



North West London



# Improving healthcare for two million people in North West London

**2 July 2012**

# Contents of the presentation

- Background
- Case for change
- Vision
- How will we deliver the vision?
- Where should the five major hospitals be?
- 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

Home



GP practice



Care network



Health centre



Local hospital



Major hospital



Elective hospital

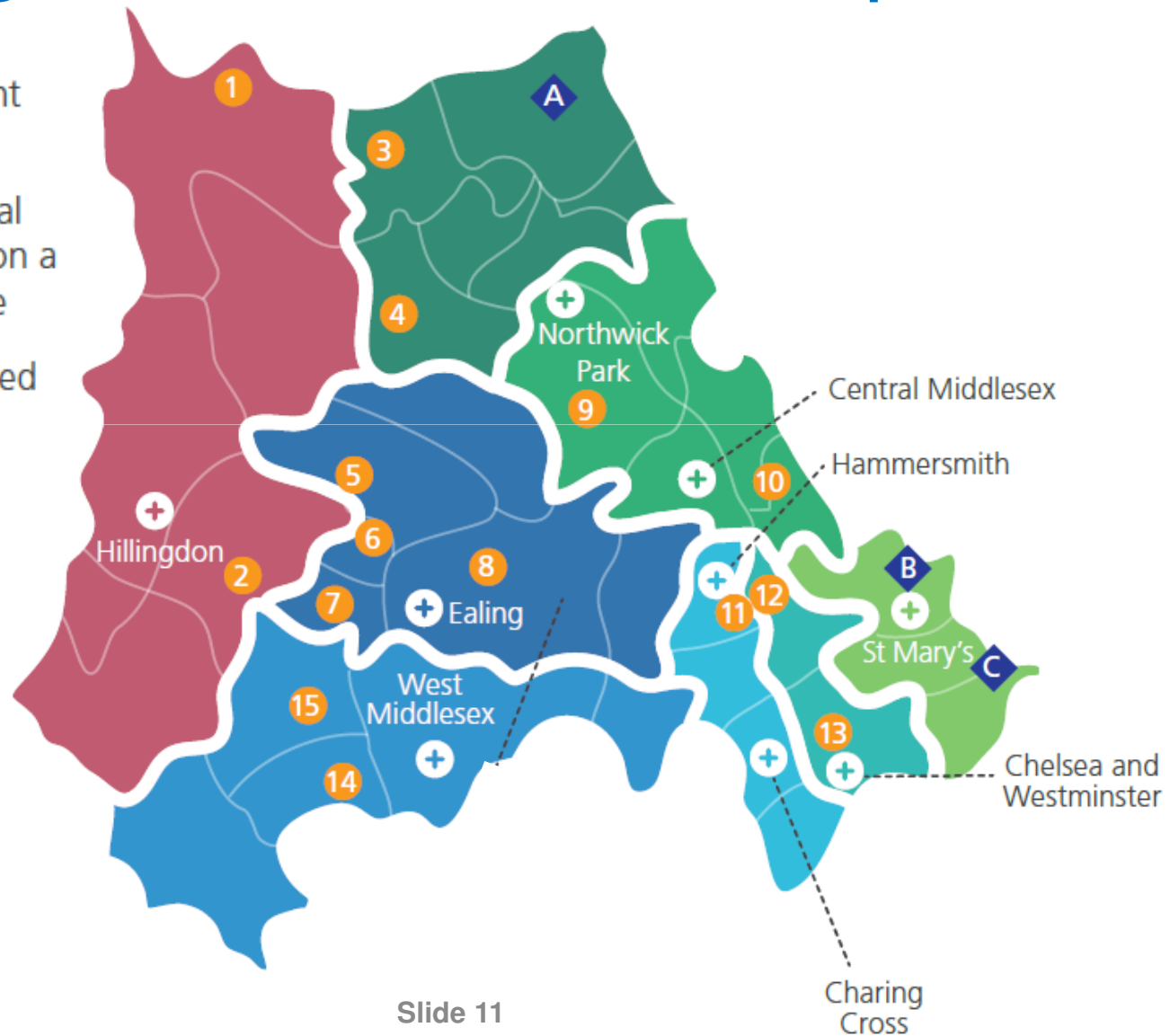


Specialist hospital



# 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 a 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

Elective  
hospital



- 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

Major  
hospital





# We propose there should be 5 major hospitals

Surgeons required

	<b>X 9</b>	Current	45 current
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	<b>X 6</b>	c. 60 WTE
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	<b>X 5</b>	c. 50 WTE
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	<b>X 4</b>	c. 40 WTE
