NHS
Central London
Clinical Commissioning Group

Right choice, first time

Strategic Plan 2014-2016

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1. Executive Summary

This document outlines the CCG's strategy to identify and implement means to support local patients and visitors to choose the right service, first time. This means making sure that people have the understanding and confidence to navigate and engage with local NHS services. This strategy does not seek to redesign local services or decide how services are delivered, but to change the way in which people access them. However, recommendations from any learning and insight gained through the work delivered under this strategy will be shared as appropriate i.e. how a service may be improved to increase use by a particular target group. This strategy forms part of the delivery of the CCG's strategy and vision for improving care that is provided outside of a hospital setting called *Better Care, Closer to Home* and will seek to support other strategic aims and plans as appropriate. This is initially a two-year strategy with a recommendation to review and refresh towards the end of this period.

This strategy and plan were formed following an event[1] which brought together a range of stakeholders that included, but was not limited to - local patients, GPs and practice colleagues, pharmacists, Westminster City Council including Public Health, local education, Healthwatch, local voluntary sector, commissioners and providers. The event identified several key themes to be addressed through this strategy, but it was identified that the first year of this strategy should take a focus on understanding our local population and the choices they are making in relation to accessing local services (this includes self-care). The insight work carried out will target a range of patients and settings in order to understand the difference in approach required for different patients (e.g. migrants, different age groups and genders, people with long term conditions and so on). The second year of this strategy will use the understanding gained in year one to help identify and begin implementing the necessary initiatives to deliver the objectives of this strategy.

The strategy will set target measures based upon the desired outcomes identified during the above engagement event and relevant to each project. It will also seek to support the delivery of related CCG targets, for example the Quality Innovation Productivity and Prevention (QIPP) target for a reduction in A&E attendances and will set a local target for a reduction in the number of A&E attendances where the treatment given is advice and guidance.

Overall delivery of this strategy is the responsibility of the Director of Health Outcomes. The programme of work will be overseen and shaped by a CCG management lead, clinical lead and working group (including patients), with identified projects being delivered by the appropriate Project or Delivery Manager within the CCG Team. The working group will periodically review the progress of this strategy

[1] A summary of the event and the attendees can be found in Appendix 2

and associated plan, reporting to the CCG's Transformational Redesign Group and other committees as required.

2. Introduction

This strategy seeks to support the CCG's vision for care delivered outside of a hospital setting, ensuring that as transformation takes places local patients and visitors have the understanding and confidence to navigate and engage with the local NHS, in particular the services which will provide the best health outcomes for their short and long term needs. It will work alongside other CCG strategic plans and objectives to support their delivery as appropriate, in particular coordinating consistent messages about local health services. This strategy will work alongside that undertaken to reduce unscheduled care as appropriate.

As the CCG develops local services to provide more responsive care outside of a hospital setting and less unplanned care in hospitals, it is important that the way in which people choose, and want, to access services reflects the way in which they are delivered. There is also a local and national drive to reduce what are seen as unnecessary A&E attendances, ensuring that A&E is being prioritised for emergencies and that patients are being encouraged to seek non-emergency treatment in a location relevant to their need. By saving A&E for emergencies and using alternative services for non-emergencies this would support more funding being available to invest in other local NHS services and allow A&E to focus on emergencies. However, to achieve any change in behaviour we need to ensure that the services are those which people want to use and understand how to use.

It is important to recognise that the work undertaken by this strategy not only sits alongside local transformation but that also there are national initiatives that will relate to and impact upon this area, for example seven-day opening at GP practices. Therefore it is acknowledged that this programme of activity needs to remain linked in to any national initiatives related to changing the way that patients access and engage with NHS services.

i. Our CCG and its population

NHS Central London Clinical Commissioning Group (CCG) is the statutory organisation responsible for planning, buying and monitoring (commissioning) local health services for the majority of Westminster[2]. CCGs are not responsible for commissioning all health services, for example NHS England holds the contracts for GP practices, pharmacists, dentists and opticians, in addition to some specialised services where they are commissioned centrally. However we will always look for opportunities to work with NHS England to improve local health services for our patients.

[2] NHS West London Clinical Commissioning Group is responsible for patients registered at a group of practices in and around the Queens Park and Paddington area.

NHS Central London CCG has a registered patient population of 188 000 across 36 GP practices. The day-time population, including workers and tourists, may be up to 1 million. Our population is characterised by a large proportion of young working age residents, high levels of migration in and out of the borough, and ethnic and cultural diversity. Although residents have one of the highest life expectancies in the country, there are significant pockets of poor health in the more deprived areas and therefore large inequalities.

Further information can be found in Appendix 1.

ii. Case for change

It is well acknowledged that our population is living longer and therefore demand for NHS services is increasing. As funding becomes more restricted, the way in which people access and use NHS services becomes ever more important. While the CCG implements its strategy to create a more sustainable approach to working outside of a hospital setting, both in terms of the health and wellbeing of patients and also financial and physical resources, it is important that we address how patients choose to access local services.

The benefits for patients with a non-emergency need in choosing differently will vary depending upon the situation. For example, by choosing differently they may be seen much more quickly in a more comfortable setting, they may see a health professional that knows them or has access to their medical history and there may be a greater opportunity to identify and manage the patient's on-going needs. Within Central London CCG we are establishing a new way of working in which groups of on average 3 GP practices will work closely with social care, community nursing, environmental health, paediatric consultants, pharmacists and other colleagues[3] to take shared responsibility for their local patient population. By increasing our patients' engagement with general practice for their non-emergency needs, we can better support our patients with their overall health and wellbeing needs, as opposed to an emergency or urgent care setting which will prioritise the immediate health concern.

