



**North West London Collaboration of  
Clinical Commissioning Groups**

15 Marylebone Road  
London NW1 5JD

***Sent via Email***

23 February 2015

Dear Mr Mansfield,

We are writing to you, on behalf of the *Shaping a healthier future* Programme Board. This is in response to the call for evidence from the Independent Commission and in particular your letter dated 16<sup>th</sup> December in which you called for evidence with regard to North West London's *Shaping a healthier future* programme.

As you would expect from a programme of this nature, there is a significant weight of material setting out in detail the local needs and case for change, how we identified the changes that would address these needs and how we are taking these forward. Relevant programme documentation on the case for change and decision making can be found on our programme website at [www.healthiernorthwestlondon.nhs.uk](http://www.healthiernorthwestlondon.nhs.uk) and on the websites of the eight NW London Clinical Commissioning Groups (CCGs).

For ease of reference, this letter provides a summary of the Programme and its progress to date and we have provided links to the most relevant materials for you to refer to.

**The case for change**

*Shaping a healthier future* is a clinically-led programme designed to improve the quality of care for the residents of North West London. It was set up to address a range of challenges facing the local health economy (and the NHS more broadly) and to meet changing patient needs, which are placing ever greater demands on the local NHS. People are living longer, the population as a whole is getting older, and there are more patients with chronic conditions such as heart disease, diabetes and dementia. More needs to be done to improve care and prevent ill health, and improvements need to be made to ensure better, consistent access to high quality care. Patient needs are not being best met, with our hospitals unable to provide the 24/7 consultant-delivered care required under London quality standards. There are too many hospitals with low quality buildings.

The [Case for Change](#), published in January 2012, provides specific details of the challenges which the programme was set up to address. Clinical leadership is central to the programme, including four Medical Directors (from both acute and primary care) leading through the core Programme Executive, a senior Clinical Board representing Medical Directors and CCG Chairs from across NW London, and pan-NWL clinical working groups focusing on specific services and models of care.

## **The *Shaping a healthier future* changes**

In North West London our clinicians have developed one of the most ambitious visions for health and care transformation in the country. Our aspiration, driven by clinicians, is for an outcome-based, integrated health and social care service centered on the needs of the citizen.

Prior to the establishment of CCGs in April 2013 the process was run by the predecessor Primary Care Trusts (PCTs) in NW London, with the decision making body being a joint committee of those Primary Care Trusts (along with neighbouring Wandsworth, Camden and Richmond PCTs) . Following extensive engagement and consultation the *Shaping a healthier future* programme put forward recommendations. The Joint Committee of PCTs (JCPCT) met in February 2013 and made the following decisions:

- We would invest over £190m more in out-of-hospital care to improve community facilities and the care provided by GPs and others.
- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre would be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary's; and West Middlesex.
- Central Middlesex Hospital would be developed in line with the proposed local and [elective hospital](#) models of care, and would also include a 24/7 Urgent Care Centre.
- Hammersmith Hospital would be developed in line with the proposed local and [specialist hospital](#) models of care, and would include a 24/7 Urgent Care Centre.
- Both Ealing and Charing Cross Hospitals would be developed in line with the proposed [local hospital](#) model of care, and would each include a 24/7 Urgent Care Centre. The JCPCT also recommended that [further proposals](#) for these two hospitals be developed in future by the relevant CCGs.
  - *Following the review by the Independent Reconfiguration Panel, the Secretary of State announced that the A&Es at Ealing and Charing Cross "should continue to offer an A&E service, even if it is a different shape and size to that currently offered". As per his guidance, we will develop that in line with the Keogh review of Accident and Emergency Services.*

These changes had been widely consulted upon and local clinicians agreed that they would deliver better care for the people of NW London. Please see the [papers from that meeting](#) and in particular the [Decision Making Business Case \(DMBC\)](#), which includes the CCG out-of-hospital strategies, for the rationale behind these proposals. This vision for the future of healthcare in North West London is being taken forward by eight CCGs which are made up of GPs from NW London's eight boroughs.

## **Post-decision delays**

Following the JCPCT decision the programme was subject to two different external reviews:

- **Judicial review** – the High Court rejected the case brought by Ealing Council to seek to halt the ‘*Shaping a healthier future*’ programme of planned improvements to patient care across North West London
- **Independent Reconfiguration Panel (IRP) review** – following referral by Ealing Overview & Scrutiny Committee, the Secretary of State commissioned an IRP review of the programme.

On the [advice of the IRP](#) the Secretary of State supported the *Shaping a healthier future* recommendations in full, but also determined that changes to A&E services at Hammersmith Hospital and Central Middlesex Hospital should take place “as soon as practicable”. Local clinicians strongly supported the decision of the Secretary of State, and NW London has proceeded with implementation of this decision.

