

London Central & West  
Unscheduled Care Collaborative

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ANNUAL REPORT

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LCW is delighted to retain a GP led council - elected from our GP membership on a Borough basis. Their expertise and independence is invaluable to our operations and future development.

**Dr Michael Cornell**

*Chair, Westminster (retired) GP Member*

**Dr Sarah Talbot**

*Hammersmith & Fulham GP Member*

**Dr Asma Siddiqi**

*Working GP Member*

**Dr Hilary King**

*Kensington & Chelsea GP Member*

**Dr Munir Dattoo**

*LCW Company Secretary/Brent GP Member*

**Dr Robin Harlow**

*Westminster GP Member*

**Tonia Culpin**

*Executive Member - LCW CEO*

**Dr Tim Ladbrooke**

*Executive Member - LCW Medical Director*

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# Foreword

Welcome to the London Central & West Unscheduled Care Collaborative 2010/2011 Annual Report.

Throughout 2010/2011 London Central & West Unscheduled Care Collaborative (LCW) continued to work to improve the healthcare of 750,000 residents and the transient population in the Boroughs of Brent, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

In close collaboration with Commissioning leads and GP consortia, we have continued to support delivery of integrated care for those patients with urgent healthcare needs seven day a week.

Patients continue to be at the heart of our service delivery and service development plans – providing seamless integrated services which provide appropriate access to care Out of Hours (OOHs), allowing patients to resolve immediate medical problems with the minimum level of service input.

We continue to work to ensure Commissioners have high quality,

stable 24/7 primary care provision alongside innovative service redesign.

LCW's move in June 2010 to its new premises on the St Charles' Centre for Health & Wellbeing site has provided a new LCW hub and call centre. It offers an improved working environment and facilities for all staff and support teams; co-location for our OOHs primary care centre within the St Charles' Urgent Care Centre offering improved clinical facilities for those patients who require face-to-face appointments with a GP.

Effective planning throughout the winter, including the introduction of 'standby' GP sessions and 'home

working' GPs, meant we adapted quickly to unexpected patterns of demand as experienced over the winter 2010/2011. Despite the usual winter pressures, LCW was able to continue to provide a quality service and support to our colleagues in secondary care by ensuring good access to primary care through the Single Point of Access (SPA) and GP OOHs services. In addition, LCW was able to continue to provide primary care support to the UCCs throughout the area.

We have taken a proactive approach, working with other healthcare providers to deliver integrated models of care and



**Tonia Culpin** LCW CEO  
**Conan O'Neill** LCW Senior Operations Co-ordinator

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*I was absolutely satisfied with the outcome of my call from home. Please thank the doctor who treated me, and convey to him how grateful I am.*

Patient, Westminster (20/12/10)

cost effective workforce solutions in response to NHS organisational change.

2011 saw the retirement of LCW's Chairman, Dr Michael Cornell, one of the three Founder members of the organisation. Michael's vision led to the formation and setup of the first organised provider of Out of Hours care, Kensington, Chelsea and Westminster KCW GP Co-operative in 1994. Over the years, Michael remained a strong visionary and fully involved with all aspects of the business through our transition to Community Benefit Society.

In particular, Michael provided leadership and guidance throughout the various developments - NHS Direct, 24/7 Single Point of Access and partnership working to deliver GP-led Urgent Care Centres. He always emphasised the importance of LCW's core values: always keeping patients firmly at the heart of the organisation and its goals; our 'not for profit' status, a GP led, GP membership organisation which strives to provide a seamless 24/7 primary and urgent care service.



**Dr Michael Cornell**  
LCW Chair

We would like to formally thank Michael for all his dedication and hard work over the years and we wish him a long and happy retirement. Michael will be greatly missed by us all at LCW. Dr Hilary King, a longstanding LCW Board member, has been appointed as the Interim Chair for the next financial year.

The changing landscape in the NHS has meant a number of key staff in PCT commissioning have now left or are leaving their



*Everytime we have had to call outside surgery hours we have always got good service.*

Patient, Hammersmith & Fulham  
(15/05/10)

organisations. These partners will be sorely missed as they have worked alongside us for years and supported our development and ideas for service innovation and improvement. In fact without them we would not have developed as an organisation. We wish them every success in the future.



*Excellent. Home visit doctor was sympathetic, made perfect assessment and the good follow up with receiving A&E department facilitated speedy handling.*

Patient, Kensington & Chelsea  
(01/11/10)



**Stephen Kemp** LCW Integrated Governance Lead  
**Denise Hucker** LCW Project Manager

# Achievements over the last 12 months

LCW has had an extremely successful year. Whilst traditionally LCW's core business has been the provision of GP Out of Hours service, in delivering these services the organisation has responded positively and successfully to a range of additional opportunities.



**David Archer**  
LCW Director of Service Development

## Successful partnerships continued to be key and those forged in 2009/10 went live during 2010/11:

### Local Partners in Primary Care 24/7 (LPPC 24/7)

Joint Venture Agreement – LCW in partnership with London Medical Associates (K&C GP's Provider Organisation)

### St Charles' Centre for Health Partnerships

Partners in Primary Care 24/7 and Central London Community Healthcare (CLCH)

### St Mary's UCC Partnership

Imperial College Healthcare NHS Trust (ICHT) and LCW

### C&W UCC Partnership

Chelsea and Westminster Hospital NHS Foundation Trust and LPPC 24/7

### Partnership for Health

Imperial College Healthcare NHS Trust (ICHT), Central London Community Healthcare and LCW

## Highlights and developments during the year included:

### End of Life Care Register.

LCW has been working in conjunction with End of Life Care leads, Hospices, Community Nursing Services and Commissioners to develop an End of Life Care Register. This creates a central repository of information on the wishes of patients to ensure that their preferences are honoured by all sectors of the health economy. LCW has worked closely with Advanced Healthcare Solutions to develop a secure IT system that is accessible by a wide range of healthcare professionals who have an active role in the management of these patients.

