

## PROVISION OF HEALTH SERVICES IN THE BOROUGH

### Officer Contact

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### Papers with report

Appendices A and B

### REASON FOR ITEM

To enable the Committee to review the work being undertaken with regard to the provision of health services within the Borough.

### OPTIONS AVAILABLE TO THE COMMITTEE

- Question the witnesses using the suggested questions/key lines of enquiry
- Ask additional questions as required
- Make recommendations to address issues arising from discussions at the meeting

### INFORMATION

#### Background

#### Commissioning Support for London

Members will receive a presentation from Commissioning Support for London on cardiovascular and cancer services. "In the UK, nearly six million adults are living with the devastating and disabling effects of cardiovascular disease (which includes heart disease and stroke) and over 40,000 people die from premature cardiovascular disease each year. Cardiovascular disease is a largely preventable condition and it can be effectively tackled by making simple changes to diet, smoking status and physical activity."

Commissioning Support for London (CSL) was launched in April 2009. Its role is to support London's commissioners – those responsible for planning, developing, monitoring and reviewing health and social care services – to deliver a more efficient healthcare service, sharing best practice and reducing duplication.

The proposed models of care for future cancer and cardiovascular service provision in London have been published. At the request of London's health commissioners and the London Strategic Health Authority (SHA), Commissioning Support for London has worked with clinicians and patients to develop a case for change and proposed model of care for cardiovascular and cancer services in London.

Cardiovascular and cancer illnesses in London tend to have markedly poorer outcomes than they should when compared to results elsewhere in the UK and Europe.

NICE (National Institute for Clinical Excellence) and CfPS (Centre for Public Scrutiny) have published a '10 questions' guide to help OSCs, local authorities and other responsible leads to review and monitor practice within their region (attached as Appendix A). The guide is based on the evidence based recommendations from NICE about preventing cardiovascular disease at population level published in June 2010. The NICE guidance is aimed at commissioners, procurement leads, managers and practitioners working in local authorities and the NHS and the wider public, private, voluntary and community sectors. The guidance recommends making small changes across the whole population, because these will translate into very big improvements in health overall.

### **“Liberating the NHS” White Paper on NHS reform**

The Health White Paper has serious implications for the future delivery of health services to our residents. Representatives from Royal Brompton & Harefield NHS Foundation Trust, Central & North West London NHS Foundation Trust, The Hillingdon Hospital NHS Trust, Hillingdon PCT, Local Medical Council (LMC - GPs), Ambulance Service and Care Quality Commission (CQC) have been invited to attend the meeting.

A Cabinet Member Decision (attached as Appendix B) was published on 6 October 2010 which set out the Council's response to the Government's "Liberating the NHS" White Paper on NHS reform. The closing date for consultation was 11 October 2010. The Chairman of External Services Scrutiny Committee had the opportunity to comment on the report which went to the Cabinet Member for Social Services, Health & Housing for a decision.

The Cabinet Member Decision set out the proposals, considered the implications and included this Council's proposed response to Government on NHS reforms. The proposals will impact on the Council's relationship with the NHS and offers the opportunities for effective partnership and to improve services for residents.

The Government is planning to create an independent National Commissioning Board for the NHS. The Board will allocate £80bn in funds to local GP consortia for them to use to commission local health services. Local authorities will take on responsibility for health improvement, currently held by Primary Care Trusts (PCTs). As a result of these changes, the Government expect PCTs to cease to exist from 2013 in light of the successful establishment of GP consortia. It is also planned that Strategic Health Authorities (SHAs) will no longer exist from 2012/13. In the meantime, PCTs and SHAs will have important roles to play in supporting the NHS through a period of change.

Guidance recommends that a GP consortium should have no fewer than 100,000 patients. Consortia will need to have been created in shadow form by 1 April 2011. The Care Quality Commission will be the quality regulator and HealthWatch will be linked to CQC.

### **Hillingdon PCT**

Hillingdon PCT has made good progress in achieving national priorities and meeting its current commitments, receiving a rating of 'fair' for quality of service from the Care Quality Commission. It improved its rating for core standards from 'almost met' to 'fully met' and its rating for national priorities rose from 'weak' to 'fair'. Hillingdon PCT is expecting its rating will improve to 'good' through achieving the majority of national priorities when the results of the CQC are published this month.

During 2009/10 the following key targets were achieved:

- Four hour maximum wait for accident and emergency
- Maximum wait of 18 weeks (referral to treatment)
- Health Care Acquired Infection (HCAI) targets for C-diff and MRSA
- All mental health targets including crisis resolution and early intervention
- Immunisations and vaccinations
- Chlamydia screening
- Dental access

## **Hillingdon Hospital NHS Trust**

The Patient Environment Action Teams (PEAT) results for 2010 were released in July 2010 and The Hillingdon Hospital NHS Trust scored two 'excellent' ratings and one 'good' rating for both Hillingdon and Mount Vernon Hospitals.

PEAT is an annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

Both hospitals scored two 'excellent' ratings for food and privacy and dignity, and one 'good' score for environment. This year's result was an improvement on the results from 2009, where most of the Trust's six results (three for each hospital) were 'good' for both hospitals, except one 'excellent' rating for food at The Hillingdon Hospital.

The assessment team comprised of representatives from Estates/Facilities, Nursing/Matron, Infection Control, Catering and Domestic Services Provider, and patient and public representatives. The areas assessed included outpatient clinics, wards, A&E Minor Injuries, public and external areas. The assessors audited the above facilities from the patient perspective against the following specific elements:

- Cleanliness
- Toilet/bathroom
- Infection control
- Environment
- Access
- Food service
- Privacy and dignity
- Trust policy information
- Food policy information

The Trust has published its Annual Report for 2009/10. It expected to meet eight of the nine Care Quality Commission existing commitments such as: ensuring that 98% of patients attending A&E spend a maximum of four hours from arrival to admission, transfer or discharge; reducing delayed transfers of care (i.e. ensuring that mechanisms are in place to enable patients to be discharged when they are ready to do so); and ensuring a maximum two week wait for Rapid Access Chest Pain clinics.

