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Dear Mr Mansfield

This letter is in response to your call for evidence to your inquiry into the closure of the Accident & Emergency (A&E) Departments at Central Middlesex Hospital (CMH) and Hammersmith Hospital (HH).

Brent CCG along with other NHS and non-NHS organisations is responsible for the delivery of healthcare services for the population that it serves, and as co-ordinating commissioner for London Northwest Healthcare NHS Trust (LNWHT) was responsible for overseeing the safe closure of Central Middlesex Hospital A&E department.

In order to address this complex issue comprehensively, we have set out the evidence provided in this letter under a number of key headings which describe:

- An overview to the population of Brent and the particular health challenges we need to plan and commission for in the years ahead
- Local background and context to the reconfiguration of A&E services, and Brent CCG's role in the planning and assurance of the closures of the A&E departments at Central Middlesex and Hammersmith hospitals
- The improvements being made in Out of Hospital care within general practice and the wider community based health services evidencing progress in our ability to reduce dependence on acute hospital based services

The changes we are implementing are designed to prevent illness by providing proactive care and earlier intervention to reduce the reliance on emergency care and to keep our population healthy in the community.

Brent CCG believes the transformation of A&E services across North West London has been the right thing to do to improve the clinical safety of the services and improve the quality of outcomes available 24/7 to all residents of North West London.

Brent CCG is confident in its assurances that the A&E departments at CMH and HH closed safely and effectively on 10 September 2014 as planned. These changes are not, in Brent CCG's view, the cause of the recent pressures on A&E performance seen at LNWHT, across London and nationally. Rather, these changes have created greater operational resilience in the North West London urgent and emergency care system. This is supported by NWL demonstrating the best A&E performance metrics across London in quarter three of 2014/15, despite the increase in demand.

OVERVIEW AND STRATEGY

Brent CCG is committed to commissioning care that improves the quality of the lives of its residents. Brent is ranked amongst the top 15% most deprived areas of the country. This deprivation is characterised by high levels of long term unemployment and low average incomes supported through benefits and social housing. A third of young children are living in a low income household. Living in poverty generally contributes to poorer health. We have significant health inequalities with a significant life expectancy gap of 5.3 years in men between the most affluent and most deprived parts of the borough. Cardiovascular disease, chronic respiratory disease and cancers are our biggest killers. Our rate of diabetes is high, with 23,000 patients registered with diabetes.

The Brent population of 325,000 is rising. The most recent Health and Social Care Information Centre (HSCIC) data in January 2014 indicates that the Brent General Practice (GP) registered population is 355,337. Although the population of Brent is younger than England generally, the population aged 65 and above will grow at a faster pace than the population at large. Between 2011 and 2021 the population aged between 65 and 74 is expected to grow by 16%, 75-84 by 16% and 85+ by 72%, whilst the total population will only grow by 7%[1].

To address the needs of our population Brent CCG, in collaboration with the other seven CCGs across North West London, has developed ambitious plans to ensure that the Brent population of 325,000 and the wider North West London population of two million people has access to 24/7 high quality, improving and sustainable healthcare services.

Brent CCG recognises the need to deliver care differently to ensure services meet the changing health needs of the population and in a manner that is sustainable for the future. We have worked with our stakeholders locally and across North West London to develop our plans which are now being implemented to provide proactive care that prevents ill health and reduces our reliance on emergency care by keeping patients healthy in the community. These plans include: the reconfiguration of hospital based services, the implementation of whole systems integrated care and the transformation of primary care services. Brent CCG is committed to ensuring that local patients have access to high quality care that is fit for purpose for the next decade and beyond.

[1] Office of National Statistics 2011 based population projections

In order to deliver these plans, Brent CCG and the other seven CCGs across North West London are implementing proactive, preventative and person-centred care which is delivered in settings that are local, accessible and appropriate for the service user. Brent CCG's delivery of proactive and preventative community based care is well underway (see below Out of Hospital developments), as is the case for the other seven CCGs across North West London.

