MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

FRIDAY 21ST NOVEMBER, 2014

AT 9.30 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed presentations and additional documents for the meeting above.

Item No	Title of Report	Pages
2.	Item 5 - 5 Year Commissioning Plan for North Central London	1 - 12
3.	Item 6 - Hospital Parking	13 - 16
4.	Item 7 - Primary Care Transformation	17 - 36
5.	Item 8 - Winter Planning	37 - 46

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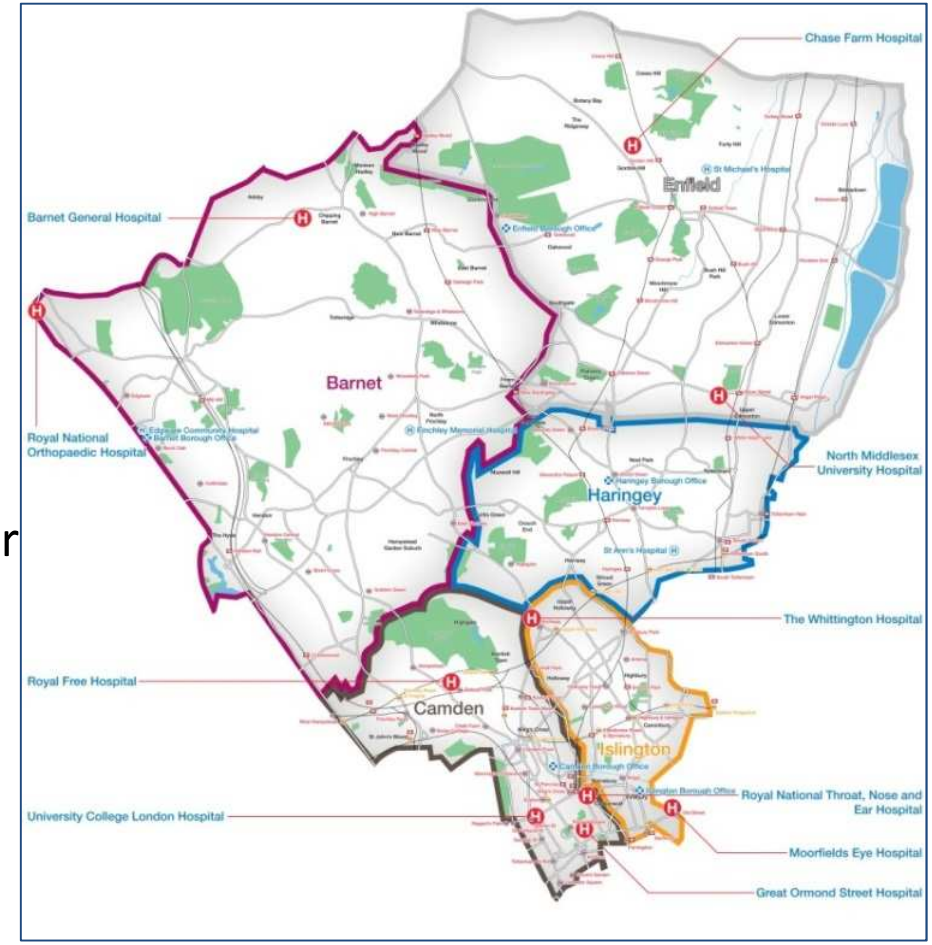
North central London
Clinical Commissioning Groups
Development of the Five Year Strategy

Caz Sayer - Chair
North Central London Clinical Commissioning Committee

AGENDA ITEM 2

NCL Strategic Planning Group

- The north central London (NCL) strategic planning group comprises five clinical commissioning groups (CCGs)
  - Barnet
  - Camden
  - Enfield
  - Haringey
  - Islington
- Collectively responsible for planning and commissioning health services for 1.3m people
- Annual spend: £1.7 billion



Barnet Camden Enfield Haringey Islington Clinical Commissioning Groups

Developing a Five Year Strategy for NCL

In 2014 NHS England introduced a five year planning approach across the NHS.

This approach recognises that:

- short term plans will not address the £30 billion financial gap predicted for England in 2020.
- larger units of planning (NCL) can deliver more effective use of resources and greater investment in the future of our health system.
- this strategic approach will enable the step change necessary to bring the NHS back into financial balance.

What this means for north central London:

- NCL's Strategic Planning Group is developing a five year plan for the period to 2016/20.
- collaboration across NCL will bring patient benefits with pace and at scale.
- development of an NCL vision that is shared across our community of stakeholders.

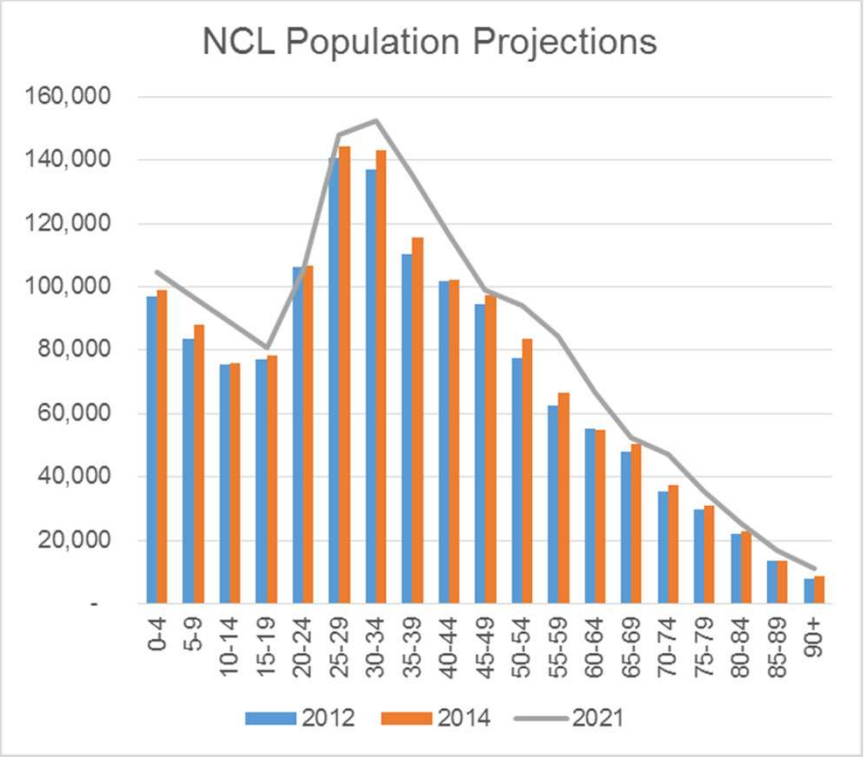
Vision for north central London

An integrated care network of organisations focused on outcomes and shaped by patients

- NCL CCGs share a strategic intent
- A strategic vision for healthcare across NCL has been developed for the next five years
- NCL's vision and the case for change has been shared with our health system providers and partners

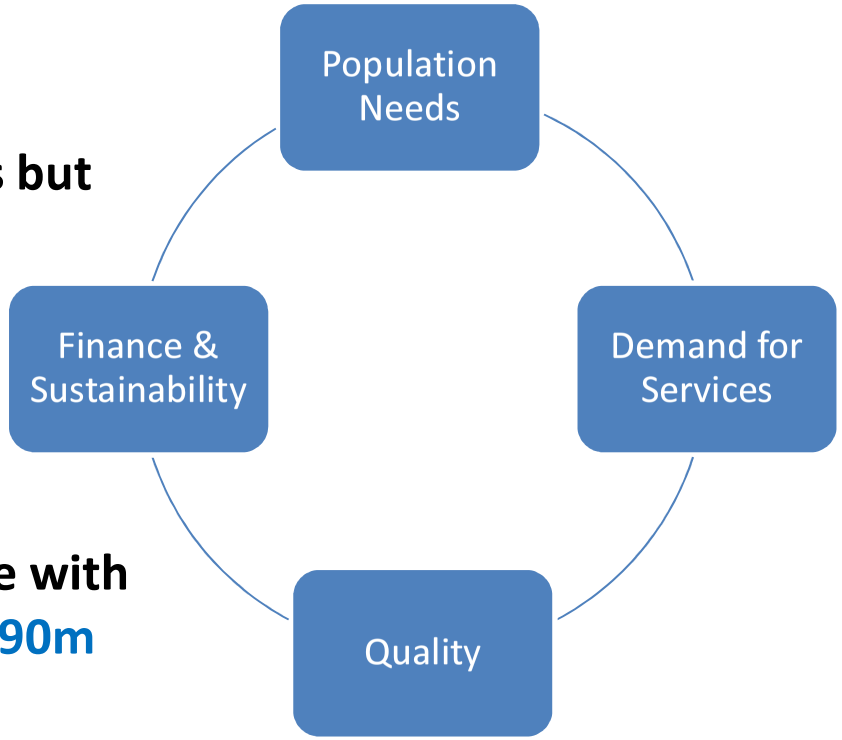
Population

- Additional 65,000 people living in north central London by 2021
- Over 2000 additional residents will be 85+ and nearly 8000 between 65-84
- Growth up to 14% in some boroughs
- At current prices this equates to an additional £165m of activity

