

<b>Report for:</b> <b>ACTION</b>
<b>Item Number:</b> 8



<b>Contains Confidential or Exempt Information</b>	<b>NO</b>
<b>Title</b>	Shaping a Healthier Future Update
<b>Responsible Officer(s)</b>	Kieran Read, Director of Strategy & Engagement
<b>Author(s)</b>	Noel Hatch, Head of Strategy & Performance
<b>Portfolio(s)</b>	Cllr Tailor Cabinet Member for Health & Adults
<b>For Consideration By</b>	Cabinet
<b>Date to be Considered</b>	25 April 2017
<b>Implementation Date if Not Called In</b>	9 May 2017
<b>Affected Wards</b>	All
<b>Keywords/Index</b>	Health, Ealing Hospital, Strategy, Shaping a Healthier Future, Sustainability & Transformation Plan, MTFS

**Purpose of Report:**

This is a report updating Cabinet on developments in implementation by the NHS of the Shaping a Healthier Future and NW London Sustainability and Transformation Plan and implications for local healthcare provision specifically Ealing Hospital. The report also asks Cabinet to agree that Ealing Council continue its work with other partners to oppose the downgrade of Ealing and Charing Cross Hospital including closure of the A&Es at the sites.

## 1. Recommendations

### It is recommended that Cabinet:

- Note the developments in implementation of Shaping a Healthier Future and the North West London Sustainability & Transformation Plan
- Agree to continue to actively work to stop the proposed downgrade of Ealing and Charing Cross Hospital's including the closure A&Es at both sites
- Agree approval to incur costs of up to £0.150m funded from ECIF to support the campaign objectives
- Note that despite strategic differences with the NHS over the SaHF proposals the Council will continue to work closely with NHS agencies to provide high quality integrated health and social care services for local people.
- Authorise the Chief Executive, following consultation with the Executive Director Corporate Resources and the [Cabinet Member for Health and Adults' Services](#), to agree further spending up to a maximum of £0.150m in line with the objectives set out in this report

## 2. Reason for Decision and Options Considered

2.1 This is a report proposing Cabinet agree for Ealing Council to continue to actively work with other partners to oppose the downgrade of both Ealing and Charing Cross hospitals including the closure of A&E provision at both sites.

2.2 This report also outlines the context on the Shaping a Healthier Future (SaHF), and the North West London Sustainability & Transformation Plan (STP), the Council's position on aspects of these proposals and its work so far in this respect.

2.3 Cabinet will be aware that the Shaping a Healthier Future programme for reform of acute hospital provision in north west London has been running since 2012. The Council does not support the proposals and has opposed them - including taking legal action in 2013 – as it does not believe they will meet the reasonable healthcare needs of residents. Implementation has continued with the closure of the Ealing inpatient maternity unit, and Ealing paediatrics inpatient ward. In 2016 the NW London STP was developed. Whilst the Council shared many of the goals of this programme around prevention it incorporated the SaHF proposal to downgrade Ealing and Charing Cross Hospitals to 'local hospital' status including the closure of the A&Es at both sites. Ealing, along with Hammersmith and Fulham Council, therefore did not endorse the NW London STP.

- 2.4 The North West London Collaboration of Clinical Commissioning Groups published in December 2016 the [Shaping a Healthier Future Strategic Outline Case \(SOC\) Part 1](#). The purpose of SOC Part 1 is to secure the capital funding from HM Treasury. It is a business case for £513m to invest in the primary, community and acute estate in North West London, addressing existing challenges and enabling the implementation of a new model of care to improve outcomes for residents of North West London. The funding sought includes capital investment required to reconfigure the Ealing hospital site and seeks approval to do so on an accelerated timetable which would see the downgraded site operational from 2022. It also confirms that contrary to the original SaHF proposals Ealing will be refurbished rather than rebuilt.
- 2.5 In parallel the approach to implementing STPs has been clarified further by Government with an indication that only ‘relatively small’ amounts of transformation funding available to support STPs. The NW London STP sought £110m of investment in local authorities meaning that, whilst exact amounts are not confirmed, funding is likely to fall well short of the scale investment originally envisaged. Without this funding to support health and social care integration, and given the winter pressure experienced by the NHS – evidenced by poor performance on the 4 hour A&E waiting time target in the sub region, the Council’s concerns about the credibility of SaHF plans to reduce acute provision by almost 600 beds are significantly increased.
- 2.6 The recent announcement by the Chancellor of additional funds for social care are welcome but do not close the identified funding gap in social care and are only confirmed for a three year period. The Council therefore remains concerned that the Government has not provided sufficient resources to enable the Council to provide long term stability to social care.
- 2.7 The Council shares the NHS objectives of preventing health problems escalating and ensuring that where problems do occur residents are treated in community settings where appropriate. The proposed SaHF investment in GP and other out of hospital settings is welcome. The Council has also worked closely with NHS partners on the integration of health and social care, for example through the Better Care Fund and will continue to do so. However, the Council does not believe that the proposals for acute reform being pursued by the NHS are in the best interests will meet the reasonable healthcare needs of local people. This concern is shared by patient representative groups such as Ealing Healthwatch and widely in the local community as evidenced by the attendance at the public engagement meeting held by the Council on 15 February. This report asks Cabinet to approve ongoing active campaigning work on the issue, including campaigning, to seek urgently needed additional funding for health and social care in NW London and the halting of proposals to downgrade Ealing and

