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Dear Mr Mansfield

NHS Hillingdon CCG submission

I am writing to you as Chair of Hillingdon CCG to set out information that NHS Hillingdon CCG (the CCG) feels is relevant to the review you are currently undertaking into A&E closures in September 2014 as part of the Shaping a Healthier Future (SaHF) programme. In particular I would like to draw your attention to the following points:

- We believe the closure of the two A&E departments (replaced by 24/7 365 day Urgent Care Centres) was the clinically correct decision to provide a sustainable high quality emergency care service around the clock across North West London.
- We believe further delay in the SaHF programme would be the worst of all options creating genuine clinical risk and instability in services which need to be improved for our patients.
- We do not believe that the A&E closures at Central Middlesex Hospital or Hammersmith Hospital have contributed to winter pressures in Hillingdon. Pressure was primarily from within our own borders.
- We believe further investment in our local hospital infrastructure is needed as we progress with planned changes.

Background information

I would like to bring to your attention some key points about Hillingdon and the context for SaHF in this borough.

Hillingdon has one main acute care provider (The Hillingdon Hospitals NHS Foundation Trust), one community and mental health provider (Central North West London NHS Foundation Trust) and is coterminous with the Local Authority (LA). This supports close and collaborative working across the local system.

Hillingdon is geographically large (2nd largest borough in London) with Heathrow airport in the south of the borough. It has the 13th largest population in London. From mid-year 2015 to mid-year 2021, the population is projected to increase by 8.6% to 320,000 with the majority of this increase in the 5-17, 25-39 and 40-64 year age bands. We also anticipate an increase in the BME groups from 48% in 2011 to 50% in 2015 with much of this change happening in younger age groups. We

anticipate associated increases in the prevalence of long term conditions. For example modelling suggests an 8.2% prevalence rate for diabetes in the borough although currently the diagnosed prevalence rate is 6.4%. We are also expecting to see an increase of more than 15% in dementia rates from 2014 to 2021.

Meeting changing needs

The CCG expects to meet these changing needs through reconfiguration of acute services and development and investment in our Out of Hospital (OOH) strategy.

The Joint Committee of PCTs approved the Shaping a Healthier Future programme as, based on the evidence and clinical opinion, the existing configuration of acute hospitals could not meet the changing needs of our population going forwards. A reduced focus on hospital based care is required with far more care being provided in community settings in a manner that also supports patients to manage their own long term conditions (LTC) and maintain their independence for as long as possible.

To enable the SaHF acute reconfiguration programme to be delivered, Hillingdon CCG developed an Out of Hospital (OOH) strategy that was agreed in 2012 (Hillingdon CCG OOH Strategy). The OOH strategy focused on five strategic aims:

a) Easy access to high quality and responsive primary care
b) Clearly understood planned care pathways
c) Rapid response to urgent needs
d) Providers (health and social care) working together to proactively manage LTCs, the elderly and end of life care
e) Appropriate time in hospital with early supported discharge.

Achievements so far against these areas are set out below:

a) **Primary care** - In 2014/15, Hillingdon CCG received an allocation of just under £1 million from the Prime Minister's Challenge Fund (PMCF) which has been used as enabling funding to support improved access for patients to GP practices. There are now 6 GP networks in Hillingdon (two of which are involved in our Whole System Integrated Care Pioneer programme). A number of the networks are participating in the Productive Practice programme that is designed to create capacity in general practice through more efficient working. In addition, networks have submitted bids to receive funding for initiatives that improve access and care for defined population groups. In 2015/16 we have been allocated further PMCF funding that will contribute to CCG investment plans to extend access to primary care services. We have an agreed primary care development plan in place that addresses all areas of primary care including workforce, education and infrastructure (Primary Care Delivery Strategy).

b) **Planned care pathways** – In 2013/14 and 2014/15 the CCG in collaboration with its providers has redesigned and implemented 7 planned care pathways leading to a reduction of approximately 2774 first outpatient appointments and approximately 7397 follow up appointments. The focus on these services (MSK, ENT, gynaecology and urology) in the current and next year is to provide them from more sites in the community. Dermatology and Ophthalmology are already provided in community settings.

c) **Unplanned Care –** The CCG has put in place a range of admission avoidance schemes designed to reduce pressure in A&E and to support patients (particularly the elderly) to be supported at home thus maintaining their independence and support networks. A 24/7 Urgent Care Centre (UCC) was opened in October 2013 at the Hillingdon Hospital and now sees at least 60% of all attendances at the A&E department which releases A&E staff to focus on people with the most acute problems. The work of our Rapid Response service, Age UK and the CNWL Home Treatment Service for older people currently supports 5 people a day to avoid an unplanned admission via A&E with this figure expected to rise to 7 a day in 2015/16. The service receives referrals from A&E, GPs, London Ambulance Service and Care Homes. In addition, the hospital has increased use of Ambulatory Emergency Care Pathways that now helps 270 patients per month to avoid admissions (OOH Strategy). The recent opening of the new Acute Medical Unit next to the A&E department is also supporting improved pathways of care and reducing the length of time people need to stay in hospital.

d) **Integrated services –**

Long Term Conditions (LTCs) - During this year the CCG has also been developing new integrated pathways for Cardiology, Respiratory conditions (COPD & Asthma) and Diabetes with the focus on improving outcomes for patients by reducing the number of exacerbations they experience and empowering them to take control of their condition more effectively. The work is being implemented across acute, community and primary care health services with more care being provided in community settings. There is also a programme to support people to manage their own care more effectively. Hillingdon currently has an estimated 91,000 people living with one or more LTC and in total this costs the health economy between £91m and £116m. According to public health up to 1 in 3 patients that occupy a bed are there because of an LTC or for co-morbidities associated with their LTC. The fact that a patient with an LTC can be admitted for co-morbidity rather than their primary disease blurs the figures but patients with LTCs could account for up to 50% of all unplanned attendances at A&E. Our work on Integrated Pathways is in its first year and collectively our work is expected to reduce emergency admissions by 300, first outpatient appointments by 750 and follow up appointments by 1950. (OOH Strategy).