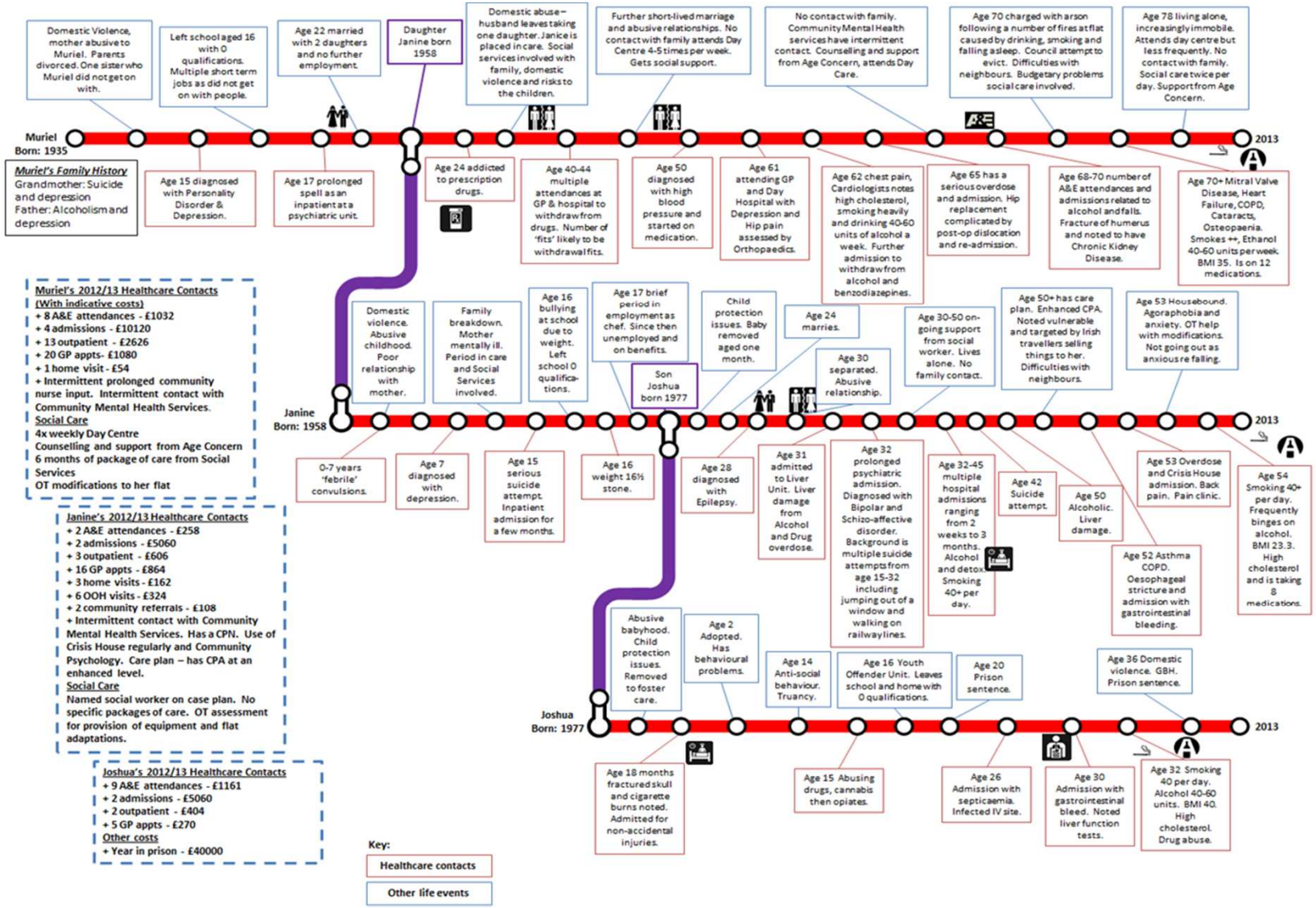


Case for change

- The health of our population continues to improve but **inequalities still persist**
- Our health services have many strengths but **quality remains unacceptably variable**
- The expected growth in **demand for healthcare is unsustainable**
- NCL faces a significant financial challenge with an identified potential **funding gap of £490m** over the five years to 2018/19
- **To 'do nothing' is not a option.**



Muriel, Janine and Joshua



The challenges

Population level

- Predictably poor health outcomes
- Lack of focus on prevention
- Lack of personal responsibility for health
- Too little supported self-management

Individual

- Complex patients mirror complex system
- Primary care needs support to manage
- Health and social care not integrated
- IT systems need developing

Systems level

- Reactive, poorly co-ordinated services little integration
- Focused on organisation's needs not those of the patients
- Fragmented, duplicative and inefficient
- Reliance on unplanned care
- Payments and incentives that do not support integration

Meeting those challenges

A changed emphasis…

- Developing a systematic approach to prevention
- Earlier diagnosis of disease
- Reducing inequalities in health outcomes by targeting vulnerable groups
- Encouraging individuals to take greater responsibility for their health
- Supporting self-management of illness

Patients at the centre…

- Compassionate, high quality, effective and efficient care pathways shaped by patients
- Care that is integrated and focussed around delivery of outcomes defined by patients
- Easy access to services delivered in ways and places convenient to patients

Integration of care through…

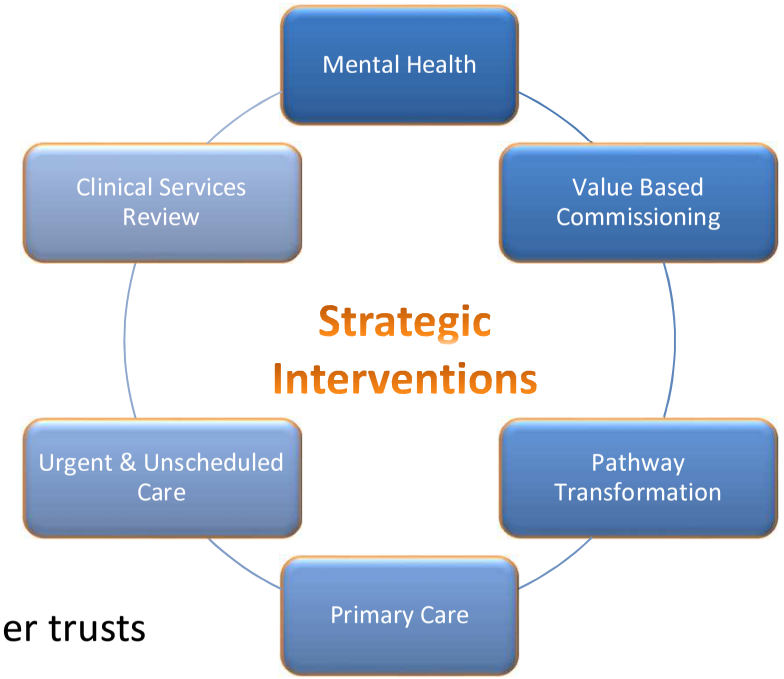
- Shared digital record for clinical records, data sharing, measurement and evaluation
- Services to be commissioned and contracted in ways that drive partnership and integration

Financial sustainability through…

- Clinically-driven focus on quality of services
- Delivery of effective (evidence-based) and efficient (right first time) care
- Savings achieved through cutting the 'cost of chaos'

Collaborating effectively to deliver transformation

- **CCGs will continue to serve their borough populations, but will also work strategically and collaboratively at the right scale:**
  - Locally
  - Across north central London
  - Pan-London
  - Nationally



- **In partnership with:**
  - Local authorities
  - Local voluntary and other organisations
  - Acute, mental health, and community provider trusts
  - NHS England and other NHS organisations

Next Steps

- **Development of the strategy will require engagement with:**
  - Hospital providers
  - Mental health providers
  - Community providers
  - Local authority and other local stakeholders
  - Patients and the public

- **Timetable**
  - Next steps to March 2015 have been agreed with NHSE
  - Detailed work on the strategic interventions linked to case for change is underway, discussions with providers, assessment of options
  - Engagement with patients and public, stakeholders throughout 2015
  - Strategic plan to be finalised and published summer 2015

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AGENDA ITEM 3

Department of Health - NHS patient, visitor and staff car parking principles

Published 23 August 2014

In summary, the hospital site was almost compliant before the principles were even published, we have a bit of work to do and this includes getting the community car parks compliant and controlled.

List of Principles

- NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.

The current Policy and operating process has been developed over a number of years it has been at many committees, Trust board, partnership meetings, developed with PALS to reflect patients comments and also in line with transport

- Charges should be reasonable for the area.

£3 per hour is a rate that was signed of by the Trust Board, when compared to the London Borough of Islington rates it is in the middle of there charging amounts. The £3 per hour is also reasonable in terms of private parking in the area.

- Concessions, including free or reduced charges or caps, should be available for the following groups:
    - people with disabilities
    - frequent outpatient attenders
    - visitors with relatives who are gravely ill
    - visitors to relatives who have an extended stay in hospital
    - staff working shifts that mean public transport cannot be used

  Other concessions, eg for volunteers or staff who car-share, should be considered locally.

We have a number of concessions and authorise free parking in certain circumstances. People with a valid blue badge, park for free during 0700-1800 Mon to Fri. The PALS service act as a checking process to authorise patients or relatives that require parking for exceptional circumstances. The Head of Security, Security Advisor and Deputy Director of Estates and Facilities (DDofE&F) are a point of contact to make decisions on specific requests and situations. If there is significant weather issues, bank holidays or strike action car parking is opened up for greater use by both staff and patients.

