



Central London Clinical Commissioning Group

15 Marylebone Road
London NW1 5JD

By Email

Mr Mansfield QC
c/o Peter Smith
Room 39
Hammersmith Town Hall
London
W6 9JU

23 February 2015

Dear Mr Mansfield QC,

NHS Central London CCG submission

Thank you for giving us the opportunity to formally submit evidence to your review.

As the Chair of Central London NHS Central London Clinical Commissioning Group (CCG), I am committed to commissioning and delivering a service that gives patients and our clinical colleagues the confidence that we can balance excellence in clinical quality while fulfilling our financial duties.

The case for change remains as strong as the original North West London Joint Committee of Primary Care Trusts (JCPCT) proposal, which was subsequently scrutinised by the Independent Reconfiguration Panel and a High Court case and endorsed by the Secretary of State for Health. Similar to the successful London-wide stroke and trauma centralisation, we believe that by investing in centralised major acute hospitals we can save lives, whilst local hospitals can specialise proactively in the needs of the local population. At the same time, we continue to invest in out of hospital care so that we can also seek to prevent avoidable visits to acute care.

Acute provision

The Accident and Emergency system nationally has seen unprecedented demand over winter. Between October-December 2014, North West London remained the highest performing area in London with increased staffing at our A&Es.

Our doctors and nurses have been working incredibly hard, under difficult circumstances, to treat a significant extra number of patients within the key four-hour timeframe. Winter is always a tough time for us in the NHS, and in particular A&E, but we need to try and move towards a more sustainable future for our health services providing better and accessible care for all patients. When you need treatment for a life-threatening condition, we now have increased consultant cover in A&E with a further 6 A&E consultants across Imperial Healthcare Trust's A&E sites.

Chair: Dr Ruth O'Hare, MB, BChir, MRCP
Chief Officer: Clare Parker
Managing Director: Matthew Bazeley

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



We are also planning to develop the St Mary's site and build new hospitals at the Charing Cross site and outside our area, at Ealing. St Mary's will be a major hospital and Charing Cross will be a local hospital, which will be specifically tailored to local needs as well as providing general care. All emergency and urgent care services will fit with the new models of care to be announced by Sir Bruce Keogh and Keith Willett. We will also be creating 27 primary care hubs across NW London, including one within St Mary's Hospital ensuring more integrated, more joined up care.

Urgent and Emergency Care

Urgent Care Centres play a vital role in providing care when you really need it but when your condition isn't life-threatening. In North West London, we now have nine 24/7 Urgent Care Centres including, in the Central London CCG area, at St Mary's, Chelsea and Westminster, Hammersmith and Charing Cross hospitals.

Our Out of Hospital Strategy has rapid response to urgent healthcare needs as one of its key priority areas. The CCG will continue to work to ensure that patients requiring urgent or emergency care are treated in the timeframe and setting appropriate for their needs. We will continue to work to reduce unnecessary Urgent Care Centre and A&E attendances and avoidable hospital admissions by fully utilising alternative services in the community.

During 2014/15 we have enabled the NHS 111 service to book GP practice appointments where needed, including evenings and weekends. We are increasing patient education through targeted activities to raise awareness of ways of accessing urgent care.

Primary care transformation

The CCGs in North West London are working together to deliver transformed, sustainable primary care. At the heart of this work is the intention to improve the quality of general practice and reduce the known variation in quality, while ensuring a thriving and successful primary care service which best meets the needs of our local population.

We also know that GPs are already extremely busy but that people still struggle to get an appointment at a convenient time for them. This is why we now have four surgeries open at the weekends – either for residents to walk-in or book the same day appointments – even if they are not registered at that practice. The CCG has also had a wide campaign of publicising its weekend opening practices including posters in bus stops, leaflet drops and also advertising in Health and Social Care buildings.

All the GP practices in each CCG are also now working together to offer a wider range of services than they could do if they worked on their own. To do this, we are all investing in developing hubs where a number of services are provided in one building. In Central London, our long-term plan is to develop three hubs or health and wellbeing centres in Lisson Grove in the north of the borough; and South Westminster Centre for Health. We also want to develop a hub in the centre of the borough and we are actively looking at locations where this could happen.

Whole systems integration and the Better Care Fund

Together with Hammersmith & Fulham, and West London CCGs, we will be introducing the Community Independence Service (CIS) to deliver more rapid and responsive out of hospital care for people with acute needs and provided by health and social care teams working together in a co-ordinated way.

The tri-borough CCGs have commissioned a single provider who will manage the new financial investment of £1.7m (into health providers) over 2015/16 to ensure appropriate

staffing levels for expected increase in referrals and deliver to the new specification across all boroughs.