### **Implementation plan – overview**

The DMBC included a high level five year implementation timetable and the recognition that change would take considerable time to deliver. In particular, shifting care from acute setting into the community is not straightforward. North West London’s out of hospital development plans are innovative and pioneering – as reflected in the award of integrated care pioneer status to North West London in 2013 – but there is also recognition across the system that these changes will take several years to put in place.

The external reviews (namely, the judicial review and Independent Reconfiguration Panel review) which the programme was subject to in 2013/14 delayed the start of implementation of the hospital reconfiguration programme, as programme resource needed to be diverted to responding to these challenges.

Clinical quality is always our paramount consideration in planning and delivering any changes. Clinicians, the IRP and the Secretary of State all felt some changes should happen quickly. The JCPCT were clear that we should not stick rigorously to a pre-agreed implementation timetable and that timing of changes should be determined through an assessment of the safety, quality and sustainability of current services, the readiness of acute providers who will receive additional activity, and the trajectory of the delivery of out of hospital services in reducing admissions.

### ***Implementation to date***

#### *Changes to emergency services at Hammersmith Hospital and Central Middlesex Hospital*

The Secretary of State’s decision that changes to emergency services at Hammersmith Hospital and Central Middlesex Hospital should take place “as soon as practicable” was taken in response to increasing clinical safety risks associated with maintaining these services, as identified by the IRP during their review. This clearly took priority over our initial plans to hold back on changes until sufficient out of hospital development had taken place. For that reason, in planning the change we did not apply the assumptions around reduction in hospital length of stay or reductions in admissions made in the DMBC.

Following the decision of the Secretary of State, the programme led detailed planning work between CCGs and providers and identified that the earliest

practicable date that changes to emergency services at Hammersmith Hospital and Central Middlesex Hospital could be made would be September 2014.

Following extensive assurance by local CCGs and NHS England (for examples of assurance see [Brent CCG](#) and [Hammersmith CCG](#) Governing Body papers) these changes were taken forward as planned, with both emergency departments closing on 10<sup>th</sup> September 2014. This was achieved with high levels of public awareness via a joint programme / Trust communication campaign; including communications materials in ten different languages. Both closures took place safely.

In common with the rest of the country, there has been a dip in A&E performance in NW London during Autumn 2014. Whilst analysis of the cause of the dip in performance is still underway, preliminary findings suggest that the re-distribution of activity was largely as modelled, but there were peaks in demand which put the providers under pressure. This is consistent with what has been seen elsewhere in the English NHS over the course of the most recent winter. Pan-NWL collaboration was put in place prior to the closures to manage peaks in demand and performance through a daily call and weekly Operations Executive. This enabled surges to be managed and any necessary action to be taken quickly with involvement from key stakeholders. A new A&E department opened at Northwick Park in late 2014, which has helped alleviate specific issues at that site.

Despite the dip in performance, clinical leaders are confident we are now running a safer system – for example, more patients across North West London are being seen and admitted or treated and discharged within 4-hours or arrival at A&E now compared to last year. Performance nationally dipped over the winter but in the period October to December 2014 the North West London sector was the highest performing in London at 92.87% for A&E performance and was above both the London and the national average performance for the quarter.

Because the Secretary of State decided that these changes should be made quickly, it was always recognised that we would be unable to deliver all planned out of hospital improvements in Brent and Hammersmith & Fulham before these changes were made – it is clear in the DMBC that these improvements would take a number of years to implement and to deliver shifts in activity. Recognising this, clinicians agreed that to support the changes to emergency services at Hammersmith hospital and Central Middlesex hospital, the priority for out of hospital development should be the enhancement of nearby Urgent Care Centres (UCCs) to the *Shaping a healthier future* specification. Hammersmith Hospital, Central Middlesex Hospital, Charing Cross Hospital and Northwick Park Hospital are all now operating to this specification, which included opening 24/7. Plans are also in place to implement this specification on the remaining NW London sites.

#### *Improvements to out-of-hospital care*

The eight North West London CCGs each agreed their own out-of-hospital strategy, tailored to the needs of their local residents as part of the DMBC. Each CCG has made significant progress in implementing their strategy since the JCPCT decision in February 2013 and has delivered tangible improvements as a result. These include changes across primary care, community care, integrated care and mental health. In total it is estimated that £90m has been invested in out of hospital services in 2013/14 and 2014/15 to date.

*Each of the eight North West London CCGs is writing to you separately in response to your call for evidence with further detail of their progress in implementing their out of hospital strategies.*

#### *Planned capital investment in hospital and out-of-hospital care setting*

The Programme planned significant capital investment in both acute hospital sites and out of hospital settings in order to regenerate hospital and primary care across NW London.