- Priority for staff parking should be based on need, eg staff whose daily duties require them to travel by car.

The Staff parking permit systems is well establish and follows an agree

- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used. Additional charges should only be imposed where reasonable and should be waived when overstaying is beyond the driver's control (eg when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift).

We have a Automatic number plate recognition system that is pay on exit / pay when ready to leave. There are no additional charges, it is simple pay for the time you stay. Any exceptional circumstances will be dealt with using a the concession process above.

- Details of charges, concessions and additional charges should be well publicised including at car park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.

All details are displayed at the main entrance and around the carpark. They are also on the Trust website. The Trust follows the BPA British Parking Association guidance with regards to this area.

Following the principles being published there is current work in progress with regards to information being displayed inside the Hospital. What information is sent to patients is also being reviewed.

- NHS trusts should publish:
    - their parking policy
    - their implementation of the NHS car parking principles
    - financial information relating to their car parking
    - summarised complaint information on car parking and actions taken in response.

Again, following the principles being published there is current work in progress with separating the parking section from the Transport Policy, Getting the financial information to publish. There is also a discussion on how / what format we publish complaint information.

Contracted-out car parking

- NHS organisations are responsible for the actions of private contractors who run car parks on their behalf.

The car parking function is the responsibility of the Security & Carparking service and manager that are all directly employed by the Trust and are an in house service.

- NHS organisations should act against rogue contractors in line with the relevant codes of practice where applicable.

This principle is not applicable to our service

- Contracts should not be let on any basis that incentivises additional charges, eg 'income from parking charge notices only'.

There is no contract for car park management, the only contract is a service that processes our Parking Charge Notices. The issuing is completed by the in house team and any appeal or cancelling of PCN is done by the Trusts in house Security Manager.

Additional Information attached to principles

1. Each site is different and very few will be able to provide spaces for everyone who needs one. Since 2010, national planning policy no longer imposes maximum parking standards on development, and no longer recommends the use of car parking charges as a demand management measure to discourage car use.

2. Consideration should be given to the needs of people with temporary disabilities as well as Blue Badge holders.

3. Such staff might include nurses or therapists who visit patients at home. Routine travel between hospital sites might more sensibly be managed by providing internal transport.

4. 'Reasonable' implementation of additional charges practice might include additional charges for people who do not have legitimate reasons for parking (eg commuters), or who persistently flout parking regulations (eg blocking entrances). A period of grace should normally be applied before a parking charge notice is issued.

5. There are two trade associations – the British Parking Association and the Independent Parking Committee. If the car park operator is a member of either, their relevant code applies and an appeals service is available to motorists. NHS organisations should consider imposing a requirement for contractors to be members of such an association.

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Primary Care Transformation Update

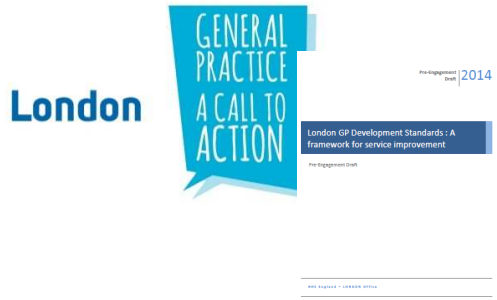
NCL JHOSC
V0.6
November 2014

AGENDA ITEM 4

Introduction

Previously the *Call to Action* and a draft of standards were discussed. Now the programme is nearing the end of a pre-engagement phase and a developing *Strategic Commissioning Framework for Primary Care Transformation in London:*

April 2014



- General Practice A Call to Action was **published Nov 2013** highlighted some **key challenges due to the complexities and level of demand** of the London population
- In April a **pre-engagement draft** of standards which responded to the need for more **proactive, accessible and coordinated care** was released.

November 2014

- A ***Strategic Commissioning Framework for Primary Care Transformation in London*** is being developed
- It is moving to a **wider engagement stage at the end of November 2014**
- This ***Framework*** contains the **description of the new patient offer (a specification)**
- It also outlines considerations required to deliver this specification, e.g. **Financial, workforce and technology implications**
- There is **strong alignment** between the recommendations of this document and **recent publications from Simon Stevens and the London Health Commission**

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At the center of the Framework is a new patient offer

A new specification (patient offer) have been created to respond to these challenges, based on the three areas that patients and clinicians have said is most important

Accessible Care

Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.

Coordinated Care

Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.

Proactive Care

More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

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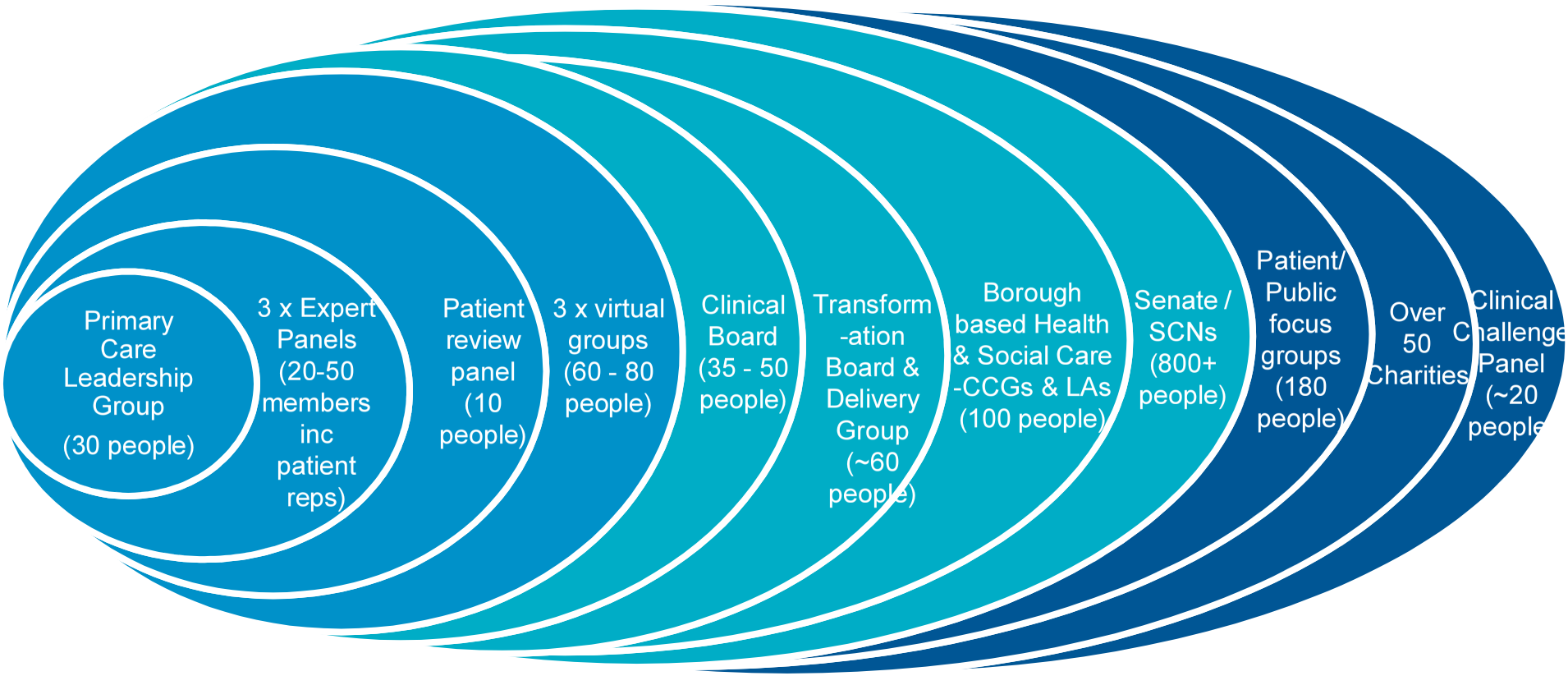
..Which has been widely tested

Following an initial development stage, the specification has been tested with a widening range of patients, clinicians and other stakeholders. Around **1,500** people have now been involved in testing this.



The specification has been updated to reflect the feedback gathered during this process

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Patients have identified several benefits of the Framework

During the pre-engagement process, discussions with patients and the public to enhance the specification, also identified several benefits which patients looked forward to experiencing

Flexibility

"The enhanced flexibility to schedule appointments at times that fit around other work/ family commitments"
"A reduced need for ad-hoc appointments where a care plan is in place or because of being signposted to more appropriate support services."

