

North West London Joint Health Overview and Scrutiny Committee

20 February 2017

As part of the discussions ahead of this session you asked us to address a number of questions for both the Implementation Business Case (ImBC) and the North West London Sustainability and Transformation Plan (STP). We have set these out over the following pages

ImBC responses: pp2-8

1. Finance & estate management:
 - a) Detailed breakdown of the finance within the scope of estate management.
 - b) Elaborate on whether monies received from the sale of NHS estate will be returned HM Treasury or invested in NHS services in NW London.

1. Timeline for Ealing hospital:
 - a) Identifying diverted services and their new location
 - b) Details of the plan for an impact assessment of the shift in services;

1. Hubs and their services.
 - a) Clarification of the details of services rendered from the reduced number of hubs across the region;
 - b) Explanation of the services available at the two health centres currently NOT identified as hubs

STP responses: pp9-15

1. Highlight how JHOSC and other responses to the June version were incorporated into the final iteration submitted to NHS England;
2. Implementation timeline going forward for the STP;
3. Governance of the implementation of the STP;
4. Details of the transport strategy for patients;
5. Details of the inclusion of community pharmacy within the reconfiguration strategy.

6. Combined CCGs response to the article published in the Evening Standard <<http://www.standard.co.uk/news/health/boss-of-london-hospital-trust-featured-in-cancelled-operations-documentary-to-quit-a3451621.html>> on 27 January which referred to the STP as bringing about, 'the loss of 3,658 NHS jobs in north-west London next year (2017/18) - rising to 7,753 job losses by 2020/21. Almost 50,000 planned admissions and 222,370 outpatient appointments cut by 2020/21. The loss of 500 to 600 hospital beds with the closure of Charing Cross and Ealing as major acute hospitals and a reduction in A&E attendances by 64,175 in the next five years.'

Strategic Outline Case Part 1 (aka ImBC)

1. Finance & estate management

a) Detailed breakdown of the finance within the scope of estate management.

The Strategic Outline Case Part 1 (SOC Part 1) identifies a small number of properties that may be available for disposal generating receipts in total of £16m.

- The capital investment at acute sites for SOC part 1 is assumed to be funded by £319m of investment and £9m of disposal receipts from the release of land at the Ealing Hospital site when all changes are made.
- The capital investment for hub development for SOC Part 1 is assumed to be funded by £148m investment and £7m of disposal relating to the following locations - North Hillingdon (£3m), Ealing East (£2m), Church Street (£1.3m), Ealing North (£0.9m) and Harrow (£0.2m).

b) Elaborate on whether monies received from the sale of NHS estate will be returned HM Treasury or invested in NHS services in NW London.

All money raised by the land receipts will be reinvested back into the NHS in NW London.

2. Timeline for Ealing Hospital

Section 5.6 (pages 154 to 160) of the SOC Part 1 December 2016 provides a detailed description of the proposed timeline for hospital reconfiguration and hub development. Under the accelerated timeline included in the management case of SOC Part 1 the timeline for the development of Ealing Local Hospital is as follows:

Date	Activity
Now to February 2018	<ul style="list-style-type: none">• Under the accelerated timeline included in the management case of SOC Part 1 the timeline for the development of Ealing Local Hospital is as follows• Consideration and approval of SOC Part 1 by assurers• Engage with local residents and stakeholder and agree clinical model at Ealing• Develop Outline Business Case and submission• Outline Business Case assurance
February 2018	Outline business case approved
February 2018 to September 2018	Develop Full Business Case and submission
April 2019	Full business case approved
August 2019	Ealing Local hospital build commences
August 2022	Ealing Local Hospital build complete
November 2022	Ealing Local hospital complete

a) Identifying diverted services and their new location

Under the preferred option in SOC Part 1, Ealing Hospital would be developed into a local hospital, providing the services that local people use the most, including a local A&E and extended services for frail elderly patients. The proposed list of services is set out in SOC Part 1.

Our analysis indicates that those patients who use services, which will no longer be at Ealing, will go to nearby hospitals in North West London. This planning assumption will be refreshed as we move into development of the OBC.

