



NHS
West London
Clinical Commissioning Group

Royal Borough of Kensington and Chelsea

Health, Environmental Health and Adult Social Care Scrutiny Committee

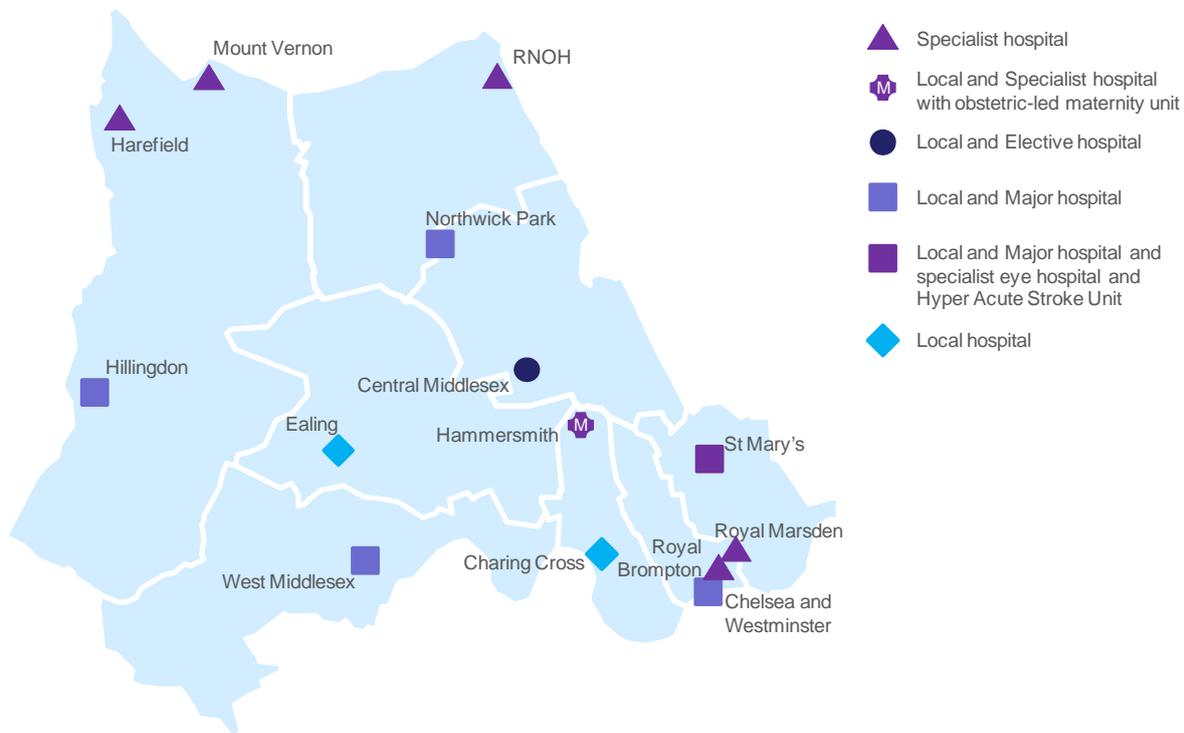
Shaping a healthier future

Briefing

13 March 2013

On 19 February, the Joint Committee of Primary Care Trusts (JCPCT) agreed with all the recommendations put forward by the 'Shaping a healthier future' programme following public consultation. This will mean:

- Investing over £190m in out-of-hospital care to improve healthcare facilities and services in the community including care provided by GPs.
- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre (UCC) will be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary's; and West Middlesex.
- Both Ealing and Charing Cross Hospitals will have local hospital services which include outpatient services, diagnostics and a 24/7 Urgent Care Centre. But the JCPCT also recommended that further proposals for these two hospitals are developed in future by the relevant Clinical Commissioning Groups (CCGs).
- Central Middlesex Hospital will be a local and elective hospital – which includes a 24/7 Urgent Care Centre.
- Hammersmith Hospital will be developed as a local and specialist hospital and will include a 24/7 Urgent Care Centre.
- Investing in new, 21st Century hospital facilities, especially at St Mary's, Northwick Park, Hillingdon, Ealing and Charing Cross.



