NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

Improving the patient journey across Central & West London

Introduction

We are working together across the NHS to improve the patient journey across the boroughs of Westminster, Kensington and Chelsea to deliver care that is *personalised; localised; integrated;* and *specialised.*

The work we are doing to improve the patient journey is based on our vision of transformed services. Our transformation of services includes five elements: prevention and self management; primary care transformation; Integrated care; Improving hospital care; and transforming mental health.

The **out of hospital** strategy across Central and West London CCGs increases the amount of care delivered closer to the patient's home, enabling better co-ordination of that care, ensuring the patient has access to the right help in the right setting, and an improved patient journey.

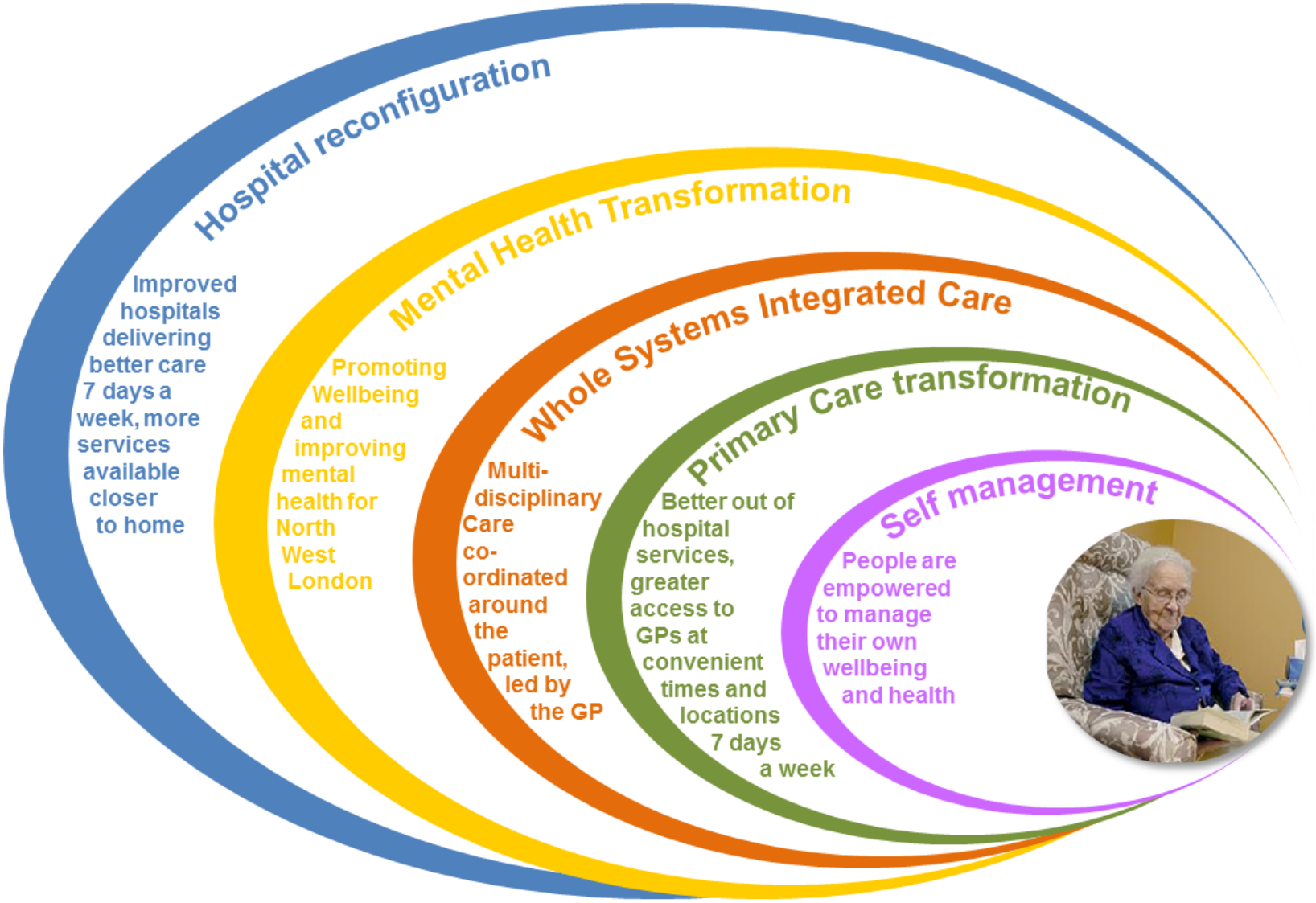
The **Whole Systems Integrated Care (WSIC)** programme in these boroughs is based around giving people more say over their care; when and where they receive it, so that care is planned jointly between patients, their carers and the teams that support them. By involving patients and carers on the journey from day one, we have a much better chance of achieving our vision: care that enables each person to help themselves. By widening access to services that aren't necessarily provided by the NHS, such as local social services or buddying schemes and exercise groups run by third sector parties, we can better support people to maintain independence and lead full lives as active participants in their communities.

The WSIC model is designed to improve the patient journey in various ways: it can mean increased access to GP appointments and specialist doctors; considering mental health at the same time as physical health; and a single, coordinated approach by health, local authority and voluntary sector organisations; so that when patients need longer term care from different people, it is joined up and they don't need to keep repeating their story.

By working together with CCGs across North West London, we can achieve our vision of patient-centred care in all our care settings, ensuring a better, more joined up experience at every point along the patient journey: from self care, through primary care; integrated multi-disciplinary care, mental health transformation, through better, reconfigured out of hospital and in hospital services.