Co-ordinated Care

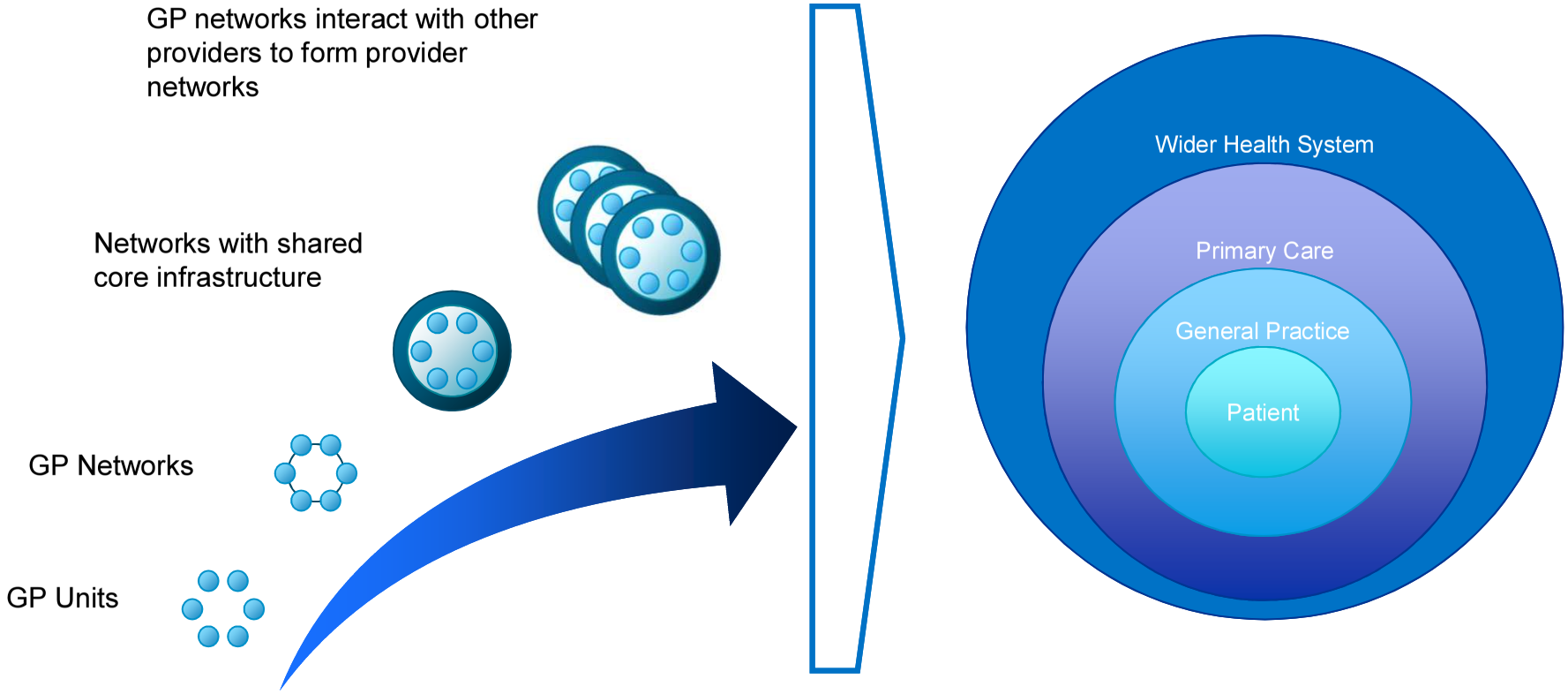
"A greater sense of control, influence and patient input in the development of patient centric care plans"
"Greater whole system working supported by clarity of roles and responsibilities"
"The empowerment that effective sign-posting of services and support would bring in enabling patients to take a greater ownership of their own health outcomes."

Relationships in Primary Care

"The stronger GP/ patient relationships that would materialise through the provision of a named GP."
"An ability to be supported in holistic needs- whether as a patient or carer."
"Support needs can be effectively met by other staff (apart from the GP and/or being referred on to them as a source of specialist support/ care."

GPs will need to work together and with other partners

This vision will be achieved by general practice working together at scale, and working with partners in the wider health system. With the Patient remaining at the centre of all care considerations



…And it is already happening..

London CCGs have been asked about new models of care in their area in terms of the state of readiness and likely size of scale models. 97% of London CCGs responded, and findings from those responses are below:

85%* are in or planning to be in either a **network or federation**

68%* have all practices engaging in **new scale models**

Over 95%* of practices across CCGs **are collaborating**

* Of the 97% of respondents

There were several key changes as a result of the pre-engagement period

The pre-engagement phase has strengthened the ambition of the Primary Care Transformation programme. Some of the changes made are highlighted below:

- **Strengthening of the patient offer**, through further testing with patients, independent clinicians, the voluntary sector etc.
- This process has resulted in, for example, **clarification of what should be delivered at a practice vs a network level**, changes to **language to ensure clarity**, modification to **ensure standardisation but with some room for local customisation** where this does not compromise the overall offer.
- Development of a draft ***Strategic Commissioning Framework for Primary Care Transformation in London*** which not only includes the proposed patient offer, but also considerations to deliver it
- Support has been gathered from all **32 CCGs, Clinical Senate, London Health Board and the CQC** to proceed to the next stage of engagement

The Framework includes several areas of focus to support delivery of the specification

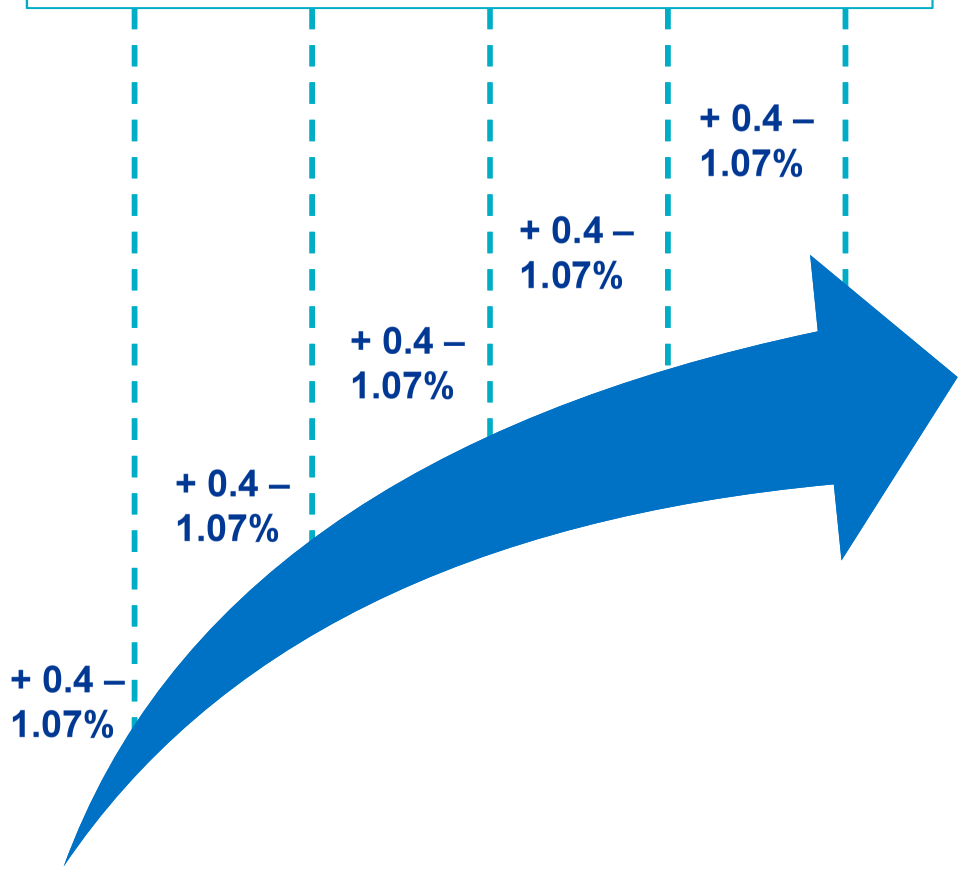
Models of Care	• This area proposes collaborating across groups of practices, and with other partners
Commissioning	• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning
Financial Implications	• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)
Contracting	• This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level
Workforce Implications	• This area looks at the need for the right roles and skills in a practice and as part of a wider team
Technology Implications	• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation
Estates Implications	• This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment
Provider Development	• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development
Monitoring and Evaluation	• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

Including an estimation of the cost of the new patient offer

Delivering the new specifications will require investment. Currently a **high level cost estimation has been made** this indicates a gradual shift in funding. If this was done over, for example, 5 years this would represent a gradual 0.4% - 1.07% shift

Years 1 – 5 (2015 – 2020)

Gradual shift in funding towards Primary Care



Years 6 + (2021 +)

Annual costs of providing the new service offer

Overall shift of **2 – 5.36% of total health spend today**

A like for like change in the % of London Health Economy budget spent on general practice from:

7.3%

to..

Between **9.3%** and **12.7%**

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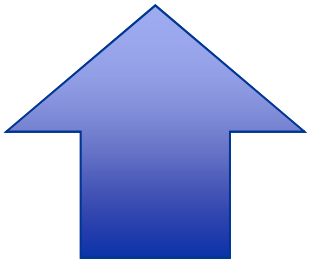
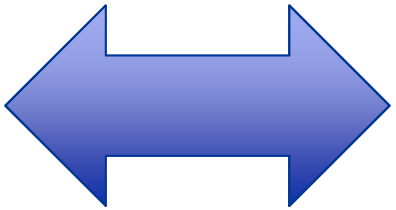
…and changes to the workforce..