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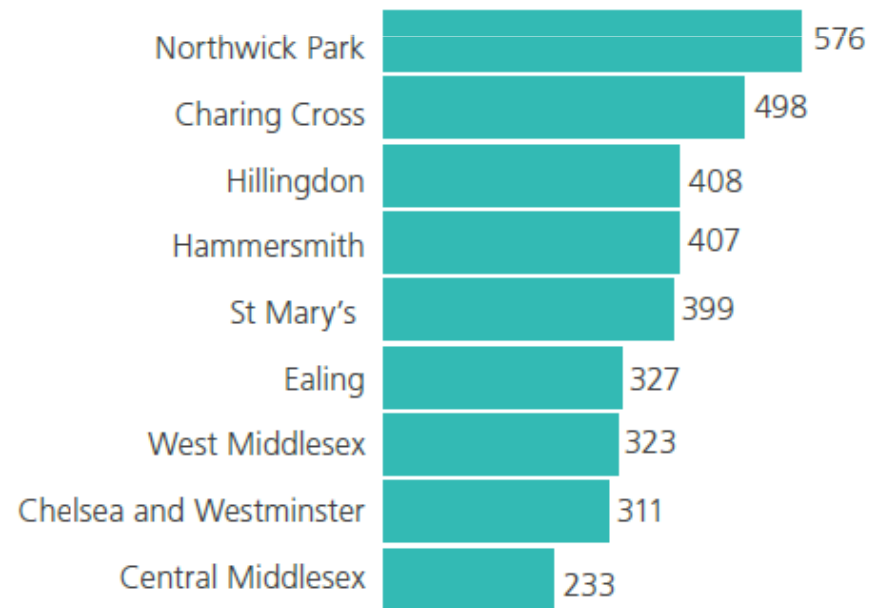
	<b>X 3</b>	c. 30 WTE
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Slide 17

# We propose there should be 5 major hospitals

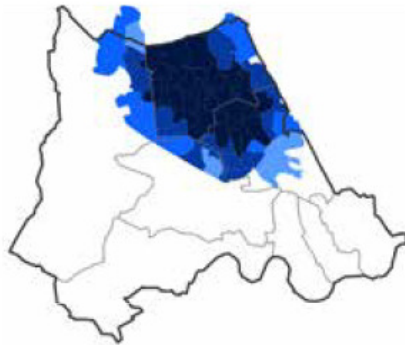
Three major hospitals	About 800 to 1000
Four major hospitals	About 600 to 700
Five major hospitals	About 500 to 600

## Current Beds



# Northwick Park and Hillingdon should be major hospitals due to location

No Northwick Park



No Hillingdon



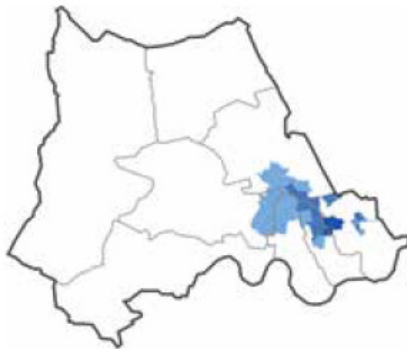
No Chelsea & Westminster



No Central Middlesex



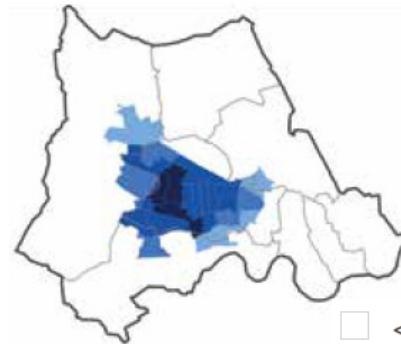
No St Mary's



No Charing Cross



No Ealing



No West Middlesex



# 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 (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 and 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
- ✓ National Clinical Advisory Team (NCAT)
- ✓ Equality Impact Review
- ✓ NHS London
- ✓ External Clinical Panel
- ✓ 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

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