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Submission to: Independent Healthcare Commission for North West London

From: Healthwatch Brent (HWB)

Date: 24/02/15

Healthwatch Brent (HWB) Summary of evidence regarding Shaping a Healthier Future (SaHF) and A&E in Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH)

SaHF looked like a well thought through plan – the principle seemed sound regarding balancing needs with costs, concentrating specialist centres in certain hospitals, and the creation or strengthening of community based services. The CCG and SaHF teams came across as thorough and well intentioned.

The sheer amount of papers circulated for SaHF was overwhelming – HWB did not have the capacity to digest much of it at all.

There was much confusion for patients, lay persons, HWB staff and Directors regarding what is part of SaHF, which sub-groups feed into which meeting.

HWB staff and members were constantly confused by the number of changes and who was implementing them – the CCG, NWLHT, NWL Strategy and Transformation Group, NHS England? – and how these related to each other.

In its submission to the Commission, Healthwatch Brent provides snapshots of evidence of this confusion, including meetings attended, emails from members, HWB bulletin reports, and all importantly – concerns expressed by patients. These are table below.

Please also find attached 2 pdf documents relating to surveys of NPH A&E.

Healthwatch Brent welcomes this independent review, and trusts it will provide clarity to many of these complex issues.

Feb. 2015

Table of evidence provided to support Healthwatch Brent Summary	Section / page	Subject
Patient's views of A&E	1a	HWB on-site survey of NPH A&E Dec 2014
	1b	HWB survey of A&E patients Feb 2015
Other relevant patient views gathered by HWB	2	Table of patients' views
Specific issues	3a	NPH
	3b	CMH
	3c	Park Royal Centre for Mental Health and A&E
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Meetings attended by HWB	4a	SaHF
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	4d	Heath and Wellbeing Board
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	4f	Integration of services
	4g	Closure of CMH A&E project board
	4h	Merger programme
	4i	Confusion
Other	5a	NWLHT financial trouble
	5b	CQC reports on NPH and CMH
		More information is available on http://www.healthwatchbrent.co.uk/content/bulletins August 2014 to Feb 2015

1 **Patient's views of A&E**

1a See 'HWB on-site survey - NPH A&E - Dec 2014' pdf

1b See 'HWB Survey of A & E Patients Feb 2015' pdf

2 **Table of patients' views**

Source / subject area	**Nature of view** Where comments were received via enquiries, the person was referred to complaints or signposted to relevant service.
Some issues that came up in talking to **people with learning disabilities**	It took a long time to get home from CMH – had to wait a long time We need specialist services but we need help to get there.
Discharge from hospital	The person who the Cl cares for is being discharged into the community – not sure how this works
Access to services	Client's mother wants to be able to get NHS treatment – not sure how to
Legal advice	I have advocacy from Voiceability but I need legal representation
Compliments	Cl wanted to know how to praise CMH for her procedure
	Cl wanted to know about the provision of podiatry services in residential homes in Brent.
	Called the Emergency Control Room and had to wait 2 and a half hours before an ambulance came.
	i live in the brent part of cricklewood and have been told by a neighbour that central middx offer special treatment for patients with bronchial problems. this includes exercise therapy, he said. i would love to know more about this unit as i suffer quite a lot from severe breathlessness.

Complaints	
Complaints Hospitals	Cl wishes to make a complaint about NHS treatment she has received
	Cl wishes to complain about mother's death in hospital
	Cl wishes to complain about way CMH treated family
	Cl wanted help to register a complaint against his GP and hospital
	Complaint about a procedure at Central Middlesex Hospital
	Cl is unhappy with the response he got from Northwick Park Hospital
	Request for females to be present whilst under general anaesthetic was ignored
	Waiting a long time for results about my eyes (CMH?) Cl wanted to lodge a complaint against NHS for negligence.
	I need help on how to make a complaint with one of the NHS service in Brent Please let me know if you will be able to help me
	Cl wished to complain about hospital treatment she received at NWPH in the Oral and Maxillofacial Dept
	The Cl is suffering from a disability which has happened as the result of a mistake during surgery at Royal National Orthopaedic Hospital, Stanmore
	Cl has a problem with Northwick Park Hospital. He has already written to the Chief Executive to complain and is not satisfied with the reply.
	The Cl wanted to know what is available for her son who is an adult having mental health problems.
	Called out of hours crisis team (NHS) about anxiety. (A tenant in my house - NB supported Living – was flipping out) The person didn’t have a clue and said: ‘Can’t giver confidential

	information to help that person’
	Not getting the service my son needs from Brent Community Recovery Team at Brondesbury Road.
Mental Health services in hospitals	When someone is admitted to hospital with a physical and a mental health issue, the physical condition is treated first. Staffs seem to lose respect for mental health issue. It can be over an hour before anyone attends to the mental health issues Lack of understanding of people with autism and staffs generally do not deal with the cases effectively. The service is too rigid. Lack of respect for confidentiality at A&E, Northwick Park Hospital. Better training of all staff, because so much more is expected of them Staff need not be so defensive. They need to admit when it is not their specialty and to get the appropriate person involved. There needs to be a named person allocated to the person in hospital, who is the person responsible, and who can be consulted with for information. Staffs need to listen to support workers to get the background of the person admitted.
Community Services Wembley Centre for Health and Care	
Diabetic services	Very satisfied with diabetic nurse service at Wembley Centre for Health and Care The diabetic nurse is not punctual, I had to wait at least half an hour.
Breast screening unit	Very satisified with service. Pleased to receive an automatic reminder as unlikely to remember to book an the appointment every 2 yrs as there is cancer in the family Very good service

Health visiting service	Received very good support and takes care of baby Very satisfied with the service
Blood tests at Wembley Centre for health and Care	Very happy with the service. Very satisfied with pharmacy delivery of medication.
Dermatologist	Need to answer phone, only voice mail. Need to make 2 appointments. Don't get hold of them"

Hospital Podiatry	Complaint	"No receptionist was at the desk to welcome and acknowledge that I had arrived. On the desk was a notice to take a seat and wait to be seen. When I try to phone in there is no one to answer the phone. There should be a friendly face at the desk to greet patients and to take messages".
Physiotherapy	Complaint	Physiotherapy for baby. "I felt the service could have been more friendly. The physiotherapist did not read the notes beforehand. I had to explain everything. It would have been better if the physio had prepared to deal with my baby who has many health problems. I felt that i was given the run around from Brompton hospital to here."
Podiatry	Complaint	"Long time waiting for a appointment"
Medical Centre Physiotherapy	Complaint	Appointment time "Waiting time is too long. I was in a lot of pain and was given 10 days to wait. I asked for a cancellation to fir me in. Fortunately I waited 3 days." "We protested against the closure of the Medical Centre on Willesden Hg Rd. Things have settled down for now".
Hospital	Comment	"Stop closing the A&E at Central Middlesex"
Maternity services	Comment	Scan for pregnancy. "Not happy with male Dr. He pressed me too hard. I felt that he was confused. He did not explain things clearly".