Service	Where will these patients go?
Outpatients	<ul style="list-style-type: none"> • Appointment in local community health centres • Subject to patient choice other nearby hospitals • Prevention and earlier treatment means fewer patients need to be seen as outpatients.
Planned in-patient surgery	Subject to patient choice other nearby hospitals
Intensive care	Other nearby hospitals
Emergency care	More seriously ill or injured taken directly by ambulance to one of five nearby hospitals with major A&E.
Emergency admissions	Other nearby hospitals

b) Details of the plan for an impact assessment of the shift in services;

Once the clinical model is confirmed following engagement with local residents and other stakeholders including clinicians, and the necessary approvals are given by assurers, we will work to develop an Outline Business Case (OBC). This will involve updating the activity and financial modelling, and include a full impact assessment.

3. Hubs and their services.

a) Clarification of the details of services rendered from the reduced number of hubs across the region

The local services hubs are single buildings which bring together lots of different NHS and social care and services in one place. Their aim is to better co-ordinate the services patients need, rather than having multiple appointments in different places. This is especially important for older people, and people with one or more life-long illnesses.

There is a standard vision for how the Hubs will operate - they will develop in response to local geographic and demographic need and will deliver proactive care and coordinate reactive care.

The hubs will:

- enable care to be offered in a more holistic way, designed around the individual and better respond to all of their needs
- enable a timely transfer of care from hospital to home as they will function as trusted and safe receiver networks
- improve our primary care estate, ensuring that there is sufficient capacity to meet the current and growing demands for primary care.
- offer modern, purpose-built or adapted facilities where GPs will be able to relocate and work together, offering the opportunity to share overhead costs

We want to invest £140million in out of hospital hubs. Not all the buildings that will operate as hubs need additional capital investment.

Hubs offer a range of services, including GP services, mental health and social care and have good links with local pharmacies, opticians and residential and nursing homes. The joined-up care provided by hubs will help to keep people as well as possible; avoid unnecessary hospitals visits and; get people home quicker if they have been in hospital.

The table below details the types of services that will be provided in a hub, 24/7 in some cases.

New hubs Proposed services	Operational hubs Current services
Enhanced primary care Cardiology Dermatology Diabetes Gynaecology MSK and orthopaedics Ophthalmology Respiratory Rheumatology ECG AAA Screening Midwifery IAPT CAMHS, Community mental health (cognitive impairment/dementia) Community services Phlebotomy	Enhanced primary care Cardiology Midwifery Physiotherapy Paediatric audiology Asthma clinic Community services Physiotherapy AAA screening Retinal screening IAPT, MSK, Phlebotomy

Location and number of community hubs

The Decision Making Business Case (DMBC) detailed a number of proposed Hub and health centre sites. Since the DMBC was published in February 2013, the CCGs have carried out further analysis of the activity, demand, demography and growth to determine how many sites were needed and where they should be located.

Of the 27 proposed hubs: 15 are already operational, 7 will be new hubs in key localities, and 5 will be hubs on existing hospital sites.

Existing hubs where no capital spend is needed

- Hesa Primary Care Centre
- Feltham Health Centre
- South Westminster
- Parkview Centre for Health and Social Care

Existing community hubs that are being further developed

- Wembley centre for Health and Care
- Willesden Centre for Health and Care
- Parsons Green Centre for Health and Social Care
- The Pinn Medical Centre
- Alexandra Avenue Health and Social Care Centre
- Heston Health Centre
- Heart of Hounslow Centre for Health
- Brentford Health Centre
- Chiswick Health Centre
- St Charles Centre St Charles Health and Wellbeing Centre
- Violet Melchett South Locality Hub

Locations of new hubs

- Church Street Hub
- Central Westminster Hub
- Ealing Hub North
- Ealing East Hub
- North Hillingdon
- Uxbridge and West Drayton

New hubs which are part of hospital developments

- Central Middlesex Hospital
- Ealing Hospital
- St Mary's Hospital
- Charing Cross Hospital
- West Middlesex Hospital

The table below the proposed hubs and health centre sites detailed within the DMBC, the ImBC proposed hubs and health centre sites not identified as hubs.