Charing Cross hospitals, building on action taken since 2012, in partnership with other local authorities and community groups. The alternative option is to take no further direct action. In view of the importance of the issue for the health of local residents, and strength of local feeling that reflects this, this option has been discounted.

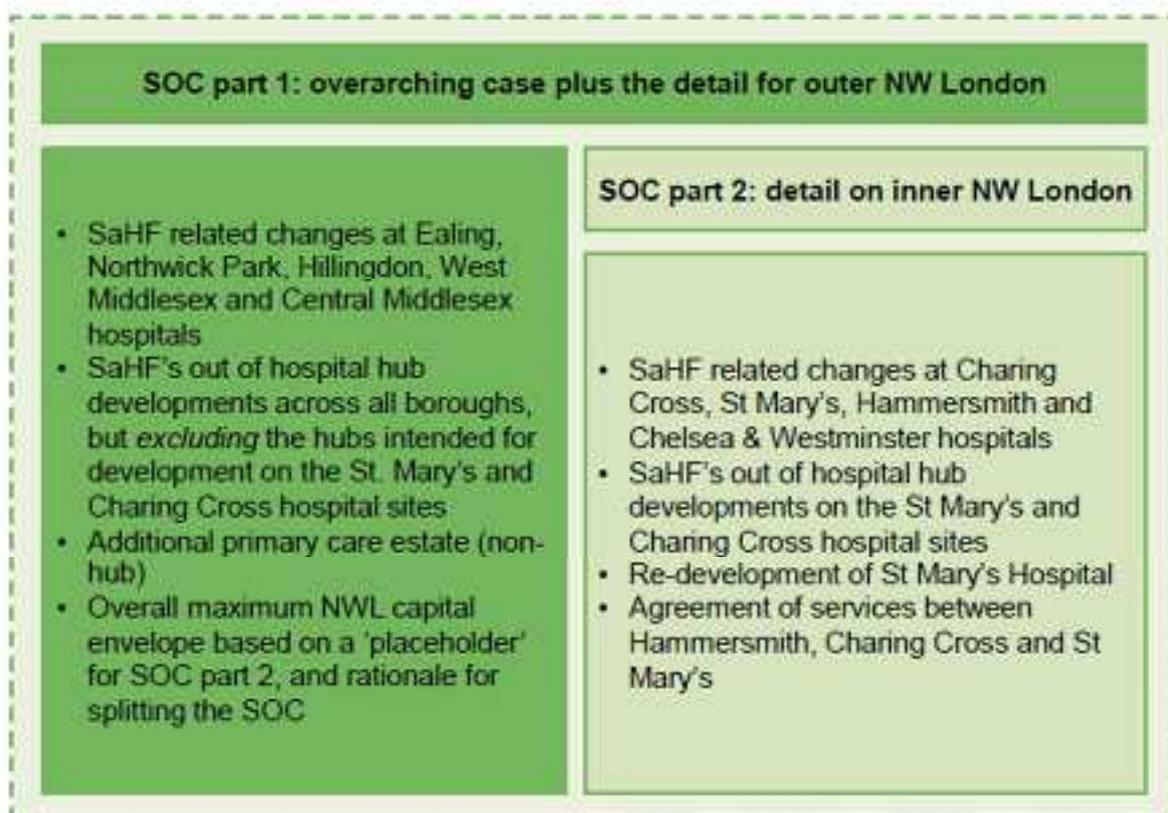
### **3.Key implications**

#### *Strategic Outline Case Business Case*

3.1 As highlighted above, the Shaping a Healthier Future Strategic Outline Case (SOC) Part 1 is a business case for £513m to invest in the primary, community and acute estate in North West London. The funding sought will be invested as follows:

- £69m GP practices
- £141m – out of hospital hubs
  - Modernise 11
  - Build 7
- £304m – Hospitals
  - Support Ealing’s change to become a local hospital
  - Expand A&E and provide more beds at West Middlesex
  - Expand A&E and maternity unit at Hillingdon
  - Provide more primary and community care at Central Middlesex
  - Provide more post op recovery and critical care beds at Northwick Park (plus other improvements)

3.2 The Strategic Outline Case Part 2 will be developed in 2017, will include the case for investment in acute hospitals in the inner part of NW London. The remit of both parts of the SOC Case are outlined below.



3.3 The SOC proposition is that the changes will 'allow us to reorganise our hospital services so that we can better support people to manage their long term conditions, improve care-planning and case management for people with complex needs, and provide more seven day access to out of hospital care. The investment will help us to achieve better outcomes through consolidating expert care for particular acute conditions, seven days a week, onto fewer sites' (p13). The business case states that:

- The changes in capital and revenue costs of both hub and hospital schemes equates to a £43m Equivalent Annual Cost (EAC) per annum benefit demonstrating value for money
- The capital investment is calculated to provide wider economic benefits of £44m (in EAC terms)
- The capital investment is projected to result in health benefits equivalent to 344 lives saved per year, equivalent to £94m (in EAC terms) using the Quality Adjusted Life Year approach used by the NHS to calculate health benefits.

3.4 While SOC Part 1 does not develop further any clinical or other service changes set out in Shaping a Healthier Future, it does set out the currently proposed list of

services at Ealing hospital which will form the basis of the next stage of engagement. The proposed list of services to be provided at Ealing hospital is at Appendix 1.

3.5 The [SOC Part 1](#) states that the investment would mean:

- *“investment in better GP practice buildings that are fully accessible and provide patients with a better environment and more room for additional services three new out of hospital hubs – two newly built in the North and East Ealing, and one situated on the Ealing Hospital site, supported by existing health centres.*
- *developing Ealing Hospital into a local hospital providing the services that local people use the most, including a hub, a local A&E, a 24/7 urgent care centre and extended services for frail elderly patients.”*

3.6 However, the SOC confirms that Ealing hospital is now proposed to be refurbished rather than a new purpose built facility. In addition it confirms that stand-alone out of hospital hubs at Northolt and Southall proposed in the DMBC of 2013 will now not be developed.

#### *NW London Sustainability & Transformation Plan*

3.7 The NW London STP incorporates the SaHF proposals as part of wider vision for ‘helping people to be well and live well’ and to focus on prevention and integration of services to reduce the number of patients seen in acute settings. STPs had been developed with a view to securing substantial transformation investment. The NW London STP identified a requirement for Sustainability and Transformation Fund investment of an estimated £110m over 3 years (£21m in 2017/18, rising to £34m by 2020/21) into local government commissioned services. It now appears that resources available will be extremely limited. On 27 February Simon Stevens CEO NHS England and Jim Mackey CEO NHS Improvement confirmed that the NHS Five Year Forward View Delivery Plan will be published in March and set out how STPs will be delivered. In advance of this their letter indicates that the Delivery Plan will provide ‘a relatively small amount of centrally held transformation funding to areas with strong plans and partnerships to help them make faster progress’. Whilst allocations for NW London are not confirmed it seems likely resources available will be substantially lower than originally envisaged.

#### *Ealing Council position*

3.8 The council supports the STP vision for “helping people to be well and live well” and of finding effective ways to prevent unhealthy lifestyles. We also we share and will work in partnership with the NHS to achieve many of the aspirations set out in the STP including to:

- Invest in a range of preventative services that will improve health and well-being
- Improve the management of people with long term health conditions in the community
- Achieve better outcomes and experiences for older people
- Improve outcomes for children and adults with mental health needs
- Invest in adult social care services, which are under considerable financial pressure nationally
- Invest additional funding in NHS out of hospital care facilities and services

3.9 However, the Council has significant concerns about the Shaping a Healthier Future programme proposals to reform acute hospital provision in north west London including the downgrading of Ealing and Charing Cross to 'local' hospitals, closure of A&E provision and a reduction of almost 600 acute hospital beds across north west London.