Hospital	Complaint	"Waiting time, need to wait for 1 hour"
Hospital	Comment	"Would have liked someone to say how long we had to wait, was seen after 30 minutes."
Accident and emergency care	Complaint	"Waiting tine at hospital is too long. To see the doctor had to wait 45 minutes."
Children & young people's health services	Comment	"Better understanding about autism in children. Staff should have special training or see him first. Waiting is frustrating for the child."
Maternity services	Compliment	"Quite satisfied about services"
Hospital	Compliment	"I wish the A&E would stay open"
Hospital	Compliment	"Very satisfied with the staff and service"
Maternity services	Compliment	"Not had to wait long for emergency with a child. Nice doctor"
Hospital	Compliment	"Good. Pleased with service"
Hospital	Compliment	"Was good. Friendly Doctor, made me feel at ease." Involving Dr Manning
Hospital	Compliment	"Very good, pleased."
Hospital	Complaint	The Cl had a procedure on 31/8/2010 and because it was done wrong subsequently had to have 4 revisional procedures. The last procedurte was on 31/8/2011. The Cl put her case in the hands of a 'No Win No Fee' solicitor because she was told that she could get more than the £4,000 compensation offered by the surgeon. However, the Cl regards her as incompetent. As an example, the Cl rang her solicitor to find out about progress but was told that she waiting for all the Cl's records. When the Cl rang the GPs they said that they had never even heard from

		the Cl's solicitor. Further they said that they usually respond within 24 hrs. When challenged the Cl's solicitor said that she had other cases to deal with. The Cl's solicitor has now closed the case. The Cl went to the Legal Ombudsman to complain. Unfortunately, the Cl has no confidence in him either. After 2 months he is still waiting for papers from the Cl's former solicitor. He said that it would take up to 3 months. The Cl rang him to check progress because she only has one more month before she has to present her case in court. The Cl asked whether she is eligible for legal aid but checking on www.gov.uk it does not look like her problem qualifies. The nearest is 'clinical negligence (only if your child has been severely injured during birth or in the first 8 weeks of life)'.

Hospital	Complaint	The length of waiting time for appointments to see Dr Levin at Central Middlesex Hospital "The appointment needs to be shorter

Health visiting service	Complaint	Complaint about Chalkhill Community Centre,health visiting service for baby. " Because I was sick I missed my appointment with the health visitor when my baby was 3mths old. I couldn't have an appointment for him until he became 7mths. The appointment should have been quicker because babies need to be seen."
GP Services	Complaint	Complaint about the inefficiency of the referral system between Park Road surgery and the eye department at Central Middlesex hospital. “I've been getting a run around from my GP surgery and CMH. I had my annual eye check and was given new glasses. There was I problem with one eye and the Optician gave me a letter to give to my GP. I needed to have my eyes examined at Central Middlesex hospital. I have been waiting a very long time to get the appointment. When I checked at my GP surgery the receptionist said that the referral letter was faxed to the hospital. I went to CMH but they said that they had not received the referral. The GP receptionist claimed that CMH had lost the referral and they would fax it again . I’m going back to CMH to follow this up. In the meal while I’m feeling something like gravel in my eye and cobwebs in front of my eye. This is very distressing for me”

Hospital	Complaint	Complaint against RNOH, Stanmore Cl's 14 yr old daughter, Fatima, has been disabled from birth. Fatima is in receipt of DLA - care component: highest rate and mobility component: high rate. She is confined to an electric wheelchair. The Cl is in receipt of Carer's allowance for her. In 2009 Fatima was diagnosed as having a dislocated hip but the Cl was not told. In 2010 and 2011 Fatima suffered from pain in the hip. She was given a botox injection to relax a leg muscle. This was deemed sufficient because she is sitting all the time. She was still suffering from pain. In 01/2012 Fatima had a procedure which involved reducing the length of one leg by 4cm. This did not reduce the pain. Fatima has been told that she cannot have a hip replacement operation until she is 18. Until then she has to have steroid injections every 4 months under a general anaesthetic to relieve the pain. The Cl wished to lodge a complaint against the NHS because she discovered that had Fatima had an operation on her hip in 2010 it would have been easier and she would not have had to have her leg reduced by 4cm. Secondly, since she had the procedure in 01/2012 she has developed arthritis. This would not have happened had she had the operation in 2010.
GP Services	Concern	GP taking time to get results back for urine test and blood test. Referred to hospital and had to repeat tests.
Hospital	Concern	Access by public transport from Harlesden to Northwick Park Hospital.

Ambulance or patient transport	Complaint	4 hour wait for an ambulance last Friday 29/8/2014 in Willesden. Blood clot on lung - life threatening.
Mental health	Complaint	IAPT: Good: Counsellors very good Needs to be better: Took ages waiting to be seen. Paperwork a shambles.
Accident and emergency care	Questions	Dear Charles Morris, Thanks for forwarding my earlier question, I have a further question not directly related to mental health. I do not recall having seen any comments from either Brent or Ealing Healthwatch on the merger between Ealing Hospital Trust and the North West London Hospitals NHS Trust. My impression is that the concept behind the NHS and Community Care Act was to break down the old regions and to provide for a more responsive local service. How will this merger improve local services?

Hospital	Questions	Up to now Ealing and Brent Healthwatch organisations have operated as separate entities but given the merger of the Ealing and the Northwick Park Hospital Trusts will this not create a problem in monitoring services across borough boundaries and would not a merger of the Health teams be more effective?
Community health services	Concern	On 17/10/2014 a member of the Reablement Team, Brent Adult Social Services - Assessment Support, Brent Civic Centre came to see the Cl for an assessment.
Children & young people's health services	Compliment	We get to share our opinions and they through. It involves a psychiatrist and a support worker.
Children & young people's health services	Concern	The Cl felt that the meetings were consistent. However, they needed to be more empathetic and with less judgemental therapists. This involves a psychotherapist.

Hospital	Complaint	Re: Central Middlesex Hospital "There are communication problems, mostly with admin staff. They need to be more efficient. I ran up to make an appointment, I gave my name and address and I was told that I had been discharged because the records shows that I had died" "Another time I was kept in A&E for 10hrs, without a diagnosis. I felt dreadful. I later found out that I have an over active thyroid- I don't have any faith in the medical service".

<u>Presentation re elective orthopaedic centre 8/7/14</u>

Questions from patients

Who will people be referred to?

Is it part of CMH?

What is the difference between [the services] now and the future?

Transport – people who are not near to the hospital and/or have no access to public transport, they have to have someone with them. How do you decide who gets transport and who doesn't? What happens if someone needs a carer?

Someone might have to go to St Mary's or NWP. For me that's far away. Many people need local services. It takes a long time. Many buses or trains.

When A&E closes at CMH we'll have to go to NWP. There are no arrangements with bus companies for that.

Would waiting times be improved so you don't have to wait so long for an operation?

With the amount of cuts going on how do I know this is not going to affect the new model?

Some hospitals are dirty, how do I know they don't catch MRSI?

14 out of 16 people want written as well as verbal information

Most people want to see a physio close to home or at the GP's rather than visit hospital

Care co-ordinator is a good idea. Would like to see / speak to the same person each time. They should be qualified (medically) to do the job.

Brent doesn't have enough home help when you come out of hospital to help with cleaning and jobs around the house.

Waiting 6 weeks for aftercare at the moment is too long when you get out of hospital there are 6 or 12 months waiting lists at the moment and operations go wrong

A hospital in Yorkshire got a chef in to improve the food

Everyone want s a surgeon/consultant to see them after the operation – they can tell if something went right or wrong. I want them to be honest.

END

Regarding hospitals

The waiting time for rheumatology appointments at Central Middlesex is too long – there is only one specialist doctor.