A financial example that supports this case for change is the use of A&E. A&E exists to provide care to people in an emergency situation – a life-threatening situation. In 2012-13 the cost of A&E attendances payable by our CCG equated to approximately £5m. Within this £5m approximately £1.4m[4] was classed as 'no treatment' given – this means that after investigation the patient was provided with advice or guidance; advice and guidance are important forms of treatment but these patients may have been treated elsewhere at a lower cost and with more sustainable outcomes which are linked to a patient's on-going care.

[3] We will be identifying how other services and sectors can feed into or be part of this way of working, such as the voluntary sector

[4] £1m was allocated based upon the patient's GP being within our area, an estimated £400k was an apportioned amount of patients who attended A&E that were not registered at a practice

In order to identify how to change the way in which people access services, we must first understand why our patients and visitors choose particular services and this will form the main focus of the first year of this strategy.

iii. What are the 'right' services?

In this context 'right' is taken to mean the most clinically appropriate service[5], which provides the right experience for the patient and which is most resource appropriate; in particular this relates to services where the patient is making the choice of which service to use. It is important that this process of choosing the 'right' service is supported by the CCG and local NHS and should be an easy and natural choice for a patient or their carer to make.

This document does not seek to define the 'right service' for a given condition, but in the context of the local landscape some examples of the available services from which people may choose to seek health-related advice and treatment which are not accessed via a referral from a health professional include:

- Online resources
  - NHS Choices
  - My Health London
  - CCG website
  - Specialist charity websites, e.g. MacMillan, Cancer Research UK
  - Other sources i.e. forums
- Telephone resources
  - NHS111
  - 999
  - 112
  - Out of Hours numbers provided by GP practice answer phones
- Pharmacies
  - Pharmacies can offer different services in addition to their basic services
- Voluntary sector
  - There are some services provided by the voluntary sector which may facilitate or provide guidance
  - For some people voluntary services will be the first port of call
  - Health trainers, Community Health Champions, Expert Patient Programme
- Self-referral preventative services
  - Wellwatch is an example of a service to which a person may self-refer and seek support to manage their Long Term Conditions and stay well, helping to avoid unscheduled care
- GP Practices (including Out of Hours)

[5] In this context service includes self-care

    - Within our area there are 36 GP practices, two of which provide support to our homeless population
    - Some GP practices provide additional services, including weekend opening and all practices offer access to Out of Hours GP services
- Walk-in Centres
    - We have one walk-in centre in Westminster located in Soho
- Urgent Care Centres
    - There are a number of Urgent Care Centres our patients may choose to access, with one located directly in the area that we commission services for – St Mary's Hospital. All but one of the Urgent Care Centres that our patients may choose to use locally are co-located in hospitals (St Charles NHS Urgent Care Centre)
- Accident and Emergency Departments (A&E)
    - The A&E situated in the area we cover is St Mary's Hospital but there are several A&E departments in bordering boroughs that our patients may choose to access

b. Strategic Aims, Objectives and Local Targets

The purpose of this strategy is to underpin the delivery of *Better Care, Closer to Home* by ensuring that local patients and members of the public are aware of and understand the best health service for their needs, both short and long term, and that they feel confident to choose the most appropriate service at any given time. In achieving this aim, it is recognised that a secondary outcome of this strategy will be to inform local services, partners and other strategic plans to ensure that the services which are most appropriate are also the services people want and choose to use.

In particular this strategy aims to:

- Improve local people's health and wellbeing, specifically supporting people to make choices appropriate to their health need (this includes patient education);
- Increase in the use of services provided outside of a hospital setting;
- Support a consistent reduction in the number of A&E attendances in a non-emergency situation and in particular a reduction where the treatment given is advice and guidance;
- Support a reduction in health inequalities through ensuring all patients understand how to access services;
- Support the transformation being delivered through *Better Care, Closer to Home, Shaping a healthier future* and the Westminster Health and Wellbeing Strategy

This strategy will run from 2014-2016 but it is recognised that to sustain the desired objectives, this should be a continuous strategic area.

3. Influencing the Local Health Agenda

a. *Better Care, Closer to Home*

The core strategy that our CCG will deliver over the next two years' (2012-2015) is called *Better Care, Closer to Home*[6]. *Better Care, Closer to Home* seeks to enhance the services available to patients outside of a hospital setting, which means strengthening the availability of services in the local community such as those provided at GP practices, local health centres and clinics. *Better Care, Closer to Home* forms part of a wider programme across North West London called *Shaping a healthier future*[7], this programme of transformation brings together eight CCGs each with their own equivalent strategy to *Better Care, Closer to Home* which is targeted to its local need.

b. Westminster Health and Wellbeing Strategy

We have a shared responsibility with Westminster City Council for the Health and Wellbeing of our registered and unregistered population; we manage this through the Health and Wellbeing Board and its strategy[8]. The Health and Wellbeing Board brings together leaders from the local NHS, Local Authority and community to consider the needs of the local population. The strategy is built around five main priorities which are:

- Every child has the best start in life
- Enabling young people to have a healthy adulthood
- Supporting economic and social wellbeing and opportunity
- Ensuring access to appropriate care at the right time
- Supporting people to remain independent for longer

4. Implementing the strategy

a. Resources

Overall delivery of this strategy is the responsibility of the Director of Health Outcomes.

A CCG management lead and a CCG clinical lead will take an operational role in delivering the strategy, with the support and guidance of a Governing Body sponsor.

A small working group (including patients) will work with the CCG management and clinical lead to shape, monitor and oversee delivery of the strategy.

