

North West London

Shaping a healthier future

LINKs Sessions
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North West London

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Introduction and Context



North West London

Healthcare provision in North West London

- 423 GP practices
- 1,187 GPs



Mental Health Trusts

Central and North West London
 (Hillingdon, Harrow, Brent, K&C, Westminster)

West London Mental Health
 (Hounslow, Ealing, H&F)

Community Providers

Central London
 Community Healthcare

Hounslow & Richmond
 Community Healthcare

Central and NWL NHS FT

Ealing ICO

8 Clinical Commissioning Groups

- Brent CCG
- Ealing CCG
- Hammersmith & Fulham CCG
- Harrow CCG
- Hillingdon CCG
- Great West CCG (Hounslow)
- Central London CCG
- West London CCG

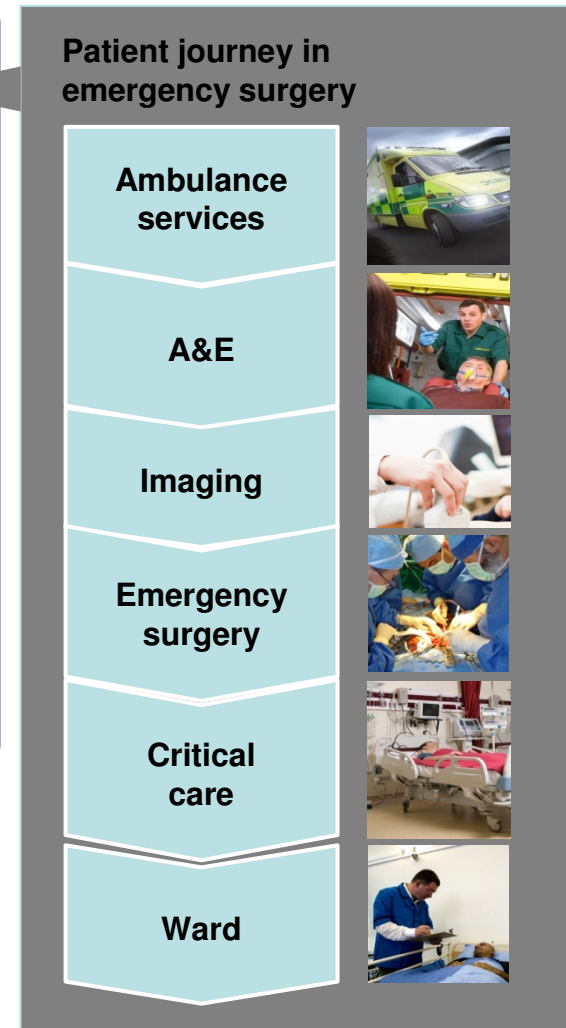
NWL – host commissioner for London Ambulance Service

Over the past year we have made good progress.
Patient journeys have helped us clearly articulate the quality of care we are aiming to deliver

Several pathways were reviewed

- Acute services (focusing on emergency surgery, A&E, inpatient paediatrics, and maternity services)
- Planned care and the management of Long Term Conditions (standards for high-level clinical pathways with two illustrative in-depth pathways)
- Primary care, when it is part of an integrated care pathway (illustrated for diabetes) or as part of an end-to-end pathway including care in an acute setting (illustrated with emergency care and paediatrics)
- A mental health care pathway
- A complex patient at the health and social care interface

For each pathway, we captured the patient journey



The impact on providers of the Commissioning Strategy Plan

Three overarching principles underpin our models of care

1

Centralising most specialist services means better clinical outcomes and safer services for patients