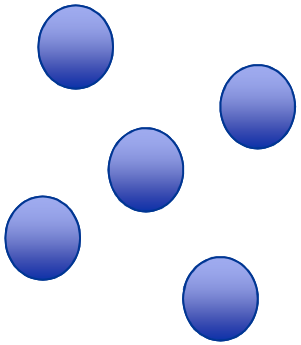
INCREASED EXISTING ROLES

We will need more GPs and nurses to deliver the change

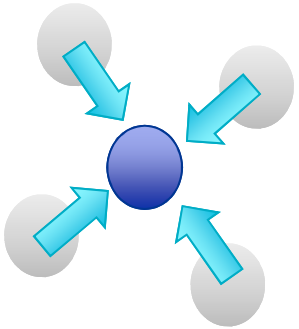


BROADEN THE TEAM..

There will need to be more new roles to support the clinicians



…AT A PRACTICE LEVEL



..OR ACROSS SEVERAL PRACTICES

There is significant focus on the need for change in Primary Care

Both the Five Year Forward View and the London Health Commission report set out several objectives for Primary Care in London:

- **Stabilise core funding for general practice and review how resources are fairly made available**
- **Give CCGs more influence over the NHS budget – investment: acute to primary & community**
- **Provide new funding through schemes such as the Challenge fund – innovation, access**
- **Expand as fast as possible the number of GPs, community nurses and other staff.**
- **Design new incentives to tackle health inequalities.**
- **Help the public deal with minor ailments without GP or A&E**
- **Potential new care models** such as Multispecialty Community Providers (MCPs) and Primary & Acute Care Systems (PACS)

- **Increase the proportion of NHS spending on primary and community services**
- **Invest £1billion in developing GP premises**
- **Set ambitious service and quality standards for general practice**
- **Promote and support general practices to work in networks**
- **Allow patients to access services from other practices in the same network**
- **Allow existing or new providers to set up services in areas of persistent poor provision**

..And active discussions on co-commissioning

In May 2014, Simon Stevens invited CCGs to come forward to take on an increased role in the commissioning of primary care services:

Aims of co-commissioning:

To harness the energy of CCGs to **create a joined up, clinically led commissioning system** which delivers **seamless, integrated out-of-hospital services** based around the **needs of local populations**.

Benefits of co-commissioning:

From CCGs' early expressions of interest, we have gleaned some of the **possible benefits from co-commissioning:**

- **Improved provision** of out-of-hospital services
- A **more integrated healthcare system**
- More **optimal decisions to be made about how primary care resources are deployed**;
- **Greater consistency between outcome measures and incentives** used in primary care services and wider out-of-hospital services
- A **more collaborative approach to designing local solutions** for workforce, premises and IM&T challenges

- Revised **expressions of interest for January**, new **arrangements could start from April**
- Co-commissioning is the **beginning of a longer journey towards place-based commissioning**

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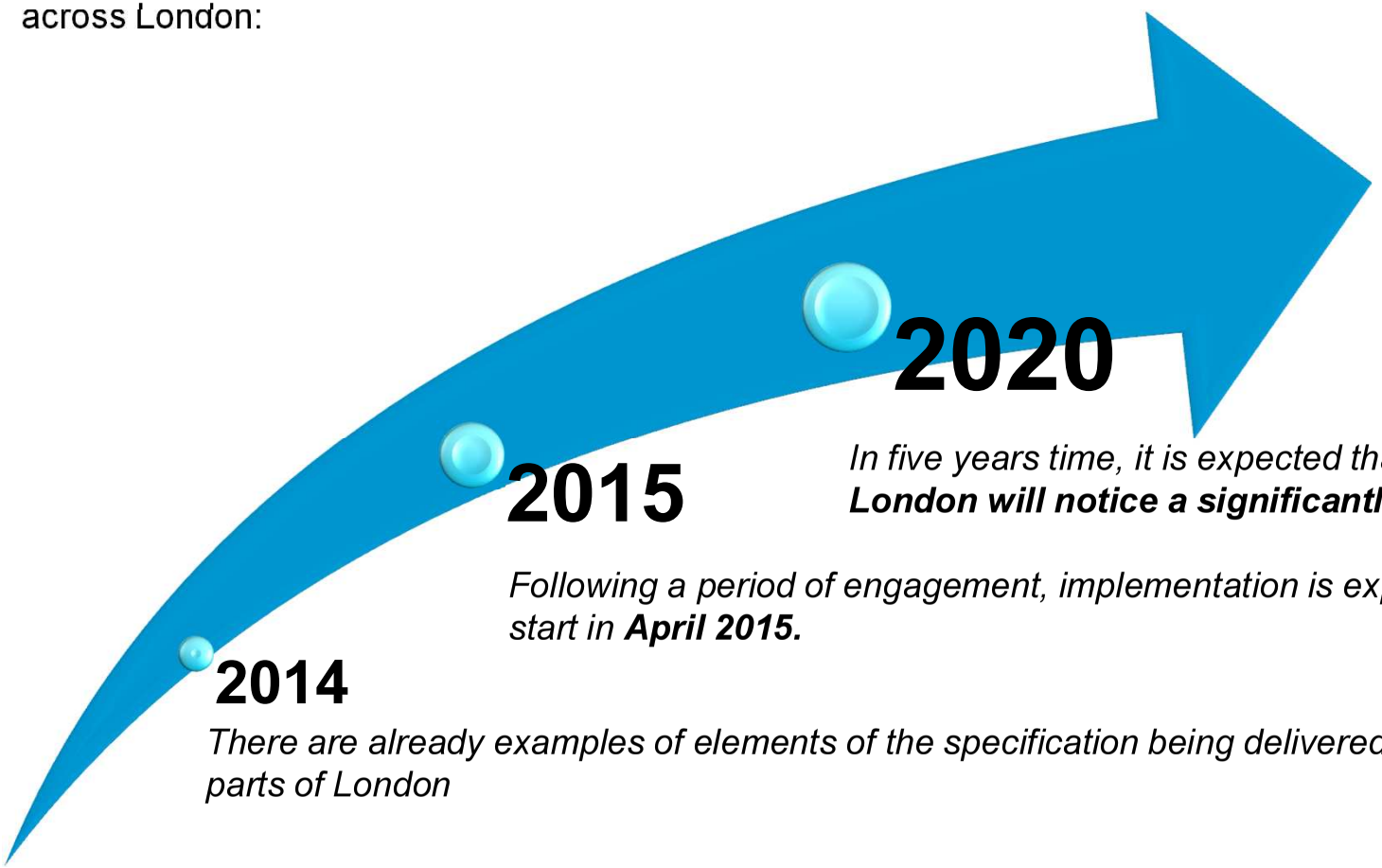
Scope of Co-Commissioning

- For this year, the scope of primary care co-commissioning is general practice services. The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework. As such, our emerging thinking is that it is out of scope for joint and delegated commissioning arrangements in 2015/16. However, we recognise the ambition in some CCGs to take on a greater level of responsibility in these areas and we will be looking into this for future years with full and proper engagement of the relevant professional groups.

- Through the analysis of expressions of interest, it has become apparent that there are three main forms of co-commissioning CCGs would like to take forward:

When will patients see the changes?

Delivering this transformation will take a long term commitment from commissioners across London. Elements of the specification are already being delivered in different places, but the vision is to deliver this consistently across London:



2014

There are already examples of elements of the specification being delivered in parts of London

2015

*Following a period of engagement, implementation is expected to start in **April 2015.***

2020

*In five years time, it is expected that **Patients in London will notice a significantly different service**.*

DRAFT – BEING FINALISED

Transforming primary care in NCL
Progress and priorities moving forward

NCL PRIMARY CARE STRATEGY

NCL has a strong track record in collaborative and mutually supportive working which will benefit the progression of the primary care development standards, and other initiatives such as co commissioning

The shared priorities for primary care development for NCL are:

- **Extending access to appointments**. This also includes work in making practices more productive and using information technology to enhance and improve patient care (e.g. interoperability, video consultations)
- **Ensuring GP provider collaboration and harnessing the benefits of working at scale** including development of GP networks to integrate with other services (pharmacy, CHS, Specialist) to deliver personalised care for patients with complex long term conditions
- **Reducing variability and increasing the quality** of the offer to patients, enabling all patients to have fuller and more equitable access to services
- **Improving patient experi**ence and having in place a range of methods to be able to engage and get feedback from patients
- **Closing the gap on expected and observed prevalence** for long term conditions, and more proactive care of people with chronic diseases
- **Promoting self-care**
- **Integrating care better** and ensuring that primary care plays a key part in successful delivery of integrated and coordinated care
- **Taking a strategic approach to primary care premises development** and where appropriate trying to improve premises where primary and community services are delivered from
- **Supporting the primary care workforce** through planning, education and training to help deliver our strategic ambition for the transformation of services

CO-COMMISSIONING IN NCL

NCL CCGs are progressing work on co-commissioning (GP services). Any collective co-commissioning approach must mean that we can discharge that responsibility in a way that is better than now, and result in tangible patient benefits