We have provided more detail on this from existing content in the following pages. These begin with our overall strategy in the first two following pages, followed by further detail on specific programmes projects across Central and West London.

The patient journey ..



Our joined-up vision for North West London healthcare

NW London are delivering care that will be…

…this will mean….

Personalised

*Care is to be personalised, enabling people to manage their own care themselves and to offer the best treatment to them. This ensures care is **unique**.*

"I know how to lead a healthy lifestyle and can manage my own care"

- More information, advice and support available online and over the phone. The public are able to easily find out whether they need care, and if so, where to get it, as well as knowing how to get support for existing conditions.
- People can use technology to understand their own health and wellbeing at home. People who need to monitor their conditions will be able to do so through convenient methods to ensure it minimally impacts their lifestyles.

"I feel in control over my care because decisions are taken with me"

- People, not the provider, are at the centre of the design of their own care and of the services available within their community. This is true for the most vulnerable groups in society, too – reducing inequality in health outcomes.
- Wellbeing is seen in its widest sense - it is not only about seeing a doctor and getting medical support – people are able to explore other routes, such as through community support and alternative treatment, where appropriate. Treatment is appropriate for not only the condition, but also for the person.

Localised

*Care is to be localised where possible, allowing for a wider variety of services closer to home. This ensures care is **convenient**.*

"My care is now more convenient because the services closer to my home are more accessible"

- Consultations are more accessible and flexible through the use of telephone, email and video consultations available for all local services, allowing for people to have better access to medical advice.
- People are able to access their GP at more suitable times for them through the availability of appointments seven days a week. There is more availability of GP services offered in other community settings, too.

"I know I will be provided with a wider range of high quality care within my community for all of my health and wellbeing needs"

- Support to prevent people getting ill or to enable them to take care of themselves if they have a mental or physical health condition is consistently available across NWL community care settings.
- A variety of services are provided within the community in buildings that are modern and fit-for-purpose (including minor surgeries, simple tests and outpatient appointments).

Integrated

*Delivering care that considers all the aspects of a person's health and wellbeing and is coordinated across all the services involved. This ensures care is **efficient**.*

"I'm not treated 'in parts', but as a whole person in a coordinated way"

- Mental and physical care are given equal importance in all care settings, ensuring that the person's health care and wellbeing are considered in a more complete way, resulting in the best outcomes for the person. This is true for children as much as for any other population segment.
- Care isn't just limited to hospitals and GP surgeries; services provided within the community are considered to help prevent illness and support wellbeing.

"Whoever I see, knows me and my preferences, and I no longer have to repeat my details each time"

- All those involved in a person's care work jointly with them and/or their carer, and each other. People aren't left on their own to coordinate the care they receive and can't see the joins between different services.
- Care is delivered through structured planning with the patients, their carer and all providers involved – coordination through a single-point. Staff are trained to deliver joined up working.

Specialised

*Centralising services where necessary for specific conditions ensuring greater access to specialist support. This ensures care is **better**.*

"I have a positive experience and a successful outcome in a great hospital environment which helps me feel confident in the quality of care provided to me"

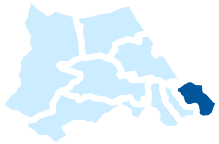
- People are treated in modern facilities with the latest technology available, dealt by compassionate staff across all hospital sites, giving them confidence in their care.
- People are directed to centres for specialised care, whether that's within hospitals or in out-of-hospital settings, relevant to their condition, considering the patient's choice at all times.

"I receive timely and effective care every time; when at hospital, I am home sooner rather than later"

- People are treated at the right time, by the right person, in the right care setting, appropriate for the person and their condition, regardless of the day of the week.
- Higher quality care is available through more expert consultants, delivering more personalised care.

INTRODUCTION TO CENTRAL LONDON CCG

Central London CCG covers the majority of Westminster , a densely populated and vibrant Central London borough, with a daytime population three times the size of the resident population.



Population demographics

- The age profile in Westminster is common to other inner city areas in that it has a very large working age population and smaller proportions of children in particular (the smallest in London).
- The proportion of the total population aged 65+ is similar to London, but not as large as England.

- Four in 10 (38%) of the population is from Black, Asian and minority ethnic (BAME) groups.
- Westminster has a smaller Black population and Asian population than the London average, but the largest proportion nationally from the 'Arab' group (e.g. Middle East & North Africa) and the 14th highest from 'Mixed' groups.

- There are significant differences within and between electoral wards as a result of varied levels of social and economic deprivation. For example, men living in the least deprived areas are expected to live 16.9 years longer than their counterparts in the most deprived areas. Pockets of deprivation are particularly focused in the northwest of the borough, Church St, and parts of Pimlico. Over a third of children under 16 (35%) live in poverty according to official definitions, which is higher than London and England.

Overview

230,000* **(est)**
Local borough population

£249m
2014/15 health commissioning budget

£7m invested in community and integrated services

*based on 2013 ONS figures for Westminster borough

Care provision

- **Imperial College Healthcare NHS Trust** and **Chelsea & Westminster NHS Foundation Trust** are the main providers of acute and specialist care. However patients do use hospitals outside NW London due to proximity.
- **Central London Community Healthcare NHS Trust (CLCH)** provides community nursing and therapies.
- **Central and North West London NHS Foundation Trust** provides mental health services.

