

- next stages in improving healthcare in
North West London

Name
Position
Date



'Healthcare for London' – A Framework for Action

(2007 by Prof Lord Darzi)

Drivers of change:

- The need to improve Londoners' health
- The NHS is not meeting Londoners' expectations
- One city, but big inequalities in health and healthcare
- The hospital is not always the answer
- The need for more specialised care
- London should be at the cutting edge of medicine
- Not using our workforce and buildings effectively
- Making the best use of taxpayers money



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Principles for change :

- Services should be focused on individual needs and choices;
- Services should be localised where possible and regionalised where it improves quality
- Joined-up care and partnership working, maximising the contribution of all the workforce
- Prevention is better than cure
- There must be a focus on reducing differences in health and healthcare

‘Consulting the capital’ in 2008 found strong public support for these principles



Bringing care closer to home

- **New polyclinics in Harrow and Hounslow** bringing key services out of hospitals into local communities, alongside better and more accessible GP and primary care services
- **New Urgent Care Centres at Hammersmith and Charing Cross Hospitals** providing more appropriate care for patients
- **New services in the community** for people with diabetes and breathing problems are helping reduce the need for emergency hospital admissions
- More to come: **26 new Polysystems** and **seven more Urgent Care Centres**, more local **services for people with long term conditions**



More specialised care in hospitals

- People across all of London will soon have access to **world-class, specialist stroke and major trauma services**
- **Eight specialist heart attack centres set up**, dramatically improving outcomes for people suffering severe heart attacks
- Now looking at other hospital healthcare services to ensure they provide the best care possible, using latest technology and specialist staff to save more lives and improve patient outcomes
- **This could involve changes to where and how care is received**



The case for change

- **Four clinical working groups** – each looking at the clinical case for change and potential new clinical models of care:
 - **Maternity and Newborn** – developing midwife-led care, increasing consultant hours on the labour ward
 - **Children and Young People** – fewer children spending time in hospital, rapid assessment for children
 - **Medicine** – providing urgent medical care as locally as possible, the development of Urgent Care Centres
 - **Surgery** – fewer hospitals doing emergency surgery to aid greater specialisation, surgery done locally where possible

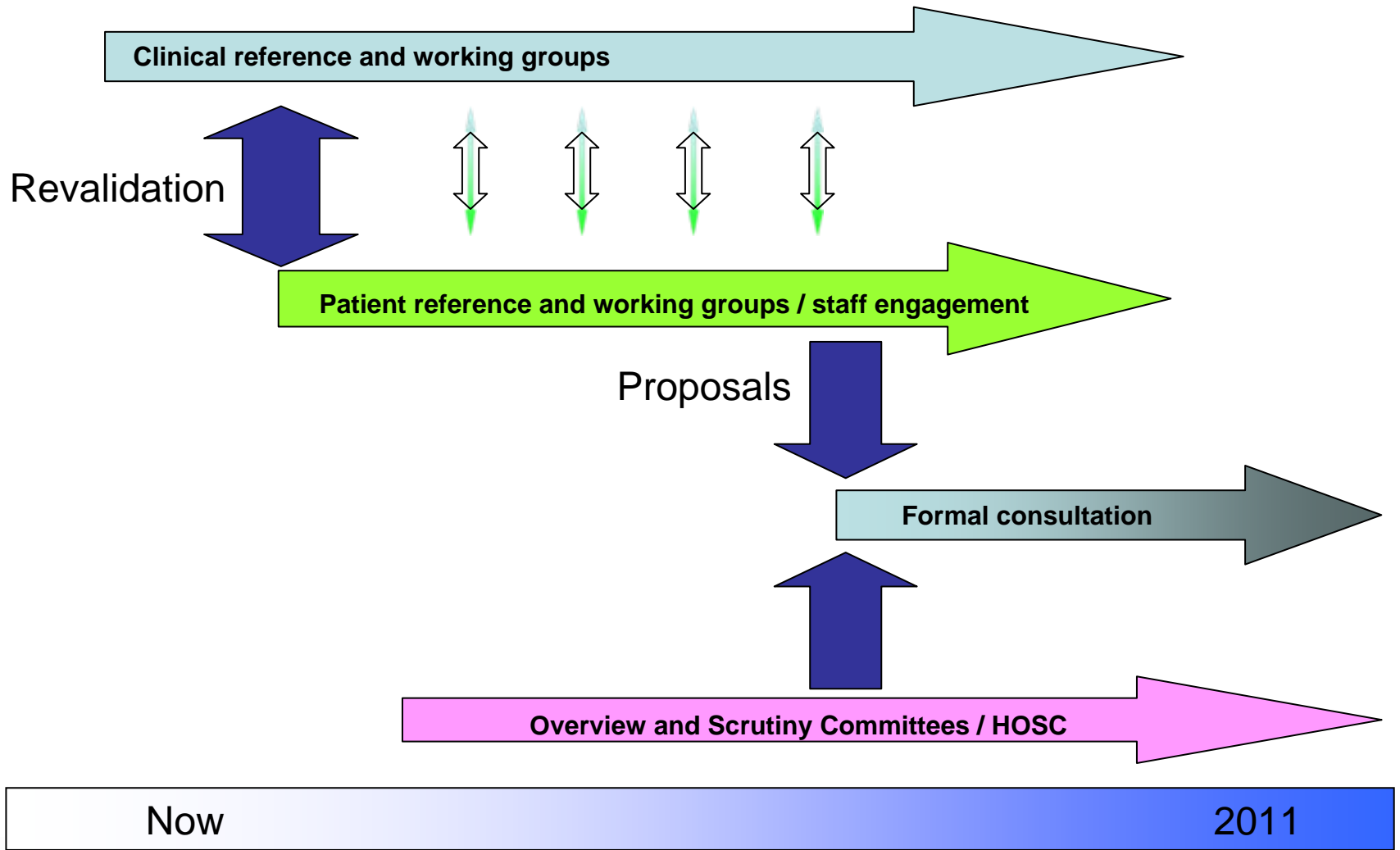


The next steps

- Consider and assess all the evidence and develop options tested against criteria which might include:
 - **Clinical excellence** – which possibilities deliver the best services and health outcomes for our patients?
 - **Affordability** – are the possibilities financially sound and sustainable?
 - **Deliverability** – can the possibilities be delivered using current buildings, staff and computer systems and how can they best be introduced?
 - **Accessibility** – which solutions are most accessible for residents?
 - **Acceptability** – which ideas improve the patient experience and environment?



Possible time line for engagement



'Healthcare for North West London' – moving forward

- There are **no further firm proposals for change** to hospital services
- No further changes will be made without **full and open debate and full consultation**
- If you do have any urgent questions, please e-mail us at **h4nwl@nwlcp.nhs.uk** and we will endeavour to answer them

