Transforming the NHS in North West London

Integrating health and social care with the leadership of local GPs and working in partnership with NHS England

North West London - Five Year Strategic Plan
2014/15 - 2018/19

Draft – 12th June 2014
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Executive summary

Our five year strategic plan sets out how we will work collaboratively to transform the health and care landscape across NWL in order to achieve our shared vision, deliver improved outcomes and patient experience, ensure a financially sustainable system, and meet the expectations of patients and the public.
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frontline professionals, their carers, and their families to maximise health and wellbeing and address their specific individual needs.

4. The system will look and feel from a patient’s perspective that it is **personalised** - individuals will be enabled and supported to live longer and live well.

In addition, commissioners will recognise our broader role in society (both as employers and commissioners), and address the wider determinants of health.

The health needs of the people of NWL are changing, the demands on our health services are increasing, and the way we have organised our hospitals and primary care in the past will not meet the needs of the future.

Each NWL CCG has considered the current state, and set levels of ambition against the following strategic objectives¹:

1. Preventing people from dying prematurely.
2. Enhancing quality of life for people with long-term conditions.
3. Helping people to recover from episodes of ill health or following injury.
4. Ensuring that people have a positive experience of care.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Our other strategic objective is to ensure a financially sustainable health system for future generations.

All of the programmes and plans set out in our five year plan have been developed to achieve these strategic objectives.

The essentials: quality and innovation

Patient Safety is at the heart of the NHS agenda, treating and caring for people in a safe environment and protecting them from avoidable harm.

The CCGs of NWL are responsible for the quality assurance of provider organisations they commission from, ensuring they are held to account for delivery of quality standards and contractual obligations. NWL has developed Quality Strategies that set out approaches to embedding quality into every part of the commissioning cycle. We also recognise that clinical leaders are at the heart of delivering high quality care. Key plans include:

1. **Response to Francis, Berwick and Winterbourne View**: the overarching lesson from events at both Mid-Staffordshire and Winterbourne View is that a fundamental culture change is needed to put people at the centre of the NHS. The NWL CCGs have developed actions plans to address key identified issues, including responding directly, openly, faithfully, and rapidly to safety alerts, early warning systems, and complaints from patients and staff.

2. **Patient experience**: the CCGs are committed to ensuring both the continuous improvement in patient experience, as part of the overall quality of care that is provided locally.

3. **Compassion in practice**: “Compassion in Practice”² is a national three year vision and strategy for nursing, midwifery and care staff - The strategy sets out the 6 “Cs”, i.e. the values and behaviours to be universally adopted and embraced by everyone involved in commissioning and delivering care.

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²Compassion in Practice – Nursing, Midwifery and Care Staff; Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser, December 2012: http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf
4. **Staff satisfaction**: NWL will strengthen our review of data and information regarding staff experience and satisfaction as part of our overall quality and safety monitoring and improvement processes.

5. **Safeguarding**: key priorities include the quality of local Care Home provision, and sexual exploitation, missing children and Female Genital Mutilation (FGM).

North West London has a world class research infrastructure, but navigating innovations through the healthcare sector can be difficult and complex. Anecdotal evidence suggests that the lag time between research and adoption is around 17 years.

In addition, there is significant variation in healthcare at almost all levels, including in the management of long-term conditions. The gap between what we know and what we do is unsustainable if we want to improve the value of care provided in the NHS, as well as make the UK the place of choice for industry and academia.

Each CCG therefore has a duty to promote innovation in the provision of health services, and to promote research and the use of evidence obtained from research.

This duty represents two distinct roles:
- To ensure the consistent uptake of existing good practice, including national guidance issued by the National Institute for Clinical Excellence (NICE); and
- To support developments in the pipeline of innovation, leading ultimately in turn to their uptake as recognised good practice.

NWL works closely with a number of partners in the promotion of both innovation and adoption.

