NHS
Harrow

Delivering the Harrow Vision: Right Care, right place, right time

Harrow summit – workshop notes

9th November 2011

Introduction

On 9th November 2011, the Harrow Clinical Commissioning Board hosted a stakeholder event to discuss the vision for Out of Hospital Care. The aims of the workshop were to:

- communicate the health context in which Harrow will operate over the coming years,
- convey the financial challenges ahead,
- explore and refine the out of hospital vision for Harrow,
- test the application of this vision to patient pathway scenarios and understand the key changes to be made across the health system, and
- create a shared understanding of the next steps for making the out of hospital strategy real.

The event brought together over a hundred people to hear presentations from the Harrow Clinical Commissioning Board, followed by a series of exercises. Participants included patients, GPs from all practices in Harrow, secondary and community clinicians, commissioners, and other key stakeholders from organisations across Harrow including:

Ealing Hospital NHS Trust
NHS Harrow
Harrow age UK
NHS North West London
mencap
Imperial College Healthcare NHS Trust
Central and North West London NHS Mental Health NHS Trust
NHS Brent
Harrow LINk
The North West London Hospitals NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Harrow Council London
NHS Ealing

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Workshop context and structure

The workshop was structured in two parts – the first part featured presentations to set the context for the session and the second part comprised of exercises centred on real patient journeys described by Harrow's GPs. The event was facilitated by NHS NWL's Delivery Support Unit.

NWL CONTEXT

NWL is facing **urgent clinical and financial challenges**

Our **Out of Hospital Strategy is critical to our success** in meeting these challenges

Five NWL boroughs are holding workshops to involve the healthcare community in shaping the local Out of Hospital Strategy

PRESENTATIONS

Welcome Dr Kaushik Karia Harrow CCG	Background Rob Larkman Brent/Harrow sub-cluster	Clinical context Dr Genevieve Small Harrow CCG	Financial context Dr Kanesh Rajani Harrow CCG	Harrow Vision Dr Amol Kelshiker Harrow CCG	Acute Perspective Prof Rory Shaw NWLHT

HARROW CCB PANEL QUESTIONS AND ANSWERS

WORKSHOP TOPICS AND CLINICAL FACILITATORS

Cardiology Dr Masood Farooqi	Epilepsy Dr Larry Gould	Falls Dr Chris Jenner	Mental Health Dr Genevieve Small	Paediatrics Dr Amol Kelshiker	Urology Dr Dilip Patel

Musculo-skeletal Dr Kanesh Rajani	End of Life Dr David Lloyd	Frequent admissions Dr Imtiaz Gulamali	Gynaecology Dr Kaushik Karia	Chronic Kidney Disease Dr Will Maramis

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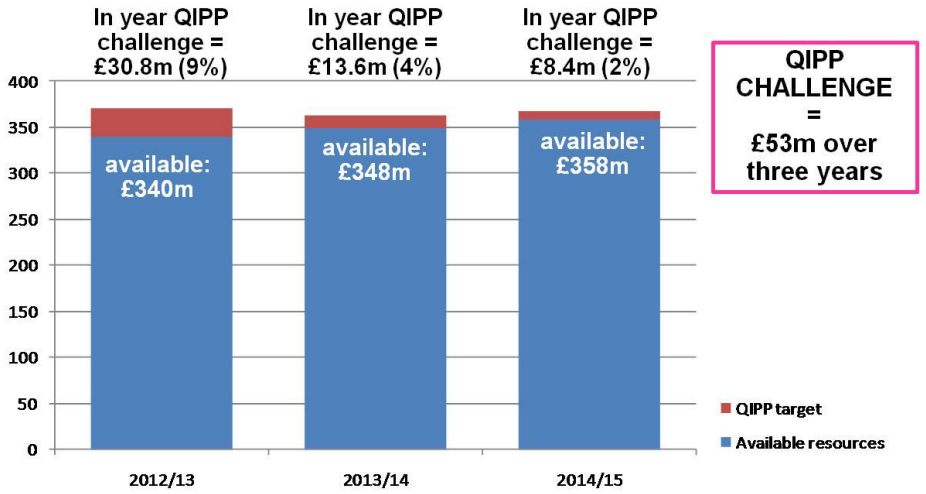
Summary of context for Harrow

- The **scale of the financial challenge** for NWL is large: 4% for most other boroughs in 2012/13 alone

- Benchmarking shows that Harrow is doing fairly well – and we know that there is good practice that we can demonstrate but **Harrow's financial challenge is larger**: 9% in 2012/13

- Traditional approaches of 'salami slicing' to make improvements won't make big enough changes to services to achieve financial sustainability AND maintain high quality clinical services.