3.10 Recent developments in both the STP and the SOC intensify those concerns. Key concerns are outlined below.

**That the proposals will result in worse healthcare provision for Ealing residents**

3.11 Performance across NW London as a whole is worse on the key A&E performance target than London and England averages. In January 2017 4 hour waiting time performance at London NW Healthcare Trust (which runs Ealing and Northwick Park hospitals) was 78.9% against a London average of 85.9% and England average of 85.1%, with the most serious type 1 cases performing at 50.7%. There was a substantial dip in A&E performance following the closure of A&E provision at Hammersmith and Central Middlesex hospitals in Sept 2014 and we are concerned that there may be further detrimental impact for patients if Ealing and Charing Cross A&Es are closed.

3.12 Ealing residents will be required to travel further to access services that are no better than those currently available at the Ealing site – for example as evidenced by the CCQ inspection of London NW Healthcare Trust sites in 2016, and current A&E waiting times at Hillingdon.

3.13 Ambulance service response times for 'category A' incidents in Ealing are already in the bottom quartile for London. Further travel time in the new proposals may impact on patients' access to emergency care.

## **The proposals under-estimate the scale and complexity of health needs**

- 3.14 Population forecasts are available until 2041 (beyond the assumptions used to inform the SaHF proposals) and show significant further population growth is expected in NW London. The growing health-need complexity of NW London (e.g. the growth in the % of elderly residents) will increase demand for acute provision even if reform is successful. The Council believes it is premature to close provision which is likely to be needed in future.
- 3.15 Moreover, the downgrade of Ealing hospital to local hospital status risks worsening access to healthcare services given that 4 of the 5 wards with the highest concentration of health and disability deprivation (IMD2015) are in the southwest corner of the borough (Norwood Green, Southall Broadway, Southall Green, Dormers Wells).

## **That the accelerated timetable proposed is untested and unrealistic**

- 3.16 There is only limited time to effect very significant behaviour change by residents, NHS staff and partners for the proposed SaHF strategy to be successful. Ealing OOH Hubs are proposed to be open from FY2020/21 with the Ealing Hospital reconfiguration operational from November 2022.
- 3.17 The Kings Fund analysis of STPs<sup>1</sup> notes that proposals to reduce capacity in hospitals will only be credible if there are robust plans to provide alternatives in the community before the number of beds is cut. Out of hospital capacity being in place before changes are made was one of Simon Stevens' recently announced additional three tests to be met before reductions in acute bed capacity are implemented. However the independent [review](#) commissioned by Ealing and Hammersmith & Fulham Councils found that plans for downsizing and downgrading hospitals and reconfiguration of services rest on largely unproven assumptions that large numbers of people can be kept out of hospital by services in the community or from primary care.
- 3.18 The SaHF model relies on shifting care settings for the estimated 30% of acute admissions that are avoidable. This will increase demand and complexity of cases to be managed in social care settings. Resources are not provided to address this. Demand shift away from acute hospital settings was expected to be facilitated by £110m of transformation money via the NW London STP into local government services. As outlined in this report that funding is unconfirmed and is unlikely to be available on this scale.
- 3.19 No clinical justification is provided for the accelerated timetable proposed for the downgrade of Ealing hospital, which will bring forward the approval process

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<sup>1</sup> [https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/STPs\\_proposals\\_to\\_plans\\_Kings\\_Fund\\_Feb\\_2017\\_0.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/STPs_proposals_to_plans_Kings_Fund_Feb_2017_0.pdf)

by two years. It appears to the Council that established NHS strategic planning processes are being condensed for financial not clinical reasons.