- 35 **GP** practices
- 62 **dental** practices
- 94 **pharmacies**
- 17 **care homes**

Health challenges

- The principal cause of premature (<75) death in Westminster is cancer, followed by cardiovascular disease (which includes heart disease and stroke). A significant number of people also die from Chronic Obstructive Pulmonary Disease (COPD).
- Children in Westminster attend A&E and other urgent care much more frequently than is typical for London or England.
- In 2012, Westminster had the 7th highest reported acute Sexually Transmitted Infections (STI) rate in England.
- Westminster also has one of the highest rates of homelessness and rough sleeping in the country; this vulnerable population increases the prevalence of drug and alcohol-related conditions, as well significantly increasing the need for mental health services.

CURRENT SERVICES

Central London CCG has invested £7m[1] in 13/14 and 14/15 on increasing the number of community services and joining up health and social care.

Whole systems integrated care

The ambition of CLCCG is to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their communities.

1. To enable patients to have an improved quality of life by increasing or maintaining their levels of independence

2. To reduce time spent in hospital for the defined cohort, including a reduction in unplanned visits to A&E, unplanned hospital admissions and admissions to residential and nursing care

3. To enable patients to know how to get their needs reviewed if their circumstances change and that patients' carers know how to access support

4. To reduce unplanned / inappropriate visits to the GP amongst the defined cohort through improved care co-ordination and increased self-care / self-management

5. To enable patients to have the proactive/preventative support they need to live independently, including an appropriate range of choice and empowerment

EXAMPLE: Connecting Care for Children: Integrated clinics, bringing together primary and secondary care for children, have been set up in primary care hubs. These provide an alternative to going to hospital for children's health services, in locations that are closer to people's homes. There are now four hubs and so far 52 patients have benefitted.

Community Out of Hospital services

- **Cardiology & Respiratory:** The contract for a new, integrated cardiology and respiratory community service in was awarded in February 2015, and the new service will commence in April 2015.
- **Musculoskeletal & Ophthalmology:** Musculoskeletal and ophthalmology services will be procured in 2015/16.
- **Gynaecology & urology:** A joint gynaecology/uro-gynaecology service and a urology service will be procured in 2015/16.
- **Expert patient programme:** Investment continues in the expansion of the programme which empowers patients by providing training in areas such as coping with depression and planning for the future.
- **Urgent Care Centres:** A national review of the urgent care system and the role of Urgent Care Centres within it is underway. We will make changes to ensure that primary care services, urgent care centres are used appropriately to peoples' needs and cost-effectively.

Mental health and wellbeing

- **The Primary Care Plus Mental Health** service is now operational across Central London, supporting patients with non-urgent mental health conditions to access the support services they need in community settings as an alternative to secondary care.
- **Improving Access to Psychological Therapies (IAPT):** Central London CCG is working to achieve its 15% access target for patients in need of psychological therapies. Significant investment has been made in secondary care, primary care, and the voluntary sector to ensure that people with mild anxiety and depression can access services to keep them well.
- North West London was the 2nd area nationally to have its action plan approved for the ground-breaking **Mental Health Crisis Care Concordat**, ensuring better, joined up, care for people experiencing mental health crisis.
- Central London will be contributing to the development of a mental health and wellbeing strategy across North West London. This will involve partnership working across health and social care and other partners.
- Since April 2015 we have had a **Child and Adolescent Mental Health Services (CAMHS)** professional available 24 hours to respond to crisis.

Primary care transformation

- **Prime Ministers Challenge Fund (PMCF)**: 35 practices are taking part in PMCF, which supports practices in providing patients with more convenient access to primary care through investment in key services.
- **Extended access to GPs:** Four practices provide walk-in clinics with same-day GP and nurse appointments on weekends for eight hours. Two practices offer appointments from 8am-4pm, and two from 10am-6pm.
- **Efficient appointments:** 19 practices provide phone consultations,17 practices offer online appointment booking and 21 practices offer longer appointments where needed. Building on the learning from the Skype consultation pilot in 2014, more practices will be offering online access.
- **Improved estates:** The CCG is investing in the buildings and space needed to bring more services out of hospital in to locations that are closer to patients' homes.

1. Note: Additional expenditure on 'out of hospital' services and infrastructure, spent since the start of SaHF. This is expenditure on primary and community care services, provided outside of acute, intended to reduce demand on the acute sector, i.e. to reduce non-elective or elective admissions, in-hospital outpatient appointments, and A&E attendances. Also includes investment in supporting infrastructure. Project costs are excluded.

FUTURE PLANS (1)

Whole systems integrated care

- **The shared vision of the North West London Whole Systems integrated care programme** is "to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community". We are in year 2 of a 5 year programme. As set out in the recent commissioning intentions of the 8 North West London Clinical Commissioning Groups, and building on an international evidence base, our ambition is that by 2018 care will be commissioned from 'Accountable Care Partnerships'. These are groups of providers who will be collectively accountable for improving outcomes for patients across the whole spectrum of their needs. To deliver this we are transforming models of care across North West London, and working to improve the ability of our workforce, IT, and other systems to deliver across organisational boundaries.
- **Triborough* Integrated Community Independence Service (CIS).** This new service will by provided by health and social care services working together, seven days a week, to provide **rapid response** services to help patients avoid hospital admissions, **in-reach** services to bring people home sooner from hospital admissions, **rehabilitation and reablement** services to help people return to independent living as soon as possible.
- Increase investment in **neuro-rehabilitation community support** and bed based intermediate care in the community to support recovery and return to independence.
- **Extend Personal Health Budgets** to adults with long-term conditions to give people more choice and control over how they are supported.
- Working with public health team to develop supportive and resilient neighbourhoods and communities across Tri-borough, reducing demand for health and social care services and improving individual outcomes, e.g. Community Champions
- *Central London, West London, and Hammersmith and Fulham CCGs with Westminster City Council, RB Kensington and Chelsea, and LB Hammersmith and Fulham*