The 'Shaping a healthier future' proposals will now take 3-5 years to implement, ensuring that improvements in out-of-hospital care are in place before changes to hospital services that rely on good out-of-hospital services are implemented.

Concerns raised by the Royal Borough during consultation

The Royal borough of Kensington and Chelsea raised a number of concerns in their response to the consultation:

- That all NHS organisations post-implementation are financially robust.
- If the A&E department at Charing Cross to close that there are satisfactory plans for future use of site.
- The new system has sufficient capacity for a growing and aging population.
- That Chelsea and Westminster and St Mary's have capacity to meet increased demand including A&Es.
- Access via ambulance or non blue light is not made worse by changes.
- A&E changes will only happen if out of hospital shows improvement.
- Clarity on timings of delivery and triggers for making changes.

The Shaping a healthier future programme responded by:

- Reviewed and re-ran the financial, estates and capital investment analysis
- Commissioned an assessment of clinical literature. The programme is clear that its proposals are entirely in line with the recommendations of the royal colleges, London clinical senate, the Kings Fund and others
- Reviewed and re-ran the options appraisal with new information
- Commissioned a comprehensive assessment of equalities; conducted additional travel analysis supported by the programme's Travel Advisory Group and undertook a study on the effects of the proposals on carers
- Developed the out of hospital strategies to ensure clarity and deliverability
- Extended the proposed transition period from 3 years to 5 years

What this means for each hospital

- Chelsea & Westminster – a major and local hospital with a 24/7 A&E and associated emergency surgery, complex medicine and surgery and intensive care beds. It would have specialist inpatient children's services and consultant-led and midwife-led maternity units. It would also have a 24/7 UCC and provide outpatient services and tests.
- St Mary's – a major and local hospital, a hyper acute stroke unit (moved from Charing Cross Hospital) and a specialist ophthalmology hospital (moving the Western Eye Hospital) with a 24/7 A&E and associated emergency surgery. It would also deliver complex medicine and surgery and have intensive care beds. It would have inpatient children's services and consultant-led and midwife-led maternity units. It would also have a UCC, outpatient services and tests, and continue to be the major trauma centre for NW London.
- Charing Cross – a local hospital with a UCC and outpatient services and tests, providing mental health services (inpatient and outpatient), and undergraduate and postgraduate training for local hospital services. Hammersmith & Fulham CCG is considering whether Charing Cross could be developed into a specialist health and social care hospital. This would provide primary care services, community therapies and beds, sexual health clinics and specialist renal and ambulatory cancer care (see below for more information on additional proposals).

Charing Cross additional proposals

During consultation, we heard from a wide range of people. We listened to the concerns and began to develop proposals for Ealing and Charing Cross hospitals. These proposals seek to:

- bring together some services that are dispersed across the boroughs in poor quality facilities; and
- retain other services where it is clinically reasonable and cost effective to do so – especially services for people who need regular treatment or who are often weakened by their illness – for instance people with cancer or needing renal dialysis.

The JCPCT agreed that an Outline Business Case and then a Full Business Case should be developed on these alternative proposals. It will take around six months to create the Outline Business Case.

The proposals for Charing Cross already include a 24/7 urgent care centre which would be able to accept non-blue-light ambulances, diagnostics and outpatients. The new plans would involve up to £88m of investment, including:

- Around 50 'step up/step down' beds which would be able to accept overnight stays in urgent (but not critical or life-threatening) situations
- A primary, secondary and social care hub for the local population, particularly for elderly patients and those with long-term conditions
- A diagnostics service, comprising X-ray, Ultrasound, CT and MRI scanning, endoscopy and ECG
- An ambulatory cancer care centre, including delivery of radiotherapy and chemotherapy and the continued presence of Maggie's Cancer Care Centre
- Pre and post natal maternity services
- A kidney dialysis centre
- Imperial College teaching facilities