Out of hours service difficult to access for learning disability group as less staff present.

Need more time to consider options for treatment as well as risks and benefits. If we have concerns afterwards often told we were told/warned.

A carer from a Bengali background was not given enough information to understand the hospital procedures after her husband was admitted. Consequently she worried about the decisions that were being made and whether they were for convenience or in her husband's best interests. She found if difficult to assert her views.

From HWB bulletin

Issues and concerns

Healthwatch Brent gathers views and concerns about local health and social care issues, so that we can help make them heard.

Issue raised May 2013:

Northwick Park Hospital

- Accident and Emergency - waiting times too long
- Discharge of older patients too slow (‘bed blocking”)
- Delays in getting results from blood samples

The introduction of the new **NHS 111** free number for patients with urgent, but not life-threatening symptoms, designed to replace the NHS Direct advice line and out-of-hours GP call centres has been fraught with difficulties. It is probable that more people are being sent to the already overstretched Accident and Emergency services as a result of the telephone consultations.

Giving information

HWB also gives information to its members and on its website

In April 2013 HWB sent out the following links. We are unclear how this guidance impacts on informs local commissioning

3 **Specific issues**

3a NPH

3b CMH

3c Park Royal Centre for Mental Health and A&E

3d Diabetes

1. **Statutory guidance published on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies**

http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

June 2013

- There has been a decline in the service for people with diabetes, even though the number of people with diabetes is increasing.

Response:

There have been no commissioned changes to the diabetes services in Central Middlesex Hospital.

Further information needed:
Please let Brent Healthwatch know how the service for people with diabetes has declined.

- There is not enough attention given to patient engagement and consultation, including the Patient Participation Groups, the lack of engagement prior to consultations and the public inclusion in the CCG governing body meetings – particularly the need for better access to the paperwork and retaining 30 minutes for the public to ask questions prior to the meeting.

Response:
"NHS Brent is committed to the development of patient and service user groups as a part of improving commissioning, improving delivery, reducing health inequalities and improving self care. We would like to look at ways in which we support the development of these groups but this development must be aligned to our core objective to improve the health and well being of the population of Brent in a way that allows us to maximise the benefits of the investment of time and resources. Would it be possible to find out more about your intentions for this?"

3e Vision strategy

July 2013

Vision Strategy

The CCG are looking to tender out ophthalmology services in near future and there was a discussion about it at the Health scrutiny and overview committee recently.

The Thomas Pocklington Trust is working with Brent Association of the Blind to develop a Vision Strategy for Brent, based on the aims of the UK Vision Strategy.

They would like to invite you to attend an introductory meeting to discuss what they are trying to achieve and how they hope you can become involved. For clarity, Pocklington is not seeking funding or to bid for services as part of this work. Further detail of the work can be found at: www.pocklington-trust.org.uk/Empowerment/vision+strategies.

26 September from 11am to 1pm at the Bridge Park Community Leisure Centre, Harrow Road, NW10 0RG. Lunch will be provided. A full agenda will be provided soon.

The Thomas Pocklington Trust says: "In Brent there are 2,310 people registered blind or partially sighted with potentially 10,000 or more unregistered individuals living with sight loss in the borough. Working with partners in Brent, we want to look at how the needs of these individuals can be best served whilst improving efficiencies (£13.21 million was spent on problems of vision in 2010/11 in Brent). We know that there are good practices within Brent and we want to bring people together to build on this and to identify where further improvements can be made based upon best practice case studies and models from across the country. Naturally this would link to other health and social priorities such as diabetes, obesity, falls prevention, smoking, learning disability, social isolation and depression amongst others."

HWB does not know if this issue was followed through with action and outcomes, but Middlesex Association of the Blind should know.

3f WAVE 2 changes

2. Commissioning high-quality care for people with long-term conditions

This report highlights the findings of an in-depth study of commissioning. Effective commissioning is a core priority of the coalition Government's reforms to the NHS in England. There has been extensive research into the effects of commissioning over the last two decades, but little analysis of what commissioners actually do.

The Nuffield Trust was funded by the [National Institute for Health Research Health Services and Delivery Research (NIHR HS&DR)]() Programme to conduct a two year study of commissioning practice in three high-performing primary care trust (PCT) areas (Calderdale, Somerset and the Wirral).

http://www.nuffieldtrust.org.uk/publications/commissioning-high-quality-care-people-long-term-conditions

Wave 2 Planned Care Stakeholder Engagement Groups for Musculoskeletal (MSK) and Gynaecology services

There are 2 separate stakeholder groups, one for the gynaecology and one for the MSK workstream. HealthwatchBrent asked the CCG who is on these stakeholder group, how were the members decided upon and how will their interest in shaping health services be taken forward if they are not in the group(s)?

Jatinder S. Garcha, Brent CCG's Wave2 procurement lead, sent this reply:
"… All nominations that came forward within the requested timescale have been included on the groups. For anyone that has not managed to join the group there are a number of ways that they can keep up to date with progress and provide their view.

The two key channels include specific web pages set up on the NHS Brent CCG website, which host all publicly available documents in relation to the Wave 2 Planned Care Programme, and a public consultation process that commenced on Friday 4th April and will run until 30th May. The consultation process is the first of two stages of consultation."

See page 4 of this bulletin for more information or go to the Kilburn PPG meeting (see under 'events')

Re: Review of gynaecological and musculoskeletal services in Brent - request for phone interview
Peter Latham peter.latham1@btinternet.com
Tue 25/11/2014 17:22
To: cleo.heath-brook@mottmac.com
CC: Ian Niven [HWB]
25 November 2014

Dear Clea and Sophie,

Review of gynaecological and musculoskeletal services in Brent - request for phone interview

On 5 November 2014 I was requested by the e.mail below from Brent Healthwatch to take part in a telephone interview for the Mott MacDonald Impact Assessment for NHS Brent CCG 'Shaping a Healthier Future' Wave 2 MSK project I replied the same day in the copy e.mail below agreeing to take part. I have heard no more.

Today I learnt from a PPG colleague Councillor Keith Perrin that he had been requested by Cleo Heath-Brook of Mott MacDonald to take part in such a telephone interview for this project.

Could you please let me know what has happened about the invitation for me to take part ? I am the Chairman of Brent CCG Willesden locality PPG group.

Kind regards, Peter Latham.

Brent Clinical Commissioning Group [CCG]

Consultation on outpatient services (Wave 2 Planned Care)

The CCG is asking for views about its plans to improve the provision of the following outpatient services for people in Brent:

Orthopaedics - Physiotherapy - Rheumatology (MSK) - Gynaecology
Brent CCG says that currently a lot of outpatient care is delivered in hospitals. One of its priorities is to move more outpatient services into community settings. They think this will help to provide care for residents which is:

- Accessible, both in terms of location and availability
- Safe, consistent and high quality
- Integrated, whereby groups of services are brought together in one place
- Centred around the patient's experience, reducing unnecessary delays

Click here for more information and the questionnaire:
http://www.brentccg.nhs.uk/en/your-opinions-matter/current-ccg-engagement-and-consultation-programmes You can ask for a consultation booklet by email (cleo.heath-brook@mottmac.com) or telephone (0207 651 0540) or go along to one of e CCG's public roadshows (Website: www.brentccg.nhs.uk/wave-2-MSK). **Deadline is 30th May. [2014]**

3g Rheumatology

Working together

"I am a Carer of a rheumatology patient, and extremely concerned about the many defects in the consultations being carried out by the CCG, and the potential loss of the service as a result of the tendering out. My principal concern is that the Northwick Park arthritis centre is a specialist centre with much research and training, and acknowledged by NHS England as a specialist centre and I do not intend for my husband to be treated other than by the experts who've managed to get his condition under control."