Significant progress has been made in this area since the JCPCT decision:

1. Outline business cases are in development for investment in “community hubs” in Brent, Harrow, Hounslow, Hillingdon, Central London, West London ,and in “local hospital hubs” in Hammersmith and Fulham and Ealing.
2. Draft outline business cases have been developed for investment in acute hospitals across North West London:
  - a. To provide additional capacity at St Mary’s Hospital, Chelsea & Westminster Hospital, West Middlesex University Hospital and Hillingdon Hospital.
  - b. To support the development of Hammersmith Hospital as a hub for a range of specialist services and complex surgery.
  - c. To support the development of Central Middlesex Hospital into a local elective centre.
3. To redevelop Ealing Hospital and Charing Cross Hospital – these redevelopments form an important part of the out of hospital strategies for Ealing CCG and Hammersmith & Fulham CCG respectively, with the development of “local hospital hubs”.

An “Implementation Business Case” (ImBC) is being developed which provides a single consolidated view of all these investment requirements and this will be used to seek assurance and approval through the necessary external routes (e.g. NHS England, the Trust Development Authority and the Treasury). *Once the ImBC is agreed, further work can be taken forward.*

#### **Next steps for Shaping a healthier future**

We remain confident that the *Shaping a healthier future* proposals will deliver improved care for local people. The SaHF programme continues to be clinically-led through the eight North West London CCGs and its Clinical Board and is supported by local clinicians. In addition we continue to work closely with patient representatives as we plan and deliver change. Our Patient and Public Representative Group is a core mechanism for this; it is chaired by a lay member and has representatives for all North West London boroughs. More broadly, we have a pan-North West London Lay Partners Forum which supports and informs our transformation work, with co-design a core working principle.

We expect that our implementation timetable will continue to evolve in response to local circumstances; however, our current expectation is that in 2015/16:

- Changes to Ealing maternity & gynaecology services will take place. The timetable for these changes has been accelerated as a result of concerns raised by the Medical Director of what was then Ealing Hospital NHS Trust. These were in regard to the future sustainability of this service given the falling number of bookings at the site. The need for change to take place

rapidly is reinforced by the letter recently submitted to the programme by a number of Ealing midwives (*enclosed is a copy of that letter and the programme's response*). Ealing CCG Governing Body is expected to make a decision on timings on 18<sup>th</sup> March.

- We will begin in-depth preparation for changes to Ealing paediatrics services, which we currently expect to take place in 2016/17. There is a gap between changes to maternity and paediatrics services to allow us to develop paediatric capacity across North West London. We are investing £6million to improve hospital paediatric facilities across the sector. The new service at Ealing will be an innovative integrated community facility, an exemplar of modern paediatric services. When complete, we will be able to provide new capacity equivalent to 127% of that currently available at Ealing Hospital.
- We will secure approval of the ImBC and proceed with development of business cases for capital investment.
- We will continue to plan 19 new “community hubs” in primary care. Improvements to primary care will mean that most boroughs will be offering weekend opening and 8-to-8 services and that tele-appointments will be available. Patients will be able to see their GP health record online.
- The CCGs, working with NHS England and supported by the London-wide LMCs, will develop joint co-commissioning of primary care, which we expect to be fully operating in April 2015.
- We will take forward the recently launched pan North West London mental health and wellbeing strategy. The strategy will build on the multi-agency partnership work we have been doing to transform and integrate services and will include a major redesign of mental health crisis care.
- GPs in NWL are forming federations and networks to begin to improve access to care.

More details can be found in our five year strategy.

A review into the changes to emergency services at Hammersmith Hospital and Central Middlesex Hospital was commissioned by NHS England and is expected to be published shortly. The programme also ran a lessons learned workshop with stakeholders involved in the process. The report on this workshop and the findings of the NHS England review will be fed into future implementation planning.

As part of the changes to emergency services, the programme put in place additional quality and performance monitoring of emergency services through a pan-North West London Operations Executive. This continues to meet and in preparation for maternity changes, a Maternity Quality Dashboard is in development.

Local clinicians have worked tirelessly to agree and deliver changes that we know will result in better care for our patients. But change in the NHS often raises concerns and this programme has understandably met with significant opposition from a range of stakeholders who are concerned about the future. Despite our best efforts to communicate with these stakeholders the benefits which we know this programme will deliver, there remain misconceptions about this programme.

As we move forward in the implementation of these changes we welcome this opportunity for a fresh perspective on our work.

Yours sincerely,

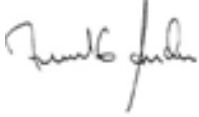
*Mark Spencer,*

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*Susan La Brooy,*

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*Mike Anderson,*

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*Tim Spicer*

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*Medical Directors,  
Shaping a healthier future programme*