North Central London
NHS
Barnet - Camden - Enfield
Haringey - Islington

THE NHS IN NORTH CENTRAL LONDON	**BOROUGHS:** BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON **WARDS:** ALL

REPORT TITLE:
NHS North Central Future Planning 2011/12 – 2014/15

REPORT OF:
Caroline Clarke
Director of Strategy
NHS North Central London

FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	**DATE: 19 November 2010**

SUMMARY OF REPORT:

This report summarises the Case for Change across health services in North Central London. It brings together the challenges faced by the health system, both now and into the future, and describes the evidence under-pinning why we must change in order to improve clinical quality, productivity and services for patients.
At the JOSC, we will also describe to the committee current thinking on our approach to how best to meet these challenges going forward, and how best to engage with members and the public.
CONTACT OFFICER:
Caroline Clarke
Director of Strategy
NHS North Central London

RECOMMENDATIONS: The Committee is asked to comment on the case for change, and to discuss how best to engage across North Central to ensure that the challenges described are effectively met.

Attached is the summary Case for Change

SIGNED: 

Caroline Clarke
Director of Strategy
NHS NCL

DATE: Nov 10th 2010

Health and Health Services in North Central London

Now and into the future – 2011/12 to 2014/15

Leading clinicians from across the North Central London met over a number of months in 2009 to consider the state of health and health services in the five boroughs of Barnet, Camden, Enfield, Haringey and Islington.

They looked at evidence that described the current position as well as looking to the future in terms of clinical and service quality. In reviewing this work, we are clear that GP Commissioners will be taking over the leadership for commissioning services and that the evidence in this document will be used as the basis for agreeing future commissioning priorities.

The Challenges

Health services in North Central London face significant challenges over the next four years, the most significant of which are:

- wide health inequalities with huge variations in life expectancy and wellbeing between communities within the five boroughs;
- big differences in the quality of service being delivered by the NHS;
- risks to the potential long-term sustainability of our healthcare providers.
- the cost of healthcare is rising more quickly than the amount of money available for our residents;
- the workforce responsible for delivering services constantly needs to change.

We also know that primary care services are underdeveloped in NCL compared to the rest of the UK, whereas we have a large number of hospitals, some with spare capacity.

This paper describes these and other challenges[*]. We ask all readers to consider how best these challenges might be addressed. NHS North Central London is seeking the views of everyone who has an interest in health services; clinical and non-clinical staff, local authorities, providers of health services and all our residents. To let us know what you think please contact ncl.queries@islingtonpct.nhs.uk

Our Population's Health Needs

The population of the five boroughs in North Central London is around 1.27 million and this is expected to grow to about 1.31 million by 2014, an increase of about 2.8 per cent. There is significant variation in healthcare needs across this population, and age, gender, ethnicity and levels of deprivation all impact on these health needs. In North Central London, there is a mix of areas of great wealth and high deprivation often very close together. The diversity of cultures across North Central London means a huge variety of health needs exist, and the services provided must match the needs of the local population.

GPs and other leading clinical staff have identified seven clinical areas that they believe need to be focussed on:

- Long Term Conditions, such as diabetes and breathing diseases
- Maternity
- Paediatrics
- Cancer
- Cardiovascular disease
- Unscheduled Care
- Mental Health

These seven have the biggest expenditure, the largest patient groups with growing demand, and those services where quality of delivery is most varied. Over the next four years the strategy for the NHS in North Central London is to focus on efficiency, quality, performance, access and workforce issues in these clinical areas.

[*] A more detailed evidence pack that underpins this paper is available at www.ncl.nhs.uk

We need to look at these clinical areas in all their care settings, including hospitals, primary care and at home. There are eleven NHS providers delivering healthcare in these areas. As we seek your views, these eleven NHS providers are looking at how they can ensure that they are ready for the future. Those NHS providers who do not yet have Foundation Trust status are preparing now to make an application.

Priority Clinical Areas

Long Term Conditions (LTC)

There is an increasing number of people with LTCs such as Heart Failure, Asthma, Diabetes and Coronary Obstructive Pulmonary Disease (COPD) and they rely on the NHS perhaps more than any other group of patients.

Most care can take place in the community; however, the majority of LTC care currently takes place in hospital settings which are expensive. More importantly patients and clinical staff also tell us that LTC care delivered in a hospital is often inconvenient and inappropriate.

There is still insufficient focus on finding ways to prevent unnecessary hospital admissions, or on care management plans to avoid readmission to hospital.

The infrastructure (buildings etc) supporting primary care provision is, in places, unfit for the future and has a significant impact on both quality of, and access to vital services.

Maternity

The NHS in North Central London is not yet meeting all women's expectations and needs in terms of offering choice of care provider, antenatal care setting and birth options.

Provision of safe and sustainable services in the future depends on how effectively we can resolve medical and midwifery workforce issues. The most significant relate to the recruitment, retention and age of our midwives, the ability to provide the required level of consultant presence on labour wards and ensuring adequate junior staff cover without over-reliance on locum staff.