Of our 117 members, some of the most active have raised concerns about a lack of consultation on proposed changes to hospital services, and made complaints about NHS services being re-tendered without the correct process being followed. This included a complaint to Monitor who demanded a response from Brent CCG.

3h Referral waiting times

Northwest London Hospitals (NWLH)

NWLH Report into 18 Weeks Waiting Times

Northwest London Hospitals commissioned an external review to find out why some patients had to wait more than 18 weeks for a referral to treatment. The review panel has now completed their report.

These are the main findings:
'While it is important to recognise the distress and discomfort that may have been caused to patients who were left waiting longer than 18 weeks for their treatment, the panel were satisfied that no significant harm came to any patients and no patient died as a result (page 3 of the report).

The panel were content that the Trust has fully identified the causes of the 18 week delays and that appropriate action has been taken to address these causes. However it is essential that the Trust continues to maintain its focus on further improvements in 2014 and beyond (page 4 of the report).

The panel have given recommendations for how the Trust can regularly audit its performance to ensure that the new processes are successful in preventing any further problems (page 4 of the report).'

You can find the full report here: www.nwlh.nhs.uk/about_us/Agenda-and-papers/

For any comments or questions please feel free to contact the office of David McVittie, Chief Executive and Merger Transaction Director, on 020 8869 2005.

3i Multiple Sclerosis Nurse

Reduction of local and community services –

Multiple Sclerosis (MS) nurse

It has come to our attention that the contract for the MS nurse for Brent may not be renewed resulting in the termination of this much needed service. There is no information regarding community services for people struggling to get on with life with MS on either the website for Brent CCG or the Ealing Integrated Care Organisation (ICO), which provides community services, apart from referring to the MS Society, a voluntary organisation.

If there is no replacement, people will be asked to see their GP instead or will have to travel to en al L nd n s i als S Ma y's, Na i nal H s i al f Ne l y and Ne s e y (UCL) and Charing Cross. Some may go to Central Middlesex or Northwick Park Hospital to see a consultant. There would be no specialist local service.

In this short film Donna Holmes explains what it can be like to loose an MS Specialist Nurse: http://www.youtube.com/watch?v=mJhQVqwM6C8&feature=youtu.be&hd=1
This was published as a f e MS S ie y's Stop the MS Lottery Campaign in May this year.

The MS Society published a recent survey: My MS, My Needs http://mslottery.mssociety.org.uk/ There is some evidence that in November 2012, people from Ealing had better access to MS Nurses and community rehab services than Brent.

Healthwatch Brent is currently looking into this issue and we are hoping to get an answer soon from the newly appointed Assistant Director South: Localities and Out of Hospital Lead, Isha Coombes.

Jan 2014

Update on MS (Multiple Sclerosis) nurse for Brent Isha Coombes, Assistant Director , Out of Hospital & Southern Localities, Brent CCG, replied to our enquiry about the provision of an MS nurse for Brent:

'We recognised the valuable support that the nurse provided for patients, their families and carer's. Therefore we are having on-going discussions with the provider to consider how best to develop this role on a permanent basis as part of our wider development of integrated nursing teams. We aim to have reached a decision by the end of March [2014].'

April 2014

Update on Multiple Sclerosis (MS) Nurse (see also previous bulletins):
We had the following reply from Isha Coombes: 'The CCG is has identified funds to invest in developing integrated nursing teams and we are currently in the exploratory phase of working with clinical teams to develop this further. The initial feedback from clinicians is that investment is better utilised in employing neuro-rehab nurses - which allows greater flexibility of managing neurological problems.

There is a workshop provisionally booked for early May to progress this work stream

4 Meetings attended by HWB

4a SaHF

Dec 2013 HWB bulletin –

Shaping a Healthier Future (SaHF)

SaHF sets out a vision for the development of health services in Northwest London. Healthwatch Brent directors attended a positive and informative meeting on SaHF. Brent CCG provided an update explaining that they are engaging with the public. They outlined

proposals for Central Middlesex Hospital (CMH) and its implications for Willesden Centre for Health and Ca e (WCHC) They want to hear people's views.

There was general agreement that option 2, creating a Hub Plus for Brent at CMH, was worth looking at. This means it would house primary and community care services, GPs, an urgent care centre, outpatients, diagnostics and intermediate care and might also include an elective orthopaedic centre, specialist rehabilitation services, relocation of mental health services and the regional genetics service.

There followed a discussion about the effect this option would have on WCHC. Find out more about SaHF here: http://www.healthiernorthwestlondon.nhs.uk/

NHS Brent CCG - Commissioning local health services

The CCG is working to its Out of Hospital - Better Care Closer to Home strategy. This strategy looks at health services that can be offered away from traditional local hospital buildings and acute provider settings and be available locally for patients and prove more cost effective.

The aim is to develop consistently good services in the community and focus on self-care, early diagnosis and high quality management of long term conditions. Ambulatory emergency conditions will also be treated in the community when appropriate. These are conditions that are not urgent or life threatening but need further investigations. This would enable acute hospitals to focus on patients who are critically ill and those who require specialist investigations and interventions.

11 specialities have been identified for which it is considered appropriate and safe to deliver care out of a hospital setting. These specialities are being assessed for the opportunity to commission more innovative models of outpatient care in Waves.

 Wave 1 was for cardiology services (medical speciality dealing with disorders of the heart) and ophthalmology services (medical specialism in the treatment of the eyes) and new contracts have been awarded for these services.

 Wave 2 is underway and is for musculoskeletal - or MSK - services (medical specialism in the support, stability and movement to the body) and gynaecology services (medical practice dealing with the health of the female reproductive system). MSK services include rheumatology, trauma and orthopaedics and physiotherapy and will cover outpatient care only (that is cases that do not require overnight stays).

Future waves will consider paediatrics, gastroenterology, clinical haematology, dermatology, general surgery, ENT, urology and medical oncology.

The tender process for Wave 2 will include an impact assessment and a first meeting was held on 17th December to consider what this means and what it will involve. Some of the concerns raised were:

 The CCG had not provided enough background information for people to make informed comments (eg about current provision, demand and demographics);

 The reallocation of resources would result in the reduction of acute services, such as at Central Middlesex Hospital;

 There would be less consultants and continuity of care for long-term patients;

 There would be confusion about which service a patient could access;

 Smaller local providers are disadvantaged in the tender process as they do not have the finance for capital equipment and venues or tender expertise, even when patients are content with the provision;

 Local provision is less of a factor for most patients than quality of provision.

You can contact Mott MacDonald, the company commissioned to undertake the Impact Assessment, by emailing sarah.mcauley@mottmac.com or telephoning 0121 234 1596.

4b NPH and CMH

Meetings about the Future of Willesden Centre for Health and Care and
Changes at Central Middlesex Hospital (CMH)

(12th December 2013 and 14th January 2014)

There was an initial meeting in Brent on 12 December which looked at the options for Willesden Centre for Health and Care if some services moved from there to Central Middlesex. People there - including patient representatives - heard about the options and agreed to attend another bigger meeting on 14 January 2014. This meeting was held at Central Middlesex Hospital.