RECONFIGURATION OF HOSPITAL BASED SERVICES

The reconfiguration of hospital based services across North West London described in Shaping a Healthier Future (SaHF) was approved by the Joint Committee of Primary Care Trusts in February 2013, following a robust and rigorous consultation process. The rationale for this reconfiguration was to ensure that all patients have access to 24/7 high quality care. It was recognised that reducing down from nine major acute hospital sites across North West London to five would achieve this and as a result improve outcomes for patients and save lives. This is evidenced and supported by the centralisation of specialist services that had previously been undertaken, namely the centralisation of Hyper Acute Stroke Units and Heart Attack Centres in London and from other examples of centralisation elsewhere. Brent CCG, along with the other seven CCGs across North West London, is committed to the reconfiguration programme and its underpinning transformation of primary care services and delivery of whole systems integrated care. These three key deliverables will provide improved services for patients and save lives and it is therefore imperative that we commit to and deliver these necessary changes as soon as possible. This will ensure that the Brent population and the wider North West London population has access to 24/7 sustainable high quality care, given the need to deliver this in more efficient and cost effective ways due to the financial pressures of an ageing and growing population. Any delay to the delivery will hinder our ability to provide better care and save lives.

The decision of the Joint Committee of Primary Care Trusts in February 2013 was subject to a review by the Independent Reconfiguration Panel (IRP). On the advice of the IRP, the Secretary of State (SoS) for Health supported the Shaping a Healthier Future programme recommendations in full and also made further recommendations in October 2013 which included the proposed A&E closures at Central Middlesex and Hammersmith Hospitals, to state that these "should take place as soon as practicable". The programme therefore proceeded with implementing these changes as local clinicians strongly supported the SaHF programme and SoS decision.

As a result, in January 2014, projects at both Central Middlesex and Hammersmith Hospitals were set up to ensure the planned and safe closure of the A&E departments at the respective sites, overseen by the Trusts; Imperial College Healthcare Trust (ICHT) and London North West Healthcare NHS Trust (LNWHT) [previously North West London NHS Trust and Ealing Hospital NHS Trust], CCGs, NHS England and Trust Development Authority. Following discussions, it was agreed that the A&E departments should plan to close at the same time (as this would cause less confusion for the public and patients and prevent displacement of activity to the other site if one closed ahead of the other), and ahead of the winter period (to avoid the time of year when Trusts and A&E departments are busier). A date of 10 September 2014 was agreed, subject to a full and rigorous assurance process which would ensure that all stakeholders had plans in place to undertake the change as safely as possible.

A&E Services at Central Middlesex Hospital

The 24/7 A&E at Central Middlesex Hospital (CMH) had become unsustainable prior to the reconfiguration of hospital based services (Shaping a Healthier Future programme) being approved by the Joint Committee of Primary Care Trusts in February 2013.

In November 2011 an unplanned overnight closure of the A&E at CMH took place on clinical safety grounds. LNWHT (formerly NWLHT) was unable to provide safe staffing levels overnight and as a result it undertook an unplanned overnight closure to ensure the safety of the delivery of clinical services at CMH A&E. This closure of the overnight A&E services at CMH remained in place from November 2011 until the full closure of the A&E department in September 2014.

Following the unplanned night time closure in November 2011 the A&E daytime service at CMH was unable to accept certain types of higher level clinical conditions and higher acuity patients due to insufficient staffing levels and skill mix (including specialist nurses and consultants) to support safe standards of care for such conditions. As a result those patients that required higher level care such as children or those with stroke, major trauma, heart attack or those requiring acute surgical interventions were redirected to other A&E departments across North West London.

During the period from the unplanned overnight A&E closure at CMH in November 2011 and the planned closure in September 2014, patient activity levels had been incrementally reducing. Staff found it difficult to retain their skills and LNWHT were becoming more and more reliant on the use of locums. LNWHT was unable to recruit and retain an appropriately skilled workforce to deliver safe standards of care as it was not able to offer and support the type of clinical activity that staff would expect of an A&E department.

