

NHS
Harrow
Clinical Commissioning Group

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Dear Mr Mansfield

Re: Inquiry into the reconfiguration of hospital-based services in North West London

In accordance with the call for evidence to your inquiry, please find set out below the approach of Harrow CCG to the commissioning of health and care services for our population and a summary of developments to make more care available through primary and community health services, supporting the shift of services out of hospital settings.

Harrow CCG Governing Body believes that the reconfiguration of hospital services in North West London is essential to improving the quality of lives of Harrow residents. We are also clear that, whilst the speed of the reconfiguration represents significant challenges, all steps are being taken to ensure that this is done safely and in the interests of patients. At the same time, we are committed to ensuring that the change process is one that is open and transparent.

We are also absolutely committed to working together as a collaboration of the eight North West London CCGs and ensuring that our local plans fit in with our joint plans, which we have set out in the Shaping a Healthier Future Strategy, consulted upon and which we are now implementing.

Harrow CCG is committed to commissioning care that improves the quality of the lives of its residents. Our population is diverse, older in comparison to the rest of London (with the average age increasing) and there are inequalities in health and wellbeing with people from the poorest parts of Harrow living on average seven years less than those in the richest areas. To meet the needs of our population, we need to deliver support that is provided around people and not around existing organisational arrangements. Care must be proactive, preventative and person-centred, delivered in settings that are appropriate for the service user rather than convenient for the service.

The work being implemented across North West London through the Shaping a Healthier Future programme together with our local initiatives will improve the quality and sustainability of healthcare for our patients.

With specific reference to the closures of the A&E units at Central Middlesex and Hammersmith Hospitals we believe this was the correct clinical decision to ensure safe sustainable care to patients across North West London. The changes have created greater operational resilience which has helped the local NHS manage what is a national issue of increasing demand on urgent and emergency care services.

Chair: Dr Amol Kelshiker
Chief Officer: Rob Larkman
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Developing Out of Hospital services

Set out below are a range of examples where the CCG has been working with GPs and other providers to improve the quality and capabilities of health services outside major hospitals. Working to reduce the need for people to be treated in hospitals and where it is necessary ensuring people can return home as quickly as possible.

We continue to make good progress with our out of hospital strategy, investing in a range of initiatives summarised below and are working hard to reduce the recent increase in non-elective admissions.

Our **Integrated Care Programme** has grown from strength to strength. The service currently holds over 6,000 care plans for vulnerable adults for the purposes of case management. For 2014/15, the service expanded the team to include the role of the care navigator to proactively support the management of these care plans.

We have increased the numbers of **community beds** available for Harrow residents and targeted initiatives to increase the throughput by funding enhanced discharge teams. Harrow's main community bed base has increased the number of accepted referrals from 30 to 40 per month. This has positively supported acute flow.

Our existing **community walk-in centres** have increased the number of primary care patients treated. For 2014/15 the service is now treating a forecast outturn of 14,600 treated patients from a previously planned 9,700 target. In addition to this, through our commitment to the 2014/15 Prime Minister's Challenge Fund, our primary care services will be better equipped to support patient expectations in the choice of access points i.e. telephone, online and face to face interactions in addition to commissioning a further 18,000 walk-in centre appointments in Q4 2014/15. Our longer term plan is to commission services capable of delivering a total of 36,000 walk-in appointments across Harrow.

We have commissioned and rolled out an integrated **short term intensive support and rapid response service** (STARRS) which works collaboratively across organisational and professional boundaries. Based in the hospital but working extensively with primary and community care STARRS has delivered 1,700 reductions in NEL (non-elective) admissions and 1,000 avoided A&E attendances in the last financial year. For 2014/15, we have grown this to support an additional 300 NEL avoided admissions and 150 A&E avoided attendances. This service also provides a discharge support and community rehabilitation function, which is partly responsible for the positive reduction on delayed transfers of care for Harrow residents in the last year.

Our **Urgent Care Centre** is co-located with the A&E department at Northwick Park Hospital and treats walk in minor injuries and illnesses across a range of conditions. This service was commissioned four years ago and operates 24 hours a day, seven days a week. Since the start of the contract, the service has grown from treating on average 190 patients per day to over 300 patients per day. This is supporting a reduction in the volume of activity attending A&E, allowing the A&E department to concentrate on more complex and life-threatening patient presentations. At the same time, the A&E Unit at Northwick Park has recently been expanded and re-configured to provide additional capacity and a better service.

Delayed transfers of care have received a continued focus which has resulted on average in a 50 per cent reduction in the official delays reported by our local provider, London North West Healthcare Trust.

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We are also ensuring that **the views of our service users are core in shaping the services we commission**. We have undertaken a range of co-production events including an 'integration summit'. Our residents told us they wanted:

- Better access to care when it suits them
- Self-care and self-management
- Minimal handovers, which happen effectively and avoid loss of information
- To avoid having to repeat their story to multiple providers
- Support to set meaningful goals and care which is designed to help them meet their needs
- A system where the constituent parts communicate effectively with each other
- Information that is easily accessible
- Care plans which are up to date and that they have control over
- Unpaid and family carers to feel more empowered and able to provide day-to-day care

These are the principles on which our **integrated care delivery model** is based and we will continue to test our work with our residents as we roll out our new models. For 2015/16, Harrow is embarking on an exciting programme as part of our Out of Hospital Strategy. This includes:

- Setting up a single Harrow-wide GP Provider Network which will support the integration of primary care services. Our aim is that this will provide a structure to support primary care to manage current/future demand levels and have the ability to work collaboratively with partner services.
- Expanding Harrow's community walk-in centre provision by developing new sites to provide a better coverage of the service and commission all sites to a uniform 8am to 8pm seven day service model. This will support the Prime Minister's Challenge Fund objectives.
- Re-procuring our community services in 2015/16 to deliver community services which are more integrated with primary and intermediate care services.
- Expansion of the "Whole Systems Model of Care" to proactively case manage our vulnerable older population through the employment of enhanced health, social and voluntary sector teams.
- Building on the strengths of the existing integrated approach to mental health and dementia and providing support for carers.

Key to the reconfiguration of hospital services for Harrow residents has been a partnership approach, involving Harrow Council, key providers, patients, Healthwatch Harrow, representatives from the voluntary sector, GPs and the CCG. A recent success of this collaborative approach has been approval, without conditions, of the Harrow Better Care Fund Plan. Set out in the plan are ambitious proposals to achieve:

- 3.5 per cent reduction in non-elective activity for 2015/16 against the 2014/15 baseline. This will be delivered through our intermediate care service (admission avoidance), increasing activity directed to the Ambulatory Emergency Care Unit for a day case outpatient treatment service, and through the development of a new team to actively case manage patients as part of a multidisciplinary team within the "Whole Systems Integrated Care" scheme.
- One per cent reduction in delayed transfers of care across the targeted years

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- Maintenance of the percentage of permanent admissions to residential and nursing homes for over 65 year olds whilst expecting a growth in the population.
- Maintenance of the proportion of older people (over the age of 65 years) still at home 91 days after discharge from hospital into reablement /rehabilitation
- An increase from £3.56 million in 2014/15 to £5.411 million in the funds allocated to protect social care.

In conclusion, the quality of life and care we, as GPs, want for residents – our patients – can only be delivered if we transform existing ways of working and remove entrenched organisational barriers. Settings of care will, and must, become less important as service users increasingly direct their own care in a way that meets their needs and delivers the outcomes that matter to them. Harrow CCG will continue to work with partners from across the system to ensure that this is achieved in a safe, effective and sustainable way.

Yours sincerely



Dr Amol Kelshiker
Chair, Harrow CCG