## Further work has taken place throughout the year to expand the Wide Area Network (WAN) to support integrated clinical services.

St Charles' Urgent Care Centre came online which saw the expansion of the network as well as integration and co-location with the existing LCW OOH's clinical service in newly refurbished accommodation. In addition LCW has expanded the WAN, working with CLCH to bring on Parsons Green Walk in Clinic into the network.

## Chelsea & Westminster Urgent Care Centre opened its doors in October 2010.

The project was managed in two phases – phase one adults service went live in October 2010, phase two paediatric service planned 1 April 2011.

**LCW moved to new premises as part of the St Charles' Hospital regeneration programme – St Charles' Centre for Health & Wellbeing.**

A purpose-built Patient Contact Centre and Out of Hours Primary Care Centre (OOH PCC) are also located in newly refurbished premises at St Charles' Centre for Health & Wellbeing, a local community hospital. Patients requiring a face-to-face consultation in the Out of Hours period can be seen at the OOH PCC.

**Hammersmith & Fulham Centres for Health continued to deliver unplanned and planned care.**

LCW continued to develop the partnership with Imperial College Healthcare NHS Trust and Central London Community Healthcare (CLHC) in providing 24 hour unscheduled care access to walk-in patients who would previously have attended the Emergency Department. In addition we have continued to develop the co-located GP practice and have increased the registered list size to over 2,200 patients by year end.



**GP led Urgent Care Centres and Single Point of Access (SPA).**

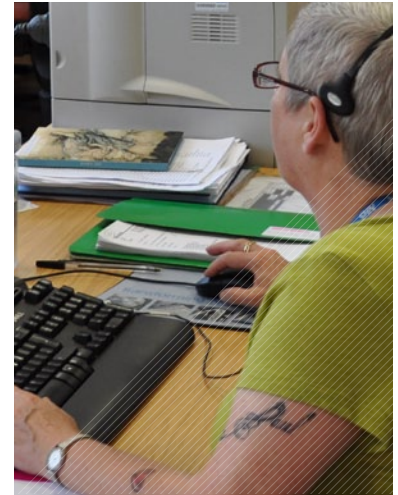
Patients with unscheduled care needs can now benefit from a wider range of services commissioned by PCTs and delivered by LCW. Callers to the service, whether In or Out of Hours, are managed by a Single Point of Access (SPA) that directs the caller to the most appropriate service.

This reduces the number of times that a patient has to provide information and therefore increases the satisfaction level for the caller. In addition, the establishment of three new Urgent Care Centres at St Charles' Centre for Health & Wellbeing, London W10; St Mary's Hospital, London W2 and at Chelsea & Westminster Hospital, London SW10, has meant that patients presenting at these centres with appropriate primary care conditions or minor injuries can be assessed and seen in the Urgent Care Centre by a Primary care GP or Nurse Practitioner. This relieves the pressure on Emergency Departments allowing them to concentrate on the delivery of emergency care or for patients with more serious medical conditions.



*I think the OOHs at St Charles is fantastic and have always been treated promptly and courteously every time I have used it for my family. THANK YOU!!*

Son of Patient, Brent (18/09/10)



**Mary Johnston**  
LCW Call Handler

**Development of National strategic partnerships which support LCW's ethos of social enterprise and 'not for profit' by being accepted as a member of Urgent Health UK (UHUK).**

LCW's Board took the decision to join UHUK, a collaborative partnership of 14 'not for profit' Out of Hours providers who serve 15 million people up and down the country.

UHUK functions at various levels: as a vehicle for advocacy; as a forum for best practice and as a means by which social enterprise Out of Hours providers can benchmark themselves. To this end, each member organisation is subject to a series of audits that cover areas such as attainment against the National Quality Requirements including; compliance with Standards for Better Health; Clinical Audit; Risk Management; Complaint and Incident Management & Reporting; Information Governance and Safeguarding.

As part of this process, the UHUK NQR Audit reviews performance against the 13 National Quality

Requirements and benchmarks against other Out of Hours providers. These are sub divided into a total of 24 criteria. Of the 14 criteria where a ranking is given, LCW was ranked 1st in 7, 2nd or 3rd in 4 and fully compliant in all other areas of assessment. Membership of UHUK will further enable LCW to demonstrate its service quality to both patients and Commissioners.

### **Achieving success in retaining Brent practices.**

LCW is pleased to report that through close working with GP practices in Brent we continue to provide Out of Hours services to our opted in GP members and their registered patients in the Brent area.

### **LCW working with NHS Westminster and Central London Healthcare gained success in their bid to be one of 12 national pilot sites in England to implement the Urgent Care Dashboard.**

The dashboard is a new Department of Health initiative which works by collating unscheduled care attendances from all access points in an area e.g, walk-in and urgent care centres, Out of Hours services, Emergency Departments and presents the information in an electronic format to the patients registered GP practice. This helps the practice proactively manage and support patients who have multiple attendances across unscheduled care when their condition could be better managed by their own registered GP. This supports a reduction in use and cost of unscheduled care attendances and aims to improve the overall outcome for the patient.