**Our key transformation programmes**

While each CCG is leading its own set of initiatives to address local priorities, including respective Health & Wellbeing Strategies and Quality, Innovation, Productivity and Prevention (QIPP) plans, a number of shared transformation programmes have been jointly developed to address the key themes identified in our Case for Change, NHS England’s *Call to Action*³ and through NWL’s patient engagement and public consultation:

1. **Health promotion, early diagnosis and early intervention**: This programme of work is fundamental to achieving our outcome ambitions, particularly with regards to securing additional years of life for the population of NWL.

   Effective delivery will require close partnership working between Local Authorities, CCGs and NHS England.

2. **Out of Hospital strategies, including Primary Care Transformation**: NWL has embarked on a major transformation of care, from a system spending the majority of its funding on hospitals to one where we spend the majority of funding on services in people’s homes and in their communities, i.e. “out of hospital”.

   Significant transformation in primary care is planned to support integrated out of hospital service delivery:
   - Primary care will change to deliver out of hospital care;
   - Primary care will change to meet expectations for access; and
   - Primary care will change to meet rising quality expectations.

   In order to deliver these commitments, individual GP practices will build on the progress they have already made towards delivering services as networks – this will enable GP practices to provide the additional capacity, flexibility, limited specialisation and economies of scale needed to deliver the new model of care in a sustainable way.

   Delivering our vision requires us to invest in and to use our estate differently. Hubs, one of the configurations that we are

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³ [http://www.england.nhs.uk/2013/07/11/call-to-action/]
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exploring, are flexible buildings, defined as those that offer a range of out of hospital services and/or host more than one GP practice.

To support the transformation of primary care, we are working with NHS England to test ways we can co-commission primary care services.

3. **Whole Systems Integrated Care**: The whole plan is underpinned by our Whole Systems vision, which places the person at the centre of their provision and organises services around them. This includes our ‘embedding partnerships’ approach to the genuine co-design of services with patients and carers. Our vision for integrated care is supported by three key principles:
   1. People will be empowered to direct their care and support and to receive the care they need in their homes or local community.
   2. GPs will be at the centre of organising and coordinating people’s care.
   3. Our systems will enable and not hinder the provision of integrated care.

4. **Transforming Mental Health Services**: Achieving parity of esteem for mental health is a national and NWL priority – NWL will provide excellent, integrated mental health services to improve mental and physical health.

5. **Shaping a healthier future (SaHF) acute reconfiguration**: A key principle that underpins the acute reconfiguration programme in NWL is the centralisation of most emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into five major hospitals, as this will lead to better clinical outcomes and safer services for patients.

   Agreed changes will result in a new hospital landscape for NWL – the SaHF programme will see:
   - The existing nine hospitals of NWL transformed into **five Major Acute Hospitals**.
   - On the remaining sites there will be **further investment with Local hospitals**, developed in conjunction with a patients and stakeholders, at Ealing and Charing Cross;
   - There will be a **Specialist hospital** at Hammersmith; and
   - There will be a **Local and Elective Hospital** at Central Middlesex.

**Cross-cutting plans: Urgent and Emergency Care and Cancer Services**

While the key transformation programmes are being implemented on a pan-NWL basis, urgent and emergency care plans are centred around acute trusts, with local Urgent Care Working Groups overseeing the implementation of changes across the continuum of emergency care from primary through to acute care.

In addition, cancer is one of the top priorities for outcome improvement across London, and NWL aims to achieve significant, measurable improvements in outcomes for patients, working with the London Cancer Alliance and London Cancer to localise and implement the Cancer Commissioning Strategy for London 2014/15 – 2019/2020.

**Challenges and Enablers**

The ambition of the North West London strategic plan is enormous. No other health economy has managed to achieve this level of agreement on the scale of the changes and to deliver this scale of change with their acute providers. A huge amount of work has been carried out to get to the point where commissioners were able to make the necessary decisions on the future of providers in NWL and for this decision to be robust so that it successfully withstood the inevitable legal challenges. Now it has done so, it faces the equal challenge of implementation. At the same time, the out of hospital services and
whole systems integrated care work, including through the Better Care Fund and QIPP plans, needs to be delivered, to ensure that patients receive high quality care and only go to hospital when they need to.