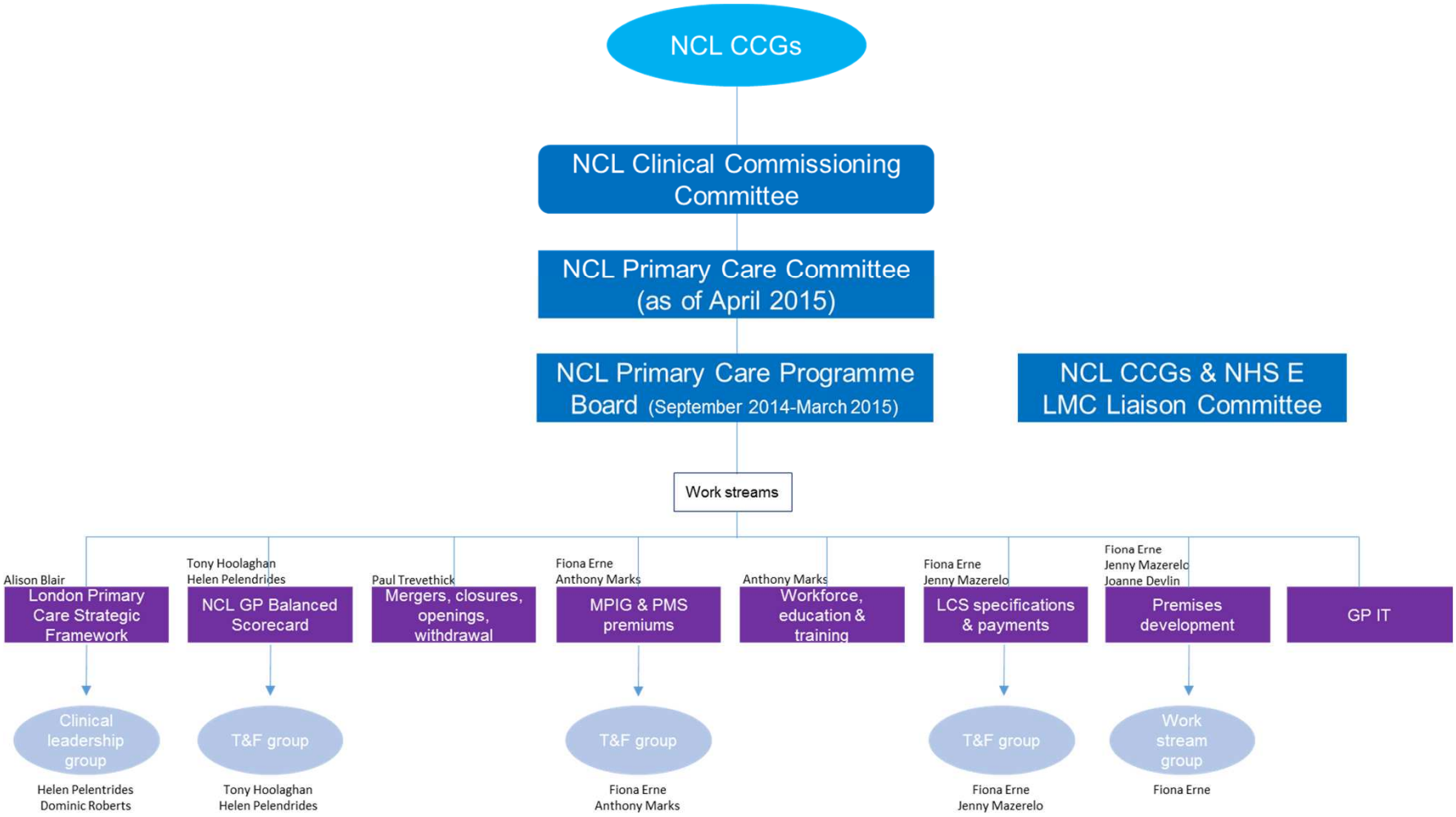
Potential Benefits of Co-commissioning:

- Underpins the development of co-commissioning is the NCL Primary Care Strategy
- Gives CCG oversight of primary care development and how contributes to forwarding local strategic change
- More integrated decision-making
- Great consistency of outcomes and incentives
- Collaborative approaches to infrastructure developments (estate, workforce, IT).

Risks of Co-commissioning:

- Governance and handling of conflicts of interests
- Stakeholder views
- Unclear financial positions
- Management costs.

GOVERNANCE STRUCTURE AND WORK STREAMS (DRAFT)



Some big issues currently receiving attention

- Barnet – Colindale regeneration
- Enfield – Ordnance Road; Pymmes Park
- Haringey – Tottenham regeneration; GP access
- Camden – Kings Cross
- Islington - Bunhill

Whittington Health NHS

Whittington Health

AGENDA ITEM 5

Winter plan …….14/15

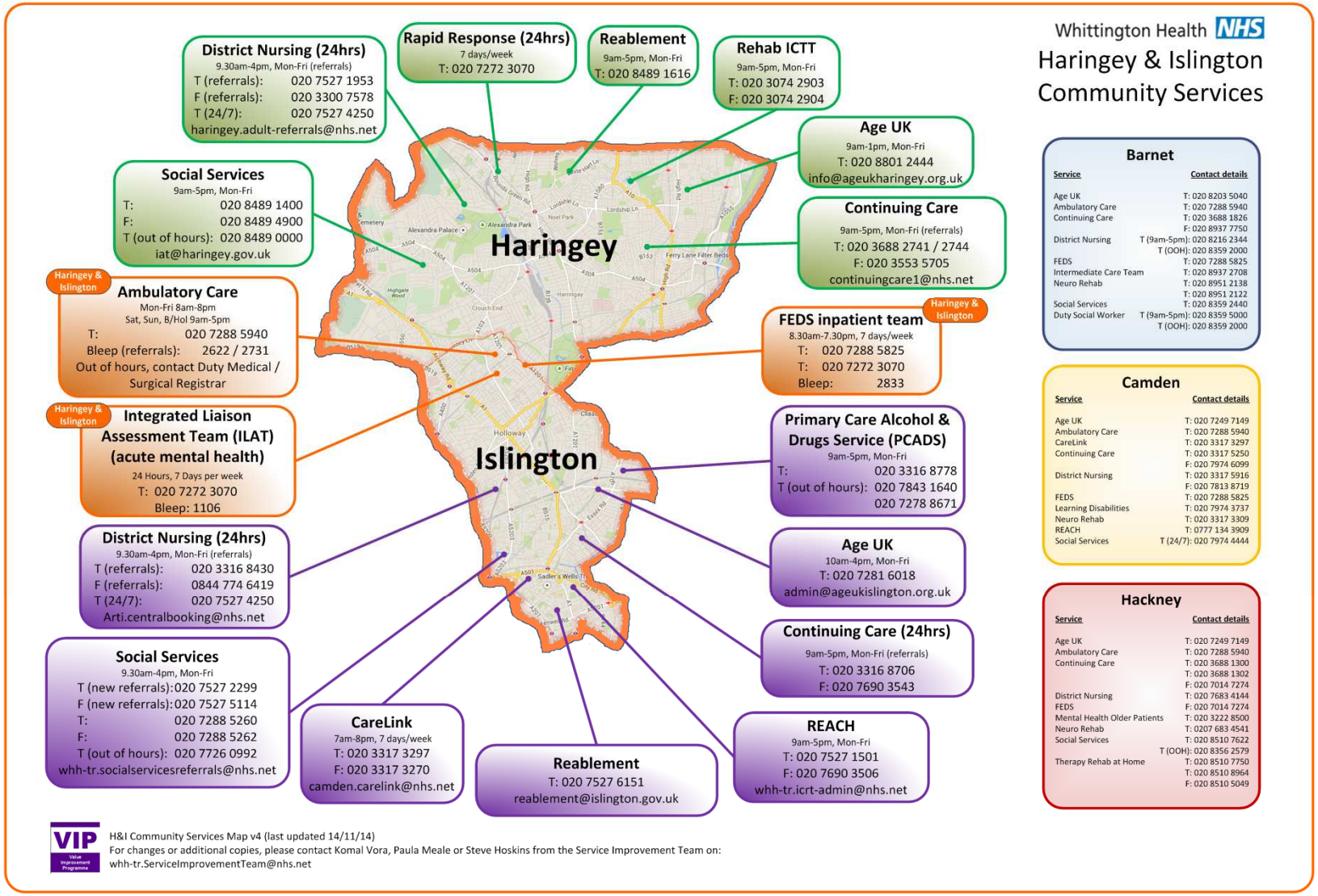
Whittington Health NHS

- Learning from last year – focus , priorities , team work !
- Prevention , flu vaccination , staff & patients
- 7 day working & 24/7 community nursing
- Resilience in ED and urgent care centre staffing
- Optimising use of fully operational Ambulatory care unit including virtual ward (in-reach)
- Improved access and flow systems- daily capacity reports.
- Well developed integrated pathways – health and social care

Continued

Whittington Health NHS

- DN able to switch on home care /enabling Haringey & Islington including overnight care
- Community geriatrician & GP – in reach to care homes/ community support (*Islington)*
- Rapid response – Ambulatory support to GPs (*starts 1/12/14*) prevent avoidable admission
- Integrated acute and community respiratory team – (acute exacerbation)


