Healthy Future

NHS
Hammersmith and Fulham
Clinical Commissioning Group

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By Email

Mr Mansifield QC
c/o Peter Smith
Room 39
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Dear Mr Mansfield QC,

Thank you for providing the opportunity for Hammersmith & Fulham Clinical Commissioning Group (CCG) to respond to your review. Shaping a Healthier Future (SaHF) forms a central part of our strategy, both in terms of the reconfiguration of existing specialist provision at acute hospitals and the development of more personalised, integrated services closer to residents' homes. We commission for a comparatively small population (just over 180,000) in a very small geographical area (6.3 sq miles), so we are very conscious of the need to accept that some specialist services are better provided outside of the borough in order to secure the best possible quality standards and improve patient outcomes. Moving any health service outside the borough is controversial, but this needs to be considered within a broader understanding of how we commission services to meet our population's current and future needs.

In the 'Call for Evidence' document, published on 16 December 2014, you gave us the opportunity to submit written evidence that may assist you in your consideration of the impact of recent changes on patient care in the area arising from the SaHF programme. This letter represents our response to you on this matter. In summary, we are confident that the investment we have made and are planning to make in transforming our local health system will not only support the delivery of SaHF, but will significantly improve the quality of care and the lives of local residents. Our response is structured around the following areas:

1. The local context – which is the background to understanding the decisions we have made as commissioners
2. Our investment in out of hospital services – this is integral to our strategy, and complements the changes we have made in acute services
3. The specific changes to hospital services as part of SaHF – this is where we provide the specific evidence relating to the recent changes to the Hammersmith Hospital Emergency Department (ED)

We conclude with a summary of the key points of the evidence we have provided in these areas.

I have met with two of your colleagues, Sean Boyle and Roger Steer to discuss the subject of your review and would welcome the opportunity to discuss this further with the inquiry in due course.

1. Local context

Our starting point as the statutory commissioner of health services for residents and the registered population of Hammersmith & Fulham is to develop an understanding of the needs of our population. We do this through the routine collection and analysis of demographic data, through joint work with the London Borough of Hammersmith and Fulham (LBHF) on the Joint Strategic Needs Assessment, through our patient and public engagement team and programmes through our GP members and their day to day experience of treating Hammersmith and Fulham patients and of the residents who sit as lay members on our governing body. We consider that we have a good understanding of the needs of our population.

In common with other inner city areas in the UK (and especially in London), the borough is relatively young, diverse and with areas of significant deprivation. This diversity is reflected in the manner in which they access health services, meaning a more flexible and innovative approach will allow us to meet the needs of all of our residents. For example we know that a small group, approximately 20%, of our population use more than 70% of our health and social care resources. Many of this group are older people with a complex range of conditions, who need personalised care, coordinated by a health and social care team either very close to or in their own homes. At the same time, we are conscious that a significant proportion of our residents are younger people, who value convenient access to primary care for relatively straightforward conditions.

The challenge for us as a commissioner is to ensure that we meet all of these needs, and those of the rest of our residents, in a manner that is proportionate, equitable, provides safe and high quality services and is sustainable in the long term for the taxpayer. We have pioneered innovative ways of 'segmenting' our population – our work in this area is cited as best practice nationally and is referenced in the London Health Commission report (http://www.londonhealthcommission.org.uk/wp-content/uploads/London-Health-Commission_Better-Health-for-London.pdf). We will continue to work with our partners in health and social care to use this data to further develop integrated care models that work for different population groups.

2. Investment in Out of Hospital services

Primary Care

We know that more than 90% of contacts with the health service take place in the community, involving general practice, pharmacy and community services. We also recognise that a successful primary care system is key to the success of the SaHF programme. We invested £4.45m in primary care during 13/14 and 14/15. Much of this investment has been channelled through the five GP practice networks, increasing collaboration, helping to share best practice and moving toward greater consistency of care.

We are expanding access to primary care, for example through investing just under £700k in providing 7 day access to primary care in five different practices across the borough. ,These are now available for booked and walk-in appointments from 9am until 4pm on Saturday and Sunday, irrespective of whether the patient is registered at one of those practices. Much of this work is being developed in conjunction with the current provider of GP out of hospital services, the GP Federation.

