



Shaping a healthier future

What the proposals mean for Harrow residents

Between 2 July and 8 October 2012 we are consulting on plans to improve hospital and community NHS services in North West London. We want to hear the views of as many people as possible about the changes proposed. This document focuses on the details of these proposals for Harrow residents.

A summary of our proposals

We look after more than 230,000 people in Harrow and have high expectations for the way patients are cared for and the services they receive. NHS staff are totally committed to delivering high-quality care, but need to have the right workforce, skills and surroundings to guarantee this for all patients all of the time.

Increasingly, a number of different factors in Harrow are making it very difficult for us to provide high quality services consistently. The population is growing and ageing: Harrow has one of the highest proportions of those aged 65 and over amongst the boroughs that form the North West London cluster. Older people represent a greater demand for care, so this changing population is putting pressure on services. Our out-of-hospital services are not operating as effectively as they should be, reflected by Harrow's relatively high numbers emergency admissions and use of accident and emergency (A&E). Our facilities are inadequate and we are working within an increasingly tight budget.

In response to this, our vision is to:

- **Bring care nearer to you** so that as much as possible can be delivered close to your home. As part of our plans, within three years we will be spending between £17 million and £19 million more per year on primary and community care staff, estates and IT in Harrow.
- **Centralise emergency hospital care** onto five specialist sites across NW London so that more expertise is available more of the time
- Incorporate all of this into **one co-ordinated system of care** so that all the organisations and facilities involved in caring for you can deliver high-quality care and an excellent experience, as much of the time as possible.

To achieve this we have proposed to:

- Deliver more services outside of hospitals, closer to people's homes
- Change some services at the following hospitals – Central Middlesex, Charing Cross, Chelsea and Westminster, Ealing, Hammersmith, Hillingdon, Northwick Park, St Mary's and West Middlesex.

While most healthcare activity would remain where it is now, and all nine NW London hospitals will have local hospital services including an urgent care centre and outpatients, the changes proposed would impact on some A&E, maternity and paediatric and hyper-acute services at some hospitals in North West London.



World-class healthcare outside of hospital

The objective of the NHS is to provide the right care at the right time and at the right place for the residents of Harrow. From April 2013, Harrow Clinical Commissioning Group (CCG), the organisation led by GPs to plan healthcare services in Harrow, will be responsible for ensuring this happens.

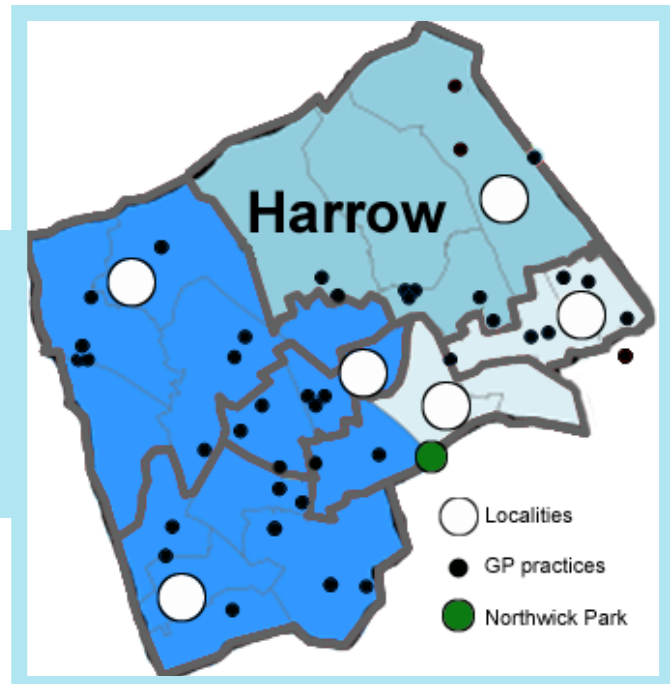
How we plan to organise your care outside of hospital

Harrow GPs will work in six health networks, ensuring care is clinically led and consistent across GP practices.

35 Individual Practices

6 Localities

Harrow-wide



The vision of Harrow CCG

Harrow CCG's vision is to ensure that our health care system keeps patients well at home and, when patients do become unwell, provides cost-effective, evidence-based and timely care at the right place appropriate to their needs.

This will mean:

- Making sure that every healthcare provider consistently delivers high standards of care
- Joint working between GPs, community and social care, hospital and consultants, with early intervention and care in the right place at the right time
- Patients having easier access to consistently high quality primary care
- More consultant-led planned care will take place closer to home
- Patients with long-term conditions who need care from different services will receive better coordinated care
- Patients will be supported when they are discharged from hospital.

Our development plans

Development plans for Harrow's out-of-hospital services include:

- The new NHS 111 number: when you need medical help fast but it's not a 999 emergency. This will be rolled out across NW London in 2013.
- Improving access to GPs: we will work with our GPs to improve access
- A standardised referral system across GP practices, reducing unnecessary referrals and keeping patients with their GP for more of their care.
- Psychiatric liaison: we plan to integrate psychiatric care into hospital care, avoiding unnecessary admissions and discharging people to their homes more than to institutional care.
- An integrated Rapid Response Service to provide care in patients' homes and support them on discharge from hospital.
- More elective procedures transferred from hospitals to community clinics such as the Pinn Medical Centre, reducing travel and waiting times for patients.