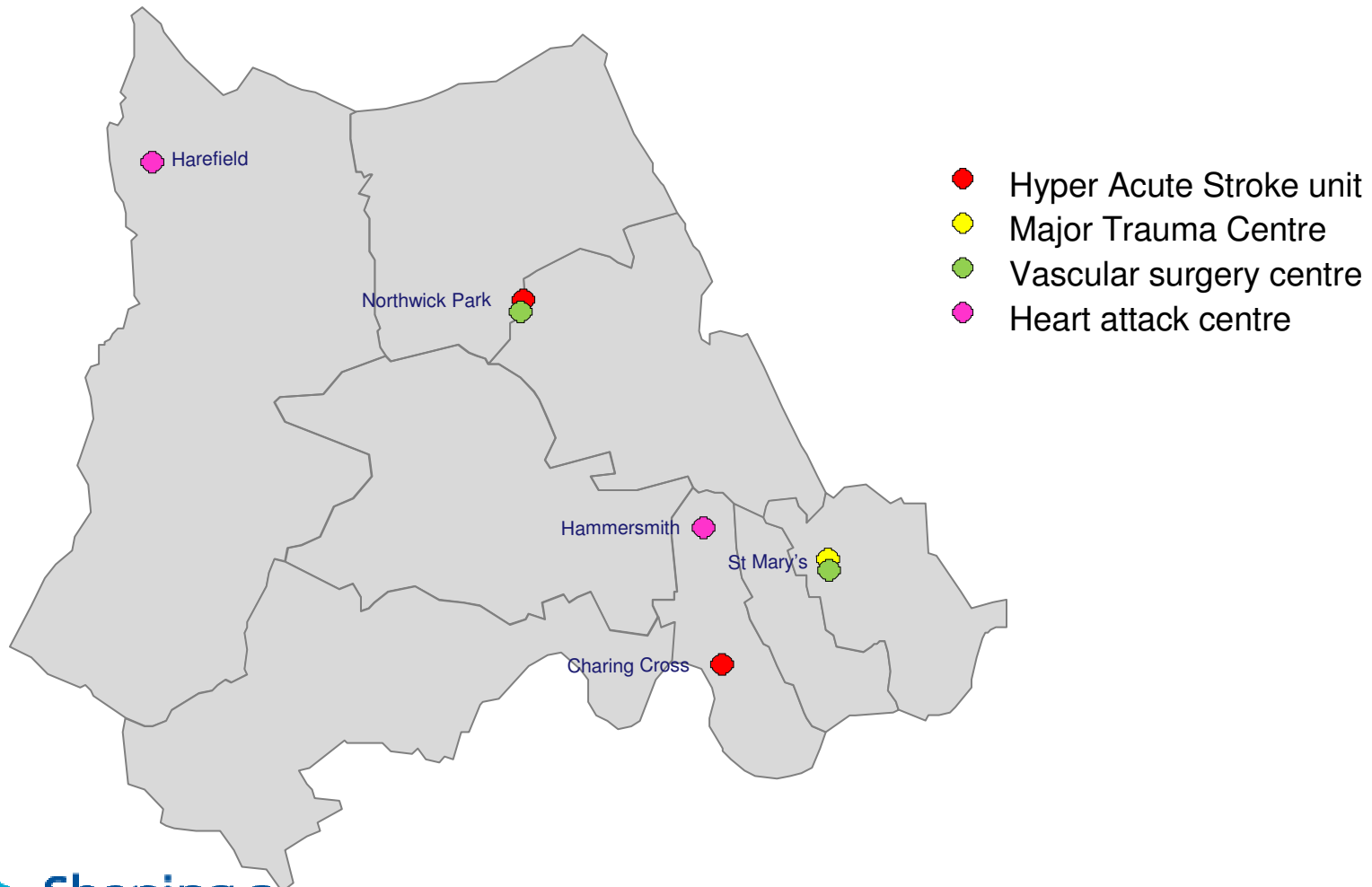
2

Localising routine medical services means better access closer to home and improved patient experience

3

Where possible, care should be **integrated** between primary and secondary care, with involvement from social care, to ensure seamless patient care

Centralise: We have centralised key specialist services and improved patient outcomes



Localise: We launched a successful Short Term Assessment, Rehabilitation and Re-ablement Service (STARRs) in Brent