As well as expanding access, we are also expanding the breadth of services available through primary care. We will invest £2.5 million in 15/16 to provide a single contract covering all of our population, meaning residents will benefit from consistent management of conditions including diabetes, 24 hour blood pressure monitoring and complex wound management coordinated across the borough.).

In addition, all Hammersmith and Fulham GPs are now using the same software, called SystmOne, which allows, with consent, personal information to be shared across all 30 practices to improve patient care.

Access to clinical specialists

Improving access to specialist opinion helps to ensure that residents with a long-term condition or a potentially recurrent health issue can receive the right advice from the outset. This is best achieved through GPs and hospital clinicians working together to share expertise and agree a treatment plan with the patient. For example, during 2014/15:

- We have procured a community gynaecology service, staffed by GPs with a specialist interest and hospital doctors, which will be at full capacity by 1st April. This will mean more flexible appointments including evenings and weekends, reduced waiting times and an increased range of specialist services for local women closer to their homes.
- We have begun to develop a cardio-respiratory community service and will be procuring this during 2015/16. Whilst we already have a community respiratory service we do not have a community cardiology service. This results in high hospital attendances and admissions for heart failure. Combining these services within a single community service will allow us to improve treatment for overlapping health conditions, improving waiting times and access, and preventing repeat diagnostic tests.
- At Parkview Centre for Health and Wellbeing, we have created a brand new, state of the art health and wellbeing centre. It contains four GP practices and a wide range of community and social care services, including a Connecting Care for Children (CCfC) pilot. Through this initiative paediatric consultants and GPs run joint clinics to provide specialist advice to families in an area where we know there is significantly higher demand for children's services.

These services are examples of specialist community services which reduce the need for local residents to travel to hospitals. These services also mean we can intervene earlier when people are slightly unwell, reducing the need for unplanned stays in hospital.

Mental Health Services Closer to Home

The same principle applies to mental health, where investment in wellbeing and early intervention can significantly reduce the need for specialist intervention at a later stage. During 2014/15, we have:

- Invested in four Primary Care Mental Health Workers that support GP practices to manage more complex mental health patients. We have also increased access to the psychological services (IAPT) for patients with common mental illness and are on-track to achieve the national target in 14/15, with over 50% of people who receive IAPT moving to measurable recovery. Both of these achievements are in excess of national targets.
- Worked with the National Clinical Director for Dementia, Professor Alistair Burns, to design a primary-care led memory service. We will procure this service during

2015/16. This will facilitate earlier diagnosis, bring specialist services closer to residents' homes and reduce waiting times.

- Identified the need for a specialist perinatal mental health service as a priority for those women who experience severe mental illness during and after pregnancy. During 2015/16 we will commission a service to expand specialist support to those with mild to moderate perinatal mental illness. The specification for this new service is being co-designed with social care, health visitors, obstetricians, children's centres and service users, both mothers and fathers.
- Invested in our out of hour's service for Children and Adolescent Mental Health (CAMHS). We are also reviewing the CAMHS service that we provide to ensure that our most vulnerable young-people consistently receive the right care, in the right setting at the right time.

Providing integrated services for people with complex needs

Providing joined-up care for our older residents with complex and long term health conditions is a significant focus for the CCG. Too many of our residents and their carers are faced with a fragmented, confusing system which often results in long stays in an acute hospital, poor experiences of care and represents poor value for money for the taxpayer. These unnecessary and unplanned hospital admissions can often lead to further complications and a decline in quality of life. A contributing factor to fragmentation is the separation of health and social care, with their own separate budgets, different commissioning responsibilities and priorities, and to whom they are accountable.

In Hammersmith and Fulham we support moves towards an integrated health and social care budget. Through the use of the Better Care Fund (BCF) we have led the way in health and social care integration through our joint work with Hammersmith & Fulham Council. For example, Department of Health guidelines recommend a minimum investment in the BCF of £13m for 2015/2016. By mutual agreement with our Health and Wellbeing Board colleagues, we supported a much larger fund of £80m. This supports specialist homecare services, community rehabilitation, 7 day social work services, personal health budgets for mental health and children's services and many other areas of joint work.

The largest area of investment in the BCF relates to further development of a pioneering integrated intermediate care service which we have been working closely with LBHF to develop over the last 18 months, the Community Independence Service (CIS). The CIS provides a rapid social, physical and psychological assessment and care service for individuals who are at risk of admission to hospital, and provides assessment within 2 hours of referral. Through daily and weekly multi-disciplinary team reviews the team, together with the patient and their carers, devise an integrated care plan. This plan provides a tailored package of nursing, medical and social care support to care for the individual within their own home. The team also works to support in-reach services, going into local Trusts and identifying patients who could be better cared for at home or in residential care.

