



Shaping a healthier future

What the proposals mean for Kensington & Chelsea 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 Kensington and Chelsea residents.

A summary of our proposals

We look after over 180,000 people in Kensington and Chelsea 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 Kensington and Chelsea are making it very difficult for us to provide high quality services consistently. The population is growing and although the proportion of older people is low compared to both the rest of London and the country, the borough's population as a whole is expected to rise. Kensington and Chelsea has the highest life expectancy in the country, but it also has one of the highest rates of single home occupancy. As life expectancy continues to increase, more people are expected to live with some form of disability, many of them alone. All these factors combined put additional pressure on services. Our out of hospital services are not operating as effectively as they should be, reflected by Kensington & Chelsea's relatively high numbers of 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 £5 million and £7 million more per year on primary and community care staff, estates and IT in Kensington and Chelsea.
- **Centralise emergency hospital care** onto five specialist sites across NW London so that more expert care 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 Kensington and Chelsea. From April 2013, NHS West London Clinical Commissioning Group (WLCCG), the organisation led by GPs to plan healthcare services in Kensington and Chelsea, will be responsible for ensuring this happens.

WLCCG covers the whole of the Royal Borough of Kensington & Chelsea, plus Queens Park and Paddington (QPP) in Westminster.

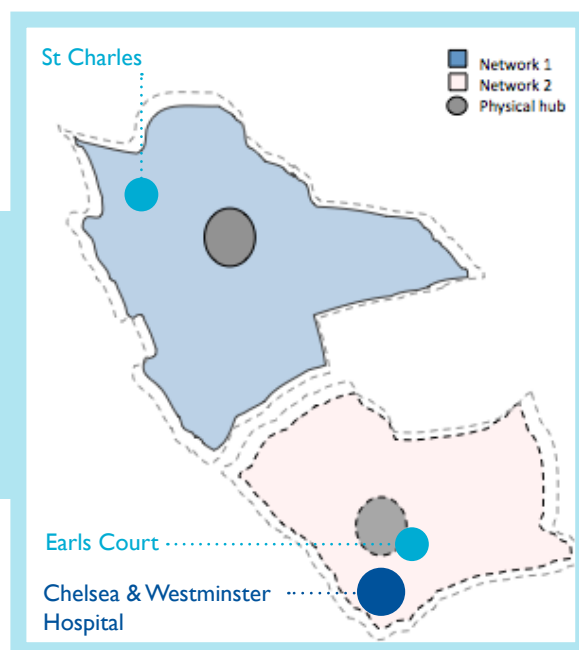
How we plan to organise your care outside of hospital

WLCCG GP Practices will work in two Health Networks, ensuring care is clinically led and consistent across the networks.

55 Individual Practices

2 Localities

Consistent across WLCCG



The vision of West London CCG

West London 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 Kensington and Chelsea's out-of-hospital services include:

- The new NHS 111 number: when you need medical help fast but it's not a 999 emergency, Kensington and Chelsea residents can now call 111 for free advice, 24 hours a day, 365 days a year.
- Improving access to GPs: you will have easier access to GPs, for instance through extended opening hours and new channels of communication.
- A standardised referral scheme, ensuring that all patient referrals are directed to the most appropriate clinician, and only to hospital when absolutely necessary
- More community-based care, so that certain services – such as respiratory care, paediatrics and dermatology – can be treated closer to home, reducing travel/waiting times and improving the quality of services.
- Integration between social and health care workers so that people with long-term care needs – such as the elderly, or those with diabetes – receive joined-up care to prevent them going into hospital.
- A Medicines Support Service bringing health and social care together to ensure patients' needs are identified and to improve medicine management.

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.

Under options A and C

Chelsea and Westminster Hospital would be a major hospital, meaning it would 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 emergency surgery and medicine and an intensive care unit that can care for the most seriously ill patients. Under these two options, Charing Cross Hospital would be a local hospital. Most care that is currently delivered at Charing Cross would still be delivered locally: between 87% and 91% of patient activity would not change.

Under option B

Under this option, Charing Cross Hospital would be a major hospital, while Chelsea and Westminster Hospital would be a local hospital. As a local hospital, Chelsea and Westminster's A&E would become an Urgent Care Centre (UCC).

Most care that is currently delivered at Chelsea and Westminster would still be delivered locally. It would be open 24 hours a day, seven days a week to see people with urgent health problems. 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 local hospital will also be part of the local community. This means local patients, patient groups, the voluntary sector, the local council including the health and well-being board, and local clinicians will be involved in developing and running it. It will offer services based on what is needed locally, so these might be different in each local hospital in NW London.

The local hospital will also act as a 'home' for local clinicians – a place for education and training, for continuing professional development, as a centre for research and for clinicians and other professionals to come together to review and improve patient care.



Kensington and Chelsea residents can expect the following range of local hospital services:

- **Quicker and more co-ordinated healthcare.** The local hospital will provide specialist care for people with long-term conditions. Patients and carers will be able to come together in self-care and support groups, either at the local hospital or closer to home. Some GP practices, community services and social services may be based in the local hospital, and will make sure care is co-ordinated for individual patients.
- **Access to specialist skills.** In some cases, patients may need specialist appointments. Many of these appointments will be available in local hospitals, including for people who are going to have, or have had, an operation. Some patients, for example, those with Parkinson's disease or children who need insulin for diabetes, need a lifetime of specialist care, much of which will be available at the local hospital. Also, some local hospitals will be able to provide treatments such as medical oncology, renal dialysis and simple surgery.
- **Tests.** Clinicians sometimes need tests so they can find out what is wrong with a patient or understand whether a treatment is working. Tests such as x-ray, ultrasound, endoscopy or MRI scans will be available in some local hospitals.
- **Bringing services together.** The local hospital will bring services together for patients. This could include assessments, transport to and from home and pain-management services. This will make it easier for patients to get to services and for clinicians to find out what is wrong with the patient and treat them.
- **Better nursing, therapy and rehabilitation services.** Local hospitals will offer better nursing, therapy, rehabilitation and community services such as physiotherapy, well-baby clinics, chiropody and wound clinics. This will include appointments with specialists. It might also include beds for patients who are at risk of deteriorating, and beds for patients who have been to a major hospital but who no longer need specialist care and can be cared for nearer to their home.

Under all options

St Mary's Hospital will be a major hospital and Hammersmith Hospital would be a specialist hospital. Today, Hammersmith Hospital provides a wide range of specialist services, a very limited A&E service, an urgent care centre open between 8am and 10pm, seven days a week, and maternity services. Under all the options for consultation, Hammersmith Hospital will keep all of its specialist services and its maternity unit, but its A&E department would close, leaving an improved urgent care centre open, with the full range of diagnostic and specialist services needed to support this.

Urgent Care Centres for Kensington and Chelsea

Chelsea and Westminster's A&E would become a UCC under Option B. Charing Cross Hospital already has an Urgent Care Centre (UCC) operating 24 hours a day and this would continue under all options. Opening hours of the current Urgent Care Centre at Hammersmith Hospital would be extended to 24 hours a day.

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 UCCs 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 Hammersmith & Fulham.

We would like to hear more from Kensington and Chelsea 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.