Early supported discharge

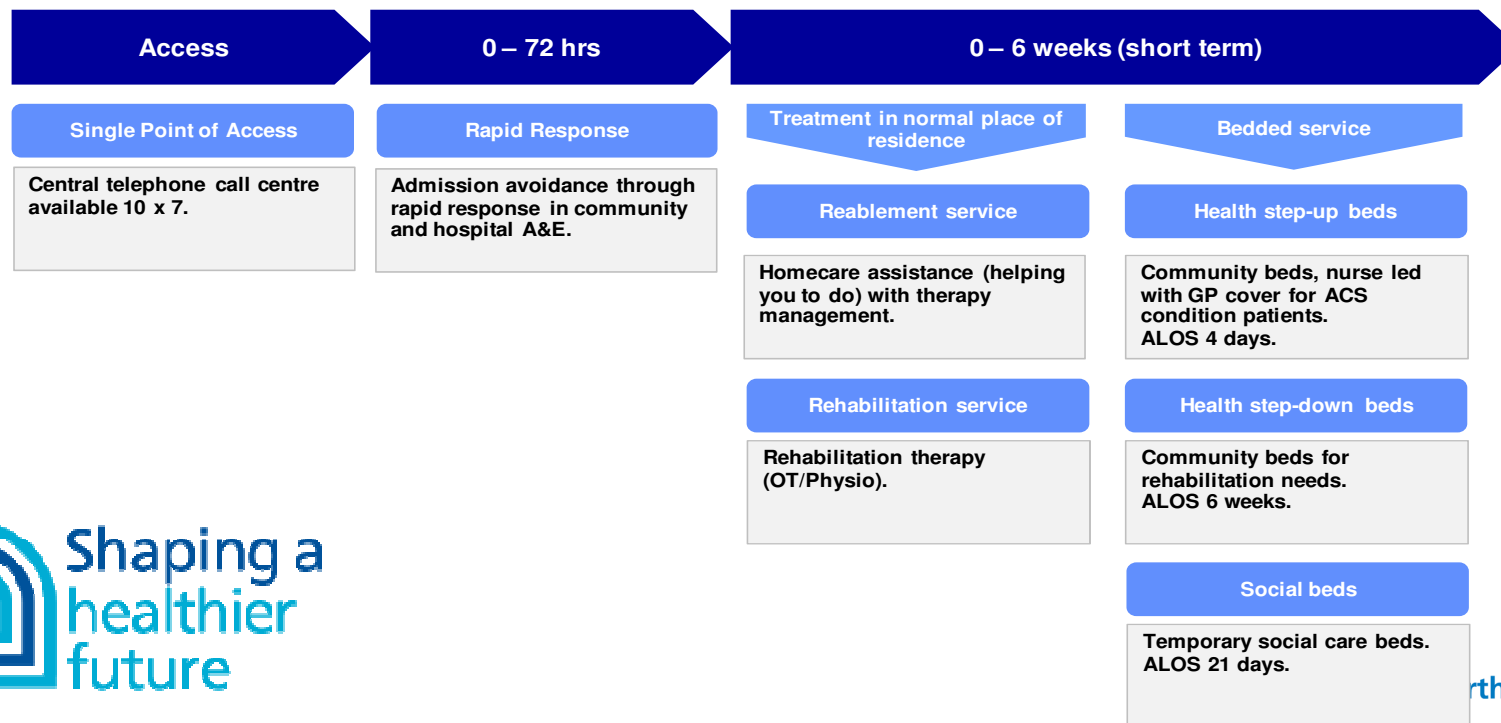
Following a spell in acute hospital spell, STARRS supports patients to return to their normal place of residence more rapidly than would otherwise be possible.

Admission avoidance

STARRS is designed to work with patients who are identified as being at risk of a hospital admission, by providing a time-bound, intensive service involving a range of practitioners. The service is designed to treat a patient in their normal place of residence, supporting people to live independently

Short term crisis prevention

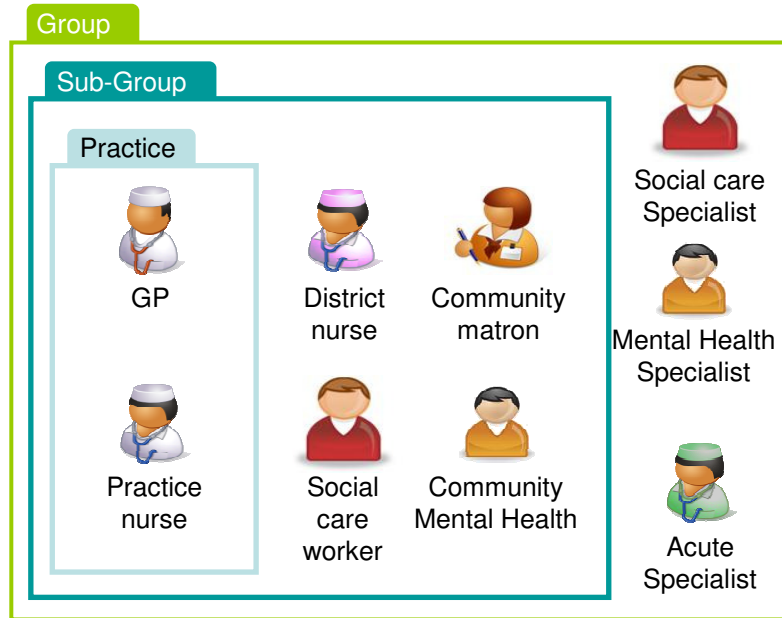
Working with community services STARRS is designed to help patients through a short-term crisis. STARRS has strong links with other community services, enabling patients' medium-long term health and social care needs to be met