Senior officials at NHS England, Monitor and the Department of Health have visited the CIS because it is seen as an example of good practice in responding to the need of this population group. As a direct result of the service's success, the hard work of local health and social care professionals, and the positive feedback from patients and carers from April 2015 the CIS will operate across the Tri-Borough (Westminster, Kensington & Chelsea, Hammersmith & Fulham). This is the first time we have contracted for a lead provider and appointed Imperial Healthcare NHS Trust to run the CIS from April 2015. As lead provider the Trust will work with partners in primary, community, secondary and adult social care across the three boroughs to take on the responsibility for caring for our most vulnerable patients.

We believe that these initiatives are having a positive impact on the health and experience of our residents. However, isolating the specific impact of out of hospital initiatives on emergency admissions is notoriously difficult to do, particularly over relatively short time periods. Our out of hospital strategy represents a long term plan, and we will continue to monitor, along with outside agencies including the Nuffield Trust, its impact over time.

3. Implementation of service changes as part of Shaping a Healthier Future

In addition to investing in out of hospital services it has also been our objective to address some of the local challenges faced within the configuration of our acute services. For Hammersmith and Fulham our first priority has been to address the quality concerns arising from Hammersmith Hospital's Emergency Department (ED).

This ED was one of the smallest in the NHS. Consequently it had great difficulty in attracting staff (experiencing a high vacancy rate for the last two years) and in providing the standards of emergency care we expect for our residents. Unusually it was not staffed by specialist trained emergency care doctors and the presence of senior clinicians was one of lowest of any ED in London. The unit was also unable to provide care for children. An audit conducted by senior clinicians from elsewhere in London concluded that *"many of the adult emergency services standards for acute medicine were not met at Hammersmith Hospital."* (http://www.londonhp.nhs.uk/wp-content/uploads/2013/06/Hammersmith-Hospital-Quality-Safety-Audit-Report_FULL-April-2013_FINAL.pdf). In addition the adjacent Urgent Care Centre (UCC), treating 70-80% of all ED patients was only open for 12 hours a day.

Since the closure of the Hammersmith ED in September 2014 the UCC is open 24 hours a day seven days a week and has continued to provide a safe service. Should anyone attend the UCC and require further treatment within an Emergency Department, they will be transferred to the specialist ED at St Mary's, or to other EDs at Charing Cross or Chelsea and Westminster. As a result of the successful campaign to inform people about closure of the ED at Hammersmith Hospital, very few patients are arriving at Hammersmith UCC who need to go to an Emergency Department.

As a result of the changes:

- We now have a safe, sustainable UCC at Hammersmith Hospital.
- We have increased UCC access at Hammersmith to 24 hours a day, 7 days a week.
- Six additional ED consultants have been recruited at the St Mary's site to ensure that our sickest residents are cared for by the most senior clinicians.

Conclusion

The changes at Hammersmith Hospital have resulted in a safe and sustainable urgent care centre for local residents. In addition we are making significant investments in improving capacity in primary care and expanding the range and quality of services provided in the community. These are part of our strategy to create a sustainable and consistently high quality health system to meet the needs of our residents.

As the implementation of SaHF continues to progress during 2015 and beyond the CCG will continue to build on experiences of implementing SaHF to date, including good practice and lessons learnt. We will ensure that any planned changes to services will continue to receive rigorous clinical assurance. We will only proceed when we are confident that any such changes deliver safe and appropriate services for our residents.

The public consultation we undertook for SaHF demonstrated overwhelmingly that what our residents want most is high quality healthcare for their families, communities and them as individuals. The primary objective of centralising specialist ED care is to improve outcomes for our population and has resulted in a net financial investment in emergency care and out of hospital services. Evidence suggests that patient outcomes are improved by increased specialist ED consultant presence. That was not (for the reasons in the letter already outlined) achieved or achievable at Hammersmith ED.

We recognise that changes to local health services can be unsettling and accept that we can always do more to articulate the benefits of each and every change to local health services.

Yours sincerely

Dr Tim Spicer
Chair, NHS Hammersmith and Fulham CCG