A number of enabling workstreams have been developed to ensure successful implementation of the strategic plan, including Informatics and Workforce.

Programme Investment Costs
Programme investment costs are based on the Shaping a healthier future Decision Making Business Case (DMBC) financial analysis produced in February 2013. This is in the process of being updated to reflect latest CCG and Trust plans and this work is due to be completed by the end of June.

Over the next five years, we will be investing in specific services to transform care across NWL. These investments will result in more staff and better facilities to deliver it.

- In five years, we will be spending £190 million more a year on out of hospital services including integrated care, planned care and more access to general practice.
- In addition, we plan up to £112m of capital investment in hubs, offering a range of services closer to patients’ homes, including outpatient appointments, general practice and care for patients with long-term conditions.
- Up to £74m of capital investment in primary care to ensure all our primary care services are offered in high-quality buildings that are accessible to the public.

Programme Implementation Timeline
The high-level programme implementation timeline illustrates the timescales by which each of the programme’s key milestones will be achieved, including:

- Sustainable network-based GP model in place by in 2015/16.
- Roll-out of Whole System approaches to commissioning and delivering services from April 2015.
- Consistently high standards of clinical care achieved across all days of the week by 2017/18.
- The full transition to the new configuration of acute services complete by the end of 2017/18.

How We Work: embedding partnerships at every level
A fundamental element of our strategic plan is to effectively empower citizens and engage with patients, service users, families and carers, building on the co-design approach developed through the Whole Systems Integrated Care programme. We will also continue to work collaboratively across the eight CCGs of NWL.

What our Five Year Plan will achieve
Our five year plan will deliver two key outcomes: (1) improved health outcomes and patient experience (along with reduced health inequalities), as set out in our outcome ambitions; and (2) a financially sustainable health system for future generations.

- The CCG projections are to ensure that a sustainable position is attained, one that is consistent with NHS England Business Rules (i.e. a 1% surplus) and includes contingency (at 0.5%) to respond to risks.
- The NWL CCGs' financial plans include the outcome ambitions.
- Non-recurrent implementation costs are assumed to be funded through the NWL financial strategy agreement to pool CCG / NHSE non-recurrent headroom (2.5% in 2014/15).
- All organisations aim to have clear and credible plans for QIPP that meet the efficiency challenge and are evidence based, including reference to benchmarks - there is a clear link between service plans, financial and activity plans.
Executive summary

Our five year strategic plan has set out how we will work collaboratively to transform the health and care landscape across NWL in order to achieve our shared vision, deliver improved outcomes and experience within a financially sustainable system, and meet the expectations of our public and patients.
1. Introduction

The purpose of this five year strategic plan is set out the collective priorities of the eight CCGs of North West London, working in partnership with NHS England, over the next five years, in order to achieve our vision and outcome ambitions. It is developed in line with NHS England planning guidance ‘Everyone Counts – 2014/15 – 2018/19’.

Purpose

Across the eight boroughs of North West London (NWL), the NHS comprises eight Clinical Commissioning Groups (CCGs), ten acute and specialist trusts, four community and/or mental health trusts and 400+ GP practices.

NHS England is also one of the largest commissioners of services in North West London.

The purpose of this North West London Five Year Strategic plan is to set out the collective plans and priorities of the eight CCGs of NWL, working in partnership with NHS England. This Plan sets out the vision and ambitions against which NHS England and each CCG’s detailed two year operational plans have been set. The eight CCGs of North West London have been working closely together (and with local authorities) for several years to develop a shared strategic vision and plan, and this document reflects the latest iteration of these plans, along with the aspirations of NHS England for the services it is responsible for commissioning. It summarises the full range of plans that have been developed across NWL, from how we will ensure patient safety in all settings of care, to how we will support research and innovation, through to how we will design and implement new models of joined up, person-centred care to address the fundamental challenges facing our health and care system.