Mental health and wellbeing

- **Increasing investment to increase the size and scope of the Primary Care Plus mental health service,** to enable more people to receive mental health services in primary care, complemented by new services being provided by GPs.
- **Continued support for Improving Access to Psychological Therapies (IAPT):** Central London CCG is working to achieve its 15 per cent access target for patients in need of psychological therapies. This is an essential part of increasing access to therapies like Cognitive Behavioural Therapy (CBT) so that more people can stay well and e.g. return employment.
- Working with our local mental health trust, we will be improving access to **urgent mental health services** through changing the pathway and interfaces between services. This is likely to include implementing a single point of access and reconfiguring teams to deliver a service which is able to respond to the needs to patients in crisis.

FUTURE PLANS (2)

Primary care / out of hospital services

- **Improving primary care and access to it -** the CCG will make primary care more convenient and easier to access for patients by extending the opening hours of a number of local GP practices to twelve hours per day on weekdays, and twelve hours at weekends.
- Our review of the **urgent care system** is indicating that urgent care services need to be more closely aligned to primary care services. We will make changes to ensure that primary care services, urgent care centres are used appropriately to peoples' needs and cost-effectively.
- **Improved buildings**: Central London is investing in the primary care estate needed to deliver more services in an out of hospital setting. Two practices will receive a share of £45,000 to improve their buildings. In addition, we will be developing three new out of hospital hubs to deliver further services in the community
- **Increasing Outpatient and elective services in the community**: we will be replacing our existing musculoskeletal services, expanding the scope to include pain management and rheumatology. We will be also re-commissioning our community gynaecology to include uro-gynaecology. We will also be commissioning new ophthalmology and urology services in 2015/16. These services will provide c.20,000 appointments in the community instead of hospital.
- **Community transport services**: we are reviewing, with input from patients, the benefits of investing in improving community transport services, especially for those with mobility or social isolation issues.
- **Additional investment in homelessness services**: the CCG is currently working on a number of initiatives related to improving our homeless population's experience of healthcare, keeping them well and reducing demand on healthcare services. This will include continuing to invest in Hepatitis C clinics, and improving care planning, GP input nursing input into existing services.
- **Integrated Home Care services**: the CCG and the local council are working together to specify a new home care service model and pathway, with a focus on regaining independence following a stay in hospital.

Investment in GP practice buildings

Practice	CCG	Year of planned completion	£'000s *
FITZROVIA MEDICAL CENTRE	NHS CENTRAL LONDON CCG	15-16	45
NEWTON MEDICAL CENTRE	NHS CENTRAL LONDON CCG	16-17	TBC
			45

Out of hospital hub development

	Central London Hubs	Anticipated investment	Expected completion
1	St Mary's Hospital Hub	*tbc*	2019/20
2	Church Street Hub	£14.3m	2019
3	Central Westminster Hub	£6.3m	*tbc*
4	South Westminster	-	Open

FUTURE PLANS (3)

NW London hospital services post-reconfiguration

Core services	Local Hospital			Major Hospital									Elective hospital		Other		
	24/7 Local hospital A&E[2]	24/7 Urgent Care Centre	Outpatients and Diagnostics	24/7 A&E	Emergency surgery	Emergency medicine	Elective medicine	Elective surgery	L3 Intensive Care	Psychiatric liaison	Inpatient Paediatrics	Obstetrics and maternity unit	Non-complex elective surgery and/or medicine	High Dependency	Heart attack	HASU	Major Trauma
Central Middlesex		◆	◆										◆	◆			
Chelsea & Westminster		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Hammersmith[1]		◆	◆		S	S	S	S	◆			◆			◆		
Hillingdon		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Northwick Park		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆				◆	
St Mary's		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆				◆	◆
West Middlesex		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Harefield															◆		
Charing Cross	◆	◆	◆	The redevelopment of local hospitals will lead the way for a new type of hospital, providing dedicated access to a wide range of specialist planned care on an outpatient or ambulatory basis. This will facilitate the more rapid development of ambulatory services as part of a much more integrated approach across secondary, community and primary care. Emergency care services will also be provided													
Ealing	◆	◆	◆														

1 Including Queen Charlotte's

2 Including support as defined by the Keogh review

S = specialist services on site

Hubs in North West London

[Map shows boroughs in block colours overlaid with indicative Parliamentary boundaries]