### **Role out of the 24/7 SPA pilot across Kensington, Chelsea and Westminster to provide a seamless service for local carers and patients.**

Working closely with Inner North West London GP colleagues and patient representatives to develop clinical criteria and pathways to 'own GP' for patients who contact the Single Point of Access and need a GP primary care response.

Working closely with Central London Community Healthcare (CLCH) to provide seamless pathways to community nursing 24/7.

Working closely with NHS Commissioners as part of a wider project board to agree and develop additional 24/7 SPA pathways.

Development of IT infrastructure to support design and implementation of decision support templates and competency-based training modules to assist the call handlers to stream callers to most appropriate healthcare professionals.



*I am 92 years of age and have a brain-impaired son 59 years of age. I have received wonderful kind help from you over many years. Thank you sincerely.*

Patient. Westminster (18/11/10)

### **Working with NHS London and Commissioners to demonstrate INWL Single Point of Access pathways and plans and vision for the future.**

Thus building on our existing work delivering a local 24/7 SPA across Inner NWL for the benefit of improved access and integrated care management between services to improve the patient journey.



**Adam Duncan**  
LCW Chief Operating Officer



**Vima Kelly**  
LCW Finance Officer

# Clinical Governance

2010/2011 was a successful year for LCW – we set out below the various departments that played their role in the delivery of our urgent care services.

The Clinical Governance Committee undertakes reviews of all complaints, events, Serious Untoward Incidents, patient satisfaction and monitors LCW against its National and Local key targets, and agrees actions and learning from all events reviewed.

The work of the Clinical Governance Committee this year has been strengthened by the contribution of Stephen Kemp, Integrated Governance Lead.

In addition to reviewing clinical performance data from the Out of Hours service, the Clinical Governance Committee is responsible for overseeing GP clinical performance at Hammersmith and Fulham Centres for Health, St Mary's UCC, Chelsea and Westminster UCC and St Charles' UCC.

In a bid to support LCW to constantly improve the quality of service, a number of key appointments were also made.

Dr Victoria Holt was appointed Associate GP to lead on GP recruitment, induction and



**Dr Tim Ladbrooke**  
LCW Medical Director

training, providing ongoing support for LCW working GPs.

Dr Iain Blake was appointed as GP Performance Lead to implement a process for individual performance review and benchmarking of LCW sessional GPs. Each GP will receive individual performance data and appraisal relevant to their work with LCW.

In line with our expansion into service provision for the Urgent Care Centres we also strengthened our governance team by making key appointments in the following areas:

## **Two senior Medical Officers were appointed.**

Dr Iain Blake and Dr Shuman Hussein. They work closely with our sessional GPs and partner organisations' medical and nursing leads at C&W UCC and St Charles' UCC to ensure services remain GP-led and primary care focused.

## **During this year, LCW also appointed two UCC audit leads.**

Dr Annabel Buxton for Hammersmith & Fulham Centres for Health; and Dr Filomena Paciello for St Mary's UCC. They provide ongoing audit of those sessional GPs who work at the centres.

## **The Clinical Governance Committee Members:**

### **Prof Paul Thomas**

(Chairman) LCW Education Lead

### **Prof Keith Stone**

Director of Clinical Leadership, Governance, Quality and IM&T Central London Community Healthcare