The Plan also articulates how we will work more closely than ever with patients and the public, building on work to embed and sustain co-production as a first principle, and seeking to enable and empower patients to maintain independence and to lead full lives. The Plan builds upon the significant strategic planning that has taken place over the past couple of years across NWL, including as part of the Shaping a healthier future programme, and articulates how the various workstreams and programmes fit together into a clear vision for the future that is sustainable and that tackles the challenges identified in NHS England’s ‘Call to Action’.
The Plan is also intended to demonstrate to NHS England that our plans are robust, comprehensive and fit-for-purpose. Therefore, the document reflects the latest planning guidance as published in *Everyone Counts: Planning for Patients 2014/15 to 2018/19*, including 21 fundamental national planning requirements.

The NWL Plan is consistent with NHS England’s vision, outcome ambitions, service models and essentials, as is articulated throughout the document: NHS England vision for the NHS

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### North West London - context

**Population**

North West London is a population of approximately 1.9 million people living in the boroughs of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. The population is expected to grow to 2.1 million by 2021 (which represents 7.46% growth between 2011 and 2021).

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6 North West London SPG planning document, November 2013 (Monitor, TDA, NHS England),
The area covered is densely populated, and there is wide variation in household income. Inner North West London has a higher population density than outer North West London. Some sections of the population are highly transient and there are sections of the community who are not counted in official statistics nor registered on GP patient lists. The Joint Strategic Needs Assessments (JSNA) covering North West London all identify cardiovascular disease, cancer and respiratory disease as the most common causes of death, but as a result of earlier diagnosis and improved treatments, fewer people are dying prematurely from these diseases. These improvements mean that people are living longer and, therefore, the population as a whole is getting older. Over the last ten years, life expectancy in North West London has increased by about three years to 80 years for men and 84.5 years for women.

The population is relatively young: 3.7% of the male NWL population are over the age of 75, as are 5.8% of females – both of these figures are both below the national and London rates (although Harrow and Hillingdon rates are higher than London averages).

The percentage of males and females under the age of 19 (23.9% and 22.1% respectively) are in line with both England and London averages, although Kensington, Chelsea and Hammersmith & Fulham populations are below average.

Each of the eight London boroughs has a significant ethnic community with different communities in different areas.

Commissioning
North West London (NWL) is comprised of eight Clinical Commissioning Groups (CCGs), 10 acute & specialist trusts, 4 community and/or mental health trusts, 400+ GP practices, and eight Boroughs. The three CCGs of Harrow, Hillingdon and Brent work jointly in some areas (and have a shared senior management team), as a ‘federation’, while the remaining CCGs operate similarly as a ‘collaborative’.

NHS England is also one of the largest commissioner of services in North West London, and is responsible for commissioning all specialised services, early years including childhood immunisations, health visiting, child health information systems and family nurse partnerships; screening, including cancer screening, adult non cancer screening, and antenatal and newborn screening (in collaboration with CCGs); health in the justice system; military health; and primary care contracts (417 GP contracts, 390 dental, 484 ophthalmic and 515 pharmacy providers). The NHS in NWL consists of eight CCGs that, with one small exception, are coterminous with the eight local authority boroughs.

NWL Clinical Commissioning Groups

It is a relatively self-contained health economy, within which over 90% of spending based on GLA 2012 Round Demographic Projections, 2013

7 North West London SPG planning document, November 2013 (Monitor, TDA, NHS England)

8 The area of Queen’s Park and Paddington in the Borough of Westminster forms, with all of the Royal Borough of Kensington & Chelsea, NHS West London CCG. The remainder of the Borough of Westminster forms NHS Central London CCG.
on providers for the NWL population is with providers located in the sector. The CCGs work closely with their Local Authority partners in a number of areas, and have made a commitment to work co-productively with patients, service users, carers and the public.

Providers
The providers that the CCGs primarily use are categorised according to service type below.