Out of hospital services in Kensington and Chelsea

These proposals are not just about changes to A&Es, they also aim to improve the care that residents receive outside of hospitals. We are investing in out-of-hospital care to improve GP access and local health centres or 'hubs' (which will provide a greater range of services than they do now) and providing treatment in patients' homes. In Kensington and Chelsea we will:

- Developing two sites: a hub/health centre at St. Charles to serve the north of the Borough and a hub/health centre spanning two sites in Earl's Court to serve the needs of the south
- The CCG is also looking at developing its provider networks as a way for practices to work together
- At the end of the five-year programme, West London CCG's budget for out-of-hospital services will be £15m higher than it is currently
- £1–19m of capital investment in its estate, including £1–2m in hubs/health centres and up to £17m in primary care.

NHS West London CCG has previously presented its plans to develop out of hospital services to scrutiny and will continue to report regularly.



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05 February 2013

Dear Jeff,

Re: *Shaping a healthier future* consultation

We received a presentation on SaHF and undertook a full discussion at our Governing Board on 22 January 2013, where we discussed the consultation and unanimously agreed to support Option A.

West London CCG agrees with the strategy outlined in the Case for Change and is committed to the full implementation of the proposals outlined in the Shaping a Healthier Future documentation. Our CCG is convinced that concentrating emergency care for the sickest patients on fewer sites to enable greater consultant cover coupled with the significant investment planned in out of hospital care will lead to major improvements in care for our patients.

In advance of this reconfiguration we are developing our Out of Hospital strategy to increase and improve capacity in primary care in our area as well as outcomes. Our approach will ensure that the services we commission will be better integrated, give patients increased choice and access to healthcare and provide care closer to home.

During the transition phase leading up to its full implementation our Board will want to assure itself of the following:

- The capacity of major hospitals to cope with increased activity as a result of changes to other units
- Appropriate funding (revenue and capital) being made available to enable NHS West London CCG to undertake relevant service redesign and relocation
- Ensuring necessary education and training to support staff to practice in different ways to achieve the changes proposed
- Travel times for family members visiting patients, and travel times for non-blue lighting

We believe that the case for change that has been developed by clinicians from across North West London is based on the best available clinical evidence and when

Chair: Dr Mark Sweeney
Chief Officer: Daniel Elkeles
Managing Director: Carolyn Regan

CWHH is a collaboration between the Central London, West London, Hammersmith & Fulham and Hounslow Clinical Commissioning Groups



introduced will provide improved clinical outcomes for our patients in Kensington & Chelsea and Queen's Park & Paddington.

The CCG has discussed the reconfiguration proposals at a range of meetings, including with clinical colleagues at Commissioning Learning Sets and plenary meetings with all practices, and at meetings of the Governing Board. We have listened to the views of our partners, patients and local residents before reaching a conclusion. These discussions include:

- Plenary meeting of all GP members 31 January 2012
- Commissioning Learning Set meeting on 23 August 2012
- Governing Board meetings 23 March 2012; 17 July 2012; 28 August 2012; 25 September 2012; 2 October 2012;
- Governing Board meetings 22 January 2013; unanimous support from Board members on Option A
- Patient Reference Group meetings 28 June 2012 and 16 August 2012

We wish the *Shaping a healthier future* programme every success, and look forward to working with our partners in The Royal Borough of Kensington and Chelsea and the City of Westminster, and colleagues and patients from across North West London to take commissioning forward.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mark Sweeney', with a long horizontal flourish extending to the right.

Dr Mark Sweeney

Chair, NHS West London Clinical Commissioning Group

PRESS RELEASE

For immediate release 19th February 2013

MAJOR DECISION MADE ON THE FUTURE OF HEALTHCARE IN NW LONDON

The Joint Committee of Primary Care Trusts (JCPCT) has today (19th February) made a decision on the future of NHS services for approximately 2m people living in NW London.