LNWHT had already advised that it was unlikely to be able to sustain safe staffing levels into the winter of 2014. This was highlighted to Brent Overview and Scrutiny Committee (OSC) at its meeting in August 2014 where David McVittie, the LNWHT chief executive, had advised Brent Councillors that independently of the reconfiguration of hospital based services (SaHF programme) CMH A&E would be unable to sustain safe staffing levels over the winter period of 2014. He also reported that the planned A&E closure would mean that, rather than undertake an unplanned closure as previously took place overnight at CMH A&E in November 2011, the programme provided the opportunity to enable a planned and safe closure of CMH A&E and transfer of activity within North West London.

The OSC was further advised and noted that the staff from CMH A&E would transfer to Northwick Park Hospital A&E department which would help support the move towards providing and ensuring that all patients have access to 24/7 high quality care, confirming the rationale for moving from nine major acute to five major acute hospitals across North West London. There was discussion at the OSC noting that the risks of keeping the A&E open into the winter of 2014 would likely outweigh the risk of closure as planned on 10 September 2014.

The new A&E department at Northwick Park Hospital opened in December 2014 which provides a better flow of patients through the department due to its co-location with other services, e.g. diagnostics. The hospital now employs more specialist A&E staff which has increased consultant cover in the A&E department thus improving clinical safety and care. Since the closure of CMH A&E, 58 new beds have been opened at Northwick Park Hospital, and 63 new modular beds are planned for 2015.

Urgent Care services at Central Middlesex Hospital

A 24/7 Urgent Care Centre (UCC) at CMH has been in place since April 2010. During the Spring and Summer of 2014 and in advance of the planned CMH A&E closure on 10 September 2014 an updated service specification, which required investment in additional staff, was put in place at the CMH UCC to ensure that it was able to operate as a standalone service ahead of the A&E closure. There was a three month period of 'testing' to check that the new and updated protocols were in place and working well and to address any issues in advance of the closure.

This included the development of a new pathway for patients with mental health crises to have direct access from the UCC at CMH into the mental health services at Park Royal provided by Central North West London Foundation Trust (CNWL), so that those patients that were medically fit did not need to be redirected to an A&E service to access the mental health services provided by CNWL. On-going training has been put in place with GPs and staff from across mental health and urgent care services to ensure that there is good awareness and utilisation of these pathways.

Assurance of the Central Middlesex Hospital and Hammersmith Hospital A&E Closures

The closure of CMH and HH A&E departments took place, as planned, on 10th September 2014 following an extensive and robust assurance process which included:

- **NHS England (NHSE) / Trust Development Authority (TDA) Stage One Assurance Report issued on 21 July 2014** – NHS England (NHSE) and Trust Development Authority (TDA) assurance of the Hammersmith & Fulham (H&F) CCG and Imperial College Healthcare Trust (ICHT) assurance processes and Brent CCG and North West London Hospital Trust (NWLHT) assurance processes, confirmed the right plans were in place and identified a number of areas for further work.

- **Hammersmith and Fulham CCG Governing Body meeting on 22 July 2014** - Agreed that the CCG was assured that changes to Emergency Unit services at Hammersmith Hospital can take place safely from 10 September 2014. Authorised the CCG Chair, Accountable Officer and the Chair of H&F CCG Quality and Safety Committee to advise the CCG's Governing Body if any major/significant unforeseen clinical or other issue arise after the 22 July 2014 such as, in their opinion, the risks of implementation outweigh at that time the risks of delay.

- **Brent CCG Governing Body meeting on 23 July 2014** - Agreed that the CCG was assured that changes to A&E services at Central Middlesex Hospital can take place safely from 10 September 2014. Authorised the CCG Chair, Accountable Officer and the Chair of Brent CCG Quality and Safety Committee to advise the CCG's Governing Body if any major/significant unforeseen clinical or other issue arise after the 23 July 2014 such as, in their opinion, the risks of implementation outweigh at that time the risks of delay.

- **Imperial Trust Board meeting on 30 July 2014** - confirmed Trust readiness for closure on 10 September 2014.

- **North West London Hospital Trust Board meeting on 30 July 2014** - confirmed Trust readiness for closure on 10 September 2014.

- **Shaping a Healthier Future Implementation Programme Board on 31 July 2014** - confirmed system readiness for closure on 10 September 2014.