Older people – Older people are the focus of our work on the Whole System Integrated Care pilot in the north of the borough and our Better Care Fund (BCF) plans with the Local Authority. As noted previously, the co-terminosity of providers, CCG and LA supports an integrated approach to care and our main providers and a voluntary sector consortium are fully engaged in our Whole System Integrated Care Pioneer programme.

The Hillingdon BCF plan has a total value of £17.9 million and will facilitate a shift to planning for anticipated needs rather than crisis response, with physical and mental health and social care needs of residents met via services that are integrated and seamless from a service user perspective. Key programme areas include joined up intermediate care, early identification of people with falls, dementia and social isolation, better end of life care, seven day working and reducing avoidable care home admissions. This is underpinned by joint working to implement wider Care Act duties and improve information sharing and enhance care planning. All of the areas listed are already underway and are expected to deliver a reduction of 3.5% in NEL admissions in the over 65 year age group.

Hillingdon CCG and LBH will continue to work collaboratively to develop health and care plans, building on our BCF plan which will commence in April 2015. Our ambition for the BCF plan is to ensure residents can plan their own care, working with professionals to understand their needs so they have control over services and that these deliver what is important to them. This will require system change and further integration across health and care services. In addition to the BCF, the Hillingdon Transformation Programme comprising all key partners, ensures alignment of the BCF plan with wider plans including unscheduled care, mental health and primary care

End of Life Care – Hillingdon CCG already supports high numbers of people (between 45 and 50%) to die at home if this is their preferred place.

In addition to the areas identified above the CCG and Local Authority have agreed 3 year priorities for mental health services and in 14/15 developed a range of new mental health services in the borough (Hillingdon CCG Commissioning Intentions).
These include psychiatric liaison services, enhancing perinatal pathways, building capacity in dementia care, a new community crisis home treatment team for older people and enhanced capacity community Child and Adolescent Mental Health Services (CAMHS).

We are also developing three “hubs” across the borough. These hubs will provide a base for the delivery of Out of Hospital services and the delivery of integrated care. The first hub has been developed in the south of the borough with two further hubs identified.

e) **Appropriate time in hospital –** Our plans for 15/16 include enhancing our support to Care Homes (which already includes two Community Matrons who work directly with vulnerable patients) through establishing a community based geriatrician. We are also continuing to invest in our Home Safe scheme that provides early supported discharge support for people aged 65 years and over. (Hillingdon CCG Strategic Service Delivery Plan).

As can be seen from the information above, we have made excellent progress with implementation of our OOH strategy to support safe implementation of the SaHF programme.

Engagement with patients and carers

Patient, carer and public engagement is seen as key to supporting and informing commissioning decisions and the CCG have taken active steps to strengthen its approach to engagement. The CCG tailors its engagement programmes to reach as many people as possible based on the equality impact analyses carried out ahead of any service redesign. For example, a recent public consultation to inform our Dermatology procurement received feedback from 400 patients and carers. Of these 84% supported the CCG's proposals to establish a community service.

We also monitor the impact of our service changes and have commissioned our local Public Health team to carry out a Health Impact Assessment on our service redesign programmes.

Hillingdon CCG also works with the seven other CCGs in North West London to deliver SaHF and the Whole Systems Integrated Care programme. These programmes have strong patient engagement and involvement from Hillingdon. Healthwatch Hillingdon, individual patient and carer representatives have been involved in the programme to enable engagement, where relevant to be carried out across boundaries to follow patient activity and support choice. The emerging GP networks are also being supported to ensure they have appropriate patient engagement and involvement during the coming year.

Impact of the Hammersmith Hospital and Central Middlesex Hospital A&E closures

The CCG does not believe that the closures have contributed to rising demand at Hillingdon A&E. In common with the rest of the country, Hillingdon CCG has seen a significant increase over 2014/15 in non-elective attendances and admissions. Significant work has been undertaken to understand the drivers for this increase and a three pronged action plan agreed with Hillingdon Hospitals Trust to address the issues. Our work has demonstrated that almost all of the Hillingdon increase has originated from within the Hillingdon borough i.e. we have not seen significant increases in people attending our A&E from outside of the borough as a result of the closure of A&Es at Hammersmith Hospital or Central Middlesex Hospital.

Conclusion

In conclusion I would like to confirm that Hillingdon CCG remains fully committed to the SaHF programme. The proposals have been fully scrutinised by local clinicians from across the health system, the Independent Reconfiguration Panel, the High Court and the Secretary of State. The CCG continues to believe the SaHF programme is absolutely necessary to secure a sustainable and safe health service in North West London in the long term. We believe that delay in implementation represents the worst of all possibilities.

Yours sincerely

Dr Ian Goodman
Chair Hillingdon CCG