Source: CSP financial model October 2011

- Our only option is to **redesign the whole system** – this is our Out of Hospital Strategy

- We need to do it now while we have the **momentum of the changes** that are already underway (mergers, QIPP, etc)

- We will need to re-invest savings in the right places to make this happen.

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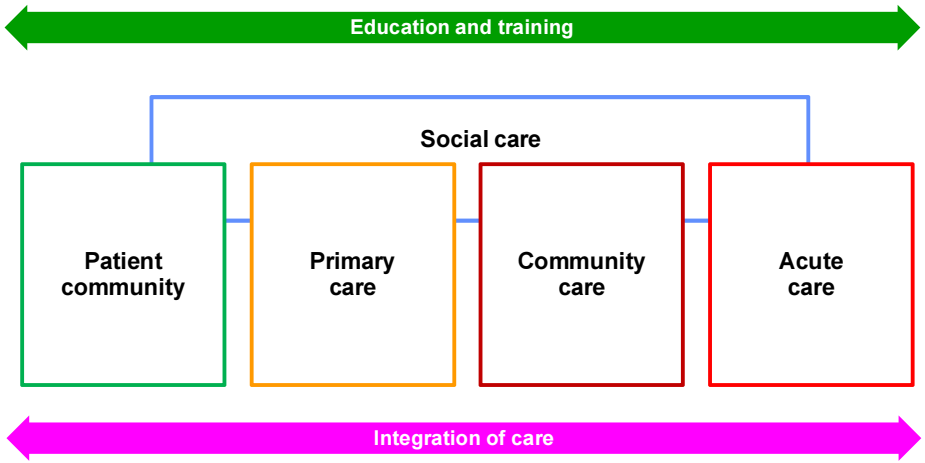
The vision for Out of Hospital Care in Harrow

To deliver modern, high quality, cost-effective services which provide:

the **right care**	
in the **right setting**	- Improve quality - Reduce dependence on acute care
by the **right person**	- Appropriately skilled clinician - Integrated - Change behaviours and practice in primary care, secondary care and the community

Underpinned by the following strategic aims:

- Improve health and wellbeing in partnership with patients and wider community.
- Ensure service provision is needs-led, sustainable and fair.
- Build on evidence and good practice.
- Create the environment for learning that empowers patients, carers and clinicians.



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Exercises

Exercise 1:
Making it better

Discuss a patient story

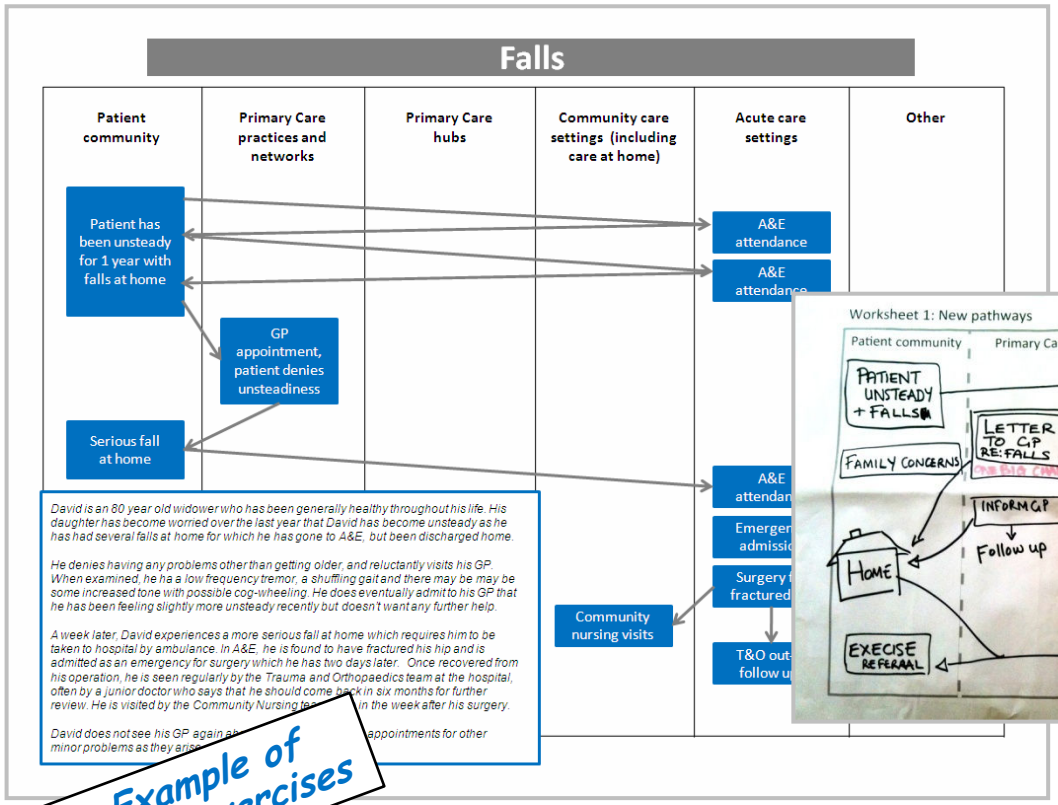
How could it be improved?

