

Major decision made on the future of healthcare in NW London

On 19 February, the Joint Committee of Primary Care Trusts (JCPCT) agreed with all the recommendations put forward by the 'Shaping a healthier future' programme following public consultation.

This will mean:

- Investing over £190m in out-of-hospital care to improve healthcare facilities and services in the community including care provided by GPs.
- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre (UCC) will be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary's; and West Middlesex.
- Both Ealing and Charing Cross Hospitals will have local hospital services which include outpatient services, diagnostics and a 24/7 Urgent Care Centre. But the JCPCT also recommended that further proposals for these two hospitals are developed in future by the relevant Clinical Commissioning Groups (CCGs).
- Central Middlesex Hospital will be a local and elective hospital – which includes a 24/7 Urgent Care Centre.
- Hammersmith Hospital will be developed as a local and specialist hospital and will include a 24/7 Urgent Care Centre.
- Investing in new, 21st Century hospital facilities, especially at St Mary's, Northwick Park, Hillingdon, Ealing and Charing Cross.

The 'Shaping a healthier future' proposals will now take 3-5 years to implement, ensuring that improvements in out-of-hospital care are in place before changes to hospital services that rely on good out-of-hospital services are implemented.

The full press release, which includes the 13 recommendations, can be found on our website:

www.healthiernorthwestLondon.nhs.uk/news

Decision Making Business Case (DMBC)

The DMBC is the document containing all the evidence and recommendations from the programme to enable to JCPCT to make their decision. It sets out the reasons behind 'Shaping a healthier future', the consultation process, what we heard during consultation and describes the decision making process including clinical and financial modeling.

The executive summary, as well as the full 7 volumes of the DMBC, is available on our website:

www.healthiernorthwestLondon.nhs.uk/document-downloads

What this means for each hospital



Central Middlesex – an elective and local hospital with a UCC, outpatient services and tests, non-complex planned surgery and medicine with associated high dependency beds. Brent CCG is considering whether additional services could be provided on the same site. These could include primary care services, community therapies, community diagnostics, neurological rehabilitation beds and specialist renal services.

Charing Cross – a local hospital with a UCC and outpatient services and tests, providing mental health services (inpatient and outpatient), and undergraduate and postgraduate training for local hospital services. Hammersmith & Fulham CCG is considering whether Charing Cross could be developed into a specialist health & social care hospital. This would provide primary care services, community therapies and beds, sexual health clinics and specialist renal and ambulatory cancer care (see below for more information on additional proposals).

Chelsea & Westminster – a major and local hospital with a 24/7 A&E and associated emergency surgery, complex medicine and surgery and intensive care beds. It would have specialist inpatient children's services and consultant-led and midwife-led maternity units. It would also have a 24/7 UCC and provide outpatient services and tests.

Ealing – a local hospital with a 24/7 UCC and outpatient services and tests. West London Mental Health Trust would continue to provide mental health services from this campus. Ealing CCG is considering whether additional services could be provided on the same site. These could provide primary care services, community therapies and beds, sexual health clinics, mental health services (inpatient) and specialist renal and chemotherapy services (see below for more information on additional proposals).

Hammersmith – a specialist and local hospital with a consultant-led maternity unit with specialist cardiothoracic, colorectal, urology, transplantation, gynecology and cancer services. It would have a UCC, outpatient services and tests.

Hillingdon – a major and local hospital with a 24/7 A&E and associated emergency surgery, complex medicine and surgery and intensive care beds. It would have inpatient children's services and consultant-led and midwife-led maternity units. It would also have a UCC, outpatient services and tests.

Northwick Park – a major and local hospital with a 24/7 A&E and associated emergency surgery, complex medicine and surgery and intensive care beds. It would have inpatient children's services and consultant-led and midwife-led maternity units. It would also have a UCC, outpatient services and tests. It would continue to have a hyper acute stroke unit.

St Mary's – a major and local hospital, a hyper acute stroke unit (moved from Charing Cross Hospital) and a specialist ophthalmology hospital (moving the Western Eye Hospital) with a 24/7 A&E and associated emergency surgery. It would also deliver complex medicine and surgery and have intensive care beds. It would have inpatient children's services and consultant-led and midwife-led maternity units. It would also have a UCC, outpatient services and tests, and continue to be the major trauma centre for NW London.

West Middlesex – a major and local hospital with a 24/7 A&E and associated emergency surgery. It would also deliver complex medicine and surgery and have intensive care beds. It would have inpatient children's services and consultant-led and midwife-led maternity units, as well as a UCC, outpatient services and tests.

Charing Cross & Ealing

During consultation, we heard from a wide range of people. We listened to the concerns and began to develop proposals for Ealing and Charing Cross hospitals. These proposals seek to:

- bring together some services that are dispersed across the boroughs in poor quality facilities; and
- retain other services where it is clinically reasonable and cost effective to do so – especially services for people who need regular treatment or who are often weakened by their illness – for instance people with cancer or needing renal dialysis.

The JCPCT agreed that an Outline Business Case and then a Full Business Case should be developed on these alternative proposals. It will take around six months to create the Outline Business Case.