The Committee agreed with all the recommendations put forward by the ‘*Shaping a healthier future*’ programme following public consultation. This will mean:

- Investing over £190m more in out-of-hospital care to improve community facilities and the care provided by GPs and others. Most of these improvements will be put in place before any major changes to local hospitals are made.
- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre will be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary’s; and West Middlesex.
- Central Middlesex Hospital will be developed in line with the proposed local and elective hospital models of care, and will also include a 24/7 Urgent Care Centre.
- Hammersmith Hospital will be developed in line with the proposed local and specialist hospital models of care, and will include a 24/7 Urgent Care Centre.
- Both Ealing and Charing Cross Hospitals will be developed in line with the proposed local hospital model of care, and will each include a 24/7 Urgent Care Centre. The JCPCT also recommended that further proposals for these two hospitals are developed in future by the relevant CCGs.

The ‘*Shaping a healthier future*’ programme was established to address a number of challenges being faced by the NHS in NW London, including the demands of an increasing, ageing population. There are more people with long term conditions, and unacceptable variations in the quality of care, evidenced by higher mortality rates for patients treated in hospital at night or during the weekend.

Following extensive public consultation, the JCPCT was asked to approve the 11 recommendations made in the ‘*Shaping a Healthier Future*’ Decision Making Business Case, as well as two further recommendations which refer to additional proposals for Ealing and Charing Cross hospitals (see notes to editors, below).

Taking into account all of the evidence, the JCPCT has accepted all of the recommendations. These proposals will now take 3-5 years to implement, ensuring that improvements in out of hospital care are in place before major changes to hospital services are then implemented.

Jeff Zitron, Chair of the JCPCT, said:

“This is an important decision for the NHS in NW London. I am delighted that, after thorough and careful examination, we are able to fully recommend what clinicians feel will deliver the best possible care for local people for years to come. We have not taken this decision lightly, and have been very careful to consider the many thousands of responses we received during our extensive consultation last summer. I am confident that this is the best decision for the people of North West London and for the NHS.”

Dr Mark Spencer, Medical Director for Shaping a healthier future and Ealing GP, said:

“This decision will save lives and improve care dramatically for the two million people living across North West London. I am pleased that the JCPCT agreed that this was the best decision for a clinically safe, high quality and financially secure future for all the hospitals and NHS trusts in North West London. There are urgent and pressing needs to make these changes. If we do nothing people will continue to die unnecessarily and services will fail.”

END

NOTES TO EDITORS

1. For media enquiries

Please contact Luke Blair 07779 023188 or Sarah Garrett 07736 297245

2. Recommendations before the JCPCT (the Decision Making Business case)

The recommendations are included in the recommendation paper which accompanies the Decision Making Business Case (DMBC). This paper outlines the decisions that need to be taken by the JCPCT about the future shape of services in NW London. The programme has followed a robust process to develop a shared vision of care, evaluate different options, consult the public and stakeholders, develop and analyse recommendations, create a benefits framework and plan implementation.

The DMBC has been reviewed by the Programme Board, Clinical Board, Finance and Business Planning Group and other committees and groups established by the JCPCT to provide it with advice and recommendations. The JCPCT's decisions will be enacted through Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board contracts and agreements over the medium term.

A full copy of the DMBC can be found at www.northwestlondon.nhs.uk/shapingahealthierfuture.