### **Patricia Atkinson**

Nurse Advisor/Project Manager for NHS London

### **Dr Wendy Matthews**

Consultant A&E Department, St Mary's UCC

### **Dr James Stratford-Martin**

GP Hammersmith & Fulham

### **Dr Tim Ladbrooke**

LCW Medical Director; GP in Kensington and Chelsea

### **Dr Munir Dattoo**

LCW Company secretary, GP in Brent

### **Dr Victoria Holt**

LCW Associate Medical Officer

### **Stephen Kemp**

LCW Integrated Governance Lead

### **Dr Ricardo Manzanera**

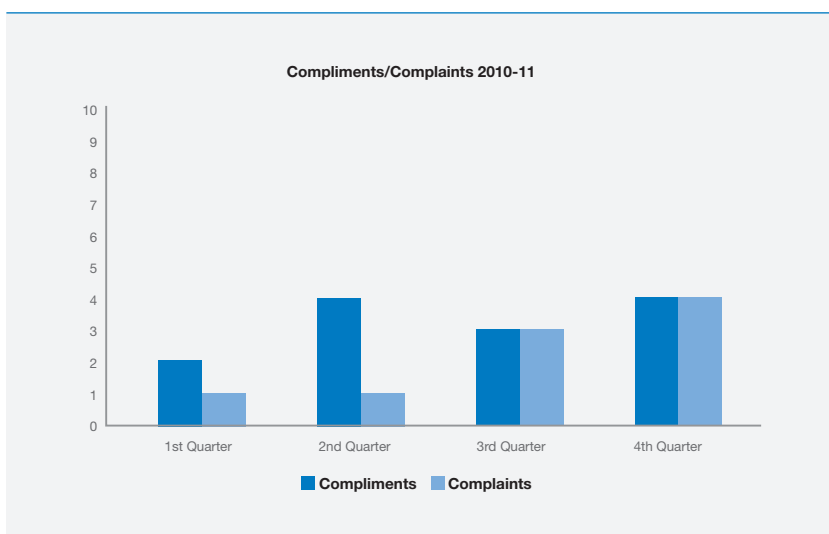
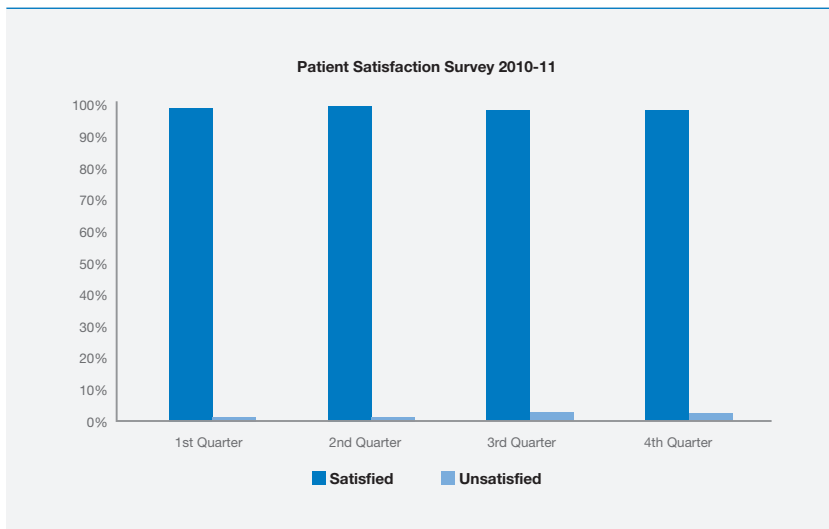
LCW sessional GP

We are pleased to have been accepted as a member of Urgent Health UK (UHUK) and as part of the process of joining, LCW is having all aspects of governance rigorously assessed by them. We are confident that this process will provide us with the opportunity to learn from feedback and recommendations to ensure we have a constant cycle of quality improvement and governance process review.

# Performance

## Our success

LCW is pleased to report continued high performance across the Out of Hours quality standards during the year. All exceptions are fully investigated by the operational management team and reviewed by our Medical Director and Clinical Governance Committee and undergo joint review with Commissioners.



*Patient expressed appreciation at doctor's accuracy in diagnosis, efficiency and kindness.*

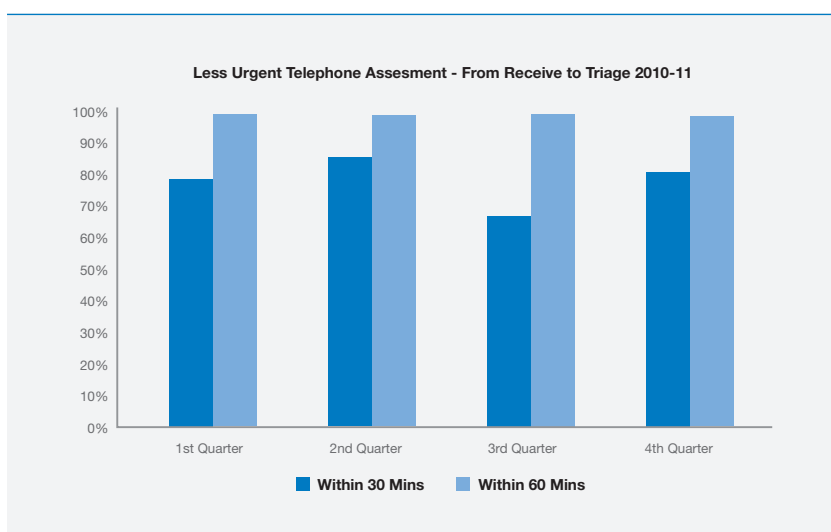
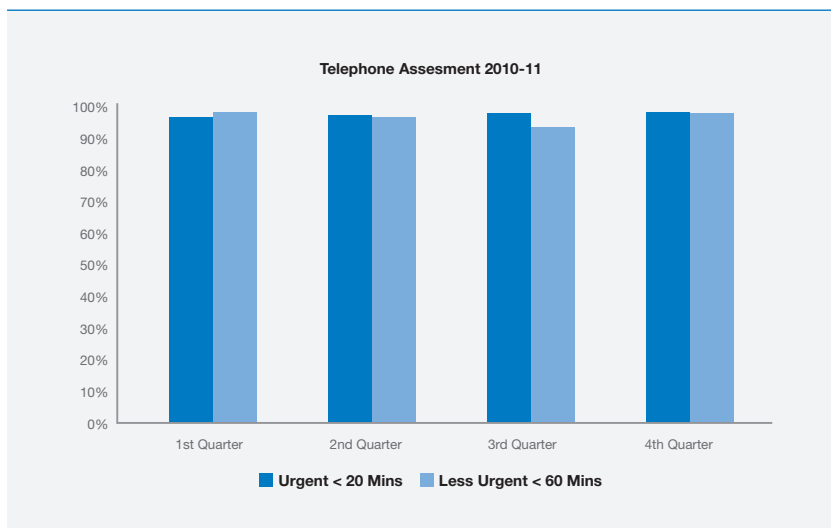
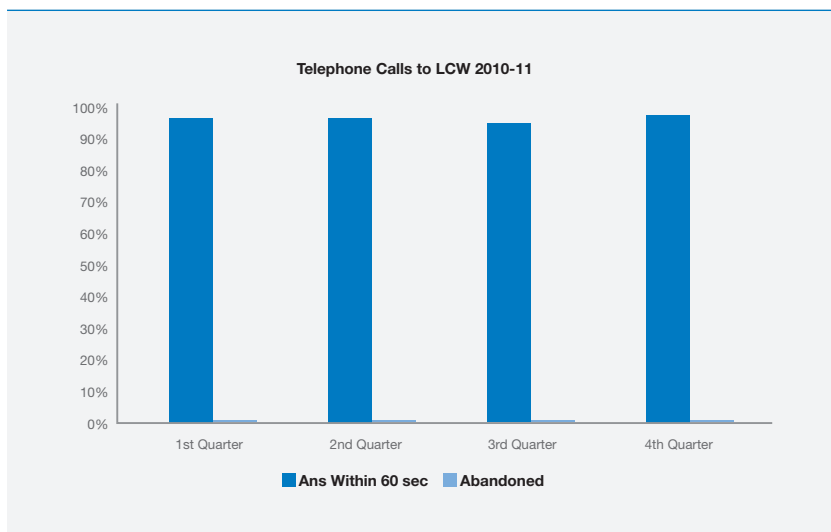
Patient, Kensington & Chelsea  
(15/12/10)