Additional services proposed at Charing Cross

The proposals for Charing Cross already include a 24/7 urgent care centre which would be able to accept non-blue-light ambulances, diagnostics and outpatients. The new plans would involve up to £88m of investment, including:

- Around 50 'step up/step down' beds which would be able to accept overnight stays in urgent (but not critical or life-threatening) situations
- A primary, secondary and social care hub for the local population, particularly for elderly patients and those with long-term conditions
- A diagnostics service, comprising X-ray, Ultrasound, CT and MRI scanning, endoscopy and ECG
- An ambulatory cancer care centre, including delivery of radiotherapy and chemotherapy and the continued presence of Maggie's Cancer Care Centre
- A kidney dialysis centre
- Imperial College teaching facilities

Additional services proposed at Ealing:

The proposals for Ealing already include a 24/7 urgent care centre which would be able to provide outpatient appointments, accept non-blue-light ambulances and perform a variety of tests. In fact most people currently attending the hospital would continue to go there. The new plans would involve up to £83m of investment, including:

- Around 50 'step up/step down' beds (through the potential relocation of Clayponds, which would require further consultation) which would be able to accept overnight stays in urgent (but not critical or life-threatening) situations
- A primary, secondary and social care hub for the local population, particularly for elderly patients and those with long-term conditions
- An enhanced diagnostics (tests) service, comprising X-ray, Ultrasound, CT and MRI scanning, endoscopy and ECG
- A day assessment centre
- Pregnancy assessment centre
- Specialist palliative care at Meadow House
- Ambulatory chemotherapy
- Kidney dialysis

What this means for each area

These proposals are not just about changes to A&Es, they also aim to improve the care that residents receive outside of hospitals. The £190m we aim to invest in out-of-hospital care will go to improving GP access and local health centres or 'hub's (which will provide a greater range of services that they do now) and providing treatment in patients' homes.



Brent CCG:

- Develop three hubs: Central Middlesex Hospital and existing sites at Wembley Centre for Health and Care and Willesden Centre for Health and Care
- At the end of the five-year programme, Brent CCG's budget for out-of-hospital services will be £30m higher than it is currently
- £10–30m of capital investment in estate, including £9m for the local hospital Central Middlesex Hospital, £1–4m in hubs/health centres (including Central Middlesex Hospital), and up to £17m in primary care

Central London CCG:

- Investing in three hubs/health centres in the north, centre and south of the borough supported by two GP centres
- At the end of the five-year programme, Central London CCG's budget for out-of-hospital services will be £16m higher than it is currently
- £1–19m of capital investment in its estate, including £1–17m in hubs/health centres and up to £2m in primary care

Ealing CCG:

- Establishing five hubs/health centres supported by services at Ealing Hospital to support network operations and provide better access to care for Ealing residents
- At the end of the five-year programme, Ealing CCG's budget for out-of-hospital services will be £31m higher than it is currently
- £20–67m of capital investment in its estate, including £19m for local hospital services at Ealing Hospital, £1–32m in hubs/health centres (including hub services at Ealing Hospital in the higher estimate), and up to £16m in primary care

Hammersmith and Fulham CCG:

- Developing three sites to support five networks of care in the north, centre and south of the borough including the use of Charing Cross Hospital as a hub/health centre offering primary care, therapies and further diagnostic services
- In addition, two further satellite sites will provide co-ordinating functions to ensure coverage of all five networks
- Over the five-year life of the programme, Hammersmith and Fulham CCG plans to increase the funding of out-of-hospital services by £17m a year
- £17–41m of capital investment in its estate, including £15m local hospital services at Charing Cross Hospital, £1–25m in hubs/health centres (including Charing Cross Hospital), and up to £1m in primary care

Harrow CCG:

- Developing at least three hubs/health centres and six care networks (which will provide a more comprehensive service, sharing expertise, staff and facilities)
- At the end of the five-year Programme, Harrow CCG's budget for out-of-hospital services will be £30m higher than it is currently
- £1–21m of capital investment in its estate, including £1–11m in hubs/health centres and up to £10m in primary care

Hillingdon CCG:

- Developing three hubs: to the north, potentially either at Mount Vernon Hospital or Northwood and Pinner Hospital, a central hub, potentially either at a new build at RAF Uxbridge or Hillingdon Hospital, and a southern hub at the HESA Health Centre
- At the end of the five-year programme, Hillingdon CCG's budget for out-of-hospital services will be £28m higher than it is currently
- £2–22m of capital investment in its estate, including £2–11m in hubs/health centres and up to £11m in primary care

Hounslow CCG:

- Implementing a modern primary care model by maximising clinical space in existing sites and relocating GP practices with estates challenges
 - To this end, the CCG plans to maximise the use of its largest site, the Heart of Hounslow, by providing services such as integrated adult and social care, sexual health and an additional GP practice from the site. The CCG is also drafting plans to co-locate GPs to modern primary care estates
 - Proposes the rebuilding of Heston and co-locating two additional practices into the site, developing a 'Bedfont' solution for two practices (at a site to be agreed), and co-locating three practices each into Meadows and West Middlesex University Hospital
- At the end of the five-year programme, Hounslow CCG's budget for out-of-hospital services will be £23m higher than it is currently
- £2–12m of capital investment in its estate, including £1–11m in hubs/health centres and up to £1m in primary care

West London CCG:

- Developing two sites: a hub/health centre at St. Charles to serve the north of the Borough and a hub/health centre spanning two sites in Earl's Court to serve the needs of the south
- The CCG is also looking at developing its provider networks as a way for practices to work together
- At the end of the five-year programme, West London CCG's budget for out-of-hospital services will be £15m higher than it is currently
- £1–19m of capital investment in its estate, including £1–2m in hubs/health centres and up to £17m in primary care

Chapter 8 and appendix J in the DMBC set out each CCG's plans in more detail.

Get in touch

If you have any questions then please get in touch

We look forward to hearing from you

Call **0800 881 5209**

Email consultation@nw.london.nhs.uk

Write to **FREEPOST SHAPING A HEALTHIER FUTURE CONSULTATION** (This must be written in capital letters and on one line. You will not need a stamp.)

