

ITEM: 08/182
DOC: 3

MEETING: Trust Board
17th December 2008

TITLE: Healthcare for London – progress report

Executive Summary:

This paper provides the Board with an update of the implementation of the Healthcare for London Framework relating to Trauma, Stroke, Urgent Care Centres, Polyclinics and Local Hospitals.

Bids from North Central London Hospitals for the delivery of Trauma and Stroke Care were submitted in November. Following clinical assessment of the Trauma bids, Bart's and the London Hospital, Kings College Hospital and St George's Hospital have received confirmation of their clinical accreditation to deliver level 1 trauma care. HfL have invited the RFH to submit further information in support of their bid to address the elements that received low scores in the initial submission.

Following clinical assessment of the Stroke bids UCLH, the RFH and Barnet Hospital have received confirmation of their clinical accreditation to deliver hyper acute stroke care. HfL will be providing detailed feedback to bidders shortly and the Whittington will work with HfL and the PCTs to ensure that the Whittington is successfully accredited as a SU and TIA service.

NHS Islington's consultation on its urgent care strategy has been delayed and is now expected to be launched in the new calendar year. As previously agreed by the Board the urgent care strategy and a proposed Whittington response to the consultation will be brought to the Board for discussion during the consultation period.

NHS Islington has published its primary and community care strategy which provides greater detail on the model for polyclinic development suggesting a 'Hub and Spoke' polyclinic model. The strategy details the hub element as located at the Whittington site with GPs and health centres providing the spoke element. NHS Islington is developing a costed commissioning and procurement plan. This will be followed by full and formal consultation starting in early 2009 and a proposed Whittington response to the consultation will be brought to the Board for discussion during the consultation period.

Haringey Teaching PCT (HTPCT) is continuing to develop the Hornsey Central Neighbourhood Health Centre and the Whittington is actively involved in this work.

HfL published their vision for Local Hospitals on 27 November. From these it can be seen that the Whittington is already developing its services along these lines. There are however, some variances to the HfL indicative care models for emergency surgery, paediatrics and maternity. HfL have undertaken an initial financial impact assessment to determine loss in income associated with changes in patient flows. HfL recommend that work is commissioned on how PbR can be flexed to incentivise the changes required. HfL recognise that further work is required on clinical, financial and organisational arrangements that would be required to make local hospitals a viable proposition.

ACTION: To note and discuss

REPORT FROM: Fiona Elliott, Director of Planning & Performance

SPONSORED BY: David Sloman, Chief Executive



Financial Validation Lead: Director of Finance	N/A
Compliance with statute, directions, policy, guidance Lead: All directors	N/A
Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: N/A
Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference: N/A
Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy & Performance	Reference: N/A

1. Healthcare for London progress report.

Healthcare for London (HfL) implementation is being led at a local level by PCTs with expert input from existing local networks or working parties. This paper provides the Board with an update on progress to date.

2. Trauma Care

The Board are aware that HfL proposes the introduction of a trauma system within London, integrating hospital and pre-hospital care to identify and deliver patients to a specialised place of care quickly and safely. At the centre of this system are major trauma centres.

Locally the Royal Free Hospital (RFH) submitted a bid to be the Level 1 Major Trauma Centre for North London. Other submissions were made by Guys & St Thomas' Hospital, Kings College Hospital, St George's Hospital, Imperial College Hospital and Bart's and the London Hospital, an existing major trauma centre.

Following clinical assessment of the bids the following hospitals have received confirmation of their clinical accreditation to deliver level 1 trauma care:

- Bart's and the London Hospital
- Kings College Hospital
- St George's Hospital

HfL have invited the RFH to submit further information in support of their bid which may address some of the elements that received low scores in the initial submission.

HfL will be developing an option appraisal from the submissions, and it is intended that this will go out to consultation by the end of December 2008.

An assessment of the assumed loss of trauma cases at the Whittington as a result of HfL developments was undertaken for the development of the IBP and identified as being 45 cases per year, and this remains regardless of designated provider.

3. Stroke care

HfL's preferred model for stroke care is based on a network arrangement. Hyper Acute Stroke Units (HASUs) complemented by Stroke Units (SU) on other hospital sites, where patients that have been taken to HASUs, when stable would be repatriated to for inpatient rehabilitation and then, when safe to do so, back home.

In North Central London bids were submitted by the RFH, UCLH, Barnet Hospital and the North Middlesex to become HASUs. Following clinical assessment of the bids the following hospitals have received confirmation of their clinical accreditation to deliver HASU care:

- UCLH
- RFH
- Barnet Hospital

The Whittington's bid to become a SU and TIA provider has been assessed as follows:

Hospital Site	Lot	Bid evaluation score	Bid overview score	Requirements
The Whittington Hospital NHS Trust	SU	70/100	2/5	Not Met
The Whittington Hospital NHS Trust	TIA	86/100	3/5	Met but SU not met

HfL will be providing detailed feedback to bidders shortly and the Whittington will work with HfL and the PCTs to ensure that the Whittington is successfully accredited as a SU and TIA service.