## Patient Feedback

Every 1:25 people who use our service are randomly selected and asked to complete and return a patient satisfaction questionnaire. LCW is delighted to report continued high achievement of patient satisfaction at 98%. We are also pleased to report that the number of compliments is far greater than the number of complaints received in this year.

Complaints remain at a low level, representing 0.03% of clinical contacts. All reported incidents and feedback are fully investigated. There was one Serious Incident during 2010/11 concerning the newly installed telephony system. The resulting investigation led to an agreed action plan implemented by the telephony service provider and the development of more robust business continuity and contingency plans.

All incidents are scrutinised by the Clinical Governance Group for lessons to be learned. Lessons are subsequently discussed at the Education Club and disseminated to GP members and staff.



**Telephone calls** = calls to the OOHs service received from patients or carers to the service/showing service response time  
**Telephone assessment** = telephone consultation between OOHs GP and patient or carer/showing service response time

## Monitoring of service against National Quality Standards

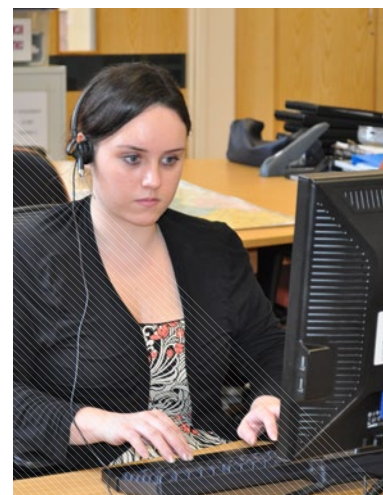
All breaches of National Quality Standards undergo exception reporting and review in order that the organisation and individuals can learn and continuously improve services to patients. LCW meets quarterly with Commissioners to review performance and report findings of all exception reviews.

LCW continues to self monitor against Standards for Better Health for NHS providers and undertakes regular reviews with associated action plans to support continuous development and improvement of the service.



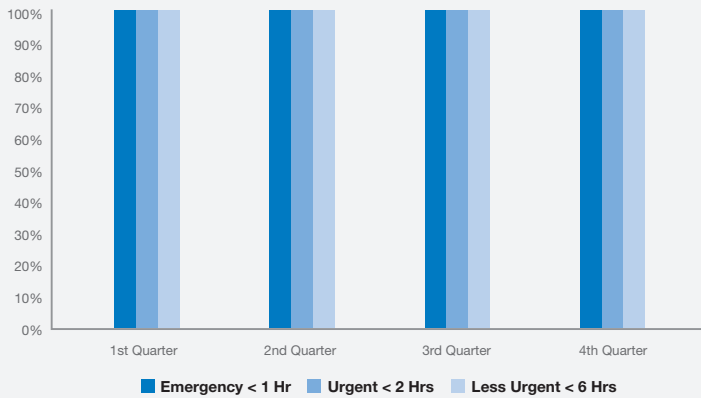
*Thanks for making me feel so welcome last night, I really enjoyed the experience and was impressed with what I saw.*

Staff, Hammersmith & Fulham  
(20/09/10)

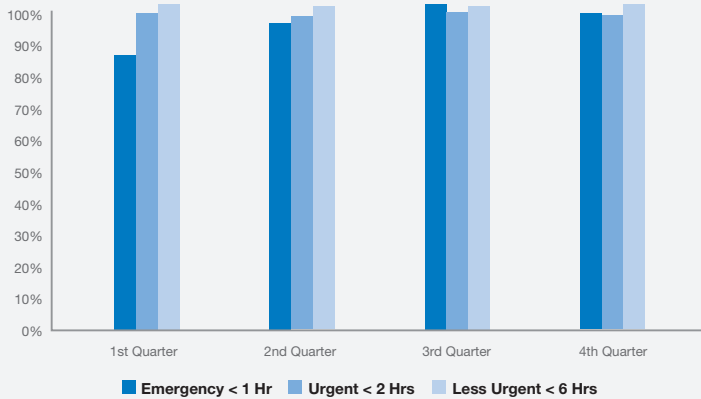


**Catherine Girven**  
LCW Call Handler

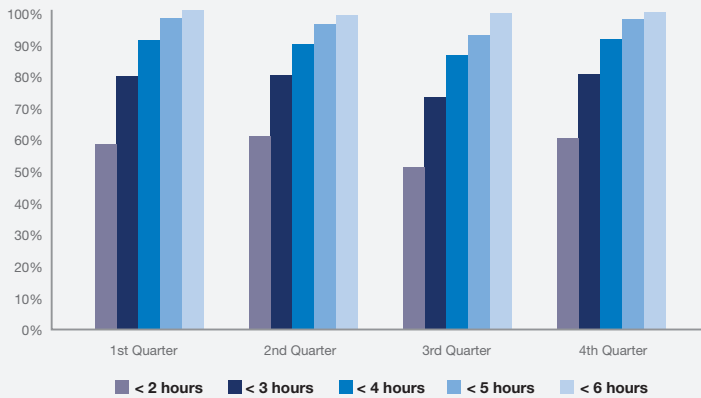
Primary Care Centre - From Tel Triage to Clinical Assessment 2010-11