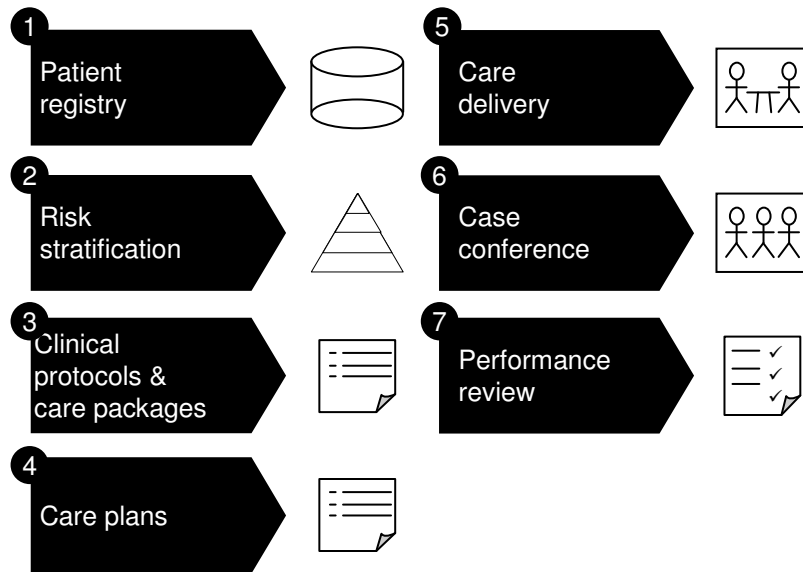
Integrate: We have launched an ambitious Integrated Care Pilot to improve the care of the frail elderly and diabetic patients across 5 boroughs

Improve the quality of patient care for patients with diabetes and the elderly

Local Multi-Disciplinary Groups...



...working in a Multi-Disciplinary System



What are we trying to achieve in NWL?

- 1) Improve patient outcomes and experience through collaboration and coordination care across providers (4 hospitals, 3 community providers, 93 GP practices, 5 social care organisations) with shared clinical practices and information
- 2) Over 5 years decrease hospital usage including emergency admissions by 30% and nursing home admissions by 10% for diabetics and frail elderly through better more proactive care
- 3) Reduce the cost of care for these groups by 24% over 5 years

Building a healthier future



North West London

A large number of providers are taking part in this pilot



North West London

Ealing CCG
Great West CCG (Hounslow)
West London CCG (K&C)
Westminster CCG
Hammersmith and Fulham CCG



City of Westminster

Imperial College Healthcare 

NHS Trust

Chelsea and Westminster Hospital 

NHS Foundation Trust



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**



Central London Community Healthcare 


NHS Trust

Barnet ■ Hammersmith and Fulham ■ Kensington and Chelsea ■ Westminster

Central and North West London 

NHS Foundation Trust



West London Mental Health 

NHS Trust



Ealing Hospital 

NHS Trust



North West London

The case for change

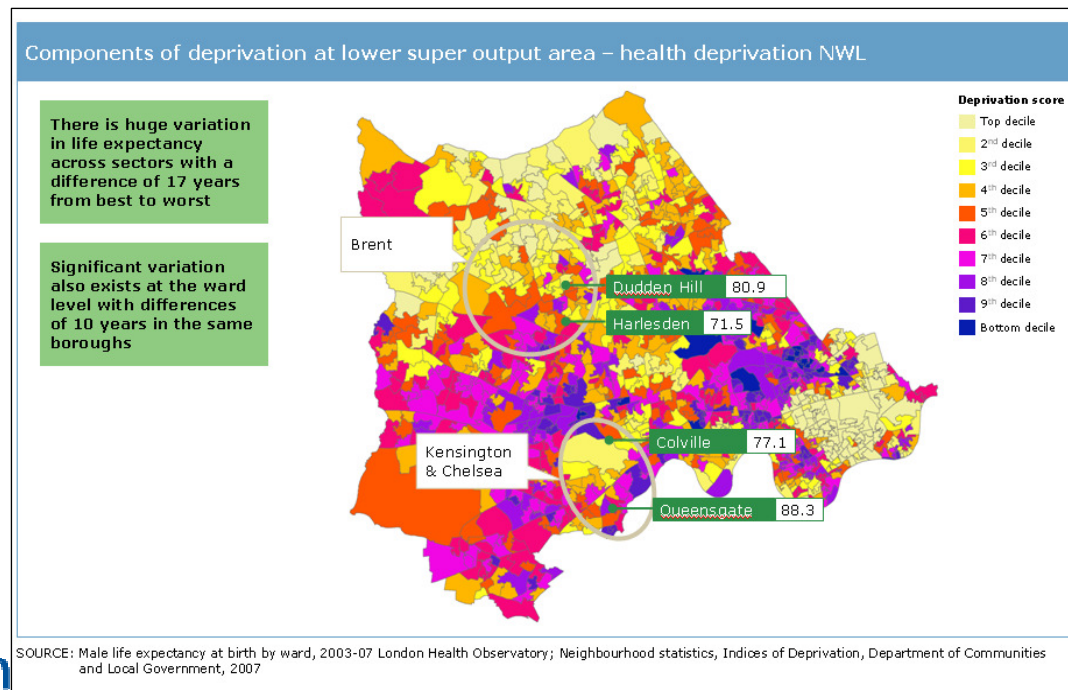


North West London

Context for the NHS in North West London

- The North West London (NWL) cluster is one of the largest PCT clusters in England.
- 8 PCTs/Clinical Commissioning Groups
- Budget of £3.5 billion
- Covering a population of 1.9 million

- Since 2000 life expectancy has improved by 2 years but gap across the cluster is still 17 years.
- We have some of the best provision of primary and acute care in London, but also some of the least good.