- **NHS England / Trust Development Authority site visit of Imperial Trust sites on 5 August 2014** - NHSE and TDA assurance of the Hammersmith & Fulham CCG and Imperial Trust assurance processes, confirmed plans were progressing as expected and identified a number of areas for further work.

- **NHS England / Trust Development Authority site visit of NWLHT sites on 6 August 2014** - NHSE and TDA assurance of the Brent CCG and NWLHT assurance processes, confirmed plans were progressing as expected and identified a number of areas for further work.

- **Shaping a Healthier Future Clinical Board meeting on 21 August 2014** - confirmed readiness of Imperial Trust, NWLHT, Hammersmith UCC provider (Partnership for Health) and Central Middlesex UCC provider (Care UK) for the closure on 10 September 2014.

- **NHS England / Trust Development Authority Stage Two Assurance Report issued (in draft) on 21 August 2014** - NHSE and TDA assurance of the CCGs' and Trusts' assurance processes, confirmed plans were progressing as expected and identified outstanding areas of work before closure on 10 September 2014.

- **NHS England / Trust Development Authority Formal Sign Off of A&E Closures meeting on 26 August 2014** - discussed NHSE and TDA assurance of the closure on 10 September 2014.

- **Shaping a Healthier Future Implementation Programme Board on 4 September 2014** - All providers confirmed system readiness for closure on 10 September 2014.

Brent CCG is confident in its assurances that the A&E departments at CMH and HH closed safely and effectively on 10 September 2014 as planned. These changes are not, in Brent CCG's view, the cause of the recent pressures on A&E performance seen at LNWHT, across London and nationally. Rather, these changes have created greater operational resilience in the North West London urgent and emergency care system. This is supported by NWL demonstrating the best A&E performance metrics across London in quarter three of 2014/15, despite the increase in demand.

A&E Performance and Systems Resilience

In advance of and directly following the closures of the A&E departments at CMH and HH, daily Operational Executive meetings were established. These meetings included senior representatives from across North West London including Acute Hospitals, Urgent Care Centres, Mental Health Trusts, London Ambulance Service, CCGs, and social care. In addition, senior representatives from Acute Hospitals on the borders with North West London (ie: Royal Free in North Central London) attended.

The focus of these meetings was to identify areas of pressure across the system and to ensure that patients were conveyed to the most appropriate location to receive care as quickly as possible dependent upon their clinical condition. These meetings have supported and enabled a collaborative approach across North West London and wider to ensure patient care is optimised across the wider health economy. The Operations Executive continues to meet as they have been supported by all organisations to continue. This partnership approach to delivering high quality care to our population has been a successful outcome of the collaborative work that we have done to reconfigure hospital based service changes. This measure has enabled North West London to mitigate the increase in demand for A&E services experienced across London, and nationally. This is apparent in the performance in quarter 3 of 2014/15 which demonstrated that North West London had the best performance across London and confirms the underpinning principle of Shaping a Healthier Future; localising where appropriate and consolidating more specialist care where this is necessary. Northwick Park Hospital has coped better than it would have done if these changes had not been undertaken.

Brent CCG has invested in additional schemes to support improvements in A&E performance, and has jointly with London Northwest Healthcare NHS Trust developed a Brent and Harrow systems resilience plan which includes a number of initiatives to improve Brent's response to urgent care demand. An example of this is commissioning extra community rehabilitation beds for patients to be discharged sooner with the appropriate support.

Brent CCG is the coordinating commissioner for London Northwest Healthcare NHS Trust and as such undertakes all contract, clinical and governance meetings. The contract is implemented as agreed including local and national performance metrics (as per Monitor's National Guidance) such as delivery of Clinical Quality Incentive Schemes (CQUINS), implementation of marginal rate and other elements of the NHS National Standard Contract requirements.

As part of agreeing contract particulars, the CCG works with providers to agree reinvestment arising from Quality, Innovation, Productivity and Prevention (QIPP) gains, winter resilience funding and emergency marginal rate reductions. These are agreed in an open and transparent manner and resulted in more preventative services being commissioned including the Brent Short Term Assessment Rehabilitation and Reablement Service (STARRS), which is provided by LNWHT.

