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City of Westminster

Committee Agenda

Title:	**Health Policy & Scrutiny Urgency Sub-Committee**
Meeting Date:	**Thursday 29th June, 2017**
Time:	**4.00 pm**
Venue:	**Room 3.5, 3rd Floor, 5 Strand, London WC2N 5HR**
Members:	**Councillors:** Jonathan Glanz (Chairman) Barbara Arzymanow Barrie Taylor

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at 5 Strand from 3.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer.
Tel: 020 7641 2802
Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any personal or prejudicial interests in matters on this agenda, in addition to the standing declarations previously made.

3. MINUTES **(Pages 1 - 10)**

To approve the Minutes of the meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee held on 29 March 2017.

4. IMPROVING HEALTH AND CARE TOGETHER IN WESTMINSTER **(Pages 11 - 58)**

To review joint working across health & social care in Westminster, and to seek Members' views on how this can be developed and strengthened. The report will include two presentations:

- Improving Health and Care Together in Westminster - providing an update on some NHS plans and priorities in Westminster.
- Central London CCG's draft Primary Care Strategy - setting out the strategy for primary care and community-level commissioning in the Central London area for the period 2017 to 2020.

5. ANY OTHER BUSINESS

Charlie Parker
Chief Executive
21 June 2017

MINUTES

CITY OF WESTMINSTER

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 29 March 2017**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors Jonathan Glanz (Chairman), Barbara Arzymanow, Susie Burbridge, Patricia McAllister, Gotz Mohindra, Jan Prendergast and Barrie Taylor.

Also Present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 Apologies were received from Councillor Glenys Roberts.

2. DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously made.

2.2 Councillor Jan Prendergast declared a non-prejudicial interest in that she was an outpatient at St. Mary's Hospital, and a member of the Friends of St. Mary's Hospital.

3. MINUTES

3.1 RESOLVED: That the Minutes of the meeting held on 1 February 2017 be approved.

3.2 The Chairman reported that since the last meeting of the Committee, he had met with Tracey Batten (Chief Executive, Imperial Healthcare NHS Trust).

4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Adult Social Services & Public Health

4.1.1 The Committee received a written update on key issues relating to Adult Social Care, Public Health, and the Westminster Health & Wellbeing Board.

4.1.2 Councillor Heather Acton attended the meeting as Cabinet Member, and expressed regret that that the London Borough of Hammersmith & Fulham would be withdrawing from Tri-borough working arrangements. The Cabinet Member emphasised that the City Council would work with partners to ensure that service users experienced no change in delivery, and that Westminster still had a strong bi-borough arrangement. Committee Members sought clarification of how the £43 million in savings from tri-borough working had been achieved, and what the costs would be moving forward. Members commented on the importance of maintaining the Community Independence Service as a bi-borough service; and highlighted the need to be kept updated on progress in the changes that would take place, and on the potential implications for the delivery of Adult Social Care in Westminster.

4.1.3 The Cabinet Member commented on the national policy framework and planning guidance for the 2017/18 Better Care Fund, and reported that correspondence had now been received from the Department of Communities & Local Government (DCLG) which set out the conditions of the additional funding that was to be used to help stabilise the market for social care.

4.1.4 Consultation with partners and service users on the proposed reconfiguration of Mental Health Day Services was ongoing, and the Cabinet Member confirmed that no discharges from current settings would be made until service users were happy with the alternatives that were being offered.

4.1.5 The Westminster Health & Wellbeing Board had met in closed session to discuss measures to improve partnership working, and an additional meeting had been scheduled for April to progress the work that had been done. Work on the Delivery Plan for the Westminster Health & Wellbeing Strategy published in December 2016 was ongoing, and the Cabinet Member confirmed that the implementation process would involve the voluntary sector, community organisations and CityWest Homes.

4.1.6 Other issues discussed by Committee Members included the advice offered by the City Council on mobility, and the Blue Badge scheme operated by Transport for London.

4.2 Cabinet Member for Public Protection & Licensing

4.2.1 The Committee received a written briefing on key issues within the Public Protection & Licensing portfolio, which included the Mayor of London's Police & Crime Plan; the night time economy and Licensing Charter; and the operation to tackle spice and associated anti-social behaviour.

4.2.2 The Committee discussed shisha smoking, and highlighted ongoing problems relating to shisha in Harrow Road. Several countries had banned the smoking of shisha in public, and shisha providers would need to comply with new tobacco regulations that would come into effect in May 2017. Members suggested that the City Council needed to be clear on its position on shisha smoking, which should be licensed, and also suggested that the dangers of shisha should be publicised in Westminster's schools. The Committee also discussed the findings and statistics of the World Health Organisation, and asked to receive details of Westminster's Shisha Strategy.

4.2.3 Following the last meeting, Westminster's response to the draft Police & Crime Plan for London 2017-2021 had been sent to the Mayor of London, and had included the Committee's opposition to the proposals for merging Borough Command Units (BCU's). Members asked to receive the findings of a pilot for the new BCU's that had taken place in Barking & Dagenham, and suggested that the Deputy Mayor of London could be invited to attend the Committee to discuss the proposed changes.

4.2.4 The Committee requested an update on the reconfiguration of CCTV in Westminster, and sought clarification on whether a report or update would be available following the 2017 Hackathon staged by the Imperial NHS Trust. Members also requested an update on Fixed Odds Betting Terminals; together with details of the powers available to address the rise in rough sleepers using tents, and whether they were in the control of the City Council, the Police, or Transport for London.

5. STANDING UPDATES

5.1 Air Quality Task Group

5.1.1 Muge Dindjer (Policy & Scrutiny Manager) provided an update on the work of the Air Quality Task Group which had met for the last time on 30 March, and outlined the draft recommendations within the report that related to health. The Task Group now fell within the remit of the Children, Environment & Leisure Policy & Scrutiny Committee, and the sets of recommendations for health, and seeking to deal with emissions from transport and buildings were to be considered for adoption on 15 May 2017, prior to publication. The Committee noted that 80% of the City breached EU air pollution limits at any one time.

5.1.2 The Greater London Authority (GLA) had suggested that Public Health England took the Mayor's air quality messages into schools, care homes and nursing homes; and the Task Group had highlighted the need to ensure that front line staff were trained to advise residents and vulnerable people on self-care when pollution was particularly bad. It was also suggested that the Westminster Health & Wellbeing Board could work more closely with stakeholders on issues relating to air quality.

5.1.3 Committee Members acknowledged the importance of preventative work in improving air quality, and highlighted the important role of schools in engaging with children and parents. The Cabinet Member for Adult Social Services & Public Health confirmed that all of Westminster's schools now had sustainable travel plans, and that Public Health was already working with schools on air quality. Members noted that safer routes to school had been established in Marylebone, and that new playgrounds were being sited away from areas of particularly poor air quality.

5.1.4 The Committee commented on the ability of Ward Members to have greater involvement in local measures to improve air quality, and highlighted the role of the planning process to avoid grouping high buildings which could concentrate pollution; and of the licensing service in seeking a commitment to use low emission taxis.

5.2 Health & Wellbeing Centres Task Group

5.2.1 Councillor Barrie Taylor updated the Committee on progress in the development of the Health & Wellbeing Centres Task Group. Members noted that preliminary informal discussions were taking place with the Mental Health Trust, Public Health and Westminster's Clinical Commissioning Groups; and that clarification would be sought of the contribution being made to health and wellbeing by Sport and Leisure. Councillor Taylor suggested that advice could also be sought from an all-party group on Art and Health, which had held a workshop at a Public Health conference he had recently attended. All Members of the Committee were encouraged to take part in the Task Group.

5.2.2 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) informed the Committee that the Health & Wellbeing Board had commissioned the Communications Department to work with Public Health and Adult Social Care, to provide a map of all existing hubs and community centres in Westminster as a blueprint for the City Council and its partners.

5.2.3 The Committee endorsed the proposed Terms of Reference for the Health & Wellbeing Centres Scrutiny Task Group.

5.3 Healthwatch Westminster

5.3.1 Helen Mann (Healthwatch Programme Manager) updated the Committee on Westminster Healthwatch activity between January and March 2017, and provided details of the 2016-18 Work Plan priorities which sought economies of scale through tri-borough working.

5.3.2 An ongoing survey of residents in Westminster had shown a lack of awareness and engagement in the Sustainability & Transformation Plan, and in response Healthwatch were pressing for the changes to health and wellbeing to be more explicit for service users. Other ongoing areas of work included Homecare; signposting for information and services; and working with commissioners in the reconfiguration of Mental Health Day Services.

5.3.3 The Committee commented on the work of the Healthwatch dignity champions, who were volunteers that sought to improve people's experiences of health and social care, and noted that they would be speaking informally to patients in urgent care services in St. Mary's Hospital.

6. ST MARY'S HOSPITAL URGENT CARE CENTRE

6.1 In response to a request from the Committee, Professor Tim Orchard (Divisional Director of Medicine & Integrated Care, Imperial NHS Trust) and Claire Braithwaite (Divisional Director of Operations, Imperial NHS Trust) presented a joint report with the Central London Clinical Commissioning Group on the delivery and performance of the Urgent Care Centre (UCC) at St Mary's Hospital. Committee Members also heard from Jules Martin (Managing Director, NHS Central London CCG). Data provided in the report included A&E monthly performance from April 2016 to February 2017; complaints and patient feedback; and the number of patients attending A&E that had required input from mental health services. The Committee was informed that Central London CCG's responsibility for the operation of the UCC at St. Mary's had been assumed by Vocare Ltd in April 2016, and that a new service model had been put into place which had led to difficulties in managing waiting times, particularly overnight.

6.2 The Emergency Department at St. Mary's was under considerable pressure with Type 1 attendances having increased by over 9%, and although designed to see 80,000 people per year, over the past 12 months the Hospital had seen 111,000 attendances. While the physical constraints at St. Mary's remained a considerable challenge, the medical quality of the care remained high. A £3.2m refurbishment of the Emergency Department would soon be completed, and would enable the patient flow to become more logical and efficient, and supported by early triage

6.3 Although national urgent care standards required that 95% of all patients presenting for urgent care were assessed within 20 minutes of arrival, from April to November 2016 only 43% of patients been assessed within that time. The Committee noted that the increase in Emergency Department attendances had led to most hospitals in London falling short of the 95% target. Although some improvement had been seen in late 2016 and early 2017, it had not been sufficient to meet the contract standards, and in January 2017 the CCG had developed an improvement plan with Vocare.

6.4 A number of schemes were being implemented in addition to the refurbishment, which included the opening of a Surgical Assessment Unit to reduce delays; the continued expansion of the Emergency Ambulatory Care Centres; streaming and avoiding unnecessary hospital admissions; and improving ward and discharge processes. Since the plan had been implemented, performance had risen to 96% of patients being seen within 20 minutes of arrival. Imperial had also developed an on-going and extensive programme to improve the urgent and emergency care pathway with the aim of reducing waits, improve patient flow, and manage increased demand.

6.5 The Committee sought clarification of comparative performance in patients being seen within the 4 hour target between St. Mary's and other hospitals, and noted that the number of breaches through inappropriate attendances at St. Mary's was low, due to general practice at the front door steering people to primary care when appropriate. Members also commented on the implementation of the improvement plan, and on the effect of other influences on performance such as winter sickness, staff retention, and unexpected major incidents. Professor Orchard confirmed that staffing levels did not have a particular impact on breaches at St. Mary's, which had started its own programme for training Extended Nursing Practitioners and had improved recruitment and retention.

6.6 Committee Members commented that patients who were ready to be discharged should have the opportunity to receive a cross-service assessment of their needs, which could form the basis of any necessary care plan. In response to a suggestion that these care plans be more formal, in a similar way to statemented children, Professor Orchard acknowledged that such a proposal could directly benefit the patients, and ensure that the professionals involved would know the limit of their involvement.