Clinical Commissioning Group	DMBC Proposed Hub and Health Centre Sites	SOC Part 1 Proposed Hubs	Health Centre sites not identified as Hubs
Central London	Church Street Hub	Church Street Hub	
	Southern Hub	South Westminster Centre	
	St Mary's Hospital Hub	St Mary's Hospital Hub	
		Central Westminster	
Brent	Wembley Centre for Health and Care	Wembley Centre for Health and Care	
	Willesden Centre for Health and Care	Willesden Centre for Health Care	
	Central Middlesex Hospital Hub	Central Middlesex Hospital Hub	
Ealing	Acton Health Centre	East Ealing Hub	
	Greenford Green Clinic	Ealing North Hub	
	Services at Ealing Hospital	Ealing Local Hospital Hub	
	Grand Union Village Health Centre		Remains a health centre

	Featherstone Road Clinic		Remains a community Clinic
	Hillview Surgery		Remains a primary care site
	Mattock Lane Health Centre		Remains a primary care site
	Jubilee Gardens Health Centre and Library		Remains a health centre
Hammersmith & Fulham	White City (Parkview Centre for Health and Social Care)	Parkview Centre for Health and Social Care	
	Parsons Green Walk in Centre	Parsons Green Centre for Health and Social Care*	
	Charing Cross Hospital	Charing Cross Local Hospital	
	Richford Gate Health Centre		Remains a primary care centre
Harrow	East Harrow Hub	East and North East Harrow Hub	
	Alexandra Avenue	Alexandra Avenue Health and Social Care Centre	
	The Pinn	The Pinn Medical Centre	
Hillingdon	Hesa Health Centre	Hesa Health Centre	

	RAF Uxbridge or Hillingdon Hospital	Uxbridge and West Drayton Hub	
	Mount Vernon Hospital or Northwood and Pinner Hospital	North Hillingdon Hub	
Hounslow	Heston Health Centre	Heston Health Centre	
	West Middlesex University Hospital Site	West Middlesex Hospital	
	Heart of Hounslow Centre for Health	Heart of Hounslow Centre for Health	
	Brentford Health Centre	Brentford Health Centre	
	Chiswick Health Centre	Chiswick Health Centre Hub	
	Feltham Centre for Health	Feltham Health Centre	
	Potential 3 rd hub (Bedfont)		Remains a health centre
	Meadows Centre for Health		Remains a health centre
West London	St Charles Health and Wellbeing Centre	St Charles Hub Plus	
	Earls Court	Violet Melchett South Locality Hub	
	North End Road Medical Centre		Remains a primary care centre

NB – the sites detailed in the SOC Part 1 were determined via the development of each CCGs Strategic Service Delivery Plan.

b) Explanation of the services available at the two health centres currently NOT identified as hubs

In addition a number of existing GP or health centres that will deliver an extended range of services that could operate as full or partial hubs for integrated care. An example of this is in Jubilee Gardens and Grand Union Village in Ealing where we are exploring future local services options.

	Services Currently Operational	Future Local Services Options
Grand Union Health Centre	<ul style="list-style-type: none"> • General Practice • Tissue Viability • Podiatry • Phlebotomy • Dental • Ophthalmology • Child Health • SALT • OT • Mental Health • Family Planning • Midwifery • Dietetics • Urology 	<ul style="list-style-type: none"> • Cardiology • Dermatology • Diabetes Education • ENT • Anti-Coagulation • Gastroenterology • Gynaecology • Paediatrics • Physio • Respiratory • Audiology (Guv does not have a purpose built lab)
Jubilee Gardens Health Centre	<ul style="list-style-type: none"> • General Practice • AAA Screening • Audiology • Child Health • Dietetics • Midwifery • MSK • Mental Health • Podiatry • SALT • Urology 	<ul style="list-style-type: none"> • Cardiology • Dermatology • Dietetics • Diabetic Medicine • ENT • OT • Gastroenterology • Gynaecology • Paediatrics • Respiratory • Rheumatology

North West London Sustainability and Transformation Plan (STP)

1. Highlight how JHOSC and other responses to the June version were incorporated into the final iteration submitted to NHS England

The STP is a five year programme that will adapt and change as we move forward. Our expectation is that engagement will continue throughout this period, influencing the development of the STP and the various programmes that fall out of it.

One of the key principles of our engagement process is that we listen and then act upon the advice we receive, feeding back as much as possible. Appendix E of NWL Sustainability and Transformation Plan October 2017 submission contains detail of the response to patient and organisation feedback on the June 2017 Submission. This includes the initial feedback have received through written submissions, public meetings, via the online engagement tool and from questions raised through public outreach. Given the large volume of feedback we have received Appendix E is not exhaustive, far from it, and we have concentrated our time now on reflecting as much of that as we can in the document itself.

2. Implementation timeline going forward for the STP

The STP is a five year plan and there will be a phased implementation of the delivery area projects to allow for further review, refinement and prioritisation of plans where required. The presentation gives more detail of the immediate timeline going forward. Further details are provided in the STP itself in pages 21 to 33.