The CCG has further directed additional investment into extending the Integrated Care Programme (outlined below) and into community step down beds in order to further extend the opportunity to intervene, in this case to mobilise and discharge patients earlier, and to keep patients healthy within the community, to prevent hospital admissions and reduce length of stay within the hospital setting.

Our plans for the future also include more acute beds provision at Northwick Park Hospital, more investment in out of hours services and providing more joined up care closer to home.

BRENT CCG'S OUT OF HOSPITAL STRATEGY

Brent CCG has developed an Out of Hospital (OOH) Strategy to support the reconfiguration of hospital based services, the implementation of whole systems integrated care and the transformation of primary care services. The aim of this strategy is to realise the CCG's vision of 'providing the right care, in the right place, with the right professional and at the right time'.

To enable this we have invested substantial funding into a range of initiatives that support the delivery of our Out of Hospital Strategy. This is an on-going programme of service improvements which began in 2012. The initiatives below provide broad evidence of good progress in building NHS capacity in general practice and community services with a shifting emphasis on supporting people to stay healthy and manage long term conditions effectively in order to reduce the need for emergency care and unplanned admissions.

These initiatives comprise:

- Established **GP Access Hubs** in each of the five localities within Brent, which commenced as a pilot in November 2013. These hubs provide evening and weekend GP and nurse appointments until 9pm Mondays to Fridays, and 9am to 9pm on Saturdays. Following evaluation of the pilot, the service has recently been procured as a mainstream service to provide access to primary care services from 6pm to 9pm Mondays to Fridays and 9am to 3pm on Saturdays, Sundays and Bank Holidays. These hubs ensure that there is rapid access to primary care out of normal GP practice opening times. Brent CCG also commissions a Walk in Centre which is open from 8am to 8pm every day, 365 days a year. In addition, the CCG commissions an Urgent Care Centre which is open twenty four hours a day, seven days a week (24/7).

- Implemented consultant led **Community Ophthalmology Services** into community sites across Brent to improve patient experience of care, waiting times for referral to treatment and accessibility through provision in community settings (commenced October 2014).

- Extended our **Brent Short Term Assessment Rehabilitation and Reablement Service** to include a social worker to enable better links with the Local Authority. Brent STARRS has been recognised as an exemplar of integrated care for an ageing population who require support to remain at home during an acute exacerbation. STARRS further provides in reach to other acute hospitals with the aim of preventing hospital admissions as well as enabling early supported discharge and preventing possible re-admissions. STARRS has been in operation since 2011 and was expanded by the CCG in 2014.

- Introduced the **Integrated Care Programme (ICP)** through multidisciplinary meetings including the patient to develop personalised care plans, and recruited Health and Social Care Co-ordinators to interface with patients, the NHS and social care to improve patient care. The Integrated Care Programme commenced in 2012 and has been extended to a risk stratification approach to ensure all patients with long term conditions are identified and provided with care plans that are coordinated to ensure proactive care management for these patients.

- Launched **Brent Integrated Diabetes Services (BIDS)** in October 2014 to improve services for patients with type 2 diabetes. The new service offers multi-disciplinary diabetes care in primary and community settings and an extended patient education programme to help patients understand, manage and control their diabetes.

- Piloting a service for patients with **Sickle Cell** to improve care through an education and support programme for patients in March 2015.

- Extended our **Looked After Children and Child and Adolescent Mental Health Services (CAMHS)** to improve service provision for this specific group of vulnerable children with complex mental health needs in August 2014.

- Established **Primary Care Dementia Nurses** for each locality within Brent, which has been in place since May 2014, to increase capacity for early diagnosis and provide early intervention as well as an effective interface between primary care and secondary care services for patients with dementia. In addition, the CCG and Brent Council jointly commission a Dementia Café for patients and carers with dementia.