Summary of the Case for Change (1/3)

NB. This is a working draft which is due to be finalised towards the end of this week and published early next week.

1. Our healthcare needs are changing and demand is increasing

- The population is getting **older**
- Current **lifestyle** is creating an epidemic of obesity, diabetes, cancer, heart disease and stroke
- The numbers of patients living with **chronic disease** are increasing
- **Science and technology** offer new ways of tackling old problems
- Internet, mobile communications and telehealth are opening up **new channels for delivering care** and providing health information, increasingly **supporting patients to care for themselves**

2. As a result we have made changes over the last few years

- Changes have been made in Community, Primary and Hospital care **increasing quality and localisation of services**
- **Coordination and integration** of care across the boundaries of providers has been improved reducing non-elective admissions for diabetic and elderly patient groups
- **Some specialist services have been centralised** into single networked centres, improving clinical outcomes
- NWL continues to deliver excellent **education** opportunities developing the next generation of clinicians alongside nationally and internationally recognised **research** that brings the latest treatments to patients

Summary of the Case for Change (2/3)

DRAFT

3. But there is still more to do

- The NHS could and should do more to **prevent ill health** in the first place
- When people are concerned about their health, the first point of call is **primary care**. We should do more to provide high quality easy access to physicians who can treat and help patients navigate the health care system
- For the increasing number of patients who suffer from **long term conditions**, we could be doing more to support them to manage their condition and maintain their independence
- More can be done for north west London's increasingly **ageing population** to enable them to live independently and to not be reliant on so much care
- Despite delivering good outcomes from hospital care, we are failing to provide consistently good **patient experience** for people
- As a result of **medical specialisation**, the need for clinical practitioners to treat a minimum number of patients to learn and maintain their skills and the need to provide increasing numbers of hours of consultant delivered care, it is challenging for all sites to provide **urgent surgery, paediatrics, obstetrics, critical care and A&E services**
- A number of **providers¹ in NW London are already facing significant challenges** in meeting key access targets, have significant financial challenges or have estate which is not fit for delivering modern standards of health care in.

Summary of the Case for Change (3/3)

DRAFT

4. Delivering the best patient experience and clinical outcomes are the organising principles for how services should be delivered in North West London. **There are specific actions we need to take to deliver this commitment, which will require us to reconfigure our services. We need to:**
- More actively engage patients in taking personal responsibility for staying healthy and helping them manage their own health conditions.
 - Work together with our health and social care partners in an **integrated** and seamless way to coordinate each individual patient's care
 - Deliver more consistent high quality community and primary care and dramatically improve **access to local care**
 - Support clinicians to become experts in specialist areas and increase the success rates of their treatments by **centralising and specialising services** into fewer hospitals, consistently delivering high quality care
 - Make the best use of our good estate and improve or dispose of poor estate
 - Facilitate the delivery of **high quality, coordinated care** through having well motivated and highly trained staff and better using technology to share information

From talking to clinicians we have heard a set of five core themes on how to transform out of hospital care in NWL

What we want the future to look like...

- 1) **Easy access to high quality, responsive primary care** to make out of hospital care first point of call for patients
- 2) **Simplified planned care pathways** that allow hospital care to be delivered in a community setting
- 3) **Rapid response to urgent needs** by primary care for so that patients don't need to access hospital A&E
- 4) **Providers working together**, with the patient at the centre to effectively manage the **elderly and LTCs** out-of-hospital
- 5) **Minimal time in hospital** when admitted, with **early supported discharge** into well organised community care

...and how we propose to deliver it

- a) **Organise** into relevant **local general practice networks**¹
- b) **Use networks to co-ordinate** a multidisciplinary group of social workers, community staff, district nurses and consultants (e.g., ward/localities)
- c) **Ensure accountability for both health and social care**, with a named lead the patient knows is responsible for their care, prevents needless admission, speeds discharge and acts as single point of contact to organise OOH response
- d) **Deliver care in settings of sufficient scale** to realise clinical and economic critical mass, optimising space utilisation
- e) **Employ** a future workforce with a different **skill mix**, appropriate to the care delivered
- f) **Agree consistent quality standards** for delivery of OOH care
- g) **Establish enablers** to support the system:
 - **Shared information** and communication to support core processes i.e., risk stratification, care planning, care delivery
 - **Incentive/contractual alignment** to incentivise additional activity for proactive care, extended hours and reduced cost
 - **Transparent performance management** on access, quality, referrals and cost across all providers