6.7 Professor Orchard expressed concern over an ongoing increase in Mental Health cases being brought into Emergency Services over the past 18 months. Although a recent change to the law had led to medical centres being considered places of safety, busy service and medical wards were not a good environment for people experiencing a mental health crisis. Professor Orchard recognised that although St. Mary's had employed registered mental health nurses, who could provide support, and had access to psychiatric services provided by the CCG, services

needed to be further improved. St Mary's also continued to have difficulty in finding placements for patients with mental health issues.

6.8 A substantial rise in the number of older patients had attended the hospital during the winter, which was increasing annually. Professor Orchard agreed that the providers of acute primary, community and secondary care needed to work together more closely to address issues arising from the ageing population. A more preventative strategy also needed to be adopted, that would help people receive care in their own homes and reduce the need for expensive hospital beds.

6.9 The Committee acknowledged the improvements to urgent care services and waiting times that were being made, and commended St. Mary's Hospital for providing a good service during the on-going reconfiguration.

7. END OF LIFE CARE

7.1 Colin Brodie (Senior Engagement & Corporate Affairs Manager), Jules Martin (Managing Director, NHS Central London CCG) and Chris Neill (Interim Assistant Managing Director, NHS Central London CCG) presented a report which summarised the work and findings of the Joint Strategic Needs Assessment (JSNA) on End of Life Care. The Committee also received the report of the London Assembly Health Committee on End of Life Care in London.

7.2 The JSNA represented a summary and pulling together of work, which had taken into account available data, including current policy and strategy, and included five recommendations for key partners:

- To maximise choice, comfort and control through high quality effective care planning and co-ordination;
- To promote end of life care as 'everybody's business' and develop communities which could help support people;
- To identify clear strategic leadership for end of life care across both social care, health and the independent sector;
- To establish a coordinated education and training program for practitioners, the person dying, carers and for family/friends (if they wish); and
- That everyone should have easy access to evidence and information.

The JSNA also summarised the local direction of travel for End of Life Care in Westminster, and continuing progress made against the recommendations since publication. Although good palliative care services were available in the UK, an increasing number of reports were highlighting the same issues and themes as were identified in the JSNA. Members noted that the data given in the JSNA was now over a year old, and that more recent information was available online.

7.3 The Committee acknowledged that people were living longer, and that the end of life following illness could not always be accurately projected. Colin Brodie reported that care was seeking to focus more on the last phase of life rather than the final few weeks, with people who were able to return home being supported with care planning by multi-disciplinary teams. Colin Brodie also highlighted the need for a change in culture regarding attitudes towards death and dying, which would assist in appropriate care being obtained for people who were approaching the end of life. Committee Members commented on the value of the Patient Contract for supporting care, when people who were nearing the end of life were discharged from hospital.

7.4 Other issues discussed included the benefits of consultations with GP's and care professionals through telemedicine; the introduction of a more innovative social finance model in care homes; and the availability of assistance in meeting the cost of funeral arrangements.

7.5 The Committee endorsed the JSNA report and recommendations, which had receive initial approval by the Westminster Health & Wellbeing Board.

8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

8.1 Muge Dindjer (Policy & Scrutiny Manager) presented the Committee's Work Programme for the remainder of the current municipal year, together with the Committee's Action Tracker.

8.2 The Committee discussed Agenda items for future meetings, and asked to receive regular updates on the forthcoming changes to Tri-borough working. Members also agreed that consideration should be given to including a review of Westminster's Shisha Strategy, together with further discussion on the London Policing Plan and proposals for Borough Command Units. Other issues for consideration included rough sleeping; serious youth violence; and anti-social behaviour and the evening and night-time economy.

8.3 It was also agreed that the Committee would receive a presentation on the reconfiguration of primary care services from the Central London CCG at the next scheduled meeting on 8 May, or at a separate Special Meeting.

9 ITEMS ISSUED FOR INFORMATION

9.1 The Committee noted that a briefing note which provided an update on Tackling Childhood Obesity had been circulated for information separately from the printed Agenda.

10 ANY OTHER BUSINESS

10.1 No further business was reported.

The Meeting ended at 9.12pm.

CHAIRMAN:_____ DATE:_____

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City of Westminster

Health Policy & Scrutiny Urgency Sub-Committee

Date:	29 June 2017
Classification:	General Release
Title:	**IMPROVING HEALTH AND CARE TOGETHER IN WESTMINSTER**
Report of:	Jules Martin, Managing Director, Central London CCG Louise Proctor, Managing Director, West London CCG
Cabinet Member Portfolio	Adults & Health
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details	Chris Neill, Deputy Managing Director, chrisneill@nhs.net Emma Playford, Corporate Affairs Lead, Emma.playford@nhs.net

1. Executive Summary

1.1 This report provides an opportunity to reflect on the history of joint working across health & social care in Westminster and to gain the Committee's input to how this is starting to be developed and strengthened going into the future. It also:

- Provides an overview of priorities for the CCGs
- Provides an update on CCG planning – with a particular focus on the draft Primary Care Strategies developed by the CCGs and which are now the subject of consultation
- Updates the Committee on planned service changes for information.

1.2 The Committee is invited to provide feedback on the above items.

2. Key Matters for the Committee's Consideration

2.1 The Adults, Health & Public Protection Policy & Scrutiny Sub-Committee is invited to consider the attached presentations and the information contained in this report, provide feedback and to discuss with members of the CCG leadership teams.

3. Background

3.1. The CCGs and Local Authority have a history of joint working across health and care in Westminster.

3.2 The attached overview presentation entitled "Improving Health and Care Together in Westminster" sets out in high level terms some of the priorities the local CCGs are working to deliver, as well as how the North West London Sustainability and Transformation Plan (or "STP") both aligns with our own local plans (namely the Westminster Health and Wellbeing Strategy) and how the STP is being delivered. The City Council is represented in the governance arrangements for the STP.

3.3 The local NHS is continuing to work with the Health and Wellbeing Board and with officers at the Council to strengthen and renew our joint working together. This is focussed on our joint work commissioning services for children and young people, and through the work we currently undertake together via our Better Care Fund plan.

3.4 The remainder of this report provides details of plans and priorities in community health services, led through our joint transformation working with Central London Community Healthcare (CLCH) and the other attachment to this document is Central London CCG's draft primary care strategy.

4. Transforming Community Services and our joint transformation programme working with CLCH

4.1 Central London Community Healthcare (CLCH) is the current main provider of Community Services for Central London CCG, West London CCG and Hammersmith and Fulham CCG. Its services cover the Westminster area. Central London CCG is the lead commissioner for the CLCH contract. In the early autumn, as part of the NHS commissioning process, Central London CCG wrote to Central London Community Healthcare to describe its contracting intentions for the next two years, in line with NHS England Planning Guidance.

4.2 Across all providers the CCGs are working to ensure:

- Delivery of the North West London STP between now and 2020/2021, delivering on the national policy context and in particular the Five Year Forward View

- Moves to support and enable a transition towards Accountable Care Partnerships (ACPs) and the delivery of whole systems working. Accountable Care Partnerships are groups of commissioners and providers of health and care coming together for the benefit of local

  residents. The intention is that, as these are created, they will provide greater flexibility for different service providers to work together on areas which make sense for their local populations. The CCGs continue to discuss this concept with the City Council and through the STP and the development of the local primary care strategy the Council is fully involved in this process.

- As the detailed plans and milestones relating to the STP, ACP and more local plans (including primary care strategies) fully crystallise, it is our expectation that current contracts will be amended where this is required.

4.2.1 These drivers come together with our own local requirements to improve cost and care. The CCGs are looking to ensure that care is provided in the right place, at the right time and by the right people. Increasingly this is leading us to shift settings of care away from hospital settings and into the community. STP modelling estimates that up to 30% of patients in hospital do not need to be there, and accordingly one of the CCG top priorities is to develop the local market for community based care.

The joint transformation of CLCH services has encompassed the following elements so far:

4.3 Intermediate Care

CLCH has been providing bed based intermediate care services as part of a continuum of community services that support the delivery of intermediate care. This year improvements are being made to the local provision of intermediate care (IC) beds in order to meet the current and emerging needs of our population. This is part of the ongoing transformation work we have undertaken with clinicians, hospital and community healthcare service providers, adult social care and independent care providers. Specifically, therapy input in Farm Lane has been changed (the therapy team has been decommissioned), as patients can now access a seven day service from Athlone House.

4.4 Podiatry

The Podiatry service has been reviewed. The service was struggling to see those with more serious medical and clinical needs and waiting times had grown over time. As a consequence, groups of clinicians have reviewed the service and the CCGs have asked the Trust to prioritise people with high medical or podiatric need. Those with low medical and/or low podiatric service needs are no longer receiving specialist podiatric services. The patient cohort is being reviewed over the next six months and the CCGs are meeting with patients to discuss alternative provision further.

4.5 Nutrition & Dietetics

Central London, West London and Hammersmith & Fulham CCGs are decommissioning the Tier 2 Weight Management Service, which is part of the nutrition and dietetics service provided by CLCH. The decision to decommission Tier 2 Weight Management was made in light of the fact that:

- Since 1 April 2013, Public Health (PH) has had the statutory commissioning responsibility for commissioning a Tier 2 weight management service. The Tri-Borough Public Health team are currently commissioning Health Trainers, the Healthy Heart Programme and an Exercise Referral Scheme, as part of their weight management service.

- The review of nutrition and dietetics services found that the weight management service within the CLCH dietetics and nutrition service was a duplication of the above service. CLCH and the CCGs are working together to ensure that there is a smooth transition for all patients who are recipients of the current Tier 2 service.

5. Strengthening Primary Care

5.1 Primary care is improving in Westminster, including through seven-day access, out-of-hospital services, improvements in estates and more use of digital tools and technologies. Developing primary care has direct whole-population health benefits.

5.2 Improved primary care underpins each of the Sustainability and Transformation Plan's delivery areas – radically upgrading prevention and wellbeing, eliminating unwarranted variation and improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs, and providing safe, high-quality, and sustainable acute services.

5.3 Primary care also has a wider role in improving all people's experiences of care, by leading co-ordination of services and organising care in a way that suits those who receive it, including continuity, more options for physical access, or the greater use of digital technology.

5.4 The expectations on primary care are very clear – and these are set out in CCG plans, the Sustainability and Transformation Plan, the Strategic Commissioning Framework for London, the GP Forward View and the Five Year Forward View. These all reflect what patients are saying they want from primary care. The CCG's own engagement reinforces these messages as well as giving local nuances. Delivering on these expectations will improve care and experiences within and beyond primary care. At the same time, the CCG will support the improvement and consolidation of primary care so that it can act as the foundation to the transformation of the rest of the health and care system.

5.5 As the attached primary care strategy sets out, the CCGs are working to support practices to create Primary Care Homes (or PCHs). Primary Care Homes encourage practices to work together in new and more flexible ways for the benefit of patients locally. There are over 100 of these PCH arrangements in place across the country and in Westminster we are seeking
to learn from these experiences elsewhere and to apply this learning locally. For us, they represent a natural extension of the existing village and locality structure: increasing the scale at which practices collaborate with each other and drawing in other out-of-hospital care services.

5.6 The CCGs are working with all local health providers in this work, including the local Federations (who represent primary care as providers), the local authority and health care trusts.

5.7 Our ambition is for the maximum coverage of positive change. At the same time, the CCGs are embracing the principle of groups of practices having the freedom to design their own forms of collaboration and service initiatives. The CCGs' roles at this point are to enable, rather than to implement, change. This is likely to mean a mixed economy of initiatives and collaborations, as well as varied rates of progress as groups of practices experiment and expand their initiatives in different ways. However, the CCGs will also use commissioning levers to incentivise positive change and to expedite the integration of services in the community.