Acute providers:
- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust. This includes Charing Cross Hospital, Hammersmith Hospital (including Queen Charlotte’s Hospital), St Mary’s Hospital and Western Eye Hospital
- The Hillingdon Hospitals NHS Foundation Trust. This includes Hillingdon Hospital and Mount Vernon Hospital
- The North West London Hospitals NHS Trust. This includes Central Middlesex Hospital and Northwick Park Hospital
- West Middlesex University Hospital NHS Trust
- Ealing Hospital NHS Trust

Community providers:
- Central London Community Healthcare Trust (CLCH), covering Hammersmith and Fulham, Kensington and Chelsea and Westminster
- Hounslow and Richmond Community Healthcare (HRCH), covering Hounslow
- Central and North West London NHS Foundation Trust, incorporating

Hillingdon Community service provider, covering Hillingdon
- Ealing Hospital Trust, incorporating Ealing Integrated Care Organisation, covering Brent, Ealing and Harrow

Mental health providers:
- West London Mental Health NHS Trust, covering Ealing, Hammersmith and Fulham and Hounslow
- Central and North West London NHS Foundation Trust, covering Brent, Kensington and Chelsea, Harrow, Hillingdon and Westminster.
- In addition there are three specialist trusts located in NWL (The Royal Marsden NHS Foundation Trust, The Royal Brompton and Harefield NHS Foundation Trust and The Royal National Orthopaedic Hospital NHS Trust).

Emergency ambulance services are provided by the London Ambulance Service (LAS), a London-wide NHS Trust that is the busiest emergency ambulance service in the UK to provide healthcare that is free to patients at the time they receive it.

The benefits of being coterminous with local authority boroughs and being self-contained means that NW London as a whole is a logical level at which to effect strategic change.
Health promotion, early diagnosis and early intervention are fundamental to achieving outcome ambitions, particularly with regards to securing outcomes for NWL. Effective delivery will require close partnership working between Local Authorities, CCGs and NHS England.
North West London has embarked on the biggest transformation of care, from a system spending the majority of its funding on hospitals to one where we spend the majority on services in people's homes and in their communities, i.e. “out of hospital”.

Introduction
Successful achievement of the North West London vision for whole systems, including the principles of services being localised where possible and centralised where necessary, will rely on reducing demand for acute services.

In order to make this work, we need to strengthen our out-of-hospital services. There are many different types of out-of-hospital services in place already providing different aspects of out-of-hospital care. Many are excellent, but there needs to be more consistency. NWL has embarked on a major transformation of care to move from a system spending the majority of its funding on hospitals to one where we spend the majority on services in people’s homes and in their communities, i.e. ‘out of hospital’.

Our ‘Our of Hospital’ strategies aim to meet these changing needs by developing:

- Better care, closer to home
- A greater range of well-resourced services in primary and community settings, designed around the needs of individuals and reducing unwarranted clinical variation, including in the management of long-term conditions

For this reason, NWL has developed out-of-hospital quality standards. Achieving these standards will mean that patients can be confident in the standard of the care received out-of-hospital – these standards cover six domains:

1. Individual empowerment and self-care
2. Access, convenience and responsiveness
3. Care planning and multidisciplinary care delivery
4. Information and communications
5. Population and prevention-oriented
6. Safe and high quality
# Standards for out of hospital care