The Trust has also performed strongly against the Care Quality Commission national priorities, including reducing the number of Clostridium difficile (C-difficile) infections and MRSA bacteraemia, ensuring that patients are seen and treated within 18 weeks, and meeting all waiting time targets for cancer services. Whilst the Trust has dramatically improved the

percentage of Stroke patients who spend at least 90% of their time in hospital on a specialised stroke unit from 60% last year to 91% at the end of 2009/10, the average for 2009/10 was 72%.

A key priority for the Trust has been to continue to drive improvements in the quality of our services. This year the Trust has, for the first time, produced Quality Accounts which give more information on its improvements in clinical quality and safety at the Trust.

### **Central & North West London NHS Foundation Trust – Mental Health**

The country's first NHS Wellbeing Centre opened in the Boots store, at the Chimes Shopping Centre, Uxbridge on Monday 28 June 2010. This Centre provides people in Hillingdon with free advice on staying happy, healthy and well.

This is the first time an NHS centre has offered a range of services specifically aimed at promoting mental wellbeing from one site. As well as NHS staff, representatives from local support groups such as Hillingdon Mind, Alcohol Concern, Employment Link and Relate, are available to provide advice and information to improve quality of life.

The Centre was set up by Central and North West London NHS Foundation Trust (CNWL) in partnership with NHS Hillingdon and Hillingdon Council. A review of community mental health services in the Borough had identified the need for an easy access, informal advice centre in a central Hillingdon location.

CNWL, in its annual report, identified three priorities to improve its service:

- Access to services when in a crisis
- Respect and involvement
- Physical healthcare

These priorities emerged from what service users and carers told them, as well analysing complaints and incidents. These priorities were then tested with PCTs, LINKs, service users, carers and members to seek the importance of them for improvement.

### **Royal Brompton & Harefield NHS Foundation Trust**

Royal Brompton & Harefield NHS Foundation Trust is registered by the Care Quality Commission for the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The Trust is compliant with 15 of the 16 Essential Standards of Quality and Safety and has been registered with the Care Quality Commission without conditions. The Trust's focus on a continuous cycle of improvement resulted in a rating of excellent for the quality of the services from the Care Quality Commission.

The Trust has identified three priority areas for improvement during 2010/11 for the purposes for their Quality Account:

- Patient Experience – making the discharge process easier for patients
- Clinical effectiveness – providing more training for staff in safeguarding children

- Patient Safety – ensuring the incidence of surgical site infection is reduced

## **Witnesses**

The following stakeholders have been invited to attend the meeting:

- Professor Yi-Mien Koh: Chief Executive, Hillingdon Primary Care Trust (PCT)
- Sue Nunney: Director of Corporate Affairs (PCT)
- John Vaughan: Director of Strategic Planning and Partnership, Central & North West London NHS Foundation Trust
- Jacqueline Totterdell: Director of Operations, Hillingdon Hospital
- Dr Tony Grewal: Medical Director of Londonwide (LMC)
- Mark Lambert: Director of Finance and Performance, Royal Brompton & Harefield NHS Foundation Trust
- Richard Connett: Head of Performance, Royal Brompton & Harefield NHS Foundation Trust
- Adam Crosby: Hillingdon Ambulance Operations Manager, London Ambulance Service
- Peter McKenna: Assistant Director of Operations, London Ambulance Service
- Amanda Brady: Care Quality Commission (CQC)
- Tom Pharaoh: Senior Project Officer, Cancer Project, Commissioning Support for London
- Paul Harris: Project Administrator, Acute and Specialist Care, Commissioning Support for London

## **SUGGESTED SCRUTINY ACTIVITY**

Members to question representatives from Commissioning Support for London, the PCT, The Hillingdon Hospital NHS Trust, Local Medical Committee (LMC), London Ambulance Service, Care Quality Commission (CQC), Central & North West London NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust on the health services provided within the Borough and decide whether to take any further action.

## **BACKGROUND REPORTS**

Department of Health, “Liberating the NHS” White Paper: [www.dh.gov.uk](http://www.dh.gov.uk)  
[www.cqc.org.uk](http://www.cqc.org.uk)

## **SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY**

- How will Commissioning Support for London use the NICE and CfPS guide to assist to review and monitor practice? Following the consultation period, what steps will be taken by Commissioning Support for London?
- What impact has the walk-in medical centre in Hayes had on the urgent care centre? When will the service provided by the walk-in centre be reviewed? Are there plans to introduce similar centres elsewhere in the Borough?
- How will the training and support needs of GPs be met in relation to the proposals in the White Paper for them to commission health services?
- What additional pressure will be put on GP's under the new proposals? What progress has been made with regard to the creation of GP Consortia for the Borough?
- What additional pressure will be put on other organisations under the new proposals?
- What impact will the changes of the Government White Paper have on the delivery of services to Borough residents?
- What procedures have been put in place to ensure that Centre & North West London NHS Foundation Trust retains its CQC financial management rating of 'excellent' in the next assessment?
- How successful has the NHS Wellbeing Centre in Uxbridge been to date? Are proposals afoot to roll this out elsewhere across the Borough?
- The new stroke pathway has now been in place for some months. How has this impacted on the care of stroke patients and on the work of the Ambulance Service and hospitals?
- What is The Hillingdon Hospital NHS Trust doing to ensure that it achieves Foundation Trust status?