Under the Shaping a Healthier Future plans, only 35% of CMH's capacity would be used, leaving a big and expensive space to fill (or dispose of)

In between the meetings NHS people had done more work to evaluate the different options. The aim was to look at what "bundles of services" could utilise the space at Central Middlesex. Each bundle was then checked against criteria such as Quality of Care, Access to Care, Affordability and Value for Money, Deliverability and research and Education. There was long presentation explaining exactly how that was done and the results. We had the chance to ask plenty of questions We then had to look at the 4 different possible options in Groups and discuss the preferred options. Each group had a mix of NHS and patient representatives. The general feeling was the

preferred options were 1a or 1c. Option 1a was the CMH bundle plus Willesden Bundle, Option 1c was the CMH bundle plus Willesden partial Disposal. No one wanted the disposal of CMH or Willesden sites which were the other options.
There is still a lot of work to be done before final decisions such as

- will all NHS local partners agree how much finance they can put in,
- will proposed services be willing to move,
- will the Private Finance Initiative partner at Willesden be willing to allow some of the building to be changed.

This is a very simple summary of a very complicated issue. It is fair to say that the patient reps and Healthwatch Brent Reps who were there felt that the options had been looked into and explained, that the suggested options seem sensible and that our questions and comments were answered and taken seriously.
You can find out more here http://www.healthiernorthwestlondon.nhs.uk/news
Ann O'Neill Healthwatch Brent Interim Co-ordinator

April 2014

Shaping a Healthier Future (SHAF) Implementation Update:
We had a presentation about how this London wide programme of change was developing in the Brent Area (see agenda papers above). It talked about how the possible plans to change services at Central Middlesex Hospital and Willesden Centre for Health and Care were progressing. I pointed out the quantity of meetings that HealthwatchBrent was expected to attend on SHAF meant that it was difficult to get a wider group of patients' views on the changes.

4c Brent CCG

Brent CCG Quality, Safety, Clinical Risk and Research Committee

19 February 2014

Ann O'Neill, Healthwatch Brent Director, writes:
This meeting is the way that the CCG tries to ensure that it is reviewing risks and checking the quality of the services it is purchasing for Brent Patients. The minutes are distributed with the following CCG Governing Body agenda and papers. See right at the bottom of this page for past minutes. http://www.brentccg.nhs.uk/en/governing-body/governing-body-meeting-papers/cat_view/1-publications/3-governing-body-meeting-papers/91-29-january-2014
This meeting looked at reports including

- Pathology service (there have been problems in the past with transporting blood/urine samples to the lab)
- 18 weeks action plan at Northwest London Hospitals Trust (NWLHT)
- Maternity Services
- Safeguarding Training
- Serious incidents
- Performance and Quality Reports on Central and Northwest London Mental Health Trust, NWLHT, Royal Brompton Hospital, Imperial Hospital Trust (Which covers St Mary's which many Brent people use)

- An overall report about how the CCG and its contractors are doing
- Current research

The performance and quality reports are quite long-(even when summarized) and we have asked if a brief summary could be produced of the main concerns that could be included here or circulated to patients, They are produced by the Northwest London Commissioning Unit (CSU) Brent CCG pays them to provide them with information such as this.
The main new concerns currently seem to be around the Royal Brompton Hospital having a backlog of cases which is slowly going down and the Ambulance service not meeting targets. There are action plans in place and they are having to report back usually weekly to the CSU.
They also reported that Maternity services at Northwick Park Hospital now have recruited more midwives and consultants to improve the midwife to baby ratio so this action plan appears to be working.

There is a dispute resolution Policy for Continuing Care which was agreed by the CCG executive in November 2013. This will be circulated to the Committee. The next meeting is in April. [2014]

Brent Clinical Commissioning Group's Quality, Safety and Clinical Risk and Research Committee

Ann O'Neill, a Healthwatch Brent Director, writes:

This committee meets every 2 months for 2-3 hours. Basically it looks at any risks that have been identified by Brent Clinical Commissioning Group [CCG] and the action plans that have been developed to reduce those risks. The agenda is quite long. There are usually lots of reports and charts to look at. For each item someone from the CCG or the Commissioning Support Unit usually does a summary of progress made and answers questions.

The committee asks questions and discusses the issues. Then they decide if they feel what is being done to reduce the risk is enough. If not they ask for more information or action. They look at reports on how local providers such as the hospitals are doing against their targets: or investigations and action plans where a problem has been identified. They are looking to get "assurance" or a guarantee that everything possible is being done to minimise risks to the health of local patients.

Many of these items are then discussed at the CCG Governing Body which is open to the public. Not all the papers we see at this Committee can be seen by the public at the CCG but the approved minutes of the Quality, Safety and Clinical Risk and Research Committee are attached to the CCG's Governing Body papers, so they can be seen by members of the public.
The Agenda has 4 sections:
New Items This section looks at annual reports, for example in August 2013 we looked at the Looked after Children Annual Report, Safeguarding Children Annual report, and details of new proposals about the Integrated Care Programme.

Serious Incidents This month they looked at a report on Serious incidents from local hospitals from 1 August- 30th September and there was an update on Pathology – review of progress against the Action Plan.
Standing Items Here they get updates on plans and issues they have already discussed before. In August we discussed the Safeguarding Self Assessment plan and the Interim Complaints Policy. In October we discussed the Winter Plan, "18 week referral to treatment" action plan for Northwick Park and Central Middlesex Hospitals (There are also many other more technical items).
For information These items are generally minutes from other related meetings so that members can see exactly what else is being discussed in other meetings and agreed to take forward in action plans.
I have been to 4 meetings as a Healthwatch Brent Director. It's hard to read all the paperwork beforehand and they use lots of abbreviations. My impression so far is that they use the information and statistics they get to check Brent Services (both hospitals and community services) are meeting the national targets. Where they aren't they are not afraid to ask probing questions and ask for more action. I generally ask questions about how they have consulted and informed patients and the public about changes or issues, how they are dealing with complaints etc. The other members of the committee have welcomed my questions and comments. At the moment there is a lot of concern about how local hospitals and other services are going to deal with winter pressures and waiting lists.

4d Heath and Wellbeing Board

Health and Wellbeing Board, 26th Feb 2014

Ann O'Neill, Healthwatch Brent Director, writes:
All the papers are here: http://democracy.brent.gov.uk/ieListDocuments.aspx?MId=2194
This is supposed to be in an important meeting but several people were missing. There were only 2 councillors present and no Chief Executive of Brent Council. Brent CCG had 3 senior officers present.
Items discussed:

A report from the Child Death Overview panel.

It talked about road traffic accidents and teenage suicide and asked how they could be prevented. Brent has a low level of child deaths from RTAs but the group agreed to ask officers to check all children get road safety training. The group also agreed to check that teenage mental health advice, information and advice are available in Brent High schools and elsewhere.

Brent Better Care Fund Plan

Phil Porter, the Director of Adult services went through this plan. It aims to keep the most vulnerable people well in the community, avoid unnecessary deaths and ensure that there is effective multi-agency planning when vulnerable people are discharged from hospital. Health, social care and community/voluntary sector services will have to work closer together. Staff roles will have to change and training will be needed to do this. The patient/person will be at the centre.
Brent is involved in the bigger Pioneer project across Northwest London, but this is Brent's plan. There is an Integration Board in Brent which involves patients helping to develop the plan with senior managers

The paperwork explaining all of this is still very complicated and they will need to make it easier to understand so Brent people can understand what they are planning. It needs to start in 2015-6 but the plan needs to be sent to NHS England by April 4th this year so they can check it.