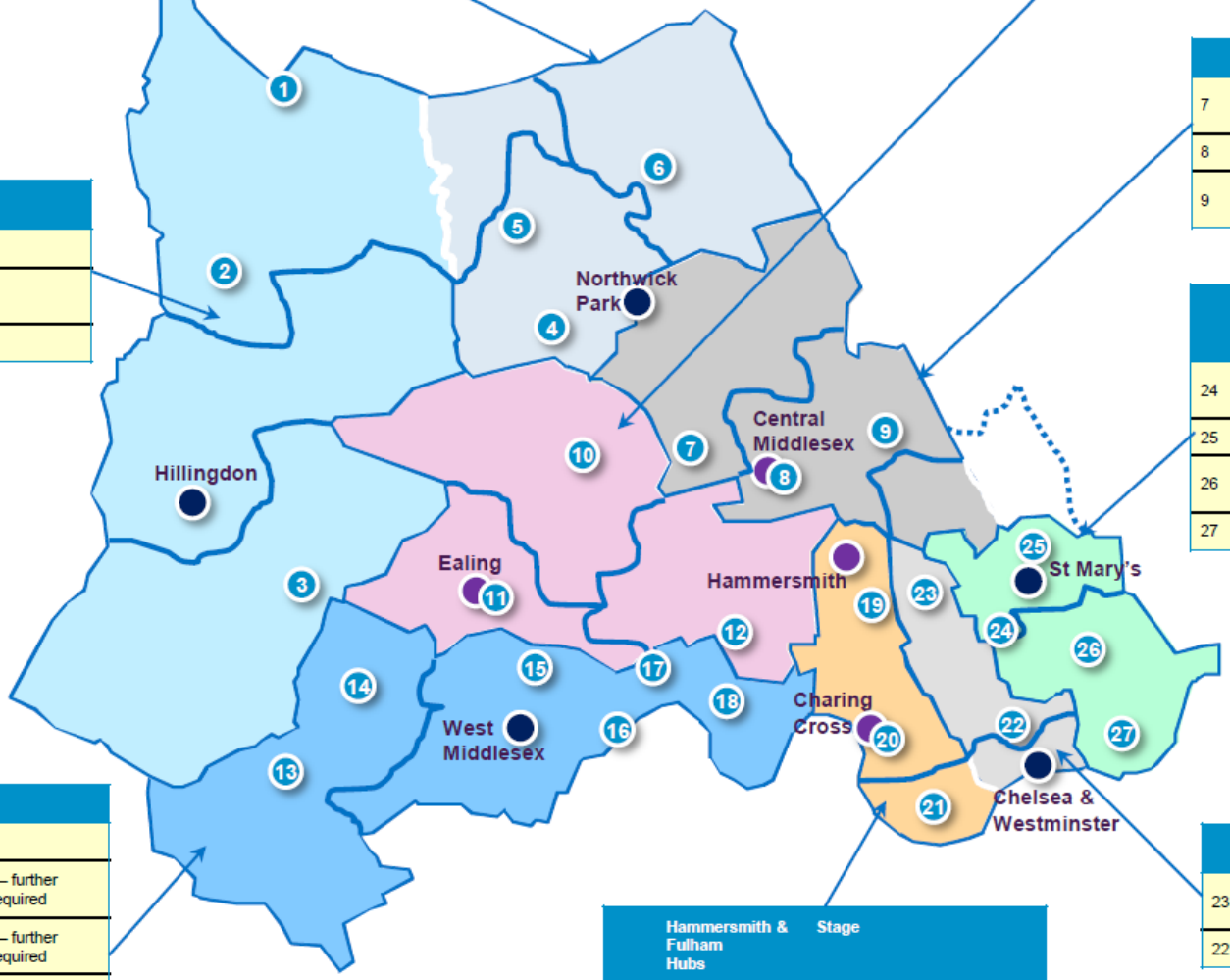
	Harrow Hubs	Stage
4	The Pinn Medical Centre	Operational – further investment required
5	Alexandra Avenue Health and Social Care Centre	Operational – further investment required
6	NE Harrow	OBC in development

	Ealing Hubs	Stage
10	Ealing North Hub	OBC in development
11	Ealing Local Hospital Hub	OBC in development
12	Ealing East Hub	OBC in development

	Brent Hubs	Stage
7	Wembley Centre for Health and Care	Operational – further investment required
8	Central Middlesex Hospital 'Hub Plus'	OBC in development
9	Willesden Centre for Health and Care	Operational – further investment required

	Hillingdon Hubs	Stage
1	North Hillingdon Hub	Strategic stage
2	Uxbridge and West Drayton Hub	Strategic stage
3	Hesa Primary Care Centre	Operational

	Central London Hubs	Stage
24	St Mary's Hospital Hub	OBC in development
25	Church Street Hub	OBC in development
26	Central Westminster Hub	Strategic stage
27	South Westminster	Operational



	Hounslow Hubs	Stage
13	Feltham Health Centre	Operational
14	Heston Health Centre	Operational – further investment required
15	Heart of Hounslow Centre for Health	Operational – further investment required
16	West Middlesex Hub	Strategic stage
17	Brentford Health Centre	Operational – further investment required
18	Chiswick Health Centre	Operational – further investment required

	Hammersmith & Fulham Hubs	Stage
19	Park View (formerly known as White City)	Operational
20	Charing Cross Hospital Hub	OBC in development
21	Parsons Green	Operational – further investment required

	West London Hubs	Stage
23	St Charles Centre	Operational – further investment required
22	South Locality Hub	OBC in development

Major hospitals

Local, specialist & elective hospitals

INTRODUCTION TO WEST LONDON CCG

West London CCG covers the Royal Borough of Kensington and Chelsea and also the Queen's Park and Paddington area of Westminster.

Population demographics

- The age profile of the area is common to other inner city areas in that it has a very large working age population and smaller proportions of children in particular, (the 2nd smallest in London).
- Those aged 65+ form a slightly larger proportion of the total population than London, but smaller than England.

- Half the area's population were born abroad.
- Four in 10 (38%) of the population in Westminster and nearly a third (29%) of the population in Kensington and Chelsea (K&C) is from Black, Asian and minority ethnic (BAME) groups
- Over a quarter of people in K&C and just under a third of people in Westminster state that English is not their main language

- Life expectancy for men and women living in the area covered by West London CCG is higher than London and England averages.
- However, the north of the area covered by West London CCG has worse health outcomes. The wards falling into the worst 20% in London for self-reported bad/very bad health, self-reported limiting long-term illness (LLTI) and self-reported working age LLTI are Golborne, St Charles, Notting Barns and Cremorne.