This programme represents a new way of working with Local Authority colleagues where solutions for patients are identified and implemented across organisational boundaries seamlessly, with the patient and their family at the heart of decision making. Some of the specific services are highlighted below:

Rapid Response	A multi-professional (medical, nursing and social care) rapid response service, operating 8am to 8pm; 7 days a week), that can provide face to face assessment at home within 2 hours of referral, support up to 5 days following referral and provide referrals to ongoing support.
In Reach	An integrated case finding and in reach service, operating 8am to 8pm; 7 days a week, with a presence in A&E. The In reach service links to the wider urgent care system, community beds, care homes urgent care and out of hours services (including NHS 111). Provides proportionate assessment and referrals to ongoing support.
Non-bedded Integrated care and rehabilitation	A delivery team, working as part of an integrated CIS (medical and social care), operating 8am to 8pm; 7 days a week, that provides time-bound rehabilitation (therapies) for referrals via the Single Point of Referral (SPoR) service by treating people with non-complex conditions in a community setting with the aim of goal attainment. Responds to all referrals within 24 hours and commencement of care within 72 hours.
Reablement	A delivery team, working as part of a single integrated CIS (medical and social care), that provides reablement services for referrals via the SPoR for people for up to 12 weeks (as required). Responds to all referrals within 24 hours and commencement of care within 72 hours. Includes specialist falls input within CIS timeframe (6-12 weeks over time). Where longer term care is required, includes links to additional reablement services including assistive technology provision such as telecare.

The CCG is also working with partners and stakeholders across the local Health and Social Care economy to co-design the future of care. This means that people will receive:

- Timely care that is organised to meet their needs
- The services they require will be coordinated across sectors as a coherent package, with a focus on helping them to keep healthy, get better, prevent relapse and get on with their normal lives.

This promise translates into six goals as outlined in figure 1, which determine how we will change care in the Central London CCG area.

Figure 1

	Central London's six strategic goals	Specifically, this means
	<ul style="list-style-type: none"> ▪ Easy access to high quality, responsive primary care to make out of hospital care first point of call for people 	<ul style="list-style-type: none"> ▪ GPs and primary care teams will be at the heart of ensuring everyone who provides care does so to consistently high standards of care
	<ul style="list-style-type: none"> ▪ Greater emphasis on keeping people healthy, preventing ill-health and reducing health inequalities to reduce the burden of illness and demand on services 	<ul style="list-style-type: none"> ▪ All health professionals will find opportunities to talk to patients about their lifestyles including diet, physical activity, smoking, drinking habits and wider issues determining health such as housing and social isolation
	<ul style="list-style-type: none"> ▪ Clearly understood planned care pathways that ensure out of hospital care is not delivered in a hospital setting 	<ul style="list-style-type: none"> ▪ Whenever possible, patients will have access to services closer to home
	<ul style="list-style-type: none"> ▪ Rapid response to urgent needs so that fewer patients need to access hospital emergency care 	<ul style="list-style-type: none"> ▪ If a patient has an urgent need, a clinical response will be provided within 2 hours
	<ul style="list-style-type: none"> ▪ Providers (social and health) working together, with the patient at the centre to proactively manage LTCs, the elderly and end of life care out-of-hospital 	<ul style="list-style-type: none"> ▪ Patients will have a named coordinator who will make sure they have all the services they need. If a patient's condition becomes more complex, GPs will be able to direct to a clinician with specialist skills close to home
	<ul style="list-style-type: none"> ▪ Appropriate time in hospital when admitted, with early supported discharge into well organised community care 	<ul style="list-style-type: none"> ▪ Care providers will know when an individual patient is in hospital and will manage discharge into planned, supportive out of hospital care

The group has co-designed a new model of care which includes a significant amount of additional clinical resource supporting patients earlier on in their lives with the aim of keeping them well for longer. The CCG and partners are currently reviewing a service specification and draft business case to enable this change. The CCG intends to start to deliver this change during 2015/16. This programme is underpinned by extensive local engagement including patients and colleagues from the voluntary sector. Events have been held to design the model of care as well as simulation events designed to test the solutions identified.

Out of Hospital Care

Central London, West London, Hammersmith & Fulham, Hounslow and Ealing (CWHHE) CCGs have decided to work together to enable transformation within primary care across the five CCGs. The five CWHHE CCGs also work as part of the 8 CCGs of NWL, particularly in relation to primary care, but this programme of work is specific to the CWHHE CCGs alone.

Each CCG has an Out of Hospital strategy that describes keeping the patient at the centre of their own care, with the GP as a key provider and coordinator of services. In addition, key strategic priorities for the CCGs are to improve quality, reduce variation within primary care and ensure equity of access to services, including new out of hospital services to be delivered through GP practices.

Patient and Public involvement

Finally, we put patients at the heart of everything we do. Wherever possible we get lay members and the public involved in helping to develop our work. Not only does this lead to better thought-through policies, but also enables us to present them in plain English. For our commissioning intentions, for example, we delivered a comprehensive survey and also a series of focus groups with residents. The most recent one was in November 2014 where we discussed the specifics of the CCGs whole system integrated care programme.



Likewise, we value the input received from the Health and Wellbeing Board as well as the always constructive dialogue we have from Westminster City Council. In addition to the joint work that we are undertaking as part of the whole systems integration work, we are constantly encouraged by the support and challenge, whether this is on public health issues, out of hospital or acute services.

In conclusion, we feel that this provides a comprehensive picture across the different transformation programmes and what we are doing to continue to improve healthcare for our patients in Central London.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Ruth O'Hare'.

Dr Ruth O'Hare
MA, MB, BChir, MRCP
Chair Central London Clinical Commissioning Group
GP Principal Connaught Square Practice