5.8 As local providers lead the development of the local Primary Care Homes, the CCGs will undertake the work required to provide the financial and contractual basis to move to broader accountable care.

6. Choosing Wisely – improving the way we prescribe

6.1 NHS North West London Collaboration of CCGs is proposing that we improve the way we prescribe across the North West London area by i) advising GPs to ask patients whether they would be willing to purchase certain medicines or products that can be purchased without a prescription, rather than having them prescribed, and ii) advising GPs not to routinely prescribe certain other medicines and products that can be purchased without a prescription (the GPs we have consulted to date could not think of any good reasons for prescribing these; we are currently engaging a much larger number of GPs and will edit the list if good reasons for prescribing a product are identified). We are also proposing that we reduce waste and improve safety across North West London by asking patients to manage their own repeat prescriptions rather than delegating the power to request their repeat prescriptions to a community pharmacy. Evidence from elsewhere, notably Luton, indicates that there is more over-ordering of repeat medicines (i.e. more doses requested than should be needed) when community pharmacies, rather than patients themselves, request repeat prescriptions from general practices. Patients will be able to request their repeat prescription using a number of channels: online, using a smartphone or using a written repeat prescription request. Patients who cannot use any of these channels and do not have a carer who can would be exempted; their pharmacy would still be able to request repeat prescriptions on their behalf. The CCGs have already begun engaging with GPs, pharmacists, opticians, patients, carers, MPs, councillors, and the wider public about these proposals. As part of our engagement process it is very important to us that we take into account the views of our partners in the councils. The CCGs will be conducting a full Equalities Impact Assessment (EIA) before any decision is taken for these proposals to come into force. As context for these proposals, the eight CCGs in the North West London Collaboration need to collectively save nearly £135 million (around 5% of our annual expenditure) in the financial year 2017/18 in order to balance our budgets. The NHS in North West London is looking at opportunities to be more efficient where we know we can do so without negatively impacting residents' health and essential NHS services.

7. EXTENDED ACCESS TO PRIMARY CARE SERVICES IN WEST LONDON

7.1 Within West London, there has been a recent increase in investment into primary care and an Extended Hours Access service has been commissioned which has resulted in the development of 2 extended hours GP hubs (one in the north and one in the south of the borough). Both hubs are open evenings and weekends which should absorb a significant amount of activity for patients registered and/or resident in our patch (it is on this basis that the new services have been commissioned). The new service includes a minimum of 1 urgent walk- in appointment per hour (which may be increased if there are available slots for walk-in patients on the day – allowing further flexibility). Given the increased capacity available within the extended hours hubs (and in West, Central and Brent CCGs) and spokes in West London CCG, the proposal is to allow the existing walk-in centre contract at Half Penny Steps to naturally expire at 30 September 2017, with no further re-commissioning of the service planned.

7.2 West London CCG have engaged over 1700 patients who access Half Penny Steps to seek their feedback on the potential changes. Healthwatch, West London's Patient User Group and Patient and Public Engagement Committee have inputted into the Communication and Engagement Plan. Patients will be redirected to the local services that operate 7 days per week.

8. CONSULTATION

8.1. The CCGs have appropriate engagement mechanisms in place to ensure clinical and patient views are heard and taken on board. As such, patients are involved across the commissioning cycle to provide an independent and critical voice.

8.2. The CCGs also have effective approaches to member engagement with regular forums and meetings with practices and a regular Board to Board with the Federations.

8.3 Each transformation programme or strategy is coproduced with clinicians and with patients. In particular, the CLCH Transformation Programme team has discussed plans and transformation progress at the User Panel with Service User Representatives and held Patient Workshops to discuss plans. There were also Patient Representatives invited to the Transformation Workshops, where the models for service changes were discussed and designed. The team followed up with relevant stakeholders where required to ensure their involvement in plans. This includes engagement with affected providers and GPs who may have not been able to attend relevant workshops and service re-design steering groups. The CCGs will continue to work in collaboration with practice staff, patients as these service changes are implemented.

9. EQUALITY IMPLICATIONS

9.1. There is no impact on equality and Equality and Health Inequality Impact Assessments have been developed or are in development to ensure any risks are mitigated.

10. LEGAL IMPLICATIONS

10.1. There are no legal implications to consider.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author:
Emma Playford, emma.playford@nhs.net

APPENDICES:

- Improving Health and Care Together in Westminster
- Central London CCG's draft Primary Care Strategy

NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

Improving health and care together in Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee
29 June 2017

Purpose of this presentation

NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

- This presentation provides a concise update on some NHS plans and priorities in Westminster.

- It:
  - Updates you on some of our plans and priorities
  - Provides an opportunity for you to ask questions and for us to hear about any concerns
  - Talks to you about some recent updates
  - Sets out the delivery of the Sustainability and Transformation Plan (STP) – our mechanism for working across North West London

- As your local NHS, we are looking to engage with the Council and to strengthen and renew our joint working together. We are looking for the Committee's support for this process.

Reflecting on some recent achievements

NHS Central London Clinical Commissioning Group

NHS West London Clinical Commissioning Group

Primary care plus – mental health services in general practice

Additional investment in primary care locally – led by the needs of local practices

Award winning primary care services (e.g. Pimlico @ the Marven)

More specialist services provided in the community and closer to home (e.g. diabetes)

Fully operational joint services for older people (e.g. SHSOP and CIS)

Full community health services transformation programme in train

More care coordination and self care

More scope for local planning and local improvement (e.g. through primary care delegated commissioning)

Our plans and priorities

1. Improving local specialist services

NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

The local NHS is working on a significant re-development and new build at Imperial's St Mary's site.

A proposal for a £500 million re-development of St Mary's Hospital was submitted to NHS England in March 2015 and has now passed further hurdles in the redevelopment process.

In January 2017 the planning application for the redeveloped site was approved.

Our plans and priorities

2. Transforming community services

NHS Central London Clinical Commissioning Group

NHS West London Clinical Commissioning Group

- Central London CCG is currently looking at all areas of major spend to ensure optimal clinical outcomes and sustainability/best value for public money.

- For some of this work, such as our cancer services, we have decided to review the services at scale across North West London. This enables us to share best practice, reduce variation and increase efficiencies working with large providers and trusts.

However, locally we are committed to transforming our community health services. These services currently include:

- Integrated services – including our bed based intermediate care services
- Adult services – including Community Nursing, Community Matrons, Tissue Viability and Continence Services. One of the main objectives of this work is to reduce duplication in the system and to better integrate services
- Children's services – including working with the Council on jointly provided services with education and SEN partners. The LA, the CCG and CLCH have been working together on Speech and Language Therapy services.

- We are currently planning what the next phase of this programme of work will include.

Our plans and priorities

3. Strengthening primary care

NHS Central London Clinical Commissioning Group

NHS West London Clinical Commissioning Group

CCGs are GP led organisations and are involved in dealing with a number of challenges with primary care, including:

- Workforce – balancing local challenges in terms of recruitment and retention with planning for the workforce of the future
- Estates – improving our current estates, as well as planning for future needs (e.g. more services provided in the community)
- Technology – utilising digital technologies in the delivery of care, as well as how people interact with it (e.g. self care apps)

To address these areas, the CCG is currently:

- Talking to and listening to GP practices to understand their issues
- Working through a prioritised list of which practices are experiencing issues, including where there are lease/estates issues
- Developing a Primary Care Strategy, which we would like to discuss with the Committee; and
- Making plans for the reinvestment of premiums from PMS GP contracts

The North West London Sustainability and Transformation Plan or STP aligns with the Westminster health and wellbeing strategy priorities

NHS Central London Clinical Commissioning Group

NHS West London

The triple aim	STP delivery areas	H&WB priorities	Local priorities
Improving health & wellbeing	**DA 1** Radically upgrading prevention and wellbeing	**Priority 1** Improving outcomes for children and young people	• Enabling and supporting healthier living • Wider determinants of health interventions • Helping children to get the best start in life • Address social isolation
	DA 2 Eliminating unwarranted variation and improving LTC management	**Priority 2** Reducing risk factors for, and improving the management of, long term conditions such as dementia	• Improve cancer screening • Better outcomes and support for people with common mental health needs, • Reducing variation • Improve self-management and 'patient activation'
Improving care & quality	**DA 3** Achieving better outcomes and experiences for older people		• Whole systems approach to commissioning • Implement accountable care partnerships • Implement new models of integrated care services • Upgraded rapid response and intermediate care services • Single discharge approach • Improve care in the last phase of life
Improving productivity & closing the financial gap	**DA 4** Improving outcomes for children & adults with mental health needs	**Priority 3** Improving mental health through prevention and self-management	• New model of care for people with serious and long term needs • Address wider determinants of health • Crisis support services • Implementing Liked Minded and 'Future in Mind' to improve children's mental health and wellbeing
	DA 5 Ensuring we have safe, high quality sustainable acute services	**Priority 4** Creating and leading a sustainable and effective local health and care system for Westminster	• Improving care pathways from primary care • Consolidating specialised services • Delivering 7 day service standards • Reconfiguring acute services • NW London Productivity Programme

How we are delivering at scale – the 5 STP delivery areas

NHS Central London Clinical Commissioning Group

NHS West London Clinical Commissioning Group

The programmes of work that will be delivered at scale to implement the STP are set out below, together with the outcomes we expect residents to experience

DA1

Radically upgrading prevention and wellbeing

- Families & Schools feel better supported to meet mental health needs of children & young people
- Improved parental wellbeing & improved parenting skills among parents
- Improved physical and mental health of children when they become adults
- Improved outcomes for patients with coronary heart disease (up to 50% reduction), diabetes (up to 50% reduction), stroke (up to 50% reduction), depression.
- Reduction in alcohol related hospital admissions & readmissions

DA2

Eliminating unwarranted variation and improving LTC management

- Improving patient experience and quality of life
- Improved survival rates from cancer
- Reduction in variation of care provided to patients
- Improving psychological wellbeing & quality of life
- People remain independent and healthy and are in employment
- People can easily access primary care and Out Of Hospital care services

DA3

Achieving better outcomes and experiences for older people

- People will be able to go home as soon as they are well enough; reducing the risk of pressure ulcers, HCAIs, falls & confusion
- People will only be admitted to hospital when it is the best place for them
- The experience of finding suitable placements for older people will be improved for staff, patients and families
- NHS and social care resources more efficiently deployed so that older people can access better, more consistent & timely care

DA4

Improving outcomes for children & adults with mental health needs

- People will receive consistent and high quality personalised care in the least intensive setting possible
- Staff will be empowered and supported to work in an effective, coordinated manner across organisational boundaries
- Improved mental health and wellbeing for pregnant women, new mothers, and infants
- Tailored support will be provided for specific patient groups with high needs – people with learning disabilities / autism, children and young people, dual diagnosis

DA5

Ensuring we have safe, high quality sustainable acute services

- People will not have to wait for the tests they need while in hospital
- People will be offered more services in the community, either at GP surgeries or hubs
- People will receive care across different organisations that is 'seamless'.
- The new clinical models of care will mean improved patient experience, treatment & outcomes.
- Improve patient experience by 15%
- Better outcomes from specialist services

How we are delivering at scale – system leadership

NHS Central London Clinical Commissioning Group

NHS West London Clinical Commissioning Group

In developing our STP we have established a **joint governance structure** to:

- **strengthen working between health and local government**; and which
- ensures there is **strong political leadership** over the STP, with **joint accountability** for the successful delivery of the plan