Overview

240,000* (est)
Local population

£378m
2015/16 health commissioning budget

*based on 2013 ONS figures

Care provision

- **Chelsea & Westminster NHS FT** and **Imperial College Healthcare NHS Trust are** the main providers of acute and specialist care.
- **Central London Community Healthcare (CLCH)** provides community nursing and therapies.
- **Central and North West London NHS Foundation Trust** is the acute mental health NHS provider with most treatment taking place in General Practice and also a diverse range of voluntary sector services

- 52 **GP** practices
- 24 **dental** practices in K&C and 62 in Westminster
- 42 **pharmacies**
- 15 **care homes**

Health challenges

- The principle cause of premature (<75) death in our area is cancer, followed by cardiovascular disease (which includes heart disease and stroke). A significant number of people also die from COPD.
- There are very high rates of people with severe and enduring mental illness in the area. In 2013/14, 16,000 people received treatment for a mental health problem.
- Priority areas for the CCG include people with long term conditions, older people and homeless people.

CURRENT PLANS (1)

West London CCG has invested £16m[1] in 13/14 and 14/15 on increasing the number of community services and joining up health and social care.

Whole systems integrated care

- **Community Independence Service (CIS):** The service is made up of health and social care professionals with a joint aim of keeping people at home for longer. CIS achieves its aims through discharge support and rapid response support clinicians in the community. West London CCG have further enhanced the rapid response element by commissioning GP medical cover and more recently launching the Older Adults Support Team in December. The team provides elderly consultant support to home visits by the team as well as a rapid access clinic.
- **Primary Care Navigators (PCNs):** There are PCNs working in GP practices to help patients who are 55+ with physical and/or mental health needs. They achieve this by providing one on one support to patients in the community or local practices, informing them of NHS, Voluntary and Local Authority services that are available to them.
- **Child Health GP Practice Hubs** – provide an environment in which health and social care professionals can work together in multi-disciplinary teams to provide integrated care for children most in need

Mental health and wellbeing

- **Urgent Care:** The urgent care pathway has been redesigned to ensure that access to crisis and urgent mental health assessment and care is delivered at home, 24/7/365, and away from A&E departments and in-patient acute wards as far as possible.
- We are **improving dementia diagnosis and support in general practice**, and have initiated an integrated pathway review under the mental health programme board.
- We are continuing our work to **better integrate physical and mental health services**, for example by putting specialist mental health liaison services into A&E departments and supporting ward earlier discharge for dementia, by implementing a new out of hospital payment scheme to guarantee that mental health patients under GP-only care get increased appointment time and that GPs are remunerated for this.
- We are working hard to develop an **integrated primary mental health service**, including the third sector, so we can deliver nationally required access and recovery targets for Improving Access to Psychological Therapies (IAPT) and support increased, high quality out of hospital mental health care.
- Innovating with service users and clinicians to design a new approach to **supporting long-term recovery and wellbeing** for the 16,000+ people with mental ill health in our area.
- North West London was the 2nd area nationally to have its action plan approved for the ground-breaking **Mental Health Crisis Care Concordat**, ensuring better, joined up, care for people experiencing mental health crisis.

1. Note: Additional expenditure on 'out of hospital' services and infrastructure, spent since the start of SaHF. This is expenditure on primary and community care services, provided outside of acute, intended to reduce demand on the acute sector, i.e. to reduce non-elective or elective admissions, in-hospital outpatient appointments, and A&E attendances. Also includes investment in supporting infrastructure.

CURRENT PLANS (1)

West London CCG has invested £16m in 13/14 and 14/15 on increasing the number of community services and joining up health and social care.

Community Out of Hospital services

- **Musculoskeletal, dermatology, diabetes and respiratory** services have been redesigned, bringing care out of hospital and closer to home.
  - **Community Diabetes Service:** increased provision
  - **Community Cardiology Service:** extension to K&C
- **Case management:** we have 15 band 7 Case Managers which we commission from CLCH (as part of the contract with CLCH) - these case managers support and case manage complex patients and coordinated their care.
- **Putting Patients First:** We have invested in building relationships between the different sectors such as the local authority, mental health, community nursing and pharmacists who provide care planning support at monthly practice meetings. This is achieved by incentivising integrated working and supporting with an organisational development programme.

Additional one off investments

SystmOne: All practices and all newly-commissioned community health services in West London are now using one IT system, SystmOne, leading to continuity of care for patients between services, ensuring clinical information is real time and delivering safer patient care.

St Charles – the development of 'community health and social care' hub at St Charles supports the promotion of integrated working across health and social care.

Primary care transformation (including OOH hubs)

- **Prime Ministers Challenge Fund (PMCF)**: all 50 GP practices in West London are taking part to help make it easier for patients to see a GP at a time convenient to them.
- **GP Federation:** as part of the Federation development process, all practices in WLCCG have agreed to work as a single federation, ensuring 100% population coverage across the CCG, and enabling further network development amongst GPs.
- **Extended access to GPs:** patients can access weekend GP services at 4 practices offering a walk-in and booked appointments and referrals from 111 open to all West London patients. Two walk-in services also available.
- **Enhanced access:** we have invested in 28 practices which offer telephone consultations as an alternative to face to face appointments, 5 offering email consultations, 22 practices offer online appointment booking.
- **Improved estates**: West London is investing in the buildings needed to deliver more services outside hospitals and closer to patients' homes. The St Charles Centre health hub is open to patients and another hub is planned to offer integrated care across the area.
- **Urgent phone advice to GPs from Chelsea and Westminster Hospital consultants**: A new dedicated phone line for GPs to deal with urgent patients enquiries for medicine, surgery, paediatrics, maternity and genecology. Sixty calls are made monthly providing urgent advice to GPs and improving patient care.