3. Governance of the implementation of the STP

The STP sets out the broad governance structure for the STP, building upon the history of collaborative working we have in NW London to establish a joint, whole system approach to managing change. The presentation gives more detail of the governance structure for the STP that has been established.

4. Details of the transport strategy for patients;

Transport Advisory Group

The North West London Transport Advisory Group (TAG) was established to support Shaping a healthier future and will also play a role in supporting the STP. The TAG is expected to meet quarterly in 17/18 to provide strategic oversight of the transport requirements and commission specific pieces of work in line with the STP delivery.

The TAG continues to lobby/work with Transport for London to seek improvements to bus services to facilitate access to healthcare sites in North West London. In September 2016 Route 483 was introduced in September 2016 after consultation by TfL including public presentations at NPH and Ealing Hospitals in March 2016. The route replaced route 83 between Ealing Hospital and Alperton and covers Ealing Hospital-Hanwell-West Ealing-Ealing Broadway-Hanger Lane-Alperton-Wembley-East Lane-Northwick Park-Harrow Bus Station.

The bus service runs every 8 minutes Monday-Saturday daytimes, 15 minutes after 8pm weekdays and 10 minutes Saturdays and Sundays. Journey time between hospitals

approximately 50 minutes off peak, 1hr 15 minutes peak. It also provides useful new links between NPH and Hammersmith/QCH via Hanger Lane and passes several GP practices.

Overall the response has been good, particularly between NPH and Wembley where it relieves overcrowded route 182 and provides new links between East Lane/Wembley Hill Road and NPH/Harrow. Main problems are Wembley event days, and congestion in East Lane, Wembley High Rd and Ealing Rd.

The table below gives details of the current position on discussions between TAG and TfL

Route	Request	Current position
E2 extension from Brentford to West Middlesex University Hospital	Direct access from Ealing town centre, also Greenford and Northfields. (Alternative E8 extension from Brentford gives access from Ealing town centre, Hanwell and Boston Manor).	E8 was extended in May 2016 from Brentford to Hounslow but does not yet call at WMUH due to access problems via residential roads. Hounslow Council and TfL are working on this and it is still a 'live' issue
204 extension from Sudbury Town station to Northwick Park Hospital	<ul style="list-style-type: none"> • direct access from Piccadilly Line stations in Ealing to NPH • much needed extra capacity between Wembley and NPH • direct access into NP hospital grounds for passengers from Wembley and Sudbury (not possible with current 182 route) • Sudbury Town station has step-free access to platforms • also provides direct link with Edgware Hospital 	Capacity problem has been partly alleviated by introduction of new route 483 between (Ealing Hospital/Alperton) Wembley and Northwick Park Hospital. However 483 does not give direct access into hospital grounds, so the option for 204 extension is still being pursued by NWLHT, NP Hospital Transport Group and Harrow Public Transport Users.
427 detour to Hillingdon Hospital	<ul style="list-style-type: none"> • direct access from Ealing, Southall and Hayes End • existing route is covered by 607 which could serve more stops 	No action taken and none likely. 427 is a very busy route and detour would inconvenience more passengers than would benefit. Alternative is available by changing buses at Uxbridge or Hayes. New Hopper fare means this costs no more than a direct journey. Not ideal but best we are likely to get.
395 extension from Harrow Bus Station to Northwick Park Hospital	<ul style="list-style-type: none"> • direct access from North Greenford, Northolt and South Harrow • single interchange with 120 from Southall and Hounslow • improves connectivity and 	No action taken but TfL are reviewing Harrow routes and this plan could relieve overcrowding at Harrow Bus Station. Still being pursued by NWLHT, NP Hospital Transport Group and Harrow Public Transport Users.

	reduces congestion at Harrow Bus Station	
1 223 extension from Wembley Central to Central Middlesex Hospital	<ul style="list-style-type: none"> • direct access from Central Harrow, NPH and North Brent to CMH • direct access re-instated from Wembley Park station to CMH • faster access from Wembley Central and Alperton to CMH • solves operational problems at Wembley Central 	Rejected by TfL but they are looking to provide a direct bus service from Wembley Park station to CMH by extending route 440 from Stonebridge Park station. Journey time would be approx 20 minutes (much faster than existing route 224 from Wembley Central). With existing accessible station facilities at Wembley Park and planned provision of same at Harrow-on-the-Hill, this would provide a much improved link to CMH and be faster than a direct bus service from Harrow. Brent Council and NP Hospital Transport Group are lobbying for this.