Further details of the changes proposed for care outside of hospital can be found at www.healthiernorthwestlondon.nhs.uk

Hospital services

See annex A for a summary of the three options for consultation.

Northwick Park Hospital is facing significant challenges over the next few years to deliver a balanced budget. This is mainly because it doesn't deliver a sufficient volume of healthcare that generates enough income to enable it to balance the books.

Under all three options Northwick Park Hospital will remain a major hospital. This means it will continue to provide a full range of high-quality clinical services for patients with urgent or complex healthcare needs, including a full A&E department open 24 hours a day, seven days a week, with urgent surgery and medicine and an intensive care unit that can care for the most seriously ill patients.

The proposed changes are likely to result in Northwick Park Hospital receiving higher volumes of the income-generating work it needs to ensure it achieves an improvement in its long-term financial position. Further investment is planned to provide the capacity that will be needed to take future increases in expected activity at the hospital.

Under all three options, Central Middlesex Hospital will become a local and elective hospital.

It will be open 24 hours a day, seven days a week to see people with urgent health problems, and to deliver planned (elective) medical services. Its staff will work with GPs and other community clinicians to deliver personalised healthcare. GP services, community services and social care will be based on the current hospital site, bringing services together around your needs. The A&E department at Central Middlesex would become an urgent care centre.



Urgent Care Centre at Central Middlesex Hospital

Urgent Care Centres (UCCs) are staffed by GPs and nurses and specialise in the treatment of patients with urgent illnesses and injuries and conditions that can be seen and treated without having to stay in hospital. Clinicians at UCCs are also skilled in stabilising patients who do need to be transferred to more specialist care.

Our clinical leaders are clear that the UCC at Central Middlesex Hospital should see and treat patients within four hours, be led by primary care clinicians such as GPs, be linked with other services like the new '111' non-emergency NHS number and have access to tests and specialist clinicians.

The kinds of health problems all urgent care centres would be able to treat include:

- Illnesses and injuries not likely to need a stay in hospital;
- X-rays and other tests;
- Minor fractures (breaks);
- Stitching wounds;
- Draining abscesses that don't need a general anaesthetic; and
- Minor ear, nose, throat and eye infections.

Urgent care centres will see people and children of any age.

It is important to note that urgent care centres do not treat problems such as major burns, head injuries, strokes, sickle-cell crisis, severe shortness of breath, heart failure, overdoses and self-harm. All these problems can be a sign of serious conditions that may need to be treated in a major hospital.

To find out what these changes mean for you and your journey to hospital, please visit our website, www.healthiernorthwestlondon.nhs.uk/infographic or call 0800 881 5209 for more information.



Next steps

We recognise the proposals we have outlined for acute and out of hospital care represent some major changes to how much of healthcare is currently delivered. It requires commitment from all service providers to work together to ensure its success. We need to continue to respond to the challenges we face and deliver the best sustainable healthcare for the residents of Harrow.

We would like to hear more from Harrow residents on our consultation proposals

The public consultation will be running until 8 October 2012 and during this time we are encouraging as many people to give us their views.

Come to a consultation event

We will be running a series of consultation events across NW London. These events are your chance to learn more, speak to the programme's clinical leaders and let us know what you think. To find out about the events near you please visit www.healthiernorthwestlondon.nhs.uk or contact 0800 881 5209.

Visit us online at www.healthiernorthwestlondon.nhs.uk

On our website you can:

- read about our proposals in full
- download the Consultation Document
- fill in the consultation response form
- understand how the changes might affect you

Get in touch

If you would like a printed copy of the full consultation document and response form or if you would like to get in touch with the Shaping a healthier future team please:

- Call 0800 881 5209
- Email consultation@nw.london.nhs.uk
- Write to FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION (this must be written in capitals and on one line. You will not need a stamp)

We look forward to hearing from you.



ANNEX A: Summary of options for hospital services

Option A (preferred option)

This option has Chelsea and Westminster Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary's Hospital and West Middlesex Hospital as major hospitals. It has Central Middlesex Hospital as a local and elective hospital and Hammersmith Hospital as a specialist hospital. Ealing Hospital and Charing Cross Hospital are proposed as local hospitals.

Option B

This option has Charing Cross Hospital, Hillingdon Hospital, Northwick Park Hospital, St Mary's Hospital and West Middlesex Hospital as major hospitals. It has Central Middlesex Hospital as a local and elective hospital, and Hammersmith Hospital as a specialist hospital. Ealing Hospital and Chelsea and Westminster Hospital would be local hospitals.

Option C

This option has Chelsea and Westminster Hospital, Ealing Hospital (with the stroke unit at West Middlesex Hospital moved to Ealing Hospital), Hillingdon Hospital, Northwick Park Hospital and St Mary's Hospital as the major hospitals. It has Central Middlesex Hospital and West Middlesex Hospital as a local and elective hospital and Hammersmith Hospital as a specialist hospital. Charing Cross Hospital is proposed as a local hospital.