Approximately 30 per cent of women in North Central London are still not assessed by a midwife before their 12th week of pregnancy, which can restrict their screening options and can compromise their antenatal care leading to a poorer outcome for them and their baby.

Birth rate predictions vary making it more difficult to plan for future capacity. The rise in women exercising their right to choose their care provider complicates capacity planning further, because women who are not resident in North Central London are choosing to give birth at an NCL hospital.

There is currently no area-wide agreed definition of low and high risk in pregnancy. We need this clarity to ensure that potential risks and complications are recognised and planned for. Women need to be encouraged to see pregnancy and birth as natural events with minimal medical intervention. The system needs to reflect their needs, avoid unnecessary appointments and offer more choice of care setting.

Paediatrics

When children are ill, their parents and carers want fast access to the best possible care for them. High volumes of children and young people attend Accident & Emergency (A&E) with a range of emergency and non-emergency conditions. Most families would prefer to go somewhere other than Accident & Emergency if such services were open and close to home. This would be more convenient for them and less costly to the local health economy, allowing emergency services to focus on those patients who need their expertise most.

Children attending Accident & Emergency departments in North Central London are often assessed by junior medical staff who are not paediatric specialists. This results in higher levels of admissions, which should be avoided.

Some healthcare providers in North Central London only undertake very small numbers of inpatient paediatric surgery and are therefore not meeting the standards expected by the Royal Colleges, or by recognised best practice.

Cancer

The number of people diagnosed with cancer across London and the rest of the country is growing dramatically. In North Central London we are seeing a real increase of an additional 275 diagnosed patients each year. Incidence of cancer is affected by a range of factors; age, obesity, smoking and low levels of physical activity for example. This suggests that the NHS should focus place greater emphasis on prevention measures.

There are inequalities in cancer care, both in terms of prevention measures and access to treatment. Inequalities relate to socio-economic deprivation particularly with regard to risk factors for cancer, especially smoking, but also in terms of gender, ethnicity, religion, disability and age where inequalities also exist.

North Central London has achieved a consistently lower uptake and coverage of screening for breast, lung and colorectal cancer. There are wide variations between Primary Care Trusts and services in terms of uptake. The delivery of screening services is complex with issues around primary care engagement, commissioning and ensuring the quality of services, all of which contributes to a mixed picture across North Central London.

North Central London has a higher level of cancer being diagnosed at a later stage when compared to London as a whole. This has a significant impact upon survival and treatment options. We need to improve cancer awareness in the general population, as well as to those at highest risk and with primary care clinicians. Addressing system delays and improving system efficiency and configuration will also enable cancer to be diagnosed at an earlier stage.

Better data collection, a focus on pathways and compliance with best practice standards would all have a positive impact on the quality and experience of care.

We have some of the best cancer services in the world within North Central London; however, we want to drive up the quality and reduce variability of the patient experience and health outcomes.

Cardiovascular Disease

We believe the early adoption of innovative, new techniques, together with a better planned approach to implementation, would improve patient outcomes, patient experience and reduce the length of stay for certain procedures.

Health outcomes for people undergoing certain complex hospital procedures could be improved if they are performed in hospitals that undertake sufficient numbers of these specialist procedures and by consultants with the greatest specialist skill. This is not always the case. Also, waits for transfers between hospitals are too long for unplanned cardiac surgery patients.

Not all patients that experience severe, sudden chest pain currently get early access to angiography (diagnostic test) and angioplasty (a widening of the blood vessels in the heart), although evidence suggests many patients would benefit from this.

The impact of the European Working Time Directive has reduced the availability of junior medical staff and new non-medical staff roles are needed to provide sufficient numbers of appropriately qualified staff.

Unscheduled Care

People place great value on rapid access to services in an emergency (including the ambulance service, A&E and other out of hour's services) and the security of knowing that these services are available whenever needed. North Central London patients use A&E over other services when they urgently need care or advice. This leads to a strain on resources, as highly trained staffs are diverted from treating emergencies to treating urgent, but not life-threatening cases. This results in patients waiting to be seen in A&E for longer than necessary and an overspend for the NHS on A&E services.

Currently there is often limited access to diagnostics and availability of staff to make clinical decisions at the point of need. This slows the process of diagnosis and treatment for patients, which in turn can lead to poorer health outcomes and emergency patients needing to stay in hospital longer than required.

Discharge from hospital is often delayed because of poor discharge planning, lack of community or home support and delays in clinical decision making.

Mental Health

Across North Central London fewer people have access to specialised mental health care than elsewhere in London. There appears to be obstacles to accessing these services when needed and equally, difficulty in discharging back into the patient's community as quickly as should happen.

There is a particularly high number of people in the south, in Camden, Islington and parts of Haringey, with mental health needs. There is clinical consensus that the move towards treating in the commuity whenever possible should continue with hospitals, and residential treatment is focused on those who benefit most from this approach.

As well as improving the quality and accessibility of mental health services, there needs to be a focus on improving the mental wellbeing of the population as a whole.