Brent Joint Strategic Needs Assessment (JSNA) "Refresh"

The JSNA is a collection of plans, statistics and information which describes the health and wellbeing needs of Brent. It is used to help develop plans and the statistics in it can be used to develop bids. It was compiled in 2012 and needs to be updated (refreshed). There will be new sections on welfare reform, air pollution, transport and housing. A group of senior mangers are going to work on it and produce a summary in April. You can look at the JSNA here:http://www.brent.gov.uk/your-council/partnerships/health-and-wellbeing-board/jsna/. If you think information in it needs updating please contact Melanie.smith@brent.gov.uk

The Brent Health and Wellbeing Strategy Action Plan

The Board discussed the action plan. Many of the proposals are things the Council or the CCG have to do anyway. They are going to look at which areas the Board could champion in the next year and report back to the next meeting.

"Better Care Fund Plan"- Health and Wellbeing Board Informal Meeting, 12 March

Ann O'Neill, Healthwatch Brent Director, writes:

Councillor Ruth Mower called an extra informal meeting of the Board to discuss the Better Care Fund Plan (see the previous bulletin for details)

I was surprised that yet again only one Councillor was present at the beginning of the meeting. I asked why. There were 2 apologies and 2 had just not turned up. I asked if the Councillors don't think the Health and Wellbeing Board is important. (HWB has 2 named substitutes who can attend the Board, so I would assume Councillors also have named substitutes who could come to the meeting). 3 members of Brent CCG were there again. One councillor (who had sent apologies) turned up halfway through.

The aim of the meeting was to get the Board's feedback on the plan. I was surprised to hear that this "Better Care Fund" actually has no extra money for this plan. They hope that by working closer together they will save 10% that can then be used on more or new services.

NHS England has looked at the draft plan and said very little other than they need to do more work on "Risk outcomes and how they will mitigate any risks"

We looked at the 5 different schemes within the plan. They are:

- Keeping the most vulnerable well in the Community
- Avoiding Unnecessary Hospital admissions
- Effective multi-agency discharge
- Mental Health Improvement
- Key enablers ie things that are needed to enable these changes to happen including support for carers, developing community capital, a range of commissioned services, good IT links, and cultural changes in organizations

They think there are about 5000 people in the 5 GP localities that could benefit from closer working. There is an issue that Adult Social Care currently work with about 2500 people. They won't work with people who don't meet their criteria; people asked how would those patients be supported in the localities? They think there could be an NHS

team based in each locality to work with vulnerable patients. The main difference is that this will be GP led.
There was a discussion about what targets they should set for each scheme. Brent is doing well compared to its “comparators” eg it already has a lower number of people in residential care than other areas, and also does well on people staying at home for 91 days after a hospital stay. It is not doing so well on delayed discharges and is not so good at avoiding emergency admissions. Officers were going to look at more recent data and suggest targets. They will bring the plan to the next Health and Wellbeing Board.

END

April 2014

Brent Better Care Fund Plan:
The plan has been updated since the last meeting. There is more information about possible risks and what they will do to lessen the risks. HWB asked how this plan fitted in with the increase in GP appointments now available at the locality hubs. Patients are reporting that receptionists are not telling them about these available appointments when they ring up and there are no appointments available at their GPs. If surgeries cannot deal with this sort of change how will they deal with bigger changes? Brent NHS said they were looking into why patients were not being told about the hub appointments. It might be that people do not want to travel to other places to see a GP. They have now told 111 about these appointments.

All the documents for this Board are very complex and full of jargon. I have a better understanding of the plans. That is because I have heard the plans explained and discussed at several meetings now and feel confident to ask questions, but other members of the public might still find it all confusing and worrying.

Central Middlesex Hospital Accident and Emergency Closure Project Board meeting, 18 March [2014]

HWB is pleased to report that the patient representatives were made to feel welcome at the Northwest London Hospital Trust meeting about plans to manage the closure of A&E and Central Middlesex Hospital. We will give updates as information emerges.

Health and Overview Scrutiny Committee (HOSC) of Brent Council, 18 March

Gaynor Lloyd, Healthwatch Brent Community Director, writes:
Various topics of substantial importance to Brent residents were discussed, and there are detailed papers available against each agenda item at the following link http://democracy.brent.gov.uk/ieListDocuments.aspx?CId=320&MId=2188&Ver=4)
If anyone is interested to go to future meetings, it is possible to register for email alerts on the Brent Council website. You will then be informed when the agenda and papers are available on the website. The next meeting is on 4 June.
The topics covered were
1 Mental Health Services in Brent – an overview of the mental health services provided in Brent for people with severe mental health issues.
2 Task Group Report on Tackling Violence against Women and Girls in Brent.
3 Future of Central Middlesex Hospital [CMH] and Willesden Centre for Health
4 Redesign and Investment in Diabetes Service in Brent.
5 18 week referral to treatment and Urology Serious Incident.

Many members of the public attended the committee, with an interest on some or all of the items.

- **Bureaucracy first, patient last.** The service appears to be managed to enable point scoring against checklists. If you cannot have your box ticked, you do not receive the service. Her psychiatrist was forced to discharge her because she did not have the right score, even though in the psychiatrist's clinical judgement, she still needed her help.
- **Withdrawal of community services.** There used to be a day hospital in Wembley Hospital where the following is available – group therapy; cultural activity – painting, writing, discussion groups; physical activity – keep fit, Pilates; meals for people unable to manage self catering; classes on lifestyle management. It was staffed by a multidisciplinary team of occupational therapists, psychologists, nurses, social workers and people from adult education, with access to psychiatrists when necessary.
- **All gone** – domiciliary visits from social workers and psychiatric nurses only for crisis intervention with onus on the patient to be responsible for contact, usually only an answerphone available and, in her experience, no one rings back.
- **Cost reduction** – All the above, led by cutting budgets. Commissioners regard mental health services as an owner's necessity and see them as a good source of savings. Talking therapies limited. Overreliance on management through medication (because this does not involve staff time). The government now proposes to cut a further 20% off the mental health budget.

Some services – such as occupational guidance – can be obtained for people on income support but, for those with any financial means, they – or their families – have to cope.

There may have been some result from the presentation. Officers from CNWL followed her out of the meeting, and have asked her to assist them. The same officer also made contact with the HWB representative afterwards. Some reflections on the service user's experiences were incorporated in the presentation by CNWL which followed.

The HOSC committee were also very fierce on the proposals for the new premises for CNWL's inpatients on the CMH site. At previous HOSC's, members have put forward concerns about the loss of open space, and those concerns were added to on the subject of buildings around the new proposed open space. Councillors have visited the site, have criticised the initial plans and asked for them to be brought back to the committee answering their concerns. The committee were also more impressed by the space available for mental health service users at Northwick Park Hospital.
The papers on the subject of "Tackling Violence against Women and Girls in Brent" are detailed and shocking but it was good to see the proactive and firm stance being taken by Brent Council. Gynaecology is one of the outpatient services currently being re-tendered by Brent CCG, and HWB representatives have consistently requested that FGM matters are strongly taken into account, when considering the services.
The diabetes paper was presented by a local GP, and all the facts are in the paper. I particularly noted that there has been a nationally dictated change in screening for diabetics. I noted this particularly, as HWB is involved in a Vision Strategy exercise
As to the Urology Serious Incident, this is clearly of concern and appears to relate to faults in diagnosis. If of particular interest, we suggest you look at the paper,
For anyone who is interested, the minutes of HOSC meetings are always very full and it will be worth visiting the website to check on these in a few weeks.
For those particularly interested in the diabetes service, there was a detailed discussion at the previous HOSC, all of which is covered in the minutes.

