

NHS
Ealing
Clinical Commissioning Group

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By Email

Mr Mansfield QC
c/o Peter Smith
Room 39
Hammersmith Town Hall
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23rd February 2015

Dear Mr Mansfield,

Ealing CCG submission

Thank you for your letter of 16th December 2014 in which you invited interested parties to submit written evidence that may assist your inquiry in its consideration of the impact of planned changes to healthcare services in North West London. Within this letter, in my capacity as elected Chair of Ealing CCG, I set out a range of evidence underpinning my organisation's continued support for the *Shaping a Healthier Future* (SaHF) programme, which will ensure our patients and residents receive better quality care in the right place at the right time.

The Needs of Ealing CCG's Patients and Residents

The London Borough of Ealing is a diverse set of communities with a broad set of healthcare needs. Ealing CCG, as the sole Clinical Commissioning Group for residents registered with a GP practice within the borough is the third largest CCG in London, with a registered practice population in excess of 370,000 residents. The Governing Body of the CCG is mandated by its own constitution and NHS England (through the Health and Social Care Act (2012)) to provide high quality care to the residents of the borough.

Although broadly in line with the health needs of other CCGs within London, Ealing CCG faces particular challenges with long term conditions (LTCs) such as diabetes, heart disease and those with long term mental health conditions. In Ealing it is estimated that treating diseases related to overweight and obesity will cost the NHS in the region of £98.8 million by 2015. With a total budget of approximately £400m, this represents a significant outlay of our total healthcare spend.

Ealing is considered to be a relatively prosperous London borough. It has an overall employment rate of 70%, which is slightly higher than the London average. It has relatively high household incomes with a median income of £575/week, a large number of local businesses offering employment opportunities and high levels of property ownership. Ealing

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

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also has marginally lower rates of people on out of work benefits of 12.1% (compared to a London average of 12.6%) and claiming jobseekers allowance of 4.1% (compared to a London average of 4.3%).

However, Ealing also has areas of concentrated worklessness, with significant income inequalities. 26,650 people are on out of work benefits in Ealing which includes 3,890 lone parents on income support, 1,530 jobseekers aged 50-64 and 1,935 (7.1%) jobseekers aged 18-24. Nearly 2,400 people have been unemployed for over 12 months. The ward of Dormers Wells is amongst the 1% most income deprived in the country. In Norwood Green 18.9% of working age residents are on out of work benefits compared with 5.4% in Northfield, and wards in the areas of Northolt, Southall and Greenford also have rates above the Ealing average of 12.1%.

Child poverty is also a significant problem in Ealing. There are 9,290 workless households in Ealing and 19.2% (15,140) children aged 0-15 living in poverty. A further 5,170 children live in working but low-income households. Numbers of children in poverty are highest in the wards of Northolt West End, Greenford Broadway and East Acton. Persistent parental low income is associated not just with poverty but also poorer health outcomes.

It is within this strategic context of long term health issues and clear areas of social and healthcare deprivation that Ealing CCG has set its commissioning intentions for previous and future years. At the forefront of these intentions has been the central commitment to ensure more patients are treated out of hospital, with the reliance on acute hospital care gradually reduced as the CCG's initiatives begin to take a long term effect.

Ealing CCG's Out of Hospital Strategy

The CCG's Out of Hospital strategy is focused on ensuring patients receive the most appropriate care in the right setting, tailored to their individual needs. As a part of its *Better Care Fund* programme of work, the CCG is committed to working with health and social care providers to meet a national target of a 3.5% reduction in non-elective admissions.

In 2012, Ealing CCG published its first major strategy document, *Better Care, Closer to Home* which set out how the fledgling organisation would prioritise investment to transform the way in which out of hospital services are delivered within Ealing. In January 2014, this was followed up with the CCG's first *Out of Hospital Delivery Strategy*.