**That the proposals are not consistent with the approach approved by the Secretary of State (SoS) in 2013.**

3.20 The SOC is presented as a technical implementation of the DMBC proposal approved by the SoS in 2013. However, there are significant variations. Most notably:

- The number of proposed OOH Hubs has been reduced from 29 to 27. Hubs in Northolt and Southall will not now go ahead
- Ealing hospital is now proposed to be refurbished rather than a new purpose built facility

3.21 The SoS's decision in 2013 varied from the DMBC in that it stated that Ealing would retain an A&E facility but that this may be a 'different size and shape'. Page 219 of the SOC and states that Ealing will have a:

*'Local A&E including*

- *Ambulatory assessment and care*
- *Frailty assessment*
- *Frail elderly beds'*

3.22 The NHS published a business case in December 2016 that shows blue-light ambulances, critical care and potentially all surgery removed from Ealing Hospital by 2022. The NHS would then implement plans to downgrade Charing Cross to 'local' hospital status. As part of its plans the NHS aims to save more than £1billion over 10 years.

3.23 We also believe that the NHS may not have complied with its statutory responsibilities with regard to consultation and engagement.

3.24 There has been no meaningful engagement with the council or local citizens on the services to be provided from the Ealing site prior to publication of the SOC. The Council has repeatedly sought access to the draft SOC so that it could comment on it but these requests were declined and the document was only shared with the Council as it was published for consideration by the CCG Governing Body in December 2016. The NHS state that public engagement on the local hospital model will occur during 2017 but the Council has had no sight of plans.

## **That the approach is an ineffective use of resources**

3.25 The SOC states that a substantial part of the expected improvement in NHS financial position arises from investment in out of hospital provision prior to acute reconfiguration. The Council welcomes the investment in out of hospital provision. The Council is concerned that that the proposed approach to acute reconfiguration may not offer the right balance of value for money and quality of service and health outcomes.

3.26 The Steer, Lister, Boyle report suggested that a focus on provider trust finances alone overstated the scale of the challenge faced with CCGs and showing a surplus in 2015/16 and an underspend at NHS London level.

### *Public Campaign*

3.27 As part of the campaign to save Ealing and Charing Cross hospitals, several hundred people attended a meeting organised by Ealing Council on 15 February to discuss the future of the NHS in the local area. With NHS decision making occurring between now and 2019 on the Ealing hospital site the Council considers that it will need to continue to work to safeguard local healthcare provision for residents.

3.28 The objectives of the Council's work are:

1. To stop the downgrade of Ealing and Charing Cross hospitals to local hospitals including the closure of A&Es at these sites and loss of 500-600 acute beds in NW London
2. To secure additional sustainable funding for the health and social care system in Ealing/NW London

3.29 The Council's priority is the provision of good healthcare for Ealing residents. The changes proposed by the NHS are sub regional in nature and will require Ealing residents to travel to other acute hospitals in NW London. Equally the overall loss of acute capacity affects residents across the sub-region. Therefore the Council will continue to work with its local partners and residents, in Ealing and across North West London, as part of the campaign to save Ealing and Charing Cross hospitals' A&E departments.

3.30 A full plan will be developed. However, a campaign is likely to include elements of the following

- Engagement with residents and campaign groups

- Public events
- Publicity material – leaflets, posters etc.
- Proactive media work to highlight concerns
- Publicity in Around Ealing and council social and digital channels

3.31 The Council’s primary concern is the quality of healthcare for local people. Therefore, notwithstanding the council’s intention to actively work to prevent implementation of many of the SaHF proposals it will also continue to engage with health partners locally and sub regionally to deliver effective services.

#### 4. Financial Implications

4.1 The cost of delivering activity to oppose the implementation of the SaHF proposals will depend in part on the range of partners that the Council can work with and the resources they are able to commit. Within the Council the starting point will be to prioritise resources from within existing budgets. However, it is anticipated that to deliver effectively additional resource is likely to be required. Therefore this report seeks approval to incur costs of up to £0.150m in 2017/18 funded from reserves if required.

4.2 Given the accelerated timetable outlined in section 16 and the impact that new developments in the business case may have, it is not possible to predict what further activity may be needed to achieve the objectives of this report. As such, this report also seeks approval to incur further costs of up to £0.150m in 2017/18 in addition to those highlighted above. While it is not possible to specify the breakdown of those costs, they may include legal advice, evidence gathering, analysis, communications and other specialist advice.

	<b>2017/18</b>
	<b>£m</b>
<b>Shaping a Healthier Future</b>	
<b>Funding required:</b>	
Campaign	0.150 0.150 (delegated authority if required)
<b>Funded by:</b>	
ECIF	0.150
ECIF	01.50 (delegated authority if required)

## **5. Legal**

Under the Health and Social Care Act 2012 (section 12) the council has a duty to take such steps as it considers appropriate to improve the health of people in its area.