JOINT NW LONDON HEALTH AND CARE TRANSFORMATION GROUP (JHCTG)

- **Oversees development and delivery of STP** in NW London
- **A multiagency forum** to develop plans to meet heath and care needs of NW London residents
- Representation from across **NHS and Local Government** (commissioners, providers, councillors and officers)

DELIVERY AREA (DA) PROGRAMME BOARDS

- Each DA is **overseen by a DA Board**, chaired by two SROs
- **DAs 1 to 4** are co-chaired by **senior representatives from NHS and Local Government**
- **DA5** is co-chaired by **senior NHS provider and commissioner representatives** (as focus is on ensuring safe, high quality, and sustainable acute services)

ENABLER GROUPS

- Workforce
- Digital
- Estates

- The five DAs are **supported by three enablers: workforce, digital and estates**
- These are joined by a number of **other specialist bodies including the NWL Clinical and Care Board** in advising the JHCTG

Areas for the Committee's consideration

NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

This presentation provides a broad overview of the local NHS' priorities and plans, including how the CCGs are working through

CENTRAL LONDON HEALTHCARE
Excellence in general practice

NHS
Central London
Clinical Commissioning Group

Central London's primary care strategy

Community-level commissioning in Westminster 2017-2020

Draft for consultation purposes: June 2017

Contents

1. The purpose of this document

- This document sets out the strategy for primary care and community-level commissioning in the Central London area for the period 2017 to 2020. It is a jointly owned document reflecting the views of NHS Central London CCG, responsible for commissioning, and Central London Healthcare (CLH), representing General Practices in the Central London area.
- The strategy sets out a clear vision for the system we want to create, based on transformed and sustainable primary care services:
  - Primary care remains the bedrock of the NHS
  - Primary care is central to transforming people's health and wellbeing outcomes
  - It is also central to people's experience of health and care services when they need them
  - A new approach is needed, and this is requiring local practices to work in an increasingly integrated way – both with each other and with other care services in local areas
  - The CCG will continue to commission more services in the community, closer to where people live
  - The CCG will also increasingly commission primary care to work 'at scale'; CLH will support practices to achieve this on a sustainable basis so that primary care is more resilient and has the capacity to deliver further services where this makes sense for people
  - For primary care, this will mean taking on more of a system leadership role – working with and influencing across health, social care , the voluntary sector and other partners
  - Partnership working will therefore become a key way all care services including primary care will operate.
- This strategy serves as a guide describing the health and care system we wish to create and how we will work with all local partners to deliver it.
- Thoughts and comments on this document are welcome. Please send them to chrisneill@nhs.net.

2. Central London Clinical Commissioning Group's vision for health and care in the area

The CCG's vision 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".*

Primary care is central to delivering this vision and improving people's experience of care.

This document sets out how we will deliver on this vision from a primary and community perspective.

The CCG and CLH are committed to delivering on the plans set out in this document by 2020.

3. Delivering the vision – NHS national and local priorities

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Excellence in general practice

NHS
Central London
Clinical Commissioning Group

NATIONAL PRIROTIES –

The national document, the *Five Year Forward View,* sets out the NHS's national priorities. These are:

- To deliver a radical upgrade in prevention and public health
- For people to have far greater control of their own care when they do need health services
- To take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care.

These priorities will be delivered through:

- Managing systems – networks of care – not just organisations
- Making out-of-hospital care a much larger part of what the NHS does
- Integrating and co-ordinating services around people through approaches to care founded on list-based primary care.

Please see the following for further information: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Planaims

LOCAL PRIORITIES –

The North West London Sustainability and Transformation Plan (STP) sets out local priorities. These are:

- Improving health and wellbeing
- Better care for people with long-term conditions
- Better care for older people
- Improving mental health services
- Safe, high-quality and sustainable acute services.

Please see the following for further information: www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl_stp_october_submission_v01pub.pdf

These priorities will be delivered

through:

- A new approach to providing health and care that:
  - Prioritises more joint working within general practice and with other care services wrapped around the registered lists of groups of practices
  - From primary care upwards, develops an accountable care approach that underpins a unified approach to all care delivered within Central London
  - Increases payments based on outcomes rather than activity.

4. Our approach to primary care transformation

The person perspective

Our approach to transforming health and care services begins with what people have told us they expect to experience in the care they receive:

My practice works with other organisations to support me to maintain my physical and mental wellbeing – as well as to support me when I am ill

I can access care easily and in the way most convenient for me, either in person or by using technology. If continuity of care is important to me, I have this too

I am supported to understand my condition and to manage more of my own care – but I know where to get support when I need it

If I have a care plan, it is developed with me and then used right across all the relevant people who provide me with care

My GP and his or her colleagues are linked in closely to all the other people and organisations who provide care for me and support me in other ways

A range of people provide my care but they all work together, communicate effectively, and have clear roles that I understand. Together, they provide me with seamless care

More of my care needs can be delivered within primary care, without the need to visit the hospital

My practice is my first point of contact with the local health and care system and provides the network of support for the majority of my care needs

I am cared for as a whole person rather than a series of conditions

I have a clear say in how my care is delivered and can access different services by using my personal budget

Through my practice's Patient Participation Group, I can continue to shape how care is provided in my community

I can access the right skills from GPs across my local area – meaning I get the specialist primary care that I need

4. Our approach to primary care transformation

The workforce perspective

Transforming people's experiences of care means changing the way our workforce works. It also means giving the workforce the tools to do their job effectively.

"I am part of a 'one person, one service, one team, one budget' approach"	"I understand the professional network around me"	"I know who to contact on my patient's behalf"	"I have time to focus on prevention as well as cure"
"I am able to flex my skills and experience"	"I can work with others to be creative about how I deliver the best care"	"I know what others are doing to support my patients"	"I work in premises that support the delivery of good quality care"

4. Our approach to primary care transformation

Supporting the workforce effectively

This means that the CCG and its partners need to create a system with:

A **workforce** that is in the right place, with the right capacity and has the right skills	Access to **technology and data** that supports the delivery of joined up care	Time to focus on **prevention** as well as cure	Digital **technology** that supports new ways of providing care
Estates that are fit for purpose and support new ways of providing care in the community	Networks and structures that enable **collaborative working** centred around people	Local structures that support **clinical leadership** of care networks	Freedom and support to **innovate** with how care is delivered
	Processes that allow more of practitioners' **time** to be spent on caring	A **career path** that mixes variety and specialisation, supported by appropriate professional development	

4. Our approach to primary care transformation

The transformation we need to see

Health and social care partners have already agreed priorities for how we need to work in future – including care that is:

- Co-ordinated around individuals, targeted to their specific needs
- Improved outcomes, reducing premature mortality and reducing morbidity
- Improves the experience of care, with the right services available in the right place at the right time
- Maximises independence by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing
- Through proactive and joined up case management, avoids unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health

Please see the following for further information on our joint Better Care Plan: www.centrallondonccg.nhs.uk/what-we-do/our-plans.aspx

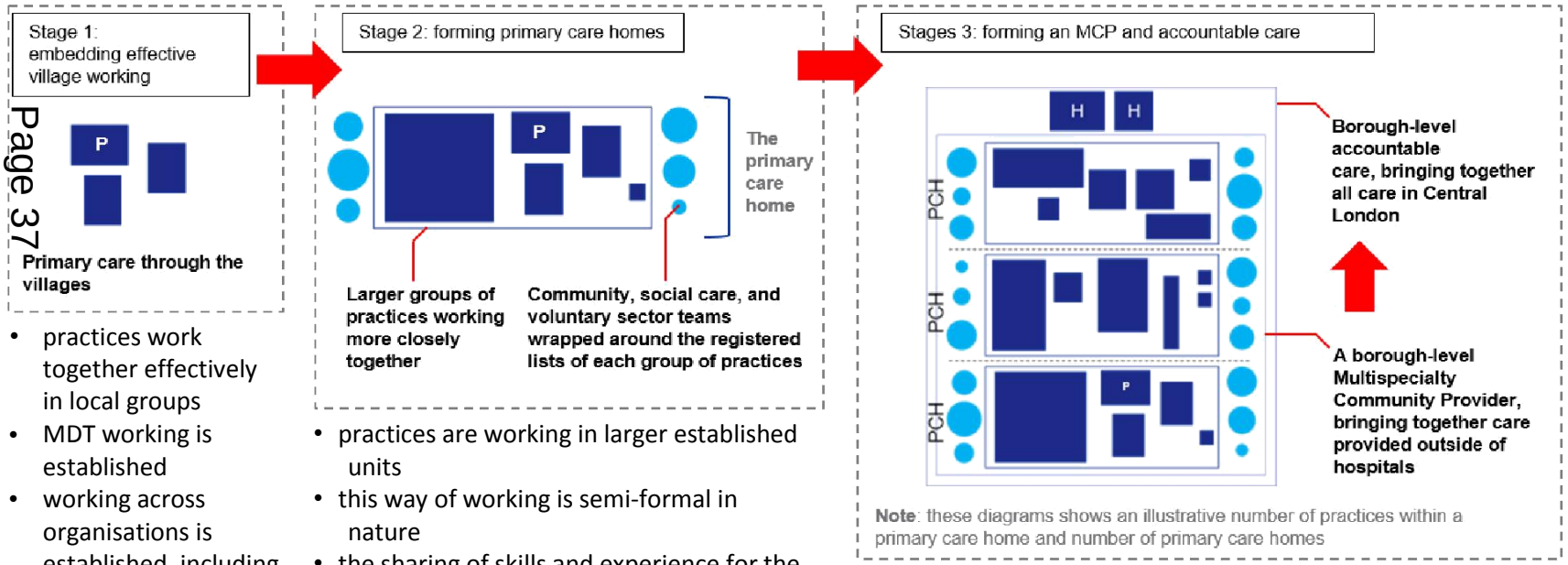
Health and social care's ambitions have big implications for how primary and community care is delivered in the community:

- The primary care list underpins the delivery of all care across a population
- Through the list, primary care will remain accountable for people's outcomes
- To deliver this effectively, primary care will lead system integration
- Primary care will be commissioned and incentivised to deliver at scale
- Primary care will be commissioned on the basis of person level outcomes rather than through activity measures

4. Our approach to primary care transformation

The stages of primary care transformation

The starting position for primary care transformation in Central London is the village structure – i.e. working together across practices, health, care and the voluntary sector to plan approaches to supporting people. The next stage in the development of this model will see a strengthening of primary care's role, increasingly working across service and organisational boundaries through Primary Care Homes. Ultimately this way of working will lead to a system of care which is more fully integrated and accountable for outcomes – the multi-specialty community provider or MCP model.