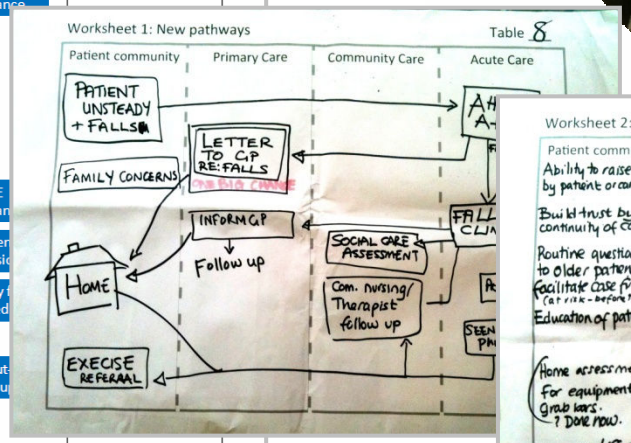
Pathways discussed:

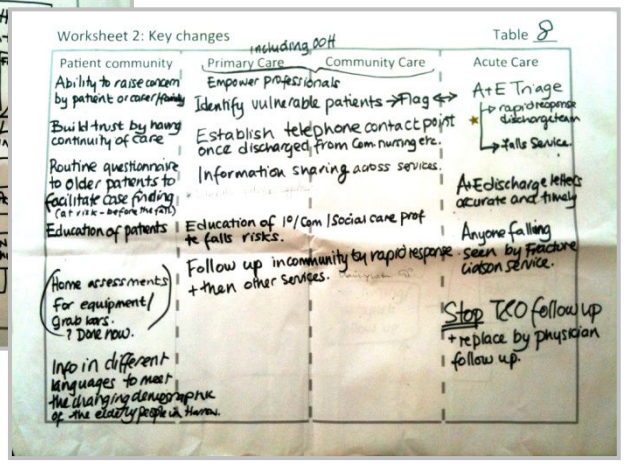
Cardiology
Falls
MSK
End of Life
Gynaecology
Urology
Epilepsy
Mental Health
Paediatrics
Frequent Admissions
Chronic Kidney Disease

Exercise 2:
Making it real

What are changes are needed in the health system to enable the improvements?







Example of group exercises

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Common themes

Across all of the workgroups, there were several recurring themes fed back as the key priorities :

Group	Integration/ multi-disciplinary working	improved communications between services	patient & carer education	joined up IT/ shared care records	Single point of access	Extended hours of service	Risk assessment/ stratificaiton	Clinician up-skilling/ rotations
Cardiology	✓	✓	✓	✓	✓			✓
Frequent Admissions	✓	✓	✓	✓		✓	✓	✓
Mental Health	✓	✓	✓	✓	✓			
Epliepsy	✓	✓	✓					✓
Musculo-skeletal	✓	✓	✓	✓				
Chronic Kidney Disease	✓	✓	✓	✓			✓	✓
Urology	✓	✓	✓		✓			
Falls	✓	✓	✓	✓	✓		✓	
Paediatrics	✓	✓	✓	✓				
End of Life Care	✓	✓	✓	✓		✓	✓	
Gynaecology	✓	✓	✓	✓	✓			

Top priorities fed back

Workgroup suggestions

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Top priorities and next steps

Top priorities based on the group exercises across all pathways:

- More integration of care across secondary, community and primary settings
- Improved communication between services
- More patient education and ownership of care, included through use of technology
- More flexible workforce arrangements and information sharing

Next steps *(to be reviewed by CCB)*

- To consolidate the information provided in the exercises, identify common themes and work these into the development of strategy.
- To reflect the pathways back to individual workshop groups for further iteration so that pathway redesign can actively commence.
- To continue to build on the successful engagement to work across organisational boundaries and start making the radical changes needed.

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