As a result of these initiatives being implemented we have evaluated the impact of each scheme as set out below:

GP Access Hubs
Have provided more than 70,000 additional GP and nurse appointments in primary care, providing the opportunity to intervene earlier and reduce reliance on walk in, urgent and emergency care services. This service is being extended to include Sundays and Bank Holidays which will provide out of hours access in more locations in the borough.

Community Ophthalmology Service
It is too soon to provide robust analysis in this short timeframe (service commenced late October 2014). However, early analysis has shown an increase in referrals into the new service and feedback from patients and referring clinicians has been positive.

STARRS
This service has demonstrated year on year improvements in preventing admissions. To date, the service is on track to prevent 2,796 admissions in 2014-15 against a target of 2,300. In the nine month period from April to December 2014 2,206 admissions were avoided through intervention by the STARRS team.

Integrated Care Programme
Since the ICP started in 2012, in excess of 8,500 care plans have been completed to date. 142 multi-disciplinary group meetings (MDGs) have been held and 477 patients discussed at these meetings. Five Health and Social Care Co-ordinators have been recruited to follow up and ensure actions in care plans are implemented and to help people navigate the health and social care system. A bespoke training programme has been put in place by Professor David Sines. Evaluation of over 600 patient surveys has demonstrated that the service has enabled 72% of people with a care plan to be more confident to manage their health and 75% of care planned patients said that their family or carer were involved in decisions about their health as much as they wanted them to be.

Through monitoring of non-elective admissions that relate to patients with specific long-term conditions, there has been a reduction of 398 non-elective (emergency) admissions according to the latest Month 8 analysis. This compares long-term condition related

admissions between 2013/14 with 2014/15, and demonstrates that ICP has made an impact in reducing overall admissions in this cohort of people.

Brent Integrated Diabetes Service (BIDS)
It is too soon to provide robust analysis in this short timeframe (service commenced October 2014). The impact expected is a reduction in the number of emergency admissions to hospital for diabetic patients, as well as greater attendance by patients at the Diabetes Education and Self-Management for On-going and Newly Diagnosed (DESMOND) programme, a higher proportion of insulin initiations in the community setting with an improvement in patient satisfaction.

Sickle Cell
This service is due to commence in March 2015 and is being provided by the Sickle Cell Society to provide pre-admission and post admission intervention and support. The anticipated impact is a reduction in A&E attendances and admissions due to early intervention and support, leading to better clinical outcomes for patients.

Looked After Children and Child and Adolescent Mental Health Service (CAMHS)
Following Brent Council's decision on 9 December 2013 to commission a reduced mental health service for Looked After Children, arrangements were made to safely transfer the care of 51 Looked After Children, and 86 children with developmental progress difficulties to other services. Brent CCG invested an additional £220k (recurrent full year effect) into the existing Central North West London Foundation NHS Trust (CNWL) CAMHS service to provide dedicated resources for Looked After Children, and children with developmental progress difficulties. In addition to changes in the scope of CCG commissioned CAMHS there has also been a steady increase in the numbers of children being identified with mental health problems. If not treated early, these problems can become increasingly complex, entrenched and detrimental to the life of the child. In response to this, Brent CCG has invested a further £66k with Brent Centre for Young People's Centre to increase capacity and reduce waiting times as a result of increased referrals and the complexity of cases, so that children are seen more quickly and have access to treatment at an earlier stage of their illness.

Brent CCG, in partnership with the North West London CCGs Collaboration, has recognised the need to improve out-of-hours CAMHS provision and has agreed to invest an additional £140k as part of a £1.1m pilot which is aimed at improving the urgent care response to children and young people with a mental health crisis. The pilot will be undertaken during a comprehensive review of CAMHS in 2015/16 to inform the future service developments required.

Dementia
Brent CCG invested £397k in specialist dementia services made up of five specialist mental health nurses to support carers and patients after a diagnosis of dementia. The nursing team works as a bridge for patients between primary care services and the specialist Memory Clinic dementia service. All patients now receive support and advice following specialist diagnosis at the memory clinic, thus improving the quality of life for patients and their carers. From April to December 2014, the new Primary Care Dementia Nursing Service worked with 238 newly diagnosed patients and their carers.