FUTURE PLANS (1)

Whole systems integrated care

- Embedding the Community Independence Service (CIS) reference earlier into our Whole Systems model will ensure the full impact of CIS is achieved in terms of ensuring patients are seen by the right clinician closer to home.
- **Integrated adult social care and GP IT systems** enabling seamless transfer of patient records between hospital, community services and GP practices improving the quality of patient care.
- The model will include a **new model of primary care** where the GP is central to caring for older people and offers extended care planning appointments with rapid access to a number of other providers including social care and the third sector. In quarter 4 we will launch our model in the South.
- We have launched **our Whole System model for Older People -** initially in the North - focusing on **creating a dynamic, multi professional hub at St Charles.** St Charles Integrated Care Centre opened on 21 September. Small numbers of practices are currently operating from it, and we aim to expand the roll-out across additional practices in coming months. The centre has social workers present 5 days a week and this allows holistic care planning discussions. There is also medicines management support available at the hub and we are building up the additional services present there, to include mental health
- We are working towards launching our hub in the south (at Violet Melchett clinic) in Q4. We are also launching a self-care pilot in January, which will fund additional capacity in the voluntary sector to allow patients to take up activities to support their wellbeing

Mental health and wellbeing

- Implement out of hospital mental health access standards, single point of access, and our integrated Crisis Mental Health Care Action Plan.
- Deliver our commitment to increase community **dementia diagnosis** services, and **increase access** to psychological therapies and specialist early intervention in psychosis services
- Implement new integrated community pathways for **urgent care, perinatal, dementia and learning disabilities.**
- Continue our pioneering work, under *Whole Systems* to develop a recovery-based, preventative **Community Living Well** service to help maintain health and well-being and prevent future crises occurring – which will be integrated into our 'Hubs'. The model will be implemented during 2015/16.
- Review Liaison Psychiatry Services at Chelsea and Westminster Hospital & St Mary's Hospital to ensure they are delivering efficient, high quality services.

FUTURE PLANS (2)

Primary care and Out of Hospital services

- **Improving primary care and access:** we will continue to ensure access to good quality primary care through extended evening and weekend opening.
- **GP Federation:** as part of the Federation development process, all practices in WLCCG have agreed to work as a single federation, ensuring 100% population coverage across the CCG, and enabling further network development with the Federation.
- Increasing **Outpatient and elective services** in the community: we will establish a new gynaecology and urology service and further develop our musculoskeletal service. We will also provide our new and enhanced cardiology and respiratory services.
- Increased investment in **neuro-rehabilitation** and intermediate bed based capacity, ensuring the appropriate provision is delivered as well as extending the community rehabilitation period up to 12 weeks in the community including support at home.
- Develop **self-management** and peer support programmes/interventions, with a focus on those with Chronic Obstructive Pulmonary Disease, cancer, diabetes and/or dementia.
- Create a single **care home placement** contracting team across health and social care in order to develop patient focused outcomes-based specifications and ensure appropriate and timely provision reducing pressure on hospitals.
- **Improved buildings**: West London is investing in the primary care estate needed to deliver more services in an out of hospital setting. Six practices will receive a share of £623,000 to improve their buildings. In addition, we will be investing further in St Charles Centre and developing a new out of hospital hub in the South of the borough to deliver further services in the community

Investment in GP practice buildings

Practice	CCG	Year of planned completion	£'000s *
EARLS COURT MEDICAL CENTRE	NHS WEST LONDON CCG	15-16	35
LANCASTER GATE MEDICAL CENTRE	NHS WEST LONDON CCG	15-16	146
NORTH KENSINGTON MEDICAL CENTRE	NHS WEST LONDON CCG	15-16	153
THE REDCLIFFE SURGERY	NHS WEST LONDON CCG	15-16	53
THE SURGERY	NHS WEST LONDON CCG	15-16	155
THE SURGERY	NHS WEST LONDON CCG	15-16	81
			623

Out of hospital hub development

	West London Hubs	Stage	Expected completion
1	St Charles Centre	Operational – further investment required	2017
2	South Locality Hub	OBC in development	2017

FUTURE PLANS (3)

NW London hospital services post-reconfiguration

Core services	Local Hospital			Major Hospital									Elective hospital		Other		
	24/7 Local hospital A&E[2]	24/7 Urgent Care Centre	Outpatients and Diagnostics	24/7 A&E	Emergency surgery	Emergency medicine	Elective medicine	Elective surgery	L3 Intensive Care	Psychiatric liaison	Inpatient Paediatrics	Obstetrics and maternity unit	Non-complex elective surgery and/or medicine	High Dependency	Heart attack	HASU	Major Trauma
Central Middlesex		◆	◆										◆	◆			
Charing Cross	◆	◆	◆														
Chelsea & Westminster		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Ealing	◆	◆	◆														
Hammersmith[1]		◆	◆		S	S	S	S	◆			◆			◆		
Hillingdon		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Northwick Park		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆				◆	
St Mary's		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆				◆	◆
West Middlesex		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Harefield															◆		

[1] Including Queen Charlotte's

[2] Including support as defined by the Keogh review

S = specialist services on site

Hubs in North West London

[Map shows boroughs in block colours overlaid with indicative Parliamentary boundaries]