The Localism Act 2011 provides that the council has power to do anything that individuals may do, including for the benefit of the council, its area or persons resident or present in its area. This is known as the “general power of competence”. However, as with other council powers, this power must be exercised reasonably.

## **6. Value for Money**

N/A

## **7. Sustainability Impact Appraisal**

N/A

## **8. Risk Management**

N/A

## **9. Community Safety**

None

## **10. Links to the 6 Priorities for the Borough**

One of the Council's 6 priorities is a healthier borough. Access to appropriate acute healthcare provision is essential to that goal.

## **11. Equalities, Human Rights and Community Cohesion**

11.1 The quality of access to healthcare services for vulnerable residents is one of the Council's key concerns about the proposals. An equalities impact analysis was commissioned by the NHS from Mott MacDonald in May 2012 to support the development of the original SaHF proposals. This was supported via an Equalities Action Plan through the Decision Making Business Case (2013). No new EIA has been published alongside the SOC, although it is stated that equalities assessments will be refreshed as further stages in the business case process are reached.

11.2 The 2012 NHS EIA concluded that in general terms the protected

characteristics groups will benefit disproportionately from the expected improvements in quality. However, the EIA did also include the potential negative impacts, notably the risks to local good practice at meeting the needs of disadvantaged people by local hospitals.

11.3 It notably highlights the risk that following hospital reconfiguration, such good practice may not be replicated by the “new” receiving hospitals and this may reduce local confidence in the post-reconfiguration arrangements. The EIA’s assessment is that this is likely to have the greatest impact on BAME groups.

11.4 It also identifies the following potential negative impacts: negative service impact during the period of transition, disruption of the relationships between patients and clinicians; and longer journeys to access emergency, paediatrics and maternity care.

11.5 The EIA states that in terms of reconfiguration to “local” and “major” hospitals “scoped in equality groups located in Ealing...are likely to be the most affected”. These are children, younger people, older people, people with a disability, South Asian people; and socially/health deprived communities. In addition, children under the age of one, pregnant and child-bearing age women, Bangladeshi and Pakistani communities will be impacted most by the closure of maternity services in Ealing.

11.6 The Council retains significant concerns that the downgrade of Ealing hospital to local hospital status risks worsening access to healthcare services given that 4 of the 5 wards with the highest concentration of health and disability deprivation (IMD2015) are in the southwest corner of the borough (Norwood Green, Southall Broadway, Southall Green, Dormers Wells).

## **12. Staffing/Workforce and Accommodation implications**

None

## **13. Property and Assets**

None

## **14. Any other implications**

## **15. Consultation**

The Council held a public engagement meeting on 15 February 2017 which was attended by around 500 local residents, community groups and representatives from Hammersmith and Fulham Council. NHS representatives were invited. Feedback

from the meeting will inform the Council's approach going forward. As noted above the Council has sought engagement with the NHS on the development of the SOC but this has not been offered. The Council has also provided a formal response to the NW London STP.

## **16. Timetable for Implementation**

16.1 The NHS timetable for implementing the proposals with regard to Ealing is as follows:

Out of hospital hubs

- Ealing east – Site opens 2020/21
- Ealing north – Site opens 2020/21

Ealing Hospital – accelerated timetable

- Public engagement – 17
- SOC expected to be approved by end 2016/17
- Ealing specific outline business case – expected Feb 2018
- Ealing specific full business case – expected Sept 2018
- Ealing specific full business case decision – expected Apr 2019
- Start build – Aug 2019
- Complete build – Aug 2022
- Ealing local hospital complete - Nov 2022

## **17. Appendices**

1. Services to be provided at Ealing local hospital (SOC December 2016)

## **18. Background Information**

[Kings Fund, The reconfiguration of clinical services: What is the evidence? 2014](#)

[Michael Mansfield QC, Independent Healthcare Commission for North West London, 2015](#)

North West London Collaboration of Clinical Commissioning Groups, [Shaping a Healthier Future Strategic Outline Case \(SOC\) Part 1](#), 2016

Roger Steer, John Lister, Seán Boyle, [A review of Shaping a Healthier Future and the North West London STP](#), 2016