Home Visits - Time From Tel Triage to Visit 2010-11



Less Urgent Home Visits - Time From Tel Triage to Visit 2010-11



## External Benchmarking of Performance against National Quality Standards

In February 2011 as part of its membership of Urgent Health UK, LCW underwent a review of its ability to perform against the National Quality Standards when benchmarked against other similar not for profit Out of Hours organisations. UHUK has 14 member organisations and LCW was fully compliant in all areas.

It is a requirement for organised providers of OOHs care to register with the Care Quality Commission (CQC) by 1st April 2012. LCW will need to demonstrate its ability to provide high quality services. The initial process involves generating a self assessed compliance return against 16 criteria. LCW has started to map the core CQC Standards against the existing Standards for Better Health and will continue to work on this throughout the coming year, developing action plans for areas highlighted as needing development. Through LCW's membership of Urgent Health UK (UHUK) our plans for compliance were externally reviewed by an NHS audit team.



**Leanne Austin**  
LCW Senior Operations Co-ordinator

*Home visit* = OOHs GP home visits undertaken by service/showing service response times  
*Primary care centre* = graph showing time from GP telephone consultation to appointment start time at the OOHs centres



*Thank you and the doctor very much*

Son of Patient, Brent (28/06/10)



**Kerry Jeffs**  
LCW Operations Supervisor



*I was very impressed. Needed medication asap and they faxed a prescription to a nearby open pharmacy*

Patient, Westminster (19/08/10)

## Local Key Performance Indicators (KPIs)

In addition to the National Quality requirements, LCW monitors its performance against a number of Local KPIs\*. LCW's achievement of these 'stretch targets' indicates that patients in the area we cover receive enhanced levels of Out of Hours service delivery and care.

**These KPIs cover:**

### 1

The ability to triage calls more rapidly i.e. the national standard for less urgent calls is within 60 minutes but the 'stretch target' looks at performance within 30 minutes.

Quarter 3: Oct – Dec 2010	Quarter 4: Jan – Mar 2011
66.61%	80.31%

### 2

The ability to provide an effective and timely home visiting service i.e. the national standard for less urgent visits is within 6 hours but the LCW 'stretch target' looks at performance within 3 and 4 hours.

	Quarter 3: Oct – Dec 2010	Quarter 4: Jan – Mar 2011
Within 3 hrs	71.8%	81.5%
Within 4 hrs	85.3%	92.4%

### 3

The rolling percentage of overall patient satisfaction.

Quarter 3: Oct – Dec 2010	Quarter 4: Jan – Mar 2011
98.05%	98.3%

### 4

A quarterly view of complaints and compliments.

	Quarter 3: Oct – Dec 2010	Quarter 4: Jan – Mar 2011
Complaints	3	4
Compliments	3	4



*Patients in the area we cover receive enhanced levels of Out of Hours service delivery and care*

\*Introduced from Q3 2010-11

# Education

## LCW's quarterly Education Clubs continued to have high quality content that contributed to the manual for LCW practitioners.

In 2010-2011 we held successful Education Clubs on Neurology, Respiratory conditions, HIV and Learning In an Out of Hours context. At each event participants reviewed learning from recent significant events and considered audits and service improvement projects that would help ongoing developments.

Learning from each Education Club was summarised and added to the LCW Manual to support decision making during GP sessions (the Manual is available as a link from the clinical system).

Since August 2010, LCW has continued to supervise 32 registrars in their third year of training (ST3). Each registrar is required to do one OOH session per month of training. LCW has 13 supervisors who provide one-to-one supervision. In addition, 14 registrars in their first of two years training (ST1/2) hold sessions at the Fulham Centre for Health.

## Audits and service improvement projects in 2010-2011 included:

- Auditing the difficulties of getting a patient accepted for admission to hospital (led by Dr James Stratford-Martin GP Member LCW)
- NHS Direct referrals to LCW (led by Dr Daniel Youngerwood GP Member LCW)
- The top 50 drugs prescribed (led by Stephen Kemp, LCW Integrated Governance Lead)

The Clinical Governance Group reviewed the implication for policy from each audit and service improvement project. Findings from these audits did not reveal issues that needed

to be changed. For example it was found that there were not substantial difficulties in getting patients admitted to hospital, despite an initial belief that there were.

## Service improvement projects planned for 2011-2012 include:

### Summaries of planned audits – the outcomes of which may indicate the need for policy reviews or changes.

Does the speed of triage by LCW doctors affect referrals? This is being led by Dr Iain Blake as part of the personal profiles being developed to support individual learning. This might help to understand if slow consultants save costs overall by avoiding onward referrals.