At present, access to care and the quality of care are variable across the borough. For example; too often our care is fragmented and as commissioners we must examine how we can ensure that better care is delivered in the community in a planned and sustainable manner. We need to have more planned care and earlier interventions outside of hospital which the CCG is committed to achieve. Developing and investing in out of hospital care will help us meet the changing requirements of Ealing's population and enable them to access the care they need in the most appropriate setting.

Previously we have not invested at a scale which delivers consistent and lasting change to the way care is delivered to patients of all ages and backgrounds. We have a vision which moves the system from a responsive to a proactive system that delivers care in a planned and coordinated way. The model needs to be sustainable, easy to use and well understood by users and providers. In Ealing and in NW London patients now work with commissioners and providers to co-produce models of care which are owned by all stakeholders. At the heart is the empowerment of individuals, carers and families. We have set out a number of strategic goals that we are working to deliver and standards against which we will measure our success:

- 1) Accessible care: care that is responsive to patients' needs and preferences, timely and accessible.
- 2) Proactive care: proactive planned care that is easy to access, convenient and able to utilise specialist skills where appropriate.
- 3) Co-ordinated care (including rapid response and supported discharge): care that is patient-centred, co-ordinated and offers continuity of care to high need patients

We will know that we have begun to succeed in this radical change when we can observe these taking place within our borough.

We want it to be easier for Ealing residents to use community delivered health and care to experience coordinated, seamless and integrated services using evidence-based care pathways, case management and personalised care planning. To achieve this, our out of hospital services need to be easily accessible and fully integrated with other services such as social care and mental health providers. When planning for the delivery of these services we must also ensure that these are closer to patients' homes and are aligned with other enabling services such as high quality patient transport.

We have already started to do this with the introduction of our innovative community transport pilot, which helps to transport vulnerable residents from their home to GP appointments. The service, provided by Ealing Community Transport (ECT), is unlike a regular bus or taxi service, in that the driver can be made aware of any special requirements a user might have and make sure the transport service is able to meet their individual needs. This service also allows a user to be accompanied by an escort or carer if required. This service has been well received by our patients and is helping to reduce missed appointments.

Since our formation, the CCG has begun to develop an emerging vision for care across Ealing and has worked with our partners to develop a set of design principles and success factors. We are now working to implement our plans to improve the integration and co-ordination of health and care for patients across Ealing.

The CCG is only part way through the full implementation of this programme and there is much work to do to ensure our long term goals can be achieved. I am delighted to report however, that a number of early successes can already be seen thanks to the diligent work of NHS and social care staff within the local area.

Initial success resulting from implementation

GP network establishment has continued at a strong pace across the borough. The organisation of practices into networks across Ealing, has enabled our GP practices to form collaborations which prioritise the needs of those with long term conditions. By enabling the CCG to commission care for a patient population we want to provide equity of access to all residents in Ealing.

Integrated care for the elderly (ICE) service has delivered strong results for integrated, intermediate care which has kept over 1,000 patients out of hospital and improved the quality of care for our patients since its launch.

Our pulmonary rehabilitation service provided by Ealing ICO has been in operation for over a year now and has enabled over 400 patient contacts for the delivery of an enhanced model of care which would once have been delivered from a hospital setting.

New diabetes pathways and clinics have been funded with additional investment to enable

Ealing patients with diabetes to access specialist diabetes experts in a wider range of settings. In the year 2013/14 we moved over 100 diabetes patients from a traditional hospital setting to new locations closer to home.

Increased investment in musculoskeletal services has improved quality, reduced waiting times for patients and lowered the requirement for hospital based care. This service now has lower waiting times and we are seeking to expand it further.

Psychiatric liaison services are in place to support patients in mental health crisis, and provide a supported discharge service to help reduce length of stay and delayed transfers of care.

The community TeleDermatology service launched in June 2014, with the aim of seeing patients within ten days of a GP referral. More than 2,082 patients have been referred to the service with five hubs across Ealing bringing care closer to people's homes. 100 per cent of patients with skin conditions offered appointment within ten days. 98 per cent of patients giving feedback rated the service as "good" or "excellent."