**Consultation**

<b>Name of consultee</b>	<b>Post held</b>	<b>Date sent to consultee</b>	<b>Date response received</b>	<b>Comments appear in paragraph:</b>
<b>Internal</b>				
Cllr Julian Bell	Leader of the Council	23/03/17		
Cllr Hitesh Tailor	Cabinet Member for Health and Adults' Services	23/03/17		
Paul Najsarek	Chief Executive	23/03/17		
Judith Finlay	Executive Director for Children, Adults & Health	23/03/17		
Jackie Chin	Director for Public Health	23/03/17		
Stephen Day	Director for Adult Social Services	23/03/17		
Chris Hogan	Director for Children & Families	23/03/17		
Kieran Read	Director, Strategy & Engagement	16/03/17	23/03/17	Throughout
Helen Harris	Director, Legal & Democratic Services	16/03/17	23/03/17	Throughout
Moira Mercer	Head of Communications	16/03/17		
Flora Osiyemi	Finance Business Partner – Consultancy	16/03/17	06/04/17	Throughout
<b>External</b>				

**Report History**

<b>Decision type:</b>	<b>Urgency item?</b>
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Key decision	No
Report no.:	Report author and contact for queries:
	Noel Hatch, Head of Strategy & Performance, 020 8825 5992

**Appendix 1: Services to be provided at Ealing local hospital**

Under the preferred option in the [Shaping a Healthier Future Strategic Outline Case \(SOC\) Part 1](#), Ealing Hospital would be developed into a local hospital, with the proposed services set out below.

			DMBC	Proposed
Core and Enhanced Primary Care	GP and nurse appointments	GP practice(s)	X	✓
		Nurse appointments Core GP services	X X	✓ ✓
	High risk patients	Long term care coordinators	X	✓
Rental	Enhanced Primary Care	Enhanced primary care services and community services	X	✓
	Other	Evening and weekend GP services	X	✓
Community and Hospital	Therapies	Physiotherapy	X	✓
		Speech and language therapy	X	✓
Occupational therapy		X	✓	
Dietetics		X	✓	
Podiatry		X	✓	
	Diagnostics	Audiology	X	✓
		X-ray	✓	✓
		Ultra-sound (incl. echo)	✓	✓
		CT scanning	X	✓
		MRI scanning	X	✓
		ECG (incl. stress)	X	✓

	Beds	Elective/non-elective in-patient beds	x	x
		Day care/assessment centre	x	x
		Palliative care beds (Meadow House)	x	✓
		Paediatric inpatient	x	x
		Frailty (incl. assessment/day care)	x	✓
	Ealing Local Hospital	Major A&E	x	x
		Local A&E	x	✓
		Urgent care centre	✓	✓
		Minor illness	✓	✓
		Minor injury	✓	✓
		Mental health liaison (non-Trust staff)	✓	✓
		Endoscopy	x	x
		Near patient testing (i.e. phlebotomy) or Pathology lab (options being evaluated)	x	✓
		Ambulatory care (to include frail elderly and medical day unit)	x	✓
		Paediatric day care/rapid access clinic	x	✓
	Output/ Access to specialist opinion	Cardiology	✓	✓
		Dermatology	✓	✓
		Diabetes centre of excellence	✓	✓
		ENT	✓	✓
		Geriatric Medicine	✓	✓
Gastroenterology and colorectal		✓	✓	
Gynaecology		✓	✓	
General medicine		✓	✓	
General surgery		✓	✓	
Haematology		✓	✓	
Infectious diseases including tuberculosis and hepatitis		✓	✓	
Clinical oncology		✓	✓	
Anti-coagulant		✓	✓	
Trauma and orthopaedics		✓	✓	
Paediatric outpatients		✓	✓	
Oral surgery		✓	✓	
Neurology		✓	✓	
Respiratory		✓	✓	
Rheumatology		✓	✓	
Sexual health		✓	✓	
Urology	✓	✓		
Vascular	✓	✓		
HIV	✓	✓		
Maternity	Ante and post-natal	✓	✓	
Specialist	Renal (provided by Imperial)	x	✓	
	Chemotherapy (provided by the trust)	x	✓	
	Ophthalmology (provided by Moorfields)	✓	✓	
	Breast screening (provided by Imperial)	✓	✓	
Mental Health	Mental Health	MH outpatients	x	✓
Other	Base for field teams and meeting space	Base for mental health and social care field teams to support integrated working and assessment	x	✓