Future plans supporting the delivery of Brent CCG's Out of Hospital strategy

- Prime Minister's Challenge Fund (PMCF) investment has resulted in 59 of our 67 GP practices now offering telephone consultations as an alternative to face-to-face appointments, 55 practices offering online appointment bookings, and 55 practices offering longer appointments to those that need them. Further developments are being implemented to provide improved services to meet patients' needs and expectations for access to continuity of care and responsive care. These developments include: a centralized infrastructure to support high quality population care seven days a week for complex patients; increase the quality and productivity of primary care against local and national benchmarks through the use of innovative technology such as videoconferencing and email consultations; to support multi-disciplinary and new models of care that fit around patients' needs; to improve patient experience, outcomes and satisfaction; and to develop a single point of access for easier and more convenient appointments bookings for patients.

- On 2 March 2015 a consultant led community cardiology service will be launched from community sites across Brent to improve access in the community setting and to reduce waiting times.

- We are currently developing a service model for patients with respiratory conditions that will provide a bridge between primary and community services and improve long term condition management in the community for this group of patients.

- We are in the process of commissioning an Early Supported Discharge for Stroke Service to provide specialist care and rehabilitation for stroke patients in their homes, and by providing intensive packages of support to increase independent living. We anticipate this service will commence during 2015/16.

- We are developing more Consultant Led Community Services to include Gynaecology and Musculo-skeletal services into community sites across Brent to improve access in the community setting, reduce waiting times and improve patient experience of care. Evaluation of pilot schemes that have tested these models have shown good evidence of improved clinical outcomes and patient satisfaction with improved speed of access to and quality of these services.

- The implementation of primary care monitoring of patients on Disease Modifying Anti-rheumatic Drugs (DMARD) under a shared care agreement with secondary care to improve access and deliver more convenient care closer to home for patients.

- The provision of anti-coagulation monitoring in primary care is being trialed to improve access and deliver more convenient care closer to home for patients.

Joint working

Brent CCG is working with various stakeholders including Brent Council to deliver its strategic objectives including the Out of Hospital Strategy. An example of our joint working with Brent Council is though our jointly chaired Integration Board, which is responsible for overseeing the delivery of our Better Care Fund plan in Brent. The plan has been developed in partnership with the Council as well as a range of providers, lay and voluntary sector partners. The Brent Better Care Fund plan is comprised of four schemes to improve the health and wellbeing of Brent residents with a specific focus on reducing reliance on acute and institutional care that is a central policy directive associated with the Better Care Fund.

Our engagement work with patients and the public has recently been independently reviewed by a recognised national expert from the King's Fund. This has led to 12 recommendations which are currently being implemented through an Implementation Transition Group which includes a number of patient representatives from our previous structures. We are in the process of developing our communications strategy in response to the independent review recommendations which we anticipate will provide further opportunity to engage more meaningfully with patients and the public and to ensure we commission services in a manner that patients and the public tell us that they want.

The CCG regularly speaks at local council ward meetings to update on services being developed and to promote proactive and preventative health care as alternatives to A&E.

CONCLUSION

As stated above, Brent CCG believes the reconfiguration of A&E departments in NWL has been the right thing to do for clinical safety and delivering better patient outcomes 24/7 across NWL.

We do not believe that the closures are the cause of increased pressure on Northwick Park or other A&E units in NWL and across NWL clinical commissioning groups and provider trusts are working hard to manage the rising demands on A&E which are being seen across London and the country as a whole. These changes have created greater operational resilience in the North West London urgent and emergency care system. This is supported by NWL demonstrating the best A&E performance metrics across London in quarter three of 2014/15, despite the increase in demand. Accepting that performance against national targets is not as high as we would like to see it; without the co-ordinated work across NWL to make A&E services safer and more resilient we do not believe performance would be as good as it is now.

To support the work of shifting more services out of hospital we have made substantial progress in developing capacity and capability in general practice and community services; and continuing this remains a top priority for the CCG.

I hope this is helpful information to aid your inquiry into what is a complex issue.

Yours sincerely

Etheldreda Kong

Dr Ethie Kong
Chair
Brent Clinical Commissioning Group