



North West London



Improving healthcare for two million people in North West London

Harrow 19 September 2012

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How will we deliver the vision?

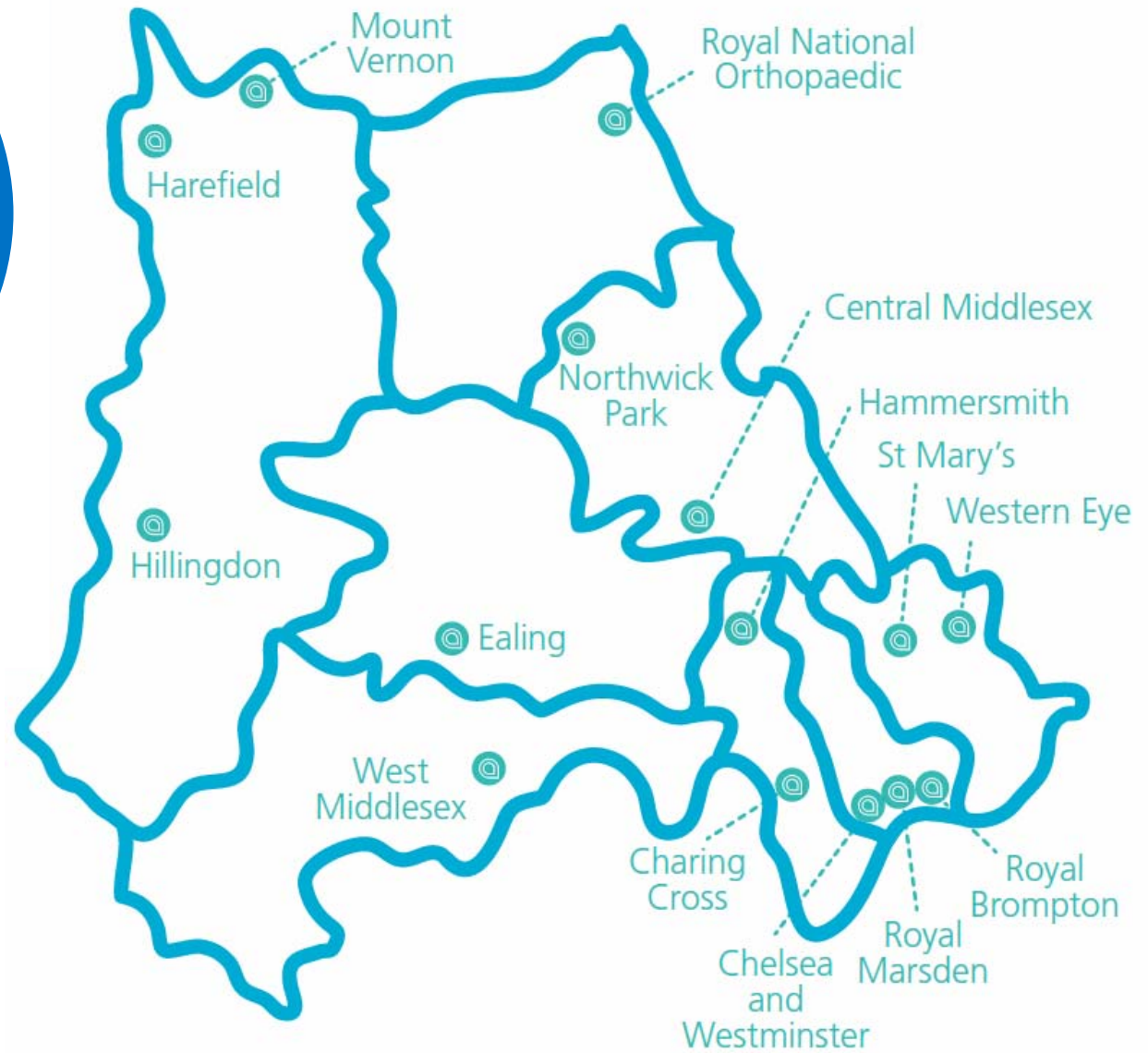
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Where should the five major hospitals be?