[6] Download the strategy on the CCG website
[7] www.healthiernorthwestlondon.nhs.uk
[8] http://www.westminster.gov.uk/services/healthandsocialcare/health-and-wellbeing/joint-health-and-wellbeing-strategy/

Where appropriate, identified projects will be delivered by other members of the CCG team where there is a close alignment to other service delivery areas, for example urgent care.

Where possible the CCG will seek to work collaboratively with partners to deliver the desired objectives and make best use of resources.

Financial resource will be allocated to this strategy to deliver the action plan.

b. Recommendation of priorities

i. Year 1: Understanding our population, increasing awareness of services and initial education initiatives

- Improve our understanding of why patients choose particular services, including a focus on unscheduled care settings. We have some of the data to understand what services people are choosing to use but not why they are choosing them. This will also draw on existing work and insight gained through other engagement activities by the CCG and its partners, such as Public Health, the Local Authority and *Shaping a healthier future*.
- We will start to look at what patient education resources work from a patient and clinical perspective. The proposal is to use the GP practice waiting room as a space to engage patients in education and messaging around services, including the introduction of digital screens. This will include linking to existing resources in places for example health hubs in libraries and working closely with partners such as Public Health.
- There is a clear gap in the awareness of different services, therefore we will identify and provide basic information that is easy to access. Examples of topics may include how the NHS works, how to access services, the role of different services (i.e. pharmacists, GPs, A&E), how to register with a GP, challenging some of the myths about health services and so on. We will seek to work with local groups such as Community Champions to disseminate information and monitor impact. This area will include considering how changes to services are consistently communicated to patients and local residents to maintain awareness of services. This information will be further targeted in year two following the insight gained in year one.

Information about the proposed actions to deliver these priorities can be found later in this document.

ii. Year 2: Implementing Change

The action plan and targets for year two will be set by the working group following the activity and learning from year 1, however it is envisaged that they will be linked to the following themes identified during the engagement event which are:

- **Building trust and confidence**
  How do we build trust and confidence in the services we want people to use and in a patient's ability to make a choice about where to seek health advice and treatment?
- **Patient Education**
  How do we best support patients to access tools to help them learn about how they and their family can stay well and manage their health conditions? How do we keep our patients and visitors up to date on local services in a sustainable way?
- **Access**
  How do we ensure the services we need people to use meet patients' lifestyles and needs? For example based on learning this may include recommendations on when and where services are accessed, how easy they are to access and how they respond to individual needs (interpreters, physical space etc).
- **Taking responsibility**
  There is not endless funding for the NHS so how do we collectively ensure a sustainable future? This includes individuals, communities and how health professionals work together.

c. Review and Performance Measures

This strategy will be monitored and reviewed by the working group at intervals of no less than quarterly. Performance measures will be identified from broader CCG targets and against the below desired outcomes which were drawn in part from the engagement event. Specific targets and the level of change sought would need to be established by the steering group but examples of targets that might be set are included below.

Desired Outcome	**Example of how target may be identified**
Reduction in A&E attendances	Drawn from CCG QIPP targets
Reduction in A&E attendances where treatment is classified as advice or guidance only	Locally set target for reduction
Every resident in Westminster is registered with a GP	Two-year target identified using current GP registration versus census data for resident population
Patients in Westminster feel confident to	Potential baseline data set using GP

Desired Outcome	Example of how target may be identified
navigate their local NHS and have trust and confidence in the services available to meet their different needs	surveys and partner surveys (such as Local Authority) Capture additional baseline during insight activity and local community engagement
Patients in Westminster know where to access educational information and services to help manage their day-to-day health (including urgent care) and long term conditions	Potential baseline data set using GP surveys and partner surveys (such as Local Authority) Capture additional baseline during insight activity and local community engagement
Visitors to Westminster are presented with clear signposting information to appropriate local services	Link to tourist accommodation and information – e.g. 80% of tourist accommodation provides NHS agreed information on local health services, including temporary registration.
New Westminster residents are proactively identified for GP registration where possible	Link to housing (private and social) to target people moving into the borough in terms of registering with a local GP – e.g. 80% of estate agents and housing teams hold information on the local NHS and how to register with a GP
New Westminster residents who are not UK citizens understand how the local NHS works and the role of different services	Information and signposting is available and disseminated through target organisations for people with plans to remain in the UK over 3 months
Health and social care professionals believe that they are able to identify preventative opportunities for their patients by taking shared responsibility for local patients	Staff surveys within sub-locality unit ('village') structures, for example feeling empowered to keep patients well and seeing a reduction in A&E attendances among patients with complex needs
Patients in Westminster understand that the NHS is not an infinite resource and how they can contribute to its sustainability i.e. staying healthy, using resources sensibly	Existing surveys and forums to understand perceptions

d. Consultation and user involvement

This strategy was drafted following an engagement event, a list of attendees can be found in Appendix 2. The draft strategy has been shared with stakeholders, in particular those attending the event, prior to agreement and sign off by the CCG Governing Body. On-going engagement is a key aspect of each project and the strategy. Patients and partners will form part of the working group and the User Panel leads will be supported by a User Panel subgroup for this area to oversee delivery and engagement from a patient perspective.

A list of stakeholders can be found in Appendix 3.