Health and Wellbeing Board, 9 April

Ann O'Neill writes: There were 3 councillors present for this meeting from the start. I have yet to see 2 councillors at any of the meetings I have been to since June last year. This is a key meeting where Brent Council and Brent NHS meet to discuss important health and social care plans and issues, but it seems as if some councillors don't take it seriously. I found out that they do not have a substitute system, i.e. if they can't attend they don't have a replacement who could attend in their place. HWB will suggest that a substitute system is introduced for the Board.

Click on this link for the agenda and papers:
http://democracy.brent.gov.uk/ieListDocuments.aspx?CId=365&MId=2195

4e Other documents

New 5 Year Cancer Commissioning Strategy for London

NHS England published its final 5 year cancer commissioning strategy. The new measures include lowering the age of referrals, speedier access to tests, and more community programmes to help people spot the early signs of cancer. Plans for the first year focus mainly on early detection of cancer. There are also plans for the improvement in the care and support for the increasing numbers of people living with and beyond cancer. To find out more about the strategy click here.

Clinical Commissioning Group

Chair: Dr Etheldreda Kong
Chief Officer: Rob Larkman
Chief Operating Officer: Jo Ohlson
31st March 2014
Dear Colleague
I am writing to let you know some important decisions Brent CCG Governing Body made on 26 March 2014 and the eight CCGs on 27 March 2014. Three important decisions were made.
Taken together, these decisions will hugely improve our ability to deliver better services for all our patients across a vast area of London. This is a key moment for the development of the NHS in the hands of its leaders, the GP community.
The three decisions are: 1. A new joint financial strategy to deliver the Shaping a healthier future reconfiguration programme All eight of the North West London CCGs have agreed to put funding into a central budget to help deliver our reconfiguration programme. If approved by NHS England, the fund will be worth £139m for 2014/15, with a commitment to continue the strategy for the next five years. It will mean that CCGs that have a surplus

budget will support those CCGs with a deficit, so resources will be shared across CCG boundaries to ensure more equity of funding. Specifically, this will enable CCGs to make the following investments: £57m to deliver Shaping a healthier future, the large scale reconfiguration plan which will create five major acute hospitals in NW London; £35m to ensure there is more level 'financial playing field' between CCGs; £47m to improve out of hospital services such as seven day opening and community services. 2. Exploring with NHS England a different way of financing and commissioning primary care services The eight CCGs have agreed to work with NHS England to bring the commissioning of primary care together across organisational boundaries. This will enable us to make the further

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investments in primary care needed over the next few years, to support the shift in services from hospital to community settings and transform care for patients. This new arrangement will be a significant development for GPs and for the NHS, and will enable us to buy and plan health services more strategically, effectively and sustainably. 3. Review of commissioning support services We have almost completed a review of the services we currently purchase from the NW London Commissioning Support Unit and will be publishing this at the end of April. This will set out ideas for how we can have greater control over commissioning support services so they can better meet our requirements. Our decisions now have to be approved by NHS England, and we will keep you informed of progress of this important work. The eight CCGs issued a press release on 27 March, and this was published on each CCGs' website.

I would also like to take this opportunity to explain the reasoning behind Brent's decision to agree to the NWL financial strategy to which we are a net contributor.

As you know Brent CCG has been working in close collaboration with the other seven CCGs in North West London to implement:

Shaping a healthier future. Out of hospital care. Whole system integration of primary, community and hospital services with social care.

Brent CCG agreed on 26 March to support a financial strategy across the 8 NWL CCGs that will provide:

1. Pooling of CCG and NHSE non-recurrent uncommitted allocation so called headroom. All CCGs are required to make a provision for 2.5% headroom. A similar pool was created in 2013/14. This pool will be used to support non recurrent costs arising from the Shaping a healthier future programme that will secure safe sustainable acute services in North West London. Brent will contribute £9.4m to this pool in 2014/15.

2. An out of hospital non-recurrent implementation fund so that all CCGs are placed on a common footing. Those CCGs who are currently receiving funding below their target allocation will be able to implement their out of hospital strategies. This pool is being

created by those CCGs with large surpluses including Brent contributing to the pool. Brent CCG is contributing £11.7m to this fund.
3. An out of hospital recurrent investment fund. Brent is contributing £12.1m to this fund but will receive £5.9m back to invest recurrently in out of hospital services.
Brent Governing Body members have supported this financial strategy because:
Shaping a healthier future is a NWL-wide programme that we all depend on for safe and sustainable acute services. Successful implementation will be significantly enhanced by a NWL-wide financial strategy.
3
Individual CCGs are in radically different financial positions with surpluses/deficits which are predominantly the result of inherited PCT positions, and surpluses/deficits correlate with under/over funding positions.
If the wide disparity in CCG financial positions is not addressed through a NWL-wide financial strategy, Shaping a healthier future implementation as a whole could be compromised.
A NWL-wide financial strategy provides resilience to all CCGs including Brent CCG in the light of potential future funding changes and also in facing provider issues together.
Brent CCG is currently in a strong financial position. Under the NHSE funding allocations for CCGs approved in December 2013, Brent CCG is deemed to receive too much funding for its patients based on a needs based national formula. In 2014/15 it will be 7.7% from target. Over the coming years, Brent will receive less growth than CCGs who are below their target allocation eg. Harrow and Hillingdon who are 9.9% and 8.8% away from target respectively. Nonetheless Brent will remain in a strong financial position but with a smaller surplus. In 2014/15 we have a planned surplus of £18m. NHSE expect/require CCGs to operate within a 1% surplus. Nationally those CCGs who have a surplus in excess of 1% tend to be those CCGs who are over target in respect of the funding they should receive based on their population. We will continue to have both a recurrent and non-recurrent investment programme in 2014/15. £7.1m recurrently and £18.7m non-recurrently investing in local services. Working together in this way will give Brent greater resilience in the longer term as Brent CCG receives minimum growth.
If you have any questions, please do get in touch with my office.
Yours sincerely
Dr Etheldreda Kong
Chair

4f Integrated services

Oct 2013

Integrated Care

There is a lot of talk about ‘integrated care. Many organisations such as local authorities, the

NHS, care and support providers, education, housing services, public health and others will have to work together to make it work.

Click on this link to find out more:

http://learni.st/users/140647/boards/39490-making-integrated-care-happen

nov 2013

HWB does not know the outcome of submissions to this questionnaire -

NHS England – A Call to Action

The NHS England London Region has published 'London – A Call to Action' This document highlights some of the trends and challenges for the NHS in London.

The document builds on NHS England's national 'Call to Action' document that was published in July. It said that the NHS must transform in order to continue to deliver the best care to those who need it.