- practices work together effectively in local groups
- MDT working is established
- working across organisations is established, including social care and the third sector

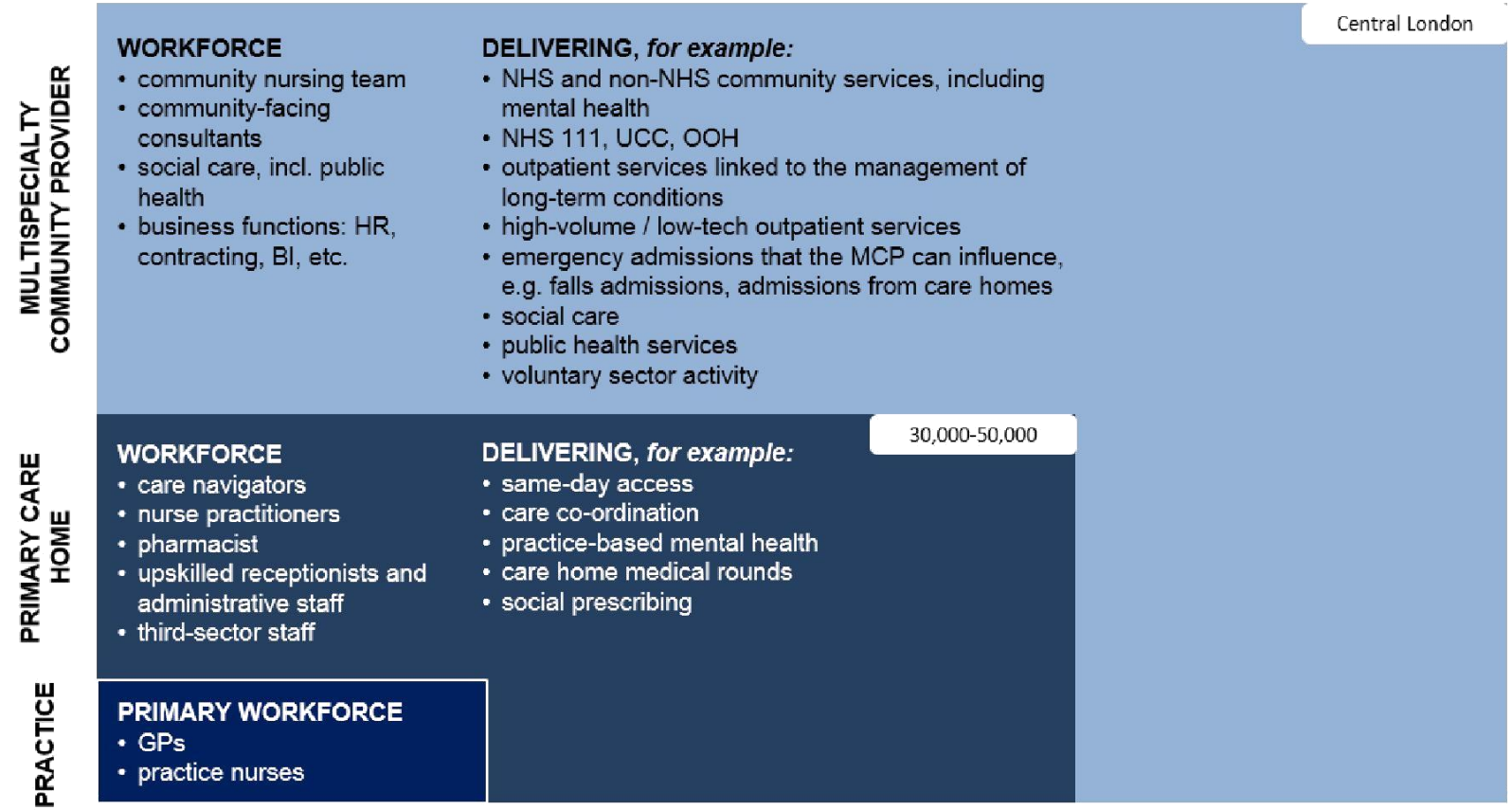
- practices are working in larger established units
- this way of working is semi-formal in nature
- the sharing of skills and experience for the benefit of people is routine
- clear roles and responsibilities mean that who does what, and how, is clear
- the primary care home is capable of providing services at scale

- principles of joint working are well established
- there is clarity about local need and local resources and agreements are in place which facilitate local flexibility
- the integration of services around people is extended across health and social care
- one person, one service, one team, one budget approach

4. Our approach to primary care transformation

The stages of primary care transformation

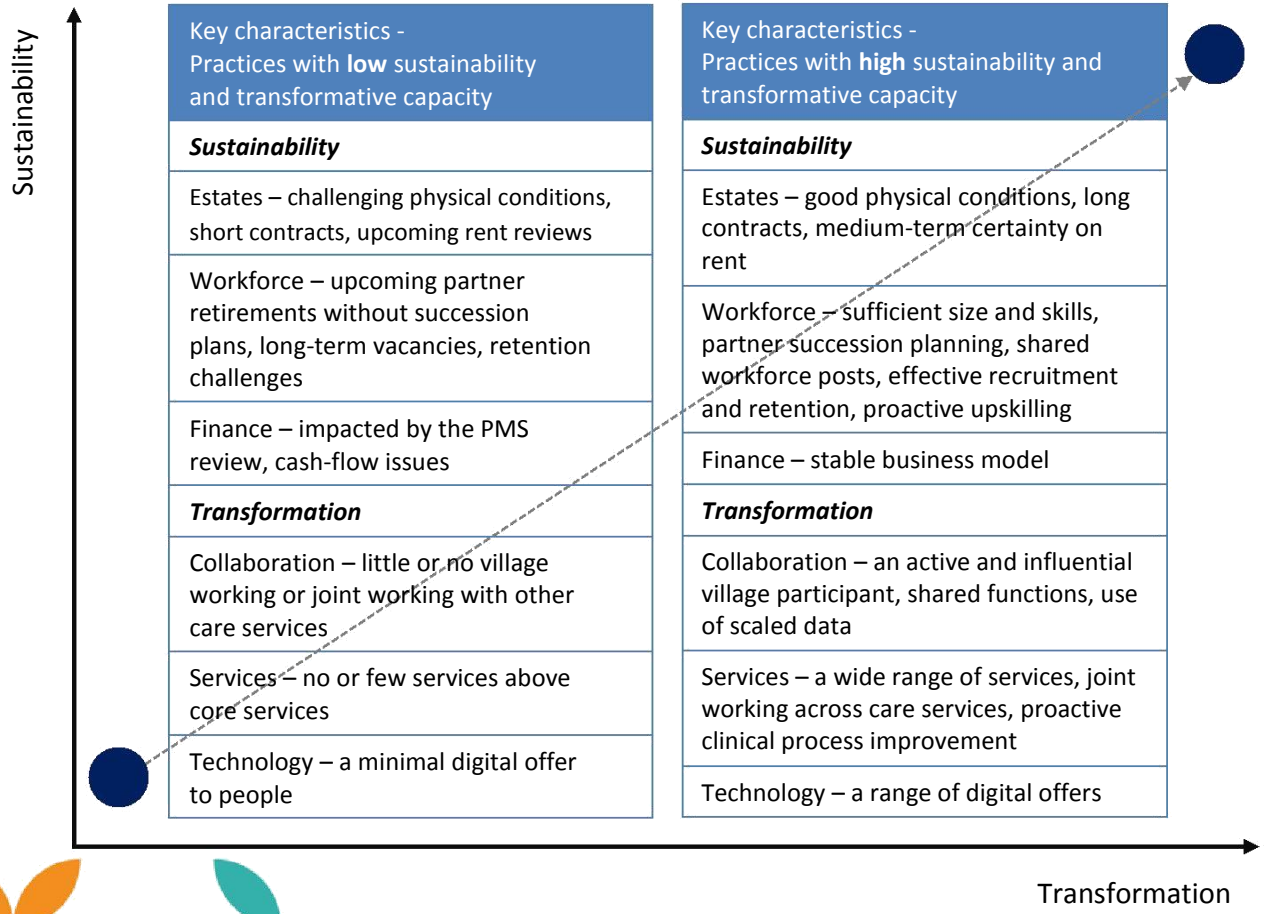
The stages of primary care transformation will mean working across increasingly large groups of services and teams and at increasingly large geographies for the benefit of increasingly large groups of people.



5. Supporting sustainability and transformation

Supporting primary care development

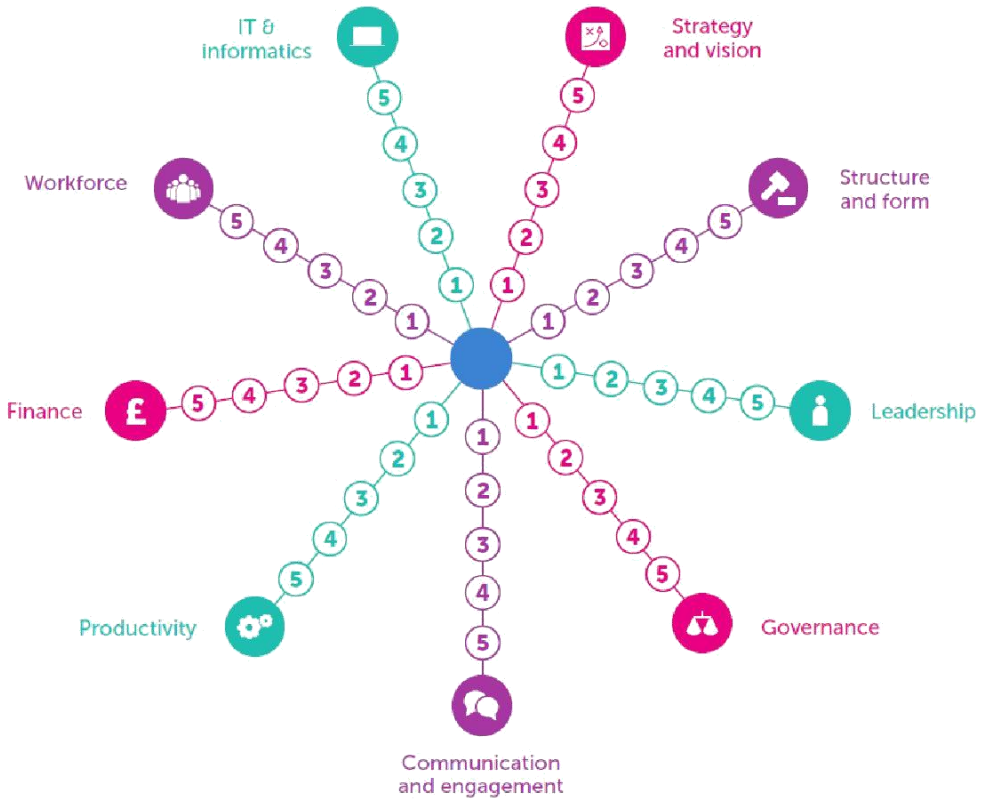
A range of factors influence primary care and its focus in the community. Our strategy is focussed on how sustainable a practice is, where it might see its role in relation to this strategy and what support it might need to deliver it.



5. Supporting sustainability and transformation

Supporting primary care provider development

Support from the CCG and CLH to groups of practices will be based around the development toolkit developed by Healthy London Partnerships as well as the local offer. The categories of support include the following:



5. Supporting sustainability and transformation

The provider development toolkit – sustainability

A range of support to practices will be made available focussed on the sustainability agenda:

Support category	Support offer	To enable practices to..
Sustainability	Diagnostic and analytical support – e.g. the primary care dashboard	identify specific areas for focus, affecting people's outcomes and practice income
	Specialist advice and guidance – e.g. operational HR, IT, management, finance issues	identify potential changes in practice working
	Coaching / supervision / mentorship as appropriate to identified needs	access leadership and development support
	Additional capacity/piloting new ways of working	bringing additional capacity and trying new ways of working
	Rapid intervention and support for practices at risk	responding to a short-term and longer term issues
	Change management and improvement support	deliver business plans more quickly

5. Supporting sustainability and transformation

The provider development toolkit – transformation

The transformation support will include the following:

Support category	Support offer	To enable practices to..
Transformation	Reviewing/removing system/commissioning obstacles where these exist	form firm collaborative relationships with a clear view of purpose and direction
	Development and sharing of materials which support at- scale working – e.g. MOUs, learning from elsewhere, etc.	
	Investment – resources, staff, time*	move forward quickly
	Demand and capacity modelling	understand future demand and local capacity issues, shaping business planning
	New commissioning approaches – e.g. risk and gain share	respond to commercial partnerships
	Analytical and project support	to get new ways of working and service initiatives off the ground and to evaluate their impact
	Workforce development	to bring new skills and a wider skills mix into general practice to support an extended primary care offer

The CCG is currently planning how provider development funding can be used to support the commitment of sufficient clinician time to this work.