¹ Harrow (Peer groups); Brent (Localities); Hounslow (Mentoring cells); H&F (Practice networks); Ealing (Practice networks); Hillingdon (Practice networks); CLH (MDGs); K&C (Learning Sets)

Discussion

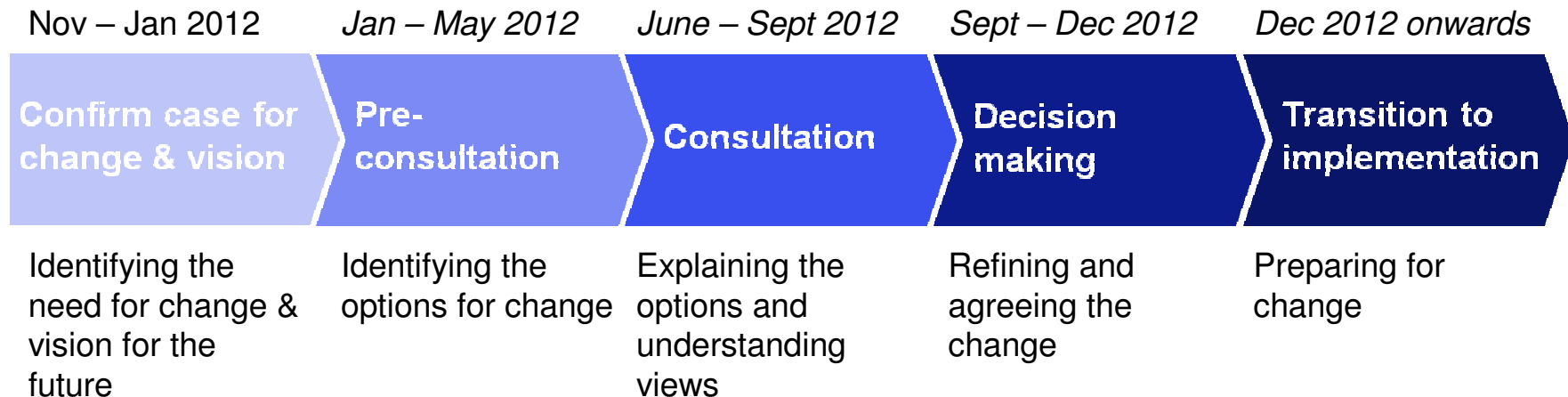
1. What is your initial reaction to the Case for Change?
2. Which points do you feel will resonate most strongly with patients?
3. Is there anything you are unclear about or that you feel does not work?