5. Overall timescales

(Although this strategy formally starts from April 2014, some work will begin in 2013/14)

Key Actions/Milestones	Description	Timescales	Owner	Status
Host stakeholder event	World Café event with a range of stakeholders to shape strategy.	October	CCG Engagement Officer	Complete
Engage people in the strategy	Shape draft strategy with feedback from Transformational Redesign Group and User Panel. Share draft strategy with stakeholders for comment and feedback, particularly those attending the engagement event on 2nd October.	November 2013 – December 2013	CCG Engagement Officer	Complete
Formulate working group	Establish key members to form part of the working group for this strategy.	December 2013	CCG Engagement Officer/Clinical Lead	Complete
Sign off the strategy for delivery	Following any feedback from stakeholders, final strategy to be put forward to the Governing Body for sign off.	January 2014	CCG Engagement Officer/Clinical Lead	On track
Draft delivery plan	Draft delivery plan for discussion and agreement by working group, with actions to ensure year one projects commence on time	January 2014	CCG Engagement Officer	On track
Specifications to deliver action plans and identify providers where appropriate	Any specifications required to deliver action plans are completed (these are all discreet funding values)	January – April 2014	Project leads	On track
First working group meeting	Agree Terms of Reference, frequency of meeting/communication, identify gaps in membership, finalise delivery plan for year one and feedback on early draft specifications.	February 2014	CCG Engagement Officer/Clinical Lead	On track

Key Actions/Milestones	Description	Timescales	Owner	Status
Implementation of year 1 action plan	Implementation of the actions identified for year 1 commences; an overview of planned timescales is detailed later in this document.	April 2014 – March 2015	Delivered by project leads/ monitored by working group	On track
Identify early commissioning intentions	Initial commissioning intentions to be identified as appropriate based on early indications resulting from insight work and learning from partners/other sources.	September - October 2014	Working group	On track
Review of insight and formulation of year 2 action plan	Different actions will be completed at different stages, therefore phased approach to reviewing and evaluating insight.	September – January 2015	CCG Engagement Officer/clinical lead/working group	On track
Delivery of year 2 action plan		April 2015 – March 2016 (extended timescale to be defined)	CCG Engagement Officer/clinical lead/working group	On track
Propose extension of strategy as appropriate and identify 2016-2017 Commissioning Intentions	Evaluate progress of existing plans, consider any new strategic aims and priorities to define future activities and recommendations.	September-October 2015	CCG Engagement Officer/clinical lead/working group	On track

6. Action Plan – Year 1

Action (Project) Name	Description	Output	Timescales	CCG Owner
Understanding the use of unscheduled care among Black Minority and Ethnic (BME) communities	The project aims to highlight some of the reasons that people use unscheduled care, including A&E, particularly in more disadvantaged communities and those from a BME group. By understanding some of the barriers to using other services, such as GPs, we can identify how to make these services more accessible and help impact upon health inequalities in the borough. In depth questionnaires and some interviews will be used to gather the insight. This project is being undertaken by the BME Health Forum working in partnership with Westminster Mind, The Abbey Centre, Marylebone Bangladesh Society, Midaye and Healthierlife4you.	Report and series of recommendations	April 2013-March 2014 (this project is already underway)	CCG Engagement Officer/ Urgent Care Project Manager
Understanding our regular A&E attenders	Potential LES (Local Enhanced Service) or equivalent contracting mechanism to enable a regular clinical session in primary care to actively follow up and contact regular A&E attenders. This would support the CCG in understanding some of the patients who regularly use A&E and the reasons why, so as to inform service transformation and the approach to reducing unscheduled care for these patients. Simultaneously, as part of their general practice role, practices are then able to support patients who may have additional needs which are at the heart of repeat A&E attendances that are not already being met. It is proposed that participating practices attend	Regular report to the CCG (in which patients remain anonymous) of the reasons that patients who frequently use A&E choose to attend A&E. Secondary output is that the practice can work with the identified patients to ensure they are getting access to the right support and services.	April 2014-March 2015	Urgent Care Project Manager

Action (Project) Name	Description	Output	Timescales	CCG Owner
	multi-disciplinary team meetings with A&E consultants and other relevant consultants to put care plans into place.			
A&E attendance insight/snapshot	The intention is to undertake an insight project to capture people's reasons for attending A&E at the time of attendance. This would include a simple questionnaire which captures how people got to A&E, why they attended and other key information. The questionnaire would ask if people are happy to be contacted for further questions. This would give a snapshot of A&E attendance in general at different A&E departments serving our patients. The questionnaires would be carried out by those who had been trained to approach people in an appropriate way due to the nature of the setting. Agreement for this project is to be sought from our Hospital Trusts. This provides a collaborative opportunity with neighbouring CCGs.	Report and insight into the reasons why people attend A&E during particular times and days as defined by the project.	April 2014-March 2015 (Possibly start earlier)	Urgent Care Project Manager
Understanding the 1m visitors and workers	It is estimated that up to 1m visitors – workers and tourists – enter the borough each day. As part of our work to understand the behaviours and choices people make in accessing local health services, we plan to work with local employers and tourist accommodation to understand the information and signposting that is available to workers and tourists and what choices they have and would make if a health need arose. We would also seek to work with the Local Authority to identify any opportunities to work together in gaining insight into our daytime visiting population and utilise existing information.	An understanding of how people visiting our borough as a worker or tourist are signposted to local health services. Insight into the choices people have or believe they would make when visiting central London the attitudes of overseas visitors to accessing local health services.	April 2014-March 2015 (Possibly start earlier)	CCG Engagement Officer