5. Supporting sustainability and transformation

Primary care standards

There is variation in health and wellbeing outcomes in Westminster and primary care have a key role to play in improving people's wellbeing.

The CCG will work with local people and local partners to develop a suite of standards that it will expect all practices to meet. It will build these standards into the local system's commissioning approach. It will do this by:

1 - setting a clear direction of travel for the improvement of primary care → 2 - co-developing clear expectations for the delivery of primary care, i.e. primary care standards → 3 – commissioning primary care collectively to deliver the standards

Example domains and standards are shown below, which focus on improving care, the experience of care and how practices are run:

Domain 1	Long Term Conditions	1.1	Holistic Care
		1.2	Cardiovascular Disease
		1.3	Respiratory Disease
		1.4	Diabetes
		1.5	Chronic Kidney Disease & Acute Kidney Injury
		1.6	Chronic Liver Disease
		1.7	Cancer
		1.8	End of Life
Domain 2	Medicines Optimisation	2.1.	Medicine Safety
		2.2	Drug Monitoring
Domain 3	Children & Young People	3.1	Childhood Asthma
Domain 4	Safeguarding	4.1	Safeguarding
Domain 5	Vulnerable Groups	5.1	Dementia & Mild Cognitive Impairment
		5.2	Serious Mental Illness
		5.3	Military Veterans
		5.4	Learning Difficulties & Autistic Spectrum Conditions
		5.5	Asylum Seekers
		5.6	Carers

Domain 6	Public Health	6.1	Health Improvement
		6.2	Screening
		6.3	Health Protection
		6.4	Sexual Health
		6.5	TB Screening 16-35yrs
Domain 7	Proactive Care	7.1	Proactive Care / MDGs
Domain 8	Access	8.1	Access to Primary Care Medical Services
Domain 9	Safety & Experience	9.1	Patient Safety
		9.2	Patient Experience
Domain 10	Business Management	10.1	Demand Management
		10.2	Membership engagement
		10.3	Information Governance and IG Toolkit – including Business Continuity Planning / Resilience
		10.4	Accessible Information
		10.5	Declarations of Conflicts of Interest

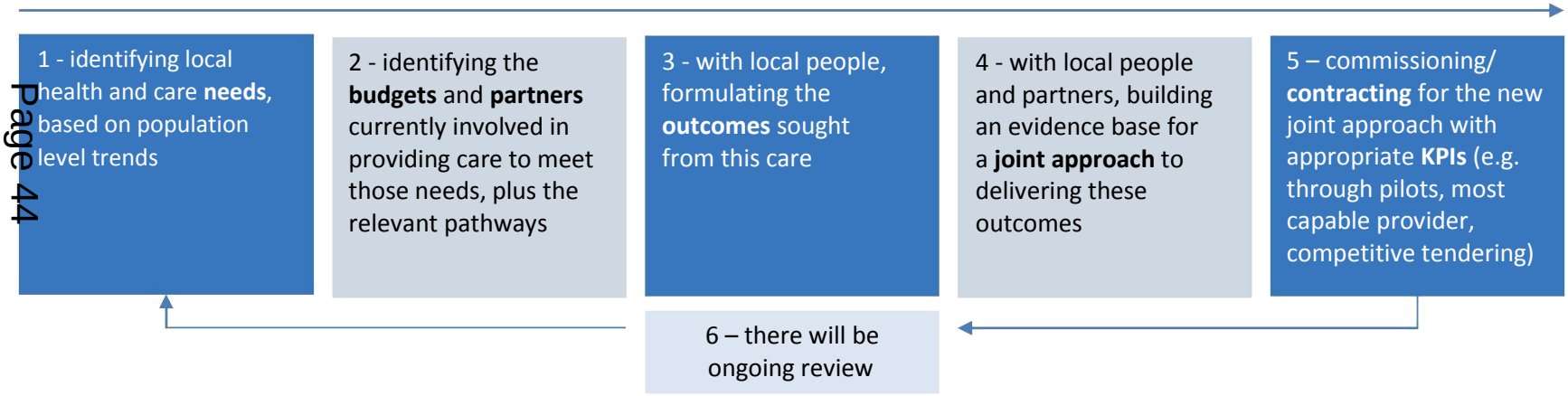
6. The commissioning approach

How the commissioning approach is changing

The CCG's commissioning approach is currently structured around particular services – dermatology and diabetes, for example.

In future, the approach will be to commission care based on the needs of population groups based on age and geography, such as older people or children within a locality. Over time this will combine commissioning intentions and budgets across organisations.

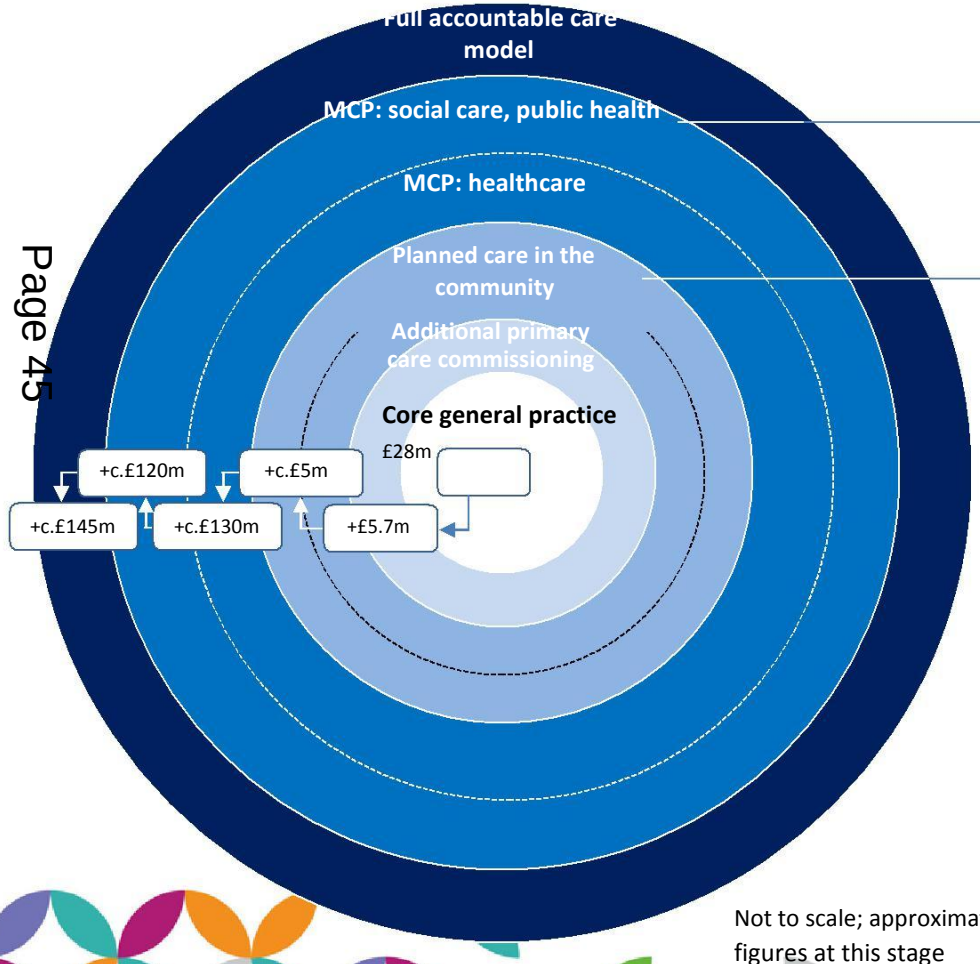
The CCG's role will be to facilitate a transformation approach through a clear and structured process:



No single provider is likely to be able to meet all the care needs of any population group. This approach therefore requires all relevant providers, or groups of relevant providers, to:

- come together to jointly respond to the mandate set by the system and held by commissioners
- design the integrated service that can deliver the outcomes specified by the system within the budget available
- work with commissioners to develop the service options including the preferred route forward.

6. The commissioning approach
How investment in the community will change



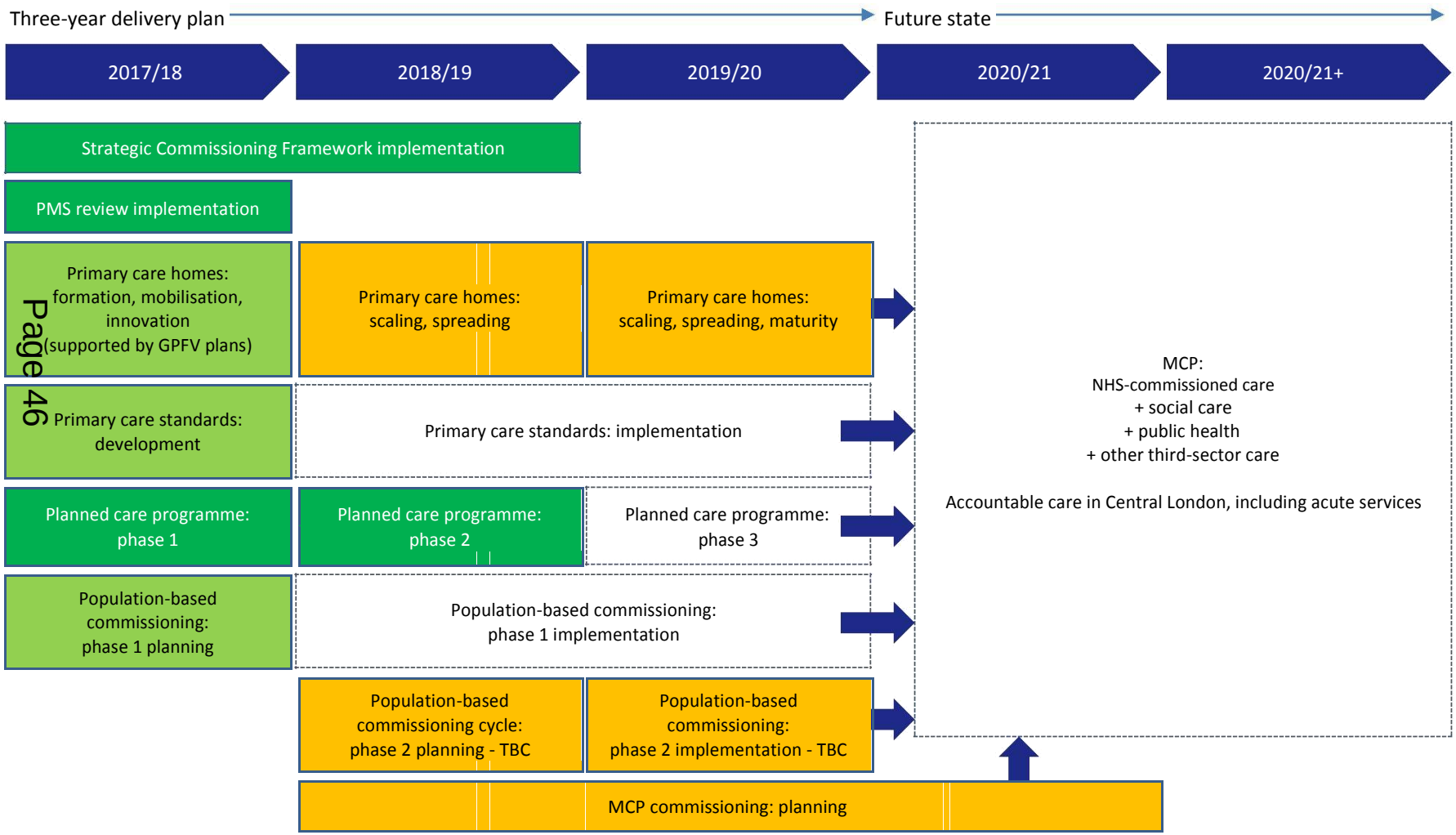
Not to scale; approximate draft figures at this stage