There is also an online questionnaire for you to comment. You can find the reports and the questionnaire by clicking on this link:

http://www.england.nhs.uk/london/london-2/ldn-call-to-action/ respond by 31 Dec 2013

Integrated Care
HWB is aware that one of the SaHF CCG workstreams focussed on WSIC, but is not aware of progress, or how this fits with other guidance such as -
There is a lot of talk about 'integrated care. Many organisations such as local authorities, the NHS, care and support providers, education, housing services, public health and others will have to work together to make it work.
Click on this link to find out more:
http://learni.st/users/140647/boards/39490-making-integrated-care-happen

Dec 2013

Better Integration Transformation Board

Healthwatch Brent is taking part in the Better Integration Transformation Board. Members of this Board discuss plans how health and social care can work together better for the benefit of service users. They report to the Health and Wellbeing Board. This is all part of the changes to the way health and social care will be provided from April 2014. These plans tie in with Brent CCG's Out of Hospital Delivery Strategy, which aims to ensure accessible, pro-active and co-ordinated care, and the North West London pioneer programme of Whole Systems Integrated Care (WSIC).

The first Integration Board meeting also had an initial discussion about priorities for integration and the two year plan. Click on this link to find out more:

http://democracy.brent.gov.uk/documents/s20810/health-and-social-care-integration.pdf

Healthwatch Brent is working through Brent CVS (Council for Voluntary Services) to assist with consultation. Find out about events in the new year on Healthwatch Brent or Brent CVS websites (http://www.cvsbrent.org.uk/).

Brent CCG is holding an event on 12th February which will include some of the thinking behind the integration project.

4g Closure of CMH A&E project board

Brent CCG staff changes

NHS Commissioner James Lorigan has left his post at Brent NHS. A member has reported that 80% of the Commissioners have been "laid off".
Healthwatch Brent is trying to find out who the new or remaining Commissioners in Brent Clinical Commissioning Group (CCG) are and what their area of responsibility is. So far we have not had a response from the CCG to our enquiry.

April 2014
Brent CCG staff changes: HWB is still trying to find out who the new or remaining Commissioners in Brent Clinical Commissioning Group (CCG) are and what their area of responsibility is. It seems that this has now been turned into a Freedom of Information Request and we are awaiting the reply eagerly.

4h Merger programme

4i Confusion

"The more I find out the more I get confused. I wonder if they are doing this on purpose to fudge issues and prevent us knowing what's going on" HWB member.

"I have been to patient participation groups but it is confusing to know what is going on. The system seems very complicated." HWB public meeting

HWB received updates about closures and likely changes to hospital changes at CMH and Northwick Park Hospital (NPH) from the CCG and Merger Programme, but not about new community services that SaHF promised – some relevant info below.

Update on CCG staff changes:
Healthwatch Brent had asked the following questions about the new or remaining Commissioners in Brent Clinical Commissioning Group (CCG).

- How many commissioners are there within Brent CCG?
- What is their role/area of responsibility?
- Are their posts permanent or interim (if the latter how long for?)

The CCG turned this into a Freedom of Information request. The answer was a chart with lots of acronyms (abbreviations) as a reply. Unfortunately, we have not had an answer yet to how long the interim posts are for:

Some of the acronyms explained (in order of appearance):

SRO	-	Senior Responsible Officer
OD	-	OrganisationalDevelopment
NWLH	-	North West London Hospitals
SaHF	-	Shaping a Healthier Future
CCG	-	Clinical Commissioning Group
OSC	-	Overview and Scrutiny Committee
QIPP	-	Quality, Innovation, Productivity and Prevention
PbR	-	Payment by Results
GP IT	-	General Practitioner Information Technology
MSK	-	Muskuloskeletal
WSI	-	Whole Systems Integration
STARRS	-	Short Term Assessment, Reablement and Rehabilitation Service
ICP	-	Integrated Care Pathway
CSU	-	Commissioning Support Unit
LTC	-	Long-term condition
ICO	-	Integrated Care Organisation
LAC	-	Looked After Children
CNWL	-	Central Northwest London Hospital Trust
IAPT	-	Improving Access to Psychological Therapies
CAMHS	-	Child and Adolescent Mental Health Services
PPE	-	Patient and Public Engagement
EDEN	-	Equality, Diversity and Engagement Network
LES	-	Local Enhanced Service

We are still waiting to hear from the CCG what the following acronyms mean:

TB - ChC - ITF - DN - DMARD - RFS

We welcome any clarification on these.

5 Other

5a NWLHT financial trouble

Feb 2014

North West London Hospitals NHS Trust

A study of NHS foundation trusts in England has found the number of those in financial trouble has nearly doubled in a year from 21 to 39.
The North West London Hospitals NHS Trust, which runs Northwick Park Hospital, St Marks Hospital and the Central Middlesex Hospital, is anticipating that by March it will have a debt of about £20million. This will be the third successive year that the Trust has operated at a loss and there is concern that there will be cuts to the services. It is planned that the North West London Hospitals NHS Trust will merge with the Ealing Hospital NHS Trust in July.

5b CQC reports on NPH and CMH

Care Quality Commission [CQC]

The Chief Inspector of Hospitals is asking people to tell him about the care provided by two local hospital trusts: the Royal National Orthopaedic Hospital NHS Trust and the North West London Hospitals NHS Trust.
These Trusts are among the first to be inspected and given an overall rating under radical changes which have been introduced by CQC. Your views and experiences will help inspectors decide what to look at when they inspect the trusts in May. People are being encouraged to attend the listening events to find out more about the inspection process, to tell the team about their experiences of care and to say where they would like to see improvements made in the future. The inspection team is expected to look in detail at eight key service areas: A&E; medical care (including frail elderly); surgery; intensive/critical care; maternity; paediatrics/children's care; end of life care; and outpatients.

Royal National Orthopaedic Hospital NHS Trust

The formal inspection of the trust will start on Tuesday 6 May when the inspectors will be holding a listening event:
When: Tuesday 6th May, 6:30pm
Where: Stanmore College, Elm Park, Stanmore, Middlesex, HA7 4BQ

North West London Hospitals NHS Trust (Central Middlesex Hospital, St Mark's Hospital and Northwick Park Hospital)

The formal inspection will start on Tuesday 20 May when the inspectors will be holding a listening event:
When: Tuesday 20th May, 6:30pm
Where: Quality Hotel Wembley, Conference Centre, Empire Way, Wembley, HA9 0NH
CQC is asking people who would like to attend the listening events to fill in an online form at www.cqc.org.uk or call 03000 61 61 61. This will help with planning for the event, but people are free to turn up on evening even if they haven't registered.

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If you are unable to attend the events but wish to give your views you can do this: • Online http://www.cqc.org.uk/contact-us • By email enquiries@cqc.org.uk • By le e CQC, Ci y a e, Gall a e, Ne as le n Tyne, NE1 4PA • By ne 03000 61 61 61
The CQC will publish a full report of the inspector's findings later in the year. The Trust will be one of the first receiving one of the following ratings: Outstanding, Good, Requiring improvement, or Inadequate.

Brent

Clinical Commissioning Group

NWLH Merger Update

The date for the merger of the hospitals for patients in Brent, Ealing and Harrow has changed from July 2014 to October 2014. This is to allow the NHS Trust Development Authority, NHS England and the local Clinical Commissioning Groups more time to complete everything that is necessary before the merger can be approved.

You can contact the merger programme team on 020 8869 3298 or email merger@nhs.net if you have any queries.