

ITEM: 09/006
DOC: 5

MEETING: Trust Board
21 January 2009

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 and Polyclinics.

Bids from North Central London Hospitals for the delivery of Trauma Care were assessed in November. The RFH was not successful. HfL have since requested expressions of interest for the delivery of a Trauma Centre for North and North West London. The RFH will resubmit its revised EOI under this process.

The Board is aware that Whittington was not accredited as a Stroke Unit by the HfL clinical evaluators. The Trust has now reviewed HfL’s evaluator’s comments and submitted a detailed response outlining a number of concerns and challenges around both the evaluation process and outcome. The Chief Executive is meeting with David Sissling Programme Director, Healthcare for London as a matter of urgency, to discuss the Whittington’s bid in detail.

NHS Islington’s consultation on its urgent care strategy was launched on 5 January 2009 and will run until 30 March 2009. The Trust is preparing its response to the consultation. A summary of the strategy and draft response will be brought to the March Part 2 Board for discussion.

There have been no developments in relation to the launch of NHS Islington’s consultation on its primary and community care strategy and the development of a ‘Hub and Spoke’ polyclinic model. Local GPs have formed a North Islington Federation and have formally written to the Chief Executive to express their interest in working with the Whittington to improve care pathways for patients and have identified six priority conditions.

Haringey Teaching PCT (HTPCT) is continuing to develop the Hornsey Central Neighbourhood Health Centre and the Whittington is actively involved in this work. Hornsey is on target to open on 1 April 2009 and the GPs who will work there have now been selected.

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

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.

The HfL London Major Trauma project undertook a process to assess the clinical quality of proposed trauma networks in London. As a result of this process three trauma networks were successful in demonstrating their ability to deliver the service required by April 2010:

- East London and Essex Network, led by Barts and the London NHS Trust (The Royal London)
- South East London, led by King's College Hospital NHS Foundation Trust
- South West London and Surrey Network, led by St George's Healthcare NHS Trust

HfL suggest that it is possible these three networks may be able to cover the whole of London - this is one of the options being considered by the Joint Committee of PCTs (JCPCT) to go forward to public consultation.

The JCPCT is also considering a consultation option which identifies a fourth trauma network covering the North and North West of London. Locally the Royal Free Hospital (RFH) has resubmitted a revised expression of interest to be the Level 1 Major Trauma Centre for North London.

For this selection process the North and North West area of London is defined as the area covered by the following PCTs:

- Hillingdon
- Hounslow
- Ealing
- Harrow
- Brent
- Hammersmith & Fulham
- Kensington & Chelsea
- Westminster
- Camden
- Barnet
- Islington
- Haringey
- Enfield

The Major Trauma Centre is expected to be able to serve a London population of up to 3.06million and an estimated major trauma workload of up to 465 London patients per annum. The Acute Trusts listed below will need to form part of the London trauma system, either as the Major Trauma Centre, or as Trauma Centres.

- Barnet Hospital
- Royal Free Hospital

- UCLH
- Whittington Hospital
- North Middlesex Hospital
- Chelsea & Westminster Hospital
- St Mary's Hospital, Paddington
- Charing Cross Hospital
- Ealing Hospital
- Hillingdon Hospital
- Northwick Park Hospital
- West Middlesex Hospital

HfL's aim is that the designated network for North and North West London would be operational by April 2012 at the latest. Once bids have been completed Healthcare for London will be requesting that bidders describe *when* they would be able to meet each of the designation criteria. The speed at which the benefits to patients can be realised will be a factor in the evaluation of the bids.

The JCPCT may decide that some of the acute trusts Trauma Centres (TCs) are aligned with one of the three other networks to ensure the greatest possible trauma coverage for London by April 2010. Final allocation of TCs to networks will be made by the JCPCT following public consultation and it is at this time the Whittington will be informed of its partner Major Trauma Centre.

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.

The Board is aware that Whittington was not accredited as a Stroke Unit following the evaluation of the bid submitted in December 2008. The Trust has now reviewed the HfL's evaluator's comments and submitted a detailed response outlining a number of concerns and challenges around both the evaluation process and outcome which in summary are as follows:

- A lack of clarity and transparency around the accreditation threshold
- Apparent misreading and/or misunderstanding of the Whittington's initial submission and the submitted commentary against a number of the criterion
- Apparent contradictions between the scoring of different but related criterion
- An apparent disregard of some of the submitted evidence
- An apparent lack of recognition of some of the evidence that was submitted

UCLH have written to HfL to endorse the Whittington's bid to be a Stroke Unit and have committed to supporting the Whittington in any area HfL identifies as needing improvement.

The JCPCT are due to meet this month to develop and agree the options for stroke care that will be included within the final consultation document. David Sloman is meeting with David Sissling Programme Director, Healthcare for London as a matter of urgency, to discuss the Whittington's concerns in detail.

4. Urgent Care Centres

NHS Islington's consultation on its urgent care strategy was launched on 5 January 2009 and will run until 30 March 2009.

The urgent care strategy 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 confirms NHS Islington's intention to tender for an urgent care center (UCC) on the Whittington hospital site, working with Haringey PCT to make sure that it meets the needs of its patients in West Haringey. The consultation states that the Whittington has been involved in the development of the strategy and has been explicit that whilst it supports the direct of travel in the urgent care strategy it does not agree with the principle of tendering for the UCC on the Whittington site.

The Trust is preparing its response to the consultation. A summary of the strategy and draft response will be brought to the March Part 2 Board for discussion

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.

There have been no developments in relation to the launch of NHS Islington's consultation on its primary and community care strategy and the development of a polyclinic. 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.

Local Islington GPs have formed a North Islington Federation and have formally written to the Chief Executive to express their interest in working with the Whittington to improve care pathways for patients and have identified six priority conditions. The Whittington is meeting with the Federation to develop working relations and to ensure continuous improvements to cross boundary working for the benefit of its patients.

Haringey Teaching PCT (HTPCT) is continuing to develop the Hornsey Central Neighbourhood Health Centre and the Whittington is actively involved in this work. Hornsey is on target to open on 1 April 2009 and the GPs who will work there have now been selected.

Existing primary and community care services are being transferred into the building and a review of additional service that may be delivered from the centre will follow in July 2009.

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