Shaping a healthier future



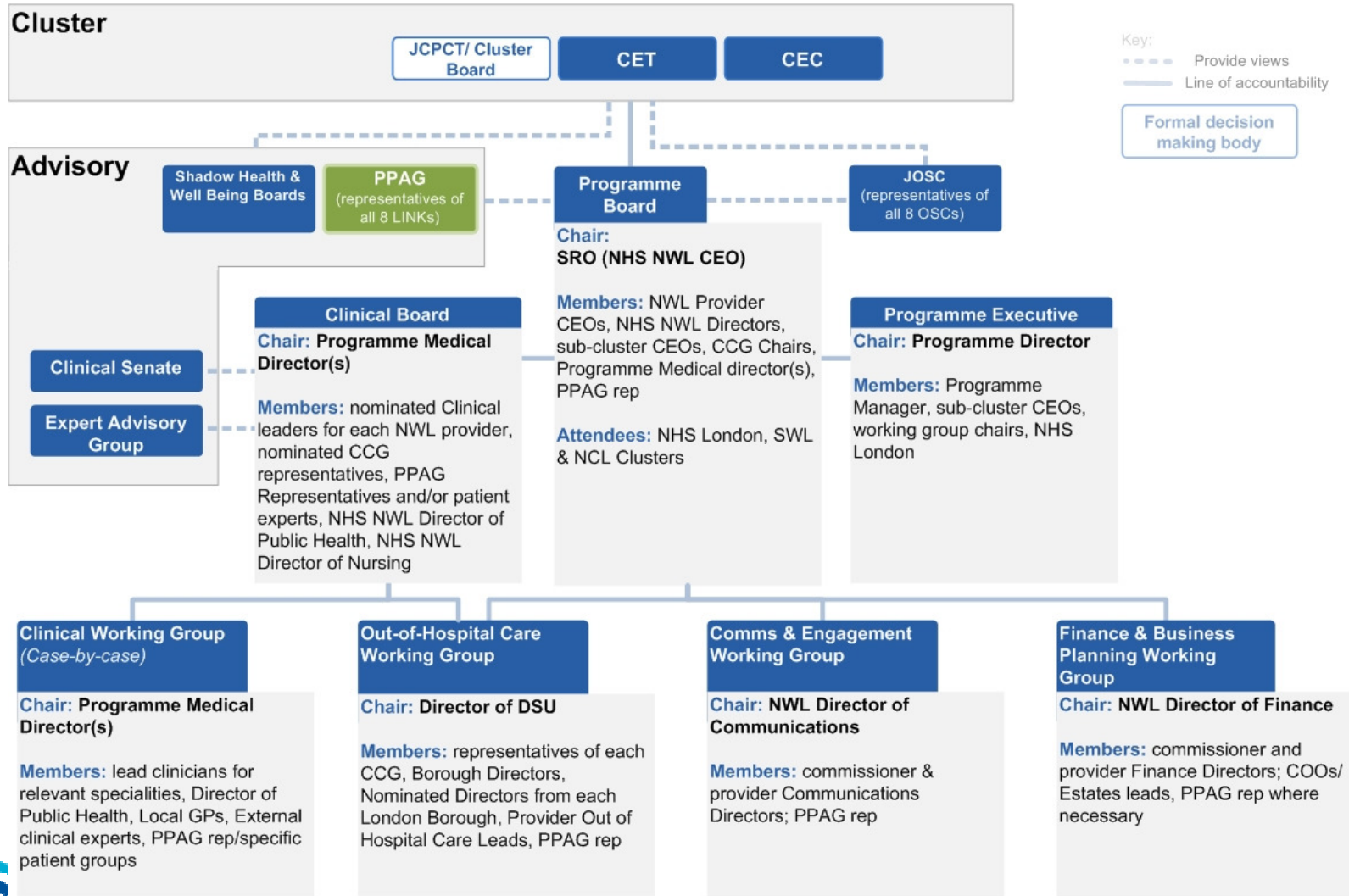
North West London

Current programme timeline

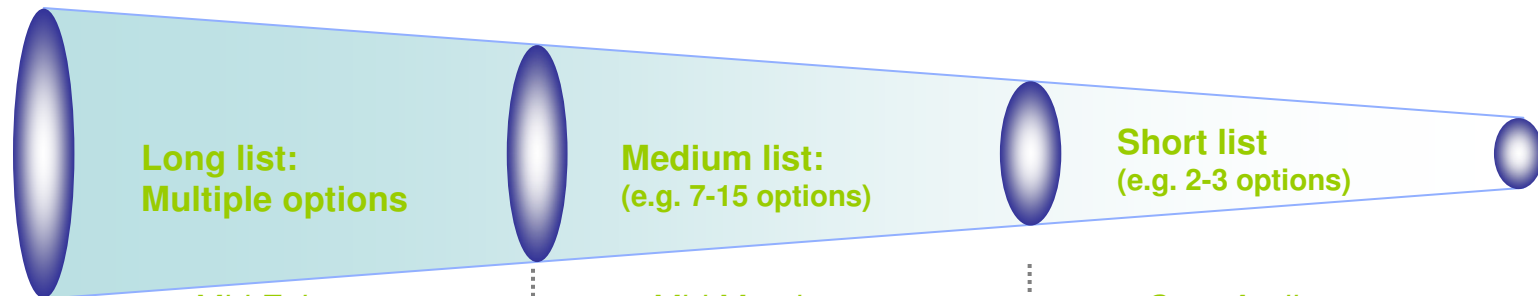


- Local clinicians are working together to confirm the quality standards and service models that will help NWL to address these challenges
- Local clinicians will subsequently lead a process to identify, appraise and shortlist options to deliver these standards
- We have a governance structure designed to obtain input from a variety of key stakeholders including a PPAG representative on every workstream
- We are currently planning two pre-consultation engagement events to give local stakeholders specific opportunities to input to the identification of options

Programme Governance



The options generation process will create a long list of options initially and these will be gradually narrowed down based on an agreed set of criteria



Mid February

- Start with defined delivery models based on service configurations grounded in understanding of best clinical practice, standards and interdependencies
- Identify long list of options for role that each site could play

