

PRESS RELEASE

For immediate release 19th February 2013

MAJOR DECISION MADE ON THE FUTURE OF HEALTHCARE IN NW LONDON

The Joint Committee of Primary Care Trusts (JCPCT) has today (19th February) made a decision on the future of NHS services for approximately 2m people living in NW London.

The Committee agreed with all the recommendations put forward by the ‘*Shaping a healthier future*’ programme following public consultation. This will mean:

- Investing over £190m more in out-of-hospital care to improve community facilities and the care provided by GPs and others. Most of these improvements will be put in place before any major changes to local hospitals are made.
- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre will be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary’s; and West Middlesex.
- Central Middlesex Hospital will be developed in line with the proposed local and elective hospital models of care, and will also include a 24/7 Urgent Care Centre.
- Hammersmith Hospital will be developed in line with the proposed local and specialist hospital models of care, and will include a 24/7 Urgent Care Centre.
- Both Ealing and Charing Cross Hospitals will be developed in line with the proposed local hospital model of care, and will each include a 24/7 Urgent Care Centre. The JCPCT also recommended that further proposals for these two hospitals are developed in future by the relevant CCGs.

The ‘*Shaping a healthier future*’ programme was established to address a number of challenges being faced by the NHS in NW London, including the demands of an increasing, ageing population. There are more people with long term conditions, and unacceptable variations in the quality of care, evidenced by higher mortality rates for patients treated in hospital at night or during the weekend.

Following extensive public consultation, the JCPCT was asked to approve the 11 recommendations made in the ‘*Shaping a Healthier Future*’ Decision Making Business Case, as well as two further recommendations which refer to additional proposals for Ealing and Charing Cross hospitals (see notes to editors, below).

Taking into account all of the evidence, the JCPCT has accepted all of the recommendations. These proposals will now take 3-5 years to implement, ensuring that improvements in out of hospital care are in place before major changes to hospital services are then implemented.

Jeff Zitron, Chair of the JCPCT, said:

“This is an important decision for the NHS in NW London. I am delighted that, after thorough and careful examination, we are able to fully recommend what clinicians feel will deliver the best possible care for local people for years to come. We have not taken this decision lightly, and have been very careful to consider the many thousands of responses we received during our extensive consultation last summer. I am confident that this is the best decision for the people of North West London and for the NHS.”

Dr Mark Spencer, Medical Director for Shaping a healthier future and Ealing GP, said:

“This decision will save lives and improve care dramatically for the two million people living across North West London. I am pleased that the JCPCT agreed that this was the best decision for a clinically safe, high quality and financially secure future for all the hospitals and NHS trusts in North West London. There are urgent and pressing needs to make these changes. If we do nothing people will continue to die unnecessarily and services will fail.”

END

NOTES TO EDITORS

1. Recommendations before the JCPCT (the Decision Making Business case)

The recommendations are included in the recommendation paper which accompanies the Decision Making Business Case (DMBC). This paper outlines the decisions that need to be taken by the JCPCT about the future shape of services in NW London. The programme has followed a robust process to develop a shared vision of care, evaluate different options, consult the public and stakeholders, develop and analyse recommendations, create a benefits framework and plan implementation.

The DMBC has been reviewed by the Programme Board, Clinical Board, Finance and Business Planning Group and other committees and groups established by the JCPCT to provide it with advice and recommendations. The JCPCT's decisions will be enacted through Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board contracts and agreements over the medium term.

A full copy of the DMBC can be found at www.northwestlondon.nhs.uk/shapingahealthierfuture.

The recommendations included in the DMBC are as follows:

- 1. To agree and adopt the North West London acute and out of hospital standards, the North West London service models and clinical specialty interdependencies for major, local, elective and specialist hospitals as described in Chapter 7 of the Decision Making Business Case (DMBC).*
- 2. To agree and adopt the model of acute care based on 5 major hospitals delivering the London hospital standards and the range of services described in Chapters 7 and 9 of the DMBC should be implemented in North West London.*
- 3. To agree that the five major hospitals should be as set out in Chapter 10 of the DMBC: Northwick Park Hospital, Hillingdon Hospital, West Middlesex Hospital, Chelsea and Westminster Hospital and St Mary's Hospital.*
- 4. To agree that Central Middlesex Hospital should be developed in line with the local and elective hospital models of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
- 5. To agree that Hammersmith Hospital should be developed in line with the local and specialist hospital models of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*