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<th>Domain</th>
<th>Out of Hospital Standards</th>
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<tr>
<td>A. <strong>Individual Empowerment &amp; Self Care</strong></td>
<td>- Individuals will be provided with up-to-date, evidence-based and accessible information to support them in taking personal responsibility when making decisions about their own health, care and wellbeing</td>
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| B. **Access: Convenience and responsiveness** | - Individuals will have access to telephone advice and triage provided 24 hours a day, seven days a week. As a result of this triage:  
  - Cases assessed as urgent will be given a timed appointment or visit within 4 hours of the time of calling  
  - For cases assessed as not urgent and that cannot be resolved by phone, individuals will be offered the choice of an appointment within 24 hours or an appointment to see a GP in their own practice within 48 hours  
  - All individuals who would benefit from a care plan will have one  
  - Everyone who has a care plan will have a named ‘care coordinator’ who will work with them to coordinate care across health and social care  
  - GPs will work within multi-disciplinary groups to manage care delivery, incorporating input from primary, community, social care, mental health and specialists |
| C. **Care planning and multi-disciplinary care delivery** | - With the individual’s consent, relevant information will be visible to health and care professionals involved in providing care  
  - Any previous or planned contact with a healthcare professional should be visible to all relevant community health and care providers  
  - Following admission to hospital, the patient’s GP and relevant providers will be actively involved in coordinating an individual’s discharge plan  
  - The provider has a responsibility to proactively support the health and wellness of the local population. This includes prevention (e.g. immunisation, smoking cessation, healthy living), case finding (e.g. diabetes, COPD, cancer) and proactive identification and support for patients from hard to reach groups |
| D. **Information and communications** | - Patients experience high quality, evidence-based care and clinical decisions are informed by peer support and review. Clinical data are shared to inform quality assurance and improvement |
| E. **Population- and prevention-oriented** | - Note that where standard 3 references GPs working within multi-disciplinary groups, these groups also includes acute clinicians. |
Each NWL CCG has developed its own ‘Out of Hospital’ strategy to support the require shift of activity from acute to community and primary care settings, and to ensure that all services meet these standards for out of hospital care. Each of the NWL CCGs has its own individual plan to achieve this, which has been tailored to meet the population’s needs. However, there are a common set of initiatives working to similar objectives.

Primary Care has a significant role to play in providing out of hospital services.

Primary Care Transformation

The scale of change that is required in primary care to achieve our quality, patient experience and financial objectives is truly significant, and our CCGs and GPs are determined to translate this vision into reality. In 2012, NWL commissioned a comprehensive review of patient priorities for primary care. The four stage process involved:

1. Literature review (October 2012)
2. Workshops (10/11 November 2012)
3. Street survey (late November 2012)
4. Final list of patient and public priorities (December 2012)

Additional engagement was carried out with CCG patient groups, patients with learning disabilities, non English speakers, patients from a variety of BME groups.

The report has already provided evidence to underpin the need to design new models of primary care that will support the delivery of the SaHF out of hospital strategy. The top three patient priorities were:

1. I can quickly get an emergency appointment when I need one.
2. I have enough time in my appointment to cover everything I want to discuss.
3. I can rely on getting a consistently good service at my GP surgery.

Based on this survey and other inputs, including our baseline position on the related Outcome Ambition measures, a key element in our case for change is the need to increase the overall quality and consistency of primary care across our eight boroughs.

The future model for primary care will be increasingly patient-centred, with networks as a central organising point. GPs are the centre of organising and co-ordinating people’s care, and a new model of General Practice is emerging in NWL to build on the existing strengths of Primary Care. This new model of General Practice will also help to deliver the vision of Shaping a healthier future and Whole Systems Integrated Care.

We have an expectation that primary care will change in three ways to improve care for patients:

1. Primary care will change to deliver out of hospital care:

The CCGs’ Out of Hospital strategies (and the associated Delivery Strategies) are clear about the growing role for general practice in delivering improved, integrated care.

Central to this will be GPs working together in networks to deliver some of the innovations included in CCGs’ plans for Out of Hospital care, including differentiated access and additional support for patients with long-term conditions.

While the overall model of care varies by CCG, there are some common principles that will be met. Based on the feedback of patients in North West London, our vision for primary care transformation is to offer:

- **Urgent:**
  - Patients with urgent care needs provided with a timed appointment within 4 hours.
  - Patients with non-urgent needs offered choice of an appointment within 24 hours, or at their own practice within 48 hours.
  - Telephone advice and triage available 24/7 via NHS 111.
• **Continuity:**
  o All individuals who would benefit from a care plan will have one.
  o Everyone who has a care plan will have a named ‘care co-ordinator’.
  o GPs will work in multi-disciplinary networks.
  o Longer GP appointments for those that need them.

• **Convenience:**
  o Access to General Practice 8am-8pm (Mon-Fri) and 6hrs/day during the weekend.
  o Access to GP consultation in a time and manner convenient to the patient.
  o Online appointment booking and e-prescriptions available at all practices.
  o Patients given online access to their own records.
  o Online access to self-management advice, support and service signposting.