Action (Project) Name	Description	Output	Timescales	CCG Owner
Providing basic information	In year one the activity will focus on gaining insight so as to target information and messages as needed. However there is an immediate need to ensure a minimum amount of information is available on topics such as: how does the NHS work, what can different services help with (i.e. GPs, pharmacists, A&E), how to register with a GP, busting the myths about local health services. The proposal is to identify the most urgent topics and create simple information sheets (or other resources) which can be viewed online or printed. Existing material will be utilised where available. The information can then be used in year two and targeted to the needs of different groups. We will work with the Church Street Community Champions (and other interested groups) to disseminate this information and evaluate the quality and impact of the information. This project will be shaped by a small steering group including community, patient and clinical representatives and link into other activities to increase awareness of services, such as those linked to Winter Pressures. This offers an opportunity to collaborate with neighbouring CCGs.	A series of clear, simple information sheets to help people understand how to engage with the NHS, what different services can help patients with and so on, which can be viewed online or downloaded and printed.	February 2014-May 2014	CCG Engagement Officer
Engaging patients in GP practice waiting rooms	Drawing from feedback at the event and previous discussions with patients, this project would look at patient education with a focus around GP waiting rooms and how these can be used to engage patients in health messages, awareness of services	An annual schedule of coordinated communication for a health setting. Insight from patients about their	February 2014-May 2015	CCG Engagement Officer

Action (Project) Name	Description	Output	Timescales	CCG Owner
	and education. The project would review existing sources of patient education to evaluate what were seen as some of the strongest resources from a clinical and patient perspective, including digital resources and those in other languages. Working partners such as Public Health and with interested practices, the project would outline an annual schedule of waiting room health and social-focussed communications to be used with local practice information. Content would be adapted to the available physical space and include the trial of digital screens to convey key information and messages (including awareness as per above project). This could also include a review of waiting areas from the perspective of people with learning disabilities and dementia to make practices and inviting and safe space. Once evaluated, if successful, this could be offered to other practices, health settings and community spaces. The outcome should be sustainable and make best use of existing resources and will seek to collaborate with other NHS and Local Authority teams as appropriate (i.e. communications, Public Health).	engagement with, and experience of, the changed waiting room and whether this resulted in a change in behaviour and a greater awareness of highlighted topics. A set of quality educational resources recommended by clinicians and patients and identification of any gaps in patient education resources.		

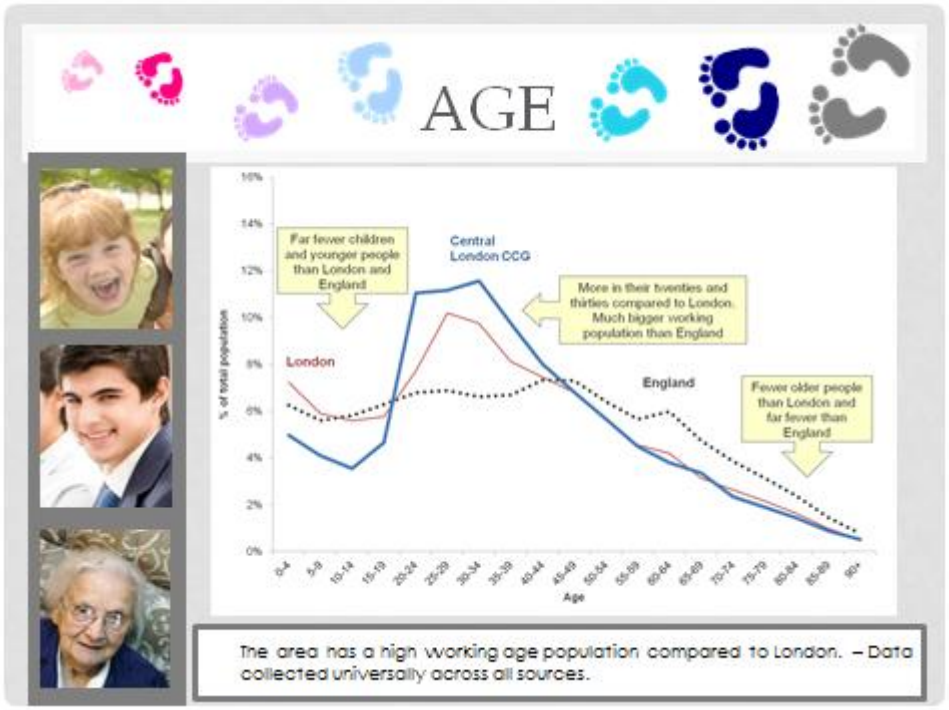
It should be noted that there are several other related areas of work or projects, which are planned or are underway. These projects will also underpin the learning and evaluation that the working group will use to make its recommendations in year 2, as

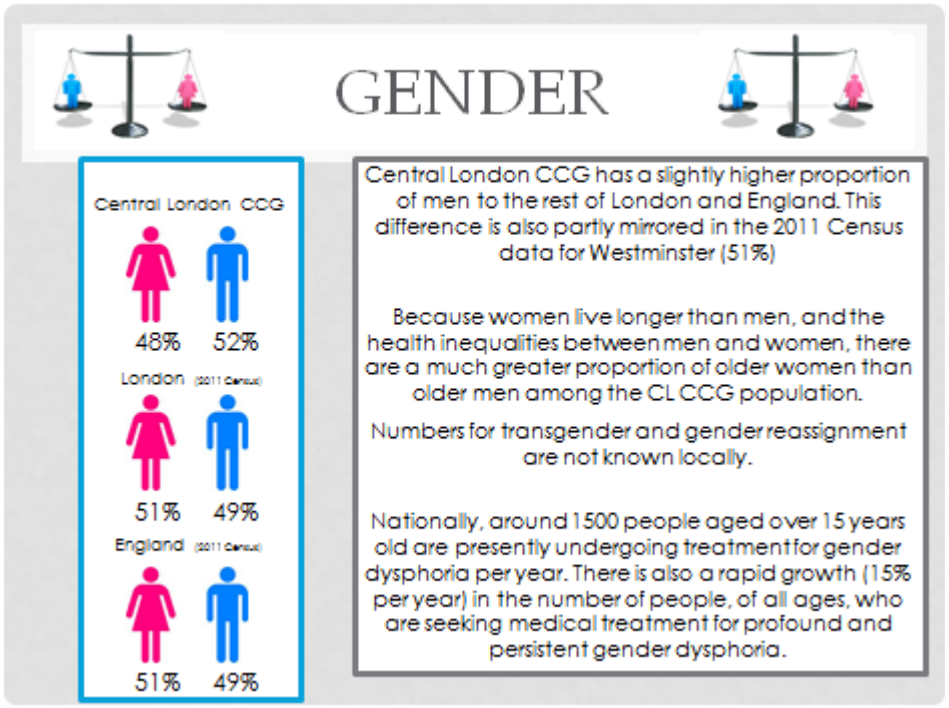
well as other related areas of work and programmes such as Whole Systems and *Shaping a healthier future*. Examples of CCG projects or activities which relate are:

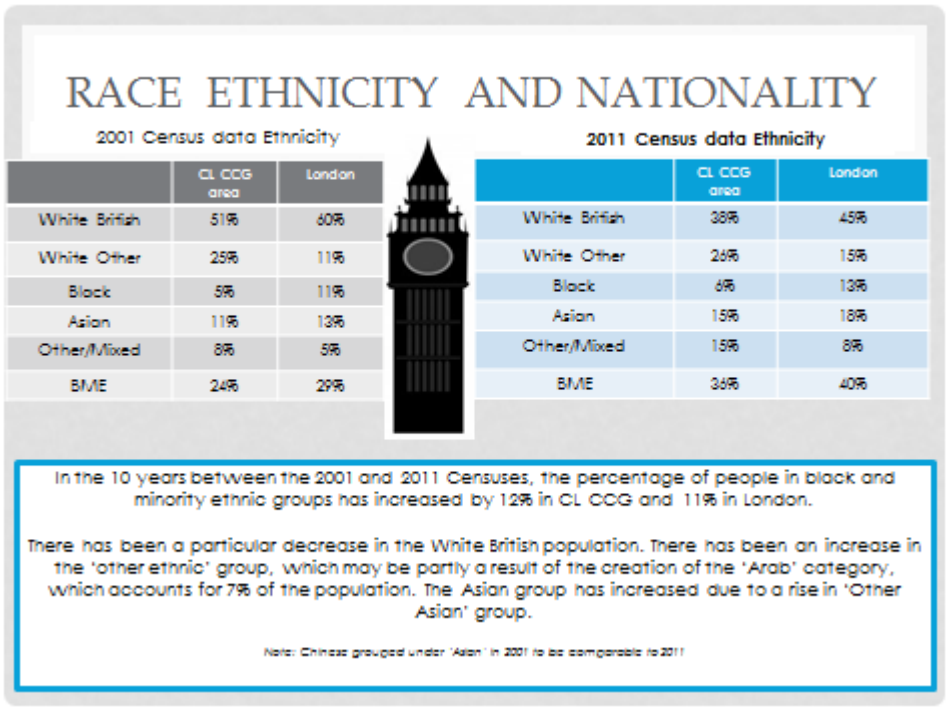
Target Audience	**Summary of project or group of initiatives**
Homeless Population	Advocacy and support to increase on-going engagement with services such as primary care and reduce unnecessary A&E attendance
Parents and families	Existing and planned work to understand the use of services by parents, in relation to both emergency and non-emergency care. There is also an initiative to align paediatric consultants to sub locality units to support primary care
Screening target groups	PPG event pack to host awareness events on cancer screening, promoting engagement with the relevant services
GPs and patients with health goals	Developing a team of GPs within the CCG in techniques to work with patients in identifying achievable targets that are patient driven – Coaching for Health
Young people	Working with young people (schools and community) to improve understanding of particular health concerns and the NHS through peer learning and education – Youth Health Champions
People with a communication barrier	Community-led research project into the provision of services to support patients with a communications barrier in accessing local services, i.e. interpreters, British Sign Language, Easy Read information – Communicating for Health
Unscheduled Care reduction	There are several activities to support a reduction in unnecessary A&E attendances and appropriate use of Urgent Care Centres. An example includes redirection of patients who are deemed not to need urgent care.

Appendices

Appendix 1: Population Profile







There are 335 adults known by Central London GPs to have learning disabilities and 526 in Westminster (QOF 2012/13). Central London CCG has the lowest practice prevalence of learning disabilities in the country - many patients with learning disabilities are housed in the Queen's Park and Paddington area (West London CCG) or out of borough, plus the cost of living and unsuitability of housing and expense of living here may explain the low rates. There are groups of people with learning disabilities who face particular challenges in achieving equitable access to services or outcomes; these include those with complex needs, from BME communities, with autistic spectrum disorder and those not accessing specialist services.

Around 1 in 13 people (7.2% or 16,000 people) in Westminster provide unpaid care in Westminster, the 6th lowest in London and one of the lowest in the country. There may be in the region of 13,000 Central London CCG patients who provide unpaid care, around 2,800-3,000 of whom provide 50+ hours a week. The CCG recognise that carers do not always access the support that they need within primary and acute care settings. It is clear that carers are not always as involved as they would like in relation to admission, discharge and treatment planning for the person that they support. There are clear benefits to carer involvement in these areas, including positive clinical outcomes and safe and timely discharge from acute settings. There are also benefits in relation to the reduction of unnecessary hospital admissions and supporting out of hospital care through working in partnership with carers in planning and implementing effective community health care.