6. *To agree that Ealing Hospital be developed in line with the local hospital model of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
7. *To agree that Charing Cross Hospital be developed in line with the local hospital model of care including an Urgent Care Centre operating 24 hours a day, 7 days a week as detailed in Chapters 7,9 and 10 of the DMBC.*
8. *To agree that the Hyper Acute Stroke Unit (HASU) currently provided at Charing Cross Hospital be moved to St Mary's Hospital as part of the implementation of resolutions 1, 2 and 3 above and as described in Chapter 6 of the DMBC.*
9. *To agree that the Western Eye Hospital be moved from its current site at 153 – 173 Marylebone Road to St Mary's Hospital as set out in Chapter 10 of the DMBC.*
10. *To recommend that implementation of resolutions 1 to 7 should be coordinated with the implementation of the CCG out of hospital strategies as set out in Chapters 8 and 17 of the DMBC.*
11. *To recommend to the NHS Commissioning Board and North West London CCGs that they adopt the implementation plan and governance model in Chapter 17 of the DMBC.*
12. *The JCPCT commends the further proposals that Ealing CCG has developed for the Ealing Hospital in response to feedback from consultation. The JCPCT recommends that Ealing CCG and all other relevant commissioners should work with local stakeholders, including Ealing Council and Healthwatch, to develop an Outline Business Case (OBC) for an enhanced range of services on the Ealing Hospital site consistent with decisions made by this JCPCT. This OBC is to be approved by the SaHF Implementation Board before final submission.*
13. *The JCPCT commends the further proposals that Hammersmith and Fulham CCG has developed for the Charing Cross Hospital in response to feedback from consultation. The JCPCT recommends that Hammersmith and Fulham CCG and all other relevant commissioners should work with local stakeholders, including Hammersmith and Fulham Council and Healthwatch, to develop an Outline Business Case (OBC) for an enhanced range of services on the Charing Cross Hospital site consistent with decisions made by this JCPCT. This OBC is to be approved by the SaHF Implementation Board before final submission.*

2. The 'Shaping a healthier future' programme

The 'Shaping a healthier future' programme was launched in January 2012 with the publication of the Case for Change. It was taken forward by eight clinical commissioning groups (CCGs), made up of GPs representing NW London's eight primary care trusts (PCTs).

They have worked with hospital doctors, nurse leaders, providers of community care such as mental health services, social services, patient and volunteer groups and charities to develop the proposals for change. These proposals and their vision for the future of healthcare in NWL are set out in the [Consultation document](#) and all of the evidence and work that has gone into developing these proposals is set out in the pre-consultation business case.

The programme has four medical directors:

North West London

Chief Executive: Anne Rainsberry

Chair: Jeff Zitron

- Dr Mark Spencer, medical director of NHS NW London and a GP in Ealing
- Dr Susan La Brooy, former medical director of Hillingdon Hospital and a consultant physician in acute medicine and care of the elderly
- Dr Mike Anderson, medical director of Chelsea and Westminster Hospital and a consultant gastroenterologist
- Dr Tim Spicer, chair of Hammersmith and Fulham Clinical Commissioning Group and a GP in Hammersmith

3. NHS North West London

The North West London (NWL) Cluster was formally established on 1 April 2011 and is the largest commissioning cluster in London, with an annual health budget of £3.4bn and serving a population of around 1.9 million.

It operates across eight boroughs: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster. There are eight Clinical Commissioning Groups (CCGs) with local GP leadership operating in shadow form across all eight boroughs.

For the purposes of the *Shaping a healthier future* consultation, three neighbouring boroughs – Camden, Richmond and Wandsworth – were included in many of the activities and associated communications since health services there are also likely to be affected by the proposals.

4. The Joint Committee of Primary Care Trusts (JCPCT)

The programme is overseen by the JCPCT, made up of voting representatives from the eight PCTs in North West London (NHS Brent, NHS Ealing, NHS Hammersmith and Fulham, NHS Harrow, NHS Hillingdon, NHS Hounslow, NHS Kensington and Chelsea and NHS Westminster). It also includes voting representatives from the three neighbouring PCTs affected by the proposals (NHS Camden, NHS Richmond, and NHS Wandsworth). The Chair is Jeff Zitron who is also chair of the NHS North West London Cluster Board.