Note that increased online access will not replace face-to-face and other channels of information and support.

2. **Primary care will change to meet expectations for access:**
   Our work with patients indicates an expectation of better access to primary care and including better continuity of care for people released from custody settings.
   • The principle is that care will be responsive to patients’ needs and preferences, timely and accessible.
   • This may be differentiated depending on patient types: urgent needs may be dealt with by GPs at a network level, whereas patients with long-term conditions may continue to only see their named GP.
   • Alongside this, NWL is promoting 7-day working across the system, which includes GPs. Again, this may be addressed at a network level.

3. **Primary care will change to meet rising quality expectations:**
   • NHS England expects improvements in the quality of the core primary care they commission.
   • This will include support for practices to improve but also contract management of poor quality practices across NWL.
   • Alongside this, CQC has a range of expectations of quality and safety, including the safety and suitability of premises. We will therefore need to address any estate that does not meet these standards and manage the consequences.

   Whilst the details may change as they are developed, this combines to suggest that the direction of travel is towards:
   • GPs will deliver a wider range of services and lead the integration of care for patients with long-term conditions.
   • Networks will support their member GPs to deliver services collectively and manage urgent demand.
   • Other providers will deliver large-scale services across the CCG.

   In order to deliver these commitments, individual GP practices will build on the progress they have already made towards delivering services as networks.
General Practice Networks

North West London has made significant progress towards establishing GP practice networks, with every practice now part of a network for peer review purposes, and some networks already coming together to deliver services. However, getting networks to work properly is no small thing. Significant changes are needed in ways of working, workforce, organisational form, service design, capacity planning and IT/telephony infrastructure. Building this capability takes time but we will also deliver tangible service improvements for patients earlier.

We have done detailed work to understand General Practice Staff’s ambitions for future working (From Good to Great NWL workforce engagement, 2013):

- ‘Networks will create new career routes...allowing for progression; they will facilitate proper extended hours; [and] strategic planning for training & development’, GP
- ‘The range of services we provide will expand: more minor surgery, mental health services...LTC services’, GP
- “When we pool resources together in networks, we can reduce inequities in provision...brining all practices up to the standards of the best now”, GP

GPs will work in networks to deliver:

Out of Hospital Care Settings

Delivering our vision requires us to invest in and use our estate differently. Hubs, one of the configurations that CCGS are exploring, are flexible buildings, defined as those that offer a range of out of hospital services and/or host more than one GP practice. Hubs will focus on delivering services that ensure patients’ medical, social and functional stability. Investment in hubs and General Practice estate will help us deliver better care in North West London.
Through our estates transformation will ensure we can:

- **Deliver a greater volume of care in out of hospital settings** by utilising our current estate to maximum effect and by providing new hub spaces for care delivery.
- **Deliver improved access** by supporting networks to offer extended access and differentiated access models.
- **Deliver better planned care** by offering spaces for diagnostic equipment and community outpatient appointments.
- **Deliver whole systems integrated care** by offering space for care co-ordination, multi-disciplinary working and sharing of key services.
- **Support the meeting of relevant standards** for access and integration of care.

The Primary Care Transformation programme is fundamentally linked to the other key transformation programmes, as GPs will be at the centre of organising and coordinating people’s care (through the Whole System Integrated Care programme), while a key enabler of the successful realisation of the benefits of the *Shaping a healthier future* (SaHF) acute reconfiguration will be the effective implementation of the NWL ‘Out of Hospital’ strategies and associated reduction in demand for acute services.

These important relationships are depicted in the following diagram:
Out of hospital strategies

Relationship between Primary Care Transformation and other transformation programmes

- **Shaping a Healthier Future**
  - More health services available out of hospital, in settings closer to patients’ homes seven days a week.
  - Community hubs
  - More local diagnostic equipment
  - Acute reconfiguration
  - More specialised hospital care

- **Whole Systems Integrated Care**
  - Patients with complex needs receive high quality multi-disciplinary care close to home, with a named GP acting as care co-ordinator.
  - GP as lead for patient care
  - MDT meetings led by GP
  - Time available for care plans

- **Primary Care Transformation**
  - Patients have access to General Practice services at times, locations and via channels that suit them seven days a week.
  - Urgent appointments
  - Continuity appointments
  - Information systems and record sharing
  - Capitalised budgets
  - Supported to self manage
  - GP network

- Less inappropriate done in hospital
NHS England’s Primary Care programme in London

NHS England commissions many primary care services. It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. CCGs have a role to play in driving up the quality of primary medical care but will not performance manage primary-care contracts.