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



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

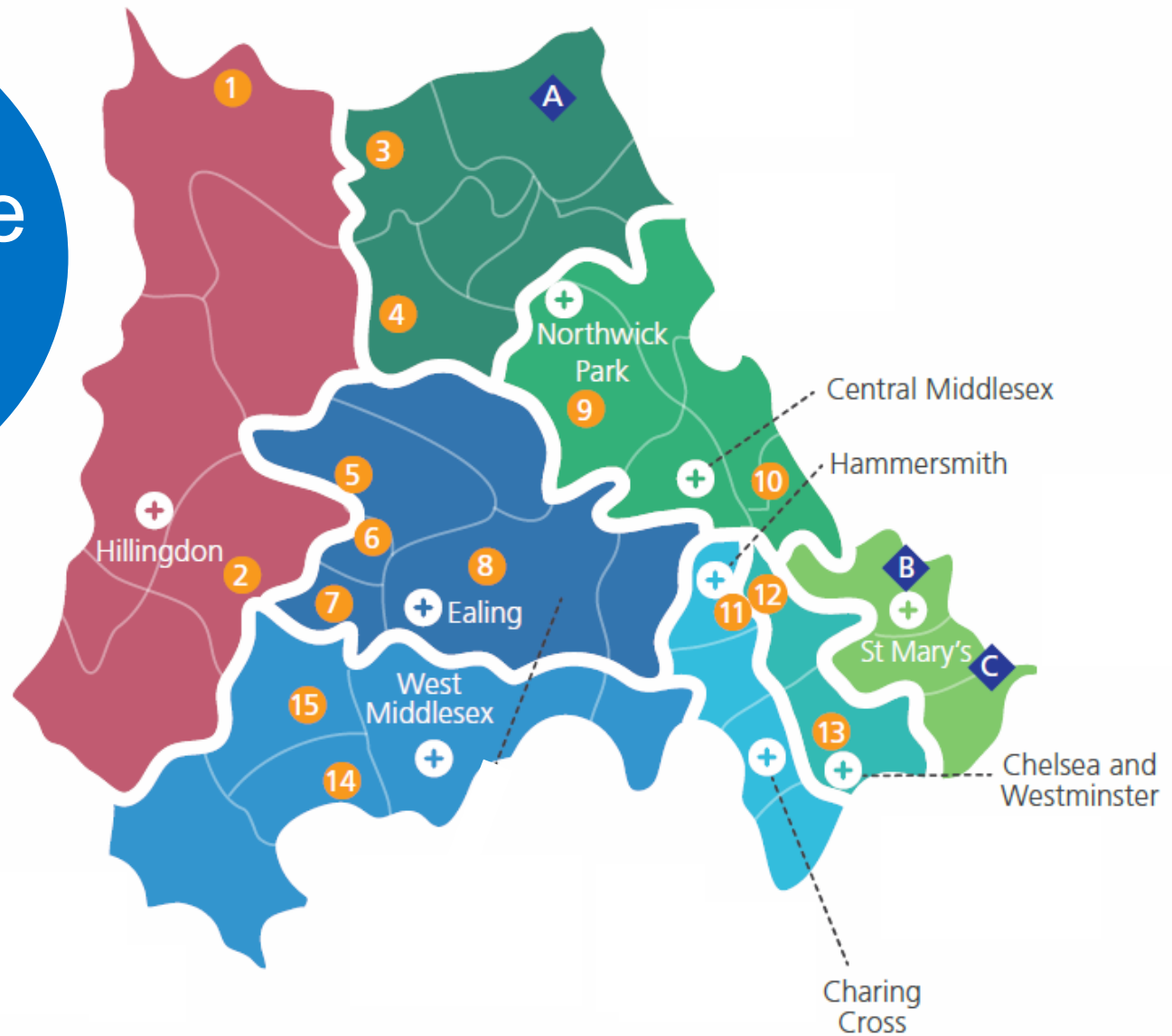


Delivering the vision from eight settings of care



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:



Illnesses and injuries
(with no overnight stay)



X-rays and other tests



Treatment of minor
fractures (breaks)



Simple anaesthesia for
wound closure



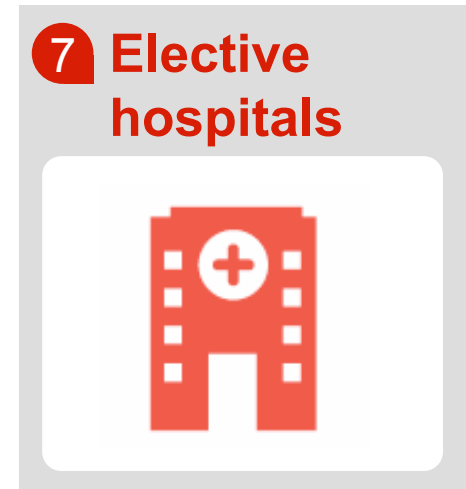
Drainage of abscesses



Minor ear, nose, throat
and eye infections

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



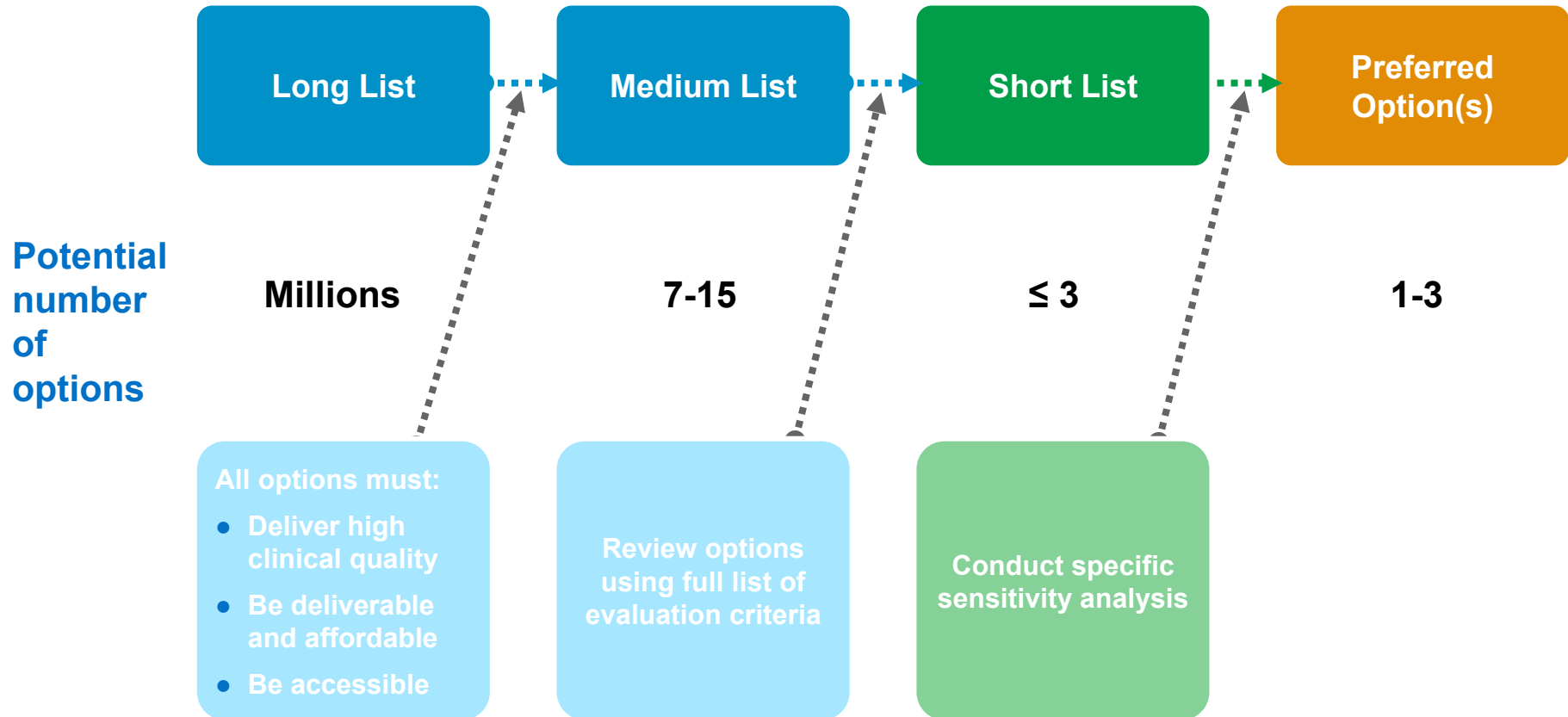
Major hospitals

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

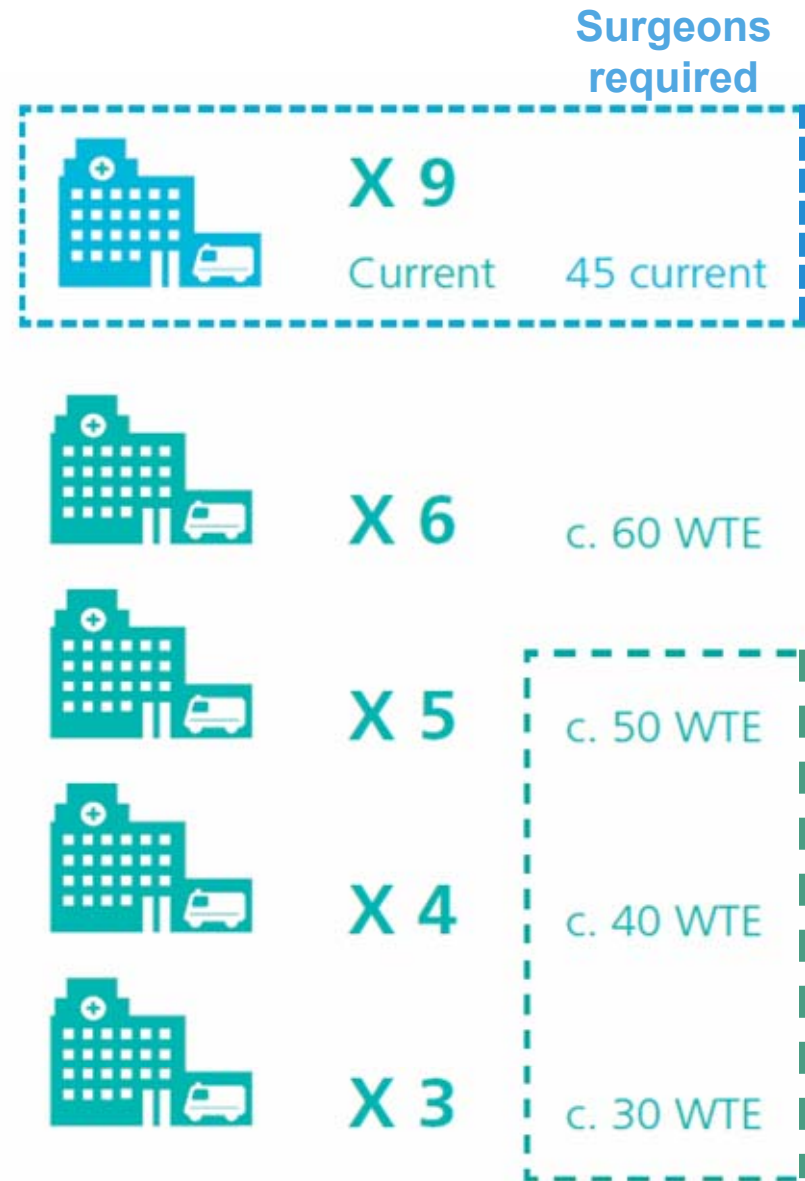
6 Major hospitals



Evaluation process for options



We propose there should be five major hospitals



We propose there should be five major hospitals