Other possible improvements:

267 frequency increase between Hammersmith Bus Station and West Middlesex Hospital	Improves journey experience for interchange passengers especially in Brentford High Street	Frequency was last increased in 2008 and is due for review in 2018. E8 diversion via WMUH would serve the purpose better by avoiding change of buses in Brentford.
95 re-route via Du Cane Road	Direct access from Southall, Greenford, Perivale to Hammersmith and Queen Charlotte's hospitals	Rejected by TfL but they have changed nearest stop (Bloemfontein Rd). Information to say 'alight here for Hammersmith Hospital' Approximately 300metres walk
120 extension to West Middlesex Hospital	Direct access from Southall, Heston and Lampton	Rejected by TfL but E8 now provides extra frequency between Hounslow Bus Station and WMUH
235 or 237 diverted via West Middlesex Hospital	More direct access from Hounslow and Brentford	Rejected by TfL but they are actively pursuing diversion of route E8 via WMUH which serves substantially the same purpose.

Patient Transport Services:

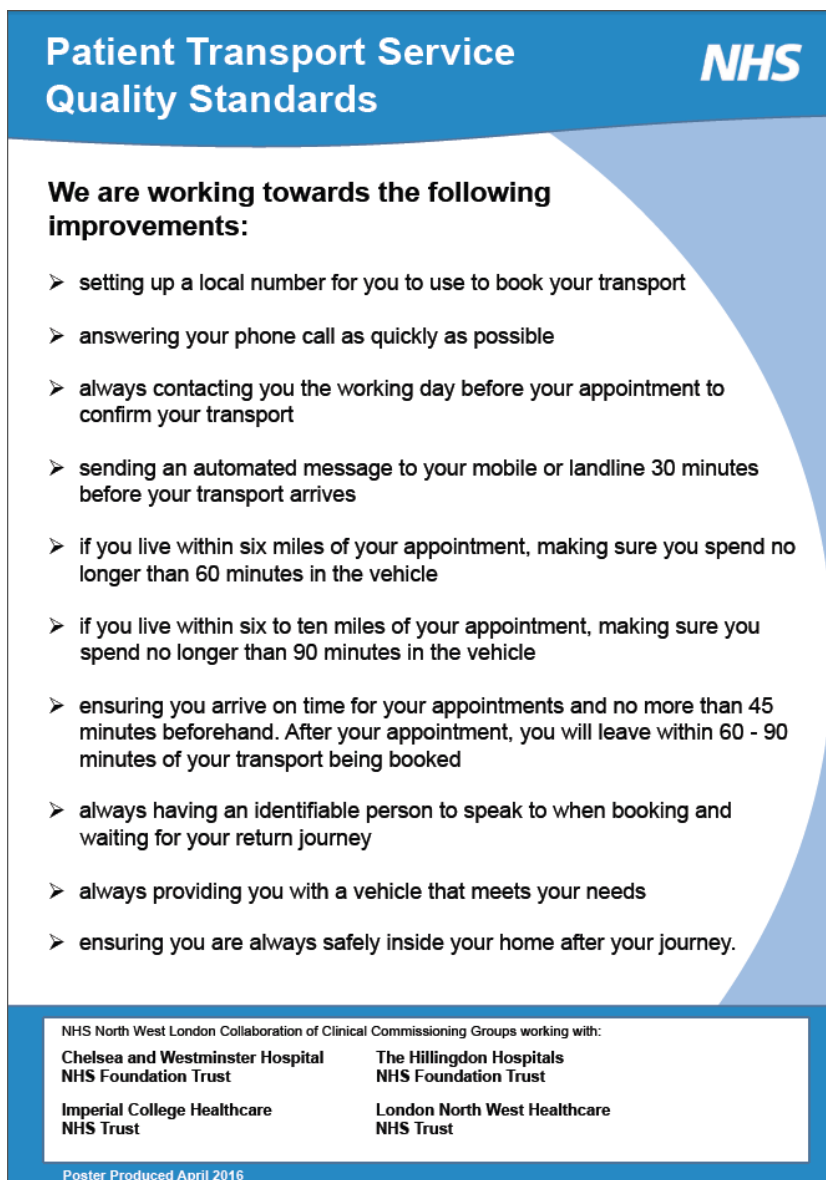
A review of patient transport services across North West (NW) London is being undertaken by the Patient Transport Programme Board (PTPB). The purpose of the review is to improve the experience of patient transport to and from all settings of care and to raise standards to ensure a consistent and equitable transport service is being delivered across NW London.