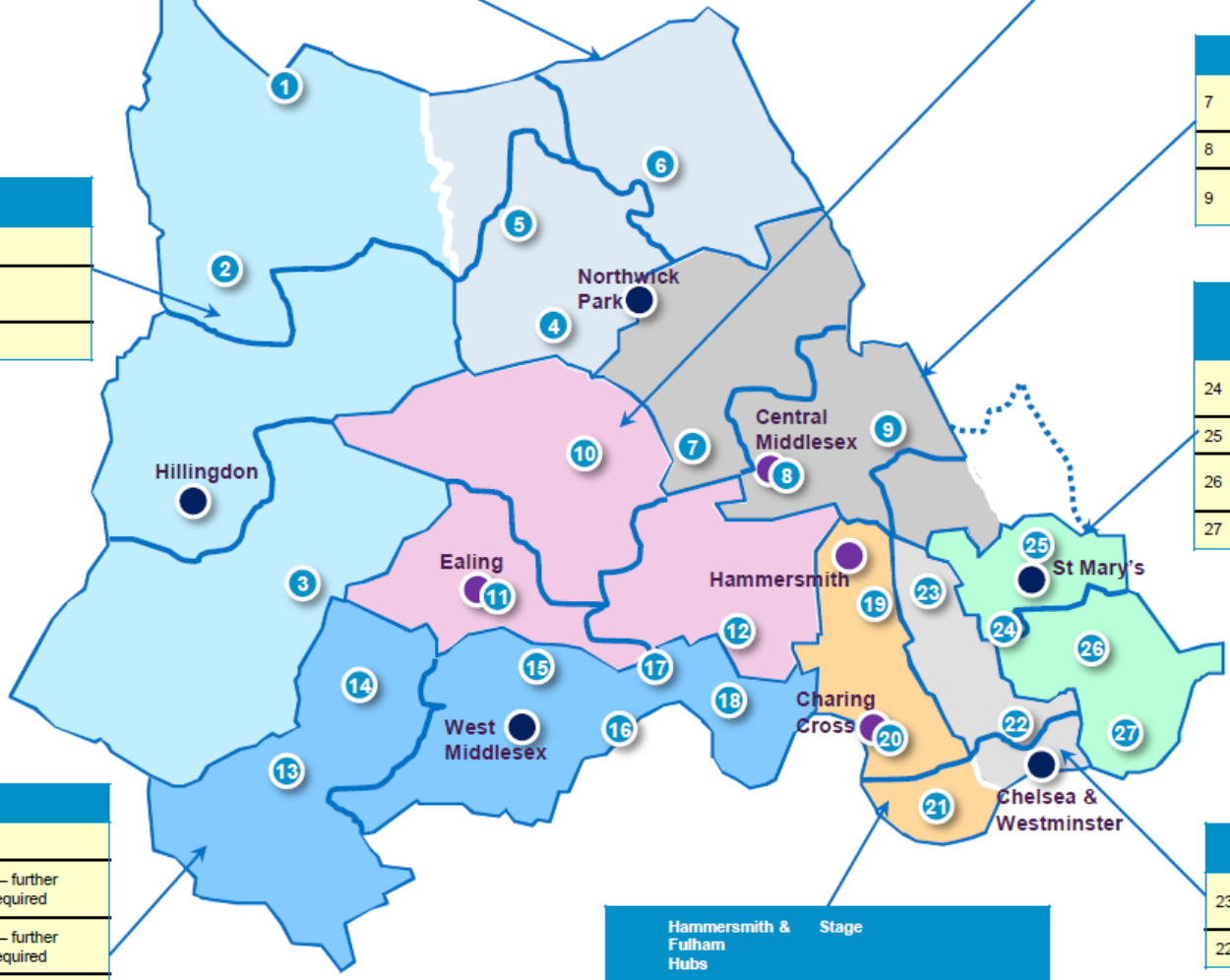
	Harrow Hubs	Stage
4	The Pinn Medical Centre	Operational – further investment required
5	Alexandra Avenue Health and Social Care Centre	Operational – further investment required
6	NE Harrow	OBC in development

	Ealing Hubs	Stage
10	Ealing North Hub	OBC in development
11	Ealing Local Hospital Hub	OBC in development
12	Ealing East Hub	OBC in development

	Brent Hubs	Stage
7	Wembley Centre for Health and Care	Operational – further investment required
8	Central Middlesex Hospital 'Hub Plus'	OBC in development
9	Willesden Centre for Health and Care	Operational – further investment required

	Hillingdon Hubs	Stage
1	North Hillingdon Hub	Strategic stage
2	Uxbridge and West Drayton Hub	Strategic stage
3	Hesa Primary Care Centre	Operational

	Central London Hubs	Stage
24	St Mary's Hospital Hub	OBC in development
25	Church Street Hub	OBC in development
26	Central Westminster Hub	Strategic stage
27	South Westminster	Operational



	Hounslow Hubs	Stage
13	Feltham Health Centre	Operational
14	Heston Health Centre	Operational – further investment required
15	Heart of Hounslow Centre for Health	Operational – further investment required
16	West Middlesex Hub	Strategic stage
17	Brentford Health Centre	Operational – further investment required
18	Chiswick Health Centre	Operational – further investment required

	Hammersmith & Fulham Hubs	Stage
19	Park View (formerly known as White City)	Operational
20	Charing Cross Hospital Hub	OBC in development
21	Parsons Green	Operational – further investment required

	West London Hubs	Stage
23	St Charles Centre	Operational – further investment required
22	South Locality Hub	OBC in development

Major hospitals

Local, specialist & elective hospitals