Compliance with local antibiotic guidelines for urinary tract infection, chest infection and ENT infections. Led by Dr Mohammed Rashidy.

Review and analysis of onward OOHs referrals to other NHS



**Prof Paul Thomas**  
LCW Education Lead

providers. Led by Dr Nicoletta Baroni.

Review and analysis of compliments received by the service. Identify what is important and appreciated by service users. Review of changing trends in compliments and complaints over last two years. This is led by Stephen Kemp, LCW Integrated Governance Lead.

### Comprehensive Review of the Special Patient Notes (SPN) system used to support the management of patients.

Support the Out of Hours GPs by giving insight to important facts or care plans which should support better management of patients in the Out of Hours period. For example patients may wish to die at home and OOHs clinicians would be able to view this as part of the care plan.

- Analysis of all Special Patient Notes on OOH system by type/GP Practice. Compare with previous SPN posted by Practice. Led by Dr Daniel Bernstein.
- Analysis of preferred method of notifying SPN to LCW –

manual or electronic. Review and run an education session for GP practices to identify barriers to the use of electronic notes. Re-audit in six months. Led by Dr Adam Jones

- Analyse usefulness of categories of SPN via interviews with OOHs GPs and recommendations on findings on improving communication from OOHs to In Hours registered GP (to be allocated)
- Monthly analysis of frequent callers to the service and

develop policy to involve their registered GP to support improved management of care during In Hours and thus reduce OOHs frequency. Led by Dr Victoria Holt.

### RCGP publication

In 2010 we achieved a publication in the Royal College of General Practitioners London Journal of Primary Care 2:118–24, for an article about a 2009 service improvement project -

the End of Life Project. In this project we reviewed the communication systems between In and Out of Hours practitioners and managers throughout Westminster and Kensington & Chelsea PCTs.

A number of recommendations for policy were made, including improvement of the Special Patient Notes system. For a copy of the article, follow <http://www.londonjournalofprimarycare.org.uk/print/86.pdf>



*The call centre advisor was fantastic and really reassuring, very professional and friendly*

Patient, Kensington & Chelsea (15/07/10)



**Dr Munir Dattoo**  
LCW Company Secretary/Brent GP Member

## Financial review

Our current capitation fee remains competitive and we continued to perform well against our cash flow projections.

### Overall these investments meant:

- Continued support for extended opening times of Primary Care Centres to improve patient access and support for our urgent care services to stream primary care patients to the GP for alternative care
- Further development of LCW's Wide Area Network and IT resilience supporting new innovative home working solutions to support winter pressures and other periods of increased demand
- Support the Wide Area Network to enable Integrated care across the Inner North West London sector
- Business continuity arrangements were continuously reviewed to ensure we remain reliable and deliver high quality services and response times under extreme pressures of increased demand
- Continuing investment in IT to support the Wide Area Network to support integrated care across the Inner North West London sector
- Support to local access targets for urgent care (four hour target)

During 2010-2011 there were further opportunities for tendering and LCW was able to continue to invest in project management and mobilisation support for new projects and business opportunities delivered during the financial year. This included mobilisation for St Charles'

Urgent Care Centre in June; St Mary's Urgent Care Centre in July; Chelsea and Westminster Urgent Care Centre in October; and relocation to LCW new Head Office and communications hub in the new St Charles' Centre for Health and Wellbeing.

LCW and local NHS and GP partners submitted an Invitation to Tender in response to the Brent unscheduled care - unfortunately we only achieved 'first reserve' bidder status. Feedback demonstrated high achievement in all areas of tender, including experience, quality of

tender response and presentation and losing due to cost. Our GP colleagues in Brent have showed excellent support of LCW and about a third of practices were able to agree a return to 'opted in' status and remain with LCW as their provider of OOHs care.

Various contracts held expose LCW to additional financial risk as a result of possible penalty payments associated with performance against stretch targets and key performance indicators. In addition they also present LCW with an opportunity to gain incentive payments where performance is good.



*Thank you LCW for agreeing to cover our practice so we could attend a funeral.*

Surgery, Hammersmith & Fulham (10/01/11)

LCW has further increased its exposure to risk and reward this year through the additional liabilities with the new sub-contracts. LCW is working with partners in order that all organisations involved limit exposure by careful budgetary planning and regular review of performance against forecasts.

LCW was able to draw on operational contingency funds to support the high volume of calls received by the OOH service during winter pressures of 2010/2011. Calls received during this period were in excess of volumes experienced during the swine flu pandemic of 2009.

LCW has continued to fund a primary care centre which is co-located at St Mary's Hospital allowing streaming of patients who present to the UCC with

primary care illness. This UCC pathway supports improved response times for patients.

We rolled out our home working solution which has supported the management of the peaks and troughs we experience within Out of Hours. This has enabled us to use additional GPs more cost effectively by engaging home workers for a few hours to support GP telephone consultation during the peak periods of activity.

We have continued to invest in our IT infrastructure to ensure resilience across our Wide Area Network, and much work and planning has been achieved to prepare for a move of IT to a data centre.

In addition, our move to new premises enabled us to work with the St Charles' Hospital Estates department to develop a more cost effective, single telephony solution with inbuilt resilience, uninterrupted power supply for critical equipment as well as further development by way of a 'cloud' solution to give us fall-back options for telephony failure which is critical to our business.

Orders were placed for replacement lease vehicles for GP visiting and after much research to acquire the best value for money and sustainable, eco-friendly options, we placed orders for Kia c'eed eco-dynamics model which uses the latest 'stop-start' technology to cut emissions when stationary.