Building on the design work begun in 2013/14, we will introduce a **community based cardiology service** that is focused on improving clinical quality outcomes across the borough.

Raising the quality of services for those patients who do require acute hospital care

For those patients who require hospital care, the CCG wants to commission the services which best deliver the greatest patient outcomes combined with high quality patient experience. When asked to describe what 'quality of care' means to our patients and representatives, their views can most commonly be grouped into three discrete categories:

Access – our patients do not want to wait for a long time in order to receive their treatment. In common with all other CCGs in England, Ealing seeks to achieve this and measure its progress using the Referral to Treatment (RTT) and A&E 4-hour wait target.

Estates – our patients often tell us that their experience of accessing NHS services, particularly in hospital settings, is lower than it should be due to the ageing and under-maintained quality of the buildings from which services are delivered.

Workforce – in common with most patients, our residents measure the effectiveness of their overall experience with the NHS by their clinical outcome and any improvement in their overall level of health and wellbeing. This often leads to a patient expectation that their care should be delivered by a consultant and not by a junior clinician.

The CCG, through the implementation of the SaHF programme, aspires to gain significant improvements in all three of these areas by consolidating emergency and inpatient services onto five 'Major Hospital' sites.

We felt that this issue was so important and sensitive to the needs of Ealing people that we took the unusual step of issuing a referendum on the changes to all GP practices which comprise our Council of Members (all 79 GP practices within the borough). Each practice received one vote for every 1,000 registered patients, meaning that 379 votes were available, in line with Ealing CCG's constitution. An overwhelming majority; 258 weighted votes; (68.1% of the total available) agreed with the statement:

Do you agree or disagree that there are convincing reasons to change the way we deliver healthcare in North West London including:

- *New standards for care in hospital and concentration of services to achieve them*
- *Delivering some services that are currently delivered in hospital more locally*

The CCG acknowledged this as an overwhelming signal of support for the changes from the local clinical community. As a CCG, we expressed our preference to retain Ealing Hospital as a Major Hospital within any future configuration of health services in North West London. Our organisation also recognised the need to reconfigure the way care is provided in order to meet the needs of our patients and residents. Ultimately, we chose to support the programme as being in the interests of all residents in North West London, including Ealing, even if Ealing Hospital was not to be a Major Hospital.

The concentration of services at five Major Hospital sites will raise outcomes through the improvement of consultant cover and greater training and development opportunities resulting from higher patient volumes. Smaller hospitals have a smaller workforce and have difficulty in providing uniform consultant skills, particularly in the emergency out of hours setting. Surgical specialties are particular problems for emergency care. Acute abdominal pain is a common presentation in A&E and requires general surgical skills, preferably with laparoscopic skills to allow investigation and 'keyhole' treatment of conditions like appendicitis more effectively with fewer complications and shorter lengths of stay. Subspecialties of urology, vascular and breast surgery are no longer considered suitable for inclusion in the general surgical on-call rota. The potential benefits from specialisation are greater for life-threatening conditions like stroke and heart attack, but is also true for less severe conditions. In 1996 the NHS Centre of Reviews and Dissemination published a systematic review showing that similar association between volumes and outcomes was also present for gastric surgery, intestinal surgery, cholecystectomy and lower limb amputation¹. Further work has reviewed a wider range of conditions that would benefit from such concentration of services². For example orthopaedic surgery on a hip has better outcomes when performed by a surgeon with that specialist interest who operates frequently³.

The Joint Committee of Primary Care Trusts (JCPCT) which met in February 2013 unanimously agreed all thirteen recommendations of the DMBC. The London Borough of Ealing's Health Oversight and Scrutiny Committee (OSC) took the decision to refer this decision for independent review by the Independent Reconfiguration Panel. We welcomed the opportunity to meet the experts of the panel and explain to them the urgency and rationale for the need to make these changes. The IRP reported back with a full set of recommendations that the *Shaping a Healthier Future* programme should proceed with implementation of the JCPCT's decisions. In accepting these recommendations, the Secretary of State for Health (Rt Hon Jeremy Hunt) endorsed the changes and asked the programme to implement some of these changes 'as soon as is practicable'. In addition to these reviews, the programme was subject to further Judicial Review at the High Court, which was dismissed in full..