HfL will be developing an option appraisal from the submissions, and it is intended that this will then go out to consultation.

4. Urgent Care Centres

NHS Islington has developed its urgent care strategy which outlines the development of a primary care led urgent care centre placed at the Whittington to act as the first point of contact for ambulatory patients attending the Emergency Department.

The consultation on the strategy has been delayed and is now expected to be launched in the new calendar year.

As previously agreed by the Board the urgent care strategy and a proposed Whittington response to the consultation will be brought to the Board for discussion during the consultation period.

5. Polyclinic development

NHS Islington has published its primary and community care strategy which provides greater detail on the model for polyclinic development in Islington covering a period of 2008 – 2014. A 'Hub and Spoke' polyclinic model is proposed and expected to deliver a network approach for provision of Primary Care services. The strategy details the hub element as located at the Whittington site with GPs and health centres providing the spoke element.

NHS Islington is now developing a costed commissioning and procurement plan. This will be followed by full and formal consultation starting in early 2009.

As previously agreed by the Board the primary and community care strategy and a proposed Whittington response to the consultation will be brought to the Board for discussion during the consultation period.

Haringey Teaching PCT (HTPCT) is continuing to develop the Hornsey Central Neighbourhood Health Centre. Initial priorities for this are to transfer some existing primary and community care services that will be delivered from the building. To date these include

GP services, District Nursing services, Podiatry, Sexual Health services, Dementia assessment and care and Community Physiotherapy.

Once these services have been installed a residual capacity assessment will be undertaken. HTPCT will work with Practice Based Commissioners to redesign clinical pathways for Long Term Conditions with elements of the pathway being delivered from the centre. The Whittington is discussing potential service models with the PCT including consultant out reach from the Whittington. The Whittington has submitted a proposal to HTPCT to deliver the diagnostic services at the centre.

Further updates to the Board will follow as the model for Hornsey Central develops.

6. Local Hospitals

HfL published their vision for Local Hospitals on 27 November.

Local hospitals are described as serving a population of around 250,000 and including a 24-hour Emergency Department, a paediatric assessment unit, a maternity unit, and inpatient emergency care alongside critical care services. In addition to other clinical services, it could also include a 24/7 polyclinic at its front door, treating non-urgent cases and providing direct access to diagnostics tests and outpatients. HfL have indicated that there is not a one-size fits all local hospital as the range of clinical services must be driven by local need.

HfL have identified that there is scope for the differentiation of service provision beyond the local hospital services identified above. The template at appendix 1 describes the range of services that could potentially be provided in the local hospital. These are described as 'core' and 'additional'. The core services correspond to the description in *A Framework for Action*. The additional services illustrate some of the potential for other services to be provided. The Whittington provides most of the additional elements and it is also a teaching hospital.

Local hospitals will need to work as part of clinical networks, ensuring patients have access to the right opinion and expertise. Clinical networks are likely to be developed for emergency out of hours surgery and in-patient paediatrics in addition to what has been developed for cardiac, stroke and major trauma services. Appendix 2 provides an illustration of the proposed network approach and it can be seen that this model of care is coherent the Whittington's service strategy.

When examining the indicative care models for urgent care and acute assessment, emergency surgery, paediatric care and maternity detailed in the report, it can be seen that the Whittington is already developing its services along these lines. There are some variances:

- In relation to out of hours emergency surgery the Whittington carries out most of this itself and only transfers patients needing specialist surgical care that is not normally undertaken at the Whittington
- In relation to paediatric care the Whittington admits children presenting to the Emergency Department after midnight and only children needing specialist care are transferred to specialist paediatric centres.
- In relation to maternity care the Whittington manages high-risk pregnancies identified before labour

Initial work undertaken by HfL to understand the financial implications of the Local Hospital model suggest a variable financial risk for current district general hospitals (DGHs) dependent upon the extent and impact of the service changes. The financial analysis is based on the assumption of activity shifts from DGHs to major acute centres and the community setting and therefore assumes a loss of income. There appears to be no assumption for any shift in high volume/ low risk activity into the Local Hospital from the major acute centres. Many of the elements included in the HfL analysis have been factored into the activity assumptions included in the Whittington's Integrated Business Plan and Long Term Financial Model. HfL recommend in the report that work is commissioned on how PbR can be flexed to provide incentives for different models of care. Further analysis is being undertaken to ensure all risks are identified.

HfL's Local Hospital report recognises that:

"The clinical models, which make up the local hospital, can be delivered but the path to delivering this will be far from easy to tread. The indicative clinical models describe the way in which the clinical services might work, but there are important issues of patient safety and clinical management which need to be addressed for this to be the case. The need to develop clinical networks has come across emphatically from the project and requires particular attention".

HfL recommend that further work is required on clinical, financial and organisational arrangements that would be required to make local hospitals a viable proposition and the board will be kept informed of progress with the implementation of Local Hospitals at future meetings.