The recommendations included in the DMBC are as follows:

- 1. To agree and adopt the North West London acute and out of hospital standards, the North West London service models and clinical specialty interdependencies for major, local, elective and specialist hospitals as described in Chapter 7 of the Decision Making Business Case (DMBC).*
- 2. To agree and adopt the model of acute care based on 5 major hospitals delivering the London hospital standards and the range of services described in Chapters 7 and 9 of the DMBC should be implemented in North West London.*
- 3. To agree that the five major hospitals should be as set out in Chapter 10 of the DMBC: Northwick Park Hospital, Hillingdon Hospital, West Middlesex Hospital, Chelsea and Westminster Hospital and St Mary's Hospital.*
- 4. To agree that Central Middlesex Hospital should be developed in line with the local and elective hospital models of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*

5. *To agree that Hammersmith Hospital should be developed in line with the local and specialist hospital models of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
6. *To agree that Ealing Hospital be developed in line with the local hospital model of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
7. *To agree that Charing Cross Hospital be developed in line with the local hospital model of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
8. *To agree that the Hyper Acute Stroke Unit (HASU) currently provided at Charing Cross Hospital be moved to St Mary's Hospital as part of the implementation of resolutions 1, 2 and 3 above and as described in Chapter 6 of the DMBC.*
9. *To agree that the Western Eye Hospital be moved from its current site at 153 – 173 Marylebone Road to St Mary's Hospital as set out in Chapter 10 of the DMBC.*
10. *To recommend that implementation of resolutions 1 to 7 should be coordinated with the implementation of the CCG out of hospital strategies as set out in Chapters 8 and 17 of the DMBC.*
11. *To recommend to the NHS Commissioning Board and North West London CCGs that they adopt the implementation plan and governance model in Chapter 17 of the DMBC.*
12. *The JCPCT commends the further proposals that Ealing CCG has developed for the Ealing Hospital in response to feedback from consultation. The JCPCT recommends that Ealing CCG and all other relevant commissioners should work with local stakeholders, including Ealing Council and Healthwatch, to develop an Outline Business Case (OBC) for an enhanced range of services on the Ealing Hospital site consistent with decisions made by this JCPCT. This OBC is to be approved by the SaHF Implementation Board before final submission.*
13. *The JCPCT commends the further proposals that Hammersmith and Fulham CCG has developed for the Charing Cross Hospital in response to feedback from consultation. The JCPCT recommends that Hammersmith and Fulham CCG and all other relevant commissioners should work with local stakeholders, including Hammersmith and Fulham Council and Healthwatch, to develop an Outline Business Case (OBC) for an enhanced range of services on the Charing Cross Hospital site consistent with decisions made by this JCPCT. This OBC is to be approved by the SaHF Implementation Board before final submission.*

3. The 'Shaping a healthier future' programme

The 'Shaping a healthier future' programme was launched in January 2012 with the publication of the Case for Change. It was taken forward by eight clinical commissioning groups (CCGs), made up of GPs representing NW London's eight primary care trusts (PCTs).

They have worked with hospital doctors, nurse leaders, providers of community care such as mental health services, social services, patient and volunteer groups and charities to develop the proposals for change. These proposals and their vision for the future of healthcare in NWL are set out in the [Consultation document](#) and all of the evidence and

work that has gone into developing these proposals is set out in the pre-consultation business case.

The programme has four medical directors:

- Dr Mark Spencer, medical director of NHS NW London and a GP in Ealing
- Dr Susan La Brooy, former medical director of Hillingdon Hospital and a consultant physician in acute medicine and care of the elderly
- Dr Mike Anderson, medical director of Chelsea and Westminster Hospital and a consultant gastroenterologist
- Dr Tim Spicer, chair of Hammersmith and Fulham Clinical Commissioning Group and a GP in Hammersmith

4. NHS North West London

The North West London (NWL) Cluster was formally established on 1 April 2011 and is the largest commissioning cluster in London, with an annual health budget of £3.4bn and serving a population of around 1.9 million.

It operates across eight boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster. There are eight Clinical Commissioning Groups (CCGs) with local GP leadership operating in shadow form across all eight boroughs.

For the purposes of the *Shaping a healthier future* consultation, three neighbouring boroughs – Camden, Richmond and Wandsworth – were included in many of the activities and associated communications since health services there are also likely to be affected by the proposals.