Planned care in the community – the CCG's plans so far

- phase 1 – 2017-18
  relevant aspects of care for:
  - dermatology
  - cardio-respiratory (1)
- phase 2 – 2018-19
  relevant aspects of care for:
  - cardio-respiratory (2)
  - urogynaecology
  - gastroenterology
  - neurology

This list will continue to grow and develop

7. The delivery plan



20. What is your ethnicity?

- ☐ Asian/ Asian British (Bangladeshi)
- ☐ Asian/ Asian British (Chinese)
- ☐ Asian/ Asian British (Indian)
- ☐ Asian/ Asian British (Sri Lankan/Tamil)
- ☐ Asian/ Asian British (Pakistani)
- ☐ Asian/ Asian British (Other)
- ☐ Black/ Black British (African)
- ☐ Black/ Black British (Caribbean)
- ☐ Black/ Black British (Somali)
- ☐ Black/ Black British (Other)
- ☐ White (British)
- ☐ White (Irish)
- ☐ White (Polish)
- ☐ White (gypsy or Irish traveller)
- ☐ White (other)
- ☐ Mixed/multiple (white and black Caribbean)
- ☐ Mixed/multiple (white and black African)
- ☐ Mixed/multiple (white and Asian)
- ☐ Mixed/multiple (other)
- ☐ Other
- ☐ Prefer not to say

21. What is your religion or belief?

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion
- ☐ Other
- ☐ Prefer not to say

Share your views

Return this survey to
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Visit us at
www.healthiernorthwestlondon.nhs.uk
for more details or to complete this survey online at
https://choosingwiselynwlondon.commonplace.is

Email us at
choosingwisely@nw.london.nhs.uk

If you would like to be notified of the outcome of these proposals or kept up to date about future developments in local health services please provide your name and email or postal address below.

Name_____

Email_____

Postal address_____

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PLEASE CUT ALONG DOTTED LINE

NHS
North West London
Collaboration of
Clinical Commissioning Groups

Choosing wisely

Changing the way we prescribe

We want to hear your views

CHOOSING WISELY – CHANGING THE WAY WE PRESCRIBE

Your local NHS plans and buys (commissions) health services and medicines for people living in Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

Using budgets wisely

It's our job to use our budgets wisely so all our residents have equal access to NHS services.

Your local NHS is facing challenges. Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available. Unfortunately, our budgets are not increasing at the same rate.

In order to balance our budgets, we need to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18. This means we need to find areas where we can save money.

These difficult decisions about where we could save money need to be made locally, in a planned way, with the input of patients and residents. In July 2017, your local NHS is considering the proposals outlined in this leaflet and deciding whether to implement them. Your feedback will be an important part of the decision making process.

We want to make these savings in a planned way. If we don't, we could be forced into making unplanned cuts which affect the services you value most. We have a number of areas we are looking at to find the £135 million. Over the next few months we will be coming back to ask your views on a range of issues.

Our proposals

As the first step, we are focusing on changes to prescriptions. We believe this is an area where we can do things better and help to save money without affecting the quality of patient care.

Here we are setting out our three initial proposals. We would like your views on these by 30 June 2017:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription (see list on page 5).
2. GPs will not routinely prescribe the medicines and products listed on page 6 which can be bought without a prescription.
3. To reduce waste we will ask patients to order their own repeat prescriptions.

We want to hear your views by 30 June 2017.
Please fill in the survey at the end of this leaflet or go online at https://choosingwiselynwlondon.commonplace.is

Changing the way we prescribe

We believe that these three proposals to change the way we prescribe will help us to balance our budgets without affecting patient care.

Why make these changes?

To **free up GP time** for more complex patient care

To **reduce waste** with repeat prescriptions

To **encourage people to self-care** with support from their local chemist

To **balance our budgets** and protect NHS services

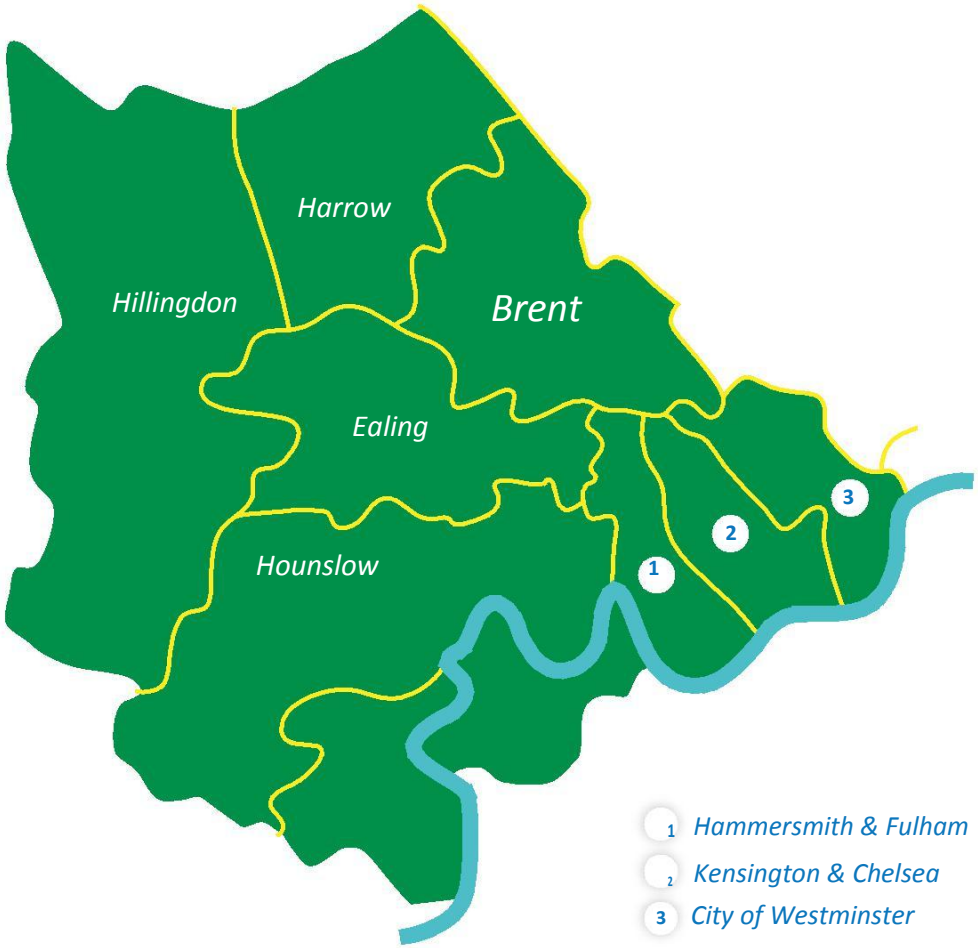
Because many products are now widely available in **high street stores**

Because products are **far cheaper to purchase on the high street** than via the NHS

To **keep waiting lists** as short as possible

Who are we?

Your local NHS covers the boroughs of Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.



Proposal one – GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription

You can buy some medicines from local chemists and other high street stores, over the counter without a prescription.

They are mostly for minor illnesses or conditions that are not serious or will not last long. Examples of these products are antihistamines for hay fever or ear drops to soften ear wax.

The £13 million spent last year on this list of products that can be bought without a prescription could be put towards medicines and products for more serious conditions.

What are we proposing?

We are proposing that it would be reasonable for most patients to buy products on this list over the counter without a prescription.

We propose that GPs will ask patients if they are willing to buy these medicines and products in most circumstances, because they are now widely available and mostly cheap to buy.

Cost to your local NHS:

Approximately
£13 million

Full list of medicines and products we are including in proposal one:

Acne treatment
Antacids
Antifungal skin products
Antihistamines
Artificial saliva
Barrier creams
Benzydamine mouthwash
Chloramphenicol eye drops
Co-codamol 8/500
Cold sore treatment
Corticosteroid nasal sprays for hayfever
Covering cream or powder
Ear wax removers
Emollients – creams and ointments for eczema and psoriasis
Headlice lotions
Ibuprofen
Infant formulas
Laxatives
Loperamide for diarrhoea
Lubricant products for dry eyes
Oral rehydration solution sachets
Paracetamol
Shampoos for eczema and psoriasis
Specialist sun creams
Threadworm tablets
Vitamins and mineral supplements.

What do you think?

- Are you willing to buy these medicines over the counter if asked by your GP?
- If not, why not?
- Do you disagree with anything on this list?
- Are there any other products which you think should be included on this list?

Use the tear-out form in this leaflet or go online at https://choosingwiselynwlondon.commonplace.is

Proposal two – GPs will not routinely prescribe the medicines and products listed below which can be bought without a prescription

We are asking GPs across the eight boroughs of your local NHS to tell us if they can think of any good medical reasons for prescribing a number of medicines that can be bought without a prescription.

The GPs who have contributed to the development of these proposals up until now could not think of any good reasons for prescribing the following:

Full list of medicines and products we are including in proposal two:

- Antiperspirants
- Bath additives
- Colic treatments
- Cough and cold remedies
- Creams or suppositories for haemorrhoids (piles)
- Herbal and complementary supplements
- Mouthwashes (except benzydamine)
- Oral rehydration sachets
- Products for hair removal that can be bought without a prescription
- Teething gels
- Tonics
- Travel sickness tablets
- Wart and verruca treatments that can be bought from local chemists.

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If GPs cannot think of good medical reasons for prescribing these products we would expect there to be far fewer prescriptions for them in future.

Cost to your local NHS:

Approximately **£2 million**

Potential savings – proposals one and two

Last year, across the eight boroughs of your local NHS, we spent over £15 million on medicines and products that you can buy without a prescription.

£15 million

We believe that these proposals could help us make savings in this area.

If we don't make these changes now, we could be forced to make these savings in other areas.

What do you think?

- Do you disagree with anything on this list?
- Are there any other products which you think should be included on this list?
- Why do you think that?

Use the tear-out form in this leaflet or go online at https://choosingwiselynwlondon.commonplace.is

Proposal three – To reduce waste we will ask patients to order their own repeat prescriptions

We want to improve the way we manage repeat prescriptions. We would like to encourage patients, GPs and pharmacists to review their use of repeat medicines more often. We want to reduce waste by making sure that people only order the medicines that they need.

Nobody knows which medicines you are running out of better than you. Other parts of the country have seen a decrease in over-ordering when prescriptions are ordered directly by patients and carers.

When prescriptions are ordered on your behalf, there is a risk that you will get medicines you do not need or do not intend to take. This can cause unintended harm.

It also wastes NHS funds on dispensing medicines that are not used.

What are we proposing?

We propose a change to the repeat prescriptions system.

We would like more patients (or their carers) to order their own repeat prescriptions. This will reduce waste, increase safety, increase your control of the process, and save costs. Patients and carers can order repeat prescriptions in the following ways:

- Using the online ordering services of your GP practice
- Using mobile phone apps
- Using repeat prescription ordering slips handed in or posted to the GP practice.

A few patients won't be able to request their own prescriptions and won't have a carer who can do it for them. General practices would consider accepting requests from a local chemist on behalf of these patients.

Potential savings – proposal three

Looking at what other NHS organisations have saved when taking action on repeat prescriptions, we believe this proposal could save around £9 million per year.

£9 million

If we don't make these changes now, we could be forced to make these savings in other areas.

What do you think?

- Do you or have you received repeat prescriptions?
- Would you be happy to order online or using a mobile phone app?
- Would you be happy to use repeat prescription ordering slips handed in or posted to the GP practice?
- If not, why not?

What if we don't make these changes?

If we don't make these changes now, we could be forced to make these savings in other areas.