Whittington Health NHS
Haringey & Islington Community Services
District Nursing (24hrs)
9.30am-4pm, Mon-Fri (referrals)
T (referrals): 020 7527 1953
F (referrals): 020 3300 7578
T (24/7): 020 7527 4250
haringey.adult-referrals@nhs.net
Rapid Response (24hrs)
7 days/week
T: 020 7272 3070
Reablement
9am-5pm, Mon-Fri
T: 020 8489 1616
Rehab ICTT
9am-5pm, Mon-Fri
T: 020 3074 2903
F: 020 3074 2904
Age UK
9am-1pm, Mon-Fri
T: 020 8801 2444
info@ageukharingey.org.uk
Social Services
9am-5pm, Mon-Fri
T: 020 8489 1400
F: 020 8489 4900
T (out of hours): 020 8489 0000
iat@haringey.gov.uk
Haringey
Continuing Care
9am-5pm, Mon-Fri (referrals)
T: 020 3688 2741 / 2744
F: 020 3553 5705
continuingcare1@nhs.net
Haringey & Islington
Ambulatory Care
Mon-Fri 8am-8pm
Sat, Sun, B/Hol 9am-5pm
T: 020 7288 5940
Bleep (referrals): 2622 / 2731
Out of hours, contact Duty Medical / Surgical Registrar
Haringey & Islington
FEDS inpatient team
8.30am-7.30pm, 7 days/week
T: 020 7288 5825
T: 020 7272 3070
Bleep: 2833
Haringey & Islington
Integrated Liaison Assessment Team (ILAT) (acute mental health)
24 Hours, 7 Days per week
T: 020 7272 3070
Bleep: 1106
Islington
Primary Care Alcohol & Drugs Service (PCADS)
9am-5pm, Mon-Fri
T: 020 3316 8778
T (out of hours): 020 7843 1640
020 7278 8671
District Nursing (24hrs)
9.30am-4pm, Mon-Fri (referrals)
T (referrals): 020 3316 8430
F (referrals): 0844 774 6419
T (24/7): 020 7527 4250
Arti.centralbooking@nhs.net
Age UK
10am-4pm, Mon-Fri
T: 020 7281 6018
admin@ageukislington.org.uk
Social Services
9.30am-4pm, Mon-Fri
T (new referrals): 020 7527 2299
F (new referrals): 020 7527 5114
T: 020 7288 5260
F: 020 7288 5262
T (out of hours): 020 7726 0992
whh-tr.socialservicesreferrals@nhs.net
Continuing Care (24hrs)
9am-5pm, Mon-Fri (referrals)
T: 020 3316 8706
F: 020 7690 3543
CareLink
7am-8pm, 7 days/week
T: 020 3317 3297
F: 020 3317 3270
camden.carelink@nhs.net
Reablement
T: 020 7527 6151
reablement@islington.gov.uk
REACH
9am-5pm, Mon-Fri
T: 020 7527 1501
F: 020 7690 3506
whh-tr.icrt-admin@nhs.net
Barnet
Service | Contact details
Age UK T: 020 8203 5040
Ambulatory Care T: 020 7288 5940
Continuing Care T: 020 3688 1826
F: 020 8937 7750
District Nursing T (9am-5pm): 020 8216 2344
T (OOH): 020 8359 2000
FEDS T: 020 7288 5825
Intermediate Care Team T: 020 8937 2708
Neuro Rehab T: 020 8951 2138
T: 020 8951 2122
Social Services T: 020 8359 2440
Duty Social Worker T (9am-5pm): 020 8359 5000
T (OOH): 020 8359 2000
Camden
Service | Contact details
Age UK T: 020 7249 7149
Ambulatory Care T: 020 7288 5940
CareLink T: 020 3317 3297
Continuing Care T: 020 3317 5250
F: 020 7974 6099
District Nursing T: 020 3317 5916
F: 020 7813 8719
FEDS T: 020 7288 5825
Learning Disabilities T: 020 7974 3737
Neuro Rehab T: 020 3317 3309
REACH T: 0777 134 3909
Social Services T (24/7): 020 7974 4444
Hackney
Service | Contact details
Age UK T: 020 7249 7149
Ambulatory Care T: 020 7288 5940
Continuing Care T: 020 3688 1300
T: 020 3688 1302
F: 020 7014 7274
District Nursing T: 020 7683 4144
FEDS F: 020 7014 7274
Mental Health Older Patients T: 020 3222 8500
Neuro Rehab T: 0207 683 4541
Social Services T: 020 8510 7622
T (OOH): 020 8356 2579
Therapy Rehab at Home T: 020 8510 7750
T: 020 8510 8964
F: 020 8510 5049
VIP
Value Improvement Programme
H&I Community Services Map v4 (last updated 14/11/14)
For changes or additional copies, please contact Komal Vora, Paula Meale or Steve Hoskins from the Service Improvement Team on:
whh-tr.ServiceImprovementTeam@nhs.net

Emergency attendances

Whittington Health NHS

Year	Ambulance attendances (Monthly Ave)	Ambulance attendances (% of total)	Non-ambulance attendances (Monthly Ave)	Non-Ambulance attendances (% of total)	UCC attendances (Monthly Ave)	UCC attendances (% of total)	Mental Health attendances (Monthly Ave)	Mental Health attendances (% of total)	A&E patients admitted (% of total)
2008/09	1646	26%	4803	74.48%			103	1.6%	19%
2009/10	1681	24%	5196	75.56%			123	1.8%	18%
2010/11	1802	26%	5227	74.37%			117	1.7%	20%
2011/12	1756	24%	5445	75.61%	3,581	49.73%	120	1.7%	20%
2012/13	1754	23%	5934	77.19%	3,834	49.88%	144	1.9%	18%
2013/14	1777	23%	6086	77.40%	4,123	52.40%	180	2.3%	19%
2014/15 to Oct	1589	21%	6136	79.43%	4,445	57.54%	220	2.8%	20%

Attendances by Borough (% of yearly total)

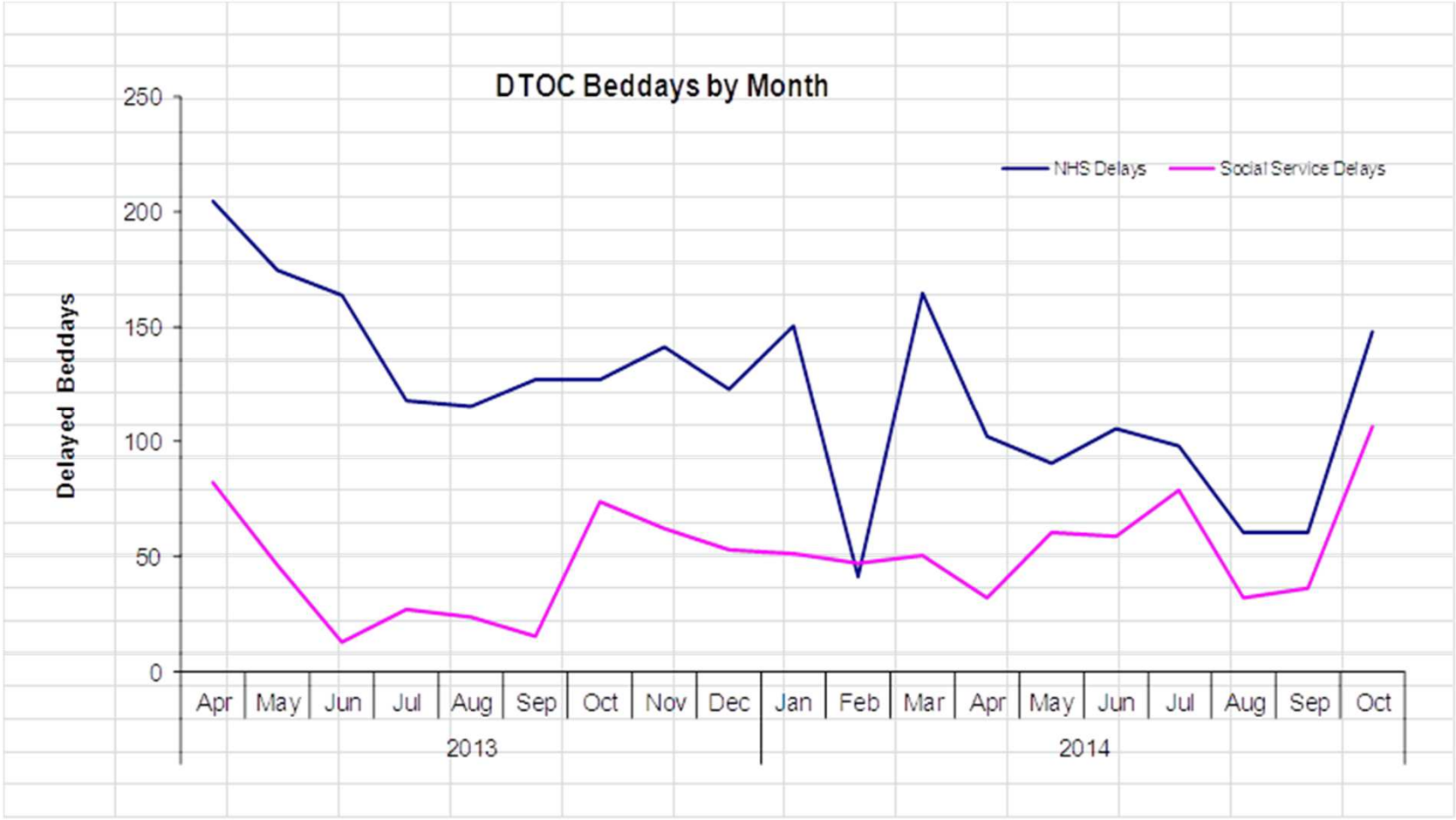
Year	Barnet	Camden	City and Hackney	Enfield	Haringey	Islington	Other London	Other
2008/09	4.62%	4.42%	3.96%	1.44%	31.15%	46.47%	5.27%	2.67%
2009/10	4.64%	4.33%	3.94%	1.58%	32.16%	45.62%	5.03%	2.70%
2010/11	4.91%	4.79%	4.02%	1.49%	32.13%	43.71%	5.27%	3.68%
2011/12	5.46%	4.65%	3.66%	1.55%	32.05%	44.42%	4.81%	3.41%
2012/13	5.35%	4.54%	3.58%	1.49%	31.46%	45.12%	4.79%	3.67%
2013/14	5.49%	4.65%	3.64%	1.51%	31.33%	44.49%	4.83%	4.06%
2014/15 to Oct	5.44%	4.64%	3.40%	1.73%	31.00%	43.23%	5.12%	5.44%