NHS England’s priorities for the primary care programme in London include:

- **Maximise every opportunity to improve GP outcomes**: through an established and effective QIPP programme.
- **Developmental standards for Primary Care**: London’s vision is underpinned by development standards that describe the potential service that could be offered by general practice in the future following a period of redesign, development and investment.

Primary Care Co-Commissioning

As described earlier the Plan, the NHS in NWL is facing a range of clinical and financial pressures and challenges, and doing nothing is not an option.

Primary care will play an increasingly important role, with general practice at the centre of coordinating people’s care. NWL London is committed to significant additional investment in out of hospital care to make this vision a reality, including £190 million investment to support a re-distribution of activity from the acute hospital to out-of-hospital sector as part of *Shaping a healthier future* (SaHF). A significant proportion of this investment will be in general practice.

As commissioners, NW London CCGs and NHS England are aligned in their thinking about how to support primary care transformation and their strategies demonstrate this alignment. Both agree that care should be more responsive to patients’ needs, and that this will require certain key factors such as a central role for primary care, GPs working in networks, and multidisciplinary teams for some patients.

Despite this, both NWL CCGs and NHS England are constrained in their ability to drive transformation in primary care. CCGs are unable to shift funding from other parts of the health system to primary care, or invest in enablers such as estates and IT. NHS England does not have the local management resource to drive change or proactively manage performance.

By commissioning together, NWL CCGs and NHS England will be able to:

- **Develop and implement a pan-NWL commissioning strategy** that delivers a consistent level of service from general practice and other out of hospital services (e.g. out of hours services).
- **Collaborate effectively with the LA at the borough level** as one unified health commissioner, to co-commission whole systems integrated health and social care.

In a number of areas, co-commissioning could allow specific changes, enabling NW London’s vision for primary care to be achieved. For example:

- **Operating model**: NWL CCGs and NHS England could invest in the development of networks, allowing GPs to realise the benefits of scale associated with network working.
- **Contracts and money**: NWL CCGs could influence the PMS review, aligning it with their vision and ensuring that savings are reinvested in NWL.
- **Performance**: CCGs could be given a well-defined and active role focusing on improving outcomes at the practice and network level.
Out of hospital strategies

- **Estates**: NWL CCGs and NHS England could pool available estates funding and develop a clear five year investment pipeline.

For practices that are interested in exploring new ways of working, NW London and NHS England are proposing to develop a new, optional “opt in” service specification for general practice, defining services and additional payment more clearly.

Co-commissioning is about helping general practice to secure greater levels of investment, providing greater flexibility to innovate, and supporting practices to improve quality of care. It is not about reduced CCG control or CCGs taking on the role of managing poorly performing practices.

The exploration of co-commissioning takes place in the context of several programmes already underway in NWL to support general practice, which aims to improve the consistency of primary care across NWL, support GPs to work effectively in GP networks, and to enable these networks to collaborate with other providers. For example:

- Designing **new whole systems models of care** that deliver an enhanced range of services to meet the needs of specific patient groups in their homes and general practice.
- Standardising the range of **enhanced services** that CCGs commission and ensuring their availability to all patients (Central, West, Hounslow, H and F, and Ealing CCGs only).
- **Organisational development** for practices to support collaborative working, through the Prime Minister’s Challenge Fund.
- Developing a **primary care estates strategy** for each CCG to support the delivery of new whole systems models of care.
- Developing a joint strategy with Health Education NW London (HENWL) to improve **training and career opportunities** for the primary and community workforce.
- **Investing in GP IT** to establish a common IT platform across each CCG.