Three major hospitals

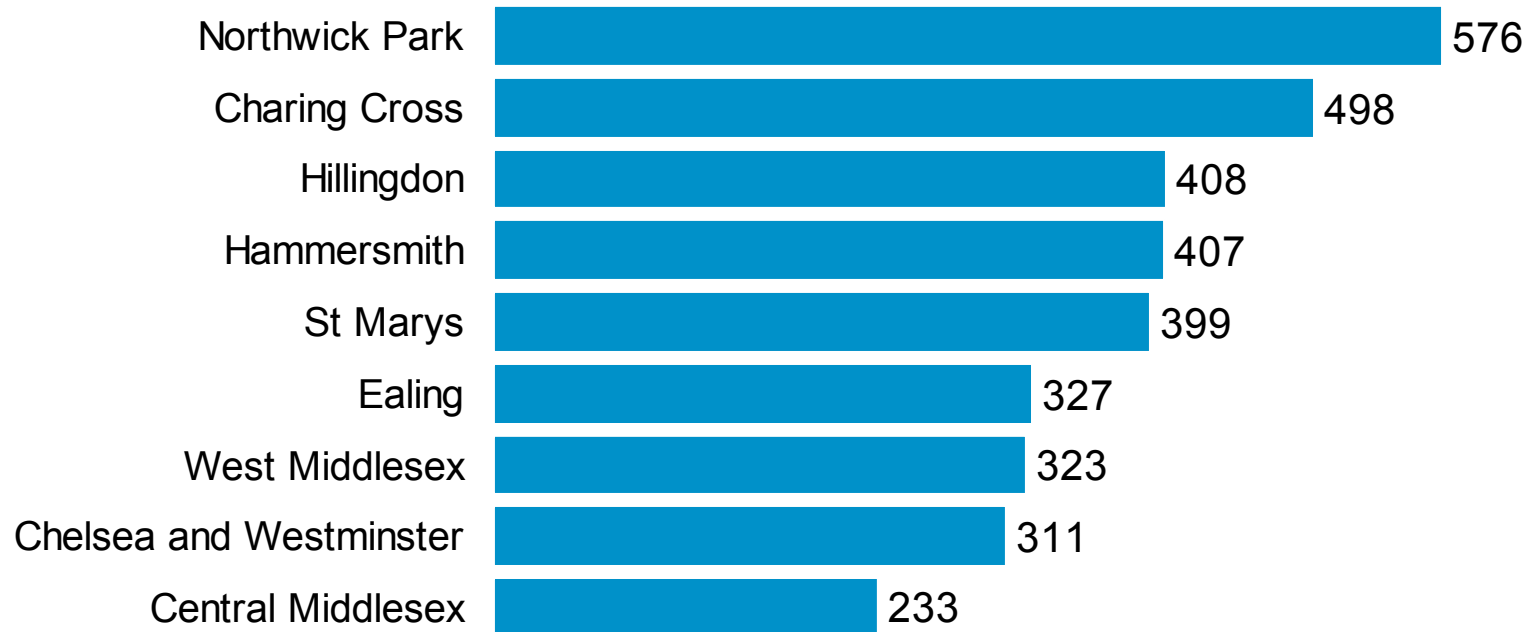
About **800** to **1,000**

Four major hospitals

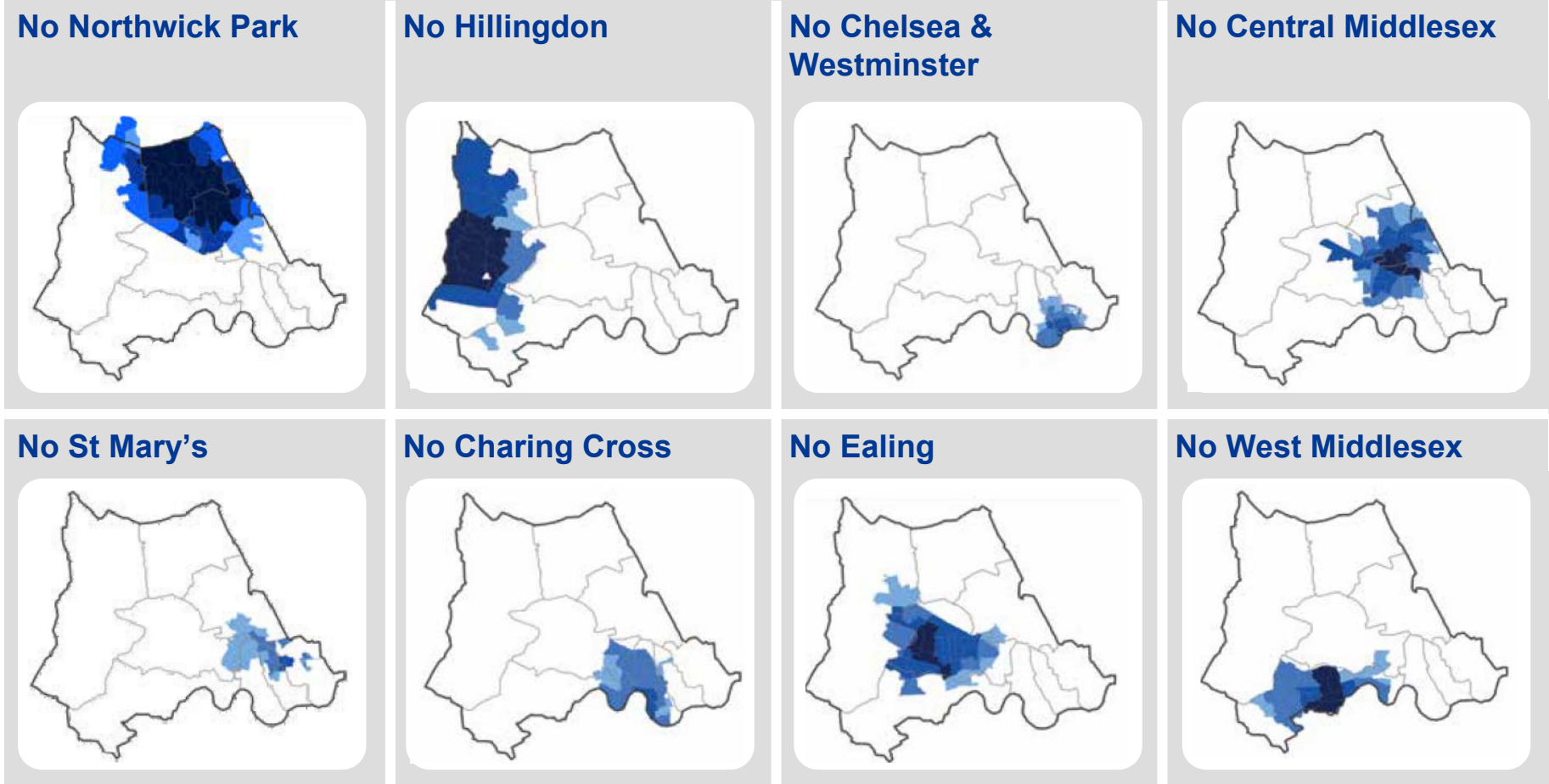
About **600** to **700**

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
- **Potential additional major hospital**
Charing Cross or Chelsea and Westminster
- ◆ **Potential additional major hospital**
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 (WMUH, 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

A dark blue square icon containing the white text 'WWW'.

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