5. The Joint Committee of Primary Care Trusts (JCPCT)

The programme is overseen by the JCPCT, made up of voting representatives from the eight PCTs in North West London (NHS Brent, NHS Ealing, NHS Hammersmith and Fulham, NHS Harrow, NHS Hillingdon, NHS Hounslow, NHS Kensington and Chelsea and NHS Westminster). It also includes voting representatives from the three neighbouring PCTs affected by the proposals (NHS Camden, NHS Richmond, and NHS Wandsworth). The Chair is Jeff Zitron who is also chair of the NHS North West London Cluster Board.

Question and answers

1. What decision has been made and by whom?

- The decision has been made to agree with the 11 resolutions and 2 recommendations to improve NHS services in North West London included in the *Shaping a healthier future* programme – that is, the preferred ‘Option A’ plus a further set of specific recommendations concerning Charing Cross Hospital and Ealing Hospital.
- This decision was made by the Joint Committee of Primary Care Trusts (JCPCT) - the decision making body for the programme. The JCPCT consists of the eight NW London PCTs, plus the neighbouring PCTs most affected by the proposals – Camden, Richmond and Wandsworth.

2. What happens now? When will the changes be made?

- This is the final decision taken by the programme. The next steps are to continue implementation of CCG out of hospital (OOH) strategies and undertake further work to establish an Outline Business Case (OBC) for the specific proposals being developed for Charing Cross and Ealing hospitals. The programme will also work on obtaining capital funding from DH for each of the major hospitals that need increased capacity and to re-model the local hospitals.
- Work will start first on the out of hospital improvements and, only when these improvements have been made, will changes at hospital sites be implemented.
- It will take at least three years for these initial improvements to be implemented, and up to two years for changes to hospital services that are reliant on out of hospital improvements. The timetable is subject to how quickly cases for capital can be approved and new buildings completed.
- All ongoing work undertaken by CCGs and providers as part of the implementation of *Shaping a healthier future* will come to the Implementation Board for discussion before any changes are made. This will ensure that proposals are consistent with decisions made by the JCPCT and avoid any unintended adverse impacts on other hospitals.
- In addition, relevant capital business cases will be approved by the NHS National Commissioning Board and they will look for reassurance that decisions for individual sites are not being taken in isolation.

3. Who makes any further decision? Can the decision be appealed? Will there be a legal challenge/Judicial Review? What happens if there is one?

- The JCPCT’s decision can be referred to the Secretary of State by the North West London Joint Health Overview and Scrutiny Committee (JHOSC) or any of the individual NW London HOSCs.
- The Secretary of State will then consult the Independent Reconfiguration Panel if such a referral is made to him.
- A legal challenge can be made up to three months after the decision is taken.

- An IRP review typically takes approximately 6 months. During this time the NHS can implement any plans that are reversible and can actively make plans, for example, preparing business cases. A judicial review follows similar rules and timetable.

4. Will consultation be needed on the extra proposals at Charing Cross and Ealing

- The purpose of consultation was to share our thinking with the public before we finalised our plans. We did not say the options we consulted on were definitive and detailed and in the light of consultation responses, we have been developing alternative proposals for Ealing and Charing Cross. This is exactly what NHS consultation is for and it is not necessary to re-consult except where, as part of the alternative proposals, we need to consider sites and services which were not part of the original consultation.
- In the case of Charing Cross, as all of the new services proposed are currently provided at the Charing Cross site, there would be no requirement for any more formal consultation.
- In the case of Ealing, the proposed beds at the Ealing local hospital would provide a much higher standard of care than is currently possible at Clayponds due to access to onsite diagnostics and a wide range of staff providing other outpatient services, enabling the unit to admit patients with more medical needs. This, combined with the specialist palliative care unit, would provide up to 100 inpatient beds on site. Such a service at Ealing would then make Clayponds unnecessary and appropriate consultation would be needed before any decisions about these beds are made.
- For all other services identified under the alternative proposals, these are currently provided on the site and so we would therefore not be required to undergo further consultation.