In the Autumn 2011 Street Count by Westminster City Council, 106 people were found to be rough sleeping, which accounted for approximately a quarter of people rough sleeping in London (446) at the time of the count - the borough average for London is 11 if Westminster

is removed. CHAIN (Combined Homelessness and Information Network) data for 2010/2011 suggests that in that year there were 1905 reported cases of rough sleeping in Westminster; to put this into context, the second highest borough in London after Westminster (Southwark) had 311 cases. Within our area there are two practices dedicated to working with our homeless population.

The Index of Multiple Deprivation (IMD) combines economic, social and housing indicators into a single score, allowing the ranking of areas by deprivation. In 2010, Westminster was ranked the 87th most deprived local authority in the country, with significant areas of deprivation in the north and in Church Street, and pockets in the south.

During 2010-12 there was an average of 818 deaths a year and overall, men accounted for 51% of deaths. Nearly 4 in 10 (38%) of all deaths were aged under 75 and of those deaths aged under 75, 6 out of 10 were male. Cancer is the leading cause of premature (<75) death in CL CCG, accounting for a third (34%) of early death. Circulatory disease (heart disease and stroke) is the second most common cause of early death, accounting for over a quarter of deaths (29%). Circulatory disease is a particular issue in the Church St area, likely to be due to the ethnic mix and levels of deprivation in the area.

Appendix 2: Attendees of engagement event and summary of event

Name	Job Title	Organisation
Abbas Mirza	Communications Engagement Manager	Shaping a healthier future
Alan Keane	Delivery Manager	NHS Central London CCG
Alison Dalal	Practice Manager	Paddington Green Health Centre
Alyson Hope	Programme Manager - IT Project Delivery	NHS Central London CCG
Ami Patel	Commissioning Assistant	NHS Central London CCG
Anar Tejani	Pharmacist	Portmans Pharmacy
Ashfaq Khan	CCG Lead Pharmacist	North West London Commissioning Support Unit
Aziz Pandor	Practice Manager	Victoria Medical Centre
Carol Gould	User Panel Member	NHS Central London CCG
Carole Bell	Head of Children's Commissioning	North West London Commissioning Support Unit
Catherine Brown	Communications Officer	North West London Commissioning Support Unit
Chris Lloyd	Community Development Manager	Tri-borough Local Authority
Christine Mead	Behavioural Change Commissioner	Tri-borough Public Health
Cllr Sheila D'Souza	Deputy Cabinet Member for Adults and Public Health	Westminster City Council
Cynthia Abankwa	Programme Manager	NHS Central London CCG
Cynthia Mkandawire	Locality Coordinator	NHS Central London CCG
Dr Abi Berger	GP	The Randolph Surgery
Dr Cornelius Kelly	Consultant Psychiatrist, Clinical Director – Acute Services	Central & North West London NHS Foundation Trust
Dr David Spiro	Clinical Lead for Wellwatch	Central London Healthcare CIC
Dr Eva Hrobonova	Consultant in Public Health	Tri-borough Public Health
Dr Houda Ounnas	Clinical Lead for Behavioural Change	NHS Central London CCG
Dr Imogen Brunner	GP	Little Venice Medical Centre
Dr Mona Vaidya	GP and Governing Body Member	NHS Central London CCG
Dr Neville Purssell	Joint Vice-Chair	NHS Central London CCG
Dr Niamh McLaughlin	GP	Millbank Medical Centre
Dr Puvana Rajakulendran	PPE Governing Body Lead	NHS West London CCG
Dr Sam Rodgers	Governing Body Member	NHS Central London CCG
Elizabeth Stopp	Programme Manager	NHS Central London CCG
Emily Acock	Administrator	NHS Central London CCG
Francis Ngale	Carers Support & Primary Care Liaison Worker	Carers Network Westminster
Gill Knight	Deputy Practice Manager	Marylebone Health Centre
Gordon Hunting	User Panel Member	NHS Central London CCG
Hazel Guha	Administrator	NHS Central London CCG
Helena Stokes	Stakeholder Engagement Officer	NHS Central London CCG
Jacqueline Glasser	User Panel Member	NHS Central London CCG
Janice Horsman	Chair	Healthwatch Westminster
Janice Woodruff	Senior Commissioning Manager	North West London Commissioning Support Unit

Name	Job Title	Organisation
Juned Ali	Student Welfare Officer	Westminster Academy
Kate May	Senior Public Health Officer (Workforce Development)	Tri-borough Public Health
Lainya Offside-Keivani	Chief Executive	The Abbey Centre
Kathy Dinning	Primary Care Commissioning Manager	NHS England
Lily Megaw	Administrator	NHS Central London CCG
Michael Hallsworth	Senior Policy Advisor	Behavioural Insights Team, Cabinet Office
Michael Morton	Lay Member	NHS Central London CCG
Monique Carayol	Head of Joint Commissioning Older People & Vulnerable Adults	NHS NWL CSU and Triborough Adult Social Care
Nafsika Thalassis	Director	BME Health Forum
Natalie Blunt	Project Manager	NHS Central London CCG
Neil Snee	Joint Director	Adult Services & Community Services, Central London Community Healthcare
Pam Mummery	User Panel Member	NHS Central London CCG
Pauline Cranmer	Acting Assistant Director of Operations for the West Area	London Ambulance Service NHS Trust
Peter Crutchfield	Managing Director	NHS Central London CCG
Raj Kaur	Locality Coordinator	NHS Central London CCG
Rekha Shah	Chief Executive Officer	Kensington Chelsea & Westminster LPC
Rosalyn King	Director of Health Outcomes	NHS Central London CCG
Samar Pankanti	Public Health Project Manager	CWHH Collaborative
Samira Ben Omar	Assistant Director of Patient Experience and Equalities	CWHH Collaborative
Serdar Arslan	Reception Manager	Great Chapel Street Medical Centre
Stefan Kuchar	General Manager	Central London Healthcare CIC
Stella Blair	Chief Executive	The Advocacy Project
Steve Shaffelburg	Strategic Public Health Advisor	Tri-borough Public Health

Summary of event

The Abbey Centre, Wednesday 2nd October 2013, 9am-4:30pm

The event brought together around 60 stakeholders by invitation. A list of those who attended the whole day or part of it are above. The intention of the event was to start a discussion about how we can support local patients to choose the right service. The outcome of the event was this strategy.

