous year to provide a care plan and the support they need to avoid unnecessary hospital visits.



Quick responses to urgent health problems

- We have already invested £2.5 million in the STARRS (Short term assessment, rehabilitation and reablement service) rapid response team which visits patients at home within two hours to assess them and provide short-term emergency care to help prevent them ending up in A&E. The team includes GPs, social workers, nurses and mental health professionals and we plan to expand this service
- The STARRS team also provides people with the support they need to leave hospital sooner with the right support at home or in the community including rehabilitation.



Less time spent in hospital

- Our 'hospital at home' team provides one point of contact for patients so that they don't end up being passed from pillar to post. They provide care in a patient's home to help avoid unnecessary admission into hospital or other long-term care. They also help people to leave hospital sooner where appropriate and work with other health and social care providers to provide co-ordinated care.
- We are piloting a psychiatric liaison service at Northwick Park Hospital which will work with staff in the UCC and A&E to assess a patient's mental health needs and promptly refer them onto specialist services when appropriate. The service will help to prevent hospital admission and for those patients who do need to be admitted, mental health specialists will work with hospital staff, mental health teams, social care and voluntary services to support the patient when the time comes for them to leave hospital.

The 'Shaping a healthier future' proposals include delivering more services outside of hospitals, closer to people's homes and changes to some services at the following hospitals – West Middlesex, Central Middlesex, Charing Cross, Chelsea and Westminster, Ealing, Hammersmith, Northwick Park, and St Mary's.

Further details of the changes proposed can be found at www.healthiernorthwestlondon.nhs.uk.

You can also request a copy of the consultation document by:

Email: consultation@nw.london.nhs.uk

Phone: 0800 881 5209 (Freephone)

Post: **FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION**

(This must be written in capital letters and on one line. No stamp required).

Harrow

35 GP Practices

6 Health Networks



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