We continued to review our workforce model and are planning to employ new staff on 'local LCW' contracts. This will enable us to split completely from our hosted solution provided by NHS Kensington and Chelsea. This will allow LCW independence



**LCW GP visiting car**

as a social enterprise to move away from the NHS Agenda for Change terms and conditions. In turn this will enable us to compete with other social enterprise organisations as well as private providers during competitive tendering whilst enabling us to continue to offer NHS pension benefits as a social care provider. All current employees will transfer with protected terms and conditions.

LCW is developing a detailed financial forecast, with an associated cost improvement plan, for the next three years in order to manage the risks associated with contracts as well as the risks associated with the loss of business in Brent.



*Thank you and the doctor very much*

Son of Patient, Brent (28/06/10)

## Our Vision & Values

Our service continues to focus on the delivery of unscheduled primary care services in a variety of settings. As a social enterprise we remain the most appropriate third sector partner for NHS organisations.

### Our vision is to:

- **Continue to provide patient centred services ensuring care is timely, consistent, safe and seamless**
- **Remain a high quality unscheduled care provider who leads innovation in service redesign to continually improve access and choice for patients in our community**
- **Provide Commissioners with cost effective, high quality unscheduled care services and support them in the development and implementation of innovative service redesign**
- **Invest in partnerships to proactively support delivery of integrated models of care, ensuring commissioner and NHS partners receive a cost-effective alternative to private sector provision**

### Our values can be summarised as follows:

- We provide a service that remains focussed on the patient and is committed to delivering consistently safe, high quality care
- We consistently deliver 'quality' as defined by the Department of Health, Commissioners and the Care Quality Commission
- We retain the public service ethic – serving the public good rather than the individual good
- We remain an innovative, GP-led service
- We remain a 'not for profit' organisation, thereby minimising the financial impact on the health system by consistently proving value for money



*This service is excellent and saved my life, emotionally and most likely physically. The doctors are wonderful and without the service I don't know what I would have done. Excellent, life saving!!*

Patient, Westminster (30/09/10)

- LCW maintains its social enterprise ethos through being totally commissioned by the NHS and reinvesting surplus to develop the business and improve the services to our community
- We remain committed to the teaching and development of junior doctors and pride ourselves on being a 'learning' organisation
- Our ethical values remain largely unchanged but have been 'redesigned' to account for the wider and changing landscape within which we operate.

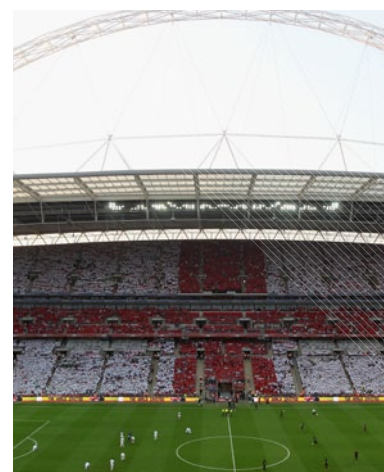


*Well done, we were delighted with this service. Thank you*

Relative, Kensington & Chelsea (28/06/10)



London Marathon, Westminster



Wembley Stadium – Brent

## Year ahead 2011/12

2011-2012 will continue to be a year of key service developments, supported by innovative redesign projects.

Our strategic partnerships with other healthcare organisations and Commissioners remain a priority and are essential for our continued growth and increased scope of service.

### Key service priorities for 2011-2012 include:

#### Phase 2 – Chelsea and Westminster Hospital Urgent Care Centre

Phase 2 of the C&W UCC service commences on 1 April introducing the new streaming model to the front end of the Urgent Care Centre for paediatrics.

#### St Mary's Urgent Care Centre

Joint evaluation of the pilot with Imperial College Healthcare NHS Trust and continued success of the St Mary's UCC.

#### NHS 111 London pilot

Continue to explore and prepare for opportunities to further develop our local INWL 24/7 SPA in line with NHS London role out of 111 pilot sites.

#### Readiness for registration with the Care Quality Commission (CQC)

CQC registration in April 2012, a requirement for all providers of Out of Hours care to demonstrate compliance with the high standards expected of all providers.

#### External assessment and benchmark by NHS Auditors

Undertaking a programme of external assessment and audit across key areas of our business to ensure our organisation meets required quality standards to maintain our membership with UHUK.

#### Performance framework

Role out of individual performance and appraisal framework for LCW sessional GPs.

#### Hammersmith and Fulham Centres for Health

Implementation of new Department of Health targets for UCCs. Work with local GPs and primary care service to implement UCC pathways to own GP and primary care services to improve pathways and care for patients.



*Doctors were brilliant. Very caring and comforting*

Son of Patient, Brent (23/09/10)

#### Work closely with local GP Commissioners to help them achieve QIPP targets

Support GPs and secondary care colleagues in the development of integrated care pathways to support reduction in hospital admissions and provide integrated care in the community 24/7.



*Very pleased with the call out.*

Hammersmith & Fulham, Patient (21/04/10)



*Rowing on the Thames, Hammersmith*



*Ice skating outside the Natural History Museum, Kensington*

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**LCW UCC**

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# London Central & West

Unscheduled Care Collaborative



**NHS**

An NHS Commissioned Organisation  
Mutual Society Registration:  
London Central & West Unscheduled Care Collaborative Ltd  
Register No 29910R - Registered Office as above.