This could mean longer waiting lists for appointments and surgeries and:

Fewer cardiology consultations

Fewer community nurses

Fewer physiotherapy appointments

Fewer GP appointments

Fewer paediatric surgical operations

Fewer heart operations

We want to hear your views

Please respond by 30 June 2017

These proposals have been developed to reflect a balance of views expressed by GPs in Brent, Ealing, Harrow, Hillingdon, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

Taking part in this public engagement is an important way to have your say on issues that affect you.

Proposal 1: GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription.

1. Are you willing to buy these medicines or products over the counter if your GP asked you?

☐ Always ☐ Mostly ☐ Don't know ☐ No

2. If you answered 'no' why not?

_____

_____

3. Do you think there should be any exemptions? ☐ Yes ☐ No

4. Do you disagree with any medicines or products on the list? ☐ Yes ☐ No

5. Are there any other products which you think should be included on the list? ☐ Yes ☐ No

If you answered 'yes' to questions 3, 4, and/or 5, please list them and tell us why:

_____

_____

PLEASE CUT ALONG DOTTED LINE

Proposal 2: GPs will not routinely prescribe the medicines and products listed on page 8 which can be bought without a prescription.

6. Do you disagree with any medicines or products on the list? ☐ Yes ☐ No

7. Do you think there are any medicines or products which could be added to the list?
☐ Yes ☐ No

If you answered 'yes' to question 6 and/or 7 please list them and tell us why:

_____

_____

8. Do you currently receive products from Proposal 1 or Proposal 2 on prescription for yourself or a family member?

☐ Self-care medications (eg paracetamol, Ibuprofen)
☐ Emollients/shampoos
☐ Bath additives
☐ Cough and cold remedies
☐ Other _____

Proposal 3: To reduce waste we will ask patients to order their own repeat prescriptions.

9. How happy would you or your carer be to order your repeat prescriptions?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No

10. Would you be happy to order your repeat prescriptions online?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No

11. Would you be happy to order your repeat prescriptions using a mobile phone app?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No

12. Would you be happy to order your repeat prescriptions using ordering slips handed in or posted to the GP practice?
☐ Always ☐ Mostly ☐ Don't know ☐ Already do ☐ No

CHOOSING WISELY – WE WANT TO HEAR YOUR VIEWS

13. If you answered 'no' to questions 10, 11, and/ 12 can you tell us why?

_____

Anything else

14. Is there anything else you would like to tell us about these proposals?

_____

We have also been examining other areas of possible financial savings, and will be asking what you think of these in the future.

To help us make sure we have reached people from across the local NHS area, please complete the following section about yourself. We won't share the information and we won't use it for any other purpose. Your contact details will only be used to keep you informed.

15. What's your home postcode? _____

16. What is your relationship with your local NHS?

☐ I am a local resident
☐ I'm a representative of an organisation
☐ I am a clinician, commissioner or other healthcare professional
☐ Other

17. What is your age group?

☐ Under 24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-69 ☐ 70-85 ☐ 85+

18. What is your gender?

☐ Male
☐ Female
☐ Transgender
☐ Other
☐ Prefer not to say

19. Which of the following options best describes how you think of yourself?

☐ Heterosexual / straight
☐ Gay / Lesbian
☐ Bisexual
☐ Other
☐ Prefer not to say

North West London
Collaboration of
Clinical Commissioning Groups

15 Marylebone Road
London
NW1 5JD
Tel: 020 3350 4000
Email: gpchoosingwisely@nw.london.nhs.uk

Monday, 12 June 2017

Dear colleague,

CHOOSING WISELY – CHANGING THE WAY WE PRESCRIBE

We are writing to ask your views about our proposals to change the way we prescribe medicines to help tackle the widening gap in the finances of the NHS in North West (NW) London.

These proposals will be going to our CCG Governing Body for a decision in July 2017 and are entering a three week period of engagement from today. Your valuable feedback will feed in to our final proposals for discussion at this Governing Body meeting.

Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available.

Unfortunately our budgets are not increasing at the same rate and we are facing a financial gap. This financial year in NW London we have been asked to save nearly £135 million; around 5% of our annual expenditure, in order to balance our budgets. We are looking at changes we can make to protect the financial stability and future of the NHS.

We need to take a sensible approach to our finances and look for opportunities to reduce expenditure that will not impact on residents' health and essential NHS services.

We are exploring a number of areas where we can make common sense changes towards saving costs. These include the ways we prescribe medicines and our commissioning of planned procedures with a threshold. As the first step in this process, we are focusing on changes to the way we prescribe.

These proposals have been developed to reflect a balance of views expressed by GPs and patient representatives in the engagement undertaken to date.

They fit well with the self-care agenda as they encourage people to take more responsibility for their repeat prescriptions and their own health, with the support of their community pharmacist.

These proposals are similar to initiatives taking place in other parts of Greater London such as Richmond, Croydon, Greenwich, and Luton.

We will now go out and engage on these policies with GPs and other stakeholders across NW London, including Overview and Scrutiny Committees, Healthwatch groups and the vulnerable groups highlighted by our initial equality impact assessment. We will be looking at the effects of these proposals on vulnerable groups, especially all protected groups, and as well as contacting all of these groups to engage around these proposals, we will be conducting a full Equalities Impact Assessment (EIA) . Some people may also receive a request from PHAST to answer specific equalities analysis and health inequalities impact assessment questions to support this project.

We are inviting patients and residents to have their say on these proposals through the following website: https://choosingwiselynwlondon.commonplace.is . In addition, printed leaflets about these proposals should arrive at your practices by the middle of next week.

PROPOSAL: TO REDUCE WASTE WE ARE ASKING PATIENTS TO ORDER THEIR OWN REPEAT PRESCRIPTIONS

Wasted medicines waste money, and unused medicines are a safety risk. Evidence from other parts of the country links community pharmacy repeat prescription schemes with more over-ordering than when repeat prescriptions are ordered directly by patients and carers.

NICE states that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended, which can lead to considerable waste.

Over-ordering can lead to safety issues when patients receive medications they do not need or do not intend to take. It also wastes NHS funds on dispensing medicines that are not used.

We propose a change to the repeat prescriptions system. With the one exception outlined below, we suggest that general practices only accept requests for repeat prescriptions from patients or their carers. This will reduce waste, increase safety, increase patient control of the process, and save costs.

Patients and carers would be able to order repeat prescriptions from their GP using online methods, smartphone apps, or repeat ordering slips

Your views: exemptions and other comments

- We propose that the small number of patients unable to order their repeat prescriptions themselves, or with the help of a friend or carer, be exempt from this policy
- Please tell us about other patient groups you feel should be exempt from this policy.
- Please tell us any other comments you may have about this policy.

PROPOSAL: GPs WILL ASK PATIENTS IF THEY ARE WILLING TO BUY CERTAIN MEDICINES OR PRODUCTS THAT CAN BE BOUGHT WITHOUT A PRESCRIPTION

In 2016 we spent over £15 m in NW London on products that can be purchased without a prescription. We propose spending less on these to help to preserve core services for more serious conditions and free up GP time for more complex patient care.

We propose that when recommending products on the attached list that can be purchased without a prescription, GPs and other prescribers follow these steps:

1. Do not prescribe the medicines and products listed on the accompanying sheet, except for patients who have one of the listed reasonable criteria for prescribing, and
2. Inform the patient (even those with a listed reasonable criterion for prescribing) that the medicine can be purchased and ask if they will buy it
3. Give the patient an information sheet about purchasing OTC medicines
4. Only prescribe the product for patients with one of the listed reasonable criteria for prescribing who have said that they are unable or unwilling to purchase it.

Please note that this proposal:

- Does not ‘ban’ any medicine or product from being prescribed
- Does not require prescribers to ask a patient about their financial circumstances
- Does not require prescribers to decide which patients to prescribe OTC medicines for
- Enables every patient with a listed ‘reasonable criterion’ for a medicine to access it.

Your views: exemptions and other comments

Please let us know of:

- Any exemptions you believe should apply to this policy
- Any products you feel should be added to or removed from this list
- Any reasonable criteria for prescribing the products that in your view are missing from the accompanying sheet
- Any other comments you have on this policy

Products on this list:

Acne treatment;
Antacids;
Antifungal skin products;
Antihistamines;
Artificial saliva;
Barrier creams;
Benzydamine mouthwash;
Chloramphenicol eye drops;
Co-codamol 8/500;
Cold sore treatment;
Corticosteroid nasal sprays for hayfever;
Covering cream or powder;
Ear wax removers;
Emollients - creams and ointments for eczema and psoriasis;
Ibuprofen;
Laxatives;
Loperamide for diarrhoea;
Lubricant products for dry eyes;
Oral rehydration solution sachets;
Paracetamol;
Shampoos for eczema and psoriasis;
Specialist sun creams;
Threadworm tablets
Vitamins and mineral supplements.

PROPOSAL: GPS WILL NOT ROUTINELY PRESCRIBE THE MEDICINES AND PRODUCTS LISTED BELOW WHICH CAN BE BOUGHT WITHOUT A PRESCRIPTION

We are asking GPs and other prescribers in NW London to tell us if they can think of any reasonable criteria for prescribing a number of medicines that can be bought without a prescription. The GPs who have contributed to the development of these proposals up until now could not think of any reasonable criteria for prescribing products on this list. If GPs cannot think of any reasonable criteria for prescribing these products we would expect there to be no (or very few) prescriptions for them in future.

Products on this list:

Antiperspirants
Bath additives
Colic treatments

Cough and cold remedies
Creams or suppositories for haemorrhoids (piles)
Herbal and complementary supplements
Mouthwashes (except benzydamine)
Oral rehydration sachets
Products for hair removal
Teething gels
Tonics
Travel sickness tablets
Wart and verruca treatments

If we proceed with these proposals, we will support GPs by communicating with patients and public ahead of the changes. We will produce patient-facing leaflets and posters to support our campaign to seek patients' help in reducing our expenditure on OTC products.

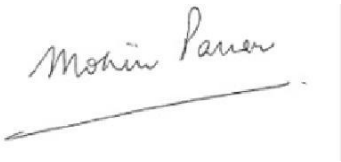
As a GP-led organisation, we particularly want to hear your clinical views on these proposals and on any details or exemptions we may have missed. We invite you to comment on the proposals by emailing us at gpchoosingwisely@nw.london.nhs.uk by 30 June 2017.

We look forward to hearing from you.

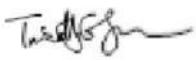
Yours faithfully,

Dr Etheldreda Kong, **Chair of NHS Brent CCG**

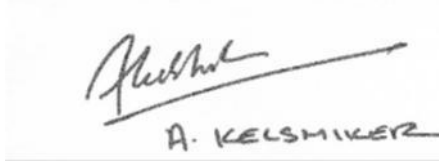
Dr Neville Purssell, **Chair of NHS Central London CCG**



Dr Mohini Parmar, **Chair of NHS Ealing CCG**

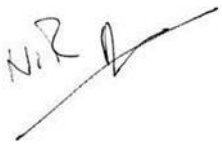


Dr Tim Spicer, **Chair of NHS Hammersmith and Fulham CCG**

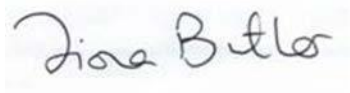


Dr Amol Kelshiker **Chair of NHS Harrow CCG**

Dr Ian Goodman, **Chair of NHS Hillingdon CCG**



Dr Nicola Burbidge, **Chair of NHS Hounslow CCG**



Dr Fiona Butler, **Chair of NHS West London CCG**

North West London Collaboration of Clinical Commissioning Groups consist of Brent, Central London, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Ealing and West London Clinical Commissioning Groups