Since the meeting of the JCPCT, Ealing CCG has worked with patients' and residents' groups to agree the range of acute hospital services which should be provided in Ealing following the full implementation of SaHF. The CCG has supported a process of co-design with these groups to design a new 'Local Hospital' which will meet the needs of Ealing residents.

¹ NHS Centre for Reviews and Dissemination: Hospital Volume and Health Outcomes, cost and patient access. Effective Healthcare Bulletin (2) 8. 1996

² M Soljak. 'Volume of procedures and outcome of treatment'. BMJ 2002, 325. 787-8

³ JA Browne, R Pietrobbon, SA Olson, J' Hip fracture outcomes: does surgeon or hospital volume really matter?' J Trauma. 2009 Mar;66(3):809-14

Ealing Hospital is to be modernised and redeveloped with a multi-million pound investment to create a new 21st century facility for the local community. As confirmed by the Secretary of State for Health, it will continue to have a local A&E and 24/7 GP led Urgent Care Centre, with access to 24/7 specialist care, as well as a range of specialist services designed with – and for – the local community, such as diabetic services.

Ealing will become a new local hospital for the whole of the local population. In particular, it will improve care for elderly patients, those with long-term conditions and the most vulnerable members of the community by integrating primary and secondary care with community and social care. These changes will not happen for a number of years allowing us to develop a range of new and improved out of hospital services, capable of caring for people in and closer to their homes.

Healthcare delivery in Ealing following the closures of Hammersmith Hospital Emergency Department and Central Middlesex Hospital A&E Department

In September 2014, in line with the requirements of the Secretary of State for Health, these services were closed in a safe and planned manner.

Since the closures, our patients have continued to access urgent and emergency care services without disruption. All hospitals, including those earmarked for conversion to 'Local Hospitals' continue to provide an Urgent Care Centre service as the first point of access to acute hospital based emergency care services. The Urgent Care Centres at Hammersmith Hospital and Central Middlesex Hospital now offer an 'enhanced specification' to widen the range of conditions treatable. This ensures that Ealing patients accessing care at these sites are able to access services at Urgent Care Centres which would require Accident & Emergency access in other parts of London and England.

Changes to Ealing Hospital maternity and gynaecology services under Shaping a Healthier Future

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. Ealing CCG Governing Body is likely to make a decision on timings on 18th 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.

Ealing CCG's continuing support for Shaping a Healthier Future through to full implementation of the agreed changes

As the Chair of Ealing CCG, both I and the wider Governing Body of the organisation

continue to support *Shaping a Healthier Future* as the best way to achieve the clinical standards required for delivering the outcomes our patients require. We have always been clear that we would have preferred Ealing Hospital to become one of the five Major Hospitals in the new configuration. From both a clinical and financial analysis however, the Governing Body chose to support the whole programme of change as being in the best interests of all residents in North West London. It is also why, as previously advised, we are strong advocates and supporters of the new Ealing hospital that is to be developed. My clinical colleagues and I who sit as elected representatives on Ealing CCG's Governing Body continue to believe and assert that these agreed changes are in the best interests of the patients and residents of Ealing.

During the life of the SaHF programme, our plans for implementation have quite rightly been subject to extensive scrutiny. Not only have we held extensive events and healthy debate with our local population, the SaHF proposals have been independently reviewed by:

- Independent clinical experts from the Independent Reconfiguration Panel
- A High Court Judge
- The Secretary of State for Health

All of these independent reviewers have endorsed the plans as either safe, in the best interests of local people, lawful or all of these.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Parmar', with a horizontal line underneath.

Dr Mohini Parmar
Chair, Ealing CCG