Structure of event

The event was facilitated and attendees were divided across seven tables, each with a facilitator who was from the CCG or CWHH Collaborative team or Public Health. The day was split into three sessions as follows:

- Setting the vision
- What needs to change to achieve this vision

- Defining the first year strategies to work towards achieving this vision

Summary

Most, if not all, tables found it difficult to truly extract themselves from their daily life and create a vision, instead many identifying how the ideal system would work. However, there were a number of repeated themes across the tables which characterised what an ideal health system would look like locally:

- A health system which is patient-centred
- People have trust and confidence in their local services – they are high quality
- Health inequalities do not exist
- Access to services, particularly GPs, would reflect people's lifestyles
- Patients would want to take responsibility for how they use services
- Health professionals take shared responsibility for their patients
- IT systems are integrated across all health and care providers
- The system understands its population and has real-time meaningful information
- Patients understand how to manage their general health and long term conditions
- Everybody understands how the local health system works
- Payment structures are appropriate to the way in which we want patients to engage with services
- Services are integrated and holistic

People changed tables for the next session and considered what needs to happen to achieve that vision in terms of the current system. A method proposed for doing this was to use a SILK grid, which captures what we should Start doing, what needs to Improve, what should we Lose and what should we Keep.

A summary of the responses is as follows:

START	IMPROVE
Educating patients of appropriate use of services More support groups within GP practices Co-locating non-NHS services and NHS services Promoting the good stories and the work staff are doing in all front line health services Marketing primary care and the services people can use Engaging young people in health and the future of the NHS Minor ailments services from pharmacies	Provision of affordable training for health professionals Communication with A&E and other services Information about services Self-care and patient education, using a range of approaches NHS111 and its reputation among local patients Sharing of information and integrated IT systems Patients' expectation of local health services Access to services which are flexible to patients' needs Consistency across services The role of pharmacies in local healthcare and within integrated care pathways Understanding of the behaviours of patients
LOSE	**KEEP**
Unnecessary bureaucracy and processes which divert from service delivery Unnecessary political influence Duplication (reduce) the number of decisions people need to make	Patient – GP relationship Patient choice

People exchanged tables for the third session to identify some immediate strategies to address five of the main themes which arose during earlier sessions:

1. **Trust and confidence**
    - Continuity of staff
    - Deliver and perform
    - Common service standards among providers
    - Robust information systems
    - Coordinated care
    - Use evidence based case studies to promote services
2. **Access**
    - Increase capacity – people, building, premises, equipment/technology
    - Assisting patients through the system
    - Equipping other community services (pharmacists etc)
    - More flexible GP appointments that respond to different patients i.e. those who want a quick appointment versus those who always need a double appointment due to multiple issues
    - Access that meets people's lifestyles
    - Better use of pharmacists and walk-in centres
3. **Patient education**
    - Use different media such as TVs with educational videos in waiting rooms
    - Work with partners to deliver more events with communities to increase awareness of conditions and health issues
    - Work with younger people to engage people in their health and the future of the NHS – look at opportunities to do this with schools
    - Streamline the information available to people – too many sources, need to make it easier with reliable sources of information
    - Understand the reasons for inappropriate use and target campaigns
    - Build on community champion model to help get messages and education out to communities
4. **Patient responsibility**
    - Enable patients to access to their health information/records
    - Work with existing patient groups to promote awareness of health issues e.g. long term conditions
    - Make people think in terms of 'ours', both individuals and health professionals
    - Explain the impact of decisions to provide context for people, for example Do Not Attends (DNAs)
    - Proactive follow up to patients who could have chosen differently or that missed their appointment
    - More co-production to encourage ownership among patients
    - Coordinated campaigns
5. **Understanding our population**
    - Work closely with Public Health colleagues

- Continue to develop patient and user groups/networks
- Research into visitor and working population
- Analysis of current use of services, including urgent care
- Survey users of A&E and walk-in clinics
- Real-time information from communities on trends they are seeing in their local area i.e. increase in suicidal people in particular groups, geographical trends in behaviour

Appendix 3: Stakeholder list

Local patients (registered)
Local patients (unregistered)
Visitors – tourists
Visitors – workers
GP practices
Pharmacists
Voluntary sector
Commissioning Support Unit – Commissioners and contract managers
Commissioning Support Unit – Communications team
CCG Out of Hospital Delivery Manager
Urgent Care Project Manager
NHS Hospital Trusts
NHS Community Provider Trusts
Schools
Neighbouring CCGs
London Ambulance Service
NHS England
Other providers (including Wellwatch)
Health and Wellbeing Board
Healthwatch
User Panel
Public Health
Shaping a healthier future
NHS111
My Health London
CCG Governing Body
Local Councillors
NHS Choices
Faith Leaders
Local media
Westminster Community Network
BME Health Forum
Local Authority
Local businesses