Number of Breaches by Reason (% of yearly breach total)

Year	A&E Delays	Specialty input delays	Missing/not Known	Bed Delays	Clinical Breach	Diagnostic Services Delays	Transport Delays	Other
2008/09	36.01%	20.21%	17.73%	10.58%	13.54%	1.24%	0.69%	0.00%
2009/10	34.10%	19.06%	24.23%	6.56%	14.89%	0.62%	0.54%	0.00%
2010/11	34.60%	21.64%	21.17%	11.40%	9.84%	0.87%	0.47%	0.00%
2011/12	35.50%	14.60%	30.92%	9.62%	7.21%	1.13%	0.71%	0.31%
2012/13	41.32%	17.11%	9.47%	20.19%	10.02%	1.09%	0.61%	0.17%
2013/14	42.90%	15.30%	2.50%	19.20%	16.20%	1.90%	0.80%	1.20%
2014/15 to Oct	41.30%	11.84%	0.04%	18.88%	24.84%	1.45%	0.60%	1.05%

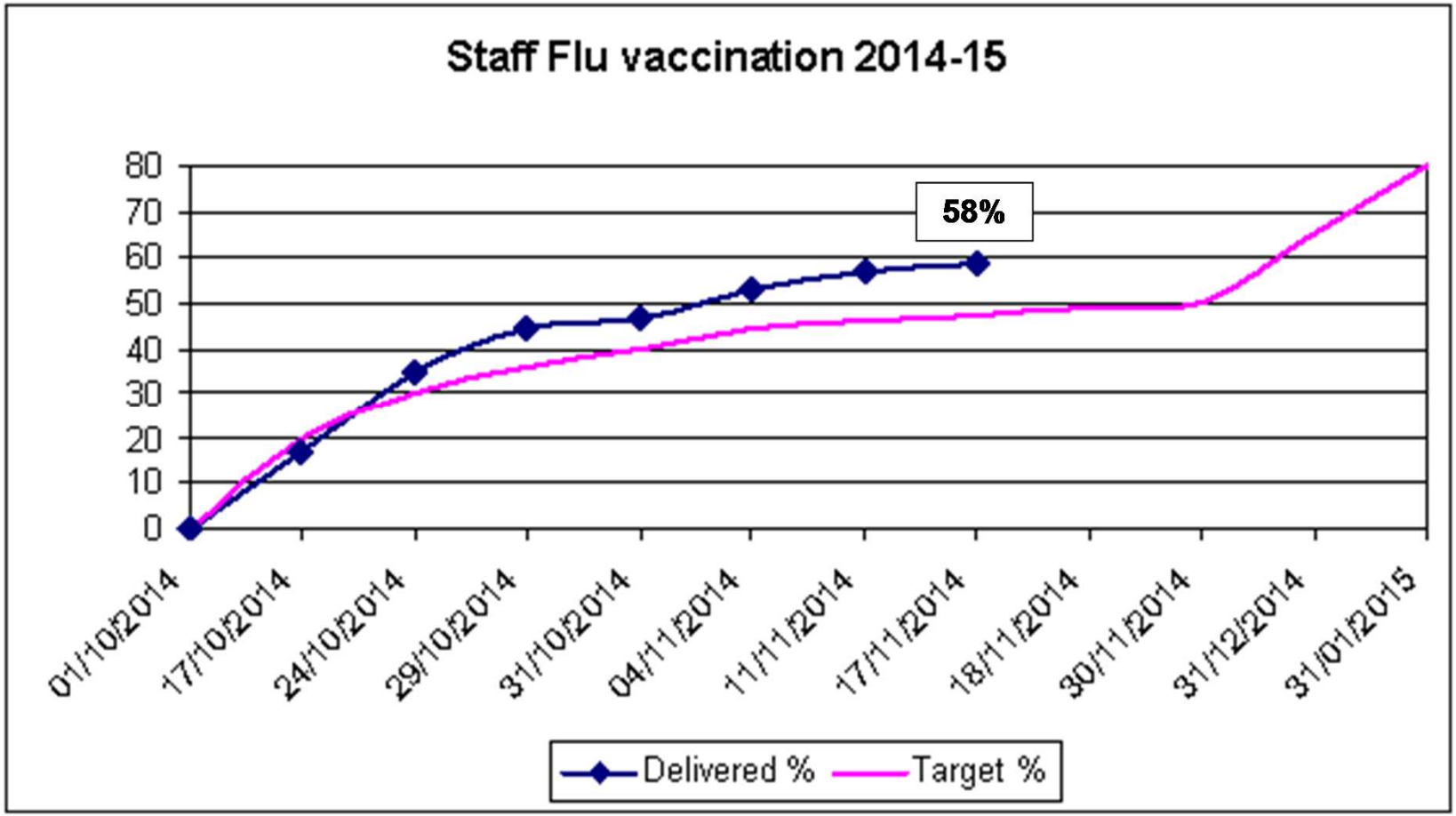
How are we doing ?

Whittington Health NHS



How are we doing

Whittington Health NHS



	Last 4 Weeks Sitrep				4 Wk Avg	2014-15 Quarterly Performance		Estimated weekly average to meet 95% standard in Q3
	w-e 19 Oct 14	w-e 26 Oct 14	w-e 02 Nov 14	w-e 09 Nov 14	w-e 09 Nov 14	2014-15 Q2	2014-15 Q3	
Chelsea & Westminster	95.11 %	96.04 %	93.75 %	94.58 %	94.89%	95.92 %	95.65 %	94.44%
Ealing						91.13 %		
Hillingdon	81.09 %	79.29 %	81.54 %	82.66 %	81.10%	87.43 %	81.45 %	106.62%
Imperial	82.54 %	86.47 %	85.38 %	85.80 %	85.02%	90.30 %	85.22 %	103.38%
North West London Hospitals						81.39 %		
West Middlesex	83.66 %	87.38 %	87.97 %	89.59 %	87.10%	92.96 %	88.41 %	100.65%
London North West Healthcare	67.82 %	73.34 %	74.60 %	69.22 %	71.16%		73.87 %	113.11%
North West London Area Team	81.64 %	84.70 %	84.42 %	83.56 %	83.56%	89.93 %	84.72 %	103.81%
North Middlesex	91.10 %	94.36 %	91.38 %	93.84 %	92.64%	95.45 %	93.45 %	96.33%
Royal Free London	93.05 %	94.92 %	94.62 %	94.04 %	94.16%	94.89 %	94.57 %	95.37%
UCLH	91.06 %	92.06 %	96.27 %	95.14 %	93.60%	94.19 %	93.22 %	96.52%
Whittington	93.93 %	92.04 %	92.82 %	93.54 %	93.08%	96.03 %	93.40 %	96.37%
Barking, Havering & Redbridge	75.49 %	77.89 %	77.18 %	77.94 %	77.11%	83.77 %	77.52 %	109.98%
Bart's Health	88.28 %	89.79 %	91.64 %	87.93 %	89.41%	92.67 %	89.89 %	99.38%
Homerton	95.34 %	95.69 %	96.13 %	93.18 %	95.09%	95.40 %	95.51 %	94.56%
North East London Area Team	88.58 %	90.12 %	90.61 %	89.70 %	89.75%	92.57 %	90.16 %	99.15%
Guy's & St Thomas'	95.65 %	92.65 %	94.56 %	94.49 %	94.33%	95.15 %	94.58 %	95.36%
King's College	86.52 %	91.09 %	83.84 %	84.62 %	86.52%	87.44 %	85.88 %	102.82%
Lewisham & Greenwich	83.13 %	82.78 %	84.32 %	88.75 %	84.75%	87.17 %	85.45 %	103.19%
Epsom & St. Helier	95.64 %	96.55 %	93.69 %	92.69 %	94.66%	96.25 %	95.15 %	94.87%
Kingston	97.07 %	96.91 %	95.69 %	94.04 %	95.96%	95.38 %	95.35 %	94.70%
Croydon Health Services	90.51 %	90.52 %	89.99 %	89.05 %	90.02%	92.72 %	90.22 %	99.10%
St. George's	93.10 %	93.81 %	89.03 %	92.47 %	92.10%	94.62 %	93.35 %	96.42%
South London Area Team	90.64 %	91.27 %	89.17 %	90.34 %	90.36%	91.84 %	90.62 %	98.75%
London	88.12 %	89.62 %	89.01 %	88.89 %	88.91%	91.84 %	89.40 %	99.80%

Trauma Centres in blue

Whittington Health NHS

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Fax: 020 7288 5550
Website: www.whittington.nhs.uk

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