Board in common

Questions from the public

Tuesday 18 July 2023, 09:00-12:00

Conference Hall, third floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

This document summarises the questions put to the board in common for the meeting on 18 July and provides responses.

Question relating to examples of Collaborative working and benefits to patients

Whilst acknowledging with gratitude all the hard work and skill represented by the reports of the Chair and four Chief Executives we wish to ask the Board to provide examples of collaboration between the Trusts that benefit patients which were not available before the Collaborative was set up. For example how many patients are receiving outpatient and in-patient treatment outside the catchment area of their 'normal' trust either because that brings treatment faster or makes available a specialism they would not have enjoyed previously.

The first example is the Elective Orthopaedic Centre. A few years ago a service of this kind would have required a commissioning specification from our commissioner and completion of hundreds of pages of template tender documentation and countless hours of clinical and operational time. The four Trusts would have been in the same room not comparing notes but in competition to win or retain the work. Now the approach is coming together, working as a collaborative, doing a full public consultation and listening to service redesign, diversity, travel and all those things considered pre and post operative care arrangements. We are confident that thousands of our patients will benefit from this best practice model once it goes live in the autumn.

Mutual aid is another good example of where we are supporting one another where we have workforce and estates constraints, industrial actions or other service pressures. An example is in the LNWH gynaecology service, in February 2023 there were expected to be over 100 patients waiting over 104 weeks for surgery and we

were able to offer faster care by using all four of the gynaecology services. Through this combined effort there were 8 long waits rather than the 100 that were forecast.

London North West University Healthcare NHS Trust (LNWH) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) are now recruiting jointly to a Gynaecology post for a better offer of recruitment, particularly in specialist areas such as endometriosis, to improve our workforce and sustain services more locally going forward.

Another example of working together is shared clinical leadership in Haematology, where LNWH and Imperial College Healthcare NHS Trust (ICHT) share a Clinical Service Lead. LNWH and ICHT held a joint sickle cell engagement event where discussions were had with patients about our services and how they can be improved. This will produce results for patients across our local health economy.

We have Cerner and other North West London wide IT platforms, such as the Care Coordination System (CCS) which helps us to use the best digital tools that are available and spend our money wisely. The data these systems provide enable Peer Reviews to take place, such as those recently undertaken in our NWL A&E Departments including Paediatrics and on our Discharge Pathways. The learning from these type of reviews helps improve services, an example of which is LNWH improving its ambulance handover performance and reducing the waiting time for ambulances and patients.

Question relating to Palliative and End of Life Care

As a resident of NW London, I welcome the fact that several Trusts have made palliative and end of life care one of their priorities going forward. I also note that the NW London ICB is preparing to publish its review of NW London Adult Community-based Specialist Palliative and End of Life Care. I would like to ask what institutional/organisational arrangements are being set up to allow community specialist and acute provision to work together in a coherent, non-siloed and timely way for the benefit of patients in need of palliative care as they approach the end of their lives, and for the benefit of their carers, family and friends? How will the provision made by the acute trusts be an integral part of a coherent NW London-wide EOL/palliative care strategy.

As an Acute Provider Collaborative, we have set this as a priority. This is not just about care but about the compassion that we give to patients, families and carers at that crucial part of their health journey. We cannot do this alone and we need to get it right across our four Trusts and we are committed to doing this. We know that over half of

the patients that die in a hospital would not have chosen to die in a hospital. This is not their preferred place of death; they prefer to die at home therefore we have to work as a wider system to ensure that this is achievable for majority of patients that prefer to die either at home or at a hospice.

We have worked closely with the ICB in their acute palliative care review to make sure that we have a fair and equal palliative care offer across the whole of North West London. The Hillingdon Hospitals NHS Foundation Trust (THHFT) has a piece of work known as Hillingdon Place, this has been around for some time with a joint team under Hillingdon, Health and Care Partners who have been specifically focusing on palliative care. We have reasonably high levels of deaths at home across our patch, which is one of the things that affects our mortality data in a positive way. We are about to appoint a joint consultant post between THHFT and the local palliative care Hospice, which is based at the Mount Vernon site. There are a number of actions we are working on collectively to ensure that people at the end of life have the best possible experience.