

ESSC 9 July 2019

Hillingdon CCG Update

Commissioning Reform – Case for Change

Following the publication of the NHS Long Term Plan the eight clinical commissioning groups which cover NW London are considering a proposal to formally merge into one single organisation. The North West London Collaboration of CCGs has published a case for change, setting out why we believe working as one organisation will mean greater efficiency and more resources being freed up for patient care.

Following publication of the case for change, the next step is for us to carefully consider the views of staff, GP members, patients, local authorities and other stakeholders before progressing further. The CCGs will be discussing the proposed move to a single organisation at governing body meetings in public over the coming months. There is a process through which people can submit and ask questions. There will also be a series of rigorous discussions with GP members, local authorities, provider trusts, Healthwatch and other patient groups.

Retaining local accountability will be a key criterion for any future operating model. We will always be strongly committed to meaningful engagement with Healthwatch and local patient groups, and to working locally with Health and Wellbeing Boards and Overview and Scrutiny Committees. GPs will continue to play a key role in shaping and commissioning services for their local populations. And we will continue to work more closely with provider trusts as we move towards an integrated care system across North West London and local integrated care partnerships.

The timescale for change set out by NHS England is that there should be single CCGs aligned to regional Integrated Care Systems no later than April 2021. Following the feedback provided to the case for change the eight CCGs will consider whether this timescale might be brought forward to April 2020.

In parallel, work on the development of Integrated Care Partnerships (ICPs) is continuing across the patch. This is with a view to ensuring that local relationships and accountabilities can be embedded within the governance and structures set up to take forward delivery of ICPs.

Primary Care Networks in Hillingdon

General practices in Hillingdon have been working together with the support of the CCG and the Primary Care Confederation to develop primary care networks covering populations of 30,000 – 50,000.

The networks enhance the work already started in Hillingdon to establish ‘neighbourhoods’ of community and primary care services wrapped around local populations as well as implementing the requirements of the new national primary care contract (Direct Enhanced Service or DES).

The DES will fund primary care networks to build a multi-disciplinary workforce including link workers that will undertake social prescribing and first contact practitioners to provide interventions and advice for patients with musculo-skeletal conditions. Both these roles align with the models of care in development as part of our integrated care partnership working.

National guidance states that each primary care network must have a boundary that makes sense to:

- (a) its constituent practices;
- (b) other community-based providers, who configure their teams accordingly;
- (c) its local community. The agreement of any PCN arrangement should therefore be in partnership with relevant community and mental health NHS providers in that area, considering the MDT approaches

Networks were requested to submit a completed registration form to their CCG by 15th May with the new network contract going live from July 1st. In Hillingdon 9 applications were received with 6 confirmed as fulfilling the national requirements. The CCG is working closely with the three networks that are as yet not compliant with requirements due to the population size covered.

Two practices in Hillingdon have chosen not to align with a network. National guidance states that should a practice choose not to participate in the DES, provisions must be made for their patients to access the relevant services via local practices. We are therefore working with the practices concerned to ensure their patients are able to benefit from the range of services that will be on offer.

Update on Mount Vernon Cancer Services Review

The Cancer Centre treatment service at the Mount Vernon Hospital is a standalone cancer centre that primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

NHS England are undertaking a strategic review of the cancer services provided at Mount Vernon Cancer Centre (MVCC) that is run by East and North Hertfordshire NHS Trust (ENHT) that commenced in May 2019. The review will also involve East of England and the London Cancer Alliances. It will involve peer reviews of the services, and engagement with, and the involvement of patients, clinicians, non-clinical staff and key stakeholders. It will also include a piece of work to examine the long-term health needs for the population that it serves and a separate exercise to examine radiotherapy demand and capacity.

The review is a result of concerns that have been raised regarding the difficulties in recruiting and retaining some of the cancer workforce and also the poor standard of the estates that will require significant capital investment to support long-term sustainability.

NHSE have advised that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. Also, that there are no set ideas of the outcome of the review. HCCG has responded and advised that as a number of Hillingdon patients receive cancer and cancer-related palliative care treatment at MVCC and that there is a need for engagement to encompass not only cancer but also End of Life (EoL). Cancer clinical and non-clinical leads across NWL, THH and the CCG will be involved in the review and consultation.

NHSE have established a Programme Board, a Clinical Advisory Group (CAG) and a Communications and Engagement Oversight Group (CEOG). The CEOG meets fortnightly and are developing a Communications and Engagement Strategy to be approved by the Board in May 2019. The CAG will review the list of viable clinical model options based on feedback from the engagement process that will be presented at the Programme Board in early July 2019. The financial implications for each of the options will be developed thereafter.

Lower Back Pain Report Recommendations

Following the publication of the report written and published by HealthWatch Hillingdon regarding the changes to policy on treatment for Lower Back Pain the CCG and Hillingdon Hospital have worked together to address the issues and recommendations raised in the document. It is clear that a number of patients did not have the experience they should expect.

In joint working with The Hillingdon Hospitals NHS Foundation Trust, the CCG has reviewed the events leading up to, during and after the implementation of the North West London policy change. As a result we have developed a joint governance and implementation process with The Hillingdon Hospitals Trust. This will ensure more clear and consistent communications to patients and clinicians as well as confirming roles and responsibilities for delivering service transformation.

We will further strengthen the Public, Patient, Involvement and Equality Committee in overseeing the engagement and equalities impact in the Borough. This will support transparency and accountability for our patients.

In addition we very much welcome the offer from HealthWatch to include their details in future correspondence to patients regarding service changes.

We would like to thank HealthWatch Hillingdon for undertaking this valuable work both in regards to the report and the clear recommendations as well as for the support provided to patients during the process.

End of Life Services

Following written confirmation of commissioning intentions to East and North Hertfordshire Trust (ENHT) in February 2019, and completion of an OJEU compliant process, Hillingdon CCG has awarded a contract to Harlington Hospice for provision of:

- Inpatient hospice care
- Day centre-based palliative care
- A 24/7 consultant-led telephone support service

Despite Hillingdon CCG providing ENHT with the requested confirmations of the scope of the hospice services commissioned and the process undertaken we have been unable to progress mobilisation of the services as planned due to constraints on estate and workforce.

A number of meetings have been cancelled by ENHT and despite written requests for confirmation of their intentions regarding the Michael Sobell House inpatient unit (which has been vacant since the withdrawal of services from the site in June 2018) no response has been forthcoming.

The Trust has stated it requires confirmation of commissioning intentions from all commissioners prior to progression with any transition arrangements. A deadline of 5th July 2019 has been set by East and North Hertfordshire CCG (ENHCCG) for all commissioners to provide written confirmation of their intentions for the service with a meeting arranged for 11th July to agree next steps with the Trust.

Hillingdon CCG has escalated and continues to escalate concerns regarding the lack of engagement and pace of implementation of the commissioning changes to both ENHT and ENHCCG.