The work so far has two themes – improving quality and standardising the assessment process.

Improving quality and patient experience

In 2015/16 evidence from a survey answered by 700 people, and two patient workshops highlighted variations in patient experience of patient transport across NW London. This led, in 2016, to the co-production of the Patient Transport Service Quality Standards, the Patient Transport Services Patient Charter and a set of key performance indicators (KPIs). In May 2016 the Patient Charter and quality standards were launched. Acute hospital trusts in NW London are now working towards these standards and report against the KPIs.

The Quality Standards and Patient Charter are displayed as posters in transport and discharge lounges, waiting areas for outpatients and renal units in each hospital. Copies are shown below.



Patient Transport Service Quality Standards **NHS**

We are working towards the following improvements:

- setting up a local number for you to use to book your transport
- answering your phone call as quickly as possible
- always contacting you the working day before your appointment to confirm your transport
- sending an automated message to your mobile or landline 30 minutes before your transport arrives
- if you live within six miles of your appointment, making sure you spend no longer than 60 minutes in the vehicle
- if you live within six to ten miles of your appointment, making sure you spend no longer than 90 minutes in the vehicle
- ensuring you arrive on time for your appointments and no more than 45 minutes beforehand. After your appointment, you will leave within 60 - 90 minutes of your transport being booked
- always having an identifiable person to speak to when booking and waiting for your return journey
- always providing you with a vehicle that meets your needs
- ensuring you are always safely inside your home after your journey.

NHS North West London Collaboration of Clinical Commissioning Groups working with:

Chelsea and Westminster Hospital NHS Foundation Trust	The Hillingdon Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust	London North West Healthcare NHS Trust

Poster Produced April 2016

Patient Transport Service Charter **NHS**

What you can expect on every journey:

Your driver will:

- be uniformed
- be wearing a visible ID
- introduce themselves to you on arrival
- be appropriately trained
- provide a timely and effective transport service.

You will:

- feel safe in the vehicle, with your seatbelt or wheelchair secured correctly
- be treated with dignity, and have your religious and cultural beliefs respected
- be treated with care and compassion
- have fair access to our services, irrespective of your gender, race, disability, age, sexual orientation, religion or belief.

Your vehicle will:

- be comfortable and suitable for your mobility requirements
- be clean, appropriately equipped, and properly maintained with regular safety checks.

If you have any questions or comments about this, please contact us:

NHS North West London Collaboration of Clinical Commissioning Groups working with:

Chelsea and Westminster Hospital
NHS Foundation Trust

The Hillingdon Hospitals
NHS Foundation Trust

Imperial College Healthcare
NHS Trust

London North West Healthcare
NHS Trust

Poster Produced April 2016

To improve standards and patient experience for all patient transport users across NW London the Acute Trusts Transport Working Group was established earlier in 2016 and two further working groups will be established to look at: Mental Health and Transport to Local Services. Each working group will report to the Patient Transport Programme Board.

Standardising the PTS assessment process

The [Department of Health's \(DoH\) national eligibility criteria](#) are a guideline for the assessment process, which determines whether a patient has a clinical need for free patient transport.

At present in NW London, evidence suggests that the assessment processes differ between each hospital. We aim to review and find out exactly where levels of service in NW London

may vary. We also aim to find out whether patients are receiving different levels of help with transport to and from hospital and we are currently reviewing assessment processes.

Following the review, the Acute Trusts Transport Working Group will co-produce a common assessment process. This is to ensure that there is a consistent and equitable common assessment process in line with the DoH's national eligibility criteria for PTS across all NW London acute trusts.

5. Details of the inclusion of community pharmacy within the reconfiguration strategy.

As we move forward with the STP we anticipate that community pharmacies will play an increasing role in delivering care as part of the integrated health and social care system.

6. Combined CCGs response to the article published in the Evening

We have no plans to reduce the overall number of health and care staff across NW London – in fact, the total number is likely to increase to reflect increasing demand. The information in the spreadsheet only tells part of the story –with changing care models, we should expect to see a change in roles over time, with a shift from acute care in hospitals to on-going care at or closer to home. But the STP is also clear that there will be no changes in acute capacity unless and until such time as out-of-hospital services have adequately reduced demand for acute hospital services.