Living well in Ealing

NHS
Ealing
Clinical Commissioning Group

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8th September 2017

SENT BY EMAIL ONLY

Dear Colin

The answer to your question around the £190million investment is in two parts. Firstly, the investment and new services put in place since SaHF and secondly, our bid for capital investment.

Since SaHF, significant improvements have been made to out of hospital services. Some of those improvements are:

- GP practices across North West London now offer extended opening weekday hours (8am-8pm) and weekend access to over a million people in NW London.
- investment in new technology at 80 GP practices means half a million patients can use online, email, video or telephone consultations
- eleven primary care hubs are providing access to primary and social care services
- rapid access services in all NW London boroughs to help keep patients with long term conditions out of hospital where possible, and discharged quickly from hospital when they have needed to be admitted - this has helped more than 3,000 people in Harrow and prevented 2,700 hospital admissions in Brent
- over 400 patients from Hammersmith &Fulham, Westminster and K&C have benefited from the new Community Independence Service, which brings together a multi-disciplinary team to keep patients well at home and avoid stays in hospital
- a single discharge agreement across NW London agreed with all boroughs to get patients home quickly and safely when fit to leave – can reduce stays by up to three days
- a high proportion (328 of 389) of NW London GP practices have signed up to an information sharing agreement, allowing them, with consent, to access patients' records across different practices and between practices and hospitals to join up care.

An example of how these improvements are helping patients can be seen through the Home Ward service which was launched in Ealing in October 2016. This is a consultant-led intermediate care service supporting patients to receive physical, mental health care and

social care support through one service under one management team. It provides patients with better support following discharge and helps more people avoid hospital admission when a more intensive level of support is required. The service provides physical, mental health and social care, for people whose health has deteriorated or have had a recent stay in a local hospital. It takes referrals from GPs, A&E, acute assessment units, ambulatory care units, London Ambulance Service and hospital wards. The service supports primary care to deliver a rapid response and provides proactive in-reach into our local hospitals to support discharge.

In the first 8 months of service, Home Ward:

- received 19,000 calls
- accepted 3179 referrals, 2385 for a rapid response intervention 954 were direct from GPs (avoiding A&E)
- helped avoid 1400 hospital admissions
- supported over 80% of patients to remain well at home without readmission in 28 days
- feedback from patients and carers has been extremely positive.

The start of implementation of SaHF was delayed due to the unsuccessful challenges made against it so to provide increases in investment since the start of SaHF, we have provided figures from 13/14 compared to today. In 2013/14, investment in out of hospital services across the 8 CCGs was at £602m. Four years on and the investment in 2017/18 is £127m higher (see table 1).

Many more improvements are planned and an element of this sits within the 27 planned hubs for NW London. That bid for capital (SOC1) is currently going through the approval process and has recently been approved by the NHS England Investment Committee and the NHS Improvement Resources Committee.

As I'm sure you are aware, we have the NW London Sustainability and Transformation Plan (STP). This doesn't replace SAHF, in fact provides a renewed emphasis on the out of hospital elements as well as bringing together health and social care which is even better for patients.

With regard to A&E performance, we have discussed this on numerous occasions in relation to the A&E closures and you are aware of our position. A&E performance has worsened across the country but of course we want to improve our performance and that relates closely to the out of hospital and prevention work we are focussing on. Whilst patients are being seen and treated safely and within 4 hours, it is not always possible to also discharge or admit them within this window and that is where you see the performance dips. We are providing more care in the community and helping people to keep well to prevent the need for certain admissions and improve patient flow when they are admitted. Already we have seen reductions in the rate of admissions in NW London showing that our strategy is working. We are clear that getting the out of hospital care and prevention work right will have a fundamental impact on the whole care cycle.

Kind regards

Dr Mohini Parmar
NWL STP Lead
Chair, NHS Ealing Clinical Commissioning Group

Table 1: NW London CCG out of hospital spending 2013/14 and 2017/18.

CCG	2013/14 (PLAN)				2017/18 (PLAN)				NET INVESTMENT
£0	Primary care	Mental Health	Community Servivces	TOTAL	Primary care	Mental Health	Community Servivces	TOTAL	
CENTRAL	3,349	48,106	35,654	87,109	5,770	53,060	37,689	96,519	9,410
WEST	6,678	62,126	42,824	111,628	10,357	69,005	49,360	128,722	17,093
H&F	3,936	33,120	22,028	59,084	7,431	34,869	33,219	75,519	16,435
EALING	12,644	47,390	41,242	101,276	16,307	55,704	49,783	121,794	20,518
HOUNSLOW	9,109	23,201	31,084	63,394	10,730	34,896	50,498	96,125	32,731
BRENT	8,660	36,429	39,629	84,718	9,057	39,059	47,163	95,279	10,561
HARROW	2,626	22,283	18,453	43,362	5,800	22,564	28,866	57,230	13,868
HILLINGDON	1,861	22,187	27,487	51,535	3,222	25,291	29,583	58,096	6,561
TOTAL	**48,863**	**294,842**	**258,402**	**602,106**	**68,674**	**334,448**	**326,161**	**729,283**	**127,177**