The areas recognised by clinicians and others in greatest need of attention are; alcohol dependency, dementia and meeting the specific needs of people from Black & Minority Ethnic (BME) communities.

Future commissioning approaches should also ensure that services offer treatment-focused interventions which comply with best practice guidance from the National Institute of Health and Clinical Evidence. Funding for mental health services is complex and is dependent upon local authority resources as much as those from the NHS.

Strengthening Our Healthcare Providers

To address the health challenges outlined above it is widely accepted that there needs to be improvements to the health services provided.

In primary care provision there is:

- a variation in access driving low levels in patient satisfaction;
- a variation in quality and performance of GP practices;
- an historical allocation of funding rather than current patient need;
- an high proportion of small GP practices, often operating poor quality buildings in some parts which are not fit for purpose into the future;
- a duplication of services across primary and community services; and
- a lack of integration along many care pathways.

The table below describes the current position of our major hospital and specialist service providers.

Table 1 - Provider Trusts and Foundation Trust Status

Trust	Type	Foundation Status Achieved	Looking to Foundation Status
Barnet & Chase Farm Hospitals	Acute		✓
Barnet Enfield & Haringey	Mental Health		✓
Camden & Islington FT	Mental Health	✓	
Great Ormond St Hospital	Specialist		✓
Moorfields Eye Hospital	Specialist	✓	
National Orthopaedic Hospital	Specialist		✓
North Middlesex Hospitals	Acute		✓
Royal Free Hospital	Acute		✓

Tavistock & Portman FT	Mental Health	✓	
University College Hospitals	Acute	✓	
The Whittington Hospital	Acute		✓

Specifically, Barnet and Chase Farm, and the North Middlesex Hospital are awaiting the outcome of the review of the Barnet, Enfield and Haringey Clinical Strategy before submitting their plans for the future. The Royal Free and the Whittington are working to produce plans under a number of options: 1) as stand-alone organisations; 2) as merged entities either with each other or with University College Hospitals, or 3) as either a bi-partite or tri-partite organisation.

Developing a Financially Sustainable System

Over the past decade, there have been unprecedented levels of investment in the NHS. Funding available to commissioners has increased in real terms and healthcare providers have achieved increased activity and a reduced waiting times.

North Central London currently spends approximately £2.5 billion per annum, as broken down in the following table

Table 2 Breakdown of NCL Commissioning Spend

	£'million
NHS Acute and Foundation Trusts	1,151
Mental Health	369
Primary Care	300
Specialised Commissioning	143
Community Services	187
Primary Care Prescribing	174
Other	208
Total	2,532

Now, as a result of the global recession and the level of public sector debt, NHS funding will increase by 1% per annum against an expected 4% increase in demand owing to population growth and developing new procedures.

In North Central London, this is likely to translate into a cumulative commissioning deficit of over £600m by 2014/15. This is not sustainable.

A Skilled and Sustainable Workforce

There are around 30,000 people working within the NHS in North Central London and as services change, the skills they have, the locations they work in and the things that they are required to do are also changing. This is true for clinical and non-clinical staff and we need to make sure these individuals are best positioned for the changes that lie ahead.
Some of the external factors that will bring change for the workforce in North Central London are the same as those facing the nation as a whole, for example, moving to Foundation Status, and transferring the commissioning function to GP-led consortia. Others are specific to our area, for example, the changes in community service provision.

Table 3 NCL Workforce Breakdown

Organisation Type	WTE June 2010	Percentage (%)
Acute Trust	24,260	
Specialist	4,253	18%
Foundation Trust	6,353	26%
District General Hospitals	13654	56%
Mental Health Total	4,352	
Foundation Trusts	2,278	52%
Mental Health Trust	2074	48%
Primary Care Trusts Total	4,734	
Community Services	3,503	74%
Commissioning and Contracting	1,231	26%

Within the five boroughs there are also 887 GPs working from 269 practices with 78 of these being single-handed.

There are many significant issues facing this workforce as we move into the future. Among these are shortages in some staff groups and specialties, a difficulty in recruiting to some specialties (e.g. paediatrics) and some specialists experiencing relatively low volumes of work when compared with national guidelines (e.g. vascular surgery). There are also issues around age of the local workforce (e.g. maternity) and impact of the European Working Time Directive.

Preparing for the future

It is widely accepted that the current challenges to our population's health, and the health services being provided for them, need to be addressed. Over the course of the next two months, NHS North Central London is looking to share this document, and the evidence that supports it, as widely as possible. We want to hear from you:

- If you think that there are issues we have not addressed or if you think we are focusing on the wrong things.
- If there is other evidence we should be considering.
- If you have any proposals or suggestions for tackling the challenges we face.
- If you would like us to meet with you or your organisation to discuss these issues in greater detail. This may be one particular priority area or it may be you are interested in everything.

Let us know by:

- contacting us at ncl.queries@islingtonpct.nhs.uk or
- calling Anna Bokobza on 0207 685 6242