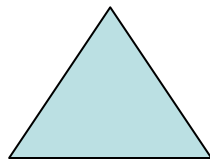
Mid March

- Test implications of long list of options (taking into account capacity requirements and fixed points)
- Discard groups of scenarios where significant challenge to implementation is likely (e.g. >50% under capacity at a given site)

Start April

- Identify short list of feasible scenarios and undertake more detailed modelling where necessary to support final decision-making on options for consultation

Affordable



Acceptable to patients, staff & public

Clinically safe and effective

Key drivers:

- Clinical quality and interdependencies
- Capacity requirements
- Fixed points

We will ask for input to determine the detailed criteria for evaluating the options

15 Feb - Engagement Event



North West London

On 15 February we will hold the first pre-consultation engagement event at Lords Cricket Club

The objective of this event is to:

Gain a better understanding of our patients' and the public's concerns and the issues we need to consider as we consider the possible options for change.

In particular we will:

- Discuss the case for change and vision for healthcare in NW London in more detail
- Seek input into the development of options for service change
- Seek input into the criteria and benefits that will use to evaluate options for change

The audience for this event is:

The engaged public (morning) – giving informed members of the public like LINKs, patient groups and TUG representatives the opportunity to meet with local clinical leaders, hear about the programme, share their concerns and influence development of proposals by giving us a better understanding of patient needs and priorities.

NB. Please feed in names and details of those you feel should be invited if you haven't already done so

Local stakeholders (morning) – giving public representatives like local authority staff and members who are not directly involved in the programme the opportunity to learn about it and influence the development of proposals particularly the vision for Out of Hospital care

Local clinical body (afternoon) – giving local clinical staff (including nurses, and other health professionals) who are not directly involved in the programme an opportunity to hear about it and influence development of proposals from a provider perspective



Discussion and next steps

1. Do you have any comments on this timeline?
2. Do you have any comments on this engagement approach?
3. Please make suggestions for how we can ensure the broadest possible attendance on 15 February

Session 2: Ambassador Briefing



North West London

Ambassador briefing

- *Shaping a healthier future* is a programme set up to improve healthcare for the 1.9 million people who live in North West London. This is a challenge that requires continuous change, development and improvement.
- The programme is being led by clinicians who have seen firsthand the changing needs and health inequalities in the area and the failure to meet staff and patients' expectations on the quality of their services.
- They have identified a compelling case for change which highlights the inconsistencies and failings of the current system along with some more recent improvements.
- The Case for Change is the basis of the programme and, over the next few months, it will form the starting point for detailed conversations with other local clinicians, healthcare providers, patients and the public to identify the best possible solutions. **No decisions will be made without a full and robust engagement and consultation process.**

Ambassador briefing

- Just a few examples of the urgent challenge:
 - Some local units are already reducing the hours they are open because not enough clinical staff, of the right level and expertise, are available
 - Fewer than half of emergency general surgery admissions in London are reviewed by a consultant within 12 hours
 - 130 extra lives could be saved each year in North West London if better consultant cover could be provided at A&Es on weekends
- Clinicians have identified a strategy for meeting these challenges based on three principles: **centralising** specialist services where necessary, **localising** more common services where possible, and **integrating** all services across primary and secondary care.
- We believe we can make significant improvements by putting the right care in the right places and, as part of this, by considering the area as a whole – something we have not done before.

Ambassador briefing

Meeting the challenge – our commitments

- We will support you to take better care of yourself, lead a healthier lifestyle, to understand where and when you can get treatment if you have a problem, understand different treatment options and better manage your own conditions with the support of healthcare professionals if you wish.
- When you have an urgent healthcare need, we will ensure you can easily access a primary care professional (such as GPs) 24 hours a day, seven days a week by telephone, email and face to face consultations in local, easily accessible facilities.
- If you need to see a specialist or receive support from community or social care services, GPs can organise this in a timely way and be responsible for coordinating the delivery of care.
- If you need an ambulance, the maximum journey time will be 20 minutes.
- If you need to be admitted to hospital, it will be to a properly maintained and up-to-date facility where you will receive care delivered by highly trained specialists with the specific skills needed to treat you.

Ambassador briefing

1. Do these points help you represent the programme to others?
2. What other information, facts and figures would be helpful?

We know that the following questions are important and we're working now to ensure that we have clear answers. What other key topics you feel patients would like more information on?

- Exactly which parts of this programme can patients and the public provide real input into making genuine changes and which parts cannot be changed
- Transport and access – a Travel Advisory Group will be established to advise the programme including patient representatives, Transport for London and TravelWatch
- How this programme aligns with other reorganisations, such as cancer services in London and the potential merger in Ealing
- How we ensure the options for change are assessed effectively with hard, not soft, standards
- How the creation of the London Commissioning